



Date: 10/8/26

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.

Contents

Chikungunya.....	1
Dengue	3
Ebola	3
Escherichia Coli & Salmonella	5
Lassa Fever.....	7
Measles.....	8
Mpox	14
New World Screwworm	15
Non-Seasonal Influenza.....	16
Pneumonia.....	18
Polio	18
Yellow Fever	20
Other Outbreaks, News, and Events.....	21

Chikungunya

The Americas – Large Number of Cases Retrospectively Reported in Suriname:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of October 3, there have been a total of 215,579 chikungunya cases, of which 79,052 are confirmed, and 89 deaths reported in the Americas during 2026. Since the previous update, 12,838 incident cases, of which 2,679 are confirmed, and 2 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](#) (12,383), 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 (26.92), and Cuba (24.94). According to a [PAHO Epidemiological Alert](#) from February, there has been a sustained increase in incidence observed between late 2025 and early 2026 in the Americas with resumption of local transmission in areas that haven't reported such for several years. In May, the [World Health Organization \(WHO\)](#) published a rapid risk assessment regarding chikungunya globally, highlighting how many regions may experience an increase in chikungunya incidence during the rainy season (May-November in the Northern hemisphere and November-March in the Southern

Hemisphere of the Americas), and assessing the overall risk to human health at the global level as moderate. According to data from the [United States CDC](#) as of October 6, a total of 133 travel associated cases and 1 locally acquired case have been reported in US states and territories this year.

Chikungunya Cases and Deaths by Select Countries, the Americas, 2026							
Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	12,383	+0	3,803	+0	2	+0	0.1%
Bolivia	47,586	+0	11,596	+0	27	+0	0.2%
Brazil	133,490	+3,487	56,030	+1,041	54	+2	0.1%
Cuba	2,716	+0	254	+0	6	+0	2.4%
French Guiana	2,013	+49	2,013	+49	0	+0	0.0%
Suriname	16,623	+9,139	4,881	+1,492	0	+0	0.0%
Rest of the Americas	768	+163	475	+97	0	+0	0.0%
Total	215,579	+12,838	79,052	+2,679	89	+2	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.

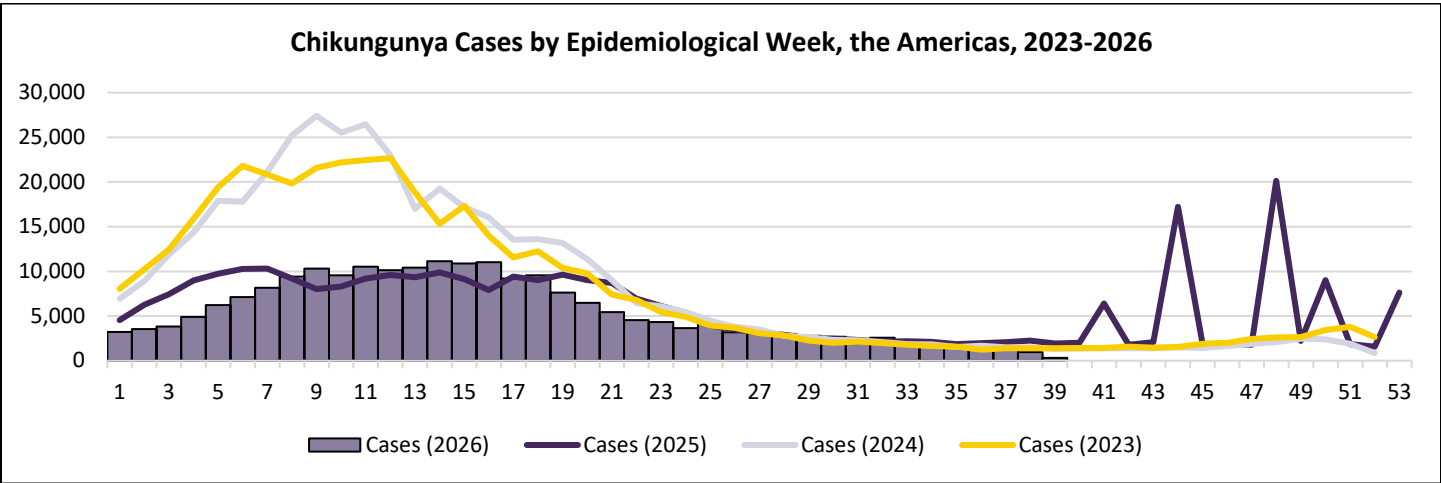


Figure Notes: Data as of October 3, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

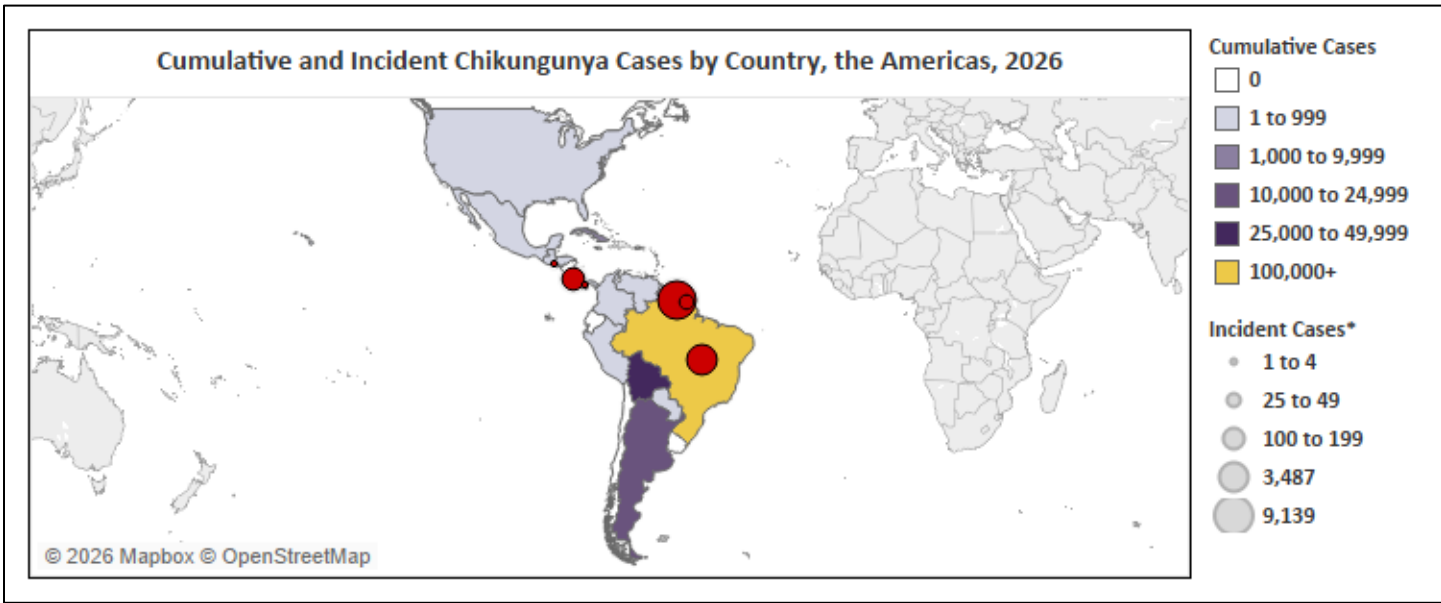


Figure Notes: Data as of October 3, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.

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 \(10/8/26\)](#)

Dengue

United States – 1st Dengue Fever Death in Florida:

According to data from the [United States \(US\) CDC](#) as of October 8, there have been a total of 1,632 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (913) and American Samoa (435) – 284 locally acquired cases have been reported in the continental US in [Florida](#) (283) and [Virginia](#) (1). Since the previous update, 42 incident locally acquired cases were reported, with most reported in Florida (40). 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 8](#).

Dengue Cases and Hospitalization Rate by Travel Status, United States, 2026					
Locally Acquired Cases			Travel Associated Cases		
Cumulative	Incident†	Hospitalized	Cumulative	Incident†	Hospitalized
1,632	+42	44%	593	+52	35%

Table Notes: Data as of October 8, 2026; †Change in cumulative total compared to previous update.

There was a total of 4,065 locally acquired cases reported by US states and territories during 2025, of which 81 were reported in the continental US in Florida (72), California (7), and Arizona (2) – 2025 totals were much lower compared to 2024 totals (6,543). The US CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding dengue globally. Dengue risk is present year-round in many parts of the world with some countries reporting increased case numbers relative to typical trends or a higher-than-expected number of cases among US travelers, including [Bangladesh](#), [Bolivia](#), [Cambodia](#), [Colombia](#), [Costa Rica](#), [Kenya](#), [Malaysia](#), [Maldives](#), [Marshall Islands](#), [Sri Lanka](#), [Vanuatu](#), and [Vietnam](#). According to data from the [CDC](#) as of October 8, there have been a total of 593 travel-associated dengue cases reported among US residents during 2026. Since the previous update, 52 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 \(10/8/26\)](#), [CDC 2025 \(10/8/26\)](#)

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 6, 2026, there have been a total of 8,728 confirmed Bundibugyo virus disease (BVD) cases and 4,205 confirmed deaths reported across 7 provinces. Since the previous update, 504 additional confirmed cases and 223 confirmed deaths were reported in the DRC – case detection and contact tracing remain a [challenge](#). Additionally, a fatal

imported case was reported in [Kenya](#) among an individual that traveled from the DRC to Kampala, Uganda, and then flew to Nairobi, Kenya – there are currently [67 contacts](#) being monitored by Kenyan health authorities. The case fell ill in the DRC, was hospitalized and isolated upon arrival in Kenya, but ultimately died despite receiving care. The [World Health Organization \(WHO\)](#) currently assesses the risk associated with this outbreak to be very high in the DRC, high in countries sharing land border with the DRC, and low in other countries within the African region and at the global level. This is currently the [second largest](#) Ebola outbreak on record globally and remains a [Public Health Emergency of International Concern \(PHEIC\)](#) globally and a [Public Health Emergency of Continental Security \(PHECS\)](#) in Africa.

Bundibugyo Virus Disease Outbreak Cases and Deaths by Country, Africa, 2026					
Country	Confirmed Cases		Deaths		
	Cumulative	Change†	Cumulative	Change†	CFR*
DRC‡	8,728	+504	4,205	+223	48.2%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Kenya¶	1	+1	1	+1	100.0%
Total	8,750	+505	4,208	+224	48.1%

Table Notes: Data for the DRC as of October 6, 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 6, 2026, confirmed cases have been reported in 64 health zones across Bas-Uélé (3), Haut-Uélé (7), Ituri (28), North Kivu (17), South Kivu (1), South Ubangi (1), and Tshopo (7) provinces – 74.6% of confirmed cases have been reported in Ituri province (6,513), followed by North Kivu (1,785), Haut-Uélé (364), Tshopo (51), Bas-Uélé (10), South Kivu (3), and South Ubangi (2) provinces. A total of 31,832 case contacts have been identified for monitoring and follow-up, of which 82.0% are actively being monitored (seen within the previous 24 hours). There have been 2,269 recoveries. The [WHO](#) declared the end of the Ebola outbreak (involving any transmission) in Uganda on August 27, 2026, following successful completion of a 42-day monitoring period with no new cases since the case patient (travel associated) was discharged. Confirmed cases (20) were either imported from DRC (15) or reported among healthcare workers treating imported cases (5), resulting in 18 recoveries, 2 deaths.

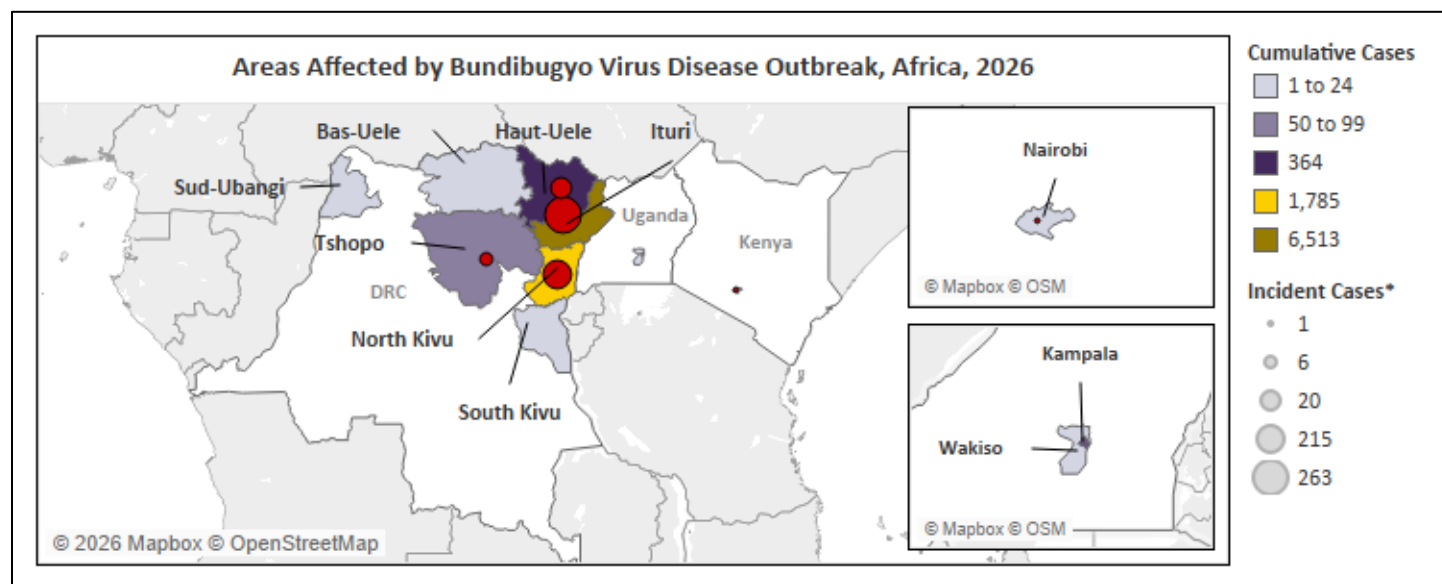


Figure Notes: Data as of October 6, 2026; *Change in cumulative total compared to the previous update; Wakiso is part of the Kampala Metropolitan Area of Uganda.

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 September 11, 2026, Health and Human Services (HHS) renewed the July 13, 2026, [updated Title 42 order](#) effectively suspending entry into the United States for all foreign nationals and lawful permanent residents (green card holders) who were in the DRC, Uganda, or South Sudan within 21 days of arrival – the order will be in effect for 30 days. Under [updated Title 42](#), travelers (including Americans) who have traveled to DRC will not be able to board commercial flights with destinations to the U.S. for 21 days after leaving the DRC. This is in addition to the 21-day international travel restriction, initiated June 24, 2026, by the [DRC Ministry of Public Health, Hygiene, and Social Welfare](#), for anyone who has stayed in an affected area or had contact with a confirmed or probable case. All United States citizens, nationals, and certain government and military personnel who were in Uganda or South Sudan within 21 days of arrival will be [redirected](#) through either Washington-Dulles International Airport (IAD) in Virginia, Hartsfield-Jackson Atlanta International Airport (ATL) in Georgia, or John F. Kennedy Intercontinental Airport (JFK) in New York, for enhanced public health screening. The [CDC](#) currently assesses the overall risk to the American public and travelers to be very low and has active Travel Health Notices posted regarding [non-BVD affected areas of DRC and Uganda \(Level 2 – Practice Enhanced Precautions\)](#), [Haut-Uele and Tshopo Provinces, DRC \(Level 3- Reconsider Nonessential Travel\)](#), and [Ituri and North Kivu Provinces, DRC \(Level 4 – Avoid All Travel\)](#). The New York State Department of Health is closely monitoring the situation – there is [no immediate risk](#) to New Yorkers.

Data Sources: [INSP \(10/8/26\)](#)

Escherichia Coli & Salmonella

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

According to data from the [United States CDC](#) as of October 1, there have been a total of 76 cases infected with the outbreak strains of *Escherichia coli* (*E. coli*) O26:H11, O103:H25, and O168:H8, and *Salmonella* Agona linked to alfalfa sprouts distributed by Everything Sprouts. Some individuals have been infected with multiple outbreak strains, including 3 cases infected with both *E. coli* and *Salmonella* (with 64 *E. coli* only infections and 9 *Salmonella* only infections remaining).

E. Coli & Salmonella Outbreak Cases, Hospitalizations and Deaths, United States, 2026						
Cases		Hospitalizations‡		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
76	+21	6	+2	0	+0	0.0%

Table Notes: Data as of October 1, 2026; ‡Among 68 people with information available; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

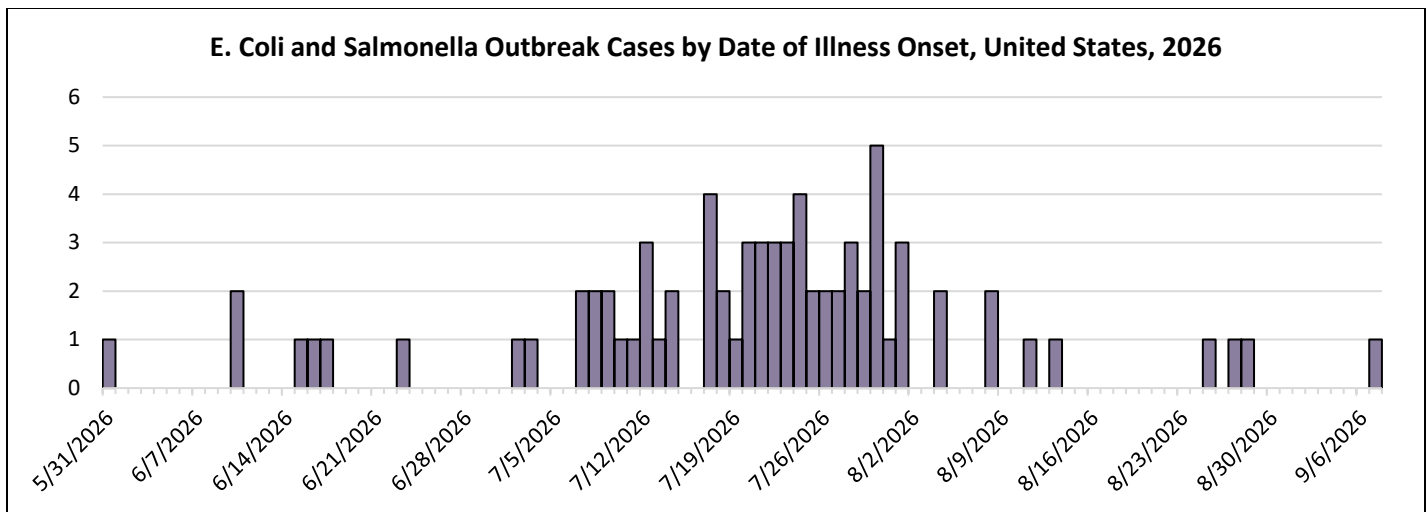


Figure Notes: Data as of October 1, 2026.

Cases have been reported by 16 states, primarily Minnesota (28) and Wisconsin (27), and reported dates of illness onset ranging from May 31 – September 7, 2026. Cases range from 12-94 years of age with a median of 37 years. Among all cases with available demographic information, most have been female (76%), White (97%), and non-Hispanic (99%). Among interviewed cases (50), 80% reported eating sprouts prior to illness onset – at least 7 illness clusters have been identified in Minnesota and Wisconsin. Whole genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection from the same food. Additionally, among 12 *Salmonella* case samples, WGS predicted resistance to ≥ 3 of the following antibiotics: azithromycin, fosfomycin, streptomycin, sulfisoxazole, and tetracycline. Among 64 *E. coli* case samples, WGS did not predict any antimicrobial resistance. Traceback investigations have identified alfalfa sprouts distributed by Everything Sprouts as a source of illness in this outbreak.

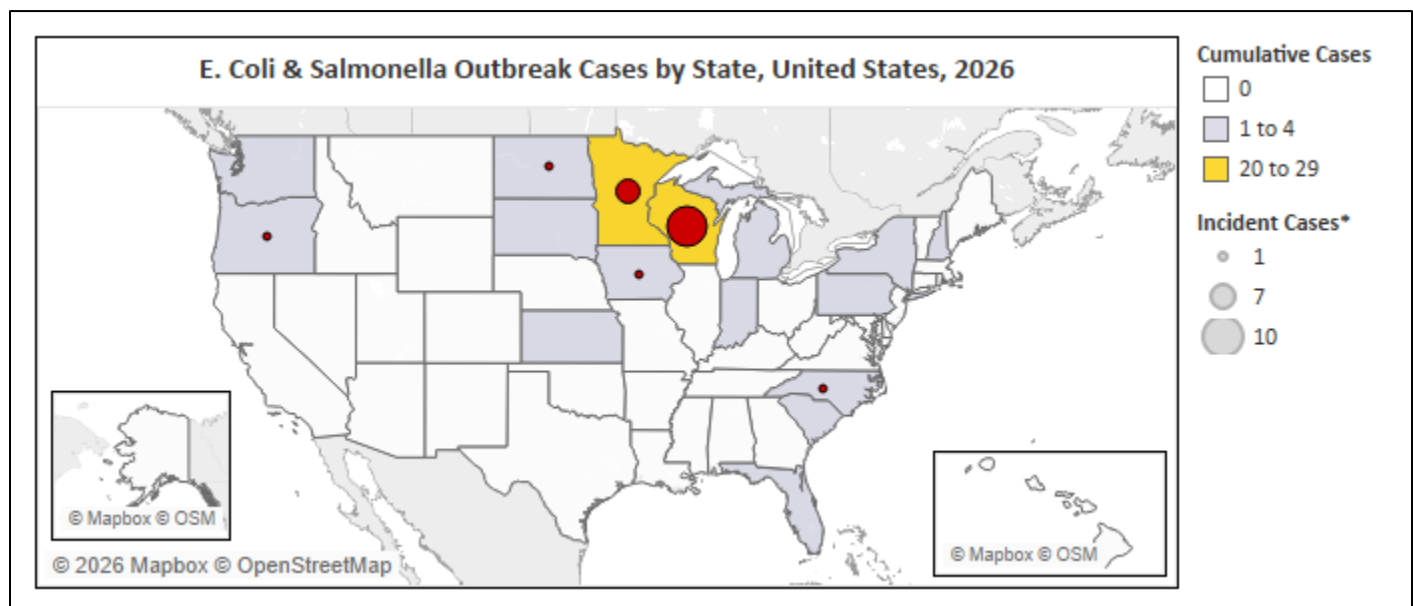


Figure Notes: Data as of October 1, 2026; *Change in cumulative total compared to previous update.

On August 22, 2026, Everything Sprouts, LLC issued a [voluntary recall](#) of certain lots of alfalfa sprouts due to possible contamination with *E. coli* or *Salmonella*. Recalled products were distributed by Everything Sprouts from May 27 – August 21, 2026 to wholesale distributors and grocery stores in Minnesota and Wisconsin, including Everything Spouts and Calco branded 5oz plastic containers, alfalfa 6/5oz and 12/6/5oz packages, and 5oz Everything Spouts Crunchy Protein Sprout Mix and Zesty Garlic Mix cups – please see [recall notice](#) for specific bar codes and lot numbers. On August 28, 2026, Everything Sprouts, LLC [expanded their voluntary recall](#) to include certain lots of radish sprouts due to possible contamination with *E. coli* or *Salmonella*. Recalled products were distributed by Everything Sprouts from August 13-26,

2026, to wholesale distributors and grocery stored in Minnesota and Wisconsin, including 5oz cups of Robust Radish Mix – please see [recall notice](#) for specific bar codes and lot numbers. Do not sell, serve, or consume affected recalled products. According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states.

Data Source: [CDC \(10/1/26\)](#)

Lassa Fever

Nigeria – Incidence Trends Remain Elevated During Recent Weeks:

According to data from the [Nigeria Centre for Disease Control and Prevention \(NCDC\)](#) as of September 20, there have been a total of 8,218 suspected Lassa fever cases, of which 1,115 are confirmed (6 probable), and 263 deaths among confirmed cases reported in Nigeria during 2026. Since the previous update, 280 suspected incident cases – of which 29 are confirmed – and 4 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*
8,218	+280	1,115	+29	6	+0	263	+4	23.6%

Table Notes: Data as of September 20, 2026; ‡Among confirmed cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.

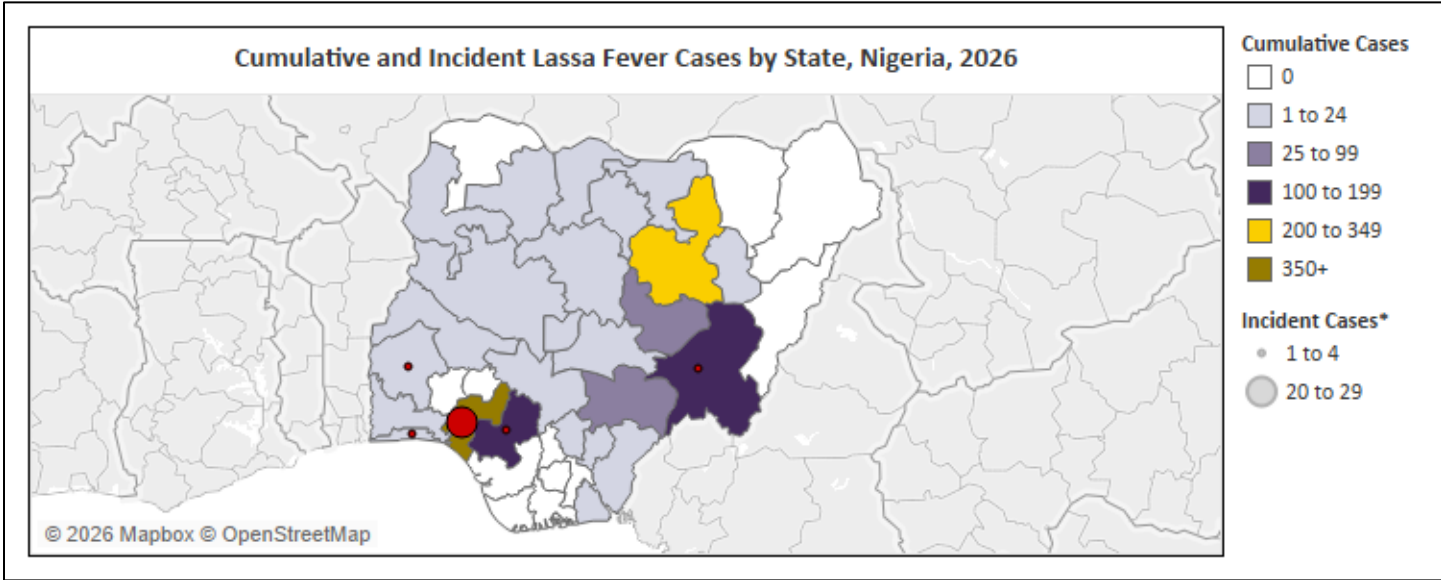


Figure Notes: Data as of September 20, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Confirmed cases have been reported by 24 states, primarily Ondo (393), Bauchi (260), Taraba (133), 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 \(9/20/26\)](#)

Measles

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

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of October 8, there have been a total of 201,625 suspected and 22,116 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 1,040 deaths reported among suspected cases, and 104 deaths reported among confirmed cases. Since the previous update, 9,894 suspected incident cases, 596 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	201,625	+9,894	171,680	+8,807	1,040	+33	0.5%
Confirmed	22,116	+596			104	+3	0.5%

Table Notes: Data as of October 8, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

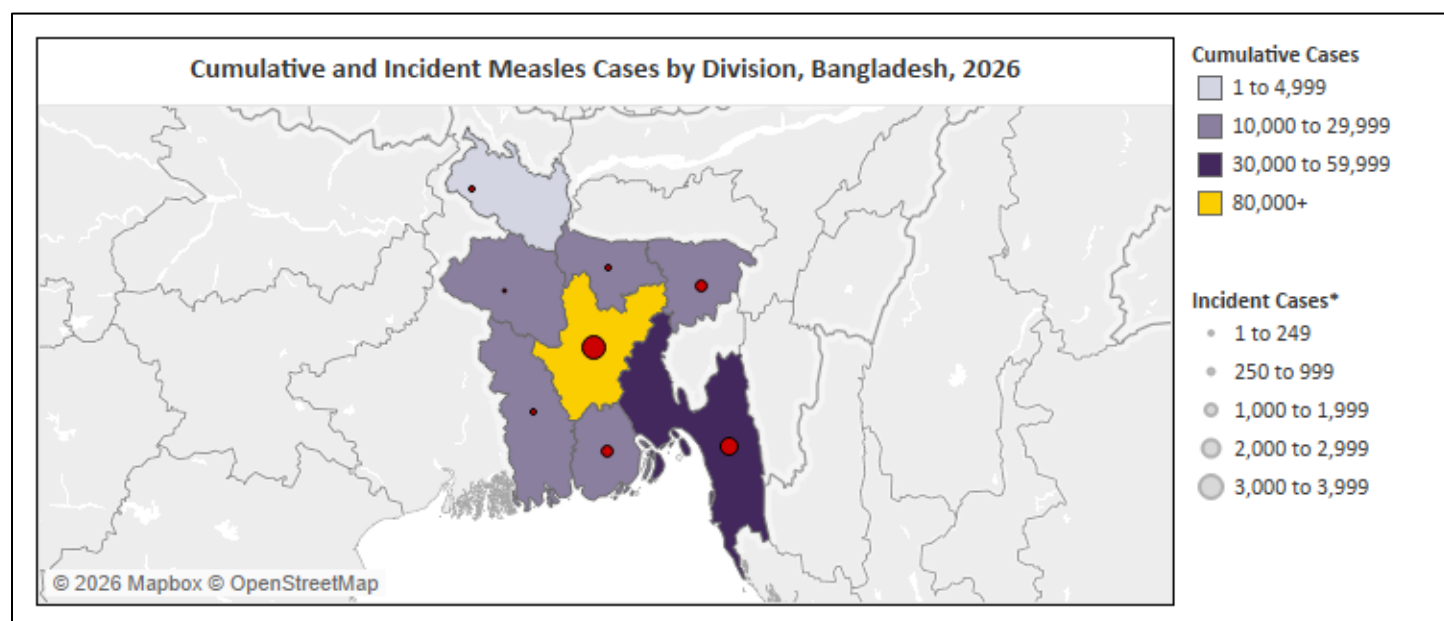


Figure Notes: Data as of October 8, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.

During 2026, cases have been reported in all 8 departments: Dhaka (84,660 suspected & 13,788 confirmed), Chattogram (40,321 suspected & 3,132 confirmed), Barisal (21,838 suspected & 808 confirmed), Sylhet (16,890 suspected & 1,083 confirmed), Khulna (13,429 suspected & 497 confirmed), Rajshahi (10,797 suspected & 1,420 confirmed), Mymensingh (10,083 suspected & 775 confirmed), and Rangpur (3,607 suspected & 613 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 \(10/8/26\)](#), [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 5, 2026, there have been total of 34,328 confirmed measles cases and 50 deaths reported in Guatemala since December 2025. Since the previous update, 175 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	8,434	+32	47	+2	0.1%
Epidemiological	3,424	+7			
Clinical	22,470	+136			
Total	34,328	+175	50	+3	0.1%

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

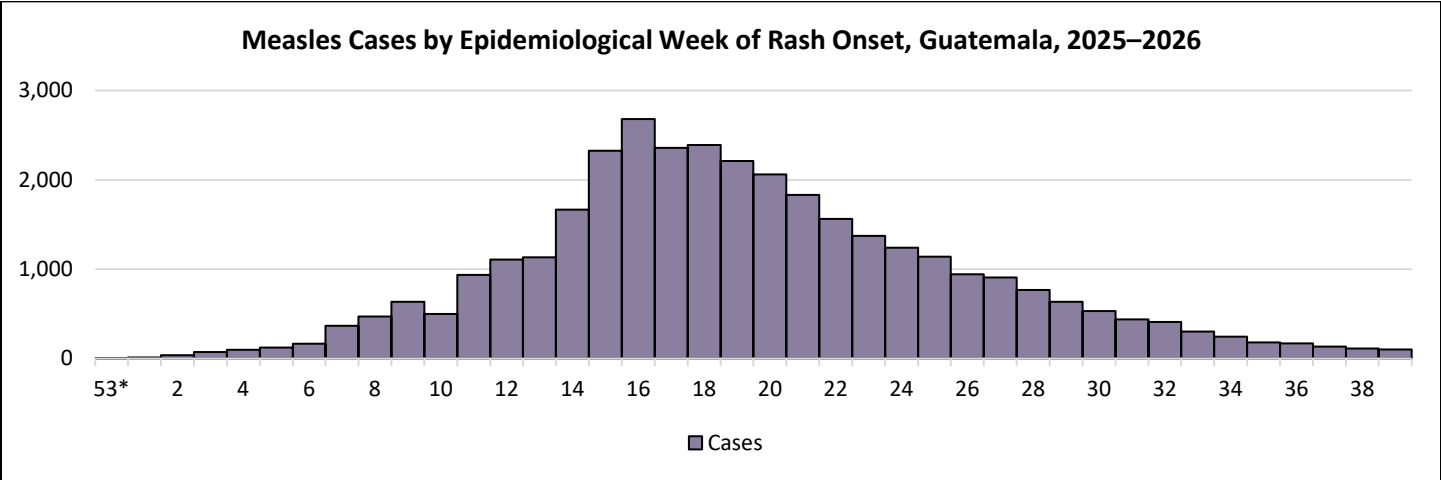


Figure Notes: Data as of October 5, 2026; *Epidemiological week 53 straddles 2025 and 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (12,525), Quetzaltenango (2,595), Quiché (2,233), Huehuetenango (2,051), Izabal (1,899), Alta Verapaz (1,824), and Sololá (1,555). Those aged 20–29 years have been most affected (36.7%), followed by those aged 30–39 years (16.5%). Infants aged <1 year remain the most at-risk group for severe outcomes (18x higher death rate than that of the general population). Among all confirmed cases, 92.8% have been unvaccinated or had unknown vaccination statuses, and 9.6% were hospitalized.

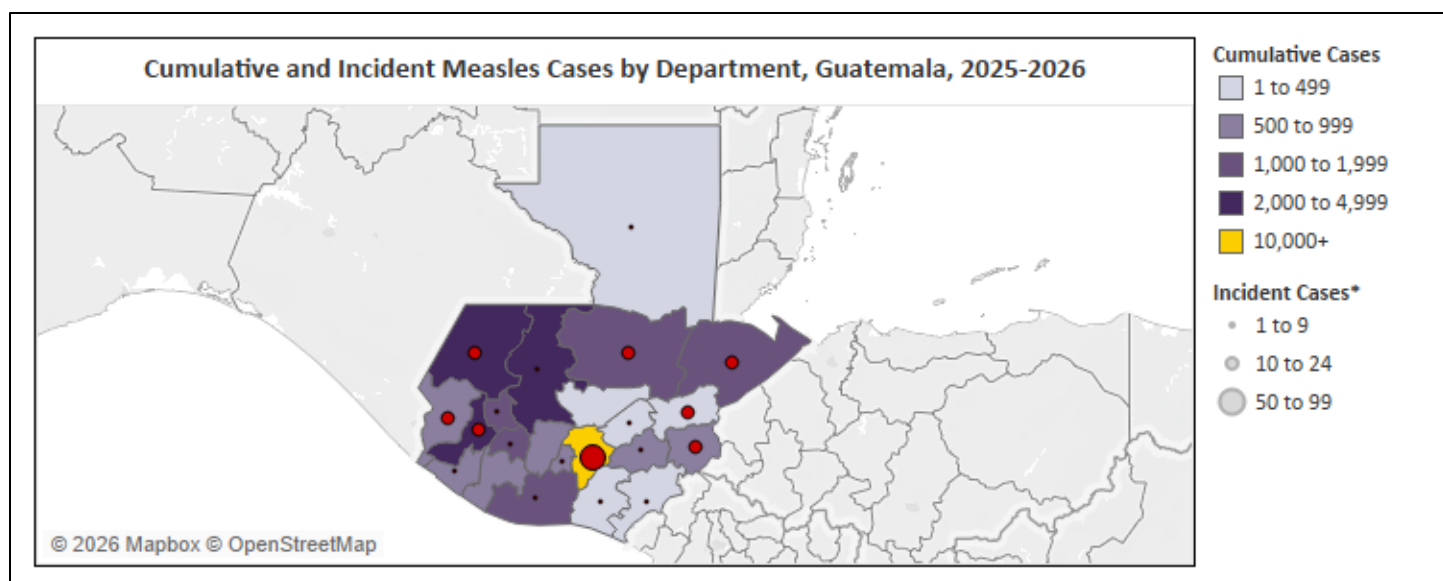


Figure Notes: Data as of October 5, 2026 (475 cases missing from figure); *Change in cumulative total compared to previous update.

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, over 1.95 million measles vaccine doses have been administered in the country as of August 20, 2026. Imported (travel associated) cases linked to this outbreak have been reported in neighboring [Honduras](#), a country declared measles free since 1997. The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles.

Data Source: [MSPAS \(10/5/26\)](#)

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

According to data from the [Secretary of Health of Mexico](#) as of October 6, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 13,615 confirmed cases and 23 deaths reported during 2026. Since the previous update, 36 confirmed incident cases with symptom onset during 2026 were reported by 10 states, primarily the State of Mexico (12). 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	30,169	+100	13,615	+36	23	+0	0.2%

Table Notes: Data as of October 6, 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 (7,274), Mexico City (1,033), and Chiapas (920). 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 (101.18), followed by those aged 1–4 years (31.80), and those aged 5–9 years (22.78).

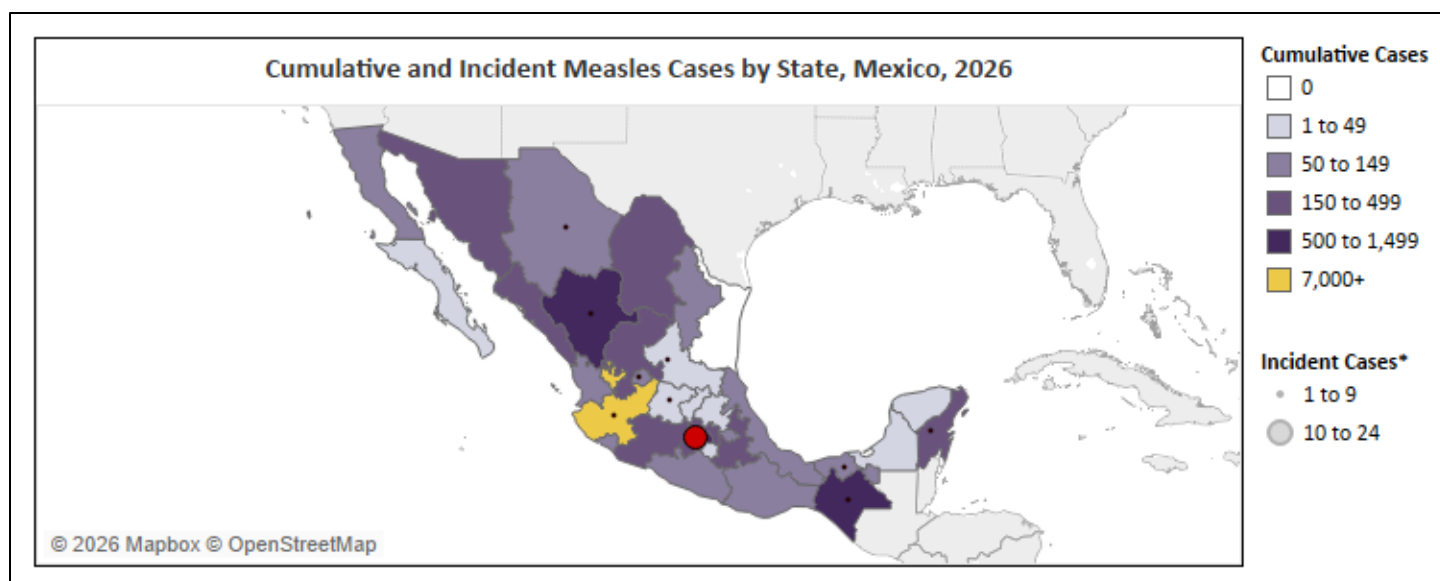


Figure Notes: Data as of October 6, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

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 \(10/6/26\)](#)

Peru – Confirmed Incident Cases Reported by 14 Departments; Most in Puno:

According to data from [Peru’s Ministry of Health](#) as of October 7, there have been a total of 2,664 confirmed measles cases reported in the country during 2026. Since the previous update, 121 confirmed incident cases were 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*
6,847	+28	2,664	+121	1	+0	0.04%

Table Notes: Data as of October 7, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.

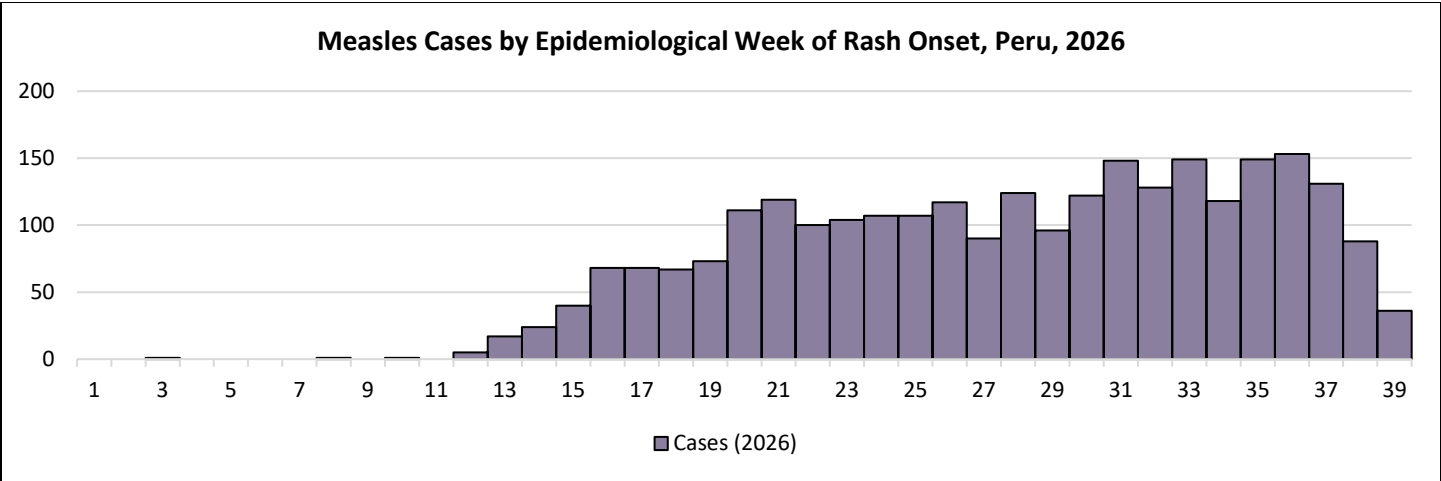


Figure Notes: Data as of October 7, 2026, and includes confirmed cases only (2 cases missing from figure).

Confirmed cases have been reported by 21 departments, with 55% of cases reported in Puno (1,467). Suspected cases have been reported in all 24 departments, with 51% of cases reported in Puno (2,258) and Lima (1,228). Most confirmed cases were among those aged 20–29 years (32%), followed by 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.

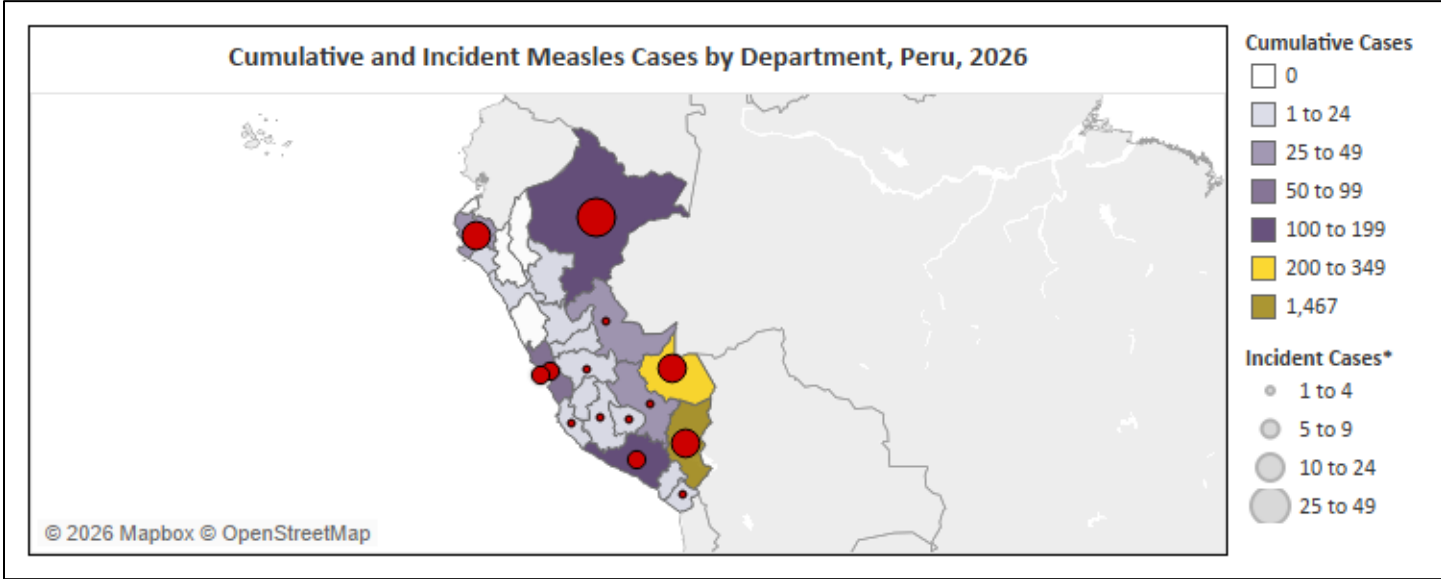


Figure Notes: Data as of October 7, 2026, and includes confirmed cases only (2 missing from figure).

Data Sources: [Peru Ministry of Health \(10/7/26\)](#), [PAHO \(9/24/26\)](#)

United States – New York Declares State Disaster Emergency:

According to data from the [United States CDC](#) as of October 1, 2026, there have been 3,887 confirmed cases reported during 2026. Since the previous update, 228 confirmed incident cases with rash onset during 2026 were reported by 12 states, primarily in [Pennsylvania](#) (113), [Wisconsin](#) (43), and [Kentucky](#) (30). In New York, there have been 7 confirmed cases reported in [New York City](#) and 102 in [Rest of State](#) (109 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](#).

Year	Confirmed Cases		Hospitalizations		Deaths‡		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,289	+0	243	+0	3	+0	0.1%
2026	3,887	+228	352	+25	5	+0	0.1%

Table Notes: Data as of October 1, 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 7, 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](#) (963), [South Carolina](#) (670), [Utah](#) (535), [Wisconsin](#) (207), [Texas](#) (192), [Virginia](#) (178), [Florida](#) (148), [Ohio](#) (144), and [Arizona](#) (110) as of October 1. There have been 42 outbreaks reported during 2026 – 95% of confirmed cases reported during 2026 are outbreak-associated (2,316 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 (43%), followed by those aged 20+ years (39%). Among all confirmed cases, 95% have been unvaccinated or have unknown vaccination statuses and 9% have been hospitalized – including 14% of those aged <5 years and 12% of those aged 20+ years.

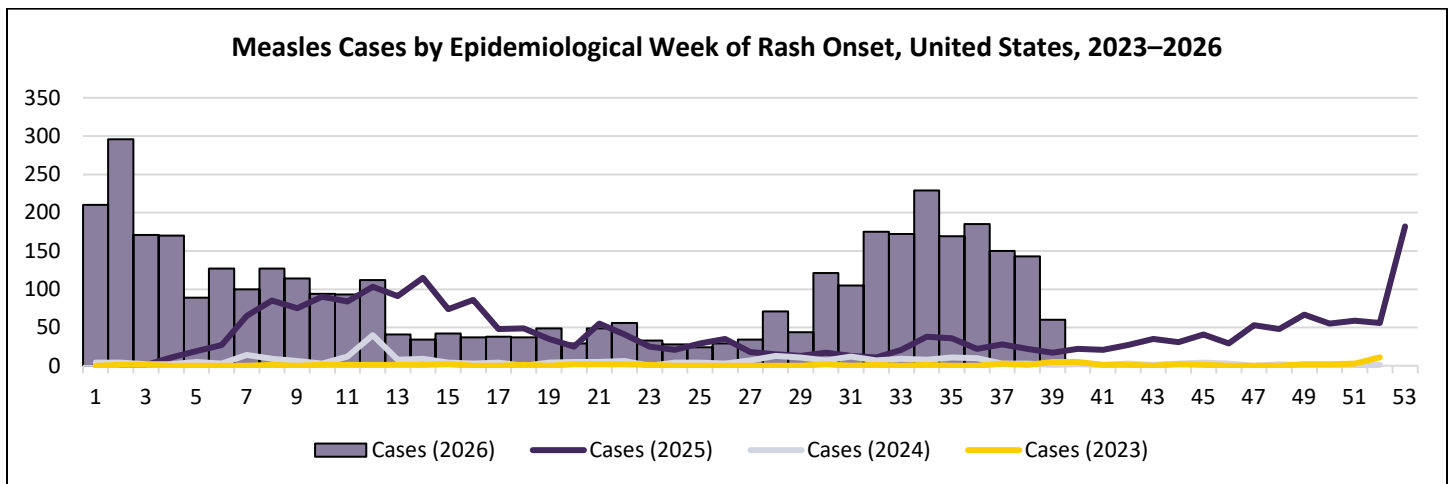


Figure Notes: Data as of October 1, 2026, and includes cases reported among international visitors to the United States.

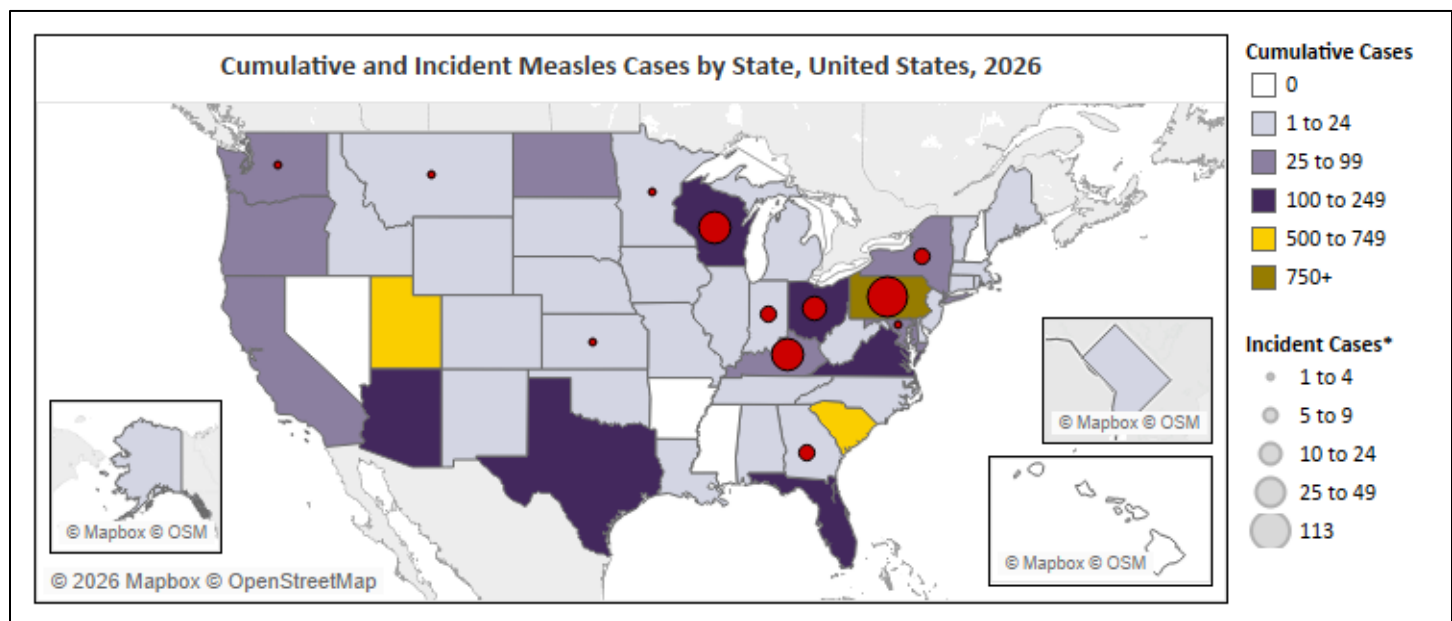


Figure Notes: Data as of October 1, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

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 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 \(10/2/26\)](#), [Pennsylvania DOH \(9/29/26\)](#), [CDC History of Measles \(4/29/26\)](#)

Mpox

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

According to data from the [World Health Organization \(WHO\)](#) as of September 27, 2026, there have been a total of 71,368 confirmed mpox cases and 296 deaths reported in Africa since the beginning of 2024. Since the previous update, 999 confirmed incident cases and 7 additional deaths were reported – there are delays associated with reporting, particularly in the Democratic Republic of the Congo (DRC). Confirmed incident cases were primarily reported in the DRC (393), Angola (287), [Madagascar](#) (155), and Kenya (59). Deaths were primarily reported in Angola (3) and Cameroon (2).

Mpox Cases and Deaths by Select Countries, Africa, 2024-2026						
Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR*
Burundi	Ib	4,743	+0	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	39,223	+393	78	+0	0.2%
Ghana	Ib, IIa, and IIb	1,005	+0	7	+0	0.7%
Guinea	IIa and IIb	2,335	+23	7	+0	0.3%
Kenya	Ib	1,319	+59	20	+1	1.5%
Liberia	IIa and IIb	1,681	+0	9	+0	0.5%
Madagascar	Ib	3,591	+155	23	+1	0.6%
Sierra Leone	IIa and IIb	5,442	+0	60	+0	1.1%
Uganda	Ib	8,512	+0	52	+0	0.6%
Rest of Africa	Ia, Ib, IIa, and IIb	3,517	+369	39	+5	1.1%
Total	Ia, Ib, IIa, and IIb	71,368	+999	296	+7	0.4%

Table Notes: Data as of September 27, 2026, with exception of data on clades detected (as of August 26, 2026); †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

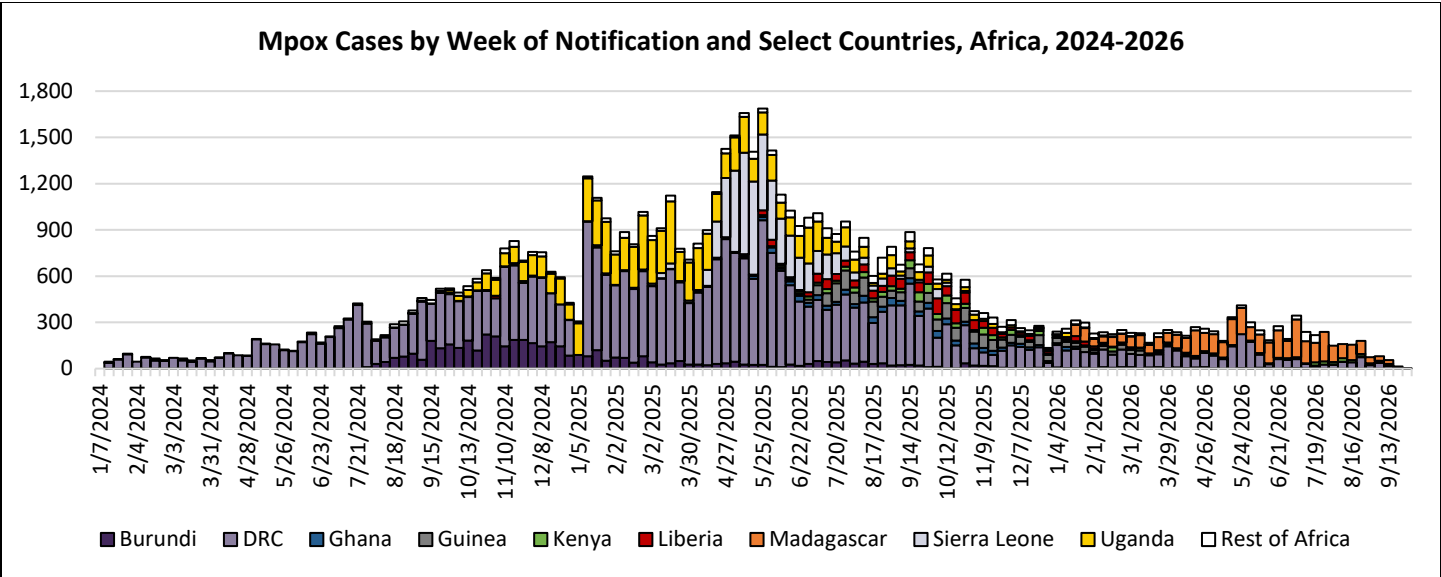


Figure Notes: Data as of September 27, 2026, and includes confirmed cases only (4,109 reported in the DRC are excluded).

Confirmed cases have been reported by 35 African countries since the beginning of 2024, primarily the Democratic Republic of the Congo (DRC), Uganda, Sierra Leone, Burundi, Madagascar, Guinea, Liberia, Kenya, and Ghana. While the situation in Africa no longer considered a [Public Health Emergency of Continental Security \(PHECS\)](#), and a steep decline in incidence has been observed since mid-year 2025, there have been 602 confirmed cases reported with symptom onset in the past 6 weeks by 8 countries, primarily Madagascar (181), Angola (167), the DRC (153), and Kenya (59). The WHO still considers the multi-country mpox outbreak to be a graded emergency and assesses the overall risk posed to public health as moderate, particularly for individuals with multiple sexual partners (globally) and children in historically endemic areas (locally). [Vaccination](#) is recommended for those at risk for exposure and those at risk for exposure who are traveling to countries with outbreaks.

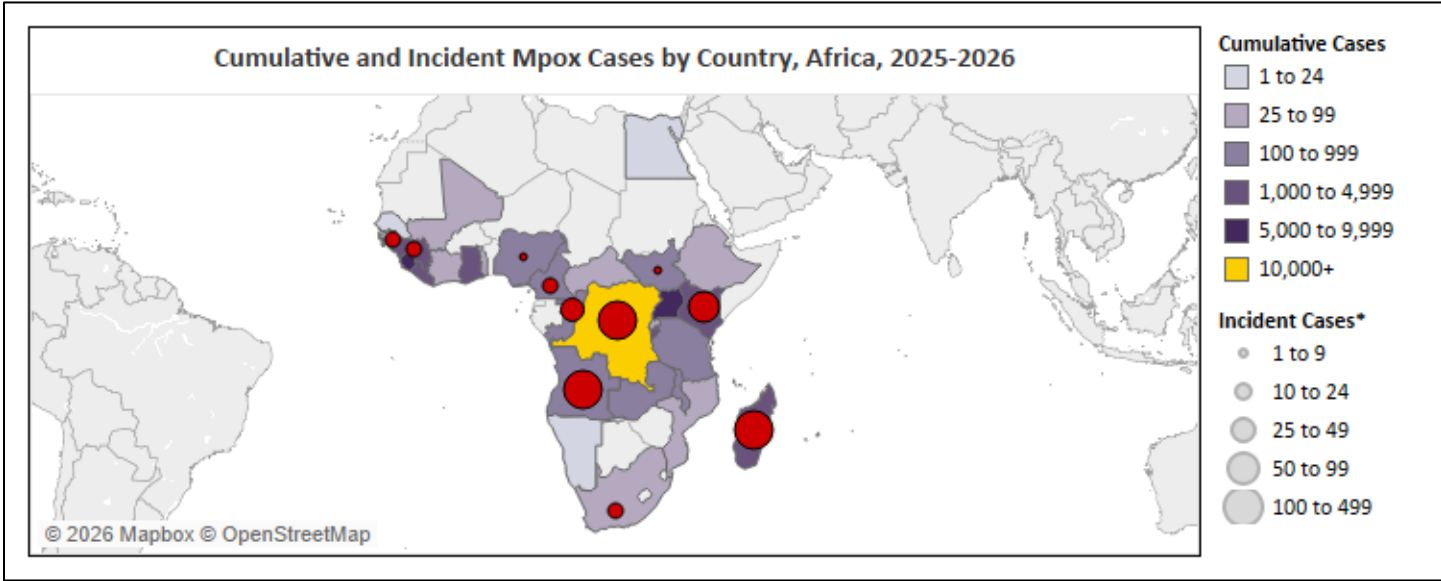


Figure Notes: Data as of September 27, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Data Sources: [WHO Dashboard \(10/5/26\)](#), [WHO Sitrep \(9/14/26\)](#), [WHO RRA \(8/24/26\)](#)

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 8, 2026, there have been a total of 46,345 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,985 are currently active. According to data from the [Secretary of Health of Mexico](#) as of October 2, 2026, there have been a total of 732 confirmed NWS cases and 5 deaths reported among humans since the beginning of 2025. Since the previous update, 1,015 incident cases among animals and 23 confirmed incident cases 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*
46,345	+1,015	1,985	–70	732	+23	5	+0	0.7%

Table Notes: Data for cases reported among animals as of October 8, 2026, and among humans of October 2, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

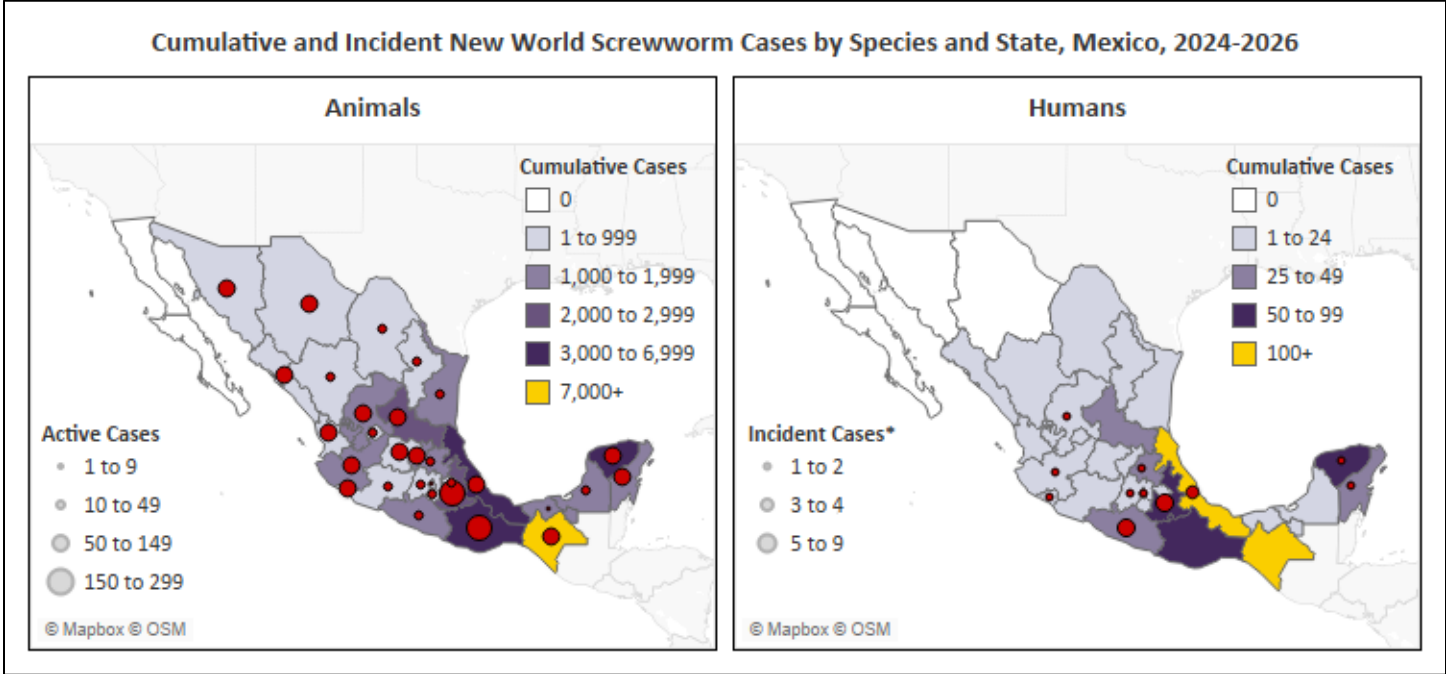


Figure Notes: Data for cases reported among animals as of October 8, 2026, and data for cases reported among humans as of October 2, 2026; *Change in cumulative total compared to previous update.

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 (7,960), Oaxaca (5,536), Veracruz (5,103), Yucatán (3,165), Puebla (2,715), and San Luis Potosí (2,105). Confirmed NWS cases among humans have been reported in 28 jurisdictions, primarily Chiapas (167), Veracruz (119), Puebla (70), and Oaxaca (68). 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 \(10/8/26\)](#), [Secretary of Health \(10/5/26\)](#), [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 7, 2026, there have been a total of 2,267 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 15 new detections were reported. In the past 30 days, a total of 19 confirmed HPAI detections have been reported in Minnesota (10), South Dakota (2), Wisconsin (2), California (1), Idaho (1), Indiana (1), Iowa (1), and Montana (1), affecting 520,000 birds. The number of detections reported has been relatively

low since March. According to data from the [USDA](#) as of October 7, 2026, there have been a total of 1,180 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 1 new detection was reported in Texas – there have been a total of 3 detections reported in the past 30 days, all in Texas.

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds*			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
11	8	3	0	0	206	1

Table Notes: Data as of October 7, 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.

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.

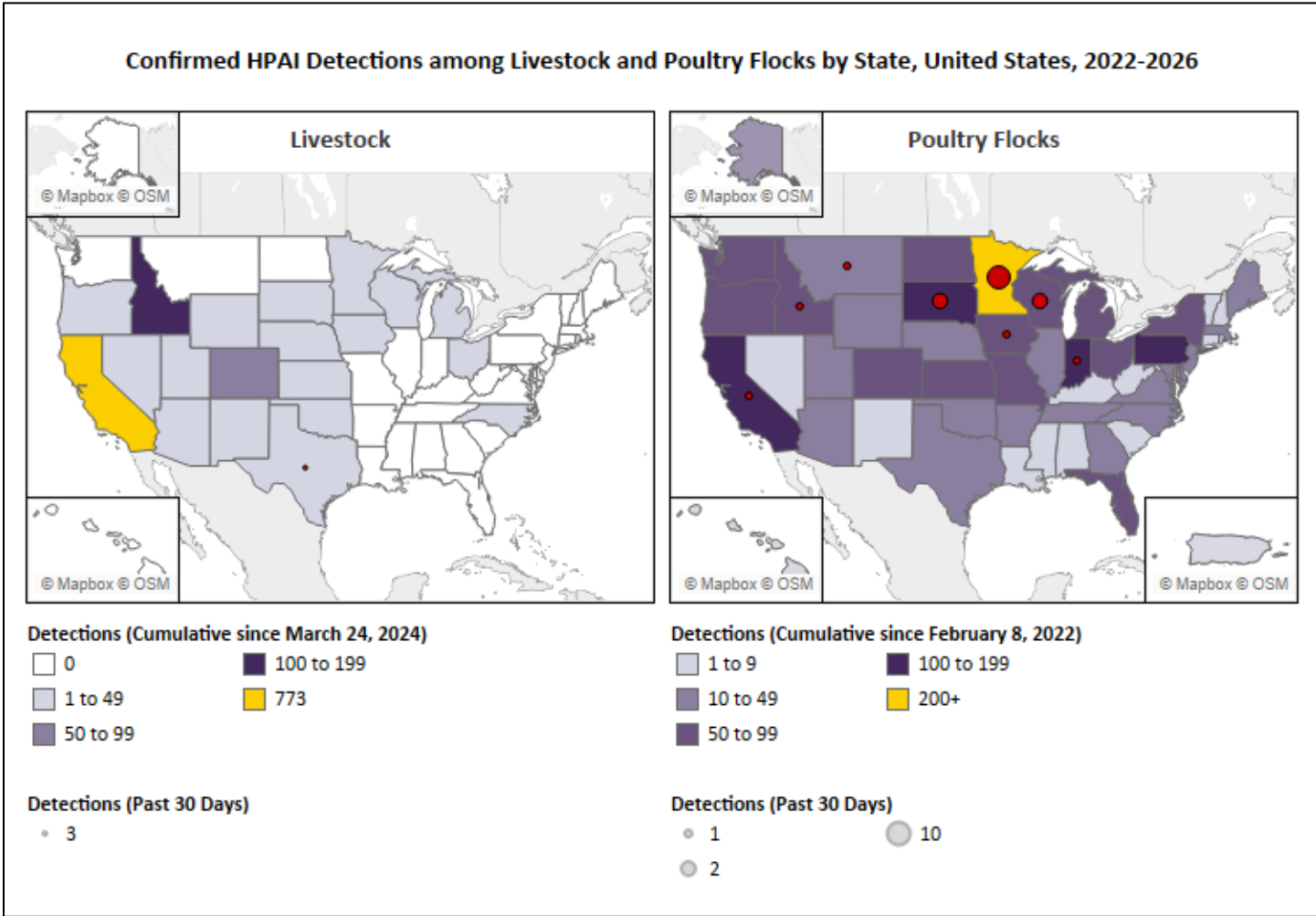


Figure Notes: Data as of October 7, 2026.

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 \(10/7/26\)](#), [USDA \(10/7/26\)](#), [CDC \(3/6/26\)](#)

Pneumonia

Russia – Fatal Case of Pneumonia with Undetermined Origin:

According to Russian news media reports, a 28-year-old female clinical laboratory diagnostics specialist died on October 1, 2026, in Irkutsk Region, Russia. 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.

Though official sources do not confirm this, local media and independent reports suggest that this is potentially a case of pneumonic plague exposure, with some suggesting that the potential exposure was linked to [active natural plague foci and recent human cases](#) reported on the Russia-Mongolia border. Rospotrebnadzor has stated that expanded testing ruled out an unspecified list of microorganisms and pathogens, which has not been made available to the public. The agency’s head [recently traveled to meet with the Governor of Irkutsk to discuss the situation in an emergency meeting](#) of the regional Sanitary and Anti-Epidemic Commission, which suggests a high-priority public health concern. Nearly [200 contacts \(community and hospital\) were identified and placed under observation](#) across at least three facilities as of October 2. Reports indicate that the World Health Organization (WHO) and multiple [United States government agencies](#) are [actively monitoring the situation](#), with 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: [BEACON \(10/4/26\)](#), [BEACON Timeline of Events \(10/6/26\)](#), [CDC \(8/24/26\)](#), [CDC \(3/25/25\)](#)

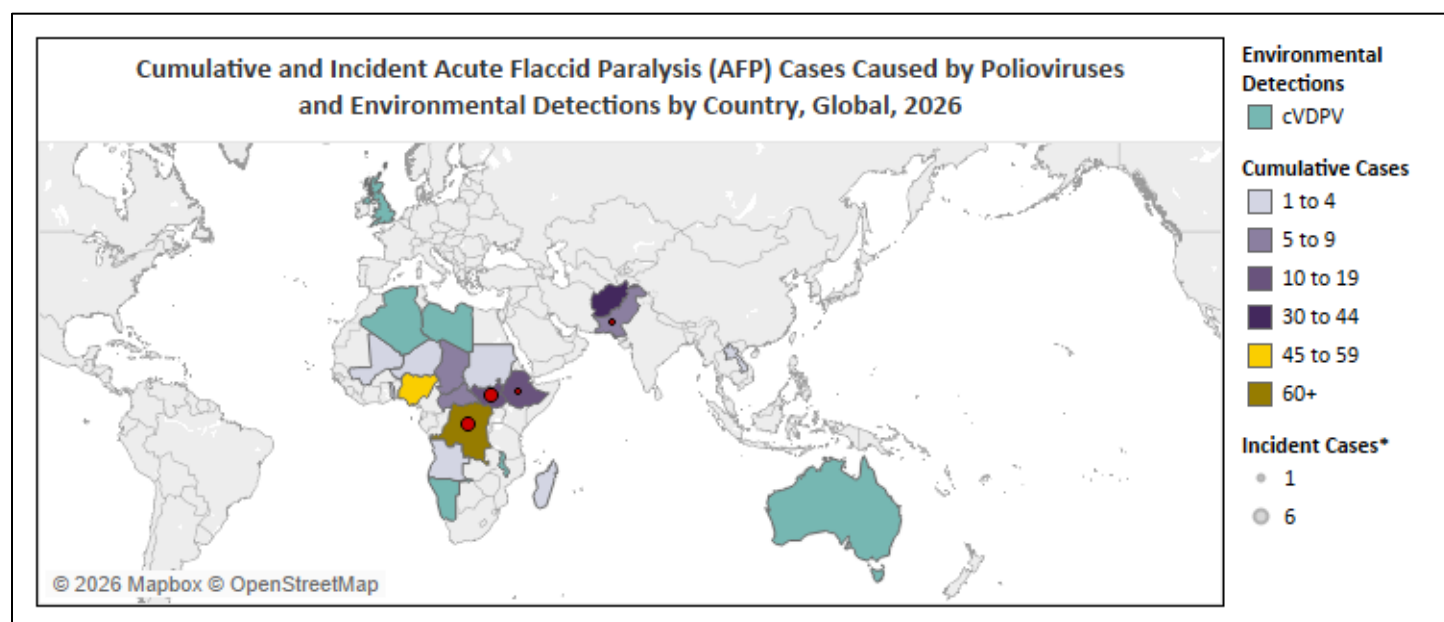
Polio

Global – Incident AFP Cases (WPV1 & cVDPV1-2) Reported in Multiple Countries:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of October 5, 2026, there have been 40 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 30 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 132 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 14 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 1 incident case caused by WPV1 was reported in Pakistan, 6 incident AFP cases caused by cVDPV2 were reported in South Sudan (5) and Ethiopia (1), and 7 incident AFP cases caused by cVDPV3 were reported in the Democratic Republic of the Congo (DRC) (6) and South Sudan (1). Additionally, the number of AFP cases caused by cVDPV2 with onset of paralysis during 2026 reported in Somalia 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†
40	+1	30	+6	132	+6	14	+0

Table Notes: Data as of October 5, 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 5, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

Cases of AFP with onset of paralysis during 2026 have been reported this year by 16 countries: [Afghanistan](#) (35 – WPV1), Angola (1 – cVDPV2), the CAR (5 – cVDPV2), Chad (8 – cVDPV2, 1 – cVDPV3), the DRC (64 – cVDPV2), Ethiopia (10 – cVDPV1), Lao People’s Democratic Republic (3 – cVDPV1), Mali (3 – cVDPV2), Madagascar (2 – cVDPV1), Niger (1 – cVDPV3), Nigeria (36 – cVDPV2, 12 – cVDPV3), [Pakistan](#) (5 – WPV1), Somalia (5 – cVDPV2), South Sudan (15 – 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 \(10/5/26\)](#), [GPEI - cVDPV \(10/5/26\)](#)

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 6, there have been a total of 103 confirmed yellow fever cases and 46 deaths reported in the Americas during 2026. Since the previous update, 19 confirmed incident cases and 13 additional deaths were reported in Colombia (12 cases, 7 deaths), Venezuela (3 cases, 1 death), Brazil (2 cases, 1 death), and Peru (2 cases, 4 deaths). PAHO data are updated dynamically, reflecting the most recent information available, and are subject to change as new reports are received – hence the decrease observed in the previous update.

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
103	+19	46	+13	44.7%

Table Notes: Data as of October 6, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

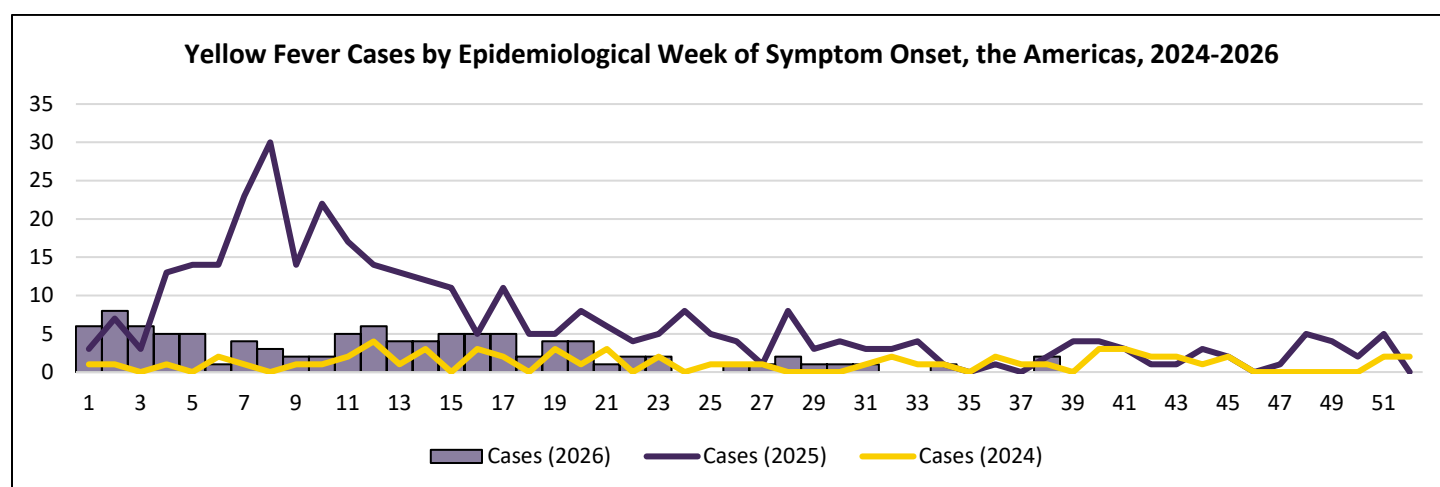


Figure Notes: Data as of October 6, 2026; Cases reported during 2025 (7) and 2026 (2) without dates of symptom onset are excluded.

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](#) (11 cases, 3 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.

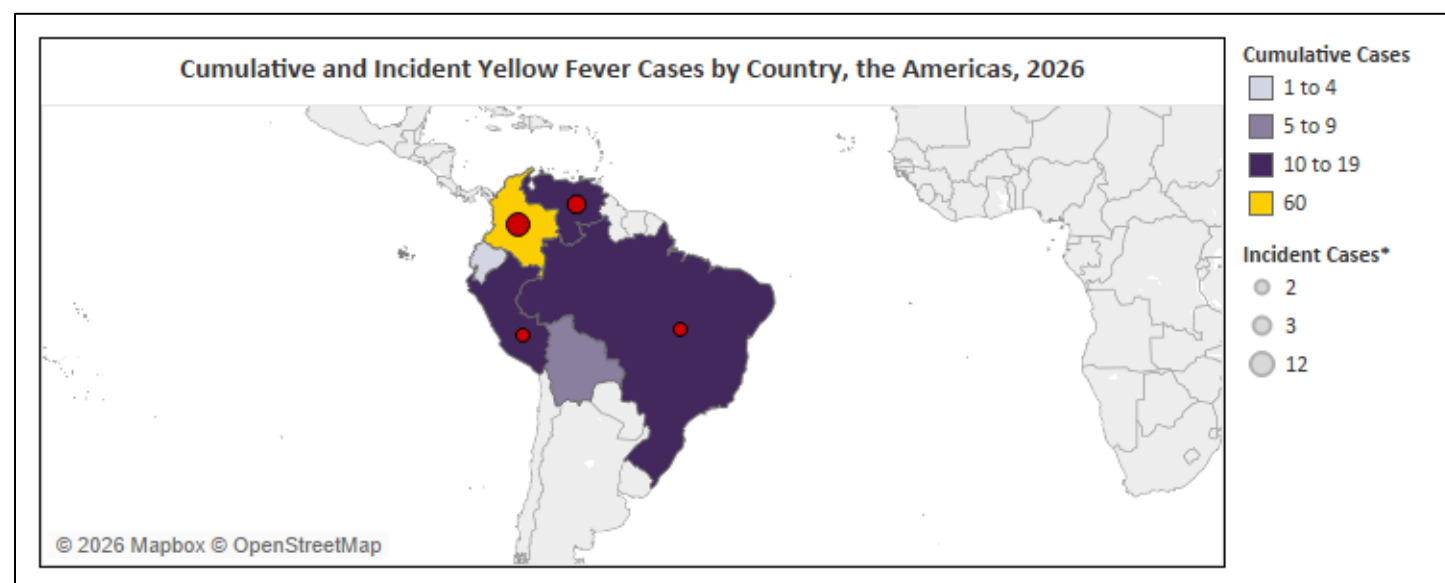


Figure Notes: Data as of October 6, 2026; *Change in cumulative total compared to previous update.

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

The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding yellow fever in [Colombia](#). [Vaccination](#) is recommended for those aged ≥ 9 months that are traveling to or living in areas at risk for yellow fever. A total of 348 confirmed yellow fever cases and 148 deaths (CFR: 42.5%) were reported by 7 countries in the Americas during 2025: Colombia (125 cases, 51 deaths – a [5-fold increase](#) compared to 2024), Brazil (120 cases, 48 deaths), Peru (49 cases, 19 deaths), Venezuela (34 cases, 19 deaths), Ecuador (11 cases, 8 deaths), Bolivia (8 cases, 2 deaths), and Guyana (1 fatal case), representing a [5.6-fold increase](#) compared to 2024 for the region.

Data Source: [PAHO \(10/6/26\)](#)

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](#))
- Australia – National Incidence Trends Continue Gradual Decline Since Early June ([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](#))

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](#))

Malaria

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

Marburg

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

Measles

- Global – WHO Provides Update on Provisional Case Counts and Incidence Rates ([September 17](#))
- Guatemala – Updated Data on Nationwide Outbreak; Incidence Trends Declining ([September 10](#))
- Canada – Only 1 Confirmed Case Reported in Manitoba ([August 27](#))
- England – Trends Elevated Compared to 2025 but Lower Compared to 2024 ([July 23](#))
- Israel – Decreasing Incidence Trend Observed Since Late March Continues ([June 25](#))
- Japan – Updated Data on Ongoing Outbreak; Decrease in Incidence Continues ([June 4](#))
- Europe – Measles Transmission Re-Established in Several Countries ([February 5](#))

Meningococcal Disease

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

Mpox

- 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](#))

Other Active CDC Travel Health Notices:

- [Chikungunya in Mauritius - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Malaria in Mayotte - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Malaria in Yemen - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Meningococcal Disease in the Democratic Republic of the Congo - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Yellow Fever in Colombia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Zika in Indonesia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Diphtheria in Haiti - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Hepatitis A in Canada - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Hepatitis A in Costa Rica - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Rocky Mountain Spotted Fever in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)

- [Paratyphoid Fever in Yemen - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)

Other Global Health News and Events:

- [RFI: Anthrax epizootic in hippopotamuses in North Kivu Province, DRC; zoonotic spillover risk - BEACON](#)
- [Recurrent zoonotic anthrax outbreak linked to consumption of a dead goat in Yogyakarta, Indonesia - BEACON](#)
- [Seasonal surveillance for chikungunya virus disease in the EU/EEA for 2026](#)
- [Cholera worldwide overview](#)
- [South Kivu Province, DRC, reports more than 12 700 cholera cases and 175 deaths in 2026 - BEACON](#)
- [Zambia declares a new cholera outbreak; 304 suspected cases and 11 deaths across seven districts in five provinces - BEACON](#)
- [Africa CDC Epidemic Intelligence Weekly Report, September 2026 – Africa CDC](#)
- [Report on the epidemiological situation of dengue in endemic countries of the Americas - PAHO](#)
- [Dengue Epidemiological Situation in the Region of the Americas - Epidemiological Week 36, 2026 - Brazil | ReliefWeb](#)
- [Dengue Dashboard](#)
- [Seasonal surveillance of dengue in the EU/EEA](#)
- [Africa CDC Epidemic Intelligence Weekly Report, September 2026 – Africa CDC](#)
- [Epidemic and emerging disease alerts in the Pacific as of 06 October 2026 - World | ReliefWeb](#)
- [Sri Lanka National Dengue Control Unit: Current Status of Dengue in Sri Lanka \(As of 06.10.2026 midnight\) - Sri Lanka | ReliefWeb](#)
- [Viet Nam's 2026 dengue season remains above last year's, led by Ho Chi Minh City and Dong Nai - BEACON](#)
- [Foodborne botulism cluster involving five family members after consuming homemade cold-smoked fish in Mangystau Region, Kazakhstan - BEACON](#)
- [Foot and mouth disease \(FMD\) continues to spread in | Kharas Region, Namibia; 15 farms affected and EU suspension of livestock exports - BEACON](#)
- [05 Oct 2026 – New World screwworm in USA: 50 domestic animal cases in Texas, 2 in New Mexico, one fly-trap detection amid ongoing outbreak - BEACON](#)
- [Norovirus outbreak with 92 cases at a kindergarten in Salaspils, Vidzeme Region, Latvia - BEACON](#)
- [Nepal reports 525 kit-positive scrub typhus cases and nine locally attributed deaths in Salyan District, Karnali Province - BEACON](#)
- [HIV activity in Oceania \(Fiji, French Polynesia, Niue\): Escalating epidemic in Fiji drives regional concern across the Pacific - BEACON](#)
- [Italy reports 727 West Nile virus \(WNV\) cases and 54 deaths across all 20 regions so far in the 2026 season - BEACON](#)
- [France reports 161 autochthonous West Nile virus \(WNV\) infections across seven regions, more than triple the number at this time in 2025 - BEACON](#)
- [CDC reminds doctors in Southwest to be aware of plague | CIDRAP](#)
- [Greater trust in the FDA, CDC tied to higher flu vaccine uptake | CIDRAP](#)
- [Shamonda-like virus \(SHAV-EU1/EU2\) in Europe: Rapidly expanding multi-country outbreak with congenital malformations in cattle and sheep - BEACON](#)
- [African swine fever genotype II \(genetic group 29\) in Catalonia, Spain: Novel LVR-deleted variant in wild boar; 400 cases; outbreak ongoing - BEACON](#)
- [Fourfold increase in CNS detections of Cladophialophora bantiana in USA signals a potential emerging fungal threat - BEACON](#)
- [Cryptosporidiosis cluster of 14 cases linked to indoor hotel pool in Bothell, Washington, USA - BEACON](#)

- [Record livestock outbreak of bluetongue virus serotype 3 \(BTV-3\) in UK surpasses the previous three seasons combined - BEACON](#)
- [US FDA identifies Cyclospora at Taylor Farms de Mexico facility; iceberg lettuce investigation closes with 12 883 cases and two deaths - BEACON](#)
- [FDA closes probe into lettuce-linked cyclosporiasis outbreak, detects Cyclospora in Mexico | CIDRAP](#)
- [Salta Province, Argentina, reports 12 leprosy cases in 2026, exceeding the annual totals for 2020–2025 - BEACON](#)
- [Mumps outbreak at San Diego State University in California, USA, increases to 15 cases over three weeks despite mandatory MMR vaccination - BEACON](#)
- [WHO and partners showcase first Pandemic Fund multi-country project in the Western Pacific - World | ReliefWeb](#)
- [New WHO estimates show changing global health landscape - World | ReliefWeb](#)
- [Public Health Situation Analysis \(PHSA\) on Hostilities in the occupied Palestinian territory \(oPt\) - 29 September 2026 - occupied Palestinian territory | ReliefWeb](#)
- [Tylenol misinformation drew outsized TikTok views as public health agencies largely stayed silent | CIDRAP](#)
- [Global Respiratory Virus Activity: Weekly Update N° 598](#)
- [Some CDC foreign offices shutting their doors as US implements ‘America First’ policy | CIDRAP](#)
- [Increased anti-immigrant rhetoric, ICE activity are barriers to seeking medical care, 2 studies show | CIDRAP](#)
- [Raw milk poses serious infection risks with no added health benefits, pediatrician group warns | CIDRAP](#)
- [Infections with little-understood deadly fungus jumped 4-fold in US from 2023 to 2025 | CIDRAP](#)
- [Utah, USA, issues urgent public health warning following fatal overdoses associated with semi-synthetic kratom compounds - BEACON](#)
- [Madison County, New York, reports one Powassan virus case; US CDC lists 45 total cases in USA so far in 2026 - BEACON](#)
- [MSF Reaction to the announcement of the 1st Ebola case reported in Kenya - Kenya | ReliefWeb](#)