



Date: 10/29/26

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

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Chikungunya

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

According to data from the [Pan American Health Organization \(PAHO\)](#) as of October 24, there have been a total of 223,157 chikungunya cases, of which 81,481 are confirmed, and 113 deaths reported in the Americas during 2026. Since the previous update, 2,860 incident cases, of which 880 are confirmed, and 19 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](#) (139,795), [Bolivia](#) (48,307), [Suriname](#) (16,716), [Argentina](#) (12,531), Cuba (2,716), and [French Guiana](#) (2,126). Cumulative incidence per 100,000 population is currently highest in Suriname (2,591.63), French Guiana (658.55), Bolivia (378.91), Brazil (65.46), Argentina (27.24), 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 20, a total of 145 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
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	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	12,531	+35	3,803	+0	2	+0	0.1%
Bolivia	48,307	+721	11,812	+627	45	+18	0.4%
Brazil	139,795	+2,065	57,895	+216	60	+1	0.1%
Cuba	2,716	+0	254	+0	6	+0	2.4%
French Guiana	2,126	+34	2,126	+34	0	+0	0.0%
Suriname	16,716	+0	4,887	+0	0	+0	0.0%
Rest of the Americas	966	+5	704	+3	0	+0	0.0%
Total	223,157	+2,860	81,481	+880	113	+19	0.1%

Table Notes: Data as of October 24, 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.

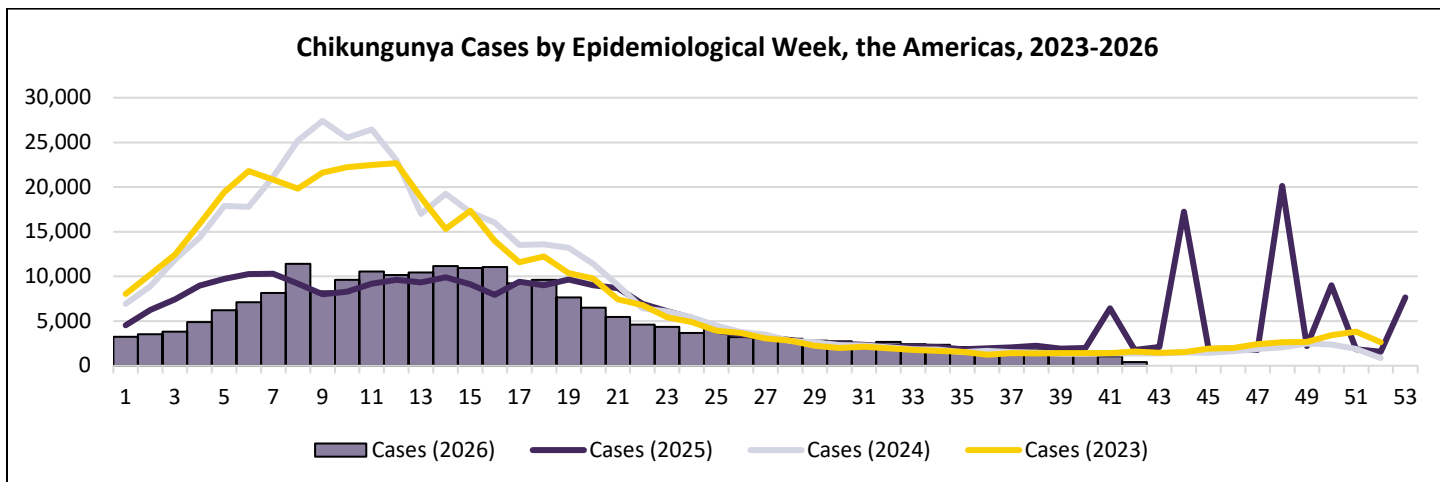


Figure Notes: Data as of October 24, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

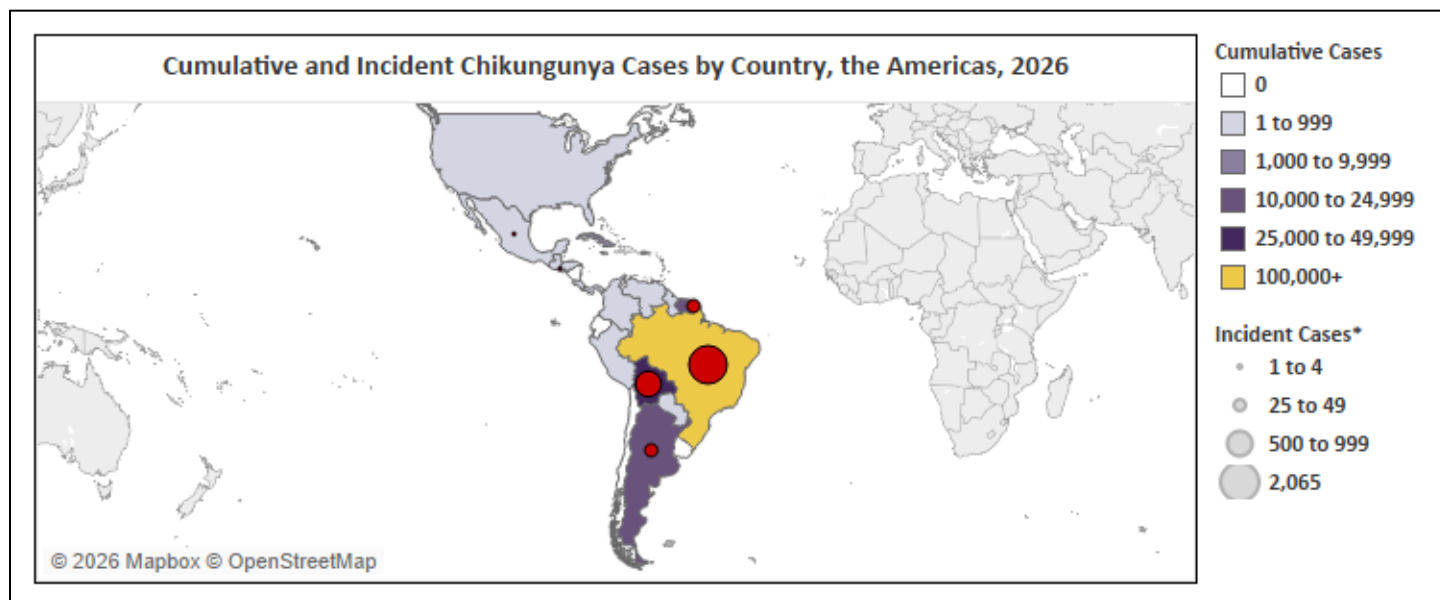


Figure Notes: Data as of October 24, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.

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 \(10/27/26\)](#)

Dengue

United States – Florida Experiences Largest Dengue Outbreak Since 1940s:

According to data from the [United States \(US\) CDC](#) as of October 28, there have been a total of 1,819 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (934), American Samoa (448), and [Florida](#) (436). Since the previous update, 43 incident locally acquired cases were reported, mostly in Florida (30).

Dengue Cases and Hospitalization Rate by Travel Status, United States, 2026					
Locally Acquired Cases			Travel Associated Cases		
Cumulative	Incident†	Hospitalized	Cumulative	Incident†	Hospitalized
1,819	+43	43%	750	+56	35%

Table Notes: Data as of October 28, 2026; †Change in cumulative total compared to previous update.

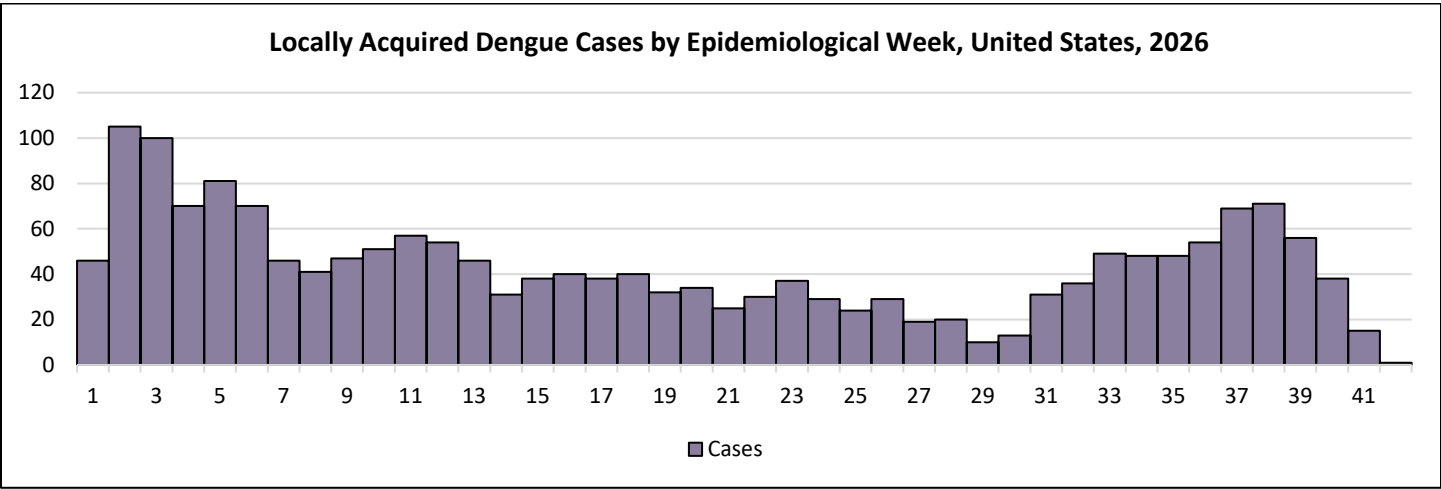


Figure Notes: Data as of October 29, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Florida’s dengue outbreak is the [largest in the continental United States in several decades](#). News sources citing the Florida Department of Health reported the state’s [first dengue fever death in an 80-year-old woman](#) in September 2026. 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, 694 travel-associated dengue cases were reported among US residents in 2026. Since the previous update, 56 incident travel associated cases have been 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 \(10/28/26\)](#), [CDC 2025 \(10/22/26\)](#), [Florida Arbovirus Surveillance \(10/10/26\)](#)

Africa – Updated Data on BVD Outbreak; No New Cases in Nigeria or Kenya:

According to data from the [National Institute of Public Health Institute \(INSP\)](#) in the Democratic Republic of the Congo (DRC) as of October 28, 2026, there have been a total of 10,193 confirmed Bundibugyo virus disease (BVD) cases and 4,960 confirmed deaths reported across 8 provinces. Since the previous update, 489 additional confirmed cases and 273 confirmed deaths were reported in the DRC – case detection and contact tracing remain a [challenge](#). According to the [Ministry of Health-Kenya \(MOH-Kenya\)](#) as of October 26, 2026, there have been a total of 9 confirmed cases of BVD reported in Kenya and 2 confirmed deaths. Since the previous update, there has been 1 additional confirmed death reported in Kenya. According to [Nigeria Centre for Disease Control and Prevention \(NCDC\)](#) as of October 27, 2026, there is 1 confirmed case in Nigeria, with no additional cases reported since the previous update. 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‡	10,193	+489	4,960	+273	48.7%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Kenya¶	9	+0	2	+1	22.2%
Nigeria¶	1	+0	0	+0	0.0%
Total	10,224	+489	4,964	+274	48.6%

*Table Notes: Data for the DRC as of October 28, 2026; Data from Kenya as of October 26, 2026; Data from Nigeria as of October 27, 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; ¶ Includes imported case.*

In the DRC, according to data from the [INSP](#) as of October 28, 2026, confirmed cases have been reported in 66 health zones across Bas-Uélé (4), Haut-Uélé (7), Ituri (28), North Kivu (17), North Ubangi (1), South Kivu (1), South Ubangi (1), and Tshopo (7) provinces – 71.4% of confirmed cases have been reported in Ituri province (7,278), followed by North Kivu (2,361), Haut-Uélé (444), Tshopo (89), Bas-Uélé (13), South Kivu (3), North Ubangi (3), and South Ubangi (2) provinces. A total of 38,538 case contacts have been identified for monitoring and follow-up, of which 32,930 (85.4%) are actively being monitored (seen within the previous 24 hours). There have been 2,749 recoveries. According to the [MOH-Kenya](#) as of October 26, 2026, there are currently 98 case contacts identified for monitoring, of which 98 (100%) are actively monitored. According to the [NCDC](#) as of October 27, 2026, there are currently 62 case contacts identified for monitoring, of which 44 (100%) are actively monitored.

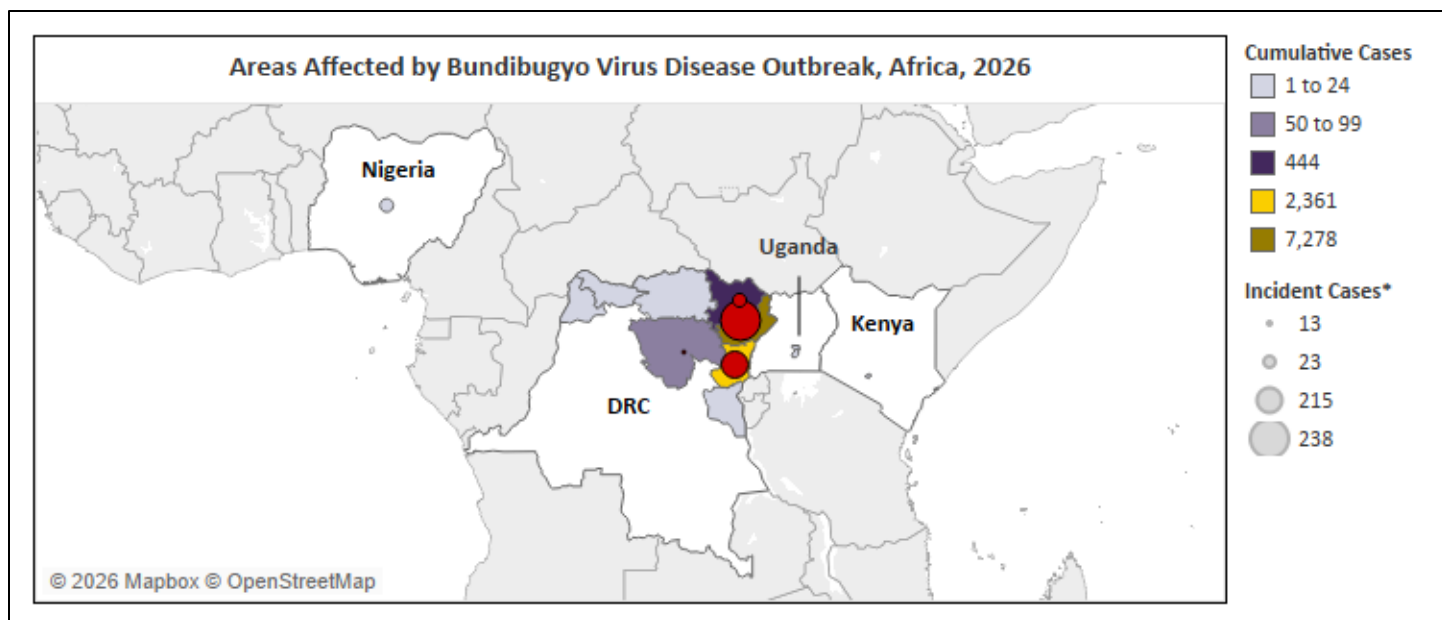


Figure Notes: Data for the DRC as of October 28, 2026; Data from Kenya as of October 26, 2026; Data from Nigeria as of October 27, 2026; *Change in cumulative total compared to the previous update.

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. [Beginning November 3, 2026, amended Title 42](#), published October 28, 2026, requires all international travelers boarding flights to the U.S., including passengers, air crew and conveyance operators, to sign an [attestation](#) before boarding confirming that they have not been present in the DRC during the previous 21 days. This restriction also applies to transit through the DRC, even if the traveler did not disembark. Falsifying the [attestation](#) could lead to fines or imprisonment. 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 [BVD in Kenya \(Level 1 - Practice Usual Precautions\)](#), [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 \(10/28/26\)](#), [MOH-Kenya \(10/26/26\)](#), [NCDC \(10/27/26\)](#)

Measles

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

Bangladesh continues to experience a widespread, nationwide outbreak of measles since March 15, 2026. According to data from the [Directorate General of Health Services \(DGHS\)](#) as of October 29, there have been a total of 226,357 suspected and 23,695 confirmed measles cases reported in Bangladesh. Additionally, there have been a total of 1,144 deaths reported among suspected cases and 105 deaths reported among confirmed cases. About 1,000–1,300 suspected cases have been reported daily since early September, with no steady decline. Since the previous update, 8,597 suspected incident cases, 447 confirmed incident cases, 41 additional deaths among suspected cases, and 1 additional death among confirmed cases were 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	226,357	+8,597	193,301	+7,374	1,144	+41	0.5%
Confirmed	23,695	+447			105	+1	0.4%

Table Notes: Data as of October 29, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

During 2026, cases have been reported in all 8 departments: Dhaka (94,420 suspected & 14,974 confirmed), Chattogram (45,392 suspected & 3,415 confirmed), Barisal (24,353 suspected & 813 confirmed), Sylhet (19,574 suspected & 1,114 confirmed), Khulna (15,336 suspected & 518 confirmed), Rajshahi (11,394 suspected & 1,420 confirmed), Mymensingh (11,656 suspected & 775 confirmed), and Rangpur (4,232 suspected & 666 confirmed). Deaths reported through mid-June have primarily been [among children](#).

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. 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. According to DGHS, the national measles-rubella vaccination campaign has [administered 21,041,131 doses as of October 18](#) – exceeding the target vaccination rate by 17%.

Data Sources: [WHO \(3/16/26\)](#), [DGHS \(10/29/26\)](#), [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 26, 2026, there have been total of 34,748 confirmed measles cases and 53 deaths reported in Guatemala since December 2025. Since the previous update, 227 confirmed incident cases 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	8,536	+58	53	+0	0.2%
Epidemiological	3,472	+37			
Clinical	22,740	+132			
Total	34,748	+227	53	+0	0.2%

Table Notes: Data as of October 26, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

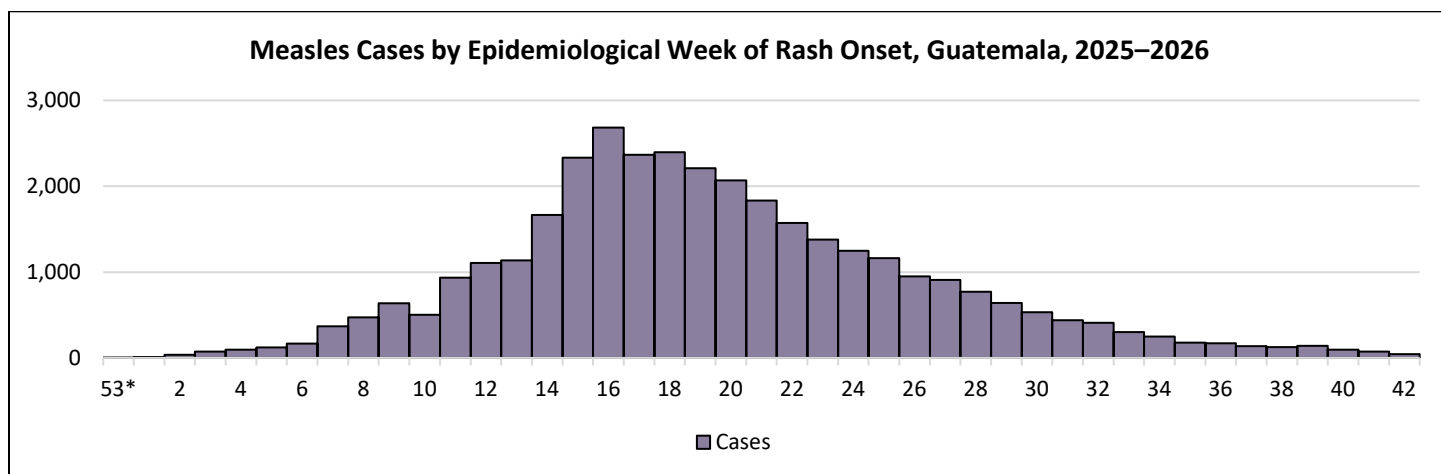


Figure Notes: Data as of October 26, 2026; *Epidemiological week 53 straddles 2025 and 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (12,652), Quetzaltenango (2,626), Quiché (2,236), Huehuetenango (2,068), Izabal (1,909), Alta Verapaz (1,865), and Sololá (1,568). 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.

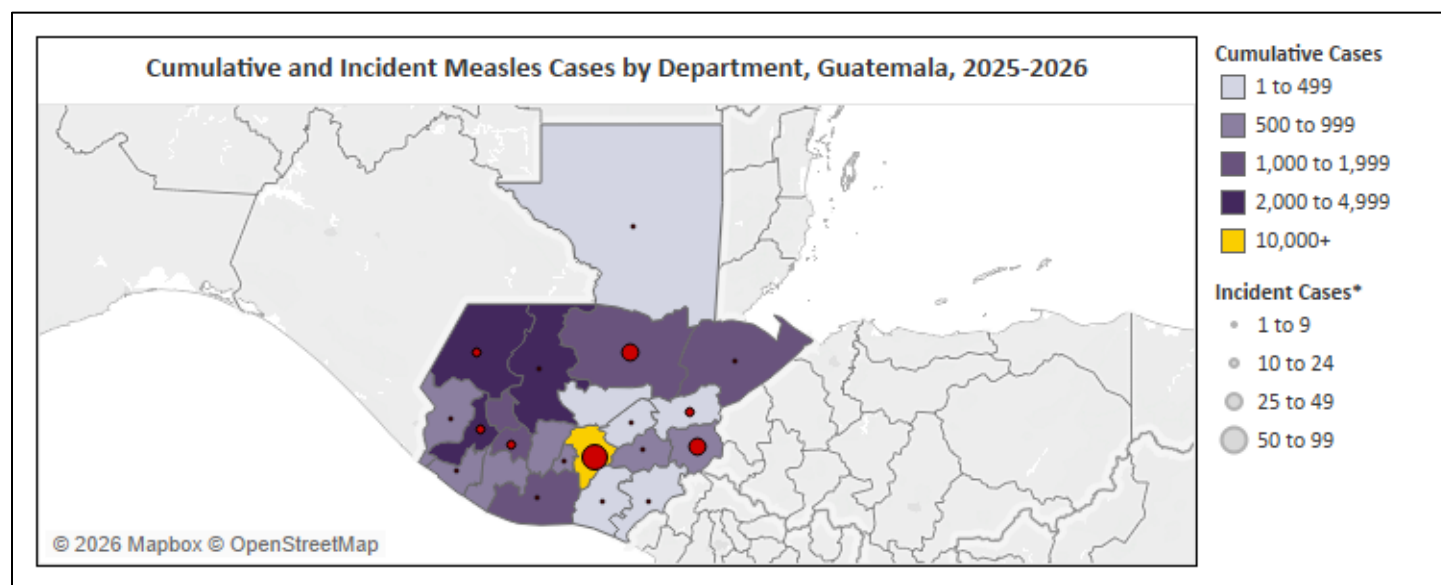


Figure Notes: Data as of October 26, 2026 (518 cases missing from figure); *Change in cumulative total compared to previous update.

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 \(10/26/26\)](#)

Mexico – Confirmed Incident Cases Reported by 9 States; Most in Chiapas:

According to data from the [Secretary of Health of Mexico](#) as of October 26, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 13,761 confirmed cases and 23 deaths reported during 2026. Since the previous update, 43 confirmed incident cases with symptom onset during 2026 were reported by 9 states, primarily Chiapas (18). 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	30,624	+155	13,761	+43	23	+0	0.2%

Table Notes: Data as of October 26, 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 (7,290), Mexico City (1,033), and Chiapas (987). 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 (102.02), followed by those aged 1–4 years (32.13), and those aged 5–9 years (22.85).

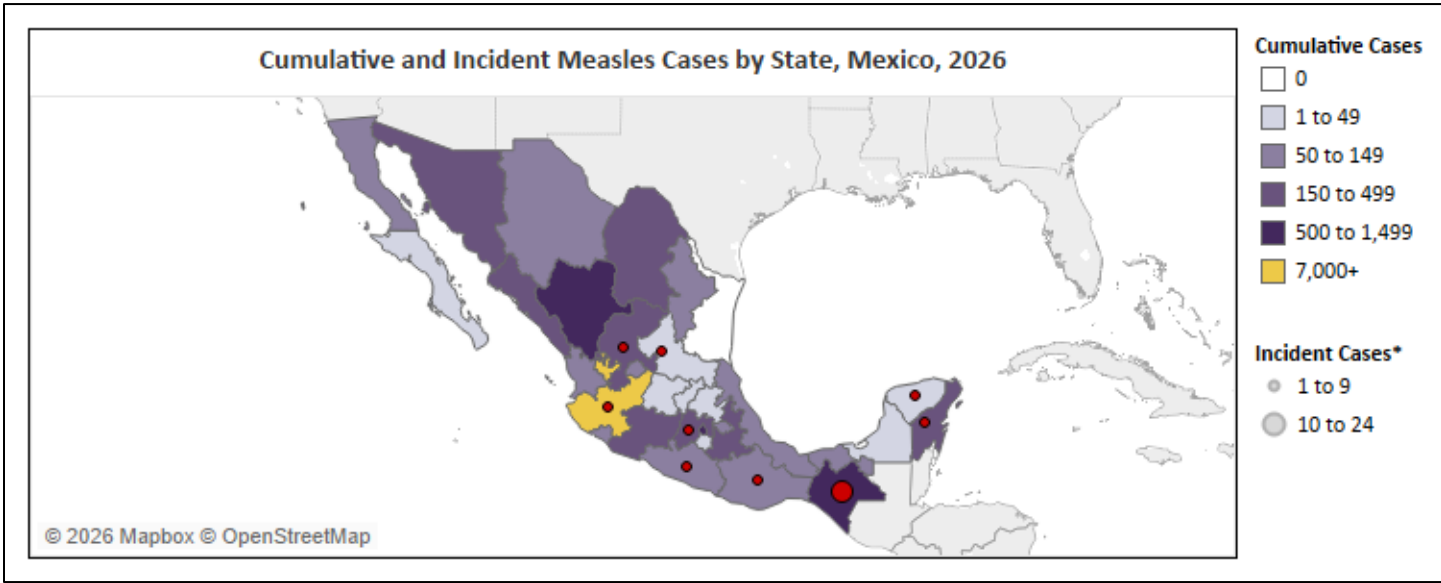


Figure Notes: Data as of October 26, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

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 \(10/26/26\)](#)

United States – More Than Double Measles Cases Reported Compared To 2025:

According to data from the [United States CDC](#) as of October 22, 2026, there have been 4,588 confirmed cases reported during 2026. This number represents the [most measles cases in the country since 1991](#), and twice the number of cases for the full year of 2025 (2,289). Since the previous update, 178 confirmed incident cases with rash onset during 2026 were reported by 11 states, primarily in [Pennsylvania](#) (90). A 6th death in Pennsylvania is currently under investigation.

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	4,588	+178	479	+28	5	+0	0.1%

Table Notes: Data as of October 22, 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 28, 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](#) (1,327), [South Carolina](#) (670), [Utah](#) (535), [Wisconsin](#) (278), [Texas](#) (192), [Virginia](#) (179), [Kentucky](#) (194), [Ohio](#) (165), and [Florida](#) (148) as of October 22. In New York, there have been 7 confirmed cases reported in [New York City](#) and 170 in [Rest of State](#) (177 total) as of October 24. 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 43 outbreaks reported during 2026 – 96% of confirmed cases reported during 2026 are outbreak-associated (3,020 from outbreaks that began during 2026 and 1,384 from 2025). Most cases were locally acquired, with 18 cases associated with international travel. Those aged 5–19 years have been most affected (42%), closely followed by those aged 20+ years (41%). Among all confirmed cases, 96% have been unvaccinated or have unknown vaccination statuses and 10% have been hospitalized – including 16% of those aged <5 years and 14% of those aged 20+ years.

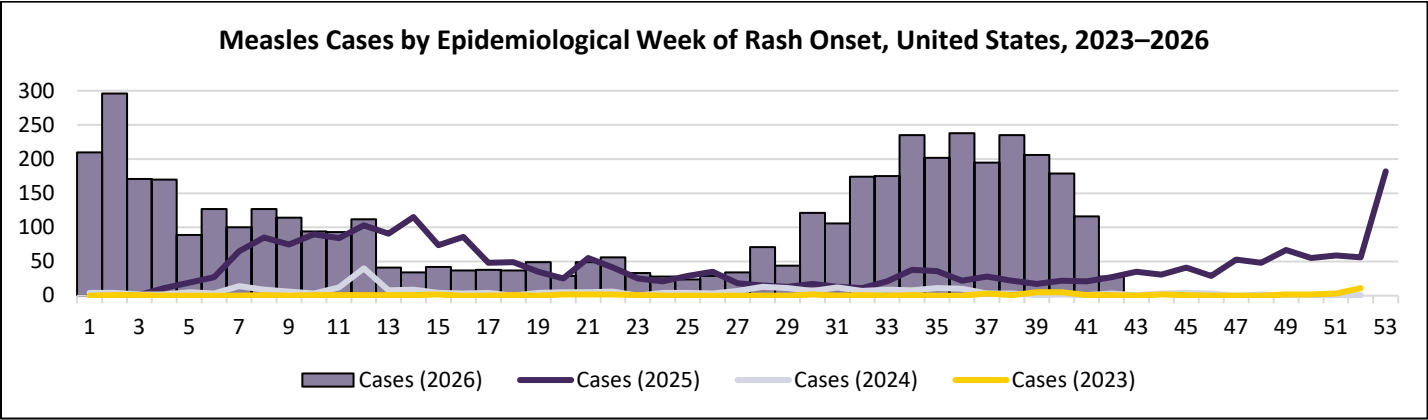


Figure Notes: Data as of October 22, 2026, and includes cases reported among international visitors to the United States.

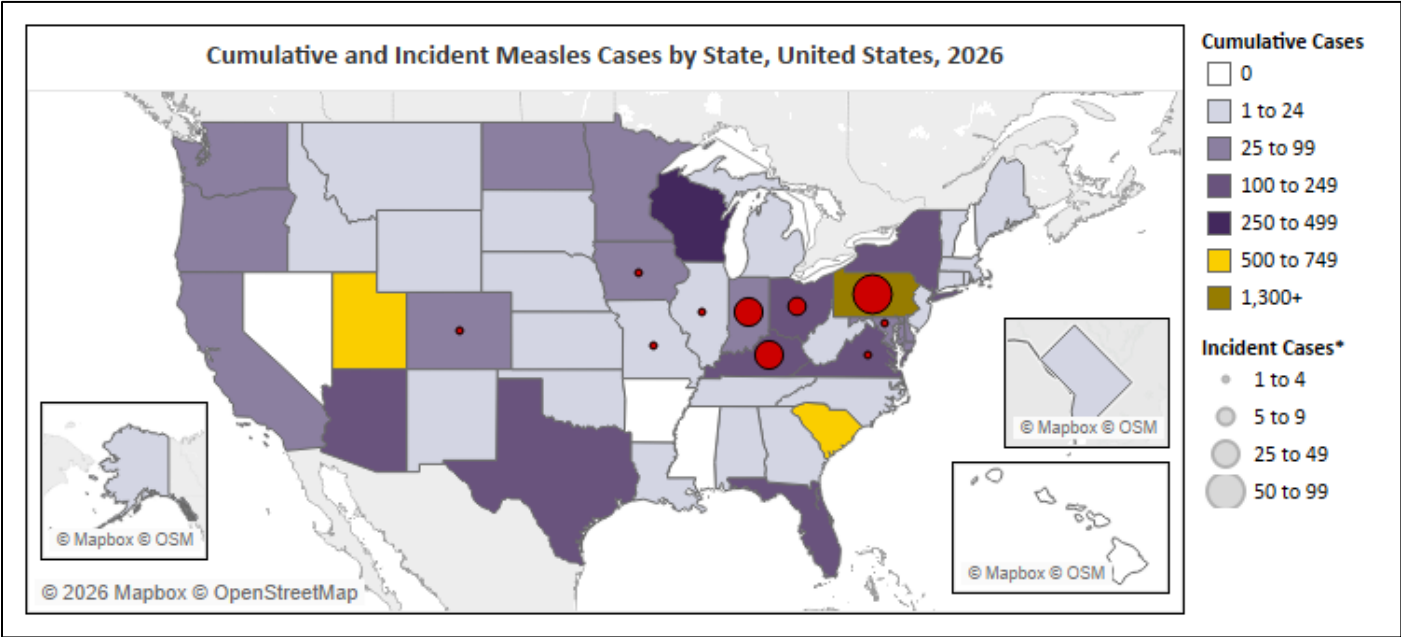


Figure Notes: Data as of October 22, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

A [recently published study](#) estimated that global measles cases among children younger than 5 years rose by 40% and deaths increased 12% between 2020 and 2023. The past two years have seen the largest number of reported measles cases in the United States since 1991, and the [nation may officially lose its measles elimination status this November](#). 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: [CDC \(10/23/26\)](#), [Pennsylvania DOH \(10/28/26\)](#)

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 25, 2026, there have been a total of 49,626 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,896 are currently active. According to data from the [Secretary of Health of Mexico](#) as of October 23, 2026, there have been a total of 806 confirmed NWS cases and 9 deaths reported among humans since the beginning of 2025. Since the previous update, 2,105 incident cases among animals and 49 confirmed incident cases and 3 deaths 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*
49,626	+2,105	1,896	–34	806	+49	9	+3	1.1%

Table Notes: Data for cases reported among animals as of October 25, 2026, and among humans of October 23, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

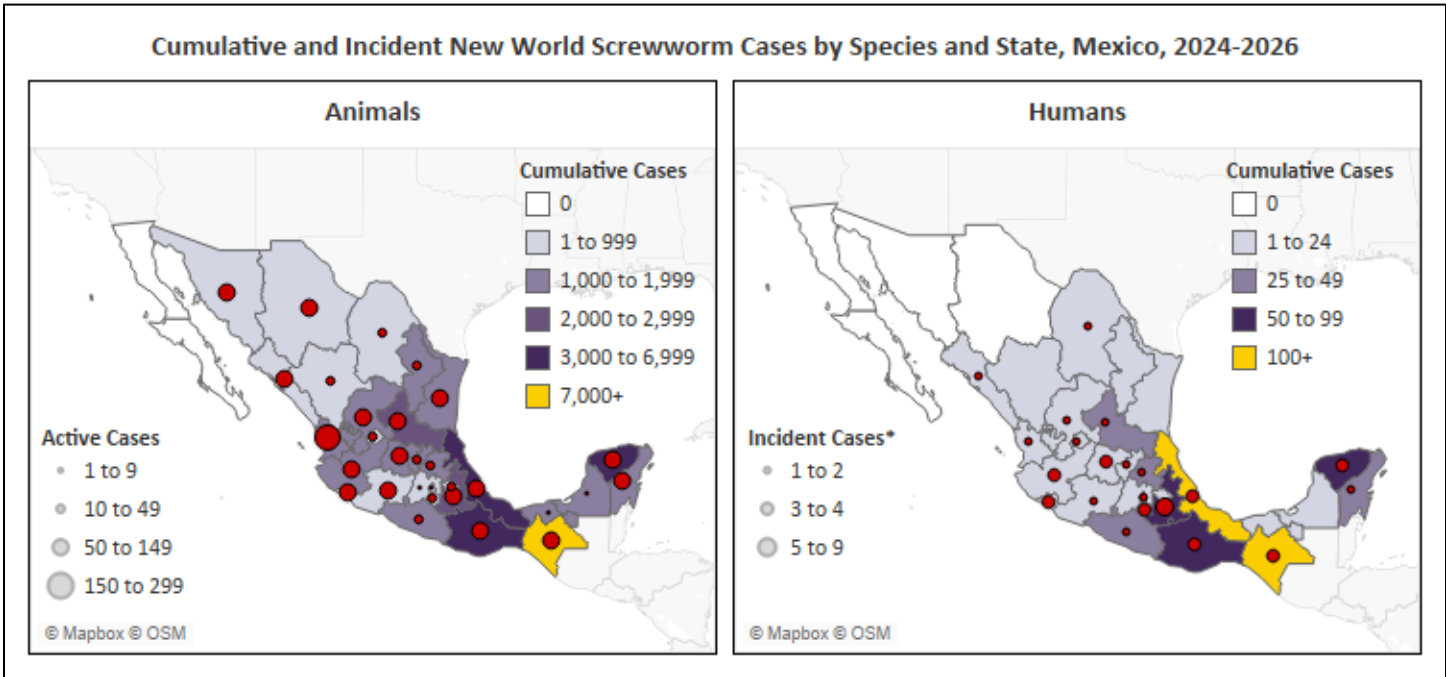


Figure Notes: Data for cases reported among animals as of October 25, 2026, and data for cases reported among humans as of October 23, 2026; *Change in cumulative total compared to previous update.

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 (8,138), Oaxaca (5,746), Veracruz (5,265), Yucatán (3,284), Puebla (2,914), and San Luis Potosí (2,262). Confirmed NWS cases among humans have been reported in 28 jurisdictions, primarily Chiapas (173), Veracruz (126), Puebla (75), and Oaxaca (72). 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 \(10/25/26\)](#), [Secretary of Health \(10/23/26\)](#), [CDC \(8/11/26\)](#)

Non-Seasonal Influenza

Brazil – Human Case of Swine Influenza Reported in Santa Catarina (H1N1v):

According to data from the [World Health Organization \(WHO\)](#) as of October 7, 2026, a confirmed human swine influenza A(H1N1)v case was detected among a female with pre-existing chronic conditions in Santa Catarina, Brazil, with symptom onset on July 16, 2026. The case sought care a few days later and received treatment for influenza-like-illness. Despite receiving treatment, the case did not show improvement and was hospitalized due to worsening symptoms on July 27, 2026. The case was admitted to intensive care, received antiviral oseltamivir and ventilatory support, but ultimately died on August 28, 2026. Epidemiological investigations determined that the case had no history of travel or direct contact with swine, but was potentially exposed indirectly through a neighbor who raises swine. Contacts of the case included her husband and their 3 adult children – all presented with symptoms of influenza-like-illness and received treatment in July, but were not hospitalized or tested for confirmation of infection. Since 2015, Brazil has reported a total of 12 cases of human swine influenza infection, including a human swine influenza A(H3N2)v case reported earlier this year in [July](#).

Data Source: [WHO \(10/7/26\)](#)

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 28, 2026, there have been a total of 2,291 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 10 new detections were reported. In the past 30 days, a total of 29 confirmed HPAI detections have been reported by 17 states, primarily Minnesota (5), California (3), and Wisconsin (3), affecting 1.32 million birds. According to data from the [USDA](#) as of October 28, 2026, there have been a total of 1,212 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 22 new detections were reported in Washington. In the past 30 days, a total of 32 confirmed HPAI detections have been reported in Washington (27), Texas (4), 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		
11	18	32	0	0	401	0

Table Notes: Data as of October 28, 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.

Confirmed HPAI Detections among Livestock and Poultry Flocks by State/Territory, United States, 2022-2026

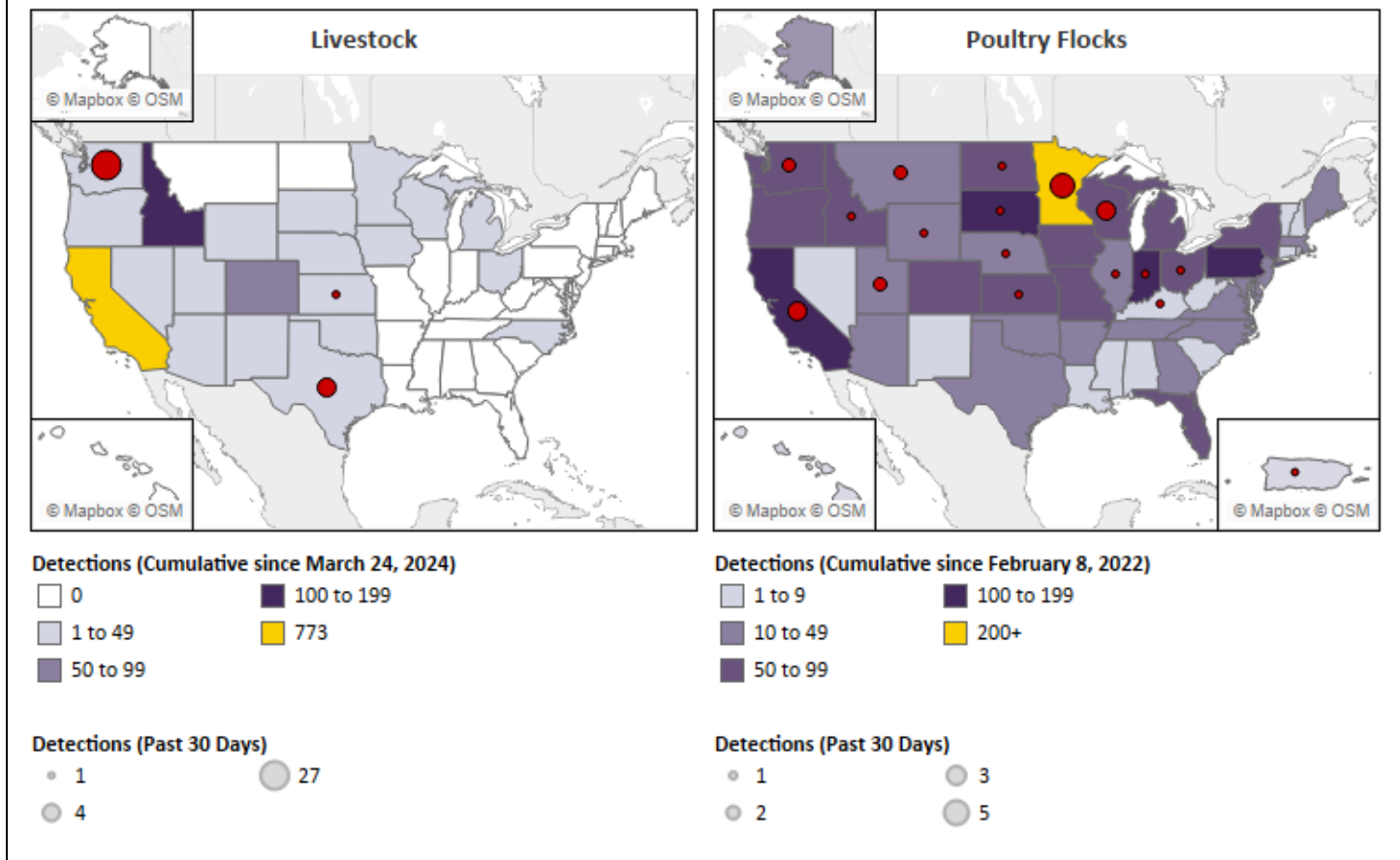


Figure Notes: Data as of October 28, 2026.

According to data from the [United States CDC](#), as of October 15, 2026, there have been a total of 72 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 [confirmed human H5 case](#) was reported in Washington among an individual exposed to [infected dairy cattle](#) – the first human H5 case reported in the United States since November 2025 ([human H5N5 case 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. According to CDC, the current risk to public health is low and person-to-person transmission has not been documented.

According to data from the [Pan American Health Organization \(PAHO\)](#), as of July 15, 10 countries in the Americas have reported a total of 455 highly pathogenic avian influenza (HPAI) outbreaks among animals during 2026, primarily the United States (301), representing a 25.7% decrease compared to 2025 (612 outbreaks). From 2022-2025, a total of 75 human H5 cases were reported by 5 countries in the Americas, 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 \(10/29/26\)](#), [USDA \(10/29/26\)](#), [CDC \(10/15/26\)](#), [PAHO \(8/26/26\)](#)

Polio

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

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of October 26, 2026, there have been 49 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 34 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 157 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 18 AFP

cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 1 incident case caused by WPV1 was reported in Pakistan, 7 incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of Congo (DRC), and 2 incident AFP cases caused by cVDPV3 were reported in Niger (1) and Nigeria (1).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
49	+1	34	+0	157	+7	18	+2

Table Notes: Data as of October 26, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

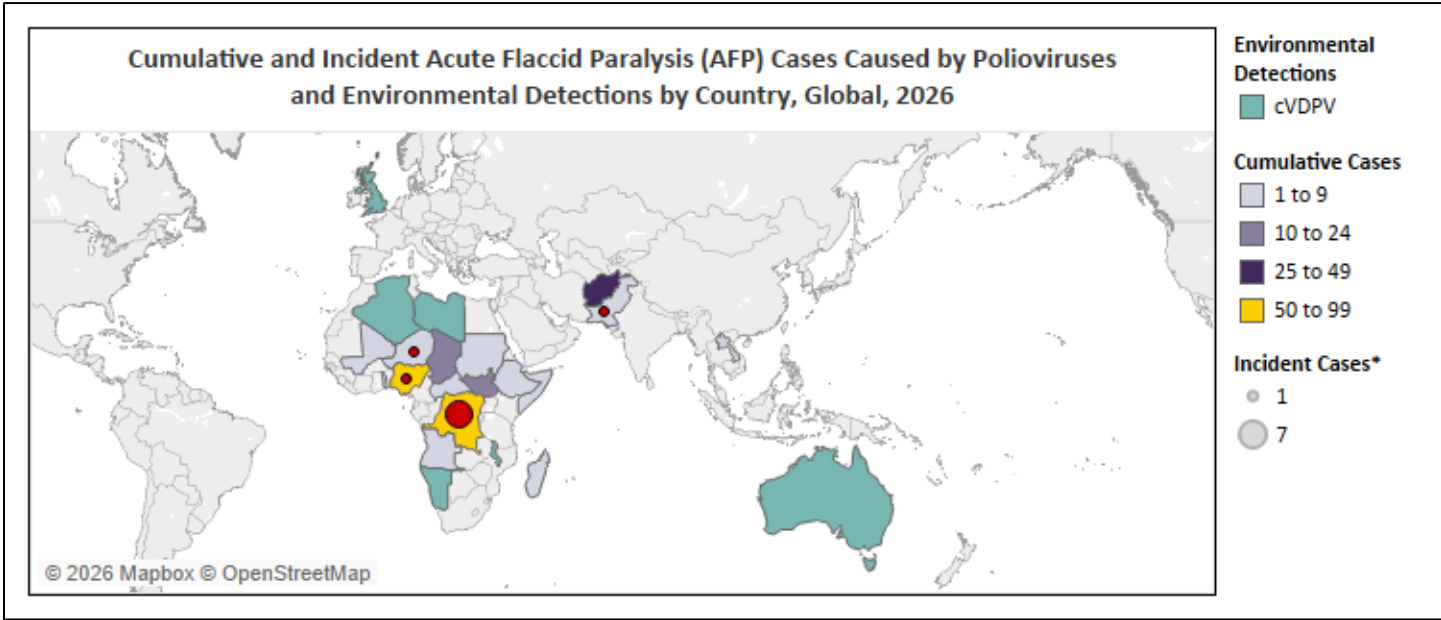


Figure Notes: Data as of October 26, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 16 countries: [Afghanistan](#) (42 – WPV1), Angola (1 – cVDPV2), the Central African Republic (5 – cVDPV2), Chad (9 – cVDPV2, 1 – cVDPV3), the DRC (84 – cVDPV2), Ethiopia (9 – cVDPV1), Lao People’s Democratic Republic (3 – cVDPV1), Mali (5 – cVDPV2), Madagascar (4 – cVDPV1), Niger (2 – cVDPV3), Nigeria (36 – cVDPV2, 15 – cVDPV3), [Pakistan](#) (7 – WPV1), Somalia (6 – cVDPV2), South Sudan (18 – cVDPV1, 4 - cVDPV2), Sudan (4 – cVDPV2), and [Togo](#) (3 – 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 \(10/27/26\)](#), [GPEI - cVDPV \(10/27/26\)](#)

Yellow Fever

The Americas – Updated Data on Confirmed Cases and Deaths Reported:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of October 22, there have been a total of 104 confirmed yellow fever cases and 47 deaths reported in the Americas during 2026. Since the previous update, 1 confirmed incident case and 1 additional death were reported in Venezuela.

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
104	+1	47	+1	45.2%

Table Notes: Data as of October 22, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

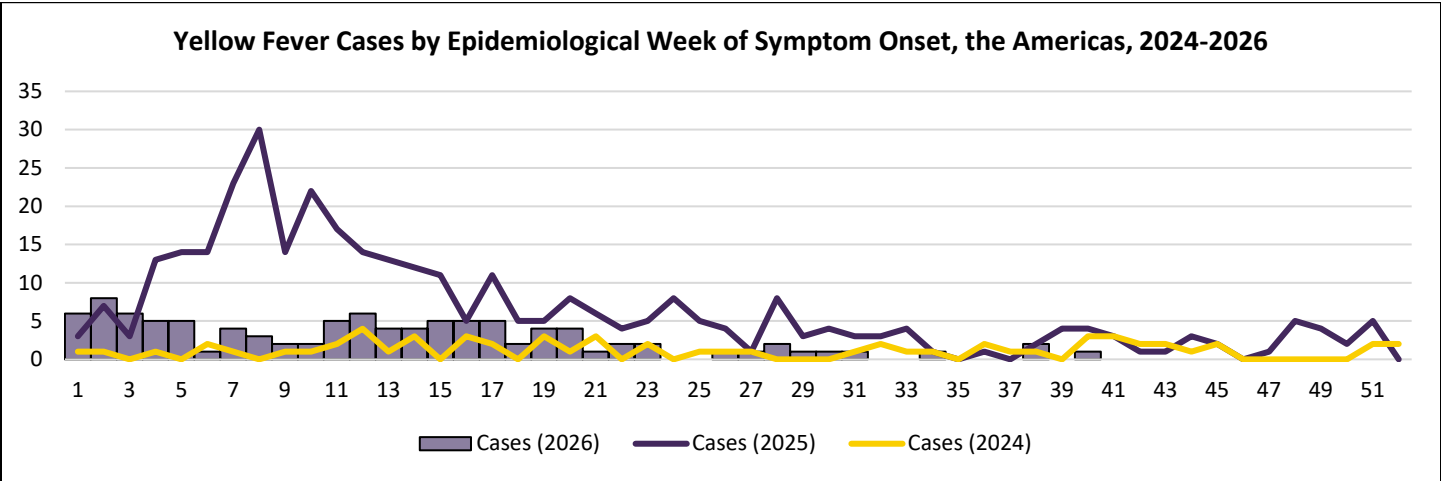


Figure Notes: Data as of October 22, 2026; Cases reported during 2025 (7) and 2026 (5) without dates of symptom onset are excluded.

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas: [Colombia](#) (60 cases, 26 deaths), [Brazil](#) (15 cases, 8 deaths), [Peru](#) (11 cases, 6 deaths), [Venezuela](#) (12 cases, 4 deaths), [Bolivia](#) (5 cases, 2 deaths), and [Ecuador](#) (1 case, 1 death). [Tolima, Colombia](#) (56 cases, 25 deaths), has been particularly affected, accounting for the majority of cases and deaths reported in Colombia, and over half of all deaths reported in the Americas during 2026.

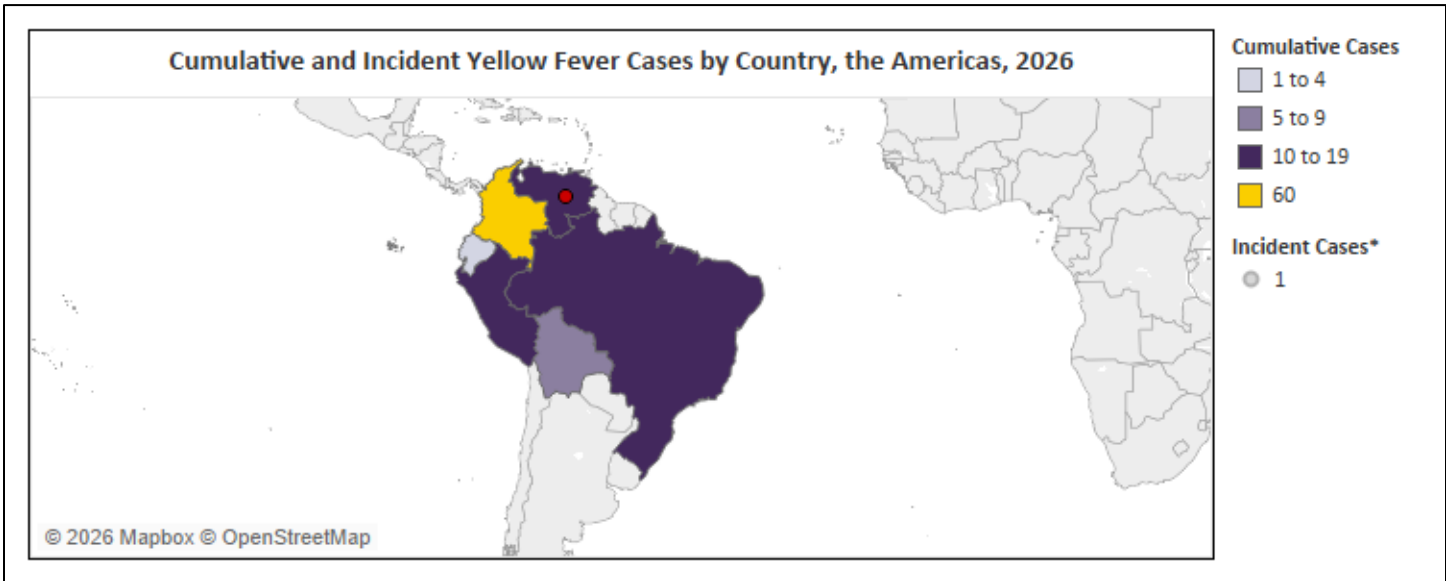


Figure Notes: Data as of October 22, 2026; *Change in cumulative total compared to previous update.

According to [World Health Organization \(WHO\) Disease Outbreak News](#) item published on June 24, 2026, ecological suitability for mosquito vectors, uneven vaccination coverage, increased human mobility, and the expansion of urban areas into forested environments facilitating ongoing yellow fever 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.

Data Source: [PAHO \(10/27/26\)](#)

Other Outbreaks, News, and Events

Other Outbreaks:

Outbreaks included in reports from the past six months are linked below.

Chikungunya

- Mauritius – More Incident Cases Reported; Highest Burden During April-May ([October 1](#))
- Mayotte – No Cases Reported During Most Recent Epidemiological Week ([July 16](#))

Cyclosporiasis

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

Diphtheria

- Africa – Large Increase in Reported Cases from Nigerian Outbreak ([October 22](#))
- Australia – National Incidence Trends Continue Gradual Decline Since Early June ([October 15](#))
- Haiti – PAHO Issues Regional Epidemiological Alert Regarding Recent Trends ([June 25](#))

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](#))

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](#))

Lassa Fever

- Nigeria – Incidence Trends Remain Elevated During Recent Weeks ([October 15](#))

Listeria

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

Malaria

- Mayotte – Locally Acquired Incident Cases Reported During Most Recent Week ([October 15](#))

Marburg

- Uganda – WHO Reports Confirmed Case Identified Through Ebola Surveillance ([July 2](#))

Measles

- Global – WHO Provides Update on Provisional Case Counts and Incidence Rates ([October 15](#))
- Canada – Only 1 Confirmed Case Reported in Manitoba ([August 27](#))
- England – Trends Elevated Compared to 2025 but Lower Compared to 2024 ([July 23](#))
- Guatemala – Updated Data on Nationwide Outbreak; Incidence Trends Declining ([October 15](#))
- Israel – Decreasing Incidence Trend Observed Since Late March Continues ([June 25](#))
- Japan – Updated Data on Ongoing Outbreak; Decrease in Incidence Continues ([June 4](#))

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](#))

Non-Seasonal Influenza

- China – Incident Human Cases Reported in Henan and Guizhou Provinces ([October 22](#))
- Cambodia – Incident Human Case Reported in Oddar Meanchey Province (H5N1) ([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](#))

Salmonella

- United States – New Multistate Outbreak Linked to Raw Oysters Reported ([October 22](#))
- 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](#))

Pertussis

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

Pneumonia

- Russia – Fatal Case of Pneumonia with Undetermined Origin ([October 15](#))

Rabies

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

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 Ghana - 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](#)
- [Paratyphoid Fever in Yemen - 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](#)

Other Global Health News and Events:

- [The 3 public health threats that scare Michael Osterholm most—and 4 bonus frights | CIDRAP](#)
- [New York State Department of Health Announces the Launch of a Comprehensive Seasonal Respiratory Virus Dashboard](#)
- [Lancet: climate change should be treated as a global health emergency](#)
- [Dengue hospitalizations in Bangladesh reach 119 801, with 371 deaths and admissions reported across all eight divisions - BEACON](#)
- [Peru reports 76 784 dengue cases and 81 deaths, with cases more than doubling compared with the same period in 2025 - BEACON](#)
- [Philippines reports 205 347 dengue cases, with provincial increases and new declarations despite lower national totals - BEACON](#)
- [Taiwan reports the highest monthly mpox case count since 2024, predominantly clade 1b - BEACON](#)
- [Global Respiratory Virus Activity - Week 4, 18 October 2026 - WHO](#)
- [Thailand reports 570 cases of melioidosis and 45 deaths in four northeastern provinces amid continuous rain and flooding - BEACON](#)
- [Global pertussis burden remains high despite decades of progress | CIDRAP](#)
- [Rabid bat and cat confirmed in California and Virginia, rising wildlife exposures in the USA - BEACON](#)
- [Severely ill patient in France becomes first ever human infected with Shamonda virus](#)
- [Eurosurveillance: Clinical and diagnostic details on first human Shamonda virus infection in France - BEACON](#)
- [UNICEF Ghana Humanitarian Flash Update No. 1 \(Yellow Fever Outbreak\), 1 - 18 October 2026 - Ghana | ReliefWeb](#)
- [Ivory Coast reports 69 yellow fever cases and 22 deaths - BEACON](#)