NEW YORK STATE | Department of Health
Office of Science
Emerging Health Science and Studies

GLOBAL HEALTH UPDATE

Date: 9/3/26

This weekly report from the New York State Department of Health presents summaries of select ongoing and emerging infectious disease outbreaks of interest to public health professionals and the public, both globally and in the United States. The Global Health Update summaries include preliminary and up-to-date data that are publicly available for these events at the time of posting. Because this report aggregates and summarizes data and information from outside sources, the quality, accuracy or completeness of that data, and the appropriateness of the methodology used, cannot be guaranteed. Please refer directly to those sources for any data questions. Because the report includes preliminary information, subsequent reports may contain updates or revisions to information in prior *reports.*

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Chikungunya

The Americas – Incident Cases Reported in Multiple Countries; Trends Declining:

According to data from the Pan American Health Organization (PAHO) as of August 22, there have been a total of 193,234 chikungunya cases, of which 72,401 are confirmed, and 83 deaths reported in the Americas during 2026. Since the previous update, 5,701 incident cases, of which 290 are confirmed, were reported in the region.

Cases have been reported by 19 countries in the Americas during 2026, primarily Brazil (121,265), Bolivia (47,586), Argentina (12,253), Suriname (7,484), Cuba (2,716), and French Guiana (1,604). Cumulative incidence per 100,000 population is currently highest in Suriname (1,160.31), French Guiana (504.40), Bolivia (373.25), Brazil (56.78), Argentina (26.64), and Cuba (24.94). According to a PAHO Epidemiological Alert from February, there has been a sustained increase in incidence observed between late 2025 and early 2026 in the Americas with resumption of local transmission in areas that haven't reported such for several years. In May, the World Health Organization (WHO) published a rapid risk assessment regarding chikungunya globally, highlighting how many regions may experience an increase in chikungunya incidence during the rainy season (May-November in the Northern hemisphere and November-March in the Southern Hemisphere of the Americas), and assessing the overall risk to human health at the global level as moderate. According to

data from the United States CDC as of September 1, a total of 102 travel associated cases (confirmed & probable) have been reported in US states and territories this year – there have not been any locally acquired cases reported.

Chikungunya Cases and Deaths by Select Countries, the Americas, 2026							
Country	**Cases**		**Confirmed Cases**		**Deaths**		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	12,253	+27	3,797	+68	2	+0	0.1%
Bolivia	47,586	+5,642	11,596	+189	27	+0	0.2%
Brazil	121,265	+0	51,565	+0	48	+0	0.1%
Cuba	2,716	+0	254	+0	6	+0	2.4%
French Guiana	1,604	+0	1,604	+0	0	+0	0.0%
Suriname	7,484	+0	3,389	+0	0	+0	0.0%
Rest of the Americas	326	+32	196	+33	0	+0	0.0%
Total	**193,234**	**+5,701**	**72,401**	**+290**	**83**	**+0**	**0.1%**

*Table Notes: Data as of August 22, 2026, and does not include imported (travel associated) cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

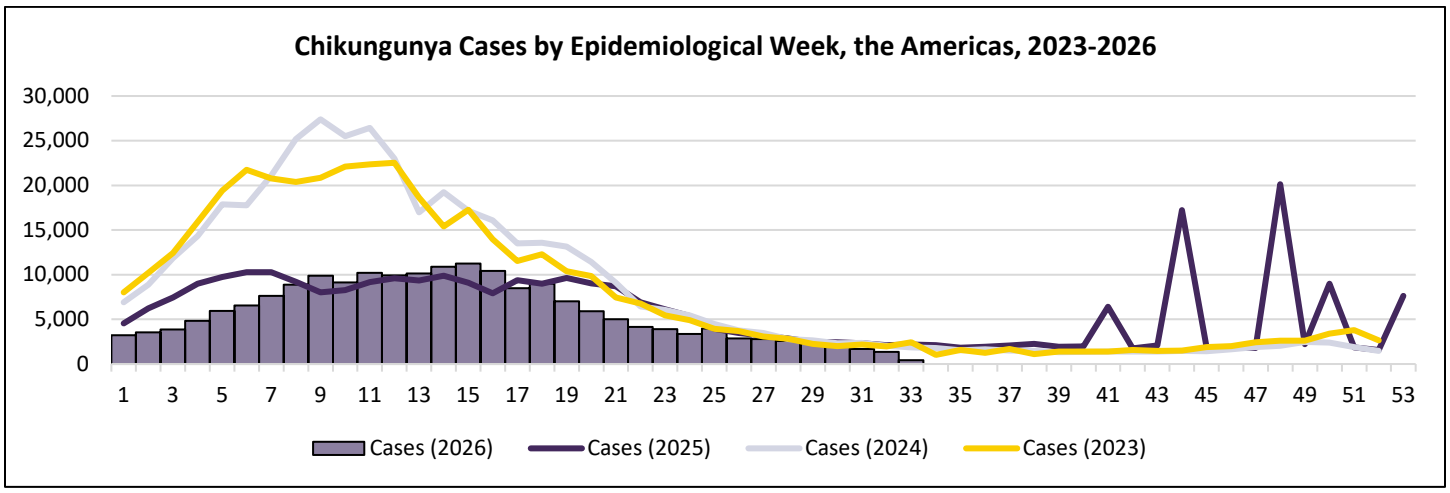

Figure Notes: Data as of August 22, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

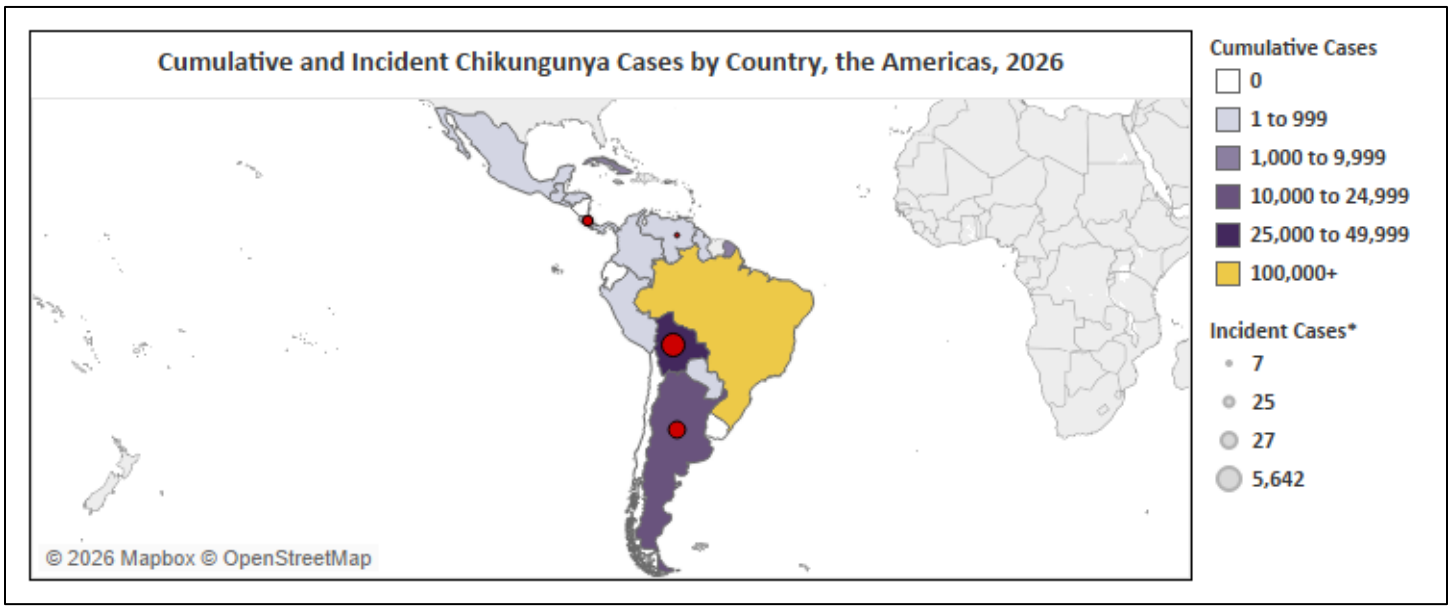

*Figure Notes: Data as of August 22, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.*

During 2025, there were 316,733 chikungunya cases, of which 115,977 were confirmed, and 180 deaths (CFR: 0.2% among confirmed cases) reported in the Americas. There were 2 locally acquired chikungunya cases reported during 2025 in the United States among residents of New York and Florida, the first in the country since 2015. According to data from the United States CDC, a total of 629 travel associated cases (confirmed & probable) were reported in US states and territories during 2025, the highest number since 2015 (895) and over 2.5 times the number reported during 2024 (241). The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding chikungunya in Bolivia, Costa Rica, French Guiana, Nicaragua, and Suriname. Vaccination is recommended for travelers visiting an area with an outbreak.

Data Source: PAHO (9/2/26)

Mauritius – More Incident Cases Reported; Highest Burden During April-May:

According to data from the Africa CDC as of August 28, there have been a total of 6,891 confirmed chikungunya cases reported on the islands of Mauritius (6,791) and Rodrigues (100) since January 5, 2026. Since the previous update, 23 confirmed incident cases were reported. Most confirmed cases were reported from April 12 – May 9, 2026 (5,629).

On May 1, 2026, the World Health Organization (WHO) published a rapid risk assessment regarding chikungunya globally, highlighting how the African region may experience an increase in chikungunya incidence during or following local rainy seasons, which vary by country, and assessing overall risk to human health at the global level as moderate. The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notice posted regarding chikungunya in Mauritius. Vaccination is recommended for travelers visiting an area with an outbreak.

Data Source: Africa CDC (8/28/26)

Cyclosporiasis

United States – Updated Surveillance Data; 7 Active Outbreak Investigations:

Cyclosporiasis is an intestinal infection caused by the parasite *Cyclospora*. Infection is typically transmitted by ingesting contaminated food or water. Cyclosporiasis season runs from May 1 – August 31 and case counts typically increase during spring and summer months. Currently, there are many jurisdictions reporting an increase in cases this year compared to the same period during 2025 (1,180). According to data from the United States CDC as of August 31, there have been a total of 18,445 confirmed locally acquired cyclosporiasis cases and 2 deaths reported by states and territories during 2026. Since the previous update, 1,265 confirmed locally acquired incident cases were reported. Additionally, there are at least 13,505 cases awaiting confirmation of infection and acquisition. Investigations to identify sources of outbreaks are ongoing. Travel associated cases have also been reported this year in 46 states and Puerto Rico (1,900).

Locally Acquired Cyclosporiasis Cases, Hospitalizations, and Deaths, United States & Puerto Rico, 2026						
Confirmed Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
18,445	+1,265	990	+68	2	+0	0.0%

*Table Notes: Data as August 31, 2026, and includes confirmed locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

Locally acquired cases have been reported by 49 states (as well as the District of Columbia), primarily Michigan (4,000-6,999), Indiana (1,000-3,999), Ohio (1,000-3,999), Illinois (500-999), Kansas (500-999), North Carolina (500-999), Texas (500-999), Florida (200-499), Kentucky (200-499), Nebraska (200-499), New York (State & City) (200-499), Oklahoma (200-499), Pennsylvania (200-499), and West Virginia (200-499). Nationally, locally acquired cases range from 1-99 years of age with a median of 46 years, and reported dates of illness onset ranging from May 1 – August 22, 2026. Among them, 5.4% have been hospitalized and there have been 2 deaths reported in Michigan (both with significant underlying health conditions). There is substantial lag between illness onset and case reporting to CDC (~6 weeks), therefore it is anticipated that overall case counts will continue to rise and state health departments may have more up to date information regarding

the current situation in their jurisdiction - the Michigan Department of Health and Human Services (MDHHS) has reported 14,510 cases in the state this year as of August 27. Data from individual states may include probable cases, whereas data from the United States CDC only includes laboratory confirmed cases. As of August 13, 2026, there are active investigations examining 7 separate cyclosporiasis outbreaks (of which 4 are still ongoing) in the United States, including an ongoing outbreak linked to shredded iceberg lettuce.

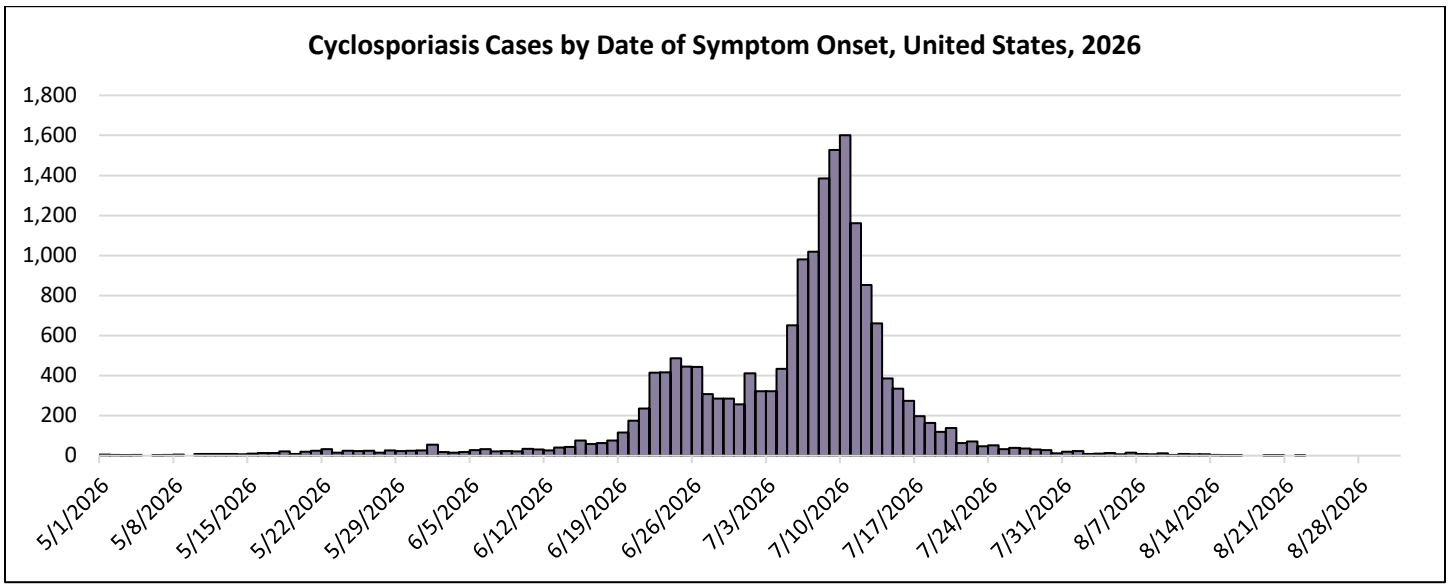

Figure Notes: Data as of August 31, 2026, and includes confirmed locally acquired cases only.

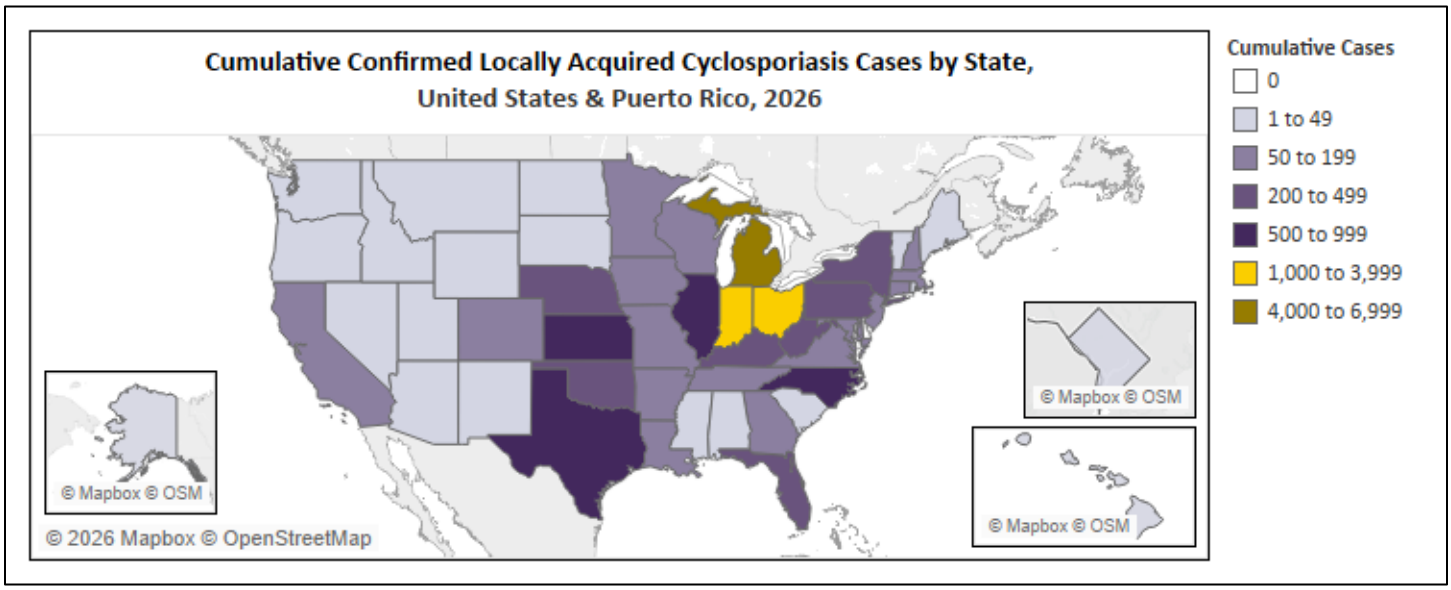

Figure Notes: Data as of August 31, 2026, and includes confirmed locally acquired cases only.

On July 13, the New York State Department of Health (NYSDOH) and New York City Department of Health and Mental Hygiene (NYCDOHMH) issued a Health Advisory regarding an increase of cyclosporiasis cases in the state (NYS outside of NYC: 129 during 2026 vs 20-55 during 2025, NYC: 381 during 2026 vs ~127 during 2025, as of July 8). On July 14, 2026, the United States CDC issued a Health Alert Network (HAN) Health Advisory regarding locally acquired cases in multiple states, notifying clinicians public health practitioners, and laboratories of the relative increase in cases.

Data Source: CDC Surveillance (9/1/26)

Dengue

United States – Updated Data on Locally Acquired and Travel Associated Cases:

According to data from the United States (US) CDC as of September 2, there have been a total of 1,389 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (888) and American Samoa (428) – 73 locally acquired cases have been reported in the continental US in Florida (72) and Virginia (1). Since the previous update, 37 incident locally acquired cases were reported, primarily in Florida (33). There were a total of 4,065 locally acquired cases reported by US states and territories during 2025, of which 81 were reported in the continental US in Florida (72), California (7), and Arizona (2) – 2025 totals were much lower compared to 2024 totals (6,543).

Dengue Cases and Hospitalization Rate by Travel Status, United States, 2026					
Locally Acquired Cases			**Travel Associated Cases**		
Cumulative	Incident†	Hospitalized	Cumulative	Incident†	Hospitalized
1,389	+37	44%	346	+41	35%

Table Notes: Data as of September 2, 2026; †Change in cumulative total compared to previous update.

The US CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding dengue globally. Dengue risk is present year-round in many parts of the world with some countries reporting increased case numbers relative to typical trends or a higher-than-expected number of cases among US travelers, including Bangladesh, Bolivia, Cambodia, Colombia, Costa Rica, Kenya, Malaysia, Maldives, Marshall Islands, Sri Lanka, Vanuatu, and Vietnam. According to data from the CDC as of September 2, there have been a total of 346 travel associated dengue cases reported among US residents during 2026. Since the previous update, 41 incident travel associated cases were reported. There were a total of 1,309 travel associated cases reported among US residents during 2025, much lower compared to 2024 totals (3,756).

Data Sources: CDC 2026 (9/2/26), CDC 2025 (9/2/26)

Diphtheria

Africa – Updated 2026 Data from Member States; Burden Highest in Somalia:

According to data from the Africa CDC as of August 28, there have been a total of 4,368 cases of diphtheria (422 confirmed) and 149 deaths (16 confirmed) reported by 8 African Union (AU) Member States (MS) during 2026. Since the previous update, 126 incident cases and 2 additional deaths were reported in Somalia (122 cases, 2 deaths) and Senegal (4 cases).

Diphtheria Cases and Deaths by Country, Africa, 2026					
Country	**Cases**		**Deaths**		
	Cumulative	Incident†	Cumulative	Incident†	CFR*
Guinea	28	+0	3	+0	10.7%
Mali	111	+0	4	+0	3.6%
Mauritania	366	+0	16	+0	4.4%
Niger	78	+0	6	+0	7.7%
Nigeria	360	+0	8	+0	2.2%
Senegal	14	+4	2	+0	14.3%
Somalia	3,368	+122	102	+2	3.0%
South Africa	43	+0	8	+0	18.6%
Total	**4,368**	**+126**	**149**	**+2**	**3.4%**

*Table Notes: Data as of August 28, 2026, and includes suspected and confirmed cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

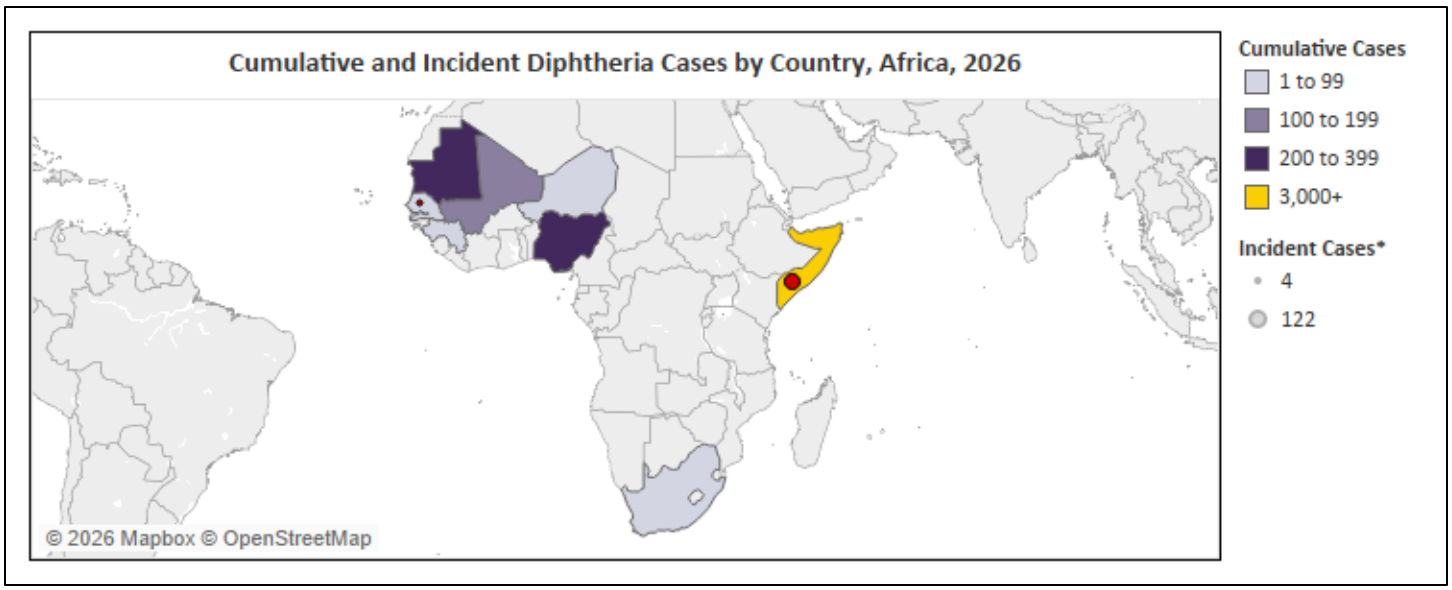

*Figure Notes: Data as of August 28, 2026, and includes suspected and confirmed cases; *Change in cumulative total compared to previous update.*

In March, the World Health Organization (WHO) published a rapid risk assessment (RRA) regarding diphtheria in the African Region, assessing the overall risk to human health to be moderate at the regional level and low at the global level. According to the RRA, trend data during 2026 has been difficult to interpret; however, a lower number of cases have consistently been reported by many countries since increases were observed beginning in 2025. Between 2000 and 2024, a total of 75,789 suspected cases were reported (3,500 annually on average), with most reported from 2023-2024 (~57,000). Between the beginning of 2025 and March of 2026, over 29,000 suspected cases and 1,420 deaths (CFR: 4.9%) were reported, with most reported during 2025, primarily among females, children aged <15 years, and individuals not fully vaccinated.

According to data from the Africa CDC, there were a total of 24,838 cases of diphtheria (7,016 confirmed) and 1,176 deaths (CFR: 4.7%) reported by 10 AU MS during 2025. According to the WHO, diphtheria remains a major public health problem in the African Region despite substantial vaccination efforts of the past 30 years. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice regarding diphtheria in several countries in Sub-Saharan Africa. Vaccination is the best way to prevent diphtheria and is recommended for people of all ages.

Data Source: Africa CDC (8/28/26)

Australia – National Incidence Trends Continue Gradual Decline Since Early June:

On May 22, 2026, Australia's Chief Medical Officer declared diphtheria a Communicable Disease Incident of National Significance (CDINS). According to data from the Australian Centre for Disease Control (CDC) as of August 24, there have been a total of 538 cases of diphtheria, and 1 death reported in Australia during 2026, representing a 41.4-fold increase compared to the same period from 2022-2025 (average of 13 cases) and the first death with diphtheria listed as the probable cause since 2018. Since the previous update, 25 incident cases were reported. Incidence had been steadily increasing since October 2025 before spiking in February 2026; trends plateaued from mid-April through early June and have been gradually declining since but remain elevated compared to typical incidence trends.

Diphtheria Cases, Hospitalizations, and Deaths, Australia, 2026								
Confirmed Cases		**Probable Cases**		**Hospitalizations**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
537	+24	1	+1	99	+4	1	+0	0.2%

*Table Notes: Data as of August 24, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

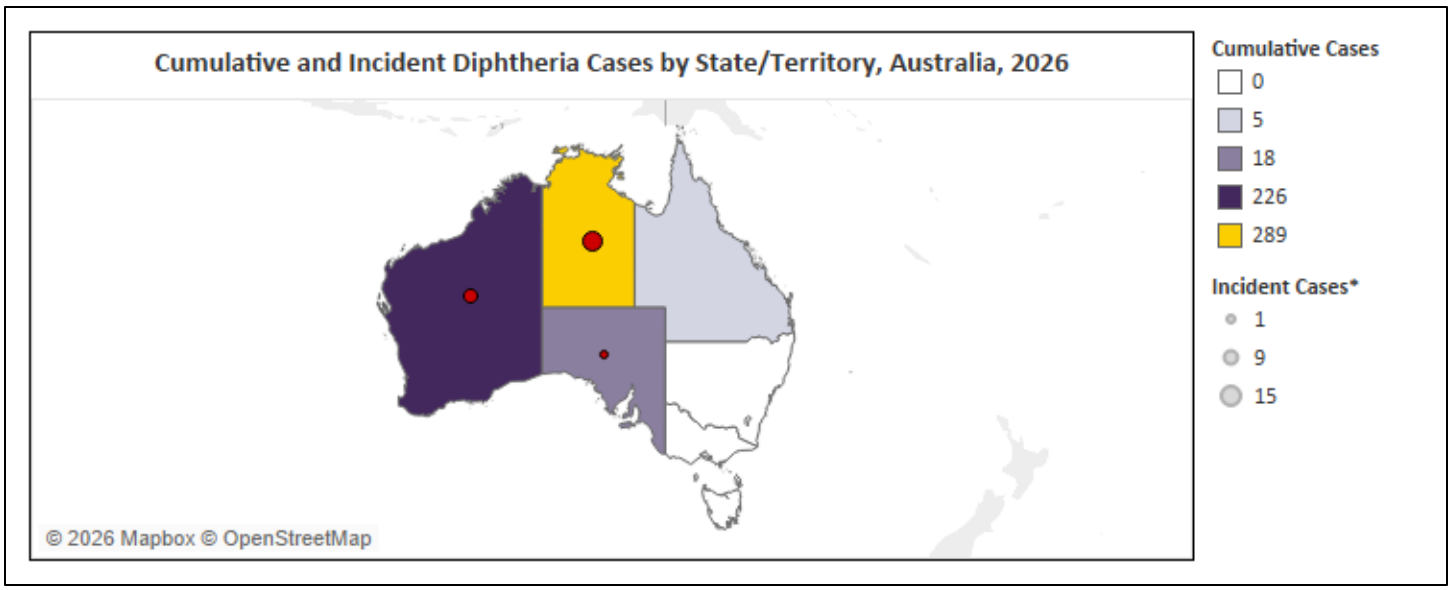

*Figure Notes: Data as of August 24, 2026; *Change in cumulative total compared to previous update.*

During 2026, cases have been reported in the Northern Territory (289), Western Australia (226), South Australia (18), and Queensland (5) – 98.9% of all locally acquired cases have been reported in outer regional, remote, or very remote areas. Those aged 25-44 years have been most affected (33%), followed by those aged 5-14 years (26%), and 15-24 years (21%). Among all cases, 95.2% have been among Aboriginal and/or Torres Strait Islander people, 54.1% have been female, 18.4% have been hospitalized, and 66.4% have been cutaneous diphtheria (as opposed to respiratory: 32.0%). Most cases of respiratory (87.8%) and cutaneous (78.7%) diphtheria had received the primary course (3-doses) of a diphtheria vaccine. Prior to the COVID-19 pandemic (2014-2019), most diphtheria cases in Australia were travel associated. Since 2020, there have been 17 diphtheria clusters (≥2 cases) reported (12 during 2026), the largest of which (10-16 cases) occurred in North Queensland from 2020-2023. Clusters reported during 2026 have ranged from 2-16 cases. Vaccination is the best way to prevent diphtheria and is recommended for people of all ages.

Data Source: Australian CDC (8/28/26)

Ebola

Africa – Updated Data on Ongoing Bundibugyo Virus Disease (BVD) Outbreak:

According to data from the National Institute of Public Health (INSP) in the Democratic Republic of the Congo (DRC) as of September 1, 2026, there have been a total of 6,250 confirmed Bundibugyo virus disease (BVD) cases and 3,039 confirmed deaths reported across 6 provinces. Since the previous update, 537 additional confirmed cases and 295 confirmed deaths were reported in the DRC – testing and contact tracing remain a challenge. The World Health Organization (WHO) currently assesses the risk associated with this outbreak to be very high in the DRC, high in countries sharing land border with the DRC, and low in other countries within the African region and at the global level. This is currently the second largest Ebola outbreak on record globally and remains a Public Health Emergency of International Concern (PHEIC) globally and a Public Health Emergency of Continental Security (PHECS) in Africa.

In the DRC, according to data from the INSP as of September 1, 2026, confirmed cases have been reported in 60 health zones across Bas-Uélé (3), Haut-Uélé (6), Ituri (28), North Kivu (15), South Kivu (1), and Tshopo (7) provinces – 81.6% of confirmed cases have been reported in Ituri province (5,104), followed by North Kivu (888), Haut-Uélé (231), Tshopo (20), South Kivu (3), and Bas-Uélé (4) provinces. A total of 18,784 contacts have been identified for monitoring and follow-up, of which 89.0% (16,719) are actively being monitored (seen within the previous 24 hours). There have been 1,439 recoveries. The WHO declared the end of the Ebola outbreak (involving any transmission) in Uganda on August 27, 2026, following successful completion of a 42-day monitoring period with no new cases since the case patient (travel associated)

was discharged. Confirmed cases (20) were either imported from DRC (15) or reported among healthcare workers treating imported cases (5), resulting in 18 recoveries, 2 deaths.

Bundibugyo Virus Disease Outbreak Cases and Deaths by Country, Africa, 2026					
Country	**Confirmed Cases**		**Deaths**		
	Cumulative	Change†	Cumulative	Change†	CFR*
DRC‡	6,250	+537	3,039	+295	48.6%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Total	**6,271**	**+537**	**3,041**	**+295**	**48.5%**

*Table Notes: Data for the DRC as of September 1, 2026, and includes locally acquired and imported cases; †Change in cumulative total compared to the previous update; *Case fatality rate (CFR); ‡Includes confirmed American national cases infected in the DRC that recovered in Germany (2); §Includes imported case from the DRC that recovered.*

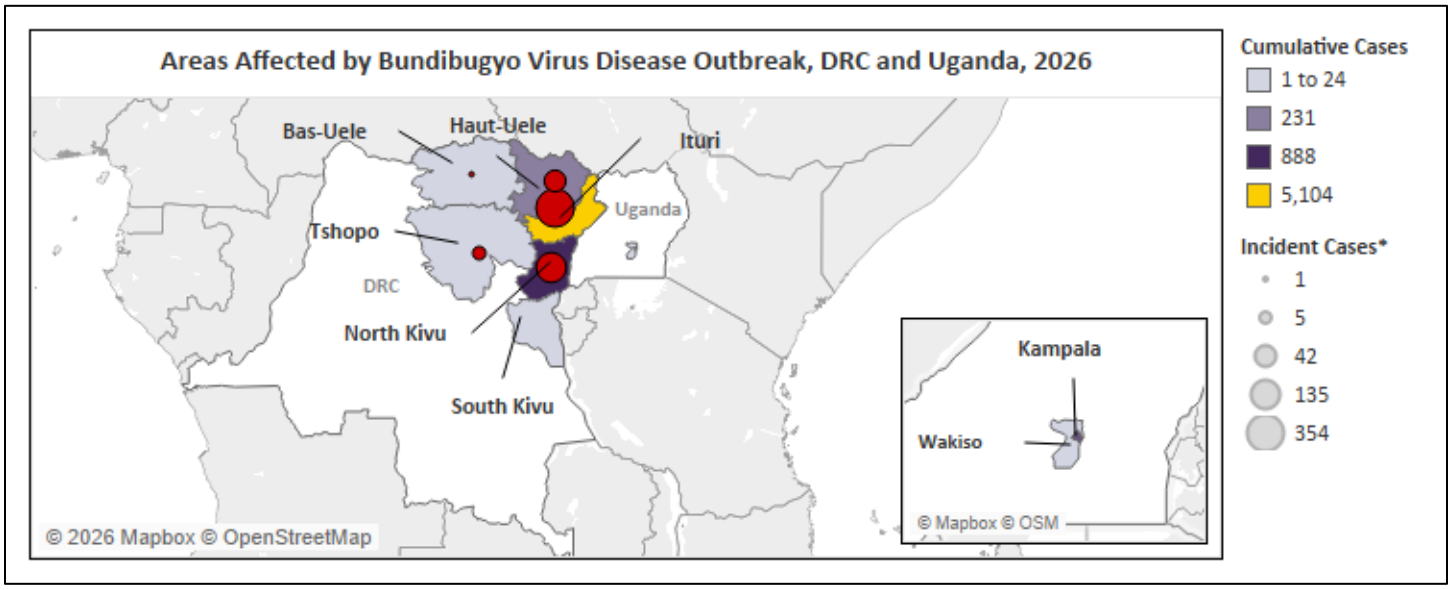

*Figure Notes: Data as of September 1, 2026; *Change in cumulative total compared to the previous update; Wakiso is part of the Kampala Metropolitan Area of Uganda.*

On May 15, 2026, the Ministry of Public Health, Hygiene and Social Welfare (MSPH) in the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease (EVD), specifically BVD, affecting multiple health zones (Rwampara, Mongwalu, and Bunia) in Ituri Province. That same day, the MOH-U declared an outbreak of EVD, specifically BVD, following confirmation of BVD infection among a 59-year-old man from the DRC that had died at Kibuli Muslim Hospital in Kampala on May 14, 2026. On May 16, 2026, the Director-General of the WHO determined that the BVD outbreak in the DRC and Uganda constitutes a public health emergency of international concern (PHEIC) without reaching the criteria of a pandemic emergency. On May 18, 2026, the Africa CDC declared the ongoing BVD outbreak in the DRC and Uganda to be a Public Health Emergency of Continental Security (PHECS).

The DRC has previously experienced 16 Ebola outbreaks since 1976 – the last EVD outbreak occurred in the Bulape health zone of Kasai Province and lasted from September 4 – December 1, 2025, resulting in a total of 64 cases (53 confirmed) and 45 deaths (34 confirmed) (CFR: 70.3%). The only other BVD outbreak in the DRC occurred in the Isiro health zone of Orientale Province and lasted from August 17 – November 26, 2012, resulting in a total of 62 cases (36 confirmed) and 34 deaths (CFR: 54.8%). According to a recent publication in the New England Journal of Medicine (NEJM), gastrointestinal symptoms (vomiting diarrhea, anorexia, and abdominal pain) were clinical features that most distinguished confirmed cases from both negative cases and those in previous outbreaks. Hemorrhagic signs were not commonly observed (10.4% of positive cases). Unlike EVD, there is no vaccine against BVD, and treatment consists of supportive care; however, BVD treatment clinical trials have begun in DRC and frontline workers have started to be vaccinated with Ervebo (vaccine licensed and recommended for use in Ebola Zaire outbreaks) in accordance with newly updated WHO emergency guidance.

On August 12, 2026, Health and Human Services (HHS) renewed the July 13, 2026, updated Title 42 order effectively suspending entry into the United States for all foreign nationals and lawful permanent residents (green card holders) who were in the DRC, Uganda, or South Sudan within 21 days of arrival – the order will be in effect for 30 days. Under updated Title 42, travelers (including Americans) who have traveled to DRC will not be able to board commercial flights with destinations to the U.S. for 21 days after leaving the DRC. This is in addition to the 21-day international travel restriction, initiated June 24, 2026, by the DRC Ministry of Public Health, Hygiene, and Social Welfare, for anyone who has stayed in an affected area or had contact with a confirmed or probable case. All United States citizens, nationals, and certain government and military personnel who were in Uganda or South Sudan within 21 days of arrival will be redirected through either Washington-Dulles International Airport (IAD) in Virginia, Hartsfield-Jackson Atlanta International Airport (ATL) in Georgia, or John F. Kennedy Intercontinental Airport (JFK) in New York, for enhanced public health screening. The CDC currently assesses the overall risk to the American public and travelers to be very low and has active Travel Health Notices posted regarding non-BVD affected areas of DRC and Uganda (Level 2 – Practice Enhanced Precautions), Haut-Uele and Tshopo Provinces, DRC (Level 3- Reconsider Nonessential Travel), and Ituri and North Kivu Provinces, DRC (Level 4 – Avoid All Travel). The New York State Department of Health is closely monitoring the situation – there is no immediate risk to New Yorkers.

Data Sources: INSP (9/3/26)

Lassa Fever

Nigeria – Incidence Trends Remain Elevated During Recent Weeks:

According to data from the Nigeria Centre for Disease Control and Prevention (NCDC) as of August 23, there have been a total of 7,580 suspected Lassa fever cases, of which 1,056 are confirmed, and 253 deaths among confirmed cases reported in Nigeria during 2026 – there have also been 6 probable cases reported. Since the previous update, 445 suspected incident cases, of which 39 are confirmed, and 14 additional deaths among confirmed cases were reported.

Lassa Fever Cases and Deaths, Nigeria, 2026								
Suspected Cases		**Confirmed Cases**		**Probable Cases**		**Deaths‡**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
7,580	+445	1,056	+39	6	+0	253	+14	24.0%

*Table Notes: Data as of August 23, 2026; ‡Among confirmed cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

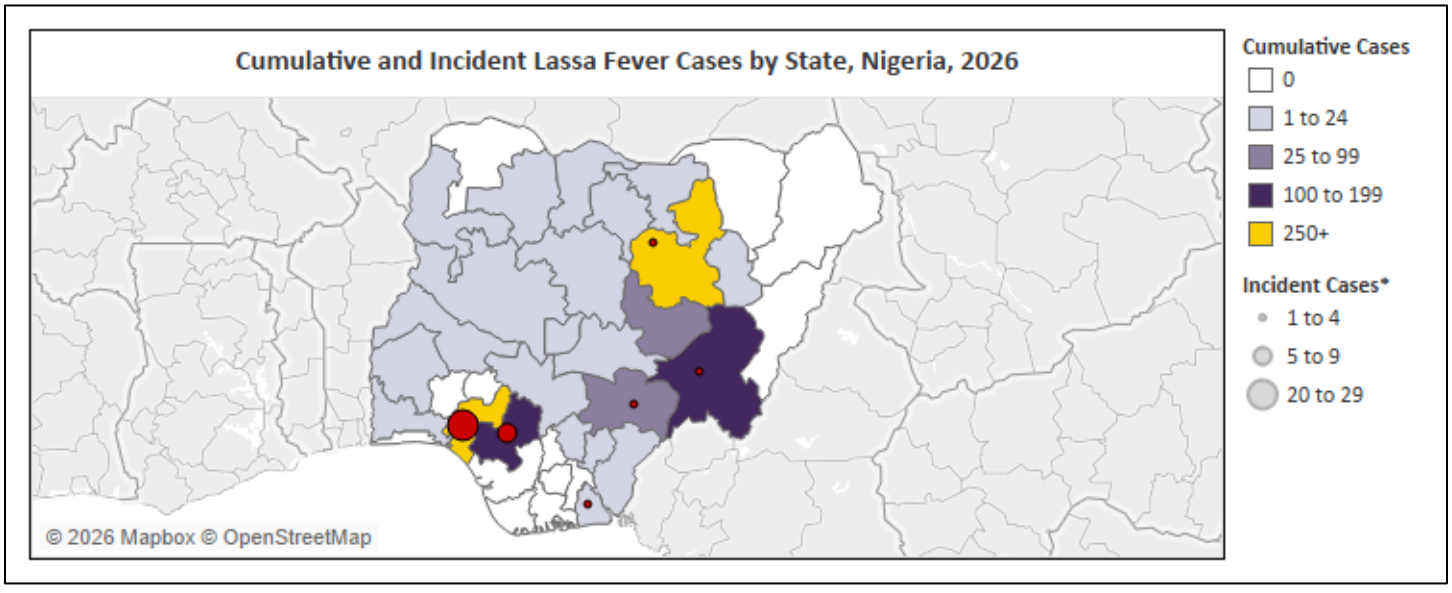

*Figure Notes: Data as of August 23, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Confirmed cases have been reported by 24 states, primarily Ondo (356), Bauchi (258), Taraba (132), and Edo (106). Those aged 21-50 years have been most affected, followed by hose aged ≤10-20 years. Lassa fever is endemic in Nigeria and cases are reported year-round with peak transmission periods occurring from October – May. During recent weeks, confirmed case incidence has been elevated when compared to trends from previous years (2022-2025).

As of the same date during 2025, there were 7,160 suspected cases, of which 857 were confirmed, and 160 deaths among confirmed cases (CFR: 18.7%) reported in Nigeria across 21 states – the confirmed case count and CFR for 2026 are both higher compared to 2025. There have been a total of 9 travel associated Lassa fever cases reported in the United States since 1969 – the most recent travel associated case was reported among an Iowa resident in November 2024 that had recently returned from Liberia.

Data Source: NCDC (8/23/26)

Malaria

Mayotte – Locally Acquired Incident Cases Reported During Most Recent Week:

According to data from the French National Public Health Agency (SPF) as of August 31, there has been a significant resurgence of malaria activity in Mayotte during 2026 with a total of 335 confirmed cases reported – the highest number since 2010 (433). Since the previous update, there were 26 confirmed incident cases reported. Among all confirmed cases, 231 have been travel associated (predominantly imported from neighboring Comoros where malaria remains endemic and highly prevalent), 76 have been locally acquired (an increase of 8 since the previous update), 12 have an undetermined origin, and 16 are currently under investigation. Local transmission increased in early May and continues to be detected.

Malaria Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
335	+26	90	+6	0	+0	0.0%

Table Notes: Data as of August 31, 2026; †Change in cumulative total compared to previous update.

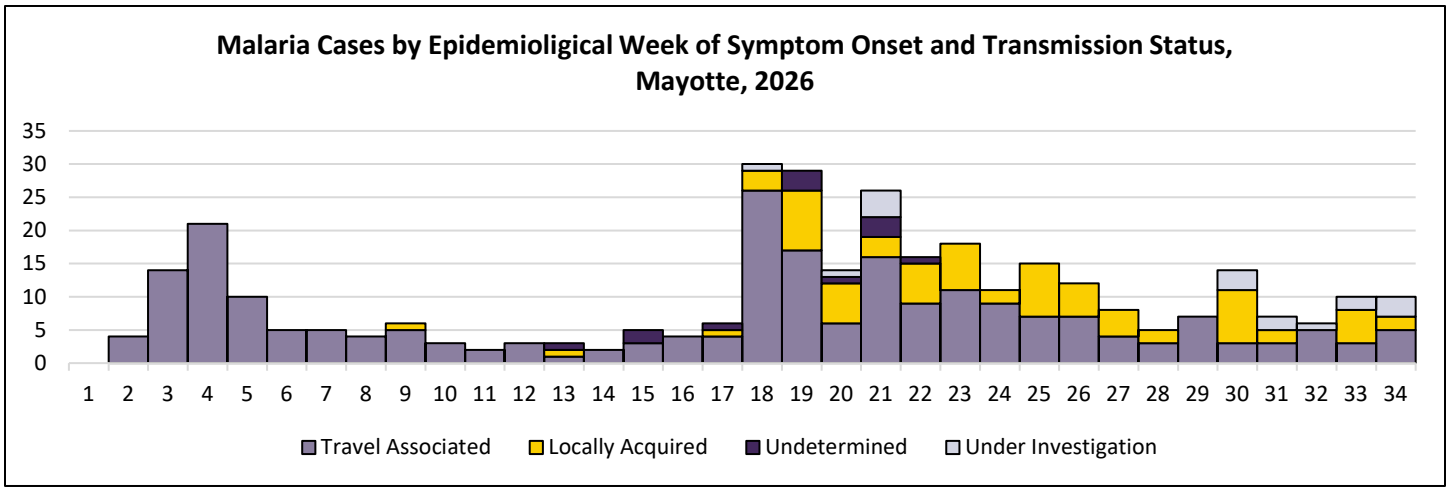

Figure Notes: Data as of August 31, 2026.

Among all confirmed cases, 90 have been hospitalized, including 8 admitted to intensive care. Confirmed locally acquired cases have been reported in 7 communes primarily in the southern region of the island: Dembéni (28), Chirongui (22), Bandrélé (20), Kani-Kéli (2), Bandraboua (2), Mamoudzou (1), and M'Tsangamouji (1). Mayotte is an overseas department of France in the Indian Ocean off the coast of Southeastern Africa where malaria transmission is ongoing in many countries, including Comoros and Madagascar. Intensified transmission in these neighboring countries has led to a significant rise in travel associated cases in Mayotte. According to data from the European Centre for Disease Prevention and Control (ECDC), there were 111 confirmed malaria cases reported in Mayotte during 2025, of which only 5 were suspected to be locally

acquired – this was the first time local malaria transmission was detected on the island since 2020. The United States CDC currently has a Level 2 – Practice Enhanced Precautions Travel Health Notice posted regarding malaria in Mayotte.

Data Sources: SPF (9/2/26), ECDC (6/5/26), BEACON (6/30/26)

Measles

Bangladesh – Incident Cases Reported by All Divisions in Nationwide Outbreak:

According to data from the Directorate General of Health Services (DGHS) as of September 3, there have been a total of 141,148 suspected and 19,527 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 887 deaths reported among suspected cases, and 99 deaths reported among confirmed cases. Since the previous update, 8,412 suspected incident cases, 876 confirmed incident cases, and 36 additional deaths among suspected cases were reported. According to provisional data from the World Health Organization (WHO) for the period of January 1 – March 16, 2026, there were 91 confirmed cases reported.

Measles Cases, Hospitalizations, and Deaths by Case Status, Bangladesh, Since March 15, 2026

Case Status	Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Suspected	161,148	+8,412	136,405	+2,832	887	+36	0.6%
Confirmed	19,527	+876			99	+0	0.5%

*Table Notes: Data as of September 3, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

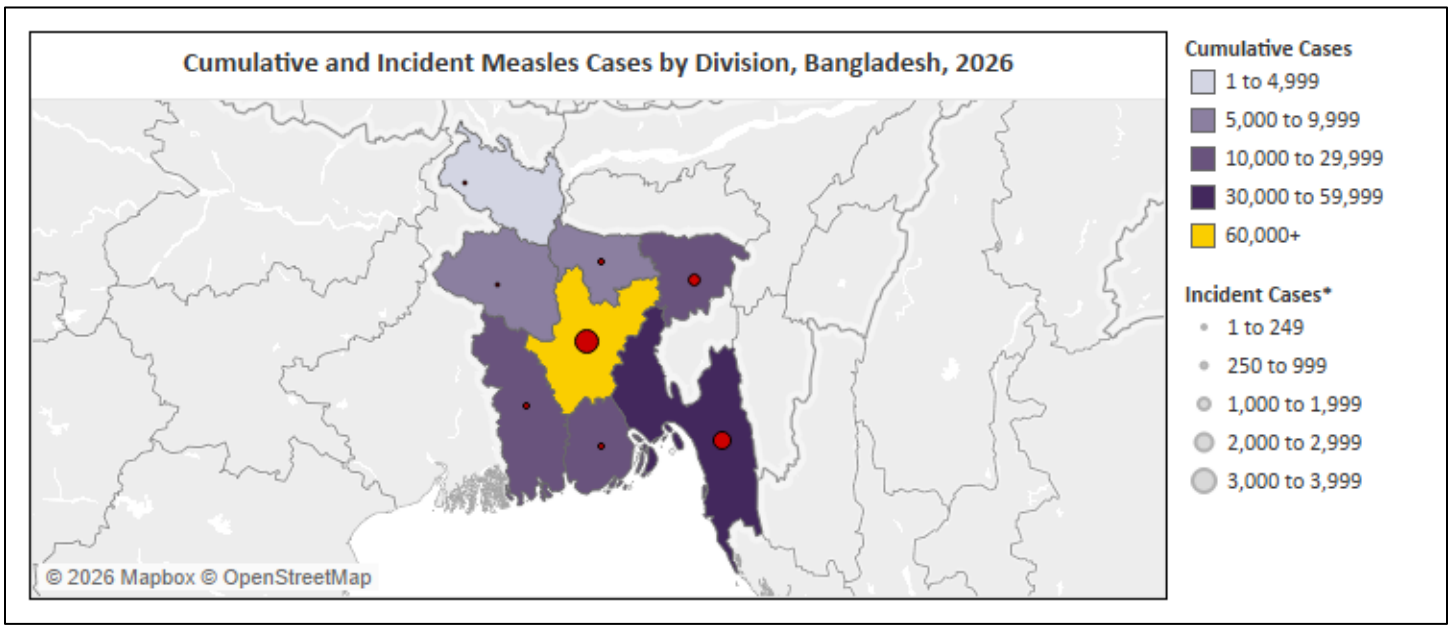

*Figure Notes: Data as of September 3, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.*

During 2026, cases have been reported in all 8 departments: Dhaka (69,641 suspected & 11,858 confirmed), Chattogram (31,514 suspected & 2,684 confirmed), Barisal (17,595 suspected & 776 confirmed), Sylhet (11,515 suspected & 1,019 confirmed), Khulna (10,453 suspected & 489 confirmed), Rajshahi (9,822 suspected & 1,418 confirmed), Mymensingh (7,740 suspected & 751 confirmed), and Rangpur (2,868 suspected & 532 confirmed). According to data from the United Nations as of June 25, 2026, children aged <5 years have accounted for 81% of reported cases, and recent weekly trends show a slight decrease in incidence since mid-May. Deaths reported through mid-June have primarily been among children.

In the first 8 months of 2026, Bangladesh has reported the highest number of confirmed measles cases in a year ever when compared to data available from the WHO since 2012. An approximately 13-fold decrease in the number of confirmed cases reported annually was observed since the COVID-19 pandemic until the end of last year. From 2021-2025, there were

293 confirmed cases reported annually on average. In the years preceding the pandemic (2016-2020), there were 3,805 confirmed cases reported annually on average. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles.

Data Sources: WHO (3/16/26), DGHS (9/3/26), WHO (4/23/26), UN (6/25/26)

Guatemala – Updated Data on Nationwide Outbreak; Incidence Trends Declining:

According to data from the Ministry of Public Health and Social Assistance (MSPAS) as of August 24, 2026, there have been total of 33,016 confirmed measles cases and 39 deaths reported in Guatemala since December 2025. All probable and confirmed cases reported previously have now been reclassified into 3 confirmed case categories (laboratory confirmed, epidemiologically linked, and clinically confirmed). Since the previous update, 450 confirmed incident cases and 7 additional deaths were reported. Young adults aged 15–39 account for more than half of confirmed cases (63.1%), and infants aged ≤1 year have the highest risk of death (23x higher death risk compared to that of the general population). Confirmed case incidence has been following a downward trend since peaking during epidemiological week 16.

Measles Cases and Deaths, Guatemala, 2025-2026					
Confirmed Cases			Deaths		
Category	Cumulative	Incident†	Cumulative	Incident†	CFR*
Laboratory	8,168	+90	39	+7	0.1%
Epidemiological	3,693	+84			
Clinical	21,155	+276			
Total	**33,016**	**+450**	**39**	**+7**	**0.1%**

*Table Notes: Data as of August 24, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

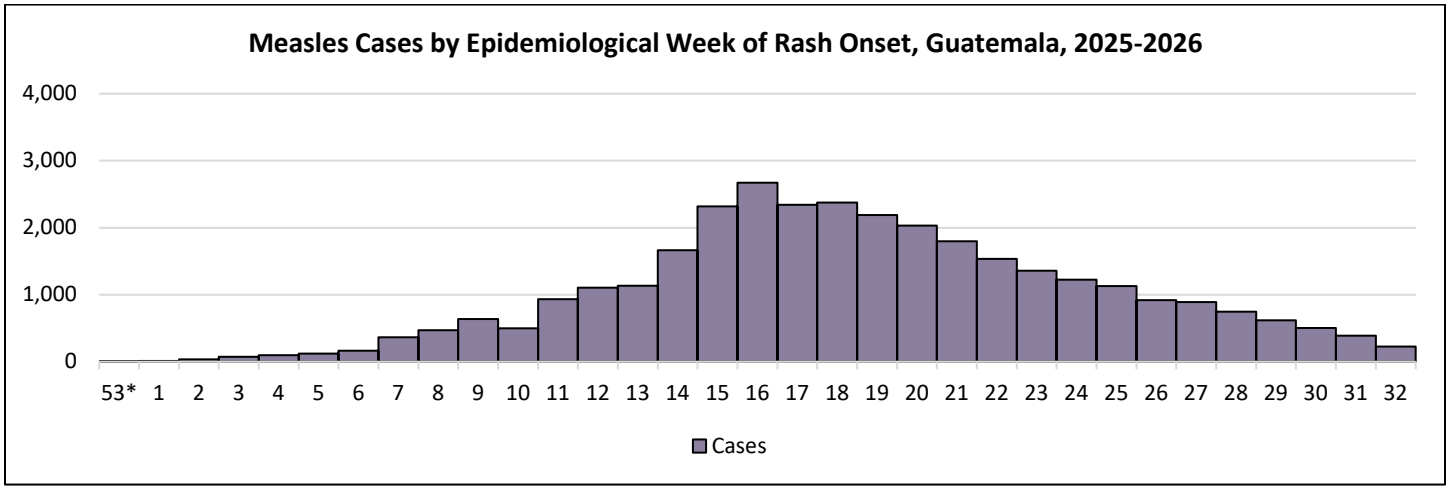

Figure Notes: Data as of August 24, 2026 (462 cases missing from figure); Epidemiological week 53 straddles 2025 and 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (12,102), Quetzaltenango (2,492), Quiche (2,191), Huehuetenango (1,804), Izabal (1,619), and Sololá (1,505) – cumulative incidence per 100,000 population is currently rated as very high (>180) in 7 departments: Izabal (353.6), Guatemala (319.2), Sololá (299.8), Quetzaltenango (261.4), Totonicapán (207.0), Quiche (203.9), and Jalapa (187.0). Those aged 20-29 years have been most affected (37.0%), followed by those aged 30-39 years (16.8%), those aged 15-19 years (9.3%), and those aged <1 year (9.3%) – infants aged <1 year remain the most at-risk group for severe outcomes. Among all confirmed cases, 92.9% have been unvaccinated or had unknown vaccination statuses, and 9.3% have been hospitalized.

The last measles outbreak in Guatemala occurred in 1989 and resulted in over 9,000 cases. The current outbreak has been linked to religious retreat in Santiago Atitlán last December that involved over 2,000 attendees. In response to the outbreak and as part of the regular schedule, over 1.95 million measles vaccine doses have been administered in the country as of August 20, 2026. Imported (travel associated) cases linked to this outbreak have been reported in neighboring Honduras,

a country declared measles free since 1997. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles.

Data Source: MSPAS (8/24/26)

Mexico – Confirmed Incident Cases Reported by 10 States; Most in Durango:

According to data from the Secretary of Health of Mexico as of September 2, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 12,794 confirmed cases and 19 deaths reported during 2026. Since the previous update, 38 confirmed incident cases with symptom onset during 2026 were reported by 10 states, primarily Durango (8), along with 1 additional death. Incidence has been gradually declining since epidemiological week 7 and has remained lower when compared to prior year trends since epidemiological week 23.

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025-2026							
Year	Probable Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	15,694	+0	6,614	+0	27	+0	0.4%
2026	29,517	+126	12,794	+38	19	+1	0.1%

*Table Notes: Data as of September 2, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,756), Mexico City (1,032), and Chiapas (872). During 2025, confirmed cases were reported by 29 states, primarily Chihuahua (4,497) and Jalisco (736). Across both years, cumulative incidence per 100,000 population has been highest among those aged <1 year (95.50), followed by those aged 1-4 years (30.30), those aged 5-9 years (21.50), and those aged 25-29 years (20.40).

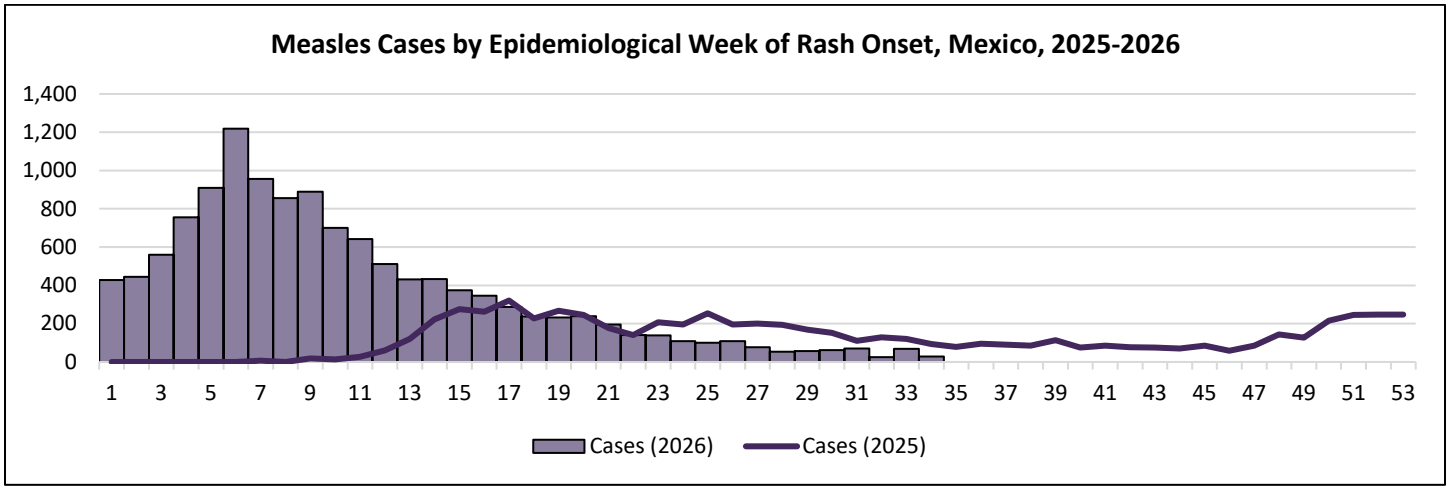

Figure Notes: Data as of September 2, 2026, and includes confirmed cases only (7 missing from figure).

Measles outbreaks in Mexico have been ongoing since February 1, 2025 – this is the largest measles epidemic in Mexico since the country achieved elimination status in 1997. The Pan American Health Organization (PAHO) had initially invited Mexico to meet virtually in April to review its measles elimination status. However, this meeting has since been postponed and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC). As of March 2026, over 30 million measles vaccine doses have been administered in Mexico since the beginning of 2025. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles.

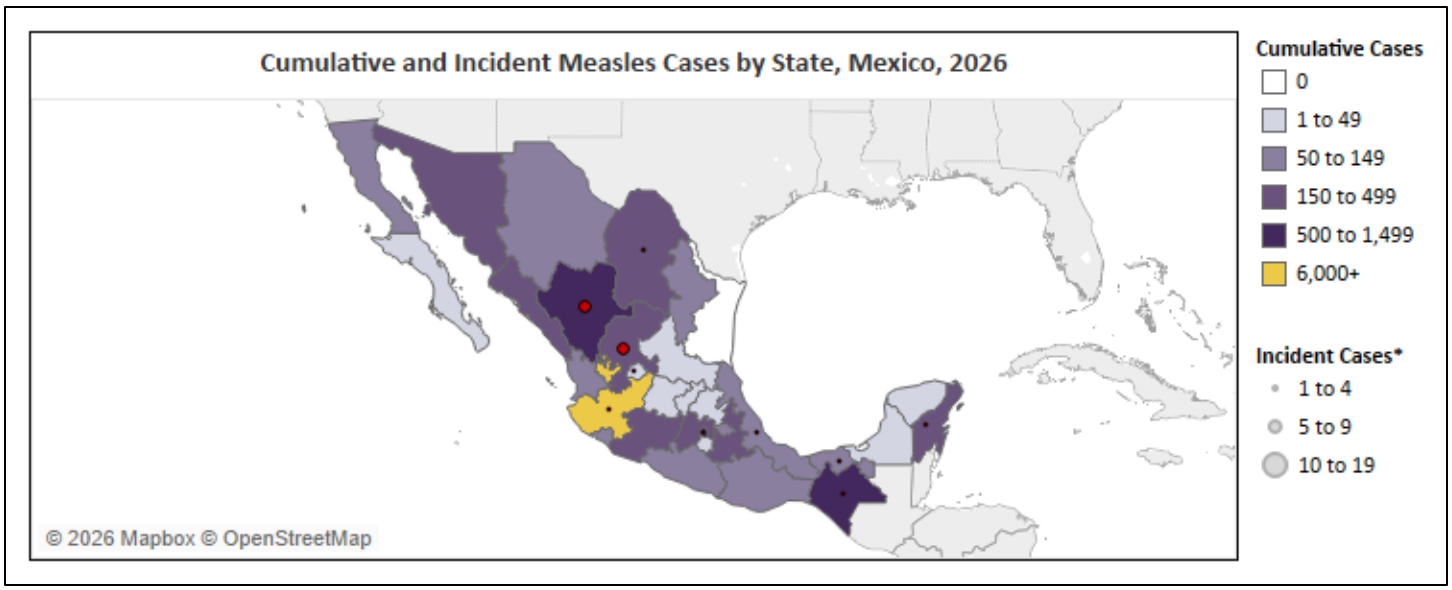

*Figure Notes: Data as of September 2, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Data Source: Secretary of Health (9/2/26)

United States – Confirmed Cases Reported by 13 States, Most in Pennsylvania:

According to data from the United States CDC as of August 27, 2026, there have been a total of 2,289 confirmed measles cases and 3 deaths reported in the United States during 2025, and 2,903 confirmed cases reported during 2026 – a greater number of confirmed cases have been reported during the first 8 months of 2026 compared to the entire year of 2025. Since the previous update, 126 confirmed incident cases with rash onset during 2026 were reported by 13 states, primarily in Pennsylvania (72), Wisconsin (17), and Maryland (13). Additionally, while not included in CDC data, the Pennsylvania Department of Health has reported two measles-related deaths – the first US measles-related fatalities of the year, and the first within the Commonwealth in 35 years.

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026

Year	Confirmed Cases		Hospitalizations		Deaths‡		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,289	+0	243	+0	3	+0	0.1%
2026	2,903	+126	223	+30	0	+0	0.0%

*Table Notes: Data as of August 27, 2026, and includes cases reported among international visitors to the United States; ‡2 measles-related deaths have been reported by the Pennsylvania Department of Health – the CDC is currently reviewing additional information regarding the circumstances and causes of death; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

During 2026, confirmed cases have been reported by 47 jurisdictions, primarily South Carolina (670), Utah (526), Pennsylvania (443), Texas (191), Virginia (178), Florida (143), and Arizona (110). There have been 37 outbreaks reported during 2026 – 94% of confirmed cases reported during 2026 are outbreak associated (1,362 from outbreaks that began during 2026 and 1,375 from outbreaks that began during 2025). Those aged 5-19 years have been most affected (47%), followed by those aged 20+ years (34%), and those aged <5 years (19%). Among all confirmed cases, 94% have been unvaccinated or have unknown vaccination statuses and 8% have been hospitalized – including 11% of those aged <5 years. In New York, there have been 6 confirmed cases reported in New York City and 37 in Rest of State (43 total). The New York State Department of Health recently reminded New Yorkers to ensure they are vaccinated against measles.

During 2025, confirmed case totals were the highest observed since 1991 (9,643), with cases reported by 45 jurisdictions. There were 48 outbreaks reported – 90% of confirmed cases were outbreak associated. Those aged 5-19 years were most affected (44%), followed by those aged 20+ years (29%), and those aged <5 years (26%). Among all confirmed cases, 93% were unvaccinated or had unknown vaccination statuses and 11% were hospitalized – including 18% of cases aged <5

years. In New York, there were 20 confirmed cases reported in New York City and 28 in Rest of State (48 total) with an increase observed during October in the Hudson Valley as a result of from measles acquired during international travel.

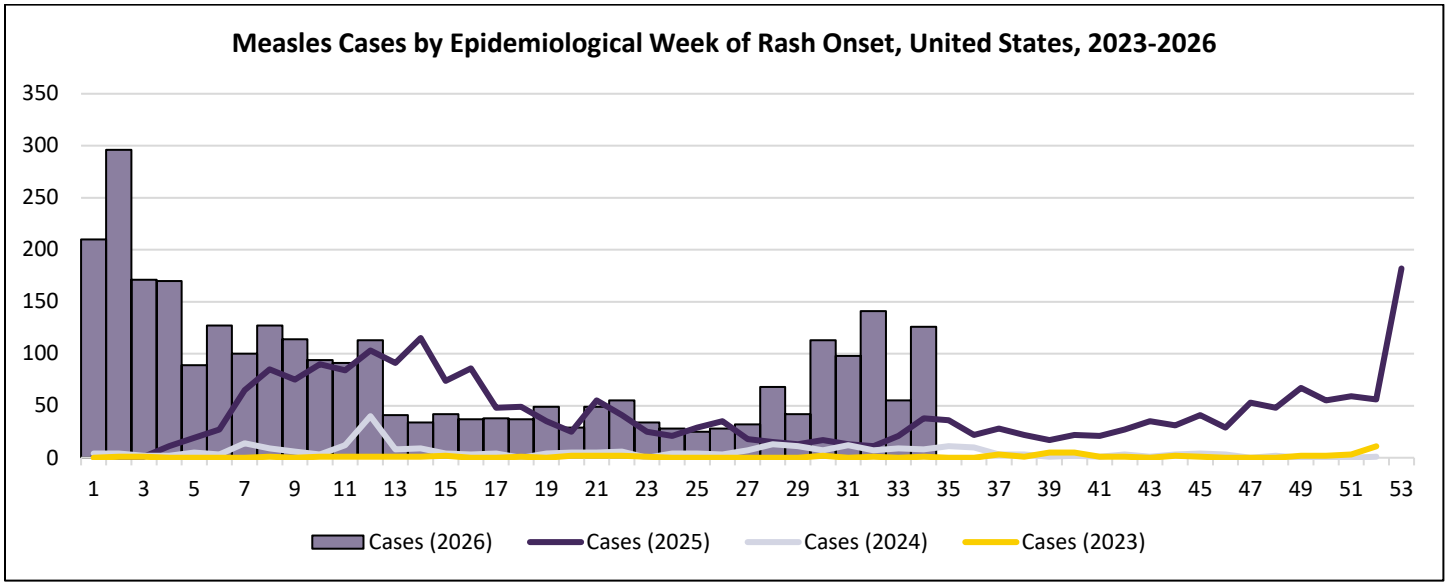

Figure Notes: Data as of August 27, 2026, and includes cases reported among international visitors to the United States.

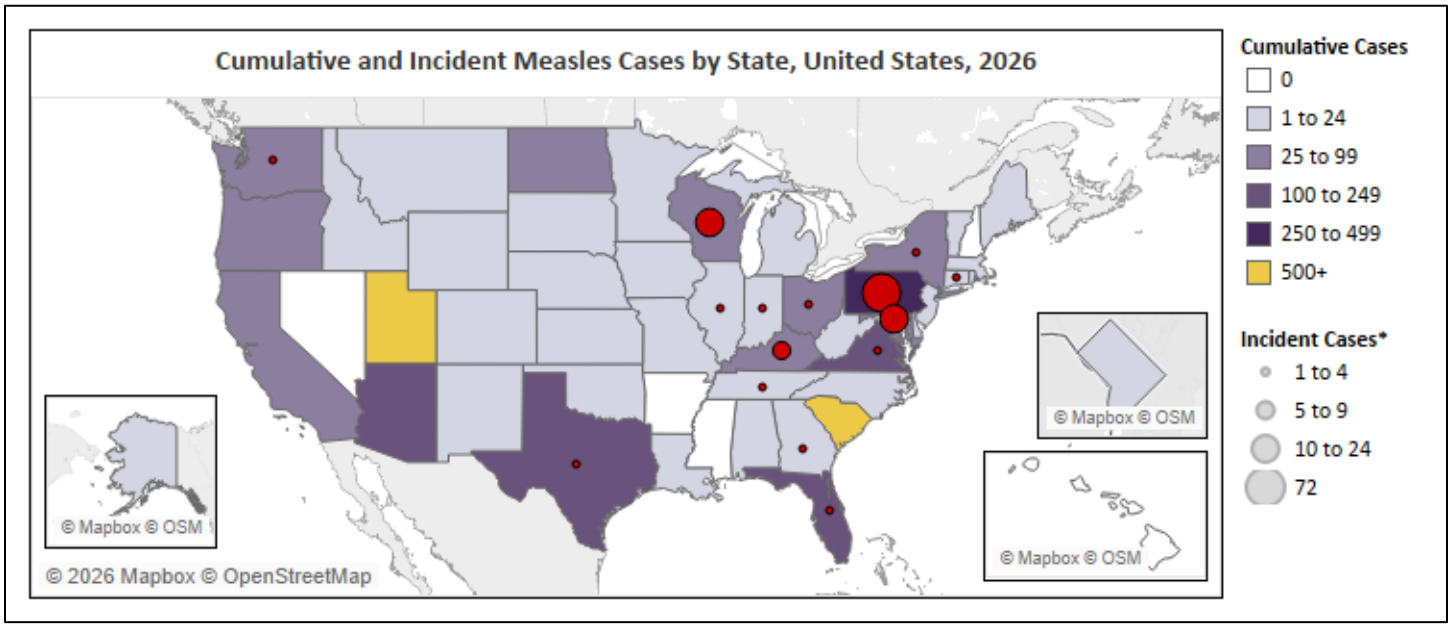

*Figure Notes: Data as of August 27, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles. A decrease in vaccination coverage among kindergartners and an increase in parents delaying vaccination among infants has been observed in the United States since the COVID-19 pandemic. The Pan American Health Organization (PAHO) had initially invited the United States to meet virtually in April to review its measles elimination status, a milestone achieved in 2000. However, this meeting has since been postponed and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC). An analysis published in May in The Lancet determined that it is highly likely that the United States will lose its measles elimination status given the current epidemiological context.

Data Source: CDC (8/30/26)

Africa – Incident Cases Reported Primarily in Madagascar, the DRC, and Angola:

According to data from the World Health Organization (WHO) as of August 16, 2026, there have been a total of 70,369 confirmed mpox cases and 289 deaths reported in Africa since the beginning of 2024. Since the previous update, 1,265 confirmed incident cases and 4 additional deaths (all in Madagascar) were reported – there are delays associated with reporting, particularly in the Democratic Republic of the Congo (DRC). Confirmed incident cases were primarily reported in Madagascar (515), the DRC (433), Angola (166), and Kenya (71).

Mpox Cases and Deaths by Select Countries, Africa, 2024-2026

Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR*
Burundi	Ib	4,743	+16	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	38,830	+433	78	+0	0.2%
Ghana	IIa and IIb	1,005	+0	7	+0	0.7%
Guinea	IIa and IIb	2,312	+0	7	+0	0.3%
Kenya	Ib	1,260	+71	19	+0	1.5%
Liberia	IIa and IIb	1,681	+0	9	+0	0.5%
Madagascar	Ib	3,436	+515	22	+4	0.6%
Sierra Leone	IIa and IIb	5,442	+0	60	+0	1.1%
Uganda	Ib	8,512	+0	52	+0	0.6%
Rest of Africa	Ia, Ib, IIa, and IIb	3,148	+230	34	+0	1.1%
Total	**Ia, Ib, IIa, and IIb**	**70,369**	**+1,265**	**289**	**+4**	**0.4%**

*Table Notes: Data as of August 16, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

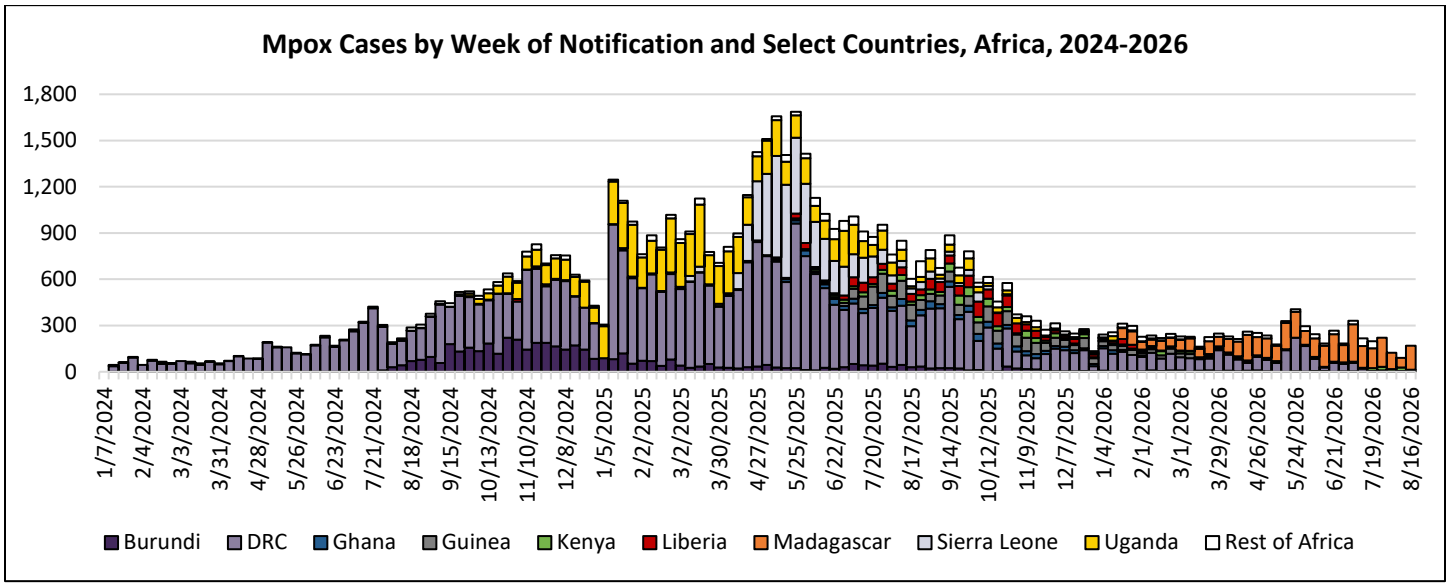

Figure Notes: Data as of August 16, 2026, and includes confirmed cases only (4,105 reported in the DRC are excluded).

Confirmed cases have been reported by 35 African countries since the beginning of 2024, primarily the Democratic Republic of the Congo (DRC), Uganda, Sierra Leone, Burundi, Madagascar, Guinea, Liberia, Kenya, and Ghana. Despite the situation in Africa no longer being considered a Public Health Emergency of Continental Security (PHECS), and a steep decline in incidence observed since mid-year 2025, there have been 1,153 confirmed cases reported with symptom onset in the past 6 weeks by 11 countries, primarily Madagascar (785), Angola (184), Kenya (94), the DRC (41), and Cameroon (28). The WHO assesses the overall risk posed to public health my mpox as moderate, particularly for individuals with

multiple sexual partners (globally) and children in historically endemic areas (locally). Vaccination is recommended for those at risk for exposure and those at risk for exposure who are traveling to countries with outbreaks.

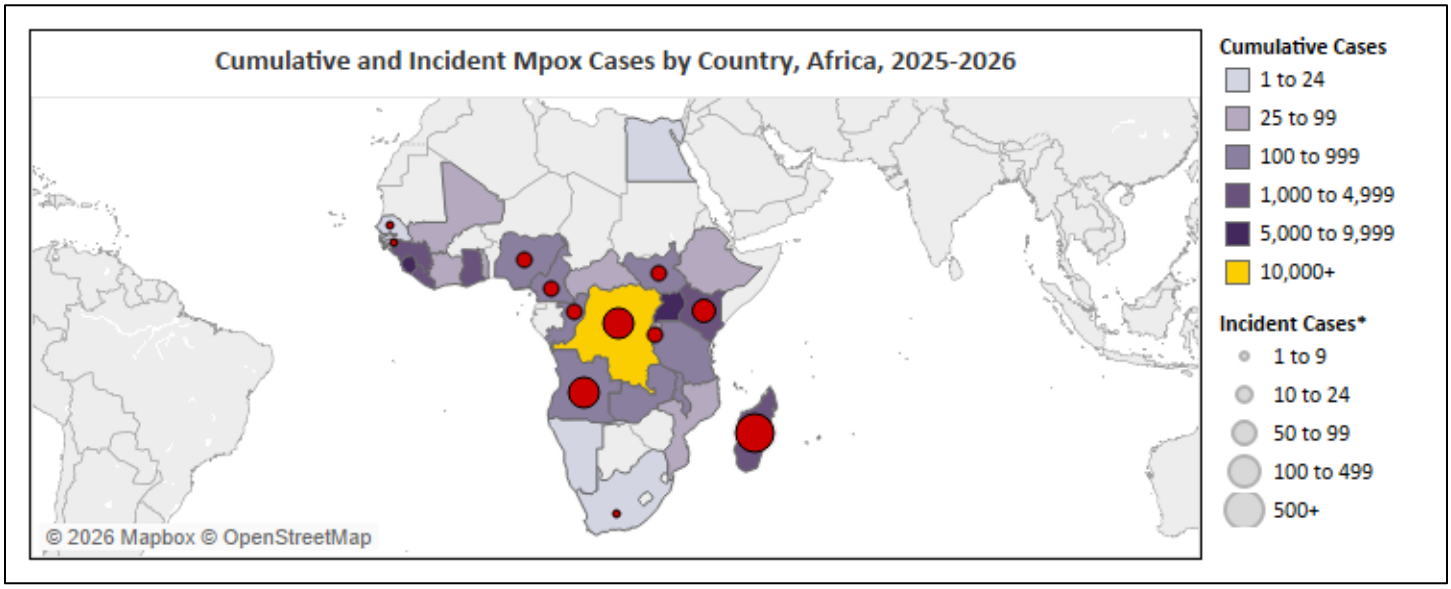

*Figure Notes: Data as of August 16, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Data Sources: WHO Dashboard (8/28/26), WHO Sitrep (7/31/26), WHO RRA (8/24/26)

Global – Updated Data on Geographic Spread and Transmission Status of Clade I:

According to data from the World Health Organization (WHO) as of August 28, 2026, a total of 22 countries have reported 1,289 confirmed clade Ib mpox cases globally in the past 6 weeks (active transmission). Among them, 15 countries have reported cases of community transmission (1,274), 6 countries have reported cases linked to travel (13), and transmission status is currently unknown for 2 cases reported in Costa Rica.

Clade Ib Mpox Cases Reported to WHO by Transmission Status, Global, Past 6 Weeks					
Community Transmission		**Cases Linked to Travel**		**Unknown**	
Countries	Cases	Countries	Cases	Countries	Cases
15	1,274	6	13	1	2

Table Notes: Data as of August 28, 2026, and only includes confirmed clade Ib mpox cases reported to the WHO in the past 6 weeks, with the exception of the Democratic Republic of the Congo (may include clade Ia cases).

Since the beginning of 2024, a total of 60,631 clade Ib mpox cases have been reported by 68 countries globally, primarily the Democratic Republic of the Congo (DRC) (39,324), Uganda (8,512), Burundi (4,743), Madagascar (3,436), and Kenya (1,260). In the past 6 weeks, cases of community transmission have primarily been reported in Madagascar (785), Angola (184), Kenya (94), Portugal (66), the DRC (41), Germany (24), France (20), the United Kingdom (18), Ireland (12), and the Netherlands (10). According to data from the United States CDC as of August 27, 2026, there have been 50 confirmed clade Ib mpox cases reported in the country since November 2024, primarily among individuals with recent travel to endemic countries in Central and Eastern Africa or to Western Europe – travel associated cases were recently reported in California and Puerto Rico. There have not been any clade Ia mpox cases reported outside of endemic areas in the past 6 weeks. Additionally, there have been 3 recombinant clade Ib/IIb mpox cases reported in the United Kingdom, India, and Qatar among individuals with recent travel history to South-East Asia and the Arabian Peninsula – none experienced severe outcomes.

Since September 2025, broader transmission of clade Ib mpox has been observed globally in previously unaffected countries and countries previously reporting travel associated cases only, particularly among men who have sex with men (MSM). According to data from the European Center for Disease Prevention and Control (ECDC) through then end of July, there have been 1,083 clade I mpox cases have been reported in 20 European Union and European Economic Area (EU/EEA)

countries in the past year, primarily among MSM (89%) and persons not fully vaccinated against mpox (78%). A communication published in Eurosurveillance highlights the rapid increase in locally acquired incident clade Ib mpox cases reported in Berlin, Germany, particularly among MSM since December of 2025. While community transmission of clade I mpox has not been confirmed in the United Arab Emirates (UAE), many travel associated cases reported in other countries have been among those returning from the UAE, indicating likely community transmission. The WHO assesses the overall risk posed to public health my mpox as moderate, particularly for individuals with multiple sexual partners (globally) and children in historically endemic areas (locally). Vaccination is recommended for those traveling to countries with outbreaks and at risk for exposure.

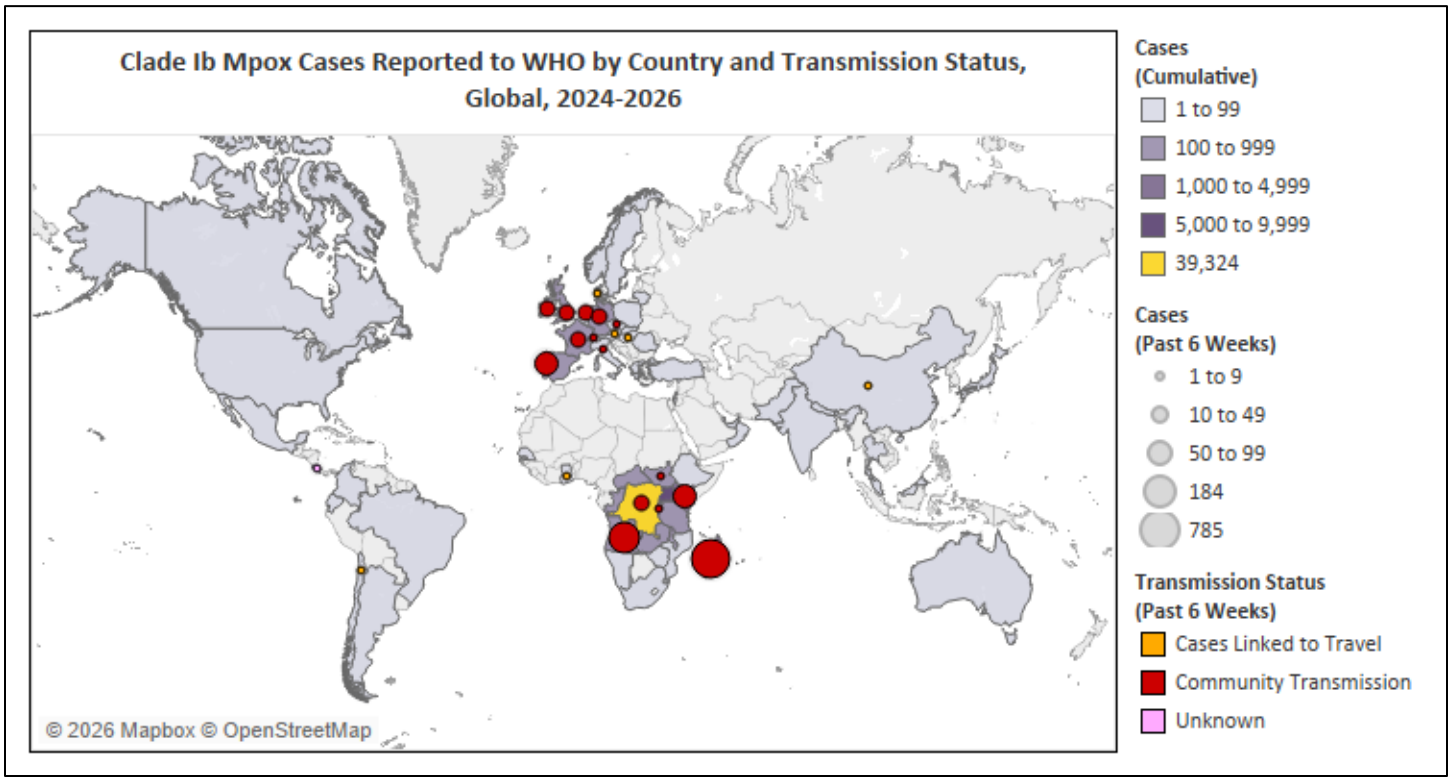

Figure Notes: Data as of August 28, 2026, and only includes confirmed clade Ib mpox cases reported to the WHO in the past 6 weeks, with the exception of the Democratic Republic of the Congo (may include clade Ia cases).

Data Sources: WHO Dashboard (8/28/26), WHO Sitrep (7/31/26), WHO RRA (8/24/26), ECDC (8/11/26), CDC (8/27/26)

New World Screwworm

Mexico – Updated Data on Animal and Human Cases Reported:

According to data from the Secretary of Agriculture of Mexico as of September 1, 2026, there have been a total of 40,828 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 2,059 are currently active. According to data from the Secretary of Health of Mexico as of August 28, 2026, there have been a total of 633 confirmed NWS cases and 4 deaths reported among humans since the beginning of 2025. Since the previous update, 879 incident cases among animals and 31 confirmed incident cases and 1 death among humans were reported.

New World Screwworm Cases by Species, Mexico, 2024-2026								
Animal Cases				Confirmed Human Cases		Confirmed Human Deaths		
Cumulative	Incident†	Active	Change‡	Cumulative	Incident†	Cumulative	Incident†	CFR*
40,828	+879	2,059	+18	633	+31	4	+1	0.6%

Table Notes: Data for cases reported among animals as of September 1, 2026, and among humans of August 28, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

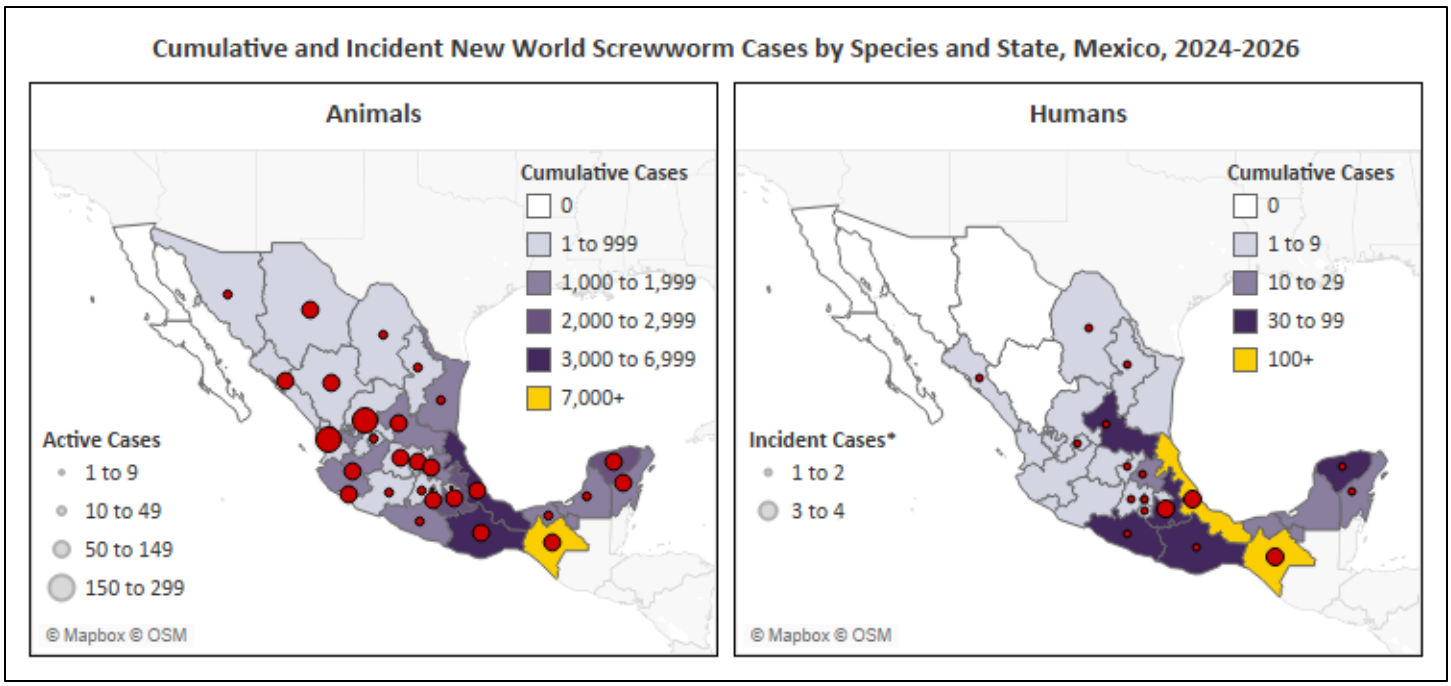

*Figure Notes: Data for cases reported among animals as of September 1, 2026, and data for cases reported among humans as of August 28, 2026; *Change in cumulative total compared to previous update.*

NWS cases among animals have been reported in 30 states, primarily Chiapas (7,695), Oaxaca (5,208), Veracruz (4,835), Yucatán (2,906), and Puebla (2,329). Confirmed NWS cases among humans have been reported in 25 states, primarily Chiapas (160), Veracruz (110), Oaxaca (58), and Puebla (58). Recently, spread has been moving northward and into more urban areas. The current outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and Mexico, and more recently the United States. According to data from the United States CDC as of August 11, 2026, there have been over 209,400 NWS cases reported among animals and over 2,500 NWS cases reported among humans in Central America and Mexico since 2023.

Data Sources: Secretary of Agriculture (9/3/26), Secretary of Health (8/31/26), CDC (8/11/26)

Non-Seasonal Influenza

China – Incident Human Case Reported Among Child in Anhui Province (H9N2):

According to data from the Hong Kong Centre for Health Protection (HKCHP) as of August 31, 2026, there have been a total of 21 confirmed influenza A(H9N2) cases reported among humans in China with symptom onset in the past 6 months, none of which have been fatal. Since the previous update, 1 confirmed incident H9N2 case was reported among a 3-year-old male in Anhui Province. The case experienced symptom onset on August 3, 2026, was hospitalized and has since been discharged, and was exposed to a live poultry market prior to illness onset. No additional cases have been detected.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	CFR*
21	+1	0	+0	0.0%

Table Notes: Data as of August 31, 2026, and includes cases with symptom onset in past 6 months; †Change in cumulative total compared to previous update.

In the past 6 months, confirmed human H9N2 cases have been reported by 9 provinces/regions/municipalities in China: Guangxi Zhuang (5), Yunnan (5), Guangdong (3), Jiangsu (2), Jiangxi (2), Anhui (1), Gansu (1), Sichuan (1), and Hong Kong (1). According to data from the World Health Organization (WHO) as of August 20, 2026, there have been a total of 176 human H9N2 cases and 2 deaths reported in China since December 2015 (out of 179 total in the Western Pacific Region

with the remaining cases being reported in Cambodia [2] and Vietnam [1]). Most cases have been mild and have been associated with exposure to infected poultry or contaminated poultry environments. Sporadic cases of human infection are expected in areas where H9N2 viruses circulate among poultry.

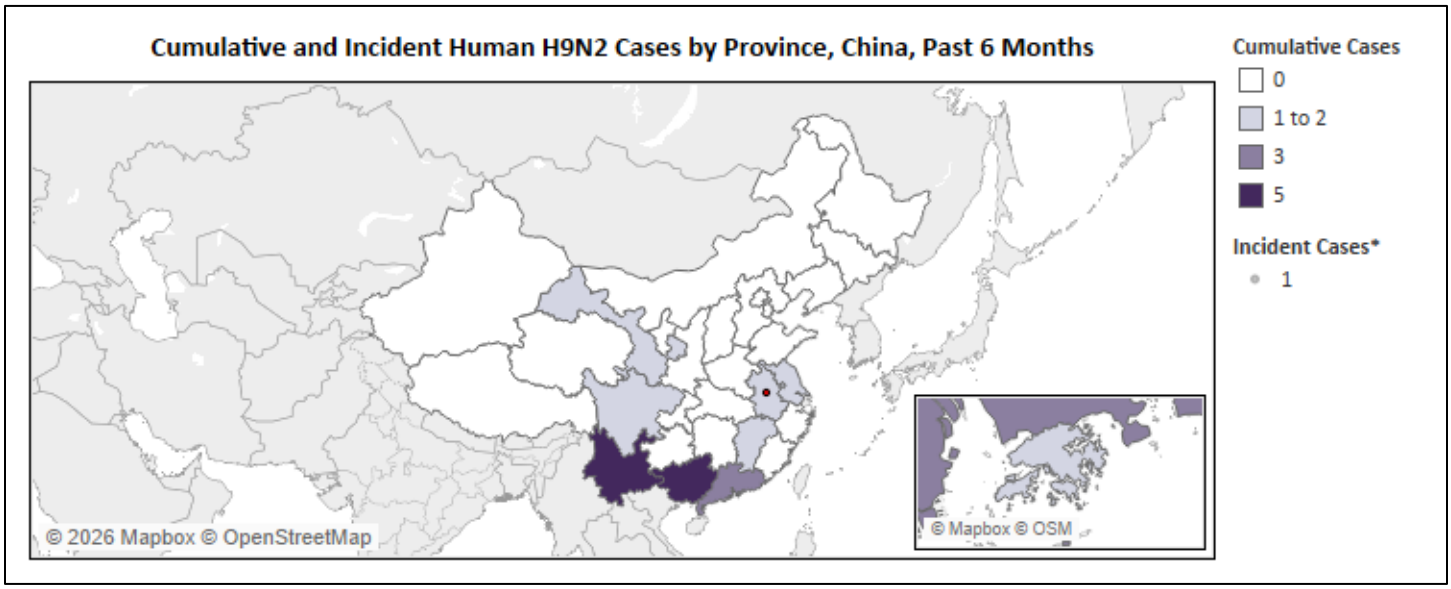

*Figure Notes: Data as of August 31, 2026, and includes cases with symptom onset during the past 6 months; *Change in cumulative total compared to previous update.*

Data Sources: HKCHP (9/1/26), WHO (8/21/26)

Polio

Global – Incident AFP Cases (cVDPV1-3) Reported in Multiple African Countries:

According to data from the Global Polio Eradication Initiative (GPEI) as of August 31, 2026, there have been 22 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 24 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 108 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 13 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 1 incident AFP case caused by cVDPV1 was reported in South Sudan, 12 incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of the Congo (DRC) (8), South Sudan (3), and Mali (1), and 2 incident AFP cases caused by cVDPV3 were reported in Nigeria.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		**cVDPV1**		**cVDPV2**		**cVDPV3**	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
22	+0	24	+1	108	+12	13	+2

Table Notes: Data as of August 31, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 16 countries: Afghanistan (19 – WPV1), Angola (1 – cVDPV2), the Central African Republic (CAR) (4 – cVDPV2), Chad (7 – cVDPV2, 1 – cVDPV3), the DRC (45 – cVDPV2), Ethiopia (9 – cVDPV1), Lao People's Democratic Republic (3 – cVDPV1), Mali (2 – cVDPV2), Madagascar (2 – cVDPV1), Niger (1 – cVDPV3), Nigeria (34 – cVDPV2, 11 – cVDPV3), Pakistan (3 – WPV1), Somalia (6 – cVDPV2), South Sudan (10 – cVDPV1, 3 - cVDPV2), Sudan (4 – cVDPV2), and Togo (2 – cVDPV2). Among countries without any reported AFP cases, environmental detections from samples collected during 2026 have been reported in Algeria (2 – cVDPV2), Australia (1 – cVDPV2), Libya (1 – cVDPV2), Malawi (9 – cVDPV2), Namibia (5 – cVDPV2), and the United Kingdom (2 – cVDPV2), suggesting undetected transmission was occurring in these countries at some point this year.

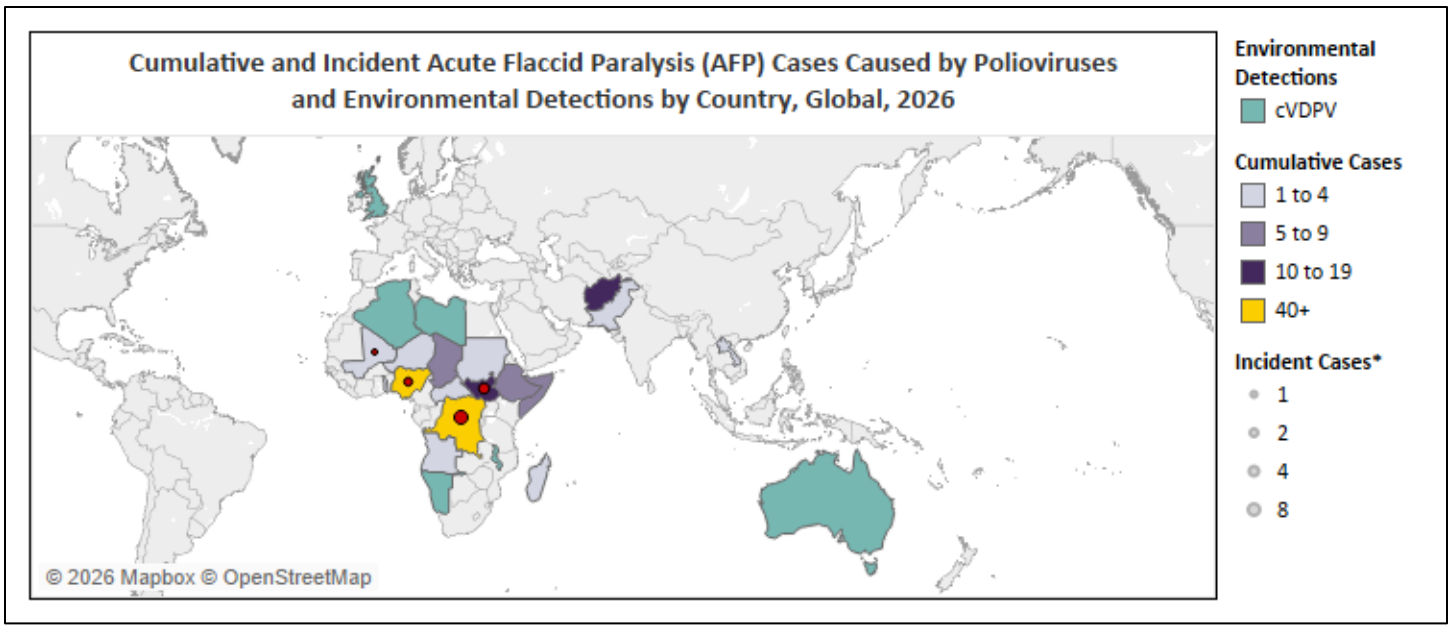

*Figure Notes: Data as of August 31, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

The United States CDC currently has a Level 2 – Practice Enhanced Precautions Travel Health Notice posted regarding polio globally. Vaccination is the best way to protect against polio. A total of 52 AFP cases caused by WPV1, 3 AFP cases caused by cVDPV1, 228 AFP cases caused by cVDPV2, and 11 AFP cases caused by cVDPV3, have been reported to date with onset of paralysis during 2025.

Data Sources: GPEI - WPV (9/1/26), GPEI - cVDPV (9/1/26)

Salmonella

United States – Updated Data on Ongoing Outbreaks Linked to Backyard Poultry:

According to data from the United States CDC as of August 27, there have been a total of 1,061 cases infected with outbreak strains of *Salmonella* Altona, Enteritidis, Indiana, Infantis, Kedougou, Mbandaka, and Saintpaul linked to backyard poultry. Additionally, there have been 2 deaths reported in Washington and Georgia. Since the previous update, 247 incident cases (including cases caused by new outbreak strain *S*. Altona) and 1 additional death were reported.

Salmonella Outbreak Cases, Hospitalizations, and Deaths, United States, 2026						
Cases		Hospitalizations‡		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
1,061	+247	234	+33	2	+1	0.2%

*Table Notes: Data as of August 27, 2026; ‡Among 717 people with information available; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

Cases have been reported by 46 states and 1 territory, primarily Michigan (109), Ohio (97), Kentucky (86), and Wisconsin (67), and reported dates of illness onset ranging from January 20 – August 6, 2026. Cases range from <1-99 years of age with a median age of 35 years – 23% of cases are aged <5 years. Among cases with available demographic information, most have been female (56%), White (94%), and non-Hispanic (88%). Among interviewed cases (738), 75% reported contact with backyard poultry prior to illness onset - *S.* Saintpaul cases have reported contact with ducklings or ducks, specifically Pekin ducks, more frequently compared to outbreaks of other strains where most cases have reported contact with chicks and chickens. Among cases that reported owning backyard poultry (324), 82% purchased or obtained poultry during 2026 from various places, primarily agricultural retail stores. Outbreak strains have been linked to 7 hatcheries. Whole genome sequencing (WGS) conducted on human (1,056), animal (12), and environmental (30) samples predicted

resistance to fosfomycin (595), tetracycline (130), nalidixic acid (132), streptomycin (46), gentamicin (34), sulfisoxazole (21), chloramphenicol (12), ampicillin (7), ceftriaxone (5), ceftiofur (5), amoxicillin-clavulanic acid (4), and cefoxitin (4). Nonsusceptibility to ciprofloxacin was predicted among 133 samples and 344 samples had no predicted resistance.

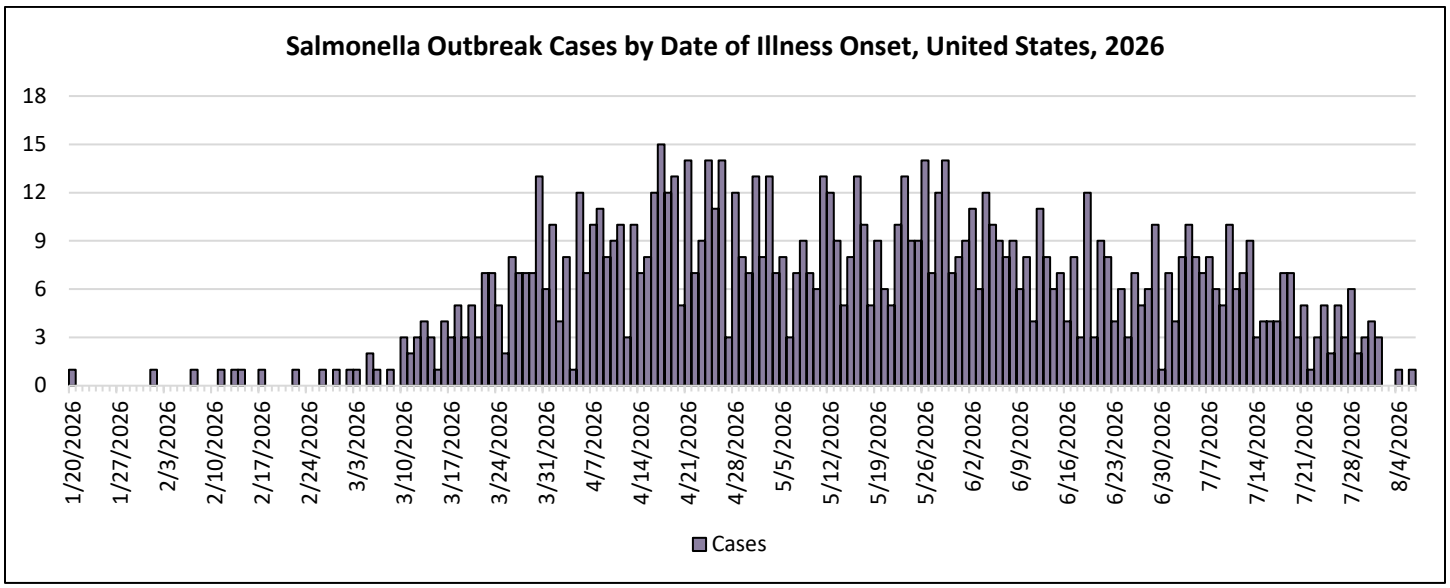

Figure Notes: Data as of August 27, 2026.

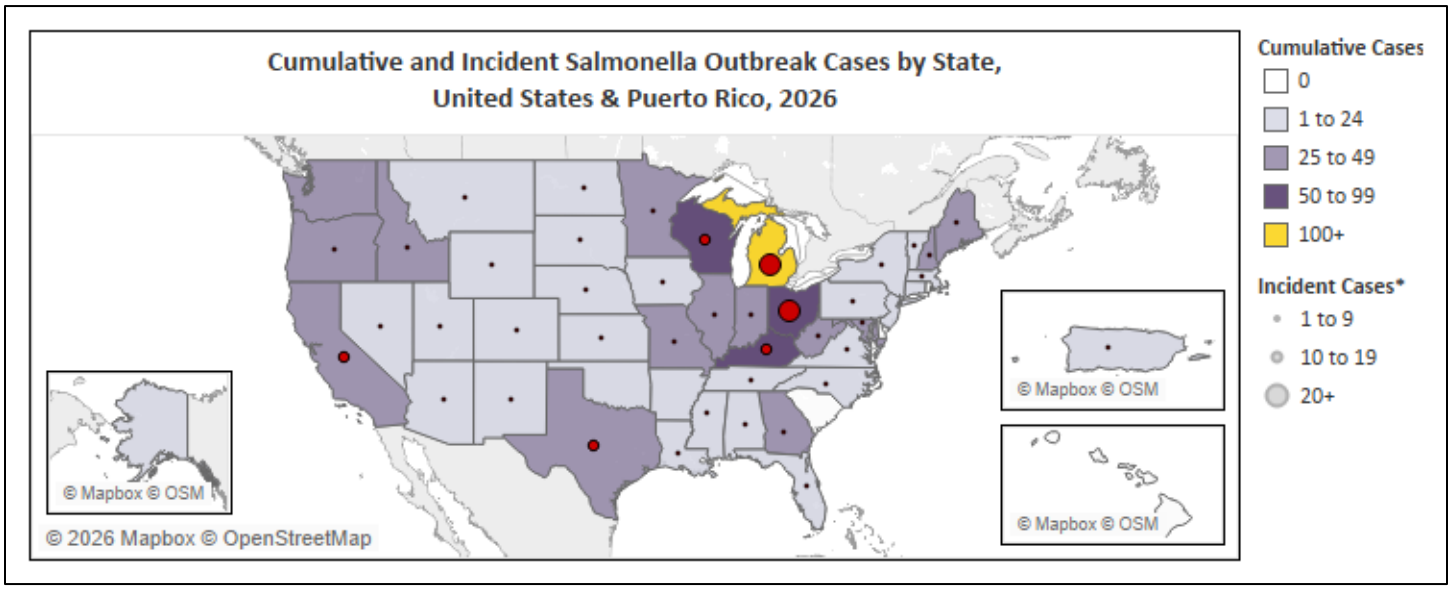

*Figure Notes: Data as of August 27, 2026; *Change in cumulative total compared to previous update.*

According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states. Outbreaks of *Salmonella* linked to backyard poultry are common in the United States and have occurred annually over the past decade. During 2025, *Salmonella* outbreaks linked to backyard poultry in the United States resulted in a total of 559 cases infected with various outbreak strains across 48 states, including 125 hospitalizations and 2 deaths. The CDC has outlined steps flock owners and anyone who interacts with backyard poultry can take to stay healthy.

Data Source: CDC (8/27/26)

Other Outbreaks (2026):

Chikungunya

- Mayotte – No Cases Reported During Most Recent Epidemiological Week (July 16)
- Seychelles – Over 110 Travel Associated Cases Reported in EU/EEA Countries (March 19)
- United States – Second Locally Acquired Case of 2025 Reported in Florida (January 22)
- Sri Lanka – Updated Information on Trends During Largest Outbreak in 16 Years (January 8)

Diphtheria

- Haiti – PAHO Issues Regional Epidemiological Alert Regarding Recent Trends (June 25)
- Guinea – Initial Data for 2026; Active Level 2 Travel Health Notice Posted (February 12)
- Nigeria – Initial 2026 Trends Lower Compared to Previous Years (February 5)

Ebola (Suspected)

- Democratic Republic of the Congo – Suspected Cases and Deaths Reported (March 12)

Escherichia Coli

- United States – New Multistate Outbreak Linked to Frozen Organic Blueberries (July 9)
- United States – Voluntary Recall of Affected Products Issued by Raw Farm, LLC (April 9)

Escherichia Coli & Salmonella

- United States – New Multistate Outbreak Linked to Alfalfa Sprouts Reported (August 27)

Hantavirus

- International Waters – WHO Declares End to Cruise Ship Outbreak (Andes Virus) (July 2)

Infant Botulism

- United States – New Multistate Outbreak Linked to Powdered Infant Formula (July 9)

Listeria

- United States – New Multistate Outbreak Linked to Soft Cheese (June 25)

Marburg

- Uganda – WHO Reports Confirmed Case Identified Through Ebola Surveillance (July 2)
- Ethiopia – Outbreak Declared Over Following Rapid Containment (January 29)

Measles

- Canada – Only 1 Confirmed Case Reported in Manitoba (August 27)
- Peru – Updated Data on Ongoing Outbreak Centered in Puni and Arequipa (August 27)
- Guatemala – Updated Data on Nationwide Outbreak; Incidence Trends Declining (August 20)
- Global – WHO Provides Update on Provisional Case Counts and Incidence Rates (August 13)
- England – Trends Elevated Compared to 2025 but Lower Compared to 2024 (July 23)
- Israel – Decreasing Incidence Trend Observed Since Late March Continues (June 25)
- Japan – Updated Data on Ongoing Outbreak; Decrease in Incidence Continues (June 4)

- Europe – Measles Transmission Re-Established in Several Countries (February 5)

Meningococcal Disease

- Democratic Republic of the Congo – US CDC Issues Level 2 Travel Health Notice (March 26)
- United Kingdom – Incident Case Reported Among Traveler Returning to France (March 26)

Mpox

- Global (Outside of Africa) – Incident Travel Associated Clade Ib Cases Reported (July 9)

New World Screwworm

- United States – New NWS Detections Reported in Texas; Active Cases Decrease (August 6)

Nipah

- Bangladesh – Fatal Confirmed Case Reported Among Female in Rajshahi Division (February 12)
- India – Confirmed Cases Reported Among Nurses in West Bengal State (February 5)

Non-Seasonal Influenza

- United States – Additional Human Case Reported in Michigan (H1N2v) (August 27)
- United States – Updated Data on Poultry Flock and Livestock Detections (HPAI) (July 30)
- Bangladesh – Third Human Case This Year Reported in Sylhet Division (H5N1) (July 16)
- Brazil – Human Case of Swine Influenza Reported in Santa Catarina (H3N2v) (July 16)
- Cambodia – Incident Human Case Reported Among Child in Phnom Penh (H5N1) (July 16)
- India – First Human Case This Year Reported in West Bengal State (H5N1) (June 25)
- China – Fatal Human Case Reported; First Case in the Country Since 2024 (H5N6) (May 14)
- United States – Nebraska Reports Variant Influenza A Virus Infection (H1N2v) (May 14)
- China – WHO Reports Human Cases Detected in Early 2026 (H1N2v & H1N1v) (April 30)
- Taiwan – Additional Information on First Locally Acquired Human Case (H7N7) (April 9)
- Italy – First Human Case in Europe Reported Among Traveler (H9N2) (March 26)
- Spain – Catalonia Reports Confirmed Variant Influenza A Virus Case (H1N1v) (March 5)
- China – Incident Human Cases Reported in Multiple Provinces (H9N2 & H10N3) (February 12)

Salmonella

- United States – Multistate Outbreak Linked to Jalapeños Includes 5 New States (August 20)
- United States – New Multistate Outbreak Linked to Turtles Reported (August 13)
- United States – New Multistate Outbreak Linked to Shell Eggs Reported (July 30)
- United States – Outbreak Investigation Reopened; Additional Products Recalled (June 4)
- United States – New Multistate Outbreak Linked to Moringa Capsules (June 4)
- United States – New Multistate Outbreak Linked to Pet Veiled Chameleons (May 14)
- United States – New Multistate Outbreak Linked to Moringa Powder Capsules (February 19)
- United States – Update on Multistate Outbreak Linked to Supplement Powders (January 29)

Pertussis

- United States – Updated Data on Cases Reported During 2026 (May 21)

Seasonal Influenza

- United States – ILI Activity Continues to Decrease Below National Baseline (April 9)

Yellow Fever

- The Americas – Incident Cases and Death Reported in Colombia & Peru (August 20)

Other Active CDC Travel Health Notices:

- Chikungunya in Seychelles - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Malaria in Yemen - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Meningococcal Disease in the Democratic Republic of the Congo - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Yellow Fever in Colombia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Yellow Fever in Venezuela - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Zika in Indonesia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Diphtheria in Haiti - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Hepatitis A in Canada - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Rocky Mountain Spotted Fever in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Paratyphoid Fever in Yemen - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC

Other Global Health News and Events:

- Ciguatera fish poisoning cluster in Fernando de Noronha, Pernambuco, Brazil, during peak season, amid four-year endemic surveillance - BEACON
- FDA approves new COVID vaccines | CIDRAP
- Vaccine Integrity Project, American Medical Association review COVID, flu, and RSV vaccines | CIDRAP
- First confirmed case of Crimean-Congo hemorrhagic fever reported in Vienna, Austria; travel-associated importation from the Middle East - BEACON
- First confirmed Crimean-Congo hemorrhagic fever case in Atyrau Region, Kazakhstan, a previously non-endemic region, amid 36 nationwide cases - BEACON
- Monoclonal antibody shows promise against dengue viremia, fever in phase 2 trial | CIDRAP
- Diphtheria, the sample from Palermo is positive - ISS
- RFI: Point-source, high-severity foodborne illness cluster in Beni territory, North Kivu, DRC, linked to cassava flour - BEACON
- 248 suspected cases of food poisoning linked to sandwiches (banh mi) sold in An Khe, Gia Lai Province, Viet Nam - BEACON
- RFI: Acute gastroenteritis outbreak affecting more than 700 people in Görele District, Giresun, Türkiye. RFI on diagnostic testing - BEACON
- Giardiasis laboratory reports in England in 2025 reach the highest level since 2016 - BEACON
- Iatrogenic acute hepatitis C cluster of 11 cases at a Banqiao clinic in Taiwan; lookback investigation of 1118 injection recipients underway - BEACON
- Legionnaires' disease cluster reported in Linz, Upper Austria, with 31 cases and three deaths; source investigation ongoing - BEACON
- Cooling tower at TTC Hillcrest Complex confirmed as point source of a six-case Legionnaires' disease outbreak in Toronto, Ontario, Canada - BEACON

- Legionnaires' disease outbreak in Savoie, France: Epidemiological link to a restaurant's misting system identified - BEACON
- Cutaneous leishmaniasis increases to 35 confirmed cases in Guarayos Province, Bolivia; pediatric burden and treatment supply gaps - BEACON
- Airport Malaria | City of Frankfurt am Main
- Can malaria-carrying mosquitoes really hitch a ride on planes?
- Genomic and Epidemiologic Insights into Ongoing Measles Outbreak, Israel, 2025–2026 - Volume 32, Number 9—September 2026 - Emerging Infectious Diseases journal - CDC
- Confirmed measles cases in South Africa increase to 3891 across all nine provinces amid nationwide immunization challenges - BEACON
- Global initiative launched to improve access to mpox vaccines
- Taiwan reports first autochthonous mpox clade Ib cases in two unvaccinated men in their 30s - BEACON
- Primary amebic meningoencephalitis in a critically ill teenager in North Carolina, USA, during the active summer of 2026 - BEACON
- 21 Aug 2026 – 46 confirmed animal cases of New World screwworm in Texas and New Mexico, USA - BEACON
- As US border reopens to Mexican cattle, concerns persist over screwworm spread | Reuters
- FDA Issues Emergency Use Authorization for Generic Drug to Prevent New World Screwworm in Cattle | FDA
- HPAI (H5N1) epizootic expands to penguins, seabirds, and a red fox across multiple states in Australia - BEACON
- First detections of HPAI (H5N1) in dolphins and foxes in South Australia signal multispecies spillover; Macquarie Island evacuation - BEACON
- New HPAI (H5N1) outbreaks in backyard poultry in Los Lagos Region, Chile; 15 cumulative cases amid persistent risk at wild-bird interface - BEACON
- RFI: HPAI (H5N1) confirmed in captive mink, Utah. RFI on outbreak details - BEACON
- USDA confirms new H5N1 avian flu cases in poultry, dairy cattle | CIDRAP
- HPAI A(H5N1) clade 2.3.4.4b detected in fetal bovine serum in the USA; biosafety implications for cell culture - BEACON
- Seroprevalence of Influenza A(H5N1) Virus in Domestic Cats at Epicenter of Dairy Cattle Outbreaks, California, USA, 2024–2026 - Volume 32, Number 9—September 2026 - Emerging Infectious Diseases journal - CDC
- Norovirus outbreak with 175 cases at Dutch university orientation camp in Antwerp Province, Belgium, prompting cross-border response - BEACON
- Emergence of Oropouche Virus, Venezuela, 2025 - Volume 32, Number 9—September 2026 - Emerging Infectious Diseases journal - CDC
- Powassan Virus in Ixodes scapularis Tick Populations, Illinois, USA, 2025 - Volume 32, Number 9—September 2026 - Emerging Infectious Diseases journal - CDC
- Human rabies confirmed in a child four months after a cat-scratch exposure in Diyarbakır, Türkiye, amid ongoing animal rabies activity - BEACON
- NCDHHS Shares New Details About Rabies at Mobile Petting Zoo | NCDHHS
- Concurrent wildlife rabies cases in USA and evidence of persistent underdiagnosis in humans - BEACON
- Global Respiratory Virus Activity: Weekly Update N° 593
- Chile reports 57.9% respiratory-virus positivity in week 34 and a seasonal peak in pediatric respiratory hospitalizations - BEACON
- Vanuatu Ministry of Health: Watery Diarrhoea Outbreak in Tanna Island, Tafea Province - Situation Update No. 2 - Report Date: 31 August 2026 | Reporting Period: 10-30 August 2026 - Vanuatu | ReliefWeb
- Salmonella Enteritidis cases in England increase to 474; two deaths across three WGS-distinct clusters; imported eggs under investigation - BEACON
- Japan reports early onset of influenza season in late August, second-earliest since 1999 - BEACON
- WHO validates Timor-Leste's elimination of trachoma as a public health problem

- East African trypanosomiasis reported in two hunters in Luangwa Valley, Eastern Province, Zambia - BEACON
- Increase in reported tularemia cases in Latvia exceeds decade-long baseline - BEACON
- Greece reports 232 autochthonous West Nile virus infections and 19 deaths in 2026; eastern Attica remains the focus area - BEACON
- BARDA places first order for cefiderocol for resistant infections, biothreats | CIDRAP
- Annenberg poll: Americans trust their doctors when it comes to public health, but not FDA, CDC | CIDRAP
- Vaccine recommendations and access, plus measles deaths: 3 questions, zero consensus: The State of US Vaccine Policy | CIDRAP