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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 – Updated Data on Cases and Deaths Reported in the Region:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of October 3, there have been a total of 215,869 chikungunya cases, of which 79,278 are confirmed, and 89 deaths reported in the Americas during 2026. Since the previous update, 290 incident cases, of which 226 are confirmed, and 0 additional deaths were reported in the region – most incident cases experienced symptom onset during previous weeks when the regional burden was highest.

Cases have been reported by 20 countries in the Americas during 2026, primarily [Brazil](#) (133,490), [Bolivia](#) (47,586), [Suriname](#) (16,623), [Argentina](#) (12,485), Cuba (2,716), and [French Guiana](#) (2,013). Cumulative incidence per 100,000 population is currently highest in Suriname (2,577.21), French Guiana (633.02), Bolivia (373.25), Brazil (62.51), Argentina (27.14), 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 October 13, a total of 141 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	12,485	+102	3,803	+0	2	+0	0.1%
Bolivia	47,586	+0	11,596	+0	27	+0	0.2%
Brazil	133,490	+0	56,030	+0	54	+0	0.1%
Cuba	2,716	+0	254	+0	6	+0	2.4%
French Guiana	2,013	+0	2,013	+0	0	+0	0.0%
Suriname	16,623	+0	4,881	+0	0	+0	0.0%
Rest of the Americas	956	+188	701	+226	0	+0	0.0%
Total	215,869	+290	79,278	+226	89	+0	0.1%

Table Notes: Data as of October 3, 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.

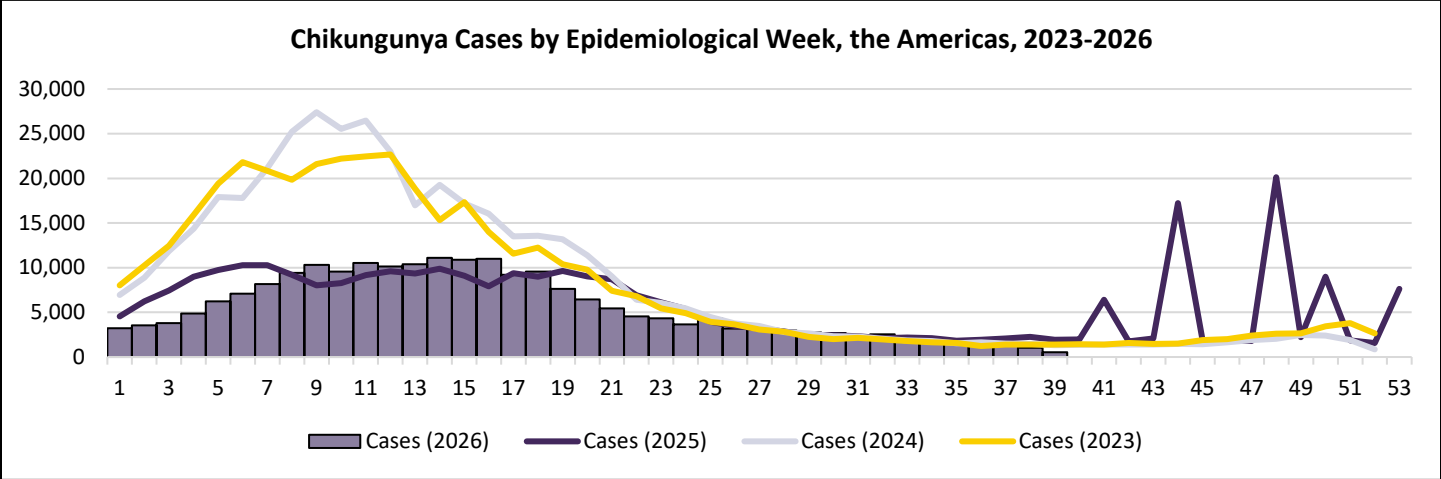


Figure Notes: Data as of October 3, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

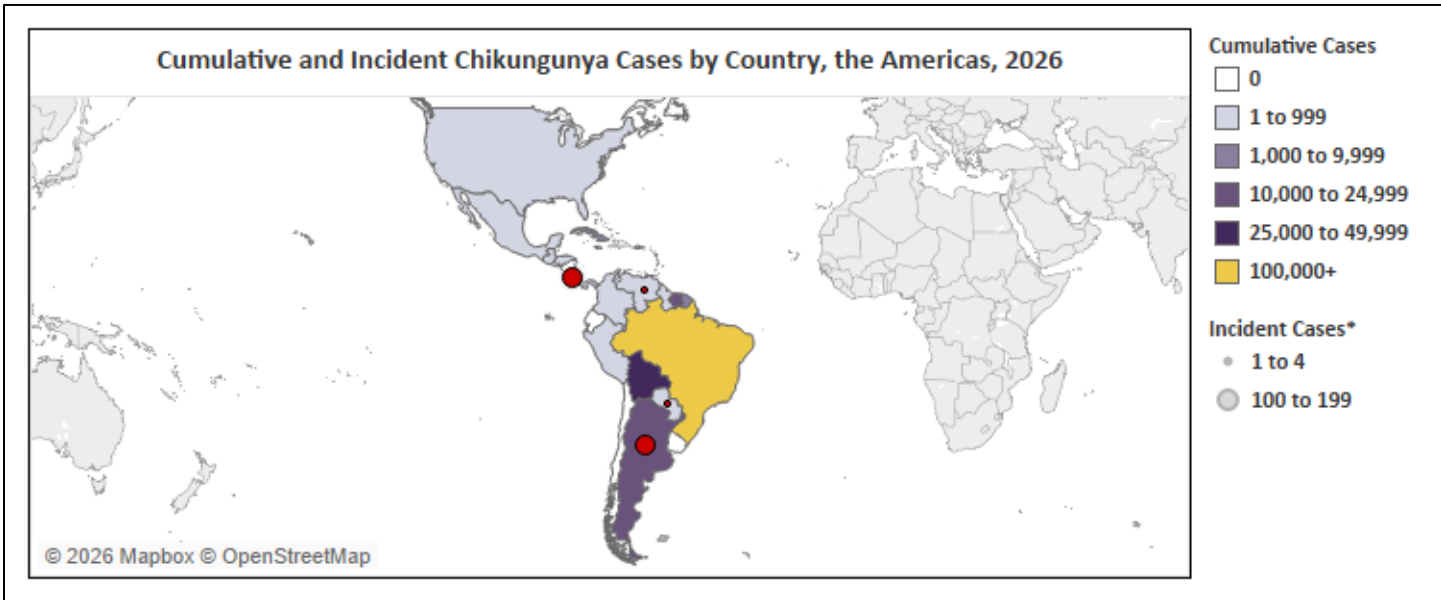


Figure Notes: Data as of October 3, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.

During 2025, there were 316,733 chikungunya cases, of which 115,975 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 [Costa Rica](#), [French Guiana](#), and [Nicaragua](#). [Vaccination](#) is recommended for travelers visiting an area with an outbreak.

Data Source: [PAHO \(10/15/26\)](#)

Dengue

United States – 1st Dengue Fever Death in Florida:

According to data from the [United States \(US\) CDC](#) as of October 14, there have been a total of 1,690 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (917) and American Samoa (448) – 325 locally acquired cases have been reported in the continental US in [Florida](#) (324) and [Virginia](#) (1). Since the previous update, 58 incident locally acquired cases were reported, with most reported in Florida (41). News sources citing the Florida Department of Health recently 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](#), and Hillsborough County – previously described as the “epicenter” of the outbreak – has recently [extended the emergency order to October 15](#).

Dengue Cases and Hospitalization Rate by Travel Status, United States, 2026					
Locally Acquired Cases			Travel Associated Cases		
Cumulative	Incident†	Hospitalized	Cumulative	Incident†	Hospitalized
1,690	+58	44%	640	+47	35%

Table Notes: Data as of October 14, 2026; †Change in cumulative total compared to previous update.

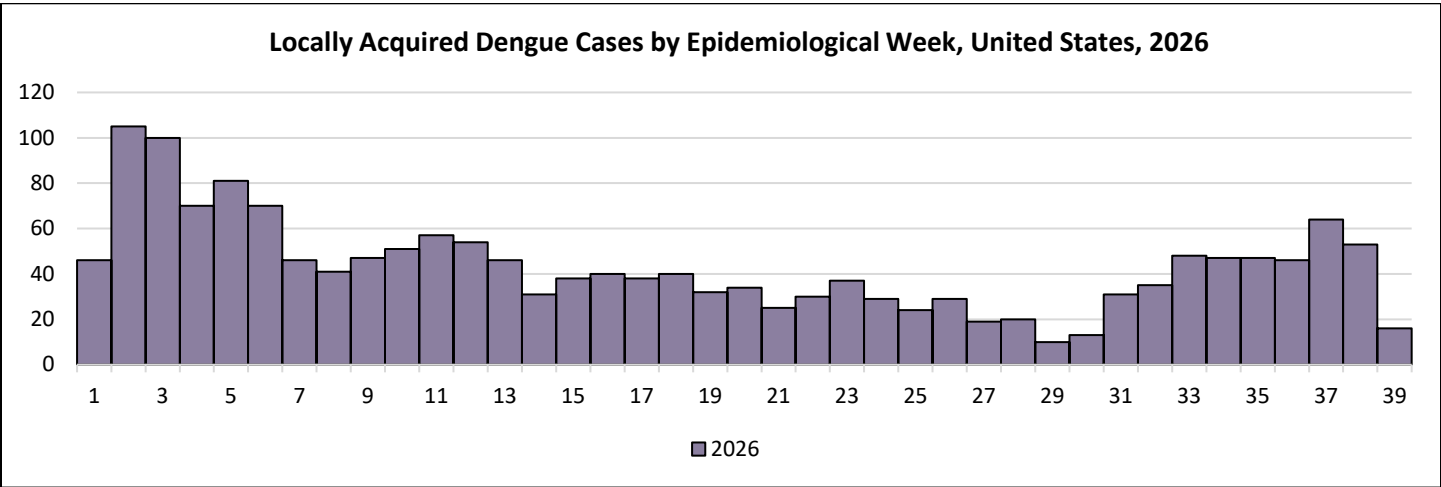


Figure Notes: Data as of October 14, 2026, and does not include imported (travel associated) cases; Most recent weeks’ trends should be interpreted with caution due to delays in reporting.

A total of 4,065 locally acquired cases were 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 October 14, there have been a total of 640 travel-associated dengue cases reported among US residents during 2026. Since the previous update, 47 incident travel associated cases were reported. There was a total of 1,308 travel associated cases reported among US residents during 2025, much lower compared to 2024 totals (3,756).

Data Sources: [CDC 2026 \(10/14/26\)](#), [CDC 2025 \(10/14/26\)](#)

Diphtheria

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 October 6, there have been a total of 612 cases of diphtheria and 1 death reported in Australia during 2026, representing a 47.1-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, 15 incident cases have been reported. Incidence has been gradually declining but remains 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*
611	+15	1	+0	112	+2	1	+0	0.2%

Table Notes: Data as of October 5, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

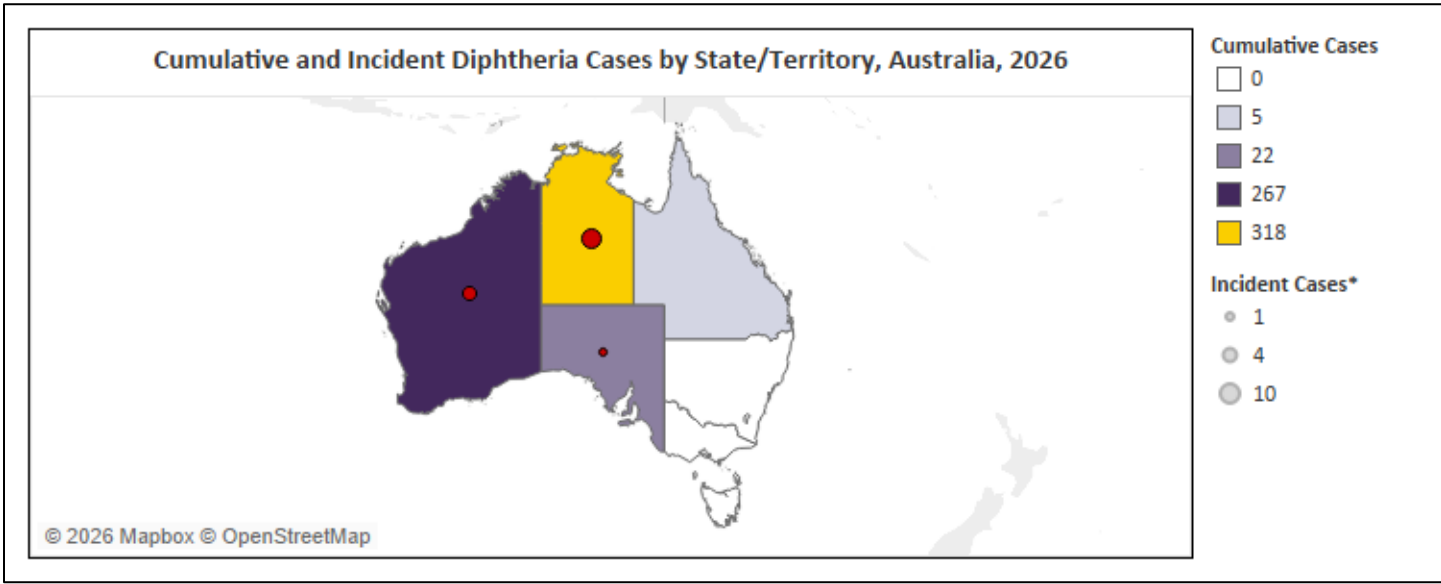


Figure Notes: Data as of October 5, 2026; *Change in cumulative total compared to previous update.

During 2026, cases have been reported in the Northern Territory (318), Western Australia (267), South Australia (22), and Queensland (5) – 98.5% 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 (25%), and 15–24 years (22%). Among all cases, 95.1% have been among Aboriginal and/or Torres Strait Islander people, 53.9% have been female, 18.3% have been hospitalized, and 66.3% have been cutaneous diphtheria (as opposed to respiratory: 31.9%). Most cases of respiratory (87.7%) and cutaneous (78.6%) 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 \(10/5/26\)](#)

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 October 13, 2026, there have been a total of 9,144 confirmed Bundibugyo virus disease (BVD) cases and 4,410 confirmed deaths reported across 7 provinces. Since the previous update, 416 additional confirmed cases and 205 confirmed deaths were reported in the DRC – case detection and contact tracing remain a [challenge](#). On October 6, 2026, a fatal imported case was reported in [Kenya](#). The individual [traveled](#) by road from the DRC to Kampala, stayed overnight Uganda, and then flew to Nairobi, Kenya. The case fell ill in the DRC, was hospitalized and isolated upon arrival in Kenya, but ultimately died despite receiving care. According the [Ministry of Health-Kenya \(MOH-Kenya\)](#) as of October 14, 2026, there have been a total of 2 confirmed cases of BDV reported in Kenya. Since the previous update, 1 additional confirmed case was reported among a close contact and [family member](#) of the imported index case. 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‡	9,144	+416	4,410	+205	48.2%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Kenya¶	2	+1	1	+0	50.0%
Total	9,167	+417	4,413	+205	48.1%

Table Notes: Data for the DRC as of October 13, 2026; data from Kenya as of October 14, 2026; †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; ¶ Includes imported case from the DRC that died.

In the DRC, according to data from the [INSP](#) as of October 13, 2026, confirmed cases have been reported in 65 health zones across Bas-Uélé (4), Haut-Uélé (7), Ituri (28), North Kivu (17), South Kivu (1), South Ubangi (1), and Tshopo (7) provinces – 73.6% of confirmed cases have been reported in Ituri province (6,734), followed by North Kivu (1,938), Haut-Uélé (391), Tshopo (63), Bas-Uélé (13), South Kivu (3), and South Ubangi (2) provinces. A total of 32,811 case contacts has been identified for monitoring and follow-up, of which 25,469 (77.6%) are actively being monitored (seen within the previous 24 hours). There have been 2,418 recoveries. According to the [MOH-Kenya](#) of October 11, 2026, there are currently 122 monitored contacts, 108 of which are in isolation. 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.

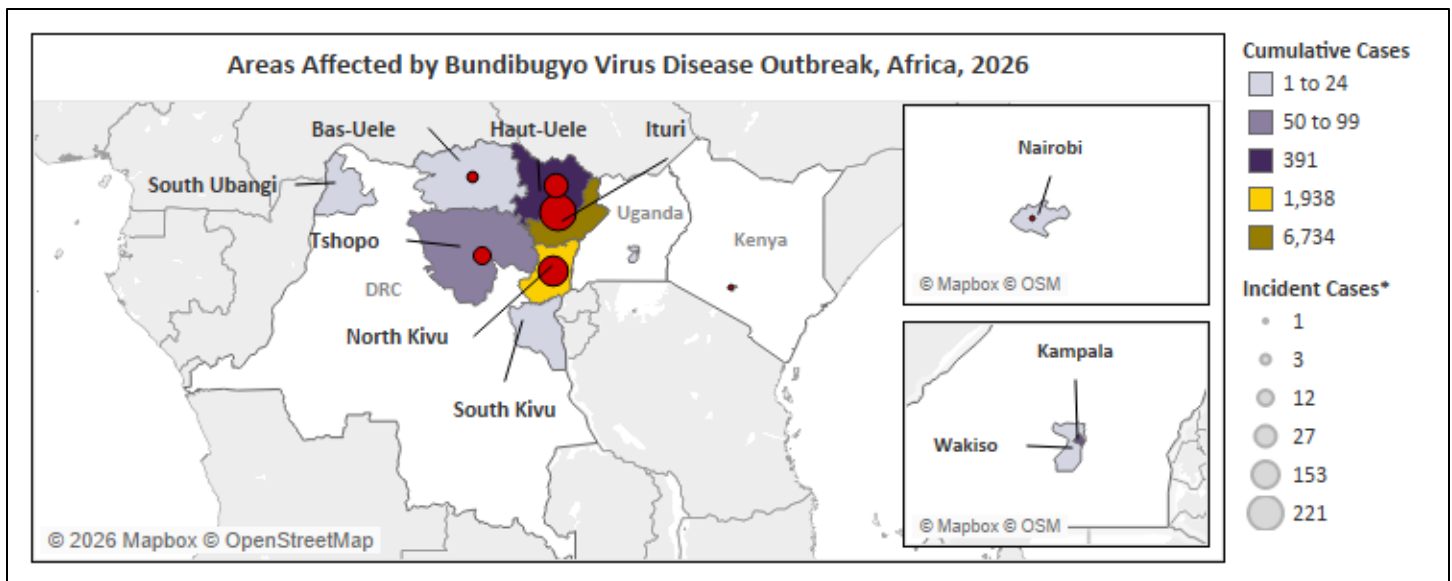


Figure Notes: Data for the DRC as of October 13, 2026; data from Kenya as of October 14, 2026; *Change in cumulative total compared to the previous update; Wakiso is part of the Kampala Metropolitan Area of Uganda.

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 [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).

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. 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 October 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.

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 October 4, there have been a total of 8,414 suspected Lassa fever cases, of which 1,138 are confirmed (6 probable), and 268 deaths among confirmed cases reported in Nigeria during 2026. Since the previous update, 196 suspected incident cases (23 confirmed) and 5 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*
8,414	+196	1,138	+23	6	+0	268	+5	23.6%

Table Notes: Data as of October 4, 2026; ‡Among confirmed cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.

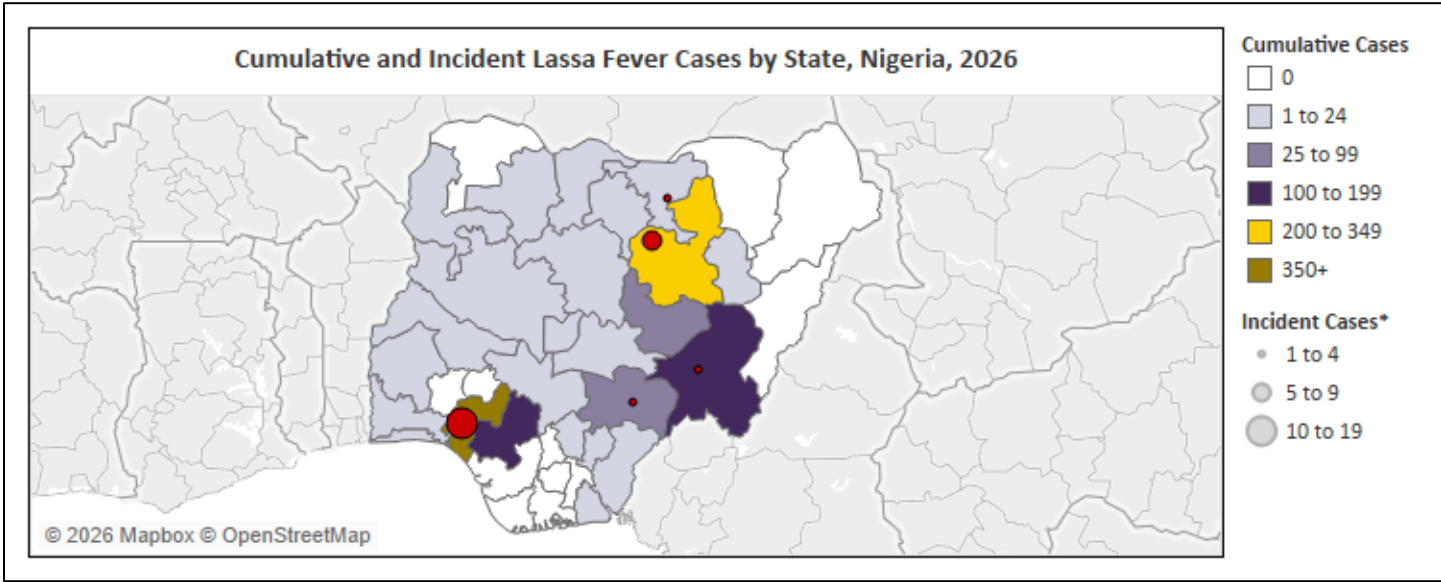


Figure Notes: Data as of October 4, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Confirmed cases have been reported by 24 states, primarily Ondo (406), Bauchi (265), Taraba (136), and Edo (122). Those aged 21–30 years have been most affected. 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 has 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 \(10/4/26\)](#)

Malaria

Mayotte – No Locally Acquired Incident Cases Reported Since Previous Update:

According to data from the [French National Public Health Agency \(SPF\)](#) as of October 12, there has been a significant resurgence of malaria activity in Mayotte during 2026 with a total of 370 confirmed cases reported – the highest number since 2010 (433). Since the previous update, there were 21 confirmed incident cases reported. Among all confirmed cases, 270 have been travel associated (predominantly imported from neighboring Comoros where malaria remains endemic and highly prevalent), 79 have been locally acquired, 12 have an undetermined origin, and 9 are currently under investigation. Local transmission increased in early May, but no new locally acquired cases have been detected in the past 6 weeks.

Malaria Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
370	+21	101	+3	0	+0	0.0%

Table Notes: Data as of October 12, 2026; †Change in cumulative total compared to previous update.

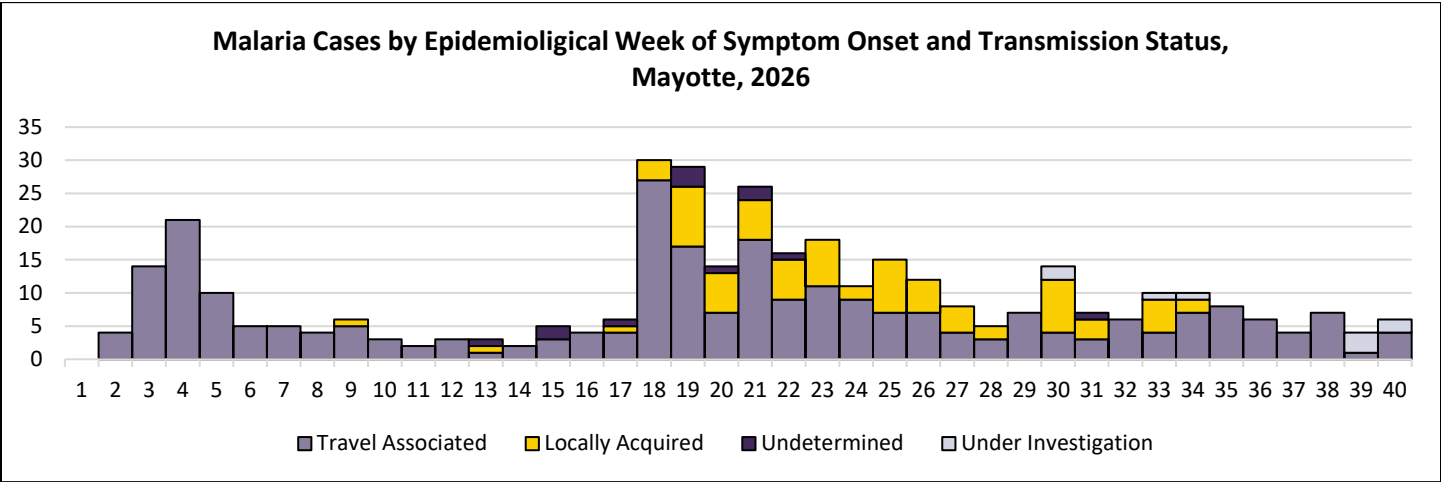


Figure Notes: Data as of October 12, 2026.

Among all confirmed cases, 101 have been hospitalized, including 10 admitted to intensive care. Confirmed locally acquired cases have been reported in 7 communes primarily in the southern region of the island: Dembéli, Chirongui , Bandréle, Kani-Kéli, Bandraboua, Mamoudzou, and M’Tsangamouji. 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 \(10/12/26\)](#), [ECDC \(6/5/26\)](#), [BEACON \(6/30/26\)](#)

Measles

Global – WHO Provides Update on Provisional Case Counts and Incidence Rates:

Since the previous update, the [World Health Organization \(WHO\)](#) released their monthly update regarding confirmed (laboratory confirmed, epidemiologically linked, and clinically compatible) measles cases and incidence reported globally by WHO Member States during 2026. So far this year, there have been a total of 334,717 confirmed measles cases reported by 139 countries, an increase of 78,493 confirmed cases since the previous update. The top 10 countries with the highest reported cumulative confirmed case counts and incidence rates as of October 9, 2026, are presented below.

Cumulative Measles Cases and Incidence Rates, Global, 2026

Confirmed Cases		Incidence per 1M Population (Annualized)	
Country	Cumulative	Country	Cumulative Incidence Rate
Bangladesh	65,875	Guatemala *	2,319.21
Indonesia	63,352	Mongolia	663.52
Guatemala *	32,993	Maldives	634.66
India	27,266	Yemen	549.76
Yemen	17,714	Bangladesh	493.95
Pakistan	13,509	Lao People's Democratic Republic	471.36
Mexico	13,506	Kazakhstan	458.37
Cameroon	9,704	Cameroon	422.27
Angola	7,794	Rwanda	304.28
Kazakhstan	7,248	Indonesia	293.41

Table Notes: Data as of October 9, 2026; *Includes laboratory confirmed cases only; Counts and rates are provisional.

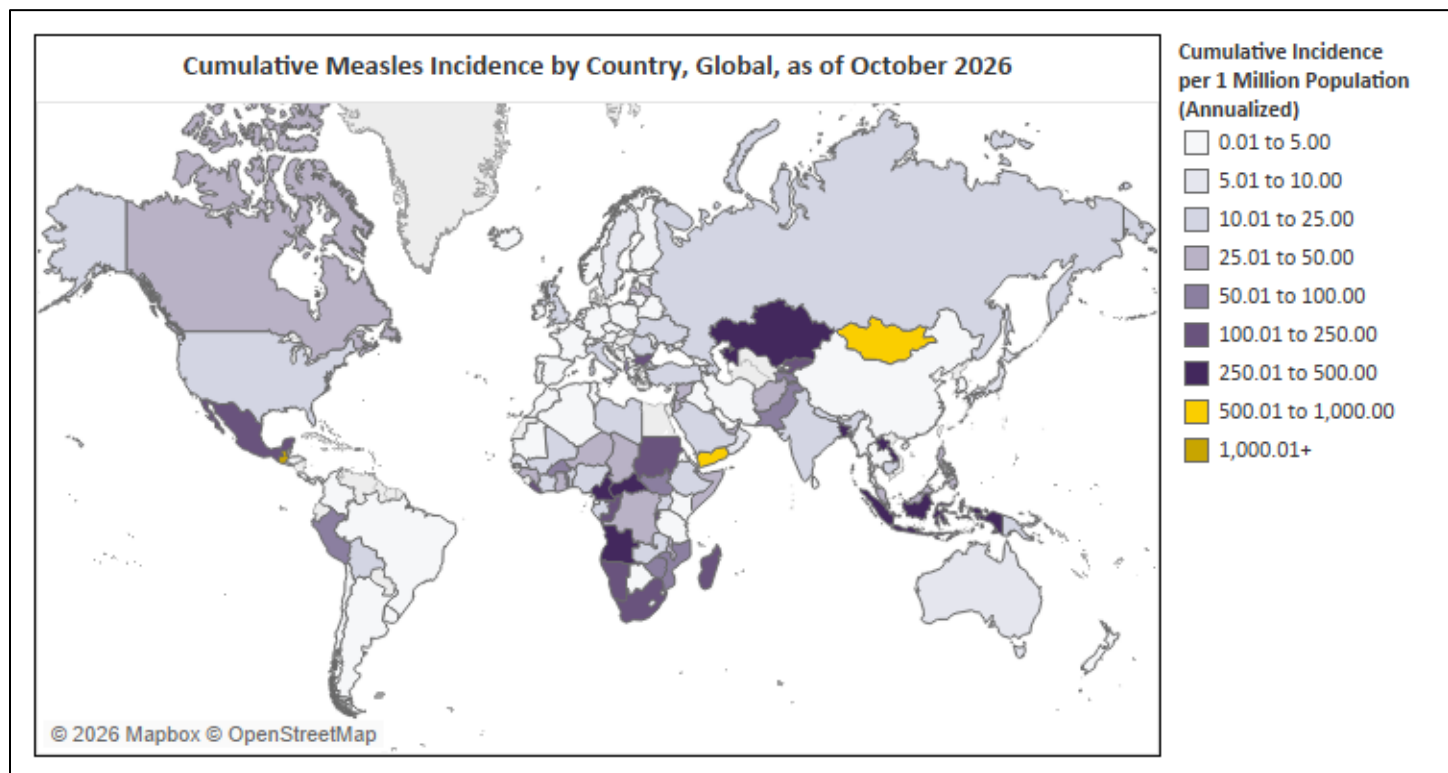


Figure Notes: Data as of October 9, 2026; Rates are provisional.

There were 282,008 confirmed measles cases reported globally during 2025 according to WHO data. On November 10, 2025, the [Pan American Health Organization \(PAHO\)](#) announced that the Americas has lost its verification as free from endemic measles transmission. This change comes as endemic transmission of measles has been reestablished in Canada (local transmission observed for ≥ 12 months). All other countries in the region continue to maintain their measles-free status, although several are in jeopardy of losing that status in November 2026 (Mexico and the United States). According to a [PAHO Situation Report](#) published on October 8, 2026, a total of 55,792 confirmed cases and 77 deaths have been reported in the Americas during 2026, representing a 4.8-fold increase in confirmed cases compared to 2025 through the end of epidemiological week 39 – overall risk associated with measles in the region is [currently assessed](#) as very high. 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: [WHO \(10/9/26\)](#)

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

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of October 14, there have been a total of 208,570 suspected and 22,840 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 1,073 deaths reported among suspected cases, and 104 deaths reported among confirmed cases. Since the previous update, 6,945 suspected incident cases, 724 confirmed incident cases, and 33 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	208,570	+6,945	177,698	+6,018	1,073	+33	0.5%
Confirmed	22,840	+724			104	+0	0.5%

Table Notes: Data as of October 14, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

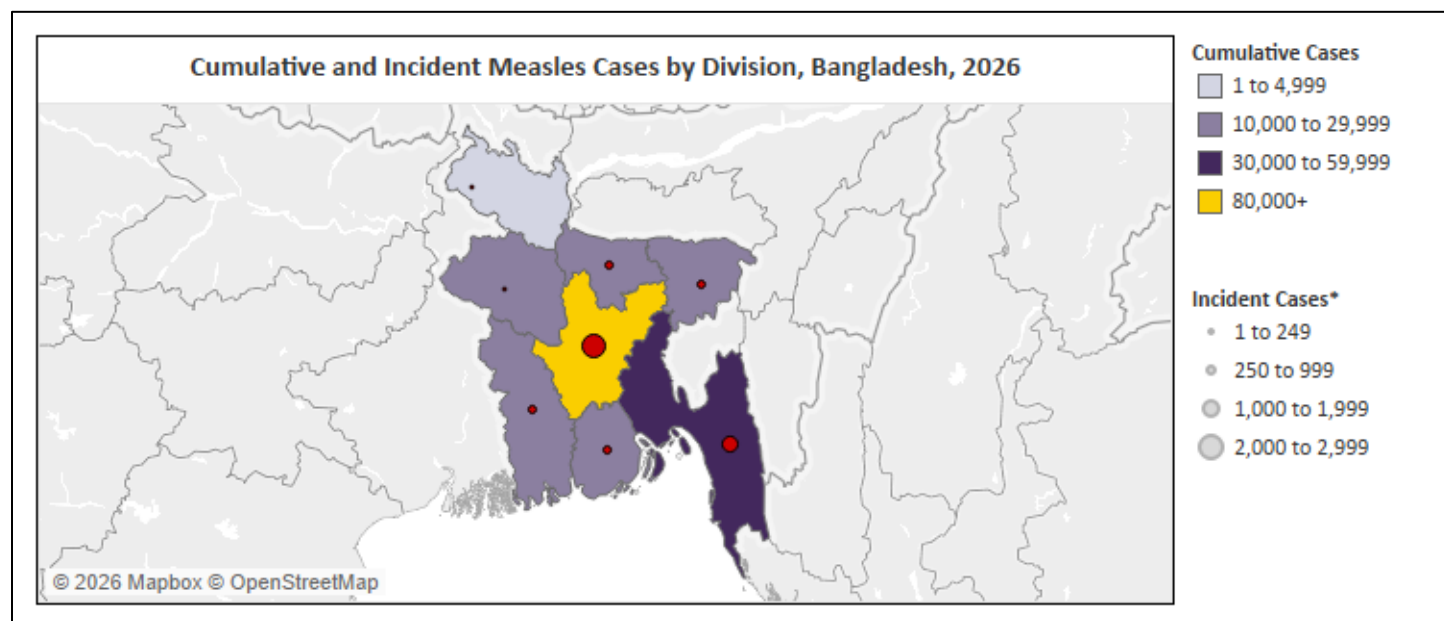


Figure Notes: Data as of October 14, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.

During 2026, cases have been reported in all 8 departments: Dhaka (87,200 suspected & 14,286 confirmed), Chattogram (41,776 suspected & 3,314 confirmed), Barisal (22,581 suspected & 808 confirmed), Sylhet (17,679 suspected & 1,101 confirmed), Khulna (14,020 suspected & 506 confirmed), Rajshahi (10,982 suspected & 1,420 confirmed), Mymensingh (10,549 suspected & 775 confirmed), and Rangpur (3,783 suspected & 630 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 \(10/14/26\)](#), [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 October 12, 2026, there have been total of 34,521 confirmed measles cases and 53 deaths reported in Guatemala since December 2025. Since the previous update, 193 confirmed incident cases and 3 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	8,478	+44	53	+3	0.1%
Epidemiological	3,435	+11			
Clinical	22,608	+138			
Total	34,521	+193	53	+3	0.1%

Table Notes: Data as of October 12, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

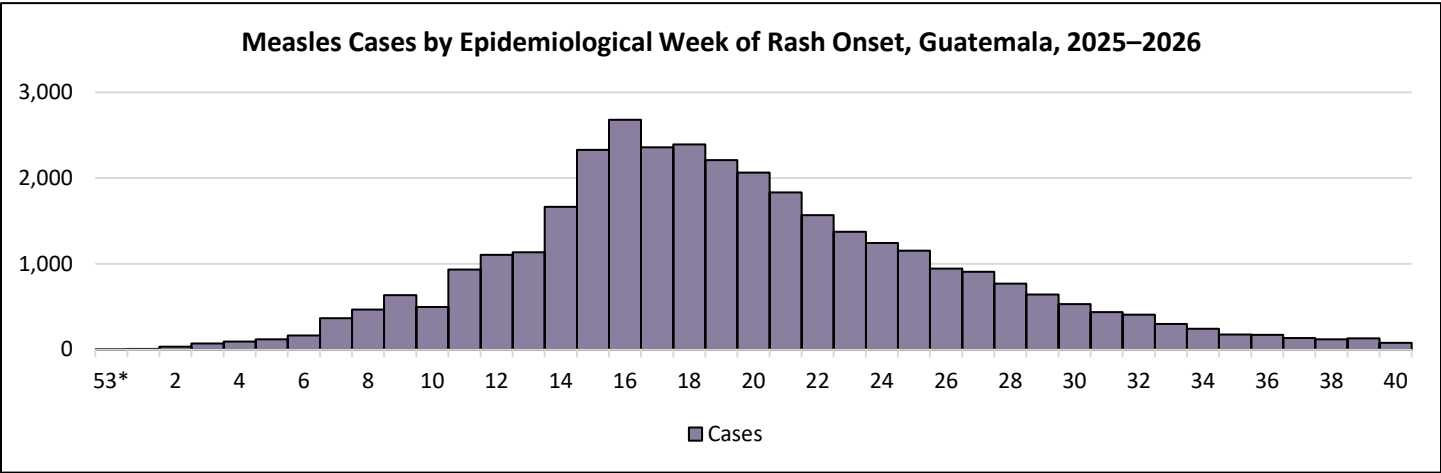


Figure Notes: Data as of October 12, 2026; *Epidemiological week 53 straddles 2025 and 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (12,601), Quetzaltenango (2,612), Quiché (2,233), Huehuetenango (2,057), Izabal (1,900), Alta Verapaz (1,839), and Sololá (1,556). Those aged 20–29 years have been most affected (36.6%), followed by those aged 30–39 years (16.5%). Infants aged <1 year remain the most at-risk group for severe outcomes (17x higher death rate than that of the general population). Among all confirmed cases, 92.7% have been unvaccinated or had unknown vaccination statuses, and 9.6% were hospitalized.

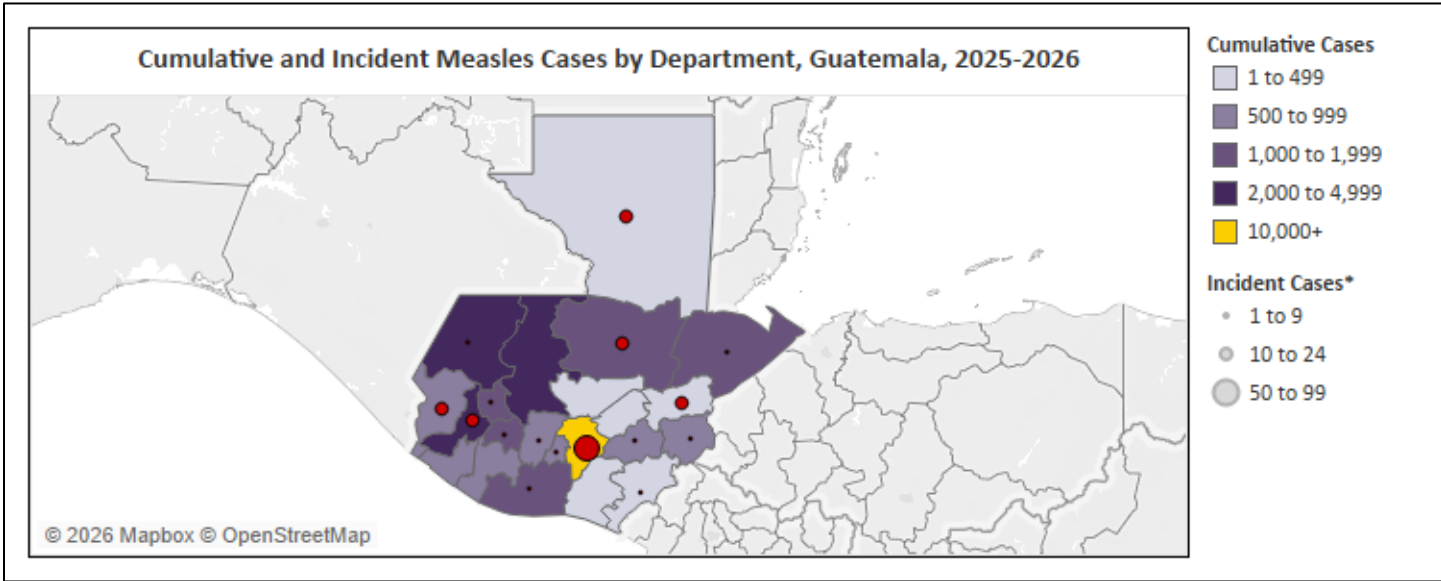


Figure Notes: Data as of October 12, 2026 (491 cases missing from figure); *Change in cumulative total compared to previous update.

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, 2.3 million measles vaccine doses have been administered in the country as of October 8, 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 \(10/12/26\)](#)

Mexico – Confirmed Incident Cases Reported by 13 States; Most in Chiapas:

According to data from the [Secretary of Health of Mexico](#) as of October 14, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 13,687 confirmed cases and 23 deaths reported during 2026. Since the previous update, 72 confirmed incident cases with symptom onset during 2026 were reported by 13 states, primarily Chiapas (31) and Michoacán de Ocampo (19). Incidence had been gradually declining since epidemiological week 7.

Measles Cases 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	30,368	+199	13,687	+72	23	+0	0.2%

Table Notes: Data as of October 14, 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 (7,281), Mexico City (1,033), and Chiapas (951). 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 (101.72), followed by those aged 1–4 years (31.99), and those aged 5–9 years (22.82).

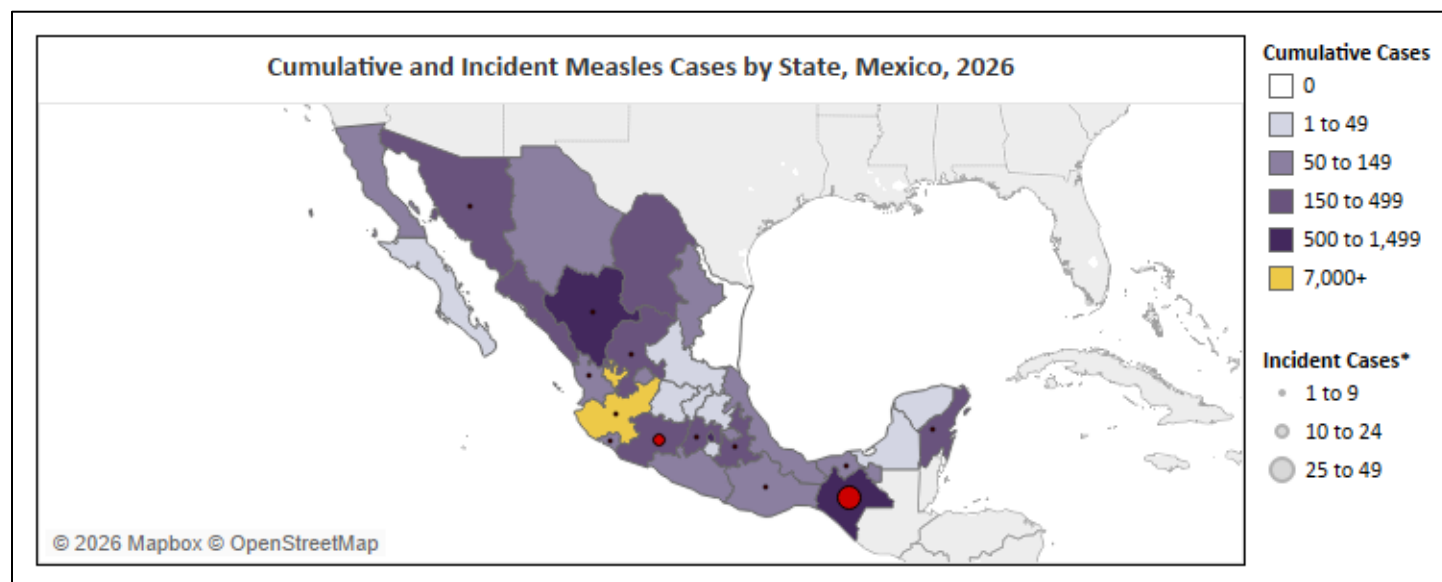


Figure Notes: Data as of October 14, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

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 \(PAHO\)](#) will review Mexico's measles elimination status 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 \(10/14/26\)](#)

Peru – Confirmed Incident Cases Reported by 8 Departments; Most in Loreto:

According to data from [Peru’s Ministry of Health](#) as of October 14, there have been a total of 2,689 confirmed measles cases reported in the country during 2026. Since the previous update, 25 confirmed incident cases have been reported. An unvaccinated 16-year-old male was recently reported as the country’s [first measles-related death](#) of the year.

Measles Cases and Deaths, Peru, 2026						
Suspected Cases		Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
7,131	+284	2,689	+24	1	+0	0.04%

Table Notes: Data as of October 14, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.

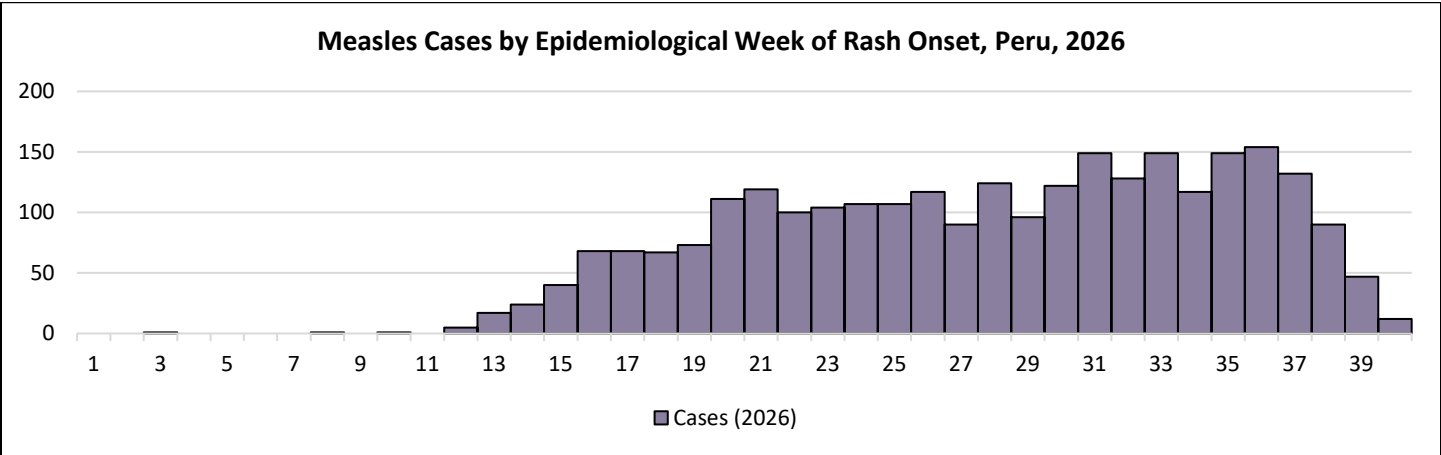


Figure Notes: Data as of October 14, 2026, and includes confirmed cases only.

Confirmed cases have been reported by 21 departments, with 55% of cases reported in Puno (1,469). Suspected cases have been reported in all 24 departments, with 50% of cases reported in Puno (2,271) and Lima (1,316). Most confirmed cases were among those aged 20–29 years (32%), followed by those aged 10–19 years (24%) and 5–9 years (13%). 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.

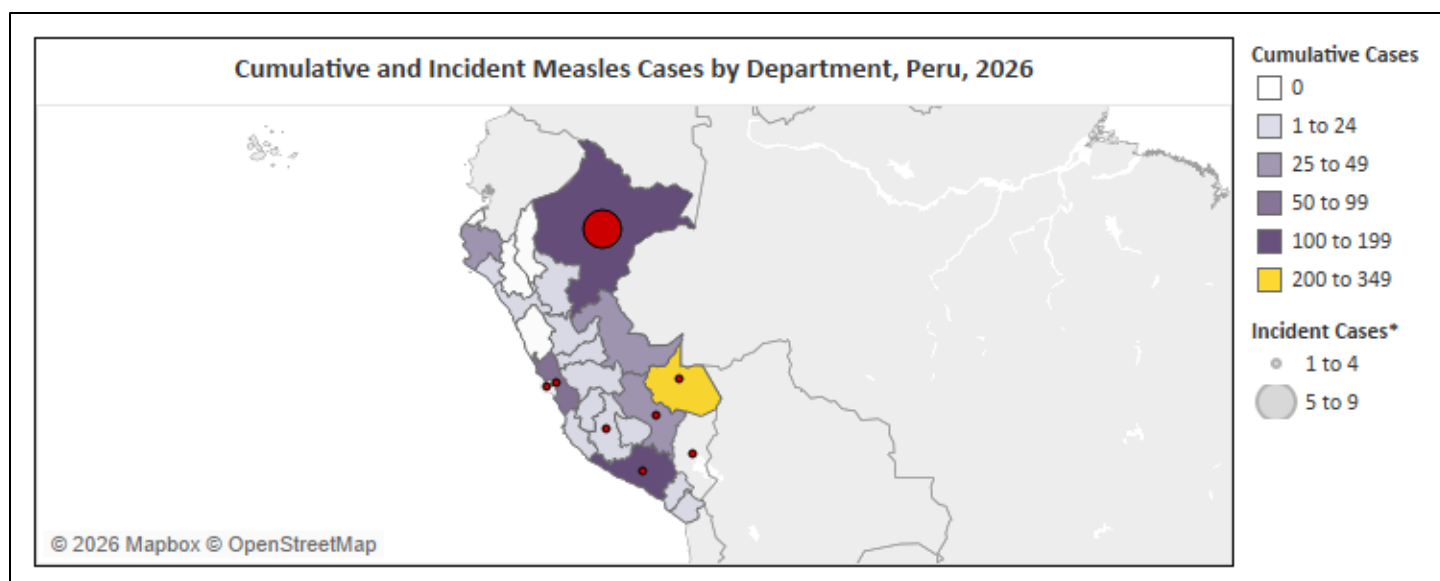


Figure Notes: Data as of October 14, 2026, and includes confirmed cases only (414 missing from figure).

Data Sources: [Peru Ministry of Health \(10/14/26\)](#), [PAHO \(9/24/26\)](#)

United States – Pennsylvania Reports 1,000+ Cases Amid 4,000+ Nationwide:

According to data from the [United States CDC](#) as of October 8, 2026, there have been 4,080 confirmed cases reported during 2026 – [over 1,000 of which were reported in Pennsylvania](#). This number represents the [most measles cases in the country since 1991](#), and the nation is on track to [double the number of 2025 measles cases by the end of this year](#). Since the previous update, 193 confirmed incident cases with rash onset during 2026 were reported by 11 states, primarily in [Pennsylvania](#) (142), [New York](#) (19), and [Iowa](#) (17). On October 12, the Franklin County Coroner’s Office in Pennsylvania has reported the death of a 39-year-old female – the 6th measles-related death of the year. The Pennsylvania Department of Health is currently conducting a review of the reported death.

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	4,080	+193	414	+62	5	+0	0.1%

Table Notes: Data as of October 8, 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 October 14, 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](#) (1,105), [South Carolina](#) (670), [Utah](#) (535), [Wisconsin](#) (207), [Texas](#) (192), [Virginia](#) (178), [Florida](#) (148), [Ohio](#) (147), and [Arizona](#) (110) as of October 8. In New York, there have been 7 confirmed cases reported in [New York City](#) and 126 in [Rest of State](#) (133 total). On October 5, [New York Governor Kathy Hochul issued an Executive Order declaring a State Disaster Emergency](#) in response to the state’s ongoing measles outbreak. Public and healthcare officials can monitor the growing outbreak via the New York State Department of Health’s [Measles Dashboard](#). There have been 42 outbreaks reported during 2026 – 96% of confirmed cases reported during 2026 are outbreak-associated (3,897 from outbreaks that began during 2026 and 1,384 from 2025). Most cases were locally acquired, with 26 cases associated with international travel. Those aged 5–19 years have been most affected (42%), closely followed by those aged 20+ years (40%). Among all confirmed cases, 95% have been unvaccinated or have unknown vaccination statuses and 10% have been hospitalized – including 15% of those aged <5 years and 14% of those aged 20+ years.

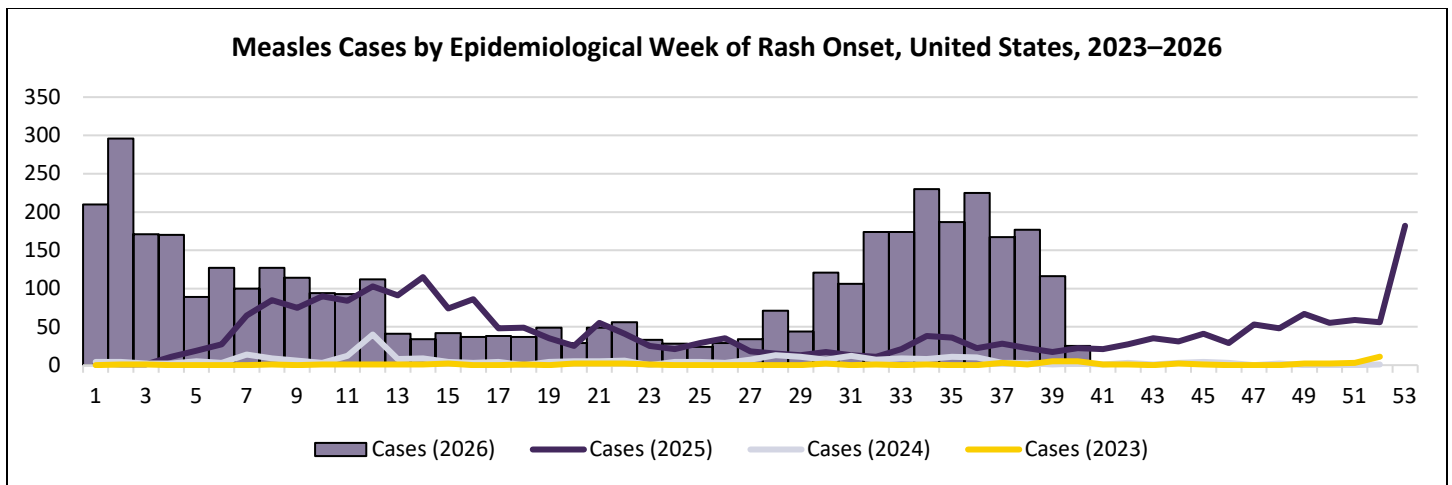


Figure Notes: Data as of October 8, 2026, and includes cases reported among international visitors to the United States.

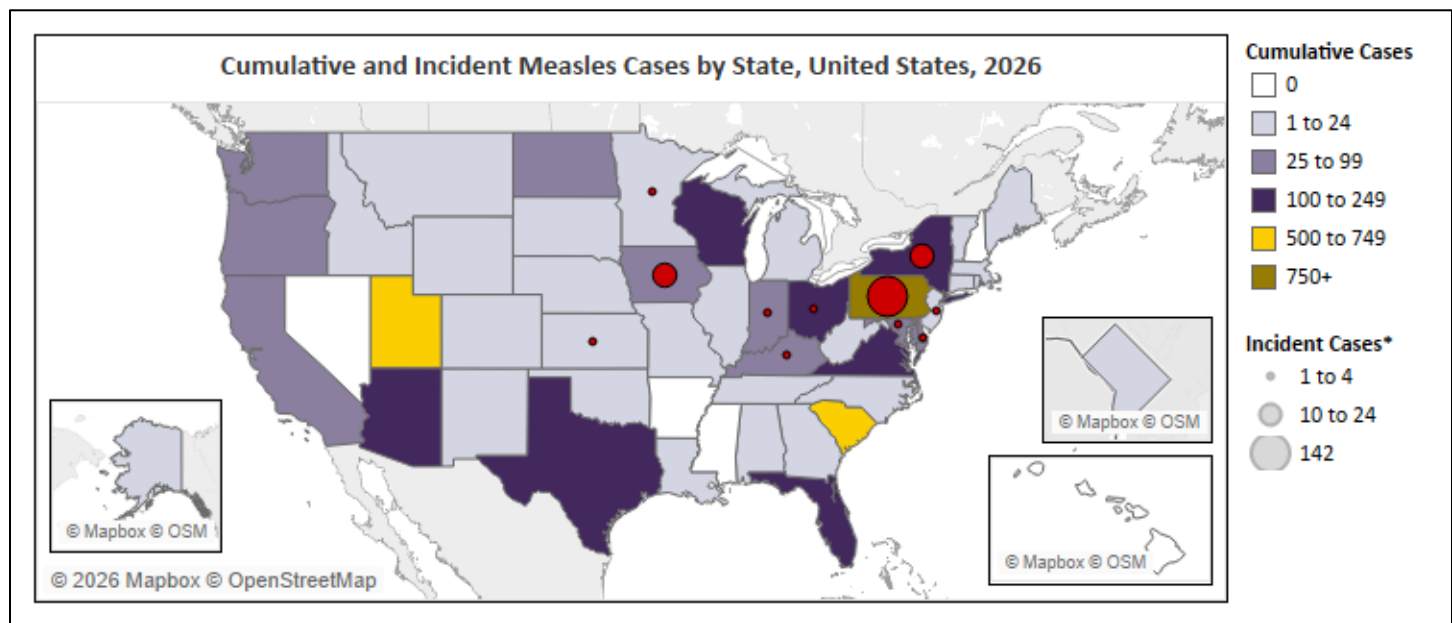


Figure Notes: Data as of October 8, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

While measles once was reported in the hundreds of thousands in the United States, the introduction of the measles vaccine in 1963 reduced the number of cases by ~95% within its first five years. In 1989, a measles outbreak among vaccinated children prompted the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) to recommend a second dose of MMR vaccine for all children, contributing to the disease being declared eliminated from the United States in 2000. The past two years, however, have seen the largest number of reported measles cases since 1991, and the [United States may officially lose its measles elimination status this November](#). Last year, New York saw 20 confirmed cases in [New York City](#) and 28 in [Rest of State](#) (48 total) with an [increase observed during October](#) in the Hudson Valley from measles acquired during international travel. This year, Pennsylvania has reported the [largest number of measles-related deaths](#) in the country since 1992. 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. The [New York Times reported that CDC has sent \\$100 million in recent weeks](#) to states to assist with responses to the measles outbreak.

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. 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 \(10/9/26\)](#), [Pennsylvania DOH \(10/14/26\)](#), [CDC History of Measles \(4/29/26\)](#)

New World Screwworm

Mexico – Updated Data on Animal and Human Cases Reported:

According to data from the [Secretary of Agriculture of Mexico](#) as of October 13, 2026, there have been a total of 47,521 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,930 are currently active. According to data from the [Secretary of Health of Mexico](#) as of October 9, 2026, there have been a total of 757 confirmed NWS cases and 6 deaths reported among humans since the beginning of 2025. Since the previous update, 1,176 incident cases among animals and 25 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*
47,521	+1,176	1,930	–55	757	+25	6	+1	0.8%

Table Notes: Data for cases reported among animals as of October 13, 2026, and among humans of October 9, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

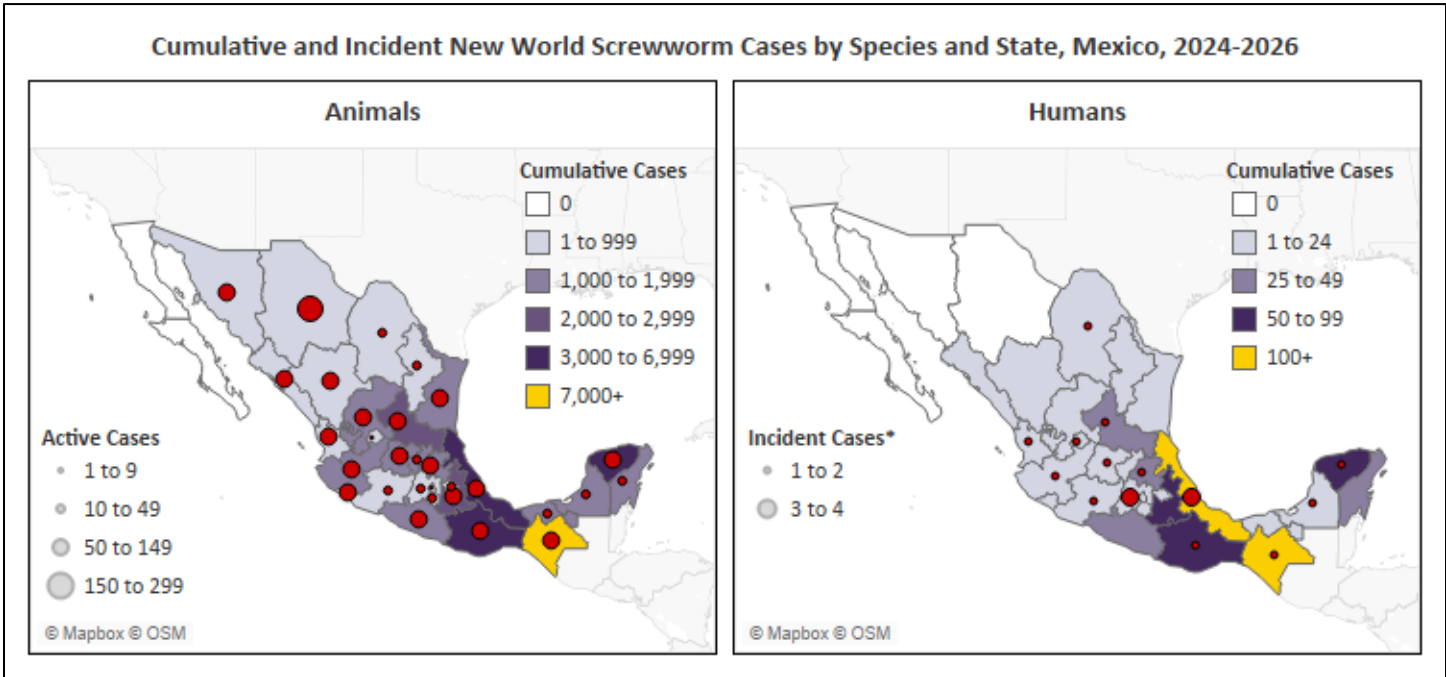


Figure Notes: Data for cases reported among animals as of October 13, 2026, and data for cases reported among humans as of October 9, 2026; *Change in cumulative total compared to previous update.

NWS transmission is [expected to remain a significant public health concern](#), given sustained circulation across multiple states. NWS cases among animals have been reported in 30 jurisdictions, primarily Chiapas (8,018), Oaxaca (5,609), Veracruz (5,166), Yucatán (3,196), Puebla (2,790), and San Luis Potosí (2,105). Confirmed NWS cases among humans have been reported in 28 jurisdictions, primarily Chiapas (169), Veracruz (123), Puebla (70), and Oaxaca (69). 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.

Data Sources: [Secretary of Agriculture \(10/15/26\)](#), [Secretary of Health \(10/12/26\)](#), [CDC \(8/11/26\)](#)

Non-Seasonal Influenza

United States – Updated Data on Poultry Flock and Livestock Detections (HPAI):

According to data from the [United States Department of Agriculture \(USDA\)](#) as of October 15, 2026, there have been a total of 2,273 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 6 new detections were reported. In the past 30 days, a total of 21 confirmed HPAI detections have been reported by 10 states, primarily Minnesota (11), affecting 410,000 birds. According to data from the [USDA](#) as of October 15, 2026, there have been a total of 1,184 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 4 new detections were reported, including the first confirmed HPAI detections among livestock in Washington (2). In the past 30 days, a total of 5 confirmed HPAI detections have been reported in Texas (2), Washington (2), and Kansas (1).

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds*			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
9	12	5	0	0	292	0

Table Notes: Data as of October 15, 2026; Number of detections reported in the past 30 days are based on date of detection/confirmation rather than sample collection; *New HPAI detections among previously unaffected herds only.

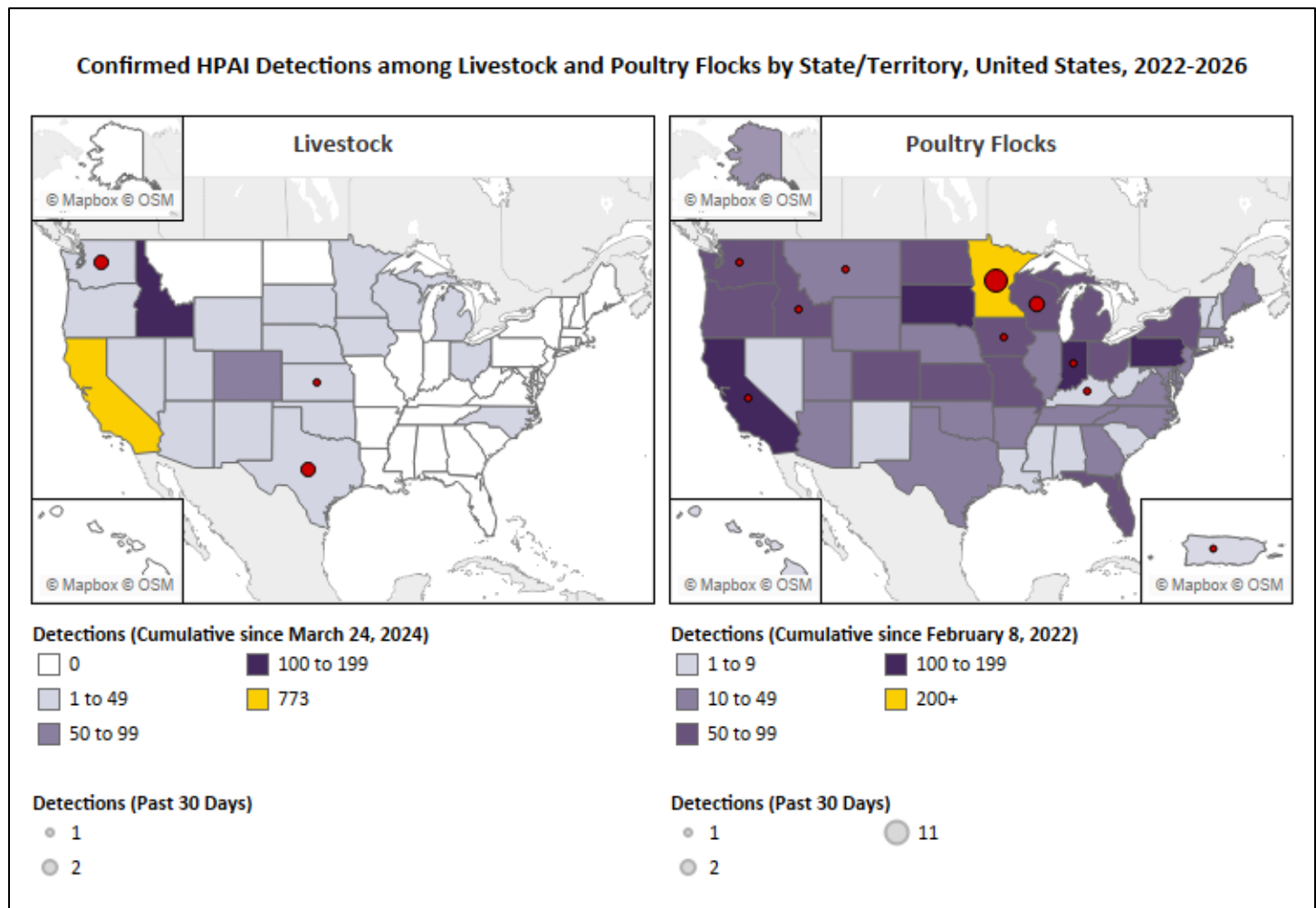


Figure Notes: Data as of October 15, 2026.

In January, the New York State (NYS) Department of Environmental Conservation reminded New Yorkers to [stay alert for HPAI](#) and avoid contact with sick or dead birds and mammals that may be infected. Results from a [national survey](#) published

in May of this year found that nearly all responding backyard flock owners had heard of avian influenza or bird flu (95%), but only 63% knew that humans could be infected and only 32% could correctly identify all signs of infection in birds. As of March 31, 2026, there have been 80 poultry flock detections reported in [NYS](#) – the most recent detection was confirmed on March 31 in Bronx County.

According to data from the [United States CDC](#), as of March 6, 2026, there have been a total of 71 confirmed influenza A(H5) cases, including 2 deaths ([1](#), [2](#)), and 7 probable H5 cases reported among humans since the beginning of 2024. The [most recent human case](#), and first ever human H5N5 case globally, was reported during November 2025 in Washington. Most human cases reported in the United States were exposed during commercial agriculture and related operations involving contact with dairy cattle and poultry. A [recent study](#) examining transmission dynamics in California among 14 H5N1-positive dairy farms detected the virus in the air in milking parlors, in wastewater streams, and the exhaled breath of cows, suggesting possible sources of transmission on dairy farms beyond contact with contaminated milk. There has been [one instance](#) of documented possible zoonotic transmission (via serology testing) from domestic cats to humans among a veterinary professional occupationally exposed to an H5N1-infected cat.

According to the United States CDC, the current risk to public health is low and person-to-person transmission has not been documented. HPAI continues to be detected [wild birds](#) and other [mammals](#). Since [2022](#), 21 countries in the Americas have reported over 5,700 H5N1 outbreaks in diverse bird and animal species, and 5 countries have reported a cumulative total of 75 human H5 cases, including 2 deaths (both caused by the [D1.1 strain](#) that [emerged](#) and spread rapidly in North America during the 2024 wild bird migration season).

Data Sources: [USDA \(10/15/26\)](#), [USDA \(10/15/26\)](#), [CDC \(3/6/26\)](#)

Pneumonia

Russia – Fatal Case of Pneumonia with Undetermined Origin:

According to the [World Health Organization \(WHO\)](#) and Russian media news reports, a 28-year-old female clinical laboratory diagnostics specialist died on October 2, 2026 in the Russian Federation following hospitalization for severe pneumonia on September 29. Rospotrebnadzor – the nation’s public health agency – officially diagnosed the cause of death as “pneumonia of unknown etiology” a few days later on October 4. This death has sparked numerous public health concerns, as the victim was a technician at the [Irkutsk Anti-Plague Research Institute of Siberia and the Far East](#), and was reportedly occupationally exposed to live *Yersinia pestis* bacteria a week prior to her death – [which has since been denied by Russian authorities](#).

The National Focal Point for the International Health Regulations (NFP) of the Russian Federation have [confirmed that no case of plague had been registered in the region](#), despite local media and independent reports suggesting that the death was a case of pneumonic plague exposure. Authorities reported that the deceased victim had received vaccinations against the high-threat pathogens handled occupationally and had not traveled outside of the Irkutsk Oblast region recently. The NFP informed WHO that preventative control measures were being taken – [more than 5,500 laboratory tests were conducted](#), and contacts were asymptomatic and tested negative for high-threat pathogens. The absence of a confirmed etiological diagnosis limits interpretation of these statements, however. The WHO assessing the [current risk to the general population as low](#).

Plague is an infectious disease caused by the *Yersinia pestis* bacterium with three main types. Bubonic plague – associated with the Black Death and the Middle Ages – and septicemic plague are spread through flea bites and attack the lymph nodes. Pneumonic plague is both the most contagious and most deadly form, as it is transmitted via respiratory particles and attacks the lungs. It has a relatively short incubation period, and symptoms usually appear within 24 hours. Plague is treatable with common antibiotics if diagnosed and treated early but is always fatal if left untreated. Though plague has been largely absent from Europe for more than 50 years, it has persisted in other continents. From 2019–2025, [WHO received reports of potential human plague cases from 10 countries](#) (of which 6 were confirmed). These reports included 3,847 suspected cases and 423 deaths, with a case fatality rate of 11%. Most of these

cases were from the Democratic Republic of the Congo and Madagascar, where plague remains endemic, and did not include Russia. The last reported Russian case of plague occurred in 2016. In the United States, 1 fatal pneumonic plague case was reported during 2025 in Arizona, the 9th human case reported in the state since 2000, and the first fatal case reported since 2007. CDC and Arizonan scientists have [recently issued a cautionary report](#) reminding health care officials to be aware of areas in Southwest United States where plague is endemic.

Data Sources: [WHO \(10/10/26\)](#), [BEACON \(10/11/26\)](#), [CDC \(8/24/26\)](#)

Polio

Global – Incident AFP Cases (WPV1 & cVDPV1-3) Reported in Multiple Countries:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of October 12, 2026, there have been 42 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 32 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 142 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 15 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 2 incident cases caused by WPV1 was reported in Afghanistan (1) and Pakistan (1), 3 incident AFP cases caused by cVDPV1 were reported in Madagascar (2) and South Sudan (1), 10 incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of Congo (DRC) (7), Mali (2), and Somalia (1), and 1 incident AFP case caused by cVDPV3 was reported in the Nigeria (1). Additionally, the number of AFP cases caused by cVDPV1 with onset of paralysis during 2026 reported in Ethiopia was reduced by 1.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
42	+2	32	+2	142	+10	15	+1

Table Notes: Data as of October 12, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

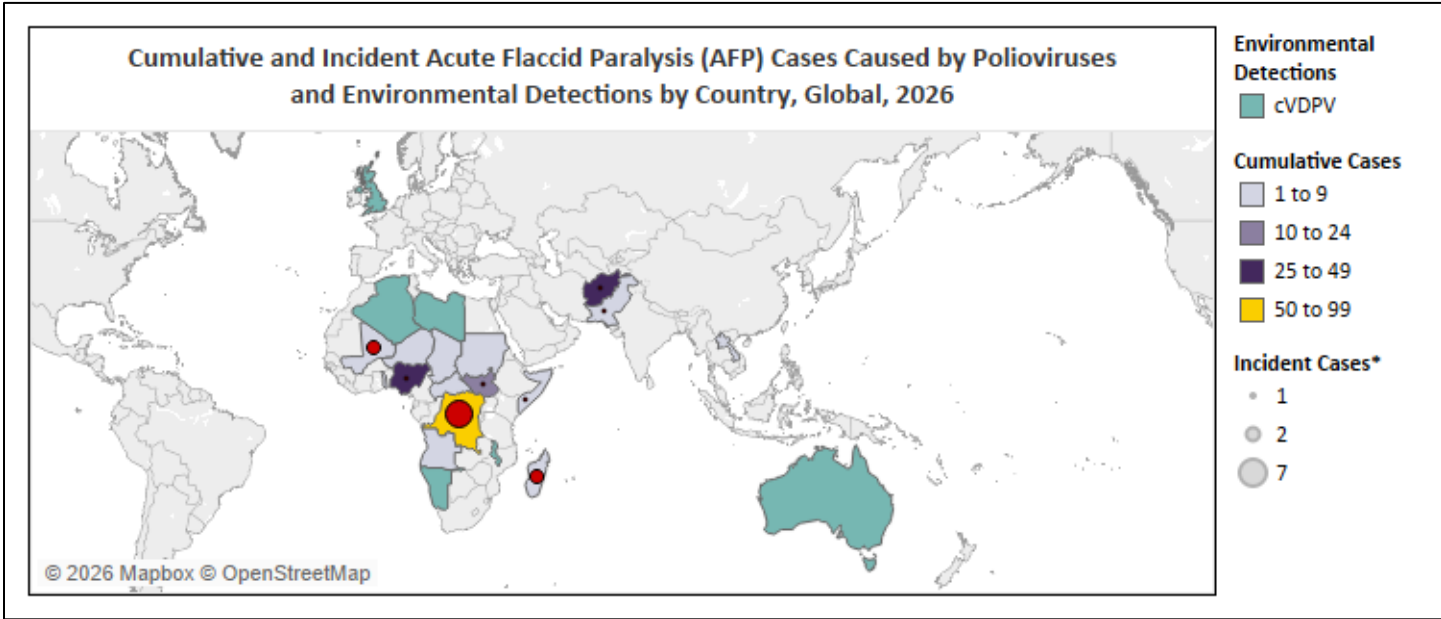


Figure Notes: Data as of October 12, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 16 countries: [Afghanistan](#) (36 – WPV1), [Angola](#) (1 – cVDPV2), the [Central African Republic](#) (5 – cVDPV2), [Chad](#) (8 – cVDPV2, 1 – cVDPV3), the [DRC](#) (71 – cVDPV2), [Ethiopia](#) (9 – cVDPV1), [Lao People’s Democratic Republic](#) (3 – cVDPV1), [Mali](#) (5 – cVDPV2), [Madagascar](#) (4 – cVDPV1), [Niger](#)

(1 – cVDPV3), Nigeria (36 – cVDPV2, 13 – cVDPV3), [Pakistan](#) (6 – WPV1), Somalia (6 – cVDPV2), South Sudan (16 – cVDPV1, 4 – 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 \(10/13/26\)](#), [GPEI - cVDPV \(10/13/26\)](#)

Other Outbreaks, News, and Events

Other Outbreaks (2026):

Chikungunya

- Mauritius – More Incident Cases Reported; Highest Burden During April-May ([October 1](#))
- 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 – Large Increase in Reported Cases from Nigerian Outbreak ([October 1](#))
- 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 Raw Milk Cheese Reported ([October 1](#))
- 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 – Updated Data on Multistate Outbreak Linked to Alfalfa Sprouts ([October 8](#))

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](#))
- 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 the DRC, Angola, and Madagascar ([October 8](#))
- 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

- Cambodia – Incident Human Case Reported in Oddar Meanchey Province (H5N1) ([October 1](#))
- China – Incident Human Cases Reported Among Children (H9N2) ([October 1](#))
- Bangladesh – Fourth Human Case This Year Reported in Rangpur Division (H5N1) ([September 24](#))
- 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 Broccoli Sprouts ([October 1](#))
- 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](#))

Rabies

- United States – CDC Warns of Nationwide Increase in Human Rabies Exposures ([October 1](#))

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 ([October 8](#))

Other Active CDC Travel Health Notices:

- [Chikungunya in Mauritius - 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](#)
- [Diphtheria in Sub-Saharan Africa - 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](#)
- [Yellow Fever in Colombia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)

Other Global Health News and Events:

- [Fourth secondary focus of bovine brucellosis confirmed on a cattle farm in Extremadura, Spain - BEACON](#)
- [Fatal pediatric case of baylisascariasis \(raccoon roundworm\) reported in Los Angeles County, USA; third human case since 2024 - BEACON](#)
- [WHO Rapid Risk Assessment-Cholera, African Region v.1](#)
- [Cameroon reports 2903 confirmed cholera cases and 84 deaths across 13 health districts - BEACON](#)
- [Kwango: In Popokabaka, cholera spreads as access to safe water remains limited - Democratic Republic of the Congo | ReliefWeb](#)
- [Cholera cases surge as conflict in Yemen displaces over 200 000 people - Yemen | ReliefWeb](#)
- [Cholera outbreak spreading rapidly in Yemen as more people flee violence - Yemen | ReliefWeb](#)
- [Dengue Epidemiological Situation in the Region of the Americas - Epidemiological Week 37, 2026 - PAHO/WHO | Pan American Health Organization](#)
- [Dengue Epidemiological Situation in the Region of the Americas - Epidemiological Week 37, 2026 - Brazil | ReliefWeb](#)
- [Cuba's estimated dengue case count reaches 11 235, approximately nine times the expected level - BEACON](#)
- [El Salvador reports highest weekly suspected dengue count of 2026, with 53 confirmed cases and three deaths - BEACON](#)
- [Autochthonous dengue case count in Italy reaches 68 across six regions - BEACON](#)
- [Autochthonous chikungunya case count reaches 146 across 20 clusters in mainland France - BEACON](#)
- [Popokabaka, Kwango Province, DRC, reports a cholera CFR of 6.1%—twice the national average—amid conflict and a water crisis - BEACON](#)
- [Dengue cluster among security personnel in Gandhinagar, India, with 87 hospital admissions and one death under investigation - BEACON](#)
- [Sri Lanka National Dengue Control Unit: Weekly Dengue Update, Week 40 \(28th – 04th October 2026\) - Sri Lanka | ReliefWeb](#)
- [Statement from Erie County Department of Health on Diphtheria Case | Erie County Dept of Health](#)
- [Epizootic hemorrhagic disease in Washington and Waukesha Counties, Wisconsin, USA: Deer mortality surges, and EHDV detected in dairy cattle - BEACON](#)
- [Suspected food poisoning linked to sandwiches \(banh mi\) with 55 hospitalized in Quang Ngai, Viet Nam - BEACON](#)
- [Foot and mouth disease \(FMD\) detected in Namibia's Zambezi Region; serotype pending - BEACON](#)
- [Foot and mouth disease \(FMD\) confirmed in kudu in Addo Elephant National Park, Eastern Cape, South Africa - BEACON](#)
- [Family cluster of Haff disease associated with wild red-tailed carp reported in Longchuan County, Guangdong, China - BEACON](#)
- [Increase in hepatitis A cases reported in Moldova - BEACON](#)
- [RFI: 73 suspected hepatitis A cases, mostly among students, in Valencia City, Bukidnon, Philippines - BEACON](#)
- [Dominican Republic reports 279 cases of leptospirosis and 20 deaths; cases up 96.5% from the same period in 2025 - BEACON](#)
- [Russia's pneumonia mystery, Ebola in Kenya, and PA measles surpass 1,000 cases](#)
- [New confirmed mpox case reported in Moscow Oblast, Russia - BEACON](#)
- [Antarctica: Avian cholera identified as primary driver of mass Adélie penguin deaths, not H5N1 \(2026\) - BEACON](#)
- [In Greenland, 4 polar bears test positive for H5N1 avian flu antibodies | CIDRAP](#)

- [Avian influenza \(H5N1\) in Alaska, USA: Polar bear deaths and rising antibody evidence - BEACON](#)
- [Washington state confirms first H5N1 avian flu detection in dairy cattle | CIDRAP](#)
- [HPAI detected for the first time in dairy cattle in Washington State, USA, affecting two herds - BEACON](#)
- [HPAI confirmed in backyard flocks in Cabo Rojo and Lajas, Puerto Rico - BEACON](#)
- [RFI: Madagascar investigates suspected pneumonic and bubonic plague cases, including three deaths within a family - BEACON](#)
- [Enzootic pneumonia in pigs in Switzerland; mass cull across Lucerne and other cantons - BEACON](#)
- [Polio Eradication Activities in the Democratic Republic of the Congo \(PDE\) – S39 - 2026, Update to 01 October 2026 - Democratic Republic of the Congo | ReliefWeb](#)
- [Wild poliovirus cases reach 36 in Afghanistan and six in Pakistan; environmental surveillance indicates continued circulation - BEACON](#)
- [Recurrent Salmonella Strathcona outbreak linked to tomatoes continues in Europe, with over 160 cases reported in 2026 - BEACON](#)
- [Two pig farm outbreaks of classical swine fever confirmed within days in Gunma and Ehime Prefectures, Japan - BEACON](#)
- [RFI: Suspected tuberculosis outbreak among prisoners in Lebanon amid deteriorating health and humanitarian conditions - BEACON](#)
- [WOAH urges stronger surveillance and preparedness amid rising vector-borne disease events - BEACON](#)
- [Seasonal surge of Vibrio vulnificus in Louisiana, USA, with 19 cases and seven deaths - BEACON](#)
- [Ghana declares yellow fever outbreak after three deaths in Upper West Region; targeted vaccination planned - BEACON](#)
- [Trust in science 'under pressure,' global survey finds | CIDRAP](#)
- [As American confidence in food safety plunges to record low, 2 outbreaks spotlighted | CIDRAP](#)
- [Arsenic contamination of Sai River, Thailand, raises public health concerns - BEACON](#)
- [Trump's global health strategy has harmed HIV work in Uganda, Zimbabwe | CIDRAP](#)
- [Congressman urges medical, dental groups to educate clinicians about antibiotic stewardship | CIDRAP](#)
- [Focus on efficacy, family protection can increase flu vaccination, study notes | CIDRAP](#)
- [Global Respiratory Virus Activity: Weekly Update N° 599](#)
- [WHO welcomes adoption of United Nations political declaration on pandemic prevention, preparedness and response - World | ReliefWeb](#)
- [Eastern Africa: El Niño Status and Humanitarian Impacts \(September 2026\) - Somalia | ReliefWeb](#)
- [One HPV vaccine dose often sufficient, say WHO advisers | CIDRAP](#)
- [Middle East respiratory syndrome coronavirus - Kingdom of Saudi Arabia](#)