



**Date: 10/1/26**

*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

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

According to data from the [Pan American Health Organization \(PAHO\)](#) as of September 29, there have been a total of 202,741 chikungunya cases, of which 76,373 are confirmed, and 87 deaths reported in the Americas during 2026. Since the previous update, 2,346 incident cases, of which 768 are confirmed, were reported in the region.

Cases have been reported by 20 countries in the Americas during 2026, primarily [Brazil](#) (130,003), [Bolivia](#) (47,586), [Argentina](#) (12,383), [Suriname](#) (7,484), Cuba (2,716), and [French Guiana](#) (1,964). Cumulative incidence per 100,000 population is currently highest in Suriname (1,160.31), French Guiana (617.61), Bolivia (373.25), Brazil (60.87), Argentina (26.92), 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 22, a total of 125 travel associated cases and 1 locally acquired case have been reported in US states and territories this year.

| Chikungunya Cases and Deaths by Select Countries, the Americas, 2026 |            |           |                 |           |            |           |      |
|----------------------------------------------------------------------|------------|-----------|-----------------|-----------|------------|-----------|------|
| Country                                                              | Cases      |           | Confirmed Cases |           | Deaths     |           |      |
|                                                                      | Cumulative | Incident† | Cumulative      | Incident† | Cumulative | Incident† | CFR* |
| Argentina                                                            | 12,383     | +46       | 3,803           | +1        | 2          | +0        | 0.1% |
| Bolivia                                                              | 47,586     | +0        | 11,596          | +0        | 27         | +0        | 0.2% |
| Brazil                                                               | 130,003    | +2,017    | 54,989          | +528      | 52         | +0        | 0.1% |
| Cuba                                                                 | 2,716      | +0        | 254             | +0        | 6          | +0        | 2.4% |
| French Guiana                                                        | 1,964      | +111      | 1,964           | +111      | 0          | +0        | 0.0% |
| Suriname                                                             | 7,484      | +0        | 3,389           | +0        | 0          | +0        | 0.0% |
| Rest of the Americas                                                 | 605        | +172      | 378             | +128      | 0          | +0        | 0.0% |
| Total                                                                | 202,741    | +2,346    | 76,373          | +768      | 87         | +0        | 0.1% |

Table Notes: Data as of September 29, 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.

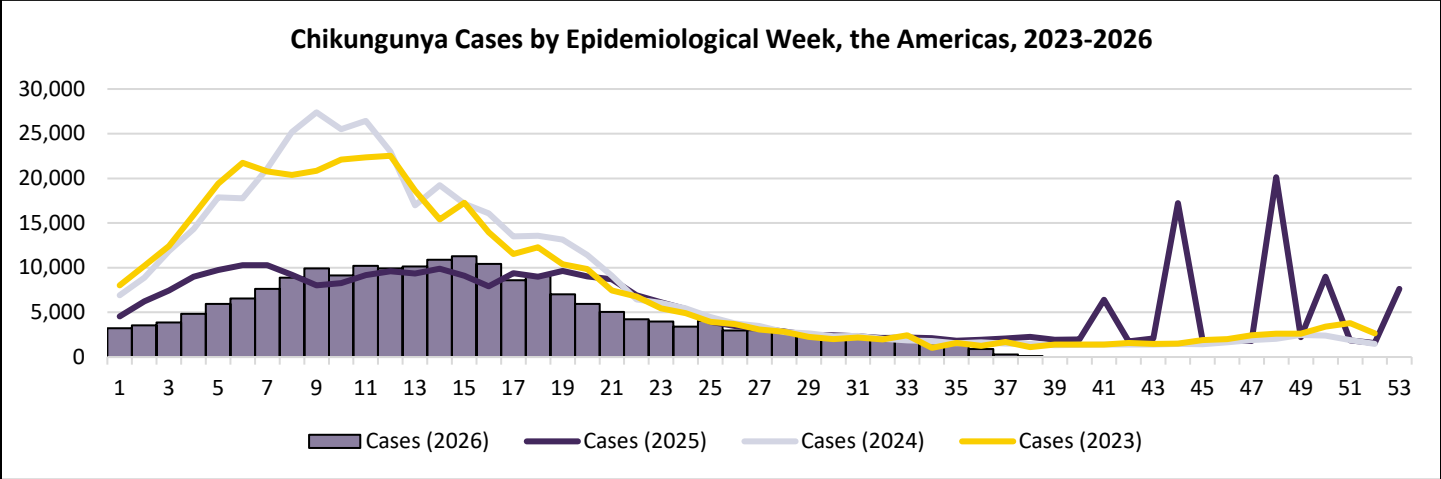


Figure Notes: Data as of September 29, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

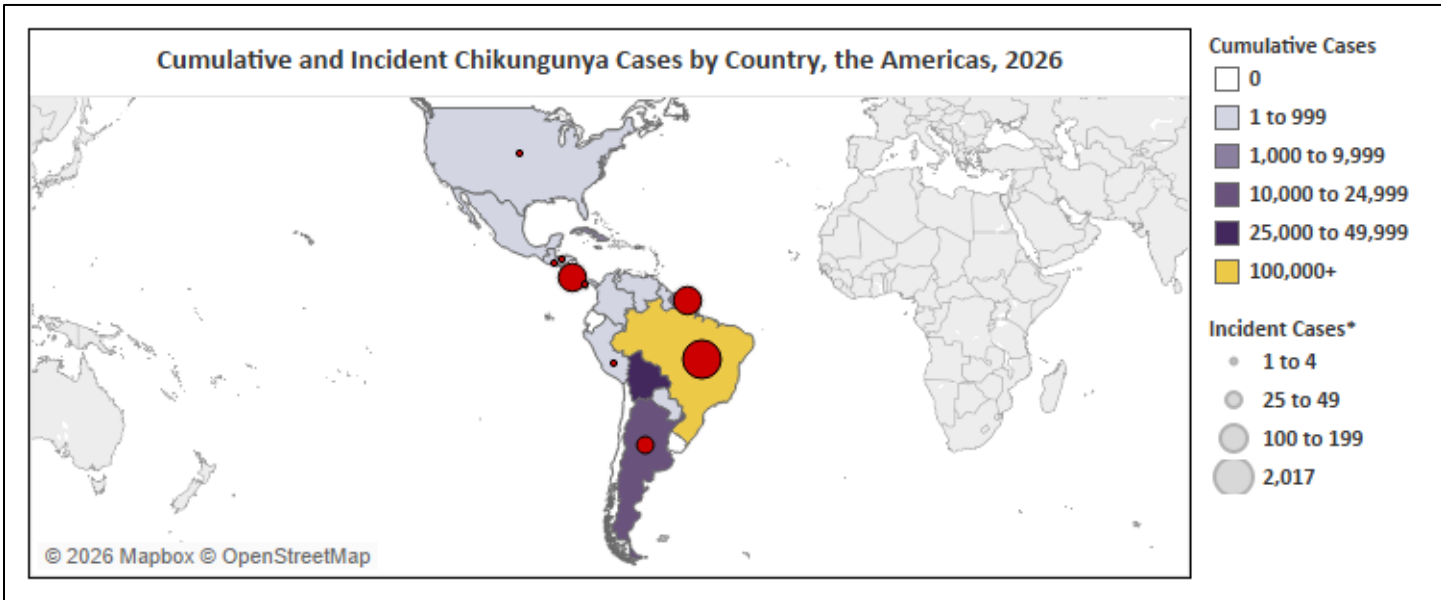


Figure Notes: Data as of September 29, 2026, and does not include imported cases (travel associated); \*Change in cumulative total compared to previous update.

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 688 travel associated cases 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 \(9/29/26\)](#)

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

According to data from the [Africa CDC](#) as of September 13, there have been a total of 6,928 confirmed chikungunya cases reported on the islands of Mauritius (6,826) and Rodrigues (102) since January 5, 2026. Since the previous update, 37 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 \(9/13/26\)](#)

Dengue

**United States – 1<sup>st</sup> Dengue Fever Death in Florida:**

According to data from the [United States \(US\) CDC](#) as of September 30, there have been a total of 1,590 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (911) and American Samoa (435) – 244 locally acquired cases have been reported in the continental US in [Florida](#) (243) and [Virginia](#) (1). Since the previous update, 66 incident locally acquired cases were reported, with most reported in Florida (60). News sources citing the Florida Department of Health has reported the state’s [first dengue fever death in an 80-year-old woman](#), also the first dengue-related death in the Tampa Bay area in nearly a century. [Three counties have declared a state of local emergency in response to dengue transmissions](#).

| Dengue Cases and Hospitalization Rate by Travel Status, United States, 2026 |           |              |                         |           |              |
|-----------------------------------------------------------------------------|-----------|--------------|-------------------------|-----------|--------------|
| Locally Acquired Cases                                                      |           |              | Travel Associated Cases |           |              |
| Cumulative                                                                  | Incident† | Hospitalized | Cumulative              | Incident† | Hospitalized |
| 1,590                                                                       | +66       | 45%          | 541                     | +57       | 34%          |

Table Notes: Data as of September 30, 2026; †Change in cumulative total compared to previous update.

There was 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). 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 16, there have been a total of 484 travel-associated dengue cases reported among US residents during 2026. Since the previous update, 37 incident travel associated cases were reported. There were a total of 1,308 travel associated cases reported among US residents during 2025, much lower compared to 2024 totals (3,756).

Diphtheria

Africa – Large Increase in Reported Cases from Nigerian Outbreak:

According to data from the [Africa CDC](#) as of September 13, there have been a total of 20,493 cases of diphtheria (13,173 confirmed) and 521 deaths (380 confirmed) reported by eight African Union (AU) Member States during 2026. Reported cases have more than quadrupled since the previous update, largely due to updated data from [an outbreak in Nigeria](#) (15,823 incident cases and 357 deaths). However, most of these cases were due to retrospective reporting, and [incidence has only risen slightly](#) during recent weeks. Beyond Nigeria, incident cases and deaths have also been reported in Somalia (163 cases, 4 deaths) and Senegal (52 cases, 8 deaths).

| 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                                              | 16,183     | +15,823   | 365        | +357      | 2.3%  |
| Senegal                                              | 77         | +52       | 10         | +8        | 13.0% |
| Somalia                                              | 3,606      | +163      | 109        | +4        | 3.0%  |
| South Africa                                         | 43         | +0        | 8          | +0        | 18.6% |
| Total                                                | 20,493     | +16,039   | 521        | +369      | 2.5%  |

Table Notes: Data as of September 13, 2026, and includes suspected and confirmed cases; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

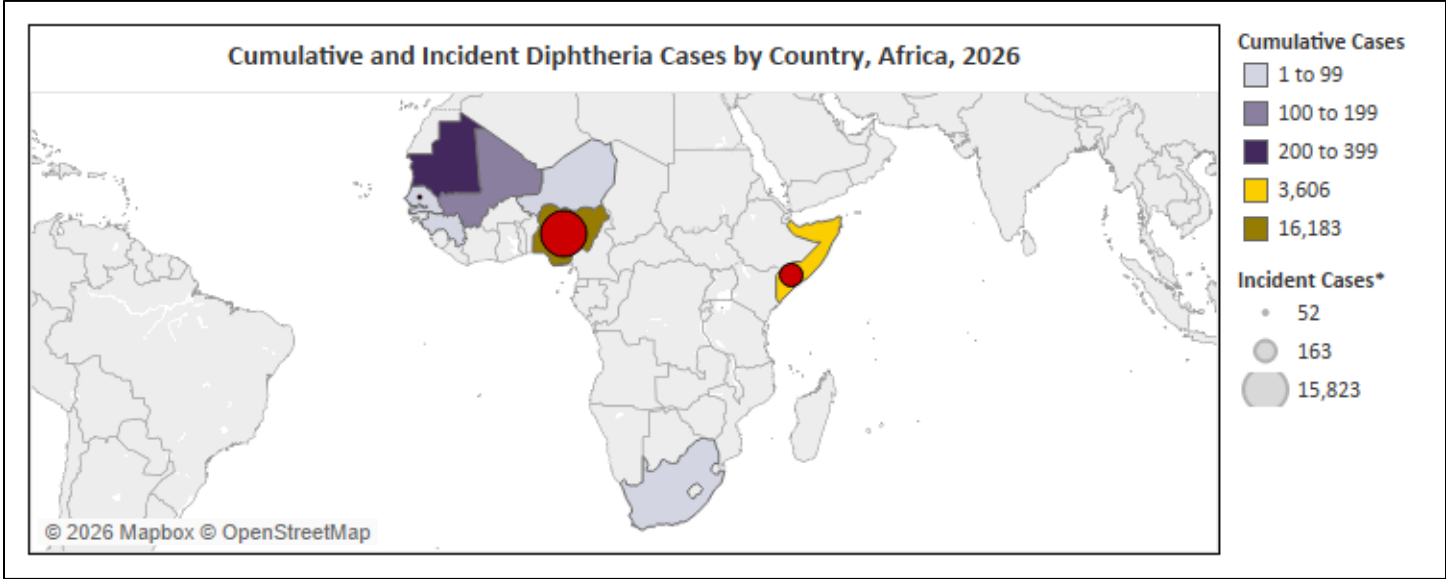


Figure Notes: Data as of September 13, 2026, and includes suspected and confirmed cases; \*Change in cumulative total compared to previous update.

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 Member States 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 \(9/13/26\)](#)

**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 September 21, there have been a total of 597 cases of diphtheria and 1 death reported in Australia during 2026, representing a 45.9-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, 37 incident cases have been reported. Incidence has been gradually declining 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* |
| 596                                                             | +37       | 1              | +0        | 110              | +7        | 1          | +0        | 0.2% |

Table Notes: Data as of September 21, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

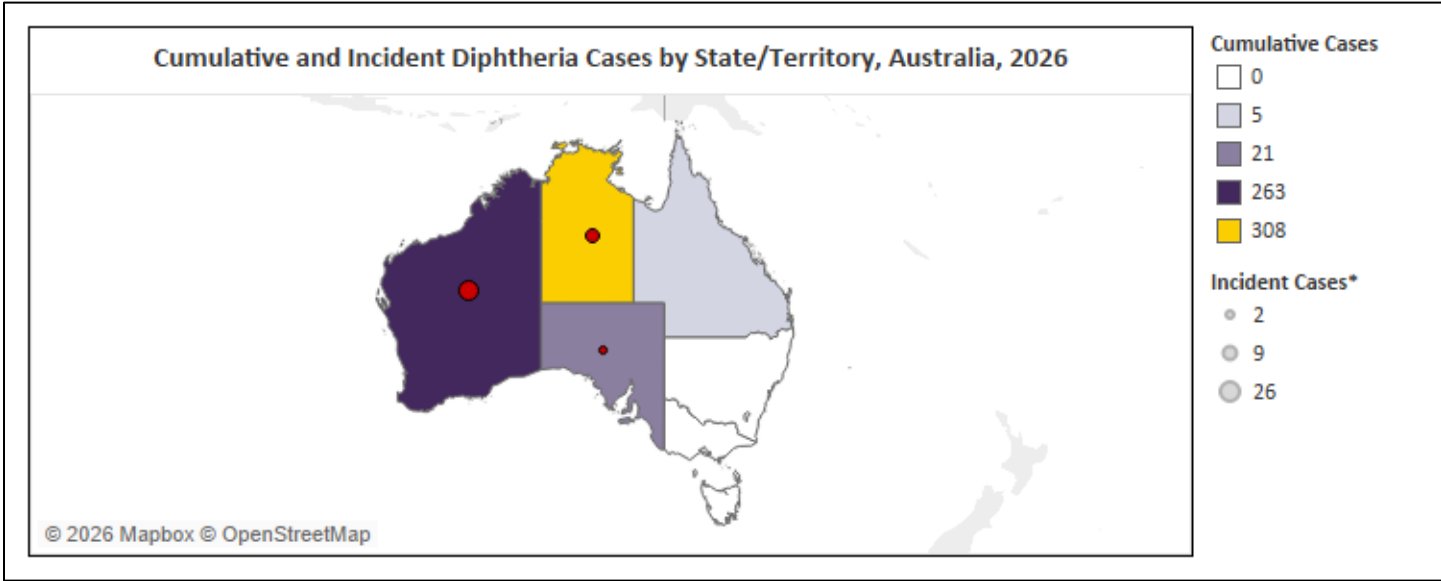


Figure Notes: Data as of September 21, 2026; \*Change in cumulative total compared to previous update.

During 2026, cases have been reported in the Northern Territory (308), Western Australia (263), South Australia (21), 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 (32%), followed by those aged 5–14 years (26%), and 15–24 years (22%). Among all cases, 95.0% have been among Aboriginal and/or Torres Strait Islander people, 53.8% have been female, 18.4% have been hospitalized, and 65% have been cutaneous diphtheria (as opposed to respiratory: 32%). Most cases of respiratory (87.9%) and cutaneous (78.1%) diphtheria had received the primary course (3-doses) of a diphtheria vaccine.

Historically, diphtheria has caused more deaths in Australia than any other infectious disease since the early 1900s. Prior to the COVID-19 pandemic (2014–2019), most diphtheria cases in Australia were travel associated. Since 2020, there have been 18 diphtheria clusters (≥2 cases) reported (13 during 2026), the largest of which (10–16 cases) occurred in North Queensland from 2020–2023. Clusters reported during 2026 have ranged from 2–17 cases. [Vaccination](#) is the best way to prevent diphtheria and is recommended for people of all ages.

**Data Source:** [Australian CDC \(9/21/26\)](#)

## Ebola

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

According to data from the [National Institute of Public Health Institute \(INSP\)](#) in the Democratic Republic of the Congo (DRC) as of September 29, 2026, there have been a total of 8,224 confirmed Bundibugyo virus disease (BVD) cases and 3,982 confirmed deaths reported across 7 provinces. Since the previous update, 451 additional confirmed cases and 223 confirmed deaths were reported in the DRC – case detection 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.

| Bundibugyo Virus Disease Outbreak Cases and Deaths by Country, Africa, 2026 |                 |         |            |         |       |
|-----------------------------------------------------------------------------|-----------------|---------|------------|---------|-------|
| Country                                                                     | Confirmed Cases |         | Deaths     |         |       |
|                                                                             | Cumulative      | Change† | Cumulative | Change† | CFR*  |
| DRC‡                                                                        | 8,224           | +451    | 3,982      | +223    | 48.4% |
| Uganda                                                                      | 20              | +0      | 2          | +0      | 10.0% |
| France§                                                                     | 1               | +0      | 0          | +0      | 0.0%  |
| Total                                                                       | 8,245           | +451    | 3,984      | +223    | 48.3% |

*Table Notes: Data for the DRC as of September 29, 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.*

In the DRC, according to data from the [INSP](#) as of September 29, 2026, confirmed cases have been reported in 63 health zones across Bas-Uélé (3), Haut-Uélé (7), Ituri (28), North Kivu (16), South Kivu (1), South Ubangi (1), and Tshopo (7) provinces – 76.0% of confirmed cases have been reported in Ituri province (6,250), followed by North Kivu (1,570), Haut-Uélé (344), Tshopo (45), Bas-Uélé (10), South Kivu (3), and South Ubangi (2) provinces. A total of 30,751 case contacts have been identified for monitoring and follow-up, of which 78.7% are actively being monitored (seen within the previous 24 hours). There have been 2,121 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.

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 [Ministry of Health-Uganda](#) 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).

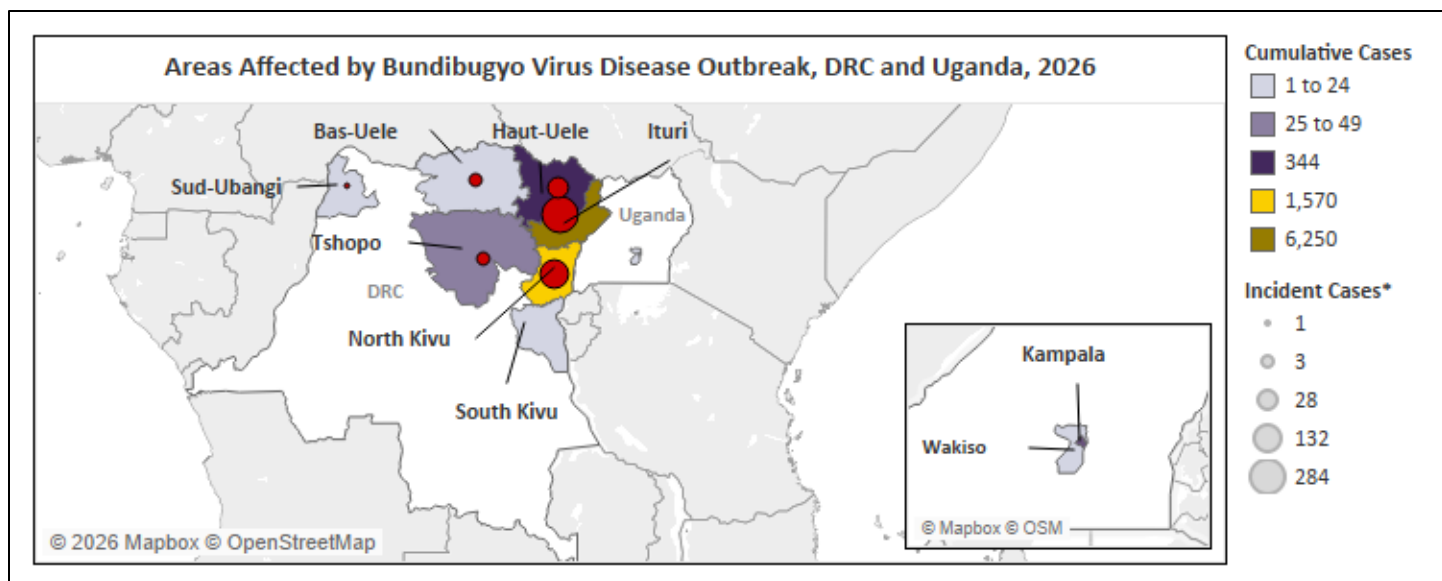


Figure Notes: Data as of September 29, 2026; \*Change in cumulative total compared to the previous update; Wakiso is part of the Kampala Metropolitan Area of Uganda.

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%). Unlike EVD, there is no vaccine against BVD, and treatment consists of supportive care; however, clinical trials of [BVD therapeutics](#) are ongoing and initial results from research on [BDBV-specific vaccines](#) are expected by the end of September. Research surrounding the therapeutic and prophylactic use [Ervebo](#) (vaccine licensed and recommended for use in Ebola Zaire outbreaks) through vaccination of frontline workers is also ongoing.

On September 11, 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 \(9/30/26\)](#)

## Escherichia Coli

### United States – New Multistate Outbreak Linked to Raw Milk Cheese Reported:

According to data from the [United States CDC](#) as of September 25, there have been a total of 13 cases infected with the outbreak strain of *Escherichia coli* (*E. coli*) O26:H11 linked to Sierra Nevada Graziers grass-fed raw milk cheeses.

| Escherichia Coli Outbreak Cases, United States, 2025-2026 |           |                   |           |            |      |
|-----------------------------------------------------------|-----------|-------------------|-----------|------------|------|
| Cases                                                     |           | Hospitalizations‡ |           | Deaths     |      |
| Cumulative                                                | Incident† | Cumulative        | Incident† | Cumulative | CFR* |
| 13                                                        | +13       | 8                 | +8        | 0          | 0.0% |

Table Notes: Data as of September 25, 2026; ‡Among 13 people with information available; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

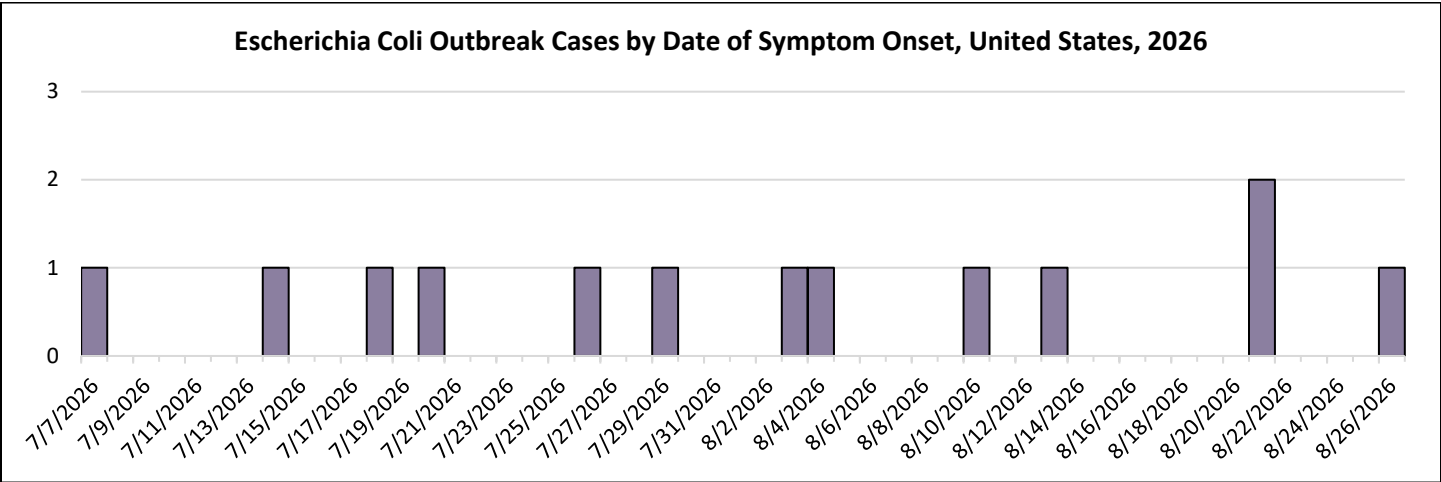


Figure Notes: Data as of September 25, 2026.

Cases have been reported by 9 states, including California (3), Nevada (3), Colorado (1), Georgia (1), Kentucky (1), Michigan (1), Oregon (1), Tennessee (1), and Utah (1), and reported dates of illness onset ranging from July 7 – August 26, 2026. Cases range from 1-58 years of age with a median age of 5 years – over 50% of cases have been among children aged ≤5 years. All cases have been among White, non-Hispanic persons, most female (62%). Among interviewed cases (9), all reported consuming Sierra Nevada Graziers grass-fed raw milk cheeses prior to illness onset. Whole genome sequencing (WGS) analysis revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection. Hemolytic uremic syndrome (HUS) has been reported among 3 cases in this outbreak.

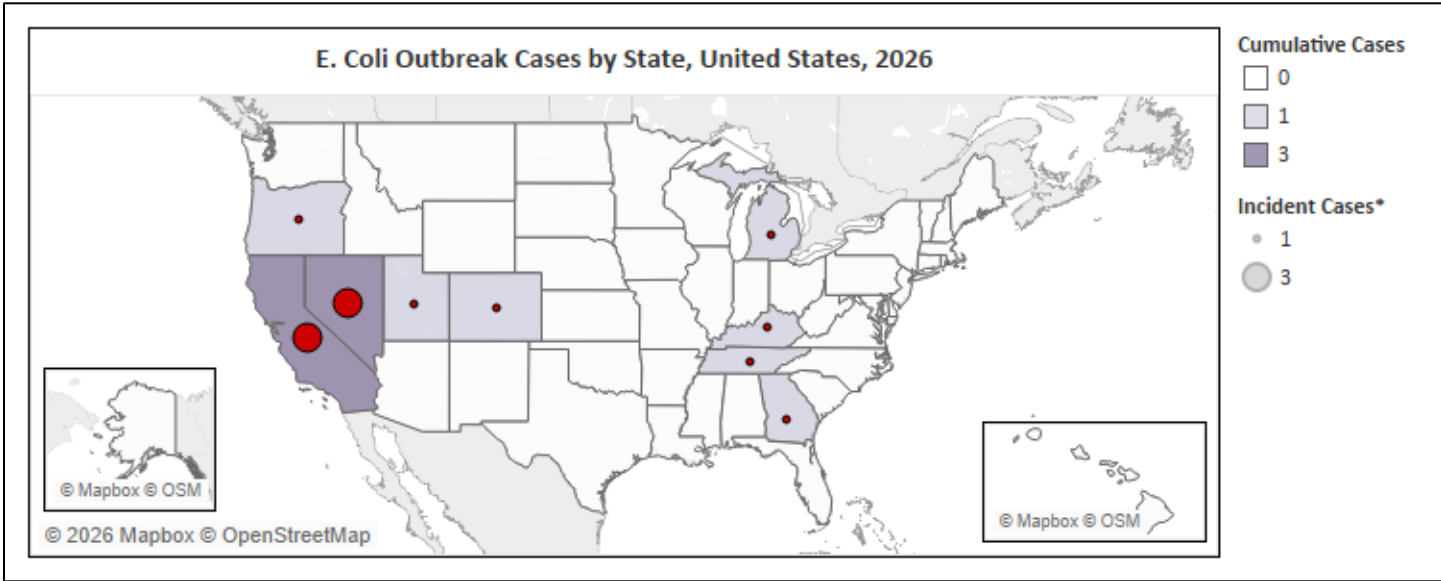


Figure Notes: Data as of September 25, 2026; \*Change in cumulative total compared to previous update.

On September 28, 2026, the Sierra Nevada Cheese Company issued a [voluntary recall](#) of all Graziers Raw Milk Cheese currently in the market (all flavors and quantities) due to potential contamination with *E. coli* O26:H11 out of an abundance of caution. Recalled products were distributed nationwide. 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. Do not eat, sell, or serve recalled cheeses.

Data Source: [CDC \(9/25/26\)](#)

## 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 30, there have been a total of 191,731 suspected and 21,520 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 1,007 deaths reported among suspected cases, and 101 deaths reported among confirmed cases. Since the previous update, 7,099 suspected incident cases, 569 confirmed incident cases, and 27 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                                                                                    | 191,731    | +7,099    | 162,873          | +6,129    | 1,007      | +27       | 0.5% |
| Confirmed                                                                                    | 21,520     | +569      |                  |           | 101        | +0        | 0.5% |

Table Notes: Data as of September 30, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

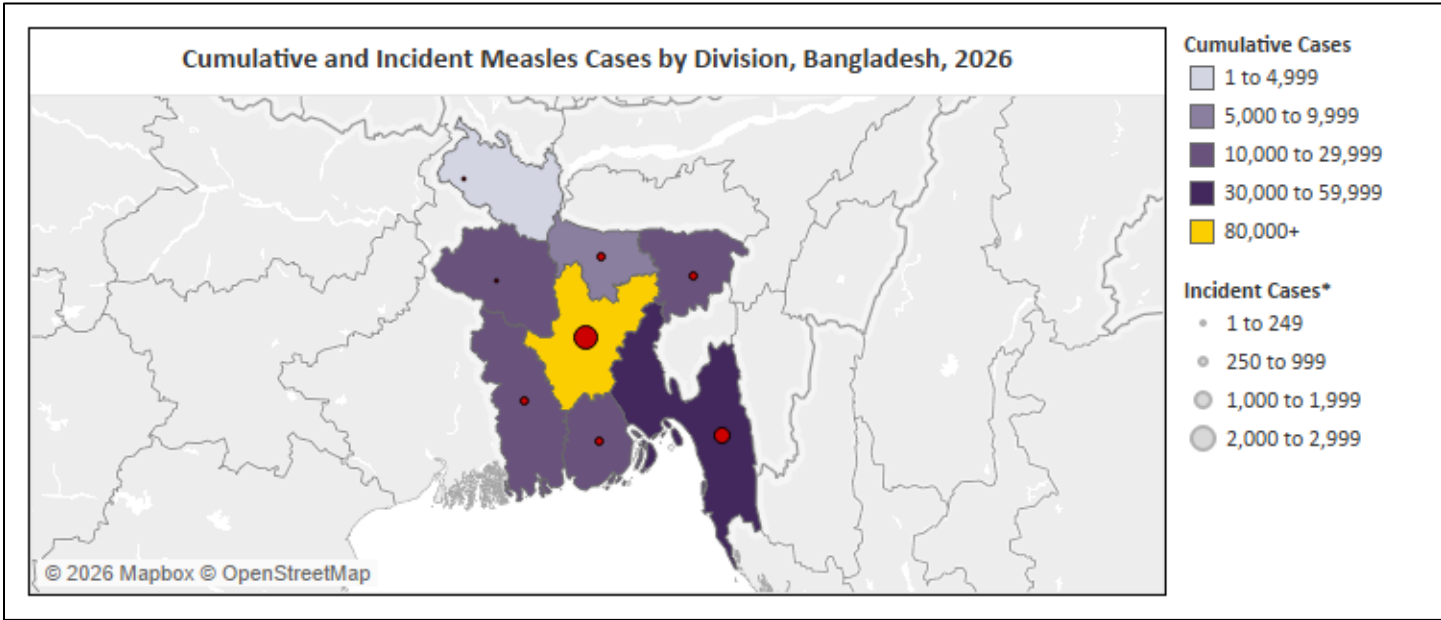


Figure Notes: Data as of September 30, 2026, and includes suspected cases only; \*Change in cumulative total compared to previous update.

During 2026, cases have been reported in all 8 departments: Dhaka (81,060 suspected & 13,355 confirmed), Chattogram (38,270 suspected & 3,048 confirmed), Barisal (20,797 suspected & 806 confirmed), Sylhet (15,628 suspected & 1,069 confirmed), Khulna (12,603 suspected & 491 confirmed), Rajshahi (10,578 suspected & 1,420 confirmed), Mymensingh (9,480 suspected & 775 confirmed), and Rangpur (3,315 suspected & 556 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 \(9/30/26\)](#), [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 September 28, 2026, there have been total of 34,153 confirmed measles cases and 47 deaths reported in Guatemala since December 2025. Since the previous update, 407 confirmed incident cases and 2 additional deaths were reported. 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                                     | 8,402      | +122      | 47         | +2        | 0.1% |
| Epidemiological                                | 3,417      | -325      |            |           |      |
| Clinical                                       | 22,334     | +610      |            |           |      |
| Total                                          | 34,153     | +407      | 47         | +2        | 0.1% |

Table Notes: Data as of September 28, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

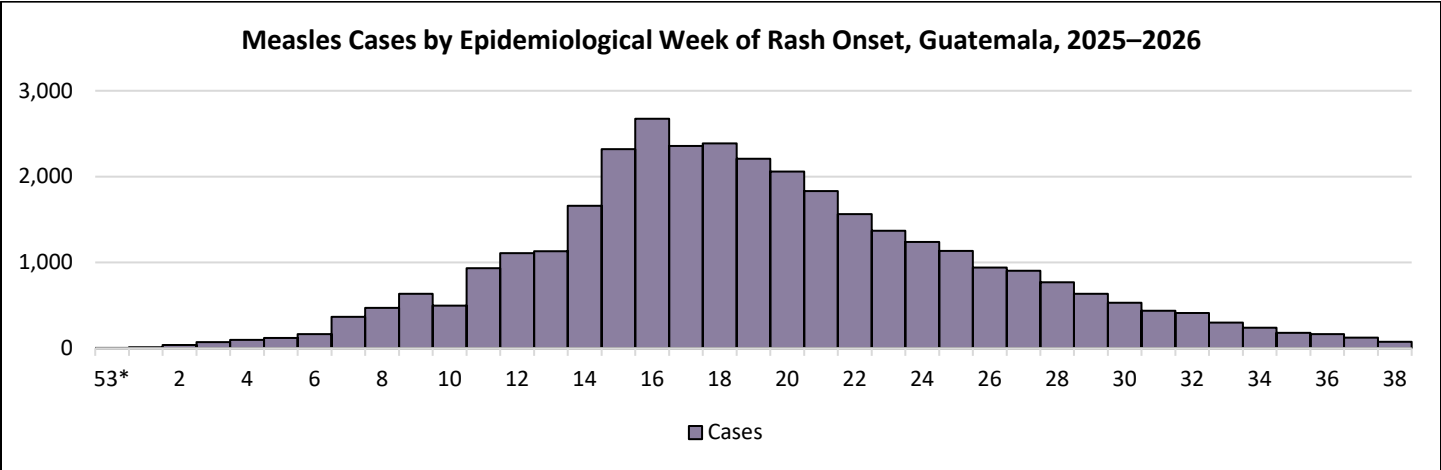


Figure Notes: Data as of September 28, 2026 (9 cases missing from figure); \*Epidemiological week 53 straddles 2025 and 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (12,465), Quetzaltenango (2,583), Quiche (2,232), Huehuetenango (2,037), Izabal (1,885), and Sololá (1,553). Those aged 20–29 years have been most affected (36.7%), followed by those aged 30–39 years (16.6%), those aged <1 year (9.4%), and those aged 15–19 years (9.3%). Infants aged <1 year remain the most at-risk group for severe outcomes (4x higher death risk compared to that of the general population). Among all confirmed cases, 92.8% have been unvaccinated or had unknown vaccination statuses, and 9.6% have been hospitalized.

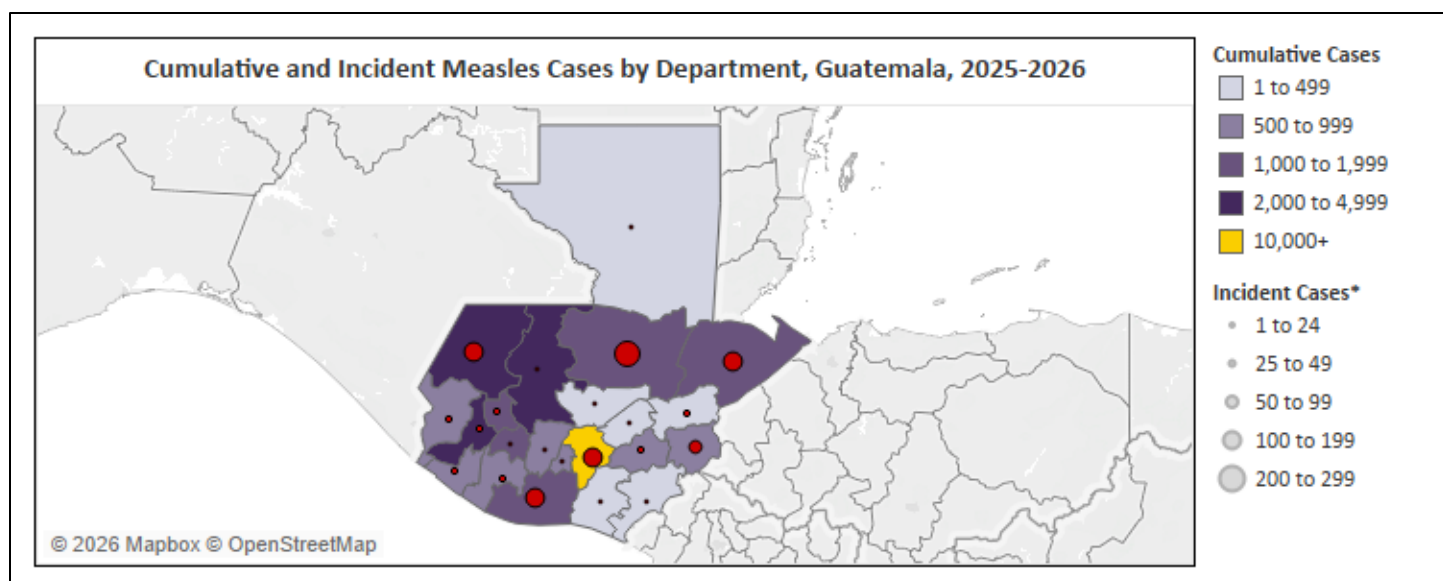


Figure Notes: Data as of September 28, 2026 (501 cases missing from figure); \*Change in cumulative total compared to 9/10/26 update.

The last measles outbreak in Guatemala occurred in 1989 and resulted in over 9,000 cases. The current outbreak has been linked to a 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 \(9/28/26\)](#)

## Mexico – Confirmed Incident Cases Reported by 14 States; Most in Jalisco:

According to data from the [Secretary of Health of Mexico](#) as of September 29, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 13,579 confirmed cases and 23 deaths reported during 2026. Since the previous update, 563 confirmed incident cases with symptom onset during 2026 were reported by 14 states, primarily Jalisco (381). A nosocomial cluster emerged at an [oncology center in Veracruz](#). Previously, incidence had been gradually declining since epidemiological week 7.

| 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                                                           | 30,069         | +148      | 13,579          | +563      | 23         | +1        | 0.2% |

Table Notes: Data as of September 29, 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 (7,266), Mexico City (1,033), and Chiapas (919). 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 (100.88), followed by those aged 1–4 years (31.74), and those aged 5–9 years (22.75).

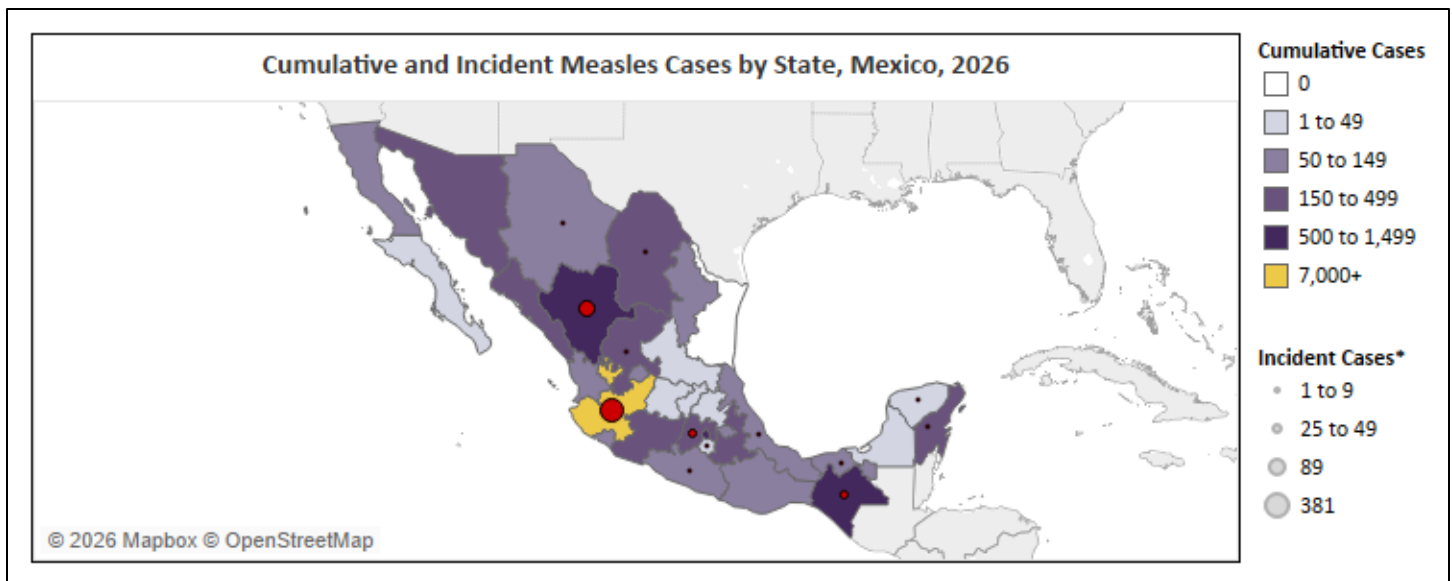


Figure Notes: Data as of September 29, 2026, and includes confirmed cases only; \*Change in cumulative total compared to previous update.

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.

Data Source: [Secretary of Health \(9/29/26\)](#)

## Peru – 1<sup>st</sup> Measles-Related Death Reported Among Unvaccinated 16-Year-Old:

According to data from [Peru's Ministry of Health](#) as of September 30, there have been a total of 2,543 confirmed measles cases reported in the country during 2026. Since the previous update, 546 confirmed incident cases were reported. An unvaccinated 16-year-old male has also been reported as the [first measles-related death](#) of the year.

Confirmed cases have been reported by 20 cities, with 57% of cases reported in the capital city Puno (1,451). Most cases were among those aged 20–29 years (32%), followed by 10–19 years (24%) and 5–9 years (13%). The [Pan American Health Organization \(PAHO\)'s regional situation report](#) as of September 19 reported a 43% lower number of cases for the region compared to the preceding two weeks. During 2025, there were only [5 confirmed cases](#) reported in the country. 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: [Peru Ministry of Health \(9/30/26\)](#), [PAHO \(9/24/26\)](#)

## United States – Pennsylvania Reports 5<sup>th</sup> Measles-Related Death:

According to data from the [United States CDC](#) as of September 24, 2026, there have been 3,659 confirmed cases reported during 2026 – [over 1,000 more cases than in all of last year \(2,289\)](#). Since the previous update, 188 confirmed incident cases with rash onset during 2026 were reported by 13 states, primarily in [Pennsylvania](#) (105), and [New York](#) (22). Additionally, while not all included in CDC data, the Pennsylvania Department of Health has [reported its fifth measles-related death in 2026](#) as of September 28 – the largest number of measles-related deaths in the country in 34 years. Pennsylvania health care providers are working diligently to combat this outbreak, [administering more than 53,000 MMR vaccine doses in September](#), more than doubling the amount in a typical month.

| 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                                                                  | 3,659           | +188      | 327              | +26       | 5          | +1        | 0.1% |

Table Notes: Data as of September 24, 2026, and includes cases reported among international visitors to the United States; ‡2026 measles-related deaths are based on reporting by the Pennsylvania Department of Health as of September 30, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

During 2026, confirmed cases have been reported by 47 jurisdictions, primarily [Pennsylvania](#) (850), [South Carolina](#) (670), [Utah](#) (535), [Texas](#) (192), [Virginia](#) (178), [Wisconsin](#) (164), [Florida](#) (148), [Ohio](#) (134), and [Arizona](#) (110). There have been 40 outbreaks reported during 2026 – 95% of confirmed cases reported during 2026 are outbreak associated (2,094 from outbreaks that began during 2026 and 1,384 from outbreaks that began during 2025). Most cases were locally acquired, with 17 cases associated with international travel. Those aged 5–19 years have been most affected (43%), followed by those aged 20+ years (38%), and those aged <5 years (18%). Among all confirmed cases, 95% have been unvaccinated or have unknown vaccination statuses and 9% have been hospitalized – including 14% of those aged <5 years and 12% of those aged 20+ years.

In New York, there have been 7 confirmed cases reported in [New York City](#) and 85 in [Rest of State](#) (93 total). There have been a growing number of cases in upstate New York. On September 15, the New York State Department of Health launched its [Measles Dashboard](#) to help public and healthcare officials monitor the growing outbreak.

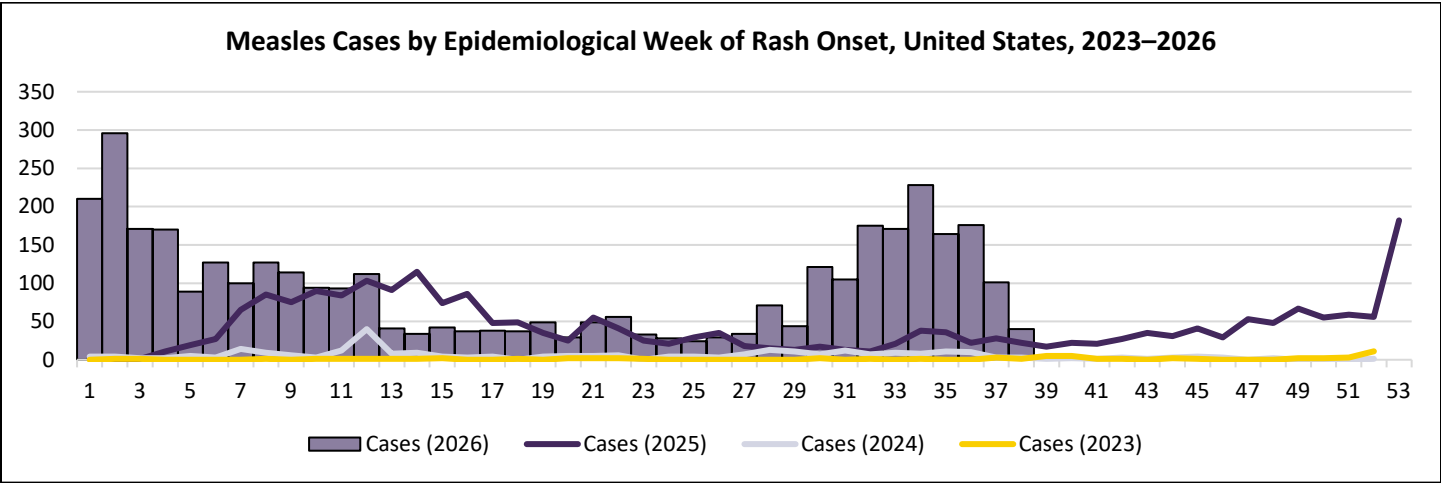


Figure Notes: Data as of September 24, 2026, and includes cases reported among international visitors to the United States.

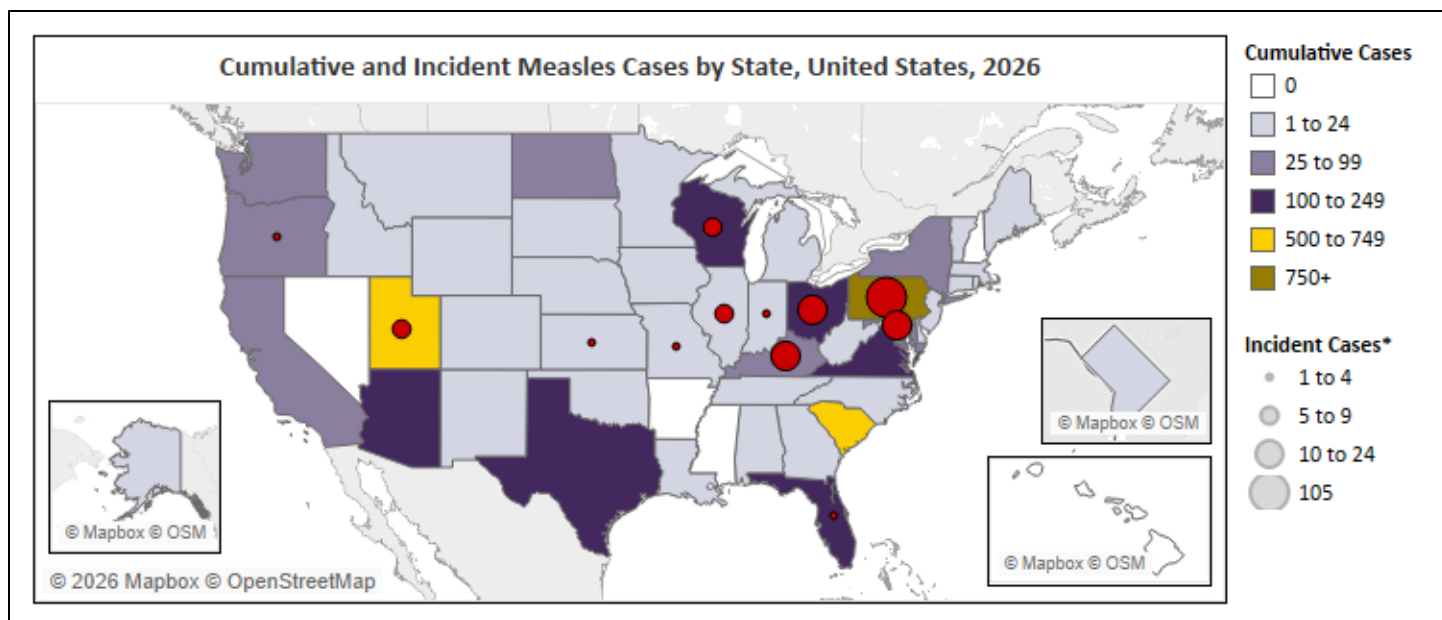


Figure Notes: Data as of September 24, 2026, and does not include cases reported among international visitors to the United States;  
\*Change in cumulative total compared to previous update.

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.

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 \(9/25/26\)](#), [Pennsylvania DOH \(9/29/26\)](#)

## 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 29, 2026, there have been a total of 45,330 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 2,055 are currently active. According to data from the [Secretary of Health of Mexico](#) as of September 25, 2026, there have been a total of 709 confirmed NWS cases and 5 deaths reported among humans since the beginning of 2025. Since the previous update, 1,152 incident cases among animals and 17 confirmed incident cases and 1 incident 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* |
| 45,330       | +1,152    | 2,055  | -13     | 709                   | +17       | 5                      | +1        | 0.7% |

Table Notes: Data for cases reported among animals as of September 29, 2026, and among humans of September 25, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

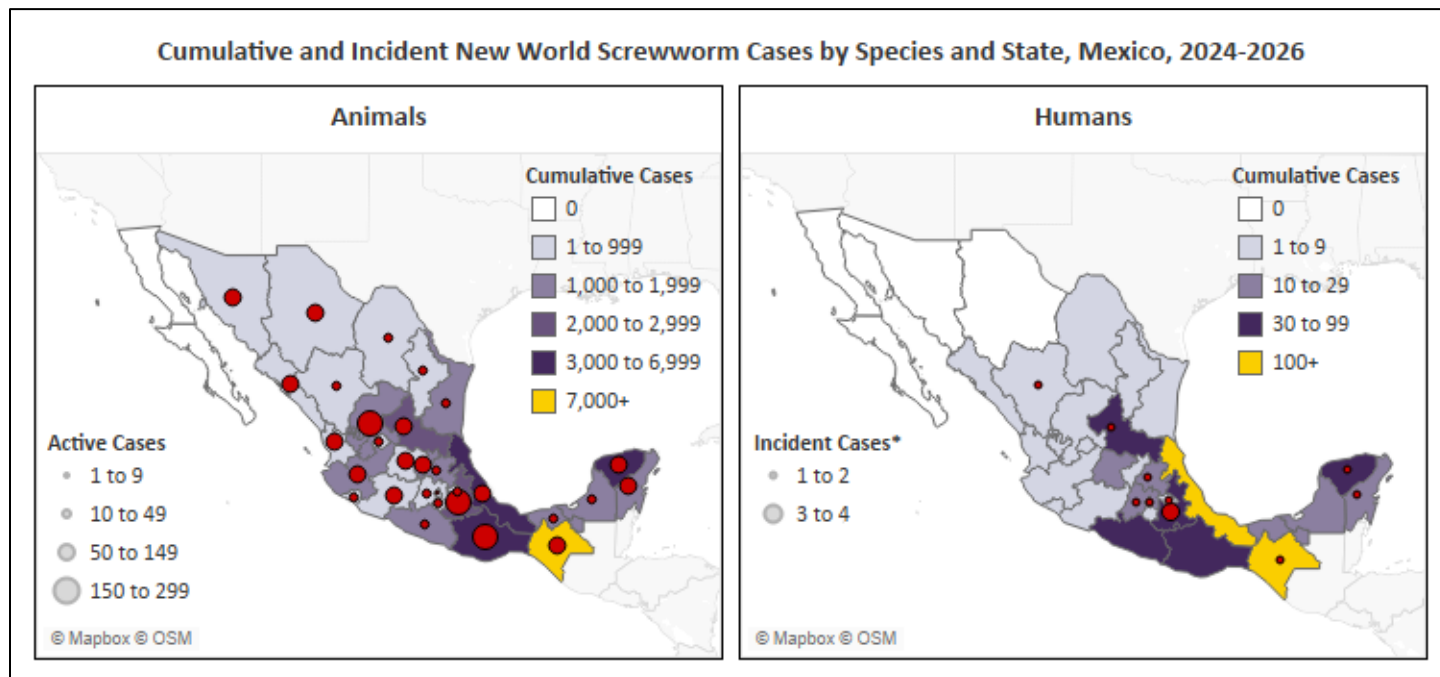


Figure Notes: Data for cases reported among animals as of September 29, 2026, and data for cases reported among humans as of September 25, 2026; \*Change in cumulative total compared to previous update.

NWS cases among animals have been reported in 30 jurisdictions, primarily Chiapas (7,906), Oaxaca (5,475), Veracruz (5,049), Yucatán (3,100), Puebla (2,645), and San Luis Potosí (2,064). Confirmed NWS cases among humans have been reported in 28 jurisdictions, primarily Chiapas (167), Veracruz (116), Oaxaca (68), and Puebla (64). 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 2,600 NWS cases reported among humans in Central America and Mexico since 2023.

**Data Sources:** [Secretary of Agriculture \(9/29/26\)](#), [Secretary of Health \(9/28/26\)](#), [CDC \(8/11/26\)](#)

## Non-Seasonal Influenza

### Cambodia – Incident Human Case Reported in Oddar Meanchey Province (H5N1):

According to data from the [Hong Kong Centre for health Protection \(HKCHP\)](#) as of September 28, there have been a total of 6 influenza A(H5N1) cases and 1 death reported among humans in Cambodia during 2026. Since the previous update, 1 incident human H5N1 case was reported among a 49-year-old male in Oddar Meanchey Province. The case is currently hospitalized and is receiving intensive medical care. The case was occupationally exposed to sick and dead poultry that were positive for H5N1 prior to illness onset.

| Human H5N1 Cases and Deaths, Cambodia, 2026 |           |            |           |       |
|---------------------------------------------|-----------|------------|-----------|-------|
| Confirmed Cases                             |           | Deaths     |           |       |
| Cumulative                                  | Incident† | Cumulative | Incident† | CFR*  |
| 6                                           | +1        | 1          | +0        | 16.7% |

Table Notes: Data as September 28, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

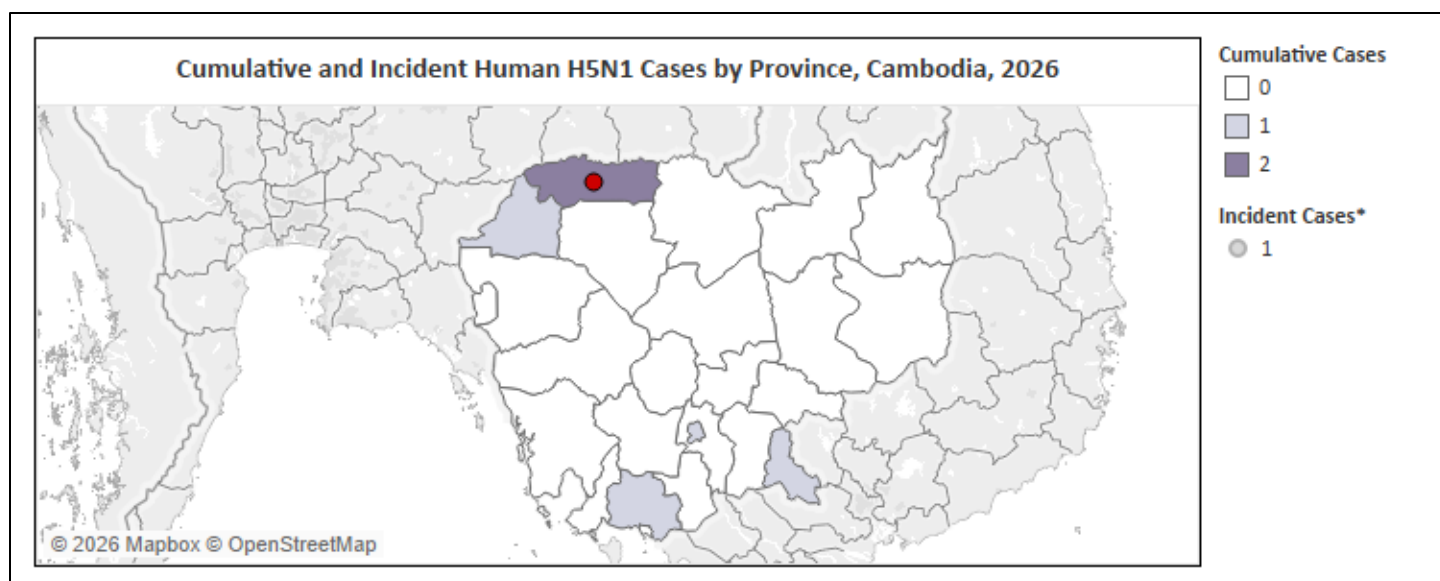


Figure Notes: Data as of September 28, 2026; \*Change in cumulative total compared to previous update.

After a period with no human H5N1 cases reported from 2015-2022, there has been a [rise in the number of human H5N1 cases reported](#) annually in Cambodia since 2023. During 2025, there were 18 human H5N1 cases and 9 deaths (CFR: 50%) reported, almost all of which were exposed to domestic birds or poultry prior to illness onset. Most recent human cases in Cambodia with known clade have been caused by a [novel reassortant](#) (clades 2.3.2.1e and 2.3.4.4b) influenza A(H5N1) virus. Since 2003, and including this most recent case, there have been [96 human H5N1 cases and 53 deaths](#) (CFR: 55.2%) reported in Cambodia.

**Data Sources:** [HKCHP \(9/29/26\)](#), [WHO \(9/6/26\)](#)

## China – Incident Human Cases Reported Among Children (H9N2):

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#) as of September 28, 2026, there have been a total of 23 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, 2 confirmed incident H9N2 cases were reported among 1-year-old females in Henan and Guangdong Provinces. The case in Henan Province experienced symptom onset on August 30, 2026, and was directly exposed to poultry prior to illness onset. The case in Guangdong Province experienced symptom onset on September 7, 2026, and was potentially exposed to poultry in a live market prior to illness onset. Neither case was hospitalized or treated with antivirals, and both have recovered from infection.

| Human H9N2 Cases and Deaths, China, Past 6 Months |           |            |           |      |
|---------------------------------------------------|-----------|------------|-----------|------|
| Confirmed Cases                                   |           | Deaths     |           |      |
| Cumulative                                        | Incident† | Cumulative | Incident† | CFR* |
| 23                                                | +2        | 0          | +0        | 0.0% |

Table Notes: Data as of September 28, 2026, and includes cases with symptom onset in past 6 months; †Change in cumulative total compared to previous update.

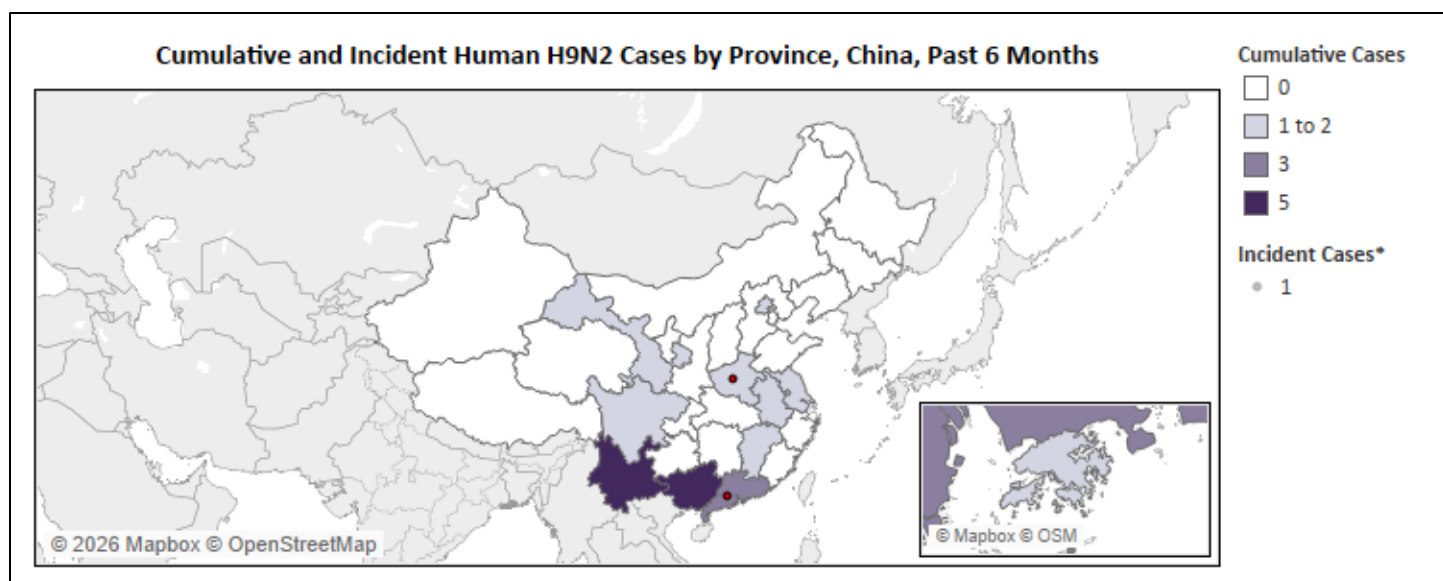


Figure Notes: Data as of September 28, 2026, and includes cases with symptom onset during the past 6 months; \*Change in cumulative total compared to previous update.

In the past 6 months, confirmed human H9N2 cases have been reported by 11 provinces/regions/municipalities in China: Yunnan (5), Guangxi Zhuang (5), Guangdong (3), Jiangsu (2), Jiangxi (2), Anhui (1), Beijing (1), Gansu (1), Henan (1), Sichuan (1), and Hong Kong (1). According to data from the [World Health Organization \(WHO\)](#) as of September 24, 2026, there have been a total of 180 human H9N2 cases and 2 deaths reported in China since December 2015 (out of 183 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.

Data Sources: [HKCHP \(9/29/26\)](#), [WHO \(9/25/26\)](#)

## Polio

### Global – Incident AFP Cases (WPV1 & cVDPV2-3) Reported in Multiple Countries:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of September 28, 2026, there have been 39 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 24 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 126 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 14 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 3 incident cases caused by WPV1 were reported in Afghanistan, 4 incident AFP cases caused by cVDPV2 were reported in the Central African Republic (CAR) (1) and the Democratic Republic of Congo (DRC) (3), and 1 incident AFP case caused by cVDPV3 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† |
| 39                                                                | +3        | 24         | +0        | 126        | +4        | 14         | +1        |

Table Notes: Data as of September 28, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

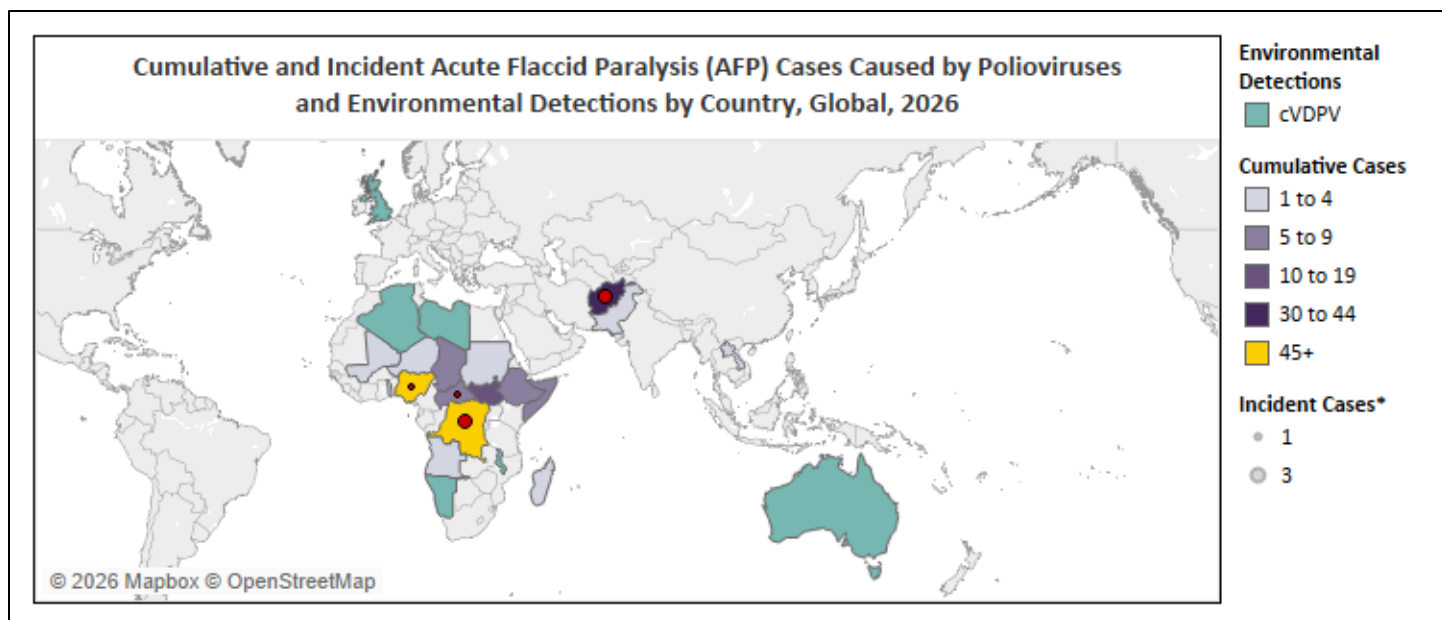


Figure Notes: Data as of September 28, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; \*Change in cumulative total compared to previous update.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 16 countries: [Afghanistan](#) (35 – WPV1), Angola (1 – cVDPV2), the CAR (5 – cVDPV2), Chad (8 – cVDPV2, 1 – cVDPV3), the DRC (58 – cVDPV2), Ethiopia (9 – cVDPV1), Lao People’s Democratic Republic (3 – cVDPV1), Mali (3 – cVDPV2), Madagascar (2 – cVDPV1), Niger (1 – cVDPV3), Nigeria (36 – cVDPV2, 12 – cVDPV3), [Pakistan](#) (4 – 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 (2 – 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.

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 15 AFP cases caused by cVDPV3, have been reported to date with onset of paralysis during 2025.

**Data Sources:** [GPEI - WPV \(9/29/26\)](#), [GPEI - cVDPV \(9/29/26\)](#)

## Rabies

### United States – CDC Warns of Nationwide Increase in Human Rabies Exposures:

The United States CDC has recently reported multiple increases in human exposures to rabies around the country – including exposures to rabid or possibly rabid animals and errors in rabies post-exposure prophylaxis (PEP) administration. These reports include mass exposure events (e.g., those involving more than one person).

From July–August 2026, CDC received 17% more rabies-related inquiries compared to the same period in 2025. At least eight state health departments reported increased administration of PEP for rabies and/or PEP administration errors during this period as well. According to weekly pharmacy data as of September 2, rabies vaccine administration increased ~33% and human rabies immune globulin (HRIG) usage increased ~76% compared to the same period in 2025. The near-simultaneous [detection of rabies in domestic animals across rural and urban settings in multiple states](#) suggests a broader, geographically distributed increase in animal rabies transmission, and not a single localized cluster. In response to these increased reports, CDC issued a [Health Alert Network \(HAN\) Health Advisory](#) on September 10 to offer recommendations for clinicians, health departments, and the public.

While rabies once killed many hundreds of Americans each year before 1960, currently fewer than 10 people die from rabies due to current robust prevention efforts – including successful vaccination of pets, public health tracking and testing, and the availability of PEP. Each year, approximately 1.4 million Americans receive health care for a possible rabies exposure, and 100,000 people receive rabies PEP following potential exposures. Commonly reported errors in rabies PEP administration include improper administration of the vaccine and/or the HRIG, misclassification of vaccination history / immune status, and using an incorrect rabies vaccine schedule. The vast majority of the 4,000 animal rabies cases that are reported every year occur in wildlife. Even though rabies is well-controlled in the United States, three in four Americans live in a community where raccoons, skunks, and foxes carry this disease and continue to pose significant rabies threats.

CDC recommends that clinicians and health departments encourage rabies vaccinations and utilize appropriate rabies PEP assessment and administration.

Data Source: [CDC \(9/10/26\)](#), [CDC \(9/30/25\)](#), [Wadsworth Center \(9/23/26\)](#)

## Salmonella

### United States – Updated Data on Multistate Outbreak Linked to Broccoli Sprouts:

According to data from the [United States CDC](#) as of September 24, there have been a total of 32 cases infected with the outbreak strain of *Salmonella* Bovismorbificans linked to broccoli sprouts produced by Evergreen Fresh Sprouts, LLC. Since the previous update, 10 incident cases were reported, including cases in 2 new states.

| Salmonella Outbreak Cases, United States, 2025-2026 |           |                  |           |            |      |
|-----------------------------------------------------|-----------|------------------|-----------|------------|------|
| Cases                                               |           | Hospitalizations |           | Deaths     |      |
| Cumulative                                          | Incident† | Cumulative       | Incident† | Cumulative | CFR* |
| 32                                                  | +10       | 3                | +1        | 0          | 0.0% |

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

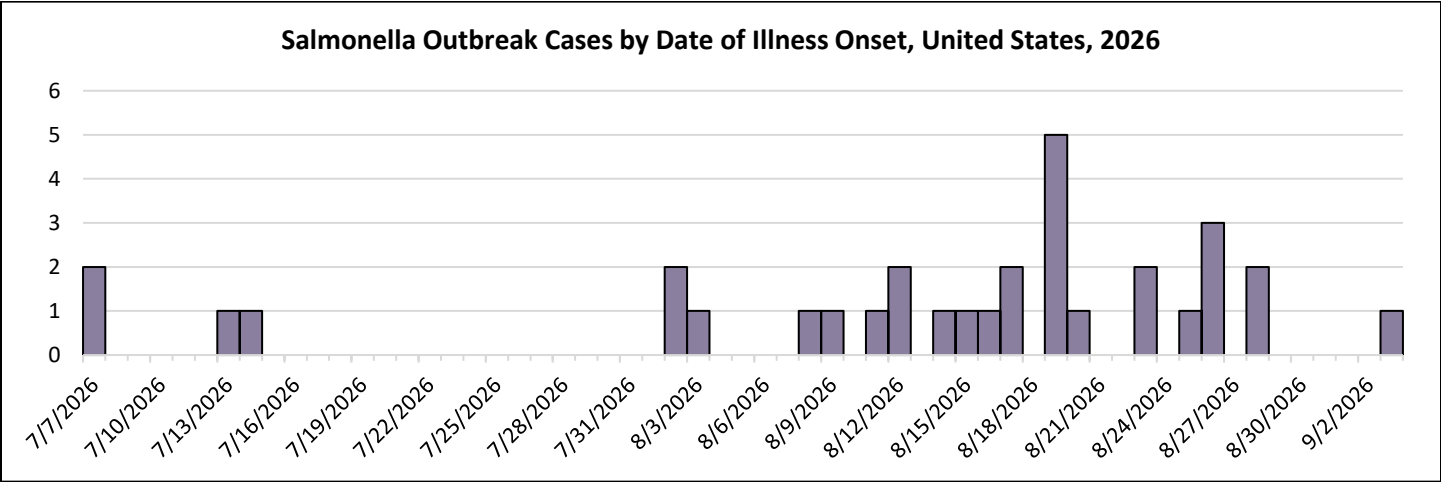


Figure Notes: Data as of September 24, 2026.

Cases have been reported by 6 states, including Washington (24), Montana (4), Idaho (1), Minnesota (1), Oregon (1), and Utah (1), and reported dates of illness onset ranging from July 7, 2025 – September 3, 2026. Cases range from 2-87 years of age with a median age of 52 years. Among cases with available demographic information, most have been female (53%), White (96%), and non-Hispanic (92%). Among interviewed cases (27), 96% reported consuming sprouts or microgreens prior to illness onset, including 22 that specifically reported consuming broccoli sprouts. Whole genome sequencing (WGS) analysis revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection – resistance to streptomycin, sulfisoxazole, and tetracycline was predicted in 2 case samples. Traceback investigations identified broccoli sprouts produced by Evergreen Fresh Sprouts, LLC. As the source of contamination in this outbreak.

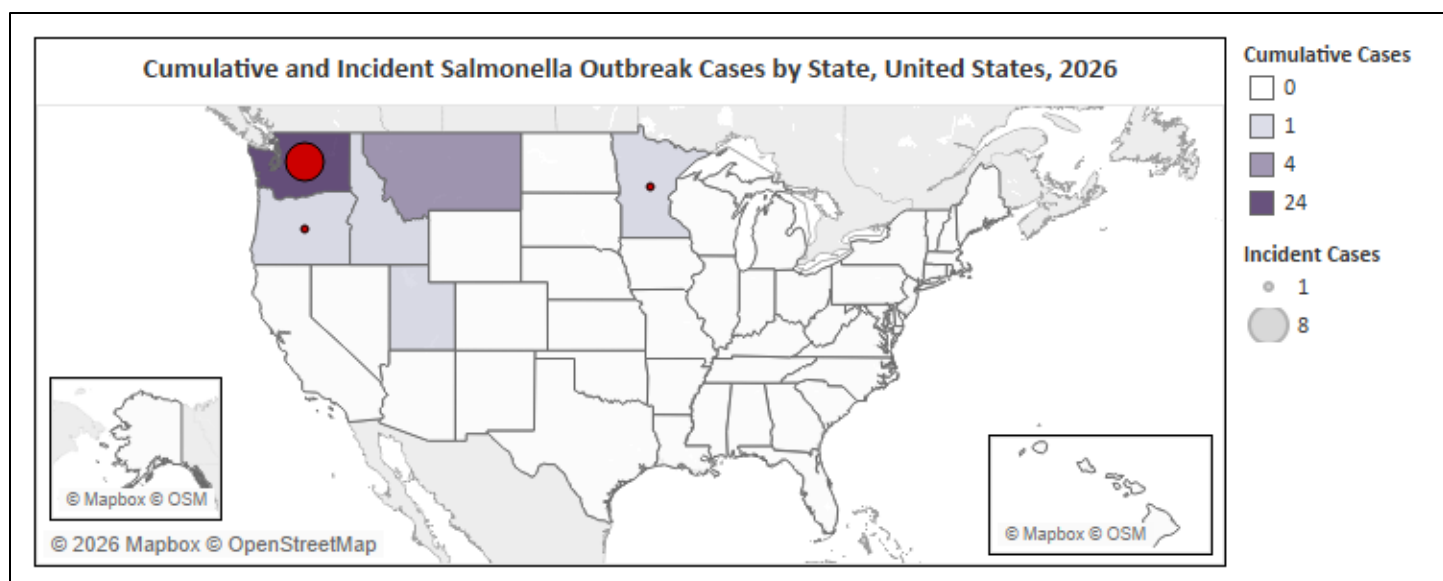


Figure Notes: Data as of September 24, 2026; \*Change in cumulative total compared to previous update.

On September 10, 2026, Evergreen Fresh Sprouts, LLC. issued a [voluntary recall](#) of 215 cases of broccoli sprouts due to potential contamination with *Salmonella* Bovismorbificans – cases included clear plastic 4oz. bags of broccoli sprouts with the UPC code 8-38796-00105-1 and use by dates ranging from September 7-16, 2026. Recalled cases were sent to distributors in Washington from August 24 – September 2, 2026, and may have been further distributed. 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. Do not eat, sell, or serve recalled broccoli sprouts.

Data Source: [CDC \(9/24/26\)](#)

## Yellow Fever

### The Americas – Confirmed Cases and Deaths Reduced for Several Countries:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of September 25, there have been a total of 84 confirmed yellow fever cases and 33 deaths reported in the Americas during 2026. Since the previous update, reported confirmed incident cases were reduced by 14 in Brazil (-2), Columbia (-9), Peru (-2), and Venezuela (-1), and reported deaths were reduced by 11 in Brazil (-1), Colombia (-5), Peru (-4), Venezuela (-1).

| Yellow Fever Cases and Deaths, the Americas, 2026 |           |            |           |       |
|---------------------------------------------------|-----------|------------|-----------|-------|
| Confirmed Cases                                   |           | Deaths     |           |       |
| Cumulative                                        | Incident† | Cumulative | Incident† | CFR*  |
| 84                                                | -14       | 33         | -11       | 39.3% |

Table Notes: Data as of September 25, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas: [Colombia](#) (48 cases, 19 deaths), [Brazil](#) (13 cases, 7 deaths), Peru (9 cases, 2 deaths), [Venezuela](#) (8 cases, 2 deaths), [Bolivia](#) (5 cases, 2 deaths), and Ecuador (1 case, 1 death). [Tolima, Colombia](#), has been particularly affected.

According to a [World Health Organization \(WHO\) Disease Outbreak News](#) item published on June 24, 2026, yellow fever transmission expanded sharply in the Americas during 2025, including into areas that had not reported cases for decades, with ecological suitability for mosquito vectors, uneven vaccination coverage, increased human mobility, and the expansion of urban areas into forested environments facilitating ongoing transmission – Colombia remains most affected due to sylvatic exposure and unvaccinated travelers. The WHO assesses the risk associated with yellow fever in the Americas to be moderate with the likelihood of continued transmission in affected countries to be high. Despite not

reporting any human cases, in March, the [Trinidad and Tobago Ministry of Health](#) detected yellow fever in a deceased red howler monkey, confirming presence of the virus and sylvatic transmission in the country.

The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding yellow fever in [Colombia](#). [Vaccination](#) is recommended for those aged ≥9 months that are traveling to or living in areas at risk for yellow fever. A total of 346 confirmed yellow fever cases and 148 deaths (CFR: 42.8%) were reported by 7 countries in the Americas during 2025: Colombia (125 cases, 51 deaths – a [5-fold increase](#) compared to 2024), Brazil (120 cases, 48 deaths), Peru (49 cases, 19 deaths), Venezuela (32 cases, 19 deaths), Ecuador (11 cases, 8 deaths), Bolivia (8 cases, 2 deaths), and Guyana (1 fatal case), representing a [5.6-fold increase](#) compared to 2024 for the region.

**Data Source:** [PAHO \(9/29/26\)](#)

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## Other Outbreaks, News, and Events

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### 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](#))

#### Cyclosporiasis

- United States – Updated Surveillance Data; Lettuce Outbreak Declared Over ([September 17](#))

#### Diphtheria

- Africa – Updated 2026 Data from Member States; Burden Highest in Somalia ([September 10](#))
- 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 – Updated Data on Multistate Outbreak Linked to Blueberries ([September 10](#))
- 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](#))

#### Lassa Fever

- Nigeria – Incidence Trends Remain Elevated During Recent Weeks ([September 24](#))

## **Listeria**

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

## **Malaria**

- Mayotte – Locally Acquired Incident Cases Reported During Most Recent Week ([September 17](#))

## **Marburg**

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

## **Measles**

- Global – WHO Provides Update on Provisional Case Counts and Incidence Rates ([September 17](#))
- Guatemala – Updated Data on Nationwide Outbreak; Incidence Trends Declining ([September 10](#))
- Canada – Only 1 Confirmed Case Reported in Manitoba ([August 27](#))
- 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**

- Africa – Incident Cases Reported Primarily in Madagascar, the DRC, and Angola ([September 3](#))
- Global – Updated Data on Geographic Spread and Transmission Status of Clade I ([September 3](#))
- 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**

- Bangladesh – Fourth Human Case This Year Reported in Rangpur Division (H5N1) ([September 24](#))
- United States – Updated Data on Poultry Flock and Livestock Detections (HPAI) ([September 17](#))
- United States – Additional Human Case Reported in Michigan (H1N2v) ([August 27](#))
- Brazil – Human Case of Swine Influenza Reported in Santa Catarina (H3N2v) ([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 – Updated Data on Multistate Outbreak Linked to Pet Turtles ([September 24](#))
- United States – Updated Data on Ongoing Outbreaks Linked to Backyard Poultry ([September 3](#))
- United States – Multistate Outbreak Linked to Jalapeños Includes 5 New States ([August 20](#))
- 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](#))

## Other Active CDC Travel Health Notices:

- [Malaria in Mayotte - 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](#)
- [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](#)
- [Hepatitis A in Costa Rica - 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:

- [Guadeloupe confirms one imported chikungunya case from French Guiana; targeted mosquito-control measures implemented - BEACON](#)
- [Anthrax outbreak in Mpika District, Muchinga Province, Zambia; 21 human cases and wildlife deaths prompt livestock vaccination response - BEACON](#)
- [Bangladesh reports 37 suspected human anthrax cases in Rangpur Division, with anthrax bacteria detected in cow meat samples - BEACON](#)

- [482 human anthrax cases reported in Khulna Division, Bangladesh, amid livestock vaccination gaps and informal slaughter - BEACON](#)
- [Mainland France reports 125 autochthonous chikungunya cases across 19 clusters, 17 still ongoing - BEACON](#)
- [Epidemiological situation of cholera in DRC SE37 2025 From 07 to 13 September 2026 - Democratic Republic of the Congo | ReliefWeb](#)
- [Tracking Report: >200 US measles cases per week, COVID-19, and global trends](#)
- [Cholera and acute watery diarrhea cases rising in Yemen, with 7784 cases reported in 2026 and alerts issued at two Aden IDP sites - BEACON](#)
- [Dengue Epidemiological Situation in the Region of the Americas - Epidemiological Week 35, 2026 - PAHO/WHO | Pan American Health Organization](#)
- [Sri Lanka National Dengue Control Unit: Current Status of Dengue in Sri Lanka \(As of 30.09.2026 midnight\) - Sri Lanka | ReliefWeb](#)
- [Sri Lanka's dengue outbreak surpasses 100 000 notifications, with 77 deaths and July still the peak month - BEACON](#)
- [Leptospirosis cases in Thailand exceed five-year median amid ongoing flooding, with 3303 cases and 46 deaths reported - BEACON](#)
- [Cameroon reports 9660 measles cases across 113 districts as national vaccination campaign is postponed to October 2026 - BEACON](#)
- [Togo declares measles outbreaks in Blitta and Ogou; at least four confirmed cases in Ogou; vaccination response underway - BEACON](#)
- [Angola reports 19 new mpox cases across eight provinces in 24 hours, bringing active cases to 107 - BEACON](#)
- [Avian influenza \(H5\) in Tasmania, Australia: 45 wild bird events across multiple coastal zones with migratory season amplification risk - BEACON](#)
- [H5N1 avian flu activity picking up in Minnesota as study notes virus in polar bears | CIDRAP](#)
- [RFI: First USA HPAI \(H5N1\) outbreak in captive mink in Utah; regulatory gaps identified - BEACON](#)
- [Pertussis cases in Honduras increase to 280, with 22 deaths, including three newly reported deaths in children - BEACON](#)
- [West Kazakhstan reports 57 pertussis cases, predominantly among infants under 12 months, amid vaccination gaps - BEACON](#)
- [Wild poliovirus cases rise to five in Pakistan and to 32 in Afghanistan; reversal of previous case pattern between the two countries - BEACON](#)
- [Malaysia: Kedah state reports 1st human rabies death in decades](#)
- [Salmonellosis outbreak linked to school meals in Prague, Czechia: 363 people sick, including 22 confirmed cases and 50 hospitalized - BEACON](#)
- [CDC greenlights COVID vaccines for vulnerable children after nearly 1-month delay | CIDRAP](#)
- [First detections of Shamonda virus \(SHAV-EU1/EU2\) in Spain, Italy, and Jersey confirm multi-country expansion across Europe - BEACON](#)
- [WHO selects viruses for 2027 southern hemisphere flu shots | CIDRAP](#)
- [Sudden infant deaths have increased among Black babies, new data show | CIDRAP](#)
- [2 studies find strong RSV vaccine protection against severe outcomes in older adults | CIDRAP](#)
- [Public health advocates express concern about nominee to lead the FDA | CIDRAP](#)
- [US, EU object to UN declaration on future pandemics | CIDRAP](#)
- [African swine fever spreads in southeastern Finland, with six new detections in wild boar - BEACON](#)

- [RFI: Fever-and-rash consultations in El Salvador rise to 2037; measles cases remain at 58. RFI on diagnostic and epidemiological findings - BEACON](#)
- [Nigeria faces the world's highest projected death toll from super El Niño heat](#)
- [World leaders renew commitment to protect the world from future pandemics - World | ReliefWeb](#)
- [US, EU object to UN declaration on future pandemics | CIDRAP](#)
- [Infections at birth substantially increase the risk of autism and intellectual disability, study finds | CIDRAP](#)
- [Candida endophthalmitis cluster reported in USA following cataract surgery; source under investigation - BEACON](#)
- [RFI: Four tularemia cases, including one in a child, reported in Bashkortostan, Russia, after a year with no reported cases - BEACON](#)
- [Simultaneous gastrointestinal illnesses at 20 kindergartens in Tbilisi, Georgia, with more than 100 hospitalize - BEACON](#)
- [RFI: Acute illness cluster after cistern cleaning in Chicontepec, Veracruz, Mexico; histoplasmosis and leptospirosis under investigation - BEACON](#)
- [Multi-county epizootic hemorrhagic disease cases in deer with spillover to dairy cattle in Waukesha County, Wisconsin, USA - BEACON](#)