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

# GLOBAL HEALTH UPDATE

***Date: 11/12/26***

*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
Diphtheria ..... 4
Ebola ..... 5
Measles ..... 7
New World Screwworm ..... 13
Non-Seasonal Influenza ..... 13
Polio ..... 15
Yellow Fever ..... 16
Other Outbreaks, News, and Events ..... 18

## 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 November 7, there have been a total of 225,158 chikungunya cases, of which 82,344 are confirmed, and 113 deaths reported in the Americas during 2026. Since the previous update, 1,766 incident cases, 621 confirmed, and 0 additional deaths were reported in the region – most incident cases experienced symptom onset during previous weeks when the regional burden was highest.

Cases have been reported by 20 countries in the Americas during 2026, primarily Brazil (141,461), Bolivia (48,307), Suriname (16,716), Argentina (12,564), Cuba (2,716), and French Guiana (2,184). Cumulative incidence per 100,000 population is currently highest in Suriname (2,591.63), French Guiana (686.79), Bolivia (378.91), Brazil (66.24), Argentina (27.31), 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 November 3, a total of 162 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 | 12,564 | +0 | 3,803 | +0 | 2 | +0 | 0.1% |
| Bolivia | 48,307 | +0 | 11,812 | +0 | 45 | +0 | 0.4% |
| Brazil | 141,461 | +1,666 | 58,422 | +527 | 60 | +0 | 0.1% |
| Cuba | 2,716 | +0 | 254 | +0 | 6 | +0 | 2.4% |
| French Guiana | 2,184 | +25 | 2,184 | +25 | 0 | +0 | 0.0% |
| Suriname | 16,716 | +0 | 4,887 | +0 | 0 | +0 | 0.0% |
| Rest of the Americas | 1,210 | +75 | 982 | +69 | 0 | +0 | 0.0% |
| **Total** | **225,158** | **+1,766** | **82,344** | **+621** | **113** | **+0** | **0.1%** |

*Table Notes: Data as of November 7, 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.*

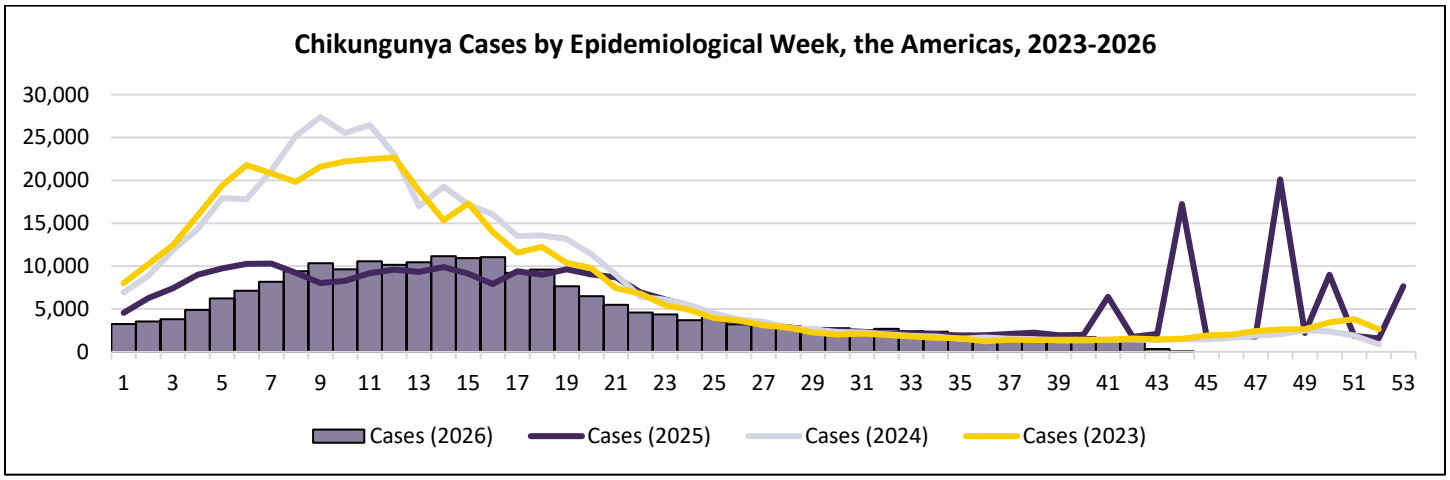


*Figure Notes: Data as of November 7, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.*

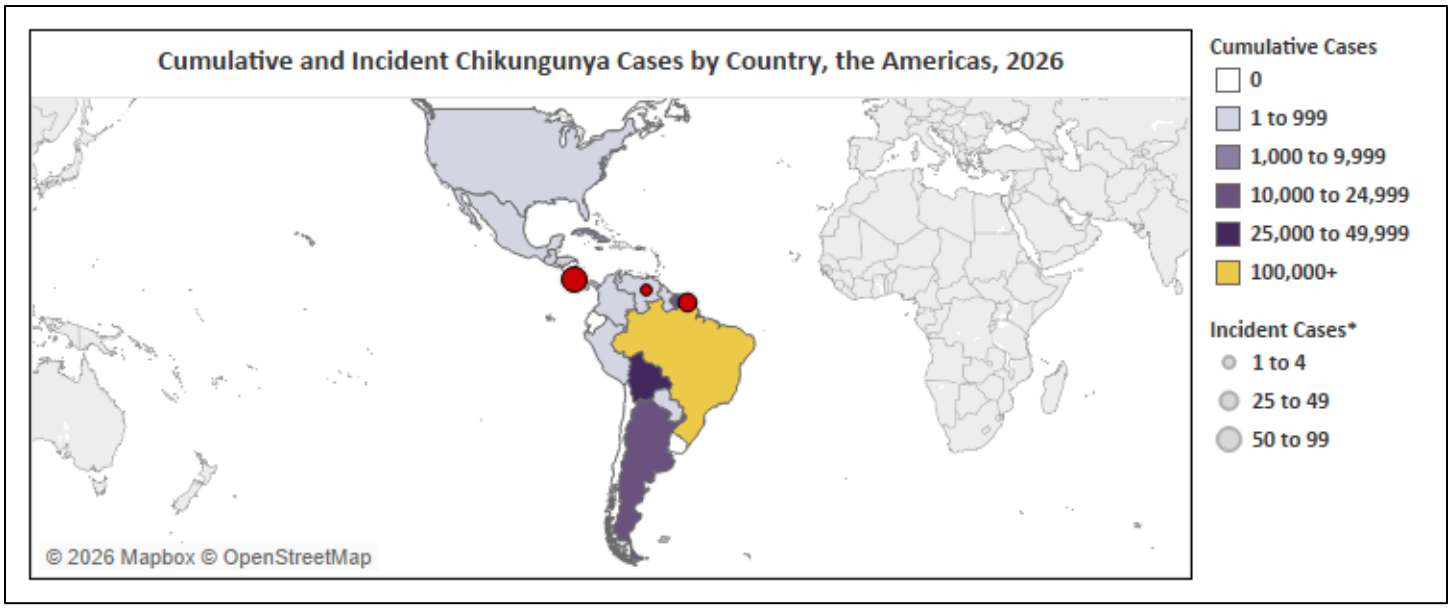


*Figure Notes: Data as of November 7, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.*

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 (11/10/26)

## Dengue

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

According to data from the United States (US) CDC as of November 12, there have been a total of 1,992 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (945), Florida (598), and American Samoa (448). Since the previous update, 100 incident locally acquired cases were reported, mostly in Florida (95).

| Dengue Cases and Hospitalization Rate by Travel Status, United States, 2026 | | | | | |
|---|---|---|---|---|---|
| Locally Acquired Cases | | | Travel Associated Cases | | |
| Cumulative | Incident† | Hospitalized | Cumulative | Incident† | Hospitalized |
| 1,992 | +100 | 42% | 850 | +64 | 34% |

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

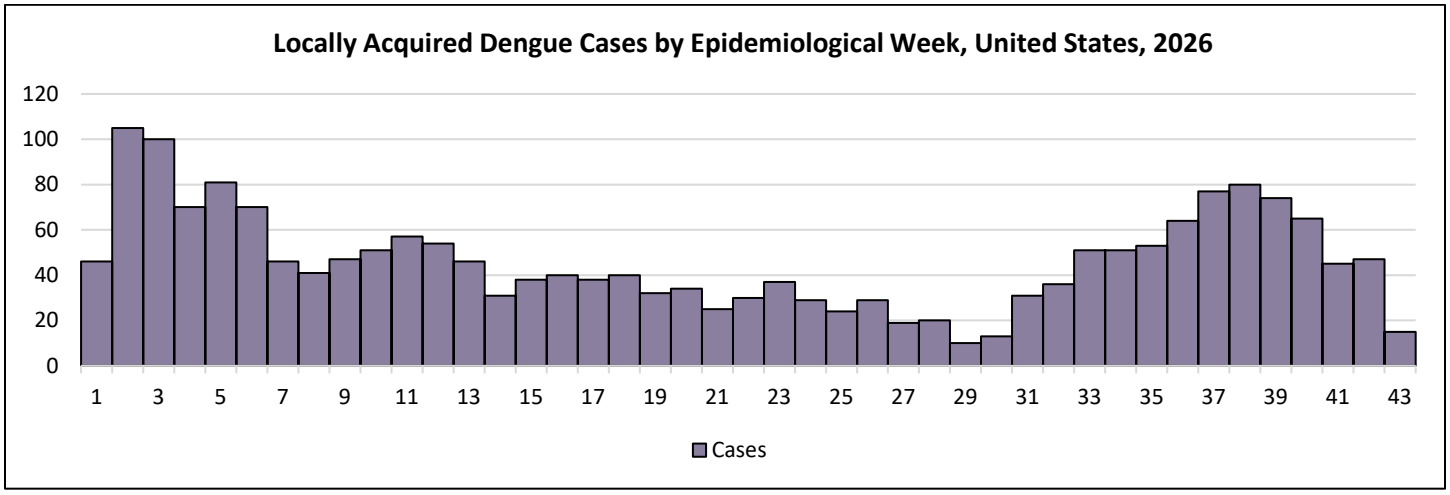


*Figure Notes: Data as of November 12, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.*

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 November 12, a total of 850 travel-associated dengue cases were reported among US residents in 2026. Since the previous update, 64 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 (11/12/26), CDC 2025 (10/22/26), Florida Arbovirus Surveillance (10/10/26)

## Africa – Incident Cases Reported in Senegal and Somalia:

According to data from the Africa CDC as of October 25, there have been a total of 27,075 cases of diphtheria (17,063 confirmed) and 748 deaths (381 confirmed) reported by nine African Union (AU) Member States during 2026. Since the previous update, 217 incident cases and 2 deaths were reported in Senegal and Somalia.

**Diphtheria Cases and Deaths by Country, Africa, 2026**

| Country | Cases | | Deaths | | |
|---|---|---|---|---|---|
| | Cumulative | Incident† | Cumulative | Incident† | CFR* |
| Guinea | 28 | +0 | 3 | +0 | 10.7% |
| Mali | 111 | +0 | 4 | +0 | 3.6% |
| Mauritania | 366 | +0 | 16 | +0 | 4.4% |
| Morocco | 9 | +9 | 2 | +0 | 22.2% |
| Niger | 78 | +0 | 6 | +0 | 7.7% |
| Nigeria | 22,065 | +0 | 581 | +0 | 2.6% |
| Senegal | 422 | +121 | 14 | +2 | 3.3% |
| Somalia | 3,948 | +96 | 113 | +0 | 2.9% |
| South Africa | 48 | +0 | 9 | +0 | 18.8% |
| **Total** | **27,075** | **+217** | **748** | **+2** | **2.8%** |

*Table Notes: Data as of October 25, 2026, and includes suspected and confirmed cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

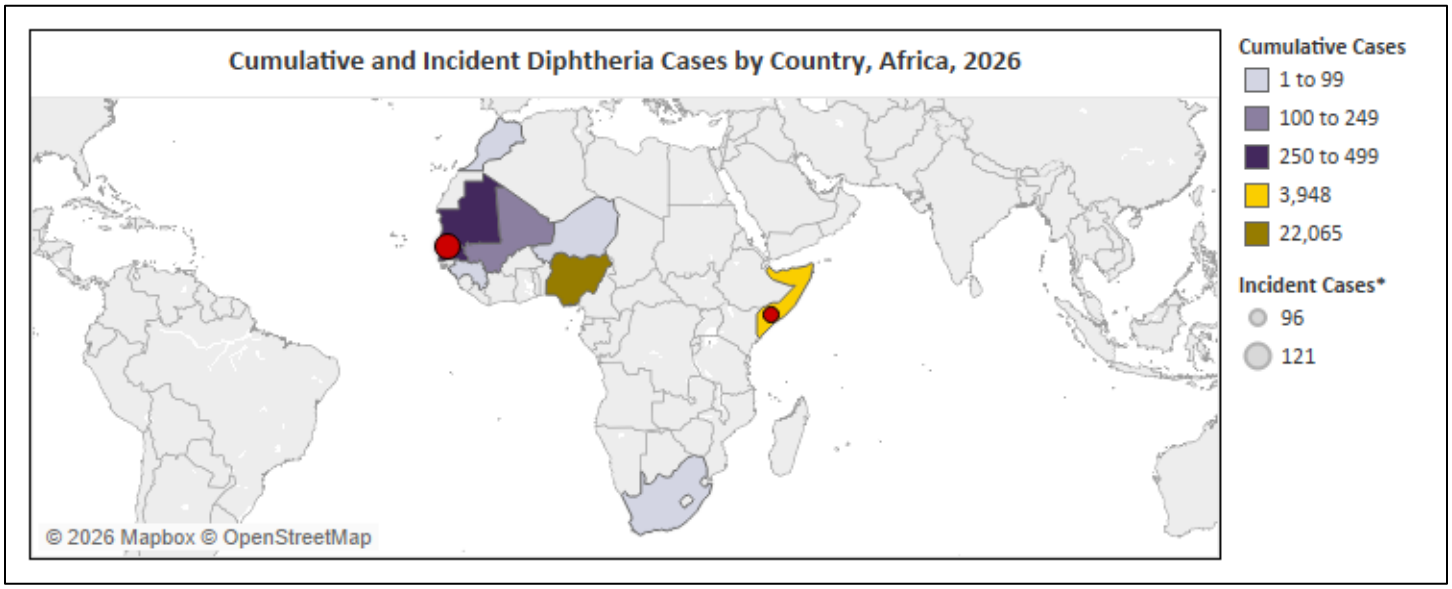


*Figure Notes: Data as of October 25, 2026, and includes suspected and confirmed cases; *Change in cumulative total compared to previous update.*

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

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

**Data Source:** Africa CDC (10/25/26)

# Ebola

## Africa – Confirmed Cases & Deaths Continue to be Reported in the DRC:

According to data from the National Institute of Public Health Institute (INSP) in the Democratic Republic of the Congo (DRC) as of November 11, 2026, there have been a total of 11,114 confirmed Bundibugyo virus disease (BVD) cases and 5,411 confirmed deaths reported across 8 provinces. Since the previous update, 446 additional confirmed cases and 235 confirmed deaths were reported in the DRC – case detection and contact tracing remain a challenge. According the Ministry of Health-Kenya (MOH-Kenya) as of November 11, 2026, there have been a total of 9 confirmed cases of BVD reported in Kenya and 2 confirmed deaths. Since the previous update, there have been no additional cases reported. According to Nigeria Centre for Disease Control and Prevention (NCDC) as of November 6, 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‡ | 11,114 | +446 | 5,433 | +235 | 48.9% |
| Uganda | 20 | +0 | 2 | +0 | 10.0% |
| France§ | 1 | +0 | 0 | +0 | 0.0% |
| Kenya₽ | 9 | +0 | 2 | +0 | 22.2% |
| Nigeria¶ | 1 | +0 | 0 | +0 | 0.0% |
| **Total** | **11,145** | **+446** | **5,437** | **+235** | **48.8%** |

*Table Notes: Data for the DRC as of November 11, 2026; Data from Kenya as of November 11, 2026; Data from Nigeria as of November 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; ¶Includes imported case.*

In the DRC, according to data from the INSP as of November 11, 2026, confirmed cases have been reported in 67 health zones across Bas-Uélé (4), Haut-Uélé (7), Ituri (28), North Kivu (17), North Ubangi (2), South Kivu (1), South Ubangi (1), and Tshopo (7) provinces – 69.5% of confirmed cases have been reported in Ituri province (7,728), followed by North Kivu (2,761), Haut-Uélé (499), Tshopo (98), Bas-Uélé (13), North Ubangi (10), South Kivu (3), and South Ubangi (2) provinces. A total of 36,863 case contacts have been identified for monitoring and follow-up, of which 31,528 (85.5%) are actively being monitored (seen within the previous 24 hours). There have been 3,031 recoveries. According to the MOH-Kenya as of November 11, 2026, all identified case contacts have completed their 21-day monitoring period. There have been 7 recoveries. Kenya is now in a 42-day countdown before declaring the end of the outbreak. According to the NCDC as of November 6, 2026, there are currently 36 case contacts identified for monitoring, of which 36 (100%) are actively monitored.

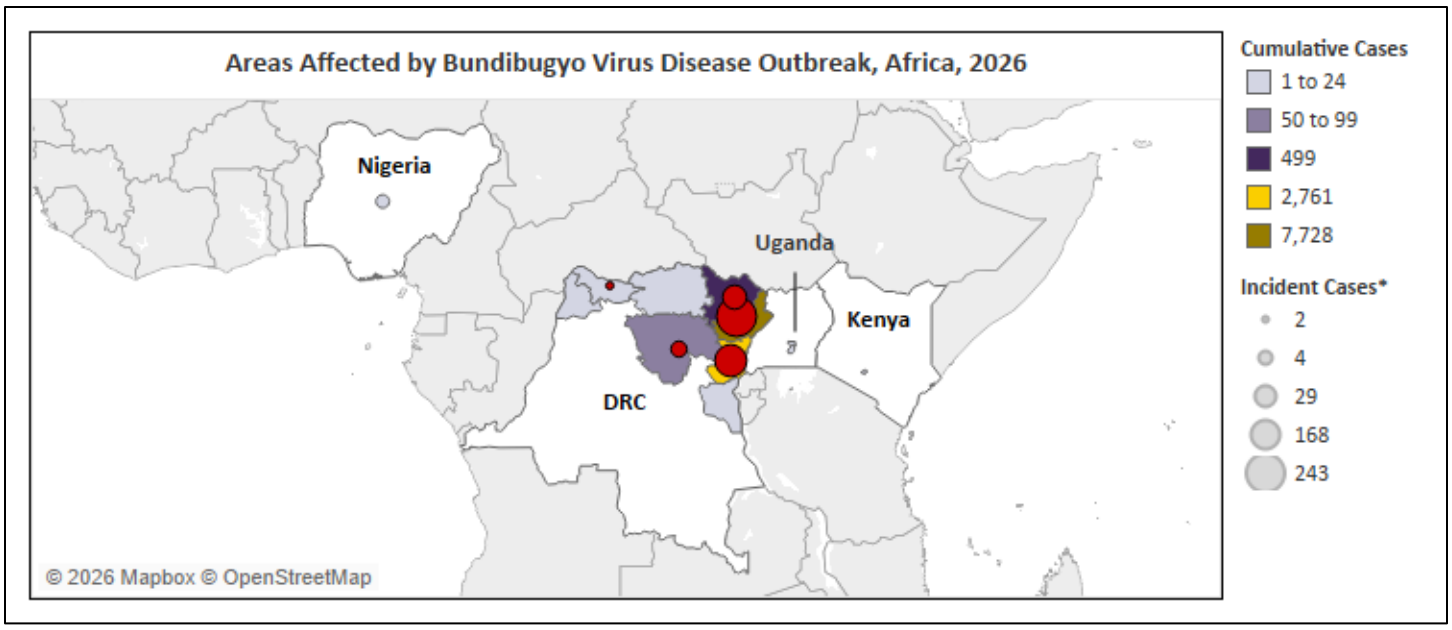


*Figure Notes: Data for the DRC as of November 11, 2026; Data from Kenya as of November 11, 2026; Data from Nigeria as of November 6, 2026; *Change in cumulative total compared to the previous update.*

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.

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 (11/12/26), MOH-Kenya (11/12/26), NCDC (11/12/26)

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

Since the previous update, the World Health Organization (WHO) released their monthly update regarding confirmed (laboratory confirmed, epidemiologically linked, and clinically compatible) measles cases and incidence reported globally by WHO Member States during 2026. So far this year, there have been a total of 344,136 confirmed measles cases reported by 141 countries, an increase of 9,419 confirmed cases since the previous update. The top 10 countries with the highest reported cumulative confirmed case counts and incidence rates as of November 11, 2026, are presented below.

| Cumulative Measles Cases and Incidence Rates, Global, 2026 | | | |
|---|---|---|---|
| **Confirmed Cases** | | **Incidence per 1M Population (Annualized)** | |
| Country | Cumulative | Country | Cumulative Incidence Rate |
| Bangladesh | 70,496 | Guatemala* | 2,087.29 |
| Indonesia | 56,709 | Maldives | 609.58 |
| Guatemala* | 32,993 | Mongolia | 596.49 |
| India | 29,041 | Yemen | 504.62 |
| Yemen | 18,066 | Bangladesh | 475.74 |
| Pakistan | 14,694 | Rwanda | 454.70 |
| Mexico | 13,794 | Kazakhstan | 417.37 |
| Cameroon | 9,813 | Cameroon | 384.31 |
| Angola | 8,058 | Lao People's Democratic Republic | 308.80 |
| Sudan | 7,601 | Central African Republic | 265.73 |

*Table Notes: Data as of November 11, 2026; *Includes laboratory confirmed cases only; Counts and rates are provisional.*

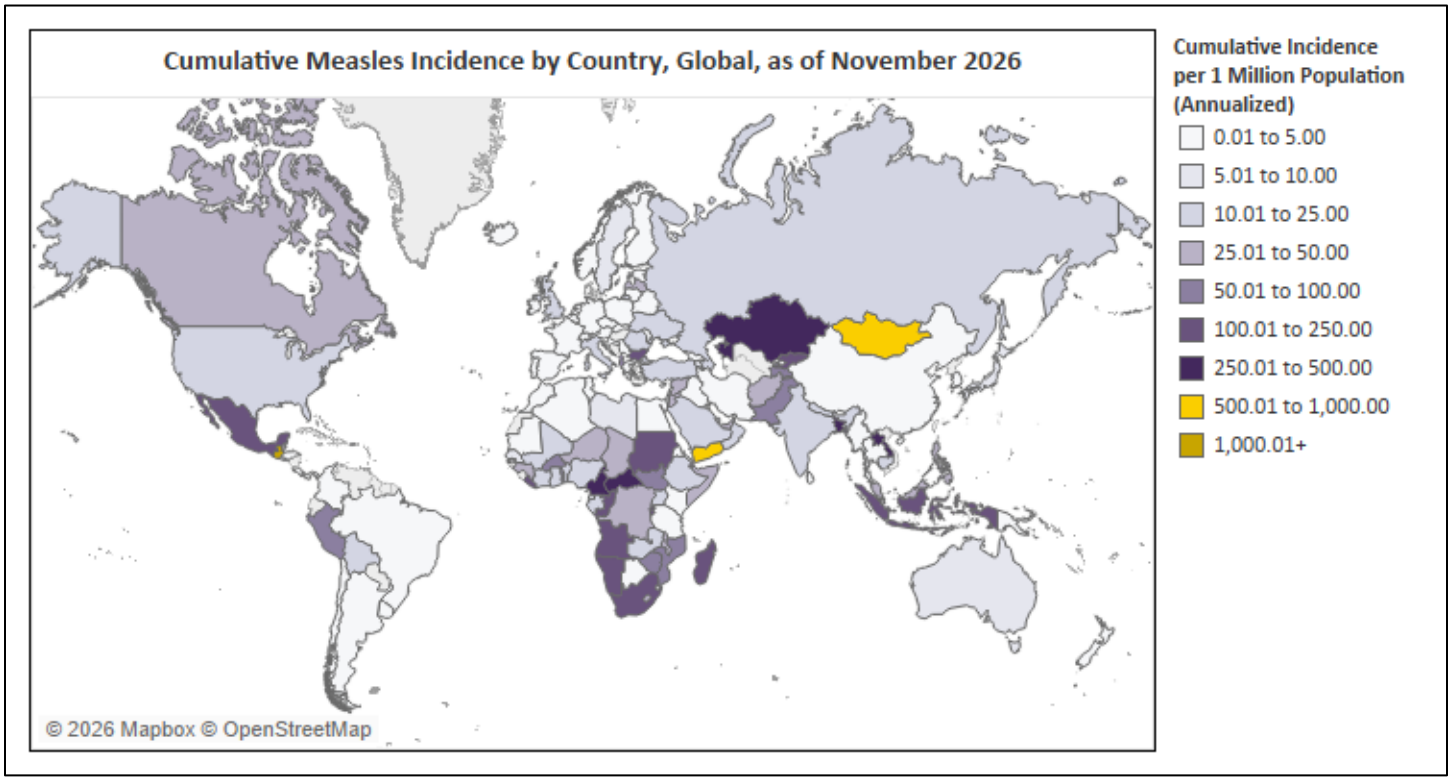


*Figure Notes: Data as of November 11, 2026; Rates are provisional.*

There were 282,072 confirmed measles cases reported globally during 2025 according to WHO data. A year ago on November 10, 2025, the Pan American Health Organization (PAHO) announced that the Americas has lost its verification as free from endemic measles transmission. This change came as endemic transmission of measles had been reestablished

in Canada (local transmission observed for ≥12 months). All other countries in the region continue to maintain their measles-free status, although several are in jeopardy of losing that status this month, including Mexico and the United States. According to a PAHO Situation Report published on November 6, 2026, a total of 57,666 confirmed cases and 81 deaths have been reported in the Americas during 2026, representing a 4.7-fold increase in confirmed cases compared to 2025 through the end of epidemiological week 43 – overall risk associated with measles in the region is currently assessed as very high. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles.

**Data Source:** WHO (11/11/26)

## 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 November 11, there have been a total of 242,907 suspected and 24,723 confirmed measles cases reported in Bangladesh. Additionally, there have been a total of 1,190 deaths reported among suspected cases and 105 deaths reported among confirmed cases. Since the previous update, 7,432 suspected incident cases (504 confirmed) and 23 additional deaths among suspected 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 | 242,907 | +7,432 | 216,806 | +6,952 | 1,190 | +23 | 0.5% |
| Confirmed | 24,723 | +504 | | | 105 | +0 | 0.4% |

*Table Notes: Data as of November 11, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

During 2026, cases have been reported in all 8 departments: Dhaka (101,045 suspected & 15,725 confirmed), Chattogram (48,474 suspected & 3,530 confirmed), Barisal (25,977 suspected & 813 confirmed), Sylhet (21,456 suspected & 1,216 confirmed), Khulna (16,599 suspected & 545 confirmed), Rajshahi (11,902 suspected & 1,428 confirmed), Mymensingh (12,798 suspected & 775 confirmed), and Rangpur (4,656 suspected & 691 confirmed). Deaths reported through mid-June have primarily been among children. About 1,000–1,300 suspected cases have been reported daily since early September, with no steady decline.

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. During 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 (11/11/26), 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 November 9, 2026, there have been total of 34,806 confirmed measles cases and 53 deaths reported in Guatemala since December 2025. Since the previous update, 54 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 | 8,570 | +21 | 53 | +0 | 0.2% |
| Epidemiological | 3,478 | +3 | | | |
| Clinical | 22,812 | +30 | | | |
| **Total** | **34,860** | **+54** | **53** | **+0** | **0.2%** |

*Table Notes: Data as of November 9, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

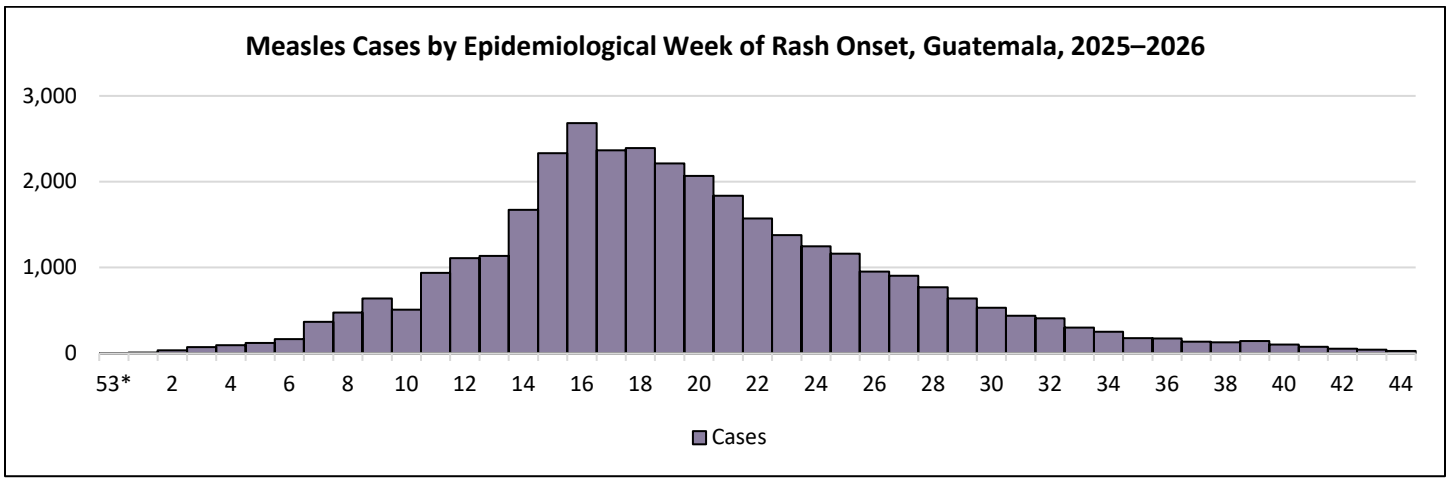


*Figure Notes: Data as of November 9, 2026 (4 cases missing from figure); *Epidemiological week 53 straddles 2025 and 2026.*

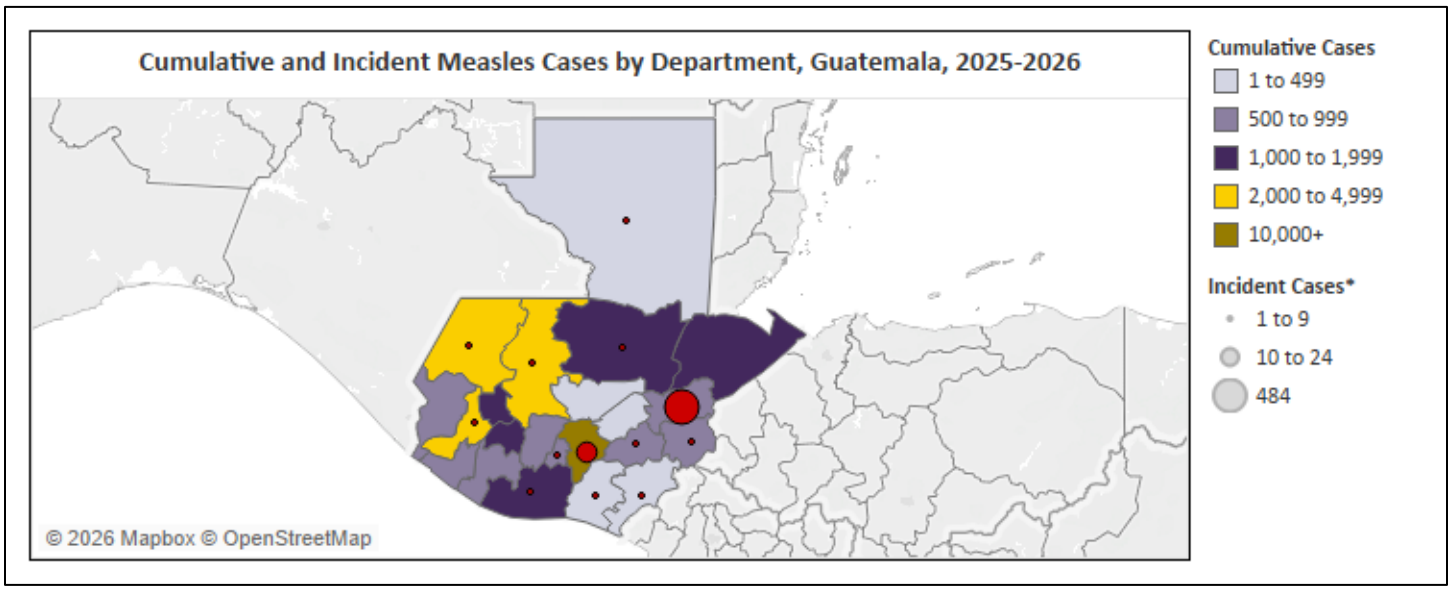


*Figure Notes: Data as of November 9, 2026 (44 cases missing from figure); *Change in cumulative total compared to previous update (may also include additional cases previously missing location information).*

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (12,681), Quetzaltenango (2,638), Quiche (2,238), Huehuetenango (2,073), Izabal (1,909), Alta Verapaz (1,878), 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.

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 (11/9/26)

## Mexico – Incident Cases Reported by 4 States, Primarily in Jalisco and Chiapas:

According to data from the Secretary of Health of Mexico as of November 11, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 13,938 confirmed cases and 23 deaths reported during 2026. Since the previous update, 166 confirmed incident cases with symptom onset during 2026 were reported, primarily in Jalisco (104) and Chiapas (60).

| 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 | 30,888 | +157 | 13,938 | +166 | 23 | +0 | 0.2% |

*Table Notes: Data as of November 11, 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 (7,394), Chiapas (1,058), and Mexico City (1,033). 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 (104.05), followed by those aged 1–4 years (32.49), and those aged 5–9 years (23.05).

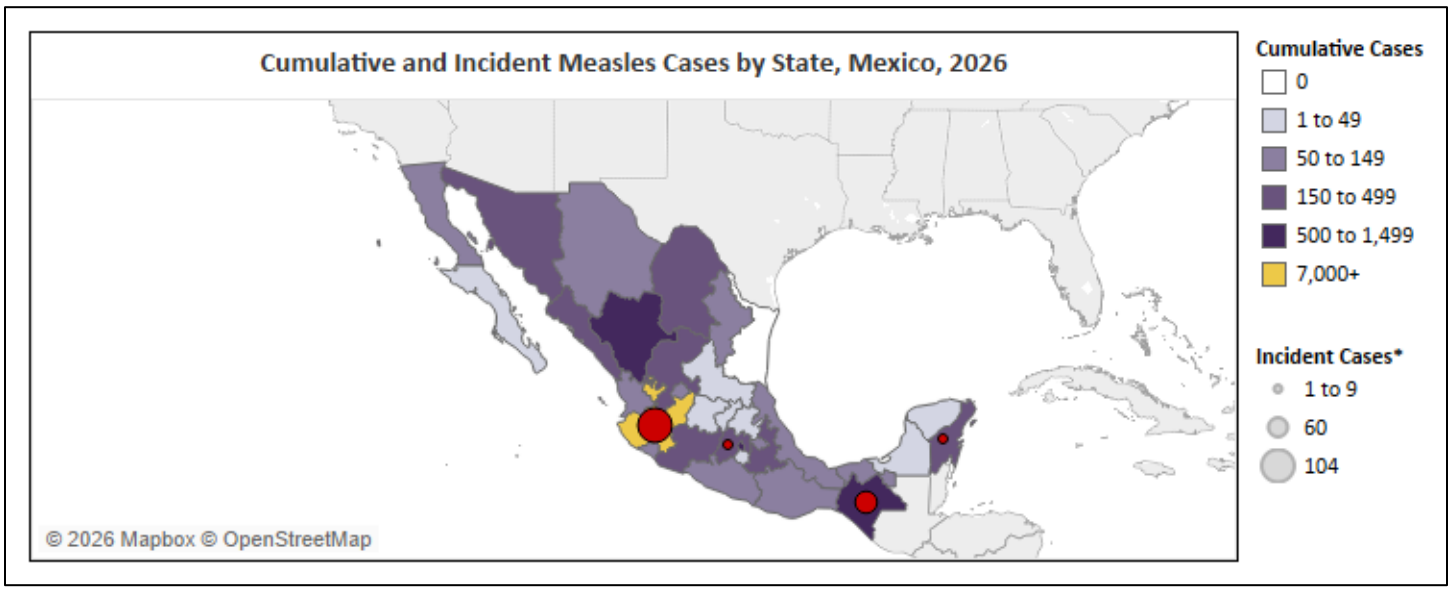


*Figure Notes: Data as of November 11, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

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 (11/11/26)

## Peru – Confirmed Incident Cases Reported by 17 Departments:

According to data from Peru's Ministry of Health as of November 10, there have been a total of 2,966 confirmed measles cases reported in the country during 2026. Since the previous update, 190 confirmed incident cases were reported.

| Measles Cases and Deaths, Peru, 2026 | | | | | | |
|---|---|---|---|---|---|---|
| Suspected Cases | | Confirmed Cases | | Deaths | | |
| Cumulative | Incident† | Cumulative | Incident† | Cumulative | Incident† | CFR* |
| 8,083 | +660 | 2,966 | +190 | 1 | +0 | 0.03% |

*Table Notes: Data as of November 10, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

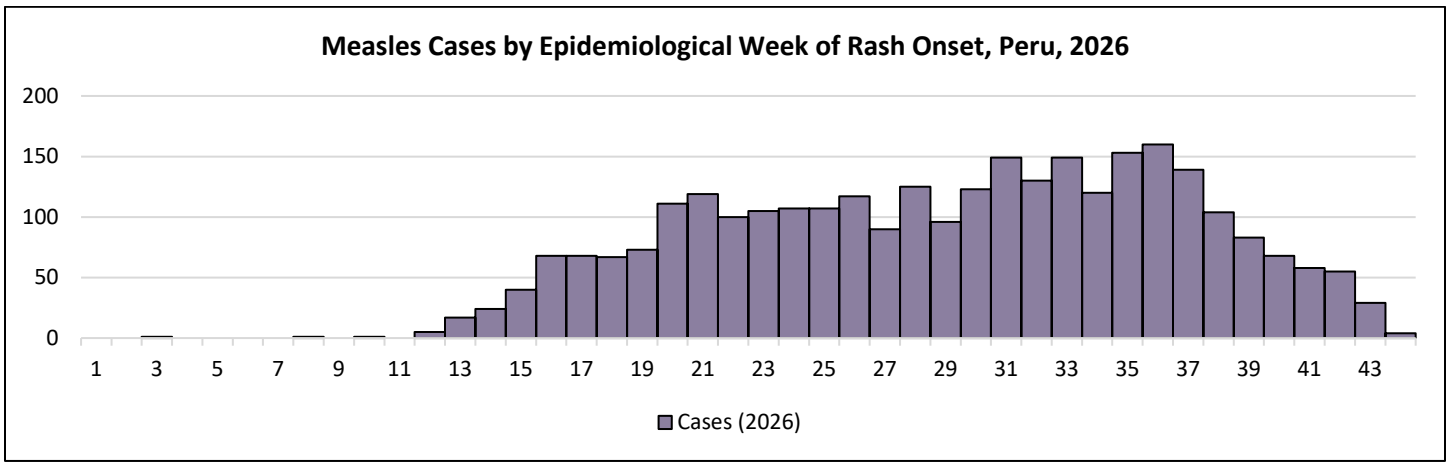


*Figure Notes: Data as of November 10, 2026, and includes confirmed cases only.*

Confirmed cases have been reported by 21 departments, with 49% of cases reported in Puno (1,461). Suspected cases have been reported in all 24 departments, with 61% of cases reported in Puno (2,313), Lima (1,580), and Arequipa (1,057). Most confirmed cases were among those aged 20–29 years (31%), followed by those aged 10–19 years (24%). There were only five cases reported in 2025. United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice regarding measles globally. Vaccination offers the best protection against measles.

**Data Sources:** Peru Ministry of Health (11/10/26), PAHO (9/24/26)

## United States – Largest Measles Resurgence in Over 35 Years:

According to data from the United States CDC as of November 5, 2026, there have been 5,182 confirmed cases reported during 2026. This number represents the most measles cases in the country since 1991 and over twice the number of cases for the full year of 2025 (2,289). Since the previous update, 330 confirmed incident cases with rash onset during 2026 were reported by 17 states, primarily in Pennsylvania (65) – where adults made up two-thirds of total cases. New York and Wisconsin are the most recent states to have reported measles-associated deaths, both in children.

| 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 | 5,182 | +330 | 562 | +51 | 8 | +0 | 0.2% |

*Table Notes: Data as of November 5, 2026, and includes cases reported among international visitors to the United States; ‡2026 measles-associated deaths are based on reporting by the Pennsylvania Department of Health, New York State Department of Health, and Wisconsin Department of Health Services as of November 12, 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 (1,476), South Carolina (670), Utah (536), Wisconsin (419), Kentucky (204), Ohio (202), Texas (192), and Virginia (182) as of November 5. In New York, there have been 8 confirmed cases reported in New York City and 247 in Rest of State (255 total) as of November 7. New

York 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 (3,608 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 and 20+ years have been most affected (each group 41%). Among all confirmed cases, 96% have been unvaccinated or have unknown vaccination statuses and 11% have been hospitalized – including 17% of those aged <5 years and 15% of those aged 20+ years.

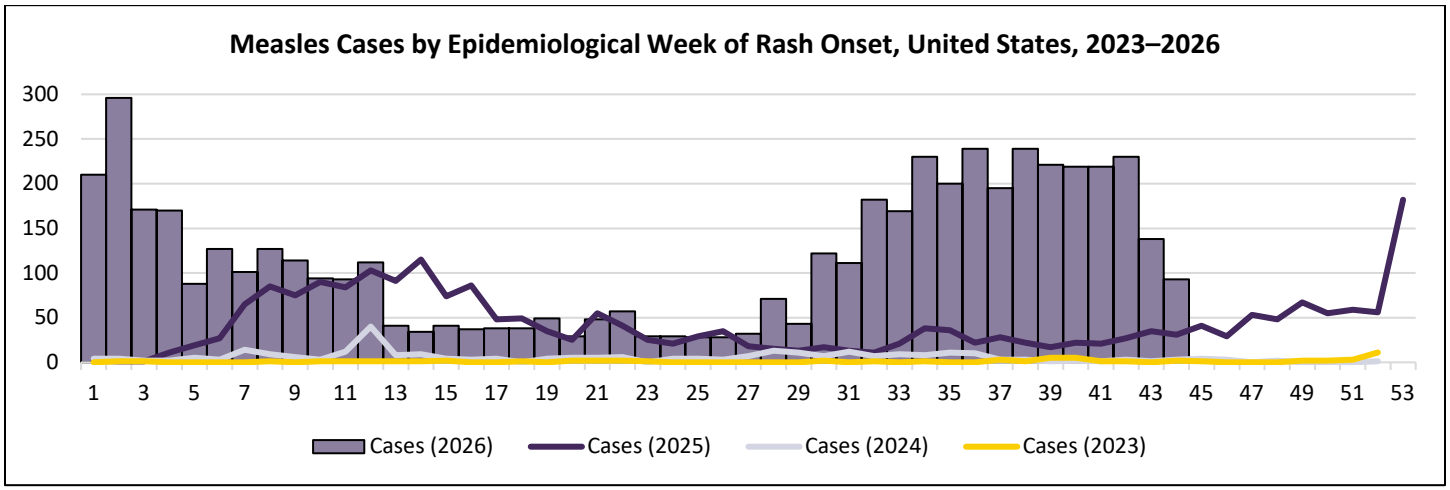


*Figure Notes: Data as of November 5, 2026, and includes cases reported among international visitors to the United States.*

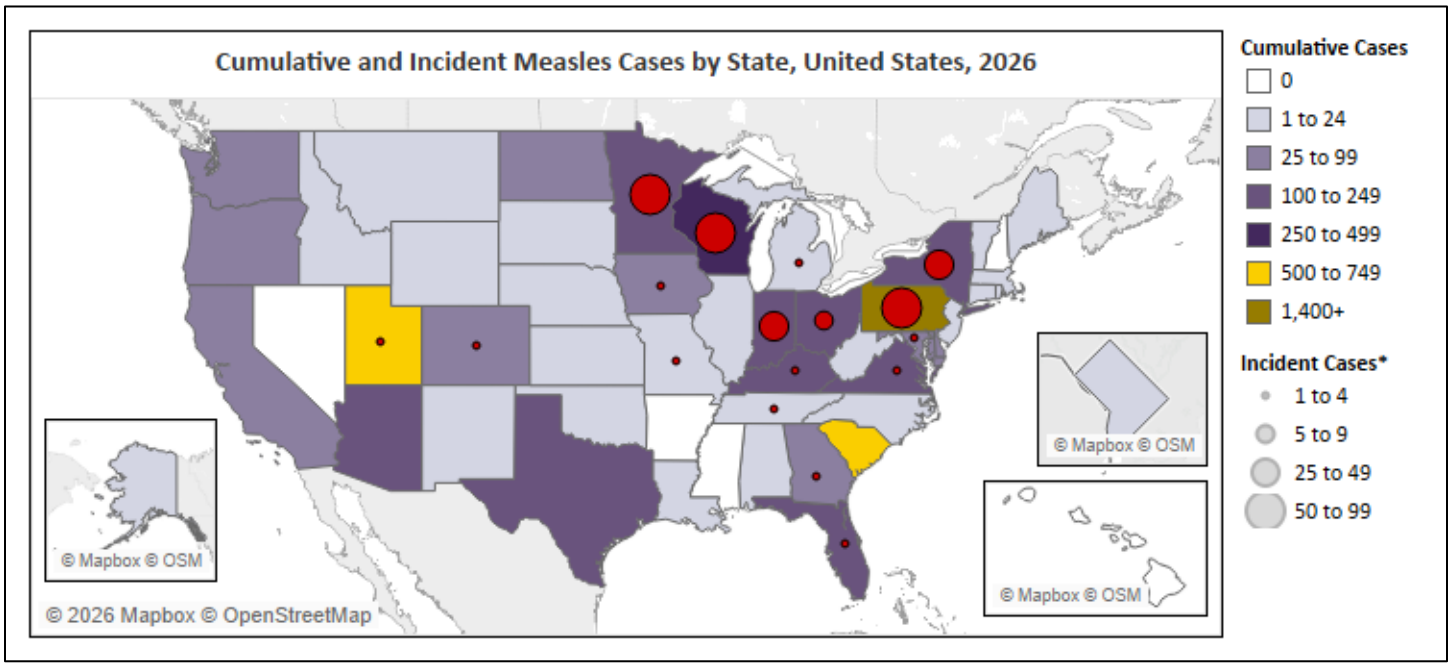


*Figure Notes: Data as of November 5, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

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. The nation obtained elimination status in 2000 but may soon lose this status upon review by the Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission during their sixth annual meeting this week. 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 (11/6/26), Pennsylvania DOH (11/9/26), NYSDOH (11/10/26), Wisconsin DHS (11/10/26)

# New World Screwworm

## Mexico – Updated Data on Animal and Human Cases Reported:

According to data from the Secretary of Agriculture of Mexico as of November 9, 2026, there have been a total of 51,689 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,618 are currently active. According to data from the Secretary of Health of Mexico as of November 6, 2026, there have been a total of 820 confirmed NWS cases and 9 deaths reported among humans since the beginning of 2025. Since the previous update, 2,063 incident cases among animals and 14 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* |
| 51,689 | +2,063 | 1,618 | −278 | 820 | +14 | 9 | +0 | 1.1% |

*Table Notes: Data for cases reported among animals as of November 9, 2026, and among humans as of November 6, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.*

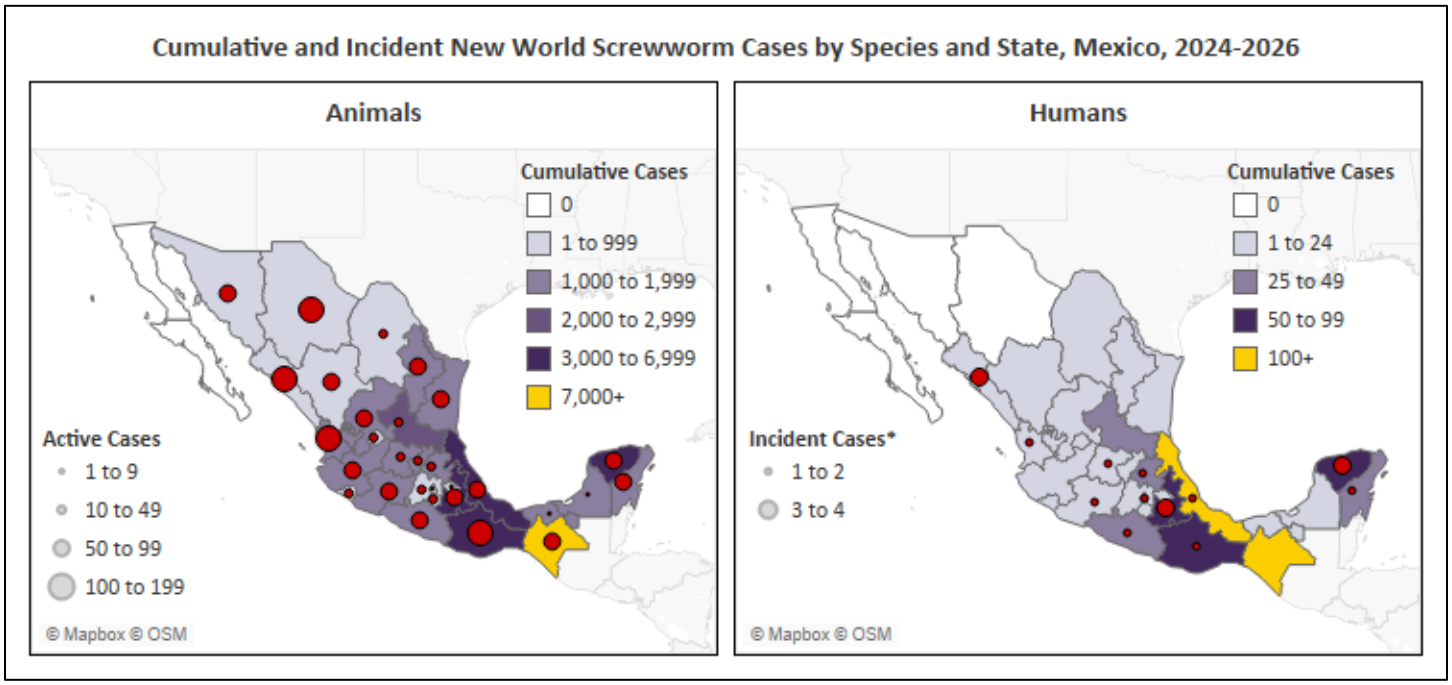


*Figure Notes: Data for cases reported among animals as of November 9, 2026, and data for cases reported among humans as of November 6, 2026; *Change in cumulative total compared to previous update.*

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 (8,234), Oaxaca (5,861), Veracruz (5,345), Yucatán (3,358), Puebla (3,018), and San Luis Potosí (2,350). Confirmed NWS cases among humans have been reported in 28 jurisdictions, primarily Chiapas (173), Veracruz (128), Puebla (78), and Oaxaca (74). 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 (11/9/26), Secretary of Health (11/6/26), CDC (8/11/26)

# Non-Seasonal Influenza

## China – Incident Human Cases Reported in Guangxi Zhuang and Liaoning (H9N2):

According to data from the Hong Kong Centre for Health Protection (HKCHP) as of November 9, 2026, there have been a total of 24 confirmed influenza A(H9N2) cases reported among humans in China with symptom onset in the past 6 months, none of which have been fatal. Since the previous update, 2 confirmed incident H9N2 cases were reported in the Guangxi Zhuang Autonomous Region and Liaoning Province. The case in the Guangxi Zhuang Autonomous Region was reported among a 9-year-old female with symptom onset on October 13, 2026. The case in Liaoning Province was reported among a 7-year-old male with symptom onset on September 20, 2026. Both cases were exposed to poultry prior to illness onset and have since recovered from infection. All close contacts of both cases were tested for influenza A with negative results.

In the past 6 months, confirmed human H9N2 cases have been reported by 14 provinces/regions/municipalities in China: Guangxi Zhuang (4), Guangdong (3), Yunnan (3), Henan (2), Jiangsu (2), Jiangxi (2), Anhui (1), Beijing (1), Gansu (1), Guizhou (1), Hubei (1), Liaoning (1), Sichuan (1), and Hong Kong (1). According to data from the World Health Organization (WHO) as of October 30, 2026, there have been a total of 186 human H9N2 cases and 2 deaths reported in China since December 2015 (out of 187 total in the Western Pacific Region with the remaining cases being reported in Cambodia [2] and Vietnam [1]). Most cases have been mild and have been associated with exposure to infected poultry or contaminated poultry environments. Sporadic cases of human infection are expected in areas where H9N2 viruses circulate among poultry.

**Data Sources:** HKCHP (11/10/26), WHO (10/30/26)

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

According to data from the United States Department of Agriculture (USDA) as of November 12, 2026, there have been a total of 2,307 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 7 new detections were reported. In the past 30 days, a total of 34 confirmed HPAI detections have been reported by 18 states, primarily California (7), Montana (3), and Washington (3), affecting 2.74 million birds. According to data from the USDA as of November 12, 2026, there have been a total of 1,235 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 8 new detections were reported. In the past 30 days, a total of 51 confirmed HPAI detections have been reported in Washington (41), Texas (4), Idaho (2), Indiana (2), Colorado (1), and for the first time among dairy cattle in Oregon (1).

| HPAI Detections Among Animals, United States, Past 30 Days | | | | | | |
|---|---|---|---|---|---|---|
| **Poultry Flocks** | | **Livestock Herds*** | | | **Wild Birds** | **Mammals** |
| Commercial | Backyard | Dairy Cattle | Swine | Alpacas | | |
| 13 | 21 | 51 | 0 | 0 | 343 | 1 |

*Table Notes: Data as of November 12, 2026; Number of detections reported in the past 30 days are based on date of detection/confirmation rather than sample collection; *New HPAI detections among previously unaffected herds only.*

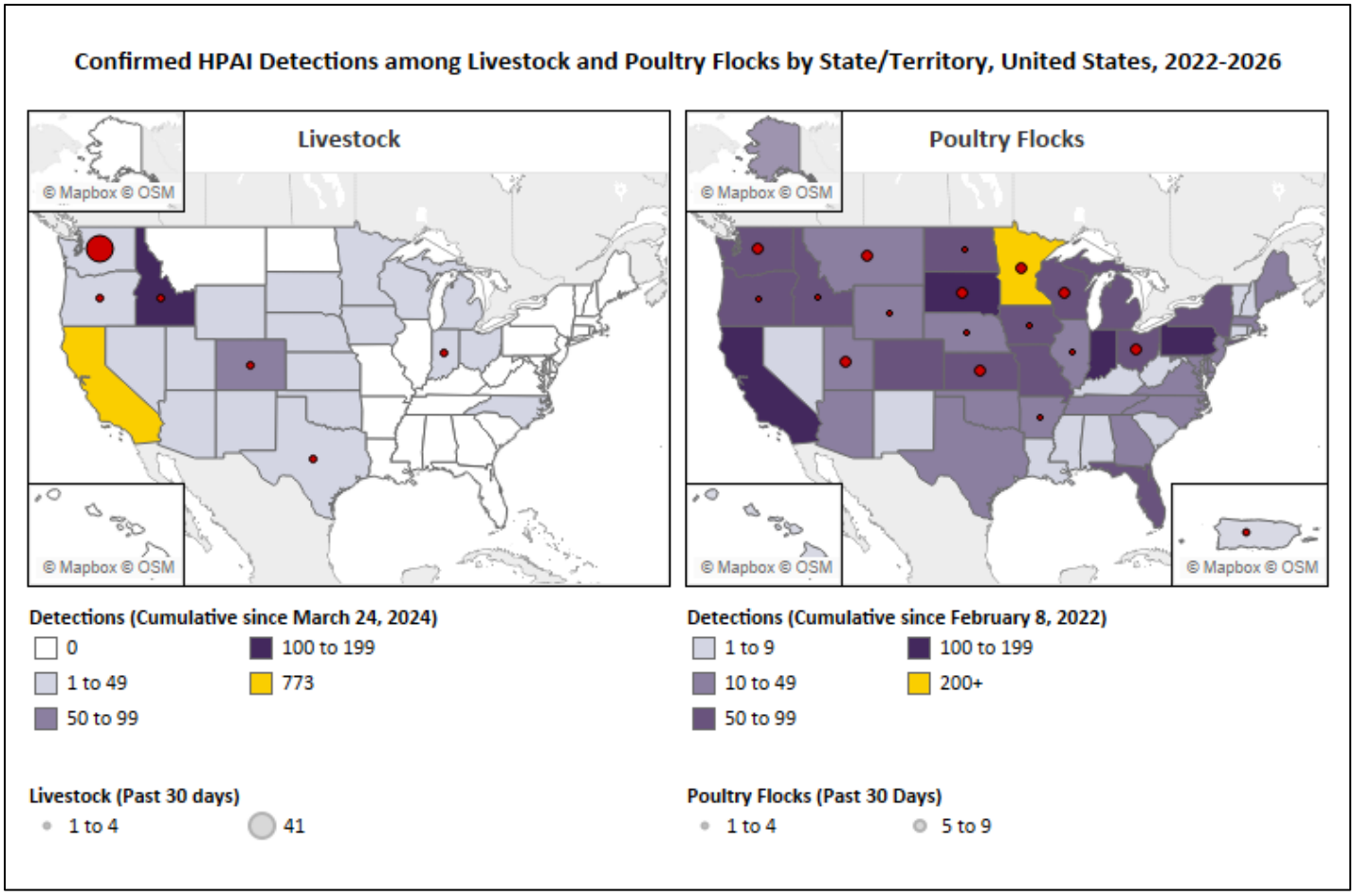


*Figure Notes: Data as of November 12, 2026.*

According to data from the United States CDC as of November 5, 2026, there have been a total of 74 confirmed influenza A(H5) cases, including 3 deaths (1, 2, 3), and 7 probable H5 cases reported among humans since the beginning of 2024. The most recent human H5N1 cases (1 fatal) were reported in Yakima County, Washington, among individuals exposed to infected dairy cattle. 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 (11/12/26), USDA (11/12/26), CDC (11/5/26), PAHO (8/26/26)

## Polio

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

According to data from the Global Polio Eradication Initiative (GPEI) as of November 9, 2026, there have been 59 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 37 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 176 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 21 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, 1 incident AFP cases caused

by cVDPV1 was reported in South Sudan, 10 incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of Congo (DRC) (9) and Nigeria (1), and 3 incident AFP cases caused by cVDPV3 were reported in Niger (1) and Nigeria (2).

| Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026 | | | | | | | |
|---|---|---|---|---|---|---|---|
| **WPV1** | | **cVDPV1** | | **cVDPV2** | | **cVDPV3** | |
| Cumulative | Incident† | Cumulative | Incident† | Cumulative | Incident† | Cumulative | Incident† |
| 59 | +1 | 37 | +1 | 176 | +10 | 21 | +3 |

*Table Notes: Data as of November 9, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.*

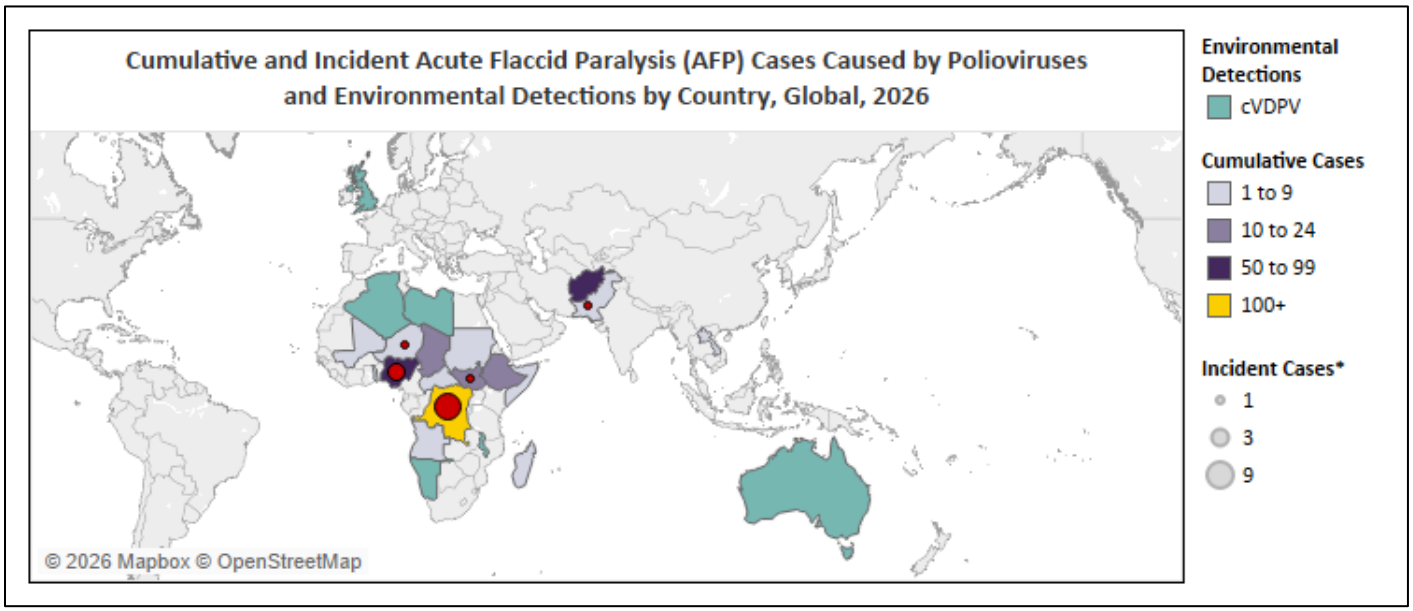


*Figure Notes: Data as of November 9, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

Cases of AFP with onset of paralysis during 2026 have been reported this year by 16 countries: Afghanistan (50 – WPV1), Angola (1 – cVDPV2), the Central African Republic (5 – cVDPV2), Chad (9 – cVDPV2, 1 – cVDPV3), the DRC (102 – cVDPV2), Ethiopia (11 – cVDPV1), Lao People's Democratic Republic (3 – cVDPV1), Mali (5 – cVDPV2), Madagascar (4 – cVDPV1), Niger (3 – cVDPV3), Nigeria (37 – cVDPV2, 17 – cVDPV3), Pakistan (9 – WPV1), Somalia (6 – cVDPV2), South Sudan (19 – 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), Uganda (2 – 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 (11/10/26), GPEI - cVDPV (11/10/26)

## Yellow Fever

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

According to data from the Pan American Health Organization (PAHO) as of November 3, there have been a total of 106 confirmed yellow fever cases and 47 deaths reported in the Americas during 2026. Since the previous update, 2 confirmed incident cases were reported in Peru.

| Yellow Fever Cases and Deaths, the Americas, 2026 | | | | |
|---|---|---|---|---|
| **Confirmed Cases** | | **Deaths** | | |
| Cumulative | Incident† | Cumulative | Incident† | CFR* |
| 108 | +2 | 47 | +0 | 43.5% |

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

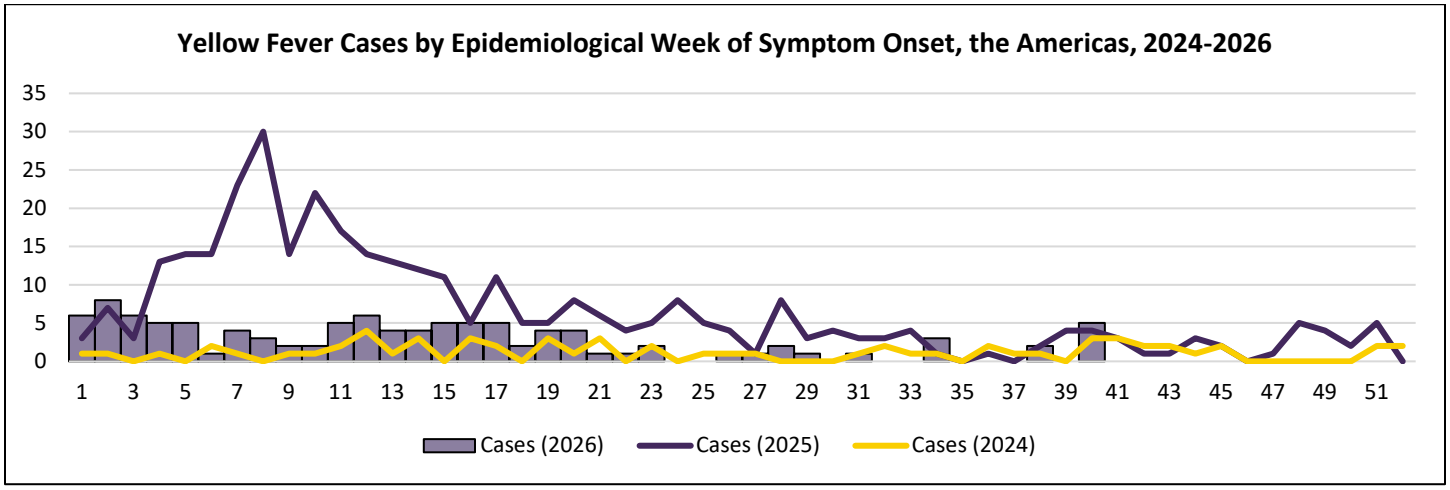


*Figure Notes: Data as of November 3, 2026; Cases reported during 2025 (7) and 2026 (2) without dates of symptom onset are excluded.*

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 (13 cases, 6 deaths), Venezuela (14 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.

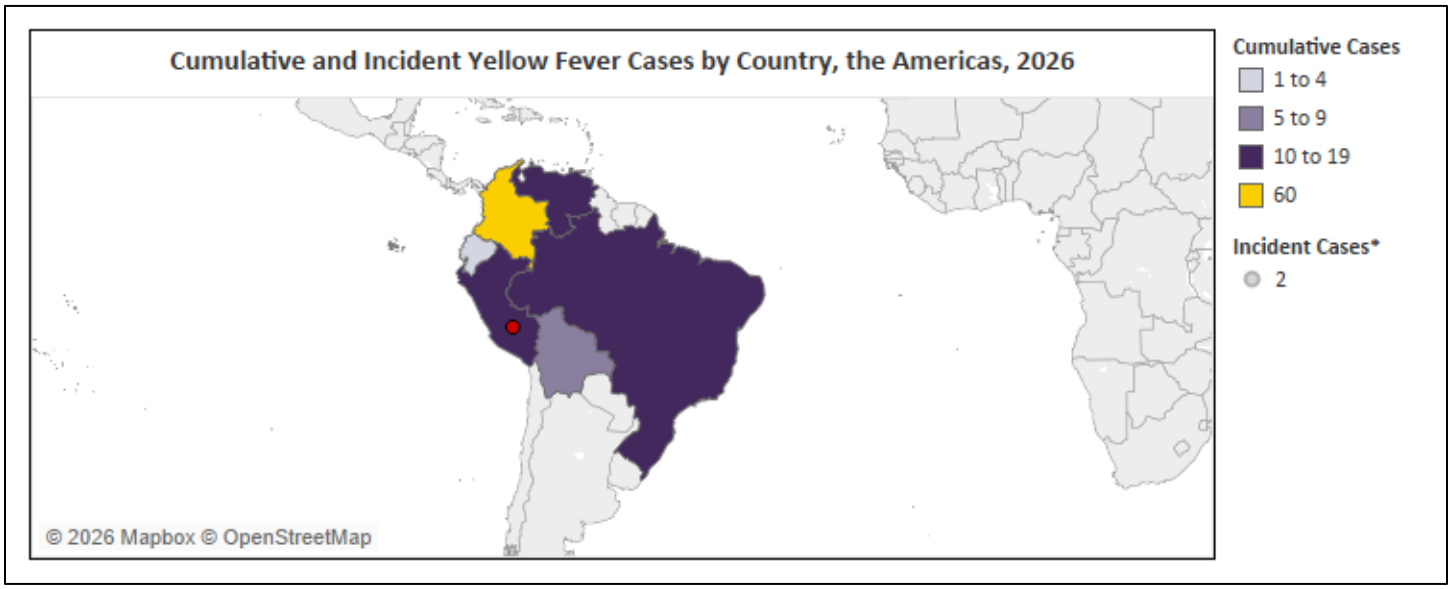


*Figure Notes: Data as of November 3, 2026; *Change in cumulative total compared to previous update.*

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 (11/10/26)

## 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**

- Australia – National Incidence Trends Continue Gradual Decline Since Early June (November 5)
- 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)
- Guatemala – Updated Data on Nationwide Outbreak; Incidence Trends Declining (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)
- 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 – October Saw 165% Increase in Detections Across 3 States (November 5)

**Non-Seasonal Influenza**

- Brazil – Human Case of Swine Influenza Reported in Santa Catarina (H1N1v) (October 29)
- 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)

**Salmonella**

- United States – Updated Data on Multistate Outbreak Linked to Raw Oysters (November 5)
- 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 Burkina Faso, Côte d'Ivoire, and 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:

- 989 suspected cholera cases and 61 deaths in Walikale, North Kivu, DRC, in 2026, with recent weekly rise - BEACON
- Africa CDC Epidemic Intelligence Weekly Report, October 2026 – Africa CDC
- Cholera outbreak spreading rapidly in Yemen as more people flee violence - Yemen | ReliefWeb
- Conflict Escalation in Yemen - Situation Report #9 (Reporting period: 20 – 25 October 2026 | Issued: 28 October 2026) - Yemen | ReliefWeb
- Cuba's estimated dengue case count rises to 15 859, reaching 10.6 times the expected level - BEACON
- Sustained dengue transmission in Colombia: 98 096 cases, 73 deaths, and outbreak status in 23 departments - BEACON
- Norovirus No. 1 cause of cruise ship outbreaks for past 30 years, but other pathogens gaining | CIDRAP
- CDC declares its probe into outbreak of E coli, Salmonella illnesses tied to alfalfa sprouts over | CIDRAP
- WHO reports 67 confirmed yellow fever cases and 18 deaths across nine African countries, with recent activity concentrated in Burkina Faso, Côte d'Ivoire, Ghana, and Liberia - BEACON
- South Sudan confirms yellow fever death in Morobo County resident with recent travel to DRC - BEACON
- Only 1 in 4 adults with long COVID reached full symptom remission 3 years after infection, new data reveal | CIDRAP
- Almost 1 in 4 Americans believe misinformation about cause of autism | CIDRAP