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

GLOBAL HEALTH UPDATE

Date: 11/19/26

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

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Chikungunya

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

According to data from the Pan American Health Organization (PAHO) as of November 14, there have been a total of 230,149 chikungunya cases, of which 90,859 are confirmed, and 117 deaths reported in the Americas during 2026. Since the previous update, 4,991 incident cases and 4 deaths were reported in the region – most incident cases experienced symptom onset during previous weeks. An additional 8,515 cases were confirmed as well, most retrospectively.

Cases have been reported by 20 countries in the Americas during 2026, primarily Brazil (145,588), Bolivia (48,925), Suriname (16,716), Argentina (12,657), 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 (383.76), Brazil (68.17), Argentina (27.51), and Cuba (24.94). According to a PAHO Epidemiological Alert from February, there was 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 17, a total of 177 travel associated cases and 2 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	12,657	+93	3,803	+0	2	+0	0.1%
Bolivia	48,925	+618	19,088	+7,276	46	+1	0.2%
Brazil	145,588	+4,127	59,569	+1,147	63	+3	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	1,363	+153	1,074	+92	0	+0	0.0%
Total	**230,149**	**+4,991**	**90,859**	**+8,515**	**117**	**+4**	**0.1%**

*Table Notes: Data as of November 14, 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.*

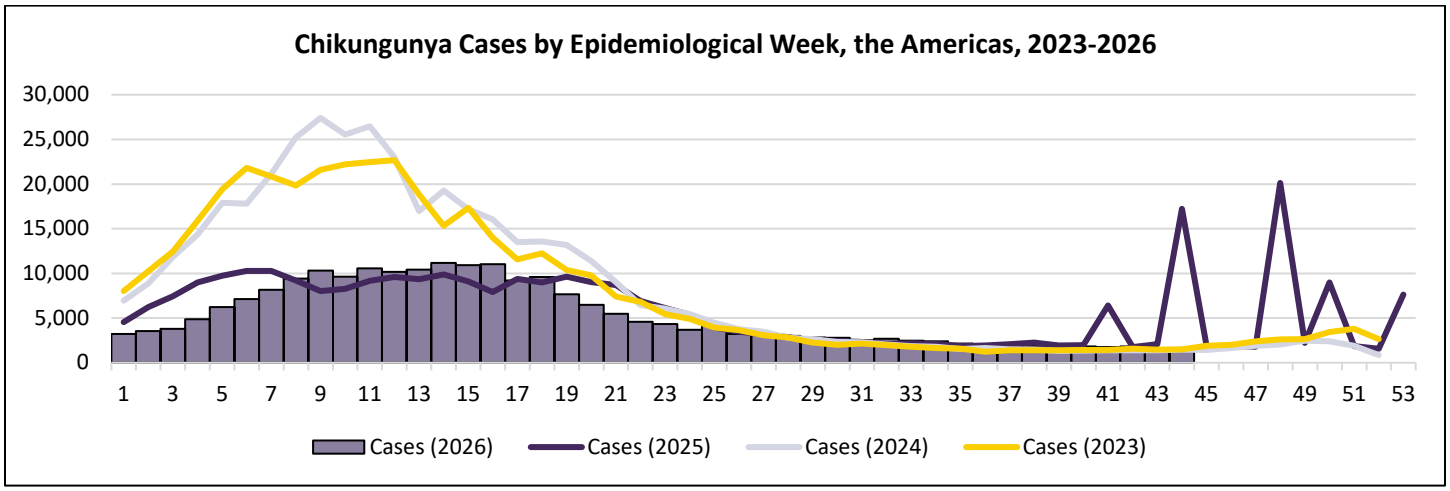

Figure Notes: Data as of November 14, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

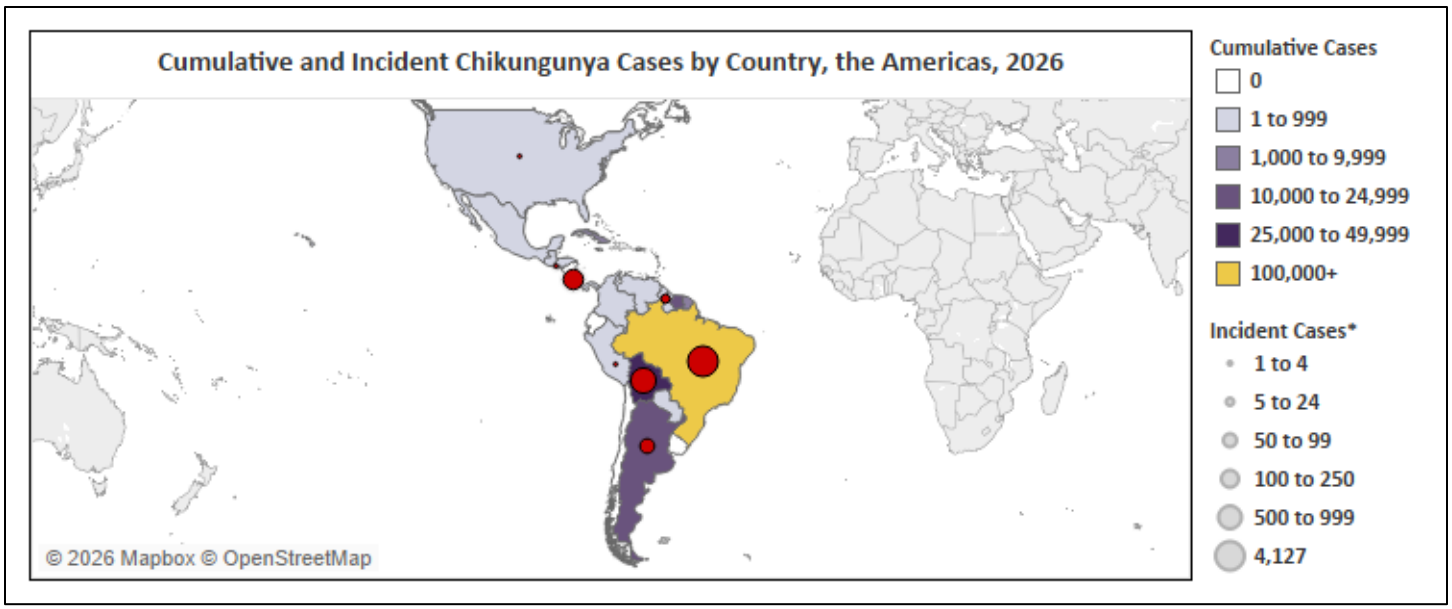

*Figure Notes: Data as of November 14, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.*

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 (11/18/26)

Dengue

United States – Nation Surpasses 2,000 Cases, Over 600 in Florida:

According to data from the United States (US) CDC as of November 18, there have been a total of 2,035 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (961), Florida (625), and American Samoa (448). Since the previous update, 43 incident locally acquired cases were reported, mostly in Florida (27).

Dengue Cases and Hospitalization Rate by Travel Status, United States, 2026					
Locally Acquired Cases			Travel Associated Cases		
Cumulative	Incident†	Hospitalized	Cumulative	Incident†	Hospitalized
2,035	+43	42%	890	+40	34%

Table Notes: Data as of November 18, 2026; †Change in cumulative total compared to previous update.

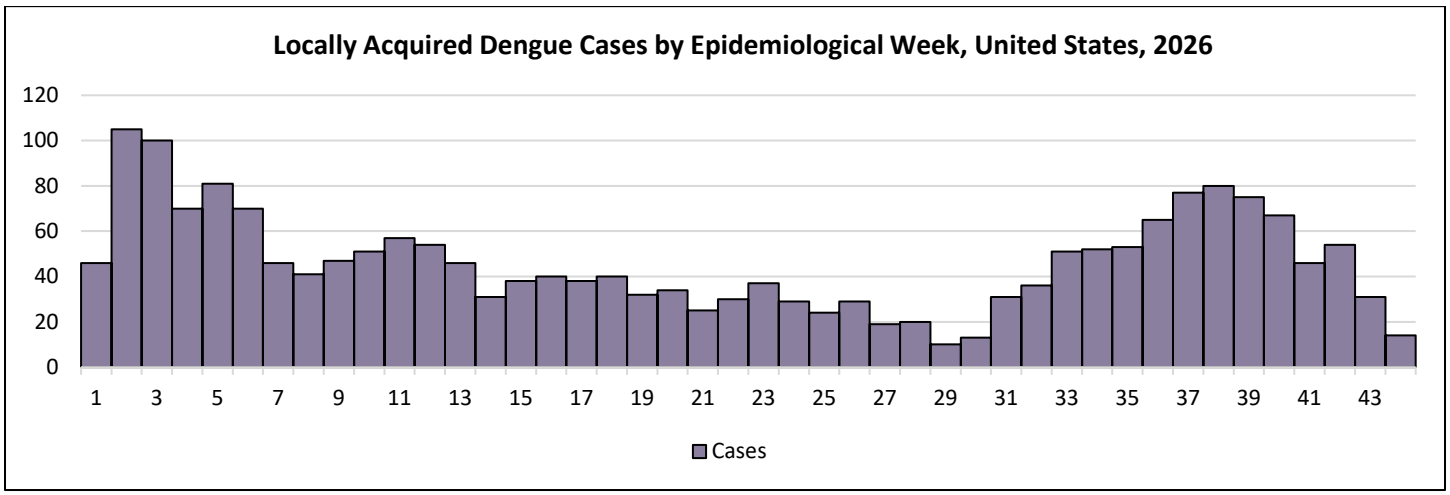

Figure Notes: Data as of November 18, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

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 CDC as of November 18, a total of 890 travel-associated dengue cases were reported among US residents in 2026. Since the previous update, 40 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 (11/18/26), CDC 2025 (10/22/26), Florida Arbovirus Surveillance (10/10/26)

Africa – Incident Cases and Deaths Reported in the DRC as Kenya Counts Down:

According to data from the National Institute of Public Health Institute (INSP) in the Democratic Republic of the Congo (DRC) as of November 17, 2026, there have been a total of 11,613 confirmed Bundibugyo virus disease (BVD) cases and 5,678 confirmed deaths reported across 8 provinces. Since the previous update, 499 additional confirmed cases and 245 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 18, 2026, there have been a total of 9 confirmed cases of BVD reported in Kenya and 2 confirmed deaths. Since the previous update, there were no additional cases reported. According to Nigeria Centre for Disease Control and Prevention (NCDC) as of November 14, 2026, there has been 1 confirmed BVD case reported 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‡	11,613	+499	5,678	+245	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	**11,644**	**+499**	**5,682**	**+245**	**48.8%**

*Table Notes: Data for the DRC as of November 17, 2026; Data from Kenya as of November 18, 2026; Data from Nigeria as of November 14, 2026; †Change in cumulative total compared to the previous update; *Case fatality rate (CFR); ‡Includes confirmed American national cases infected in the DRC that recovered in Germany (2); §Includes imported case from the DRC that recovered; ₽ Includes imported case from the DRC that died; ¶Includes imported case.*

In the DRC, according to data from the INSP as of November 17, 2026, confirmed cases have been reported in 68 health zones across Bas-Uélé (4), Haut-Uélé (8), Ituri (28), North Kivu (17), North Ubangi (2), South Kivu (1), South Ubangi (1), and Tshopo (7) provinces – 68.4% of confirmed cases have been reported in Ituri province (7,946), followed by North Kivu (2,996), Haut-Uélé (534), Tshopo (109), Bas-Uélé (13), North Ubangi (10), South Kivu (3), and South Ubangi (2) provinces. A total of 33,019 case contacts have been identified for monitoring and follow-up, of which 27,278 (82.6%) are actively being monitored (seen within the previous 24 hours). There have been 3,148 recoveries. According to data from the MOH-Kenya as of November 18, 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 on December 23, 2026. In Nigeria, according to the NCDC, there are no longer any known contacts under follow up as of November 14, 2026.

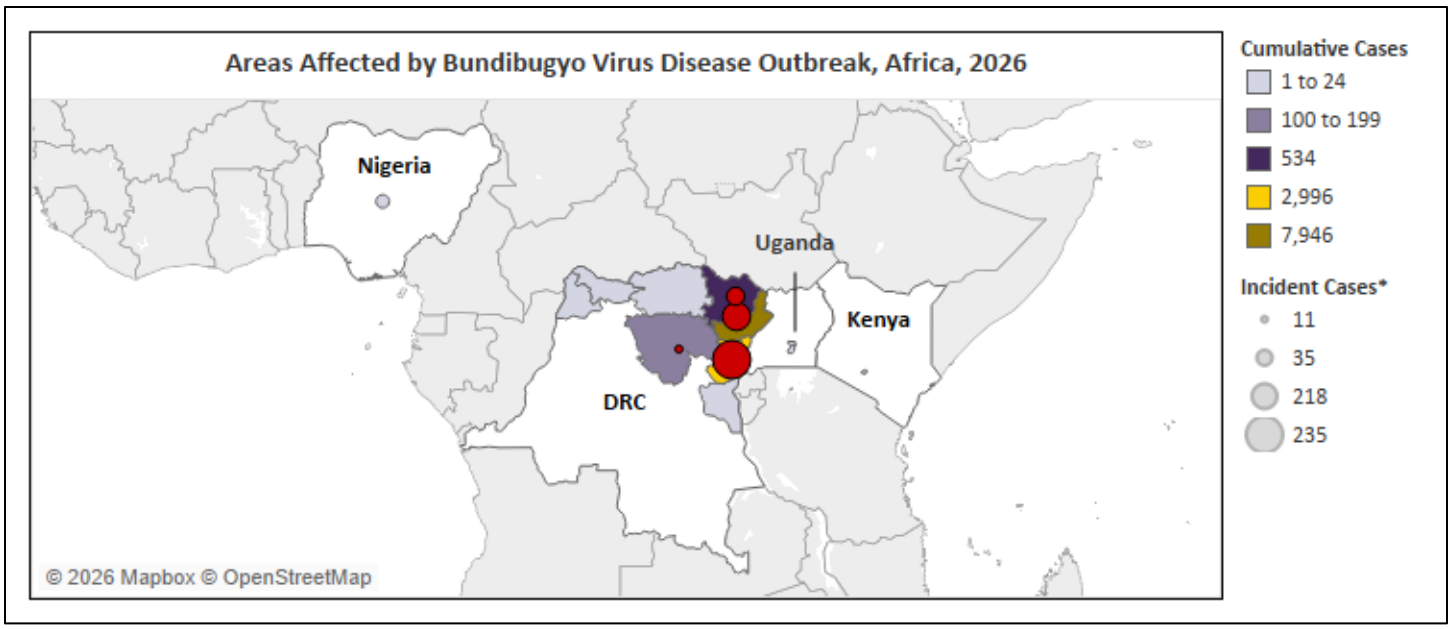

*Figure Notes: Data for the DRC as of November 17, 2026; Data from Kenya as of November 18, 2026; Data from Nigeria as of November 14, 2026; *Change in cumulative total compared to the previous update.*

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 November 10, 2026, Health and Human Services (HHS) renewed the 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 (11/18/26), MOH-Kenya (11/18/26), NCDC (11/14/26)

Bangladesh – Nation Reports Highest Number of Cases Worldwide:

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 19, there have been a total of 253,408 suspected and 25,881 confirmed measles cases reported in Bangladesh. Additionally, there have been a total of 1,231 deaths reported among suspected cases and 105 deaths reported among confirmed cases. Since the previous update, 10,501 suspected incident cases (1,158 confirmed) and 41 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	253,408	+10,501	217,540	+734	1,231	+41	0.5%
Confirmed	25,881	+1,158			105	+0	0.4%

*Table Notes: Data as of November 19, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

During 2026, cases have been reported in all 8 departments: Dhaka (105,331 suspected & 16,073 confirmed), Chattogram (50,316 suspected & 3,806 confirmed), Barisal (27,001 suspected & 813 confirmed), Sylhet (22,808 suspected & 1,680 confirmed), Khulna (17,382 suspected & 550 confirmed), Mymensingh (13,473 suspected & 775 confirmed), Rajshahi (12,197 suspected & 1,428 confirmed), and Rangpur (4,900 suspected & 756 confirmed). About 1,000–1,300 suspected cases have been reported daily since early September, with no steady decline. Health authorities warn that the true infection rate remains unclear, as many hospitalized patients go untested for the virus.

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. As of November 11, 2026, WHO reported that Bangladesh has the highest number of confirmed measles cases in a year ever. The astronomical rise in measles cases has been attributed to inaction from the 2024 interim government of Muhammad Yunus, disrupted funding for Bangladesh's vaccination program, and administrative shortcomings with the immunization plans. 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 (11/19/26), WHO (4/23/26), UN (6/25/26)

Mexico – Nation Loses Measles Elimination Status After 29 Years:

According to data from the Secretary of Health of Mexico as of November 17, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 14,095 confirmed cases and 23 deaths reported during 2026. Since the previous update, 157 confirmed incident cases with symptom onset during 2026 were reported, primarily in Jalisco (144). The Pan American Health Organization (PAHO) has declared that Mexico has lost its measles elimination status, alongside the United States and Bolivia as of November 17, 2026.

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	30,950	+62	14,095	+157	23	+0	0.2%

*Table Notes: Data as of November 17, 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 (7,538), Chiapas (1,065), 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 (104.40), followed by those aged 1–4 years (33.04), and those aged 5–9 years (23.99).

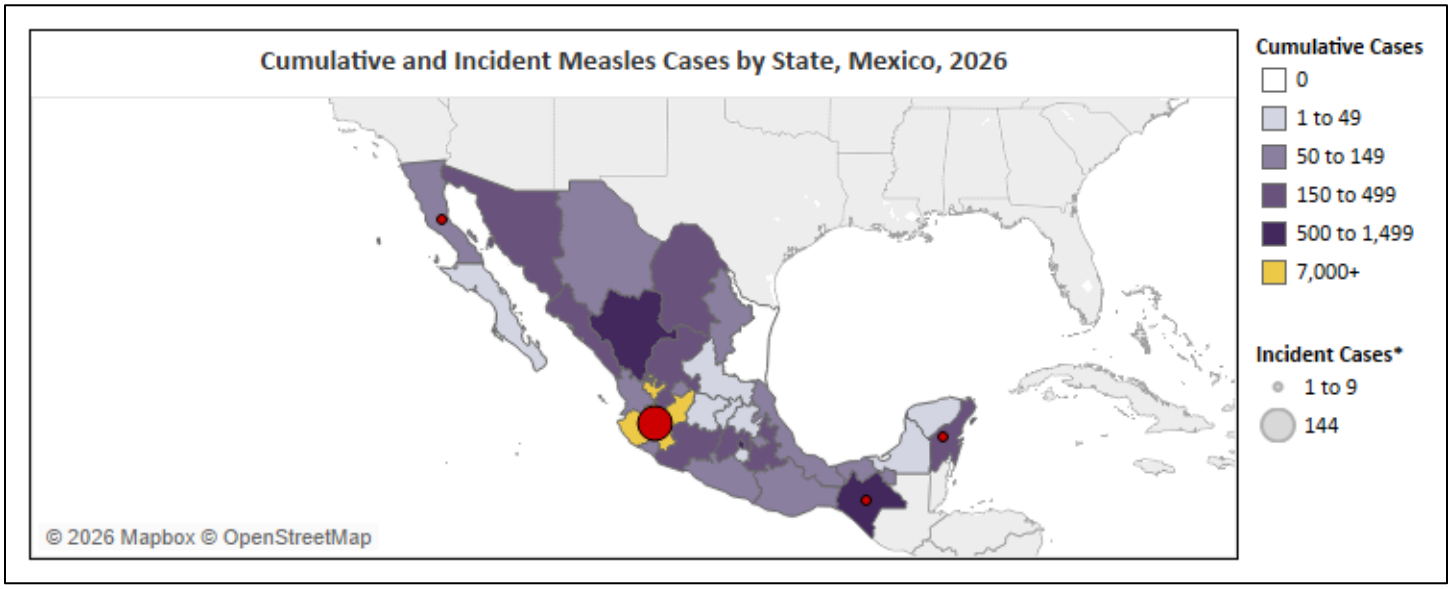

*Figure Notes: Data as of November 17, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

The current measles outbreak in Mexico has been ongoing since February 1, 2025 – the largest measles epidemic in Mexico since the country achieved elimination status in 1997. Because this outbreak has lasted for more than 12 months, PAHO Director Dr. Jarbas Barbosa has announced that Mexico has lost its measles elimination status after conferring at the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC) in November 10–13, 2026. 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 (11/17/26)

Peru – Cases Surpass 3,000 Confirmed and 8,000 Suspected:

According to data from Peru's Ministry of Health as of November 17, there have been a total of 3,066 confirmed measles cases reported in the country during 2026. Since the previous update, 100 confirmed incident cases were reported.

Measles Cases and Deaths, Peru, 2026						
Suspected Cases		Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
8,327	+244	3,066	+100	1	+0	0.03%

*Table Notes: Data as of November 17, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

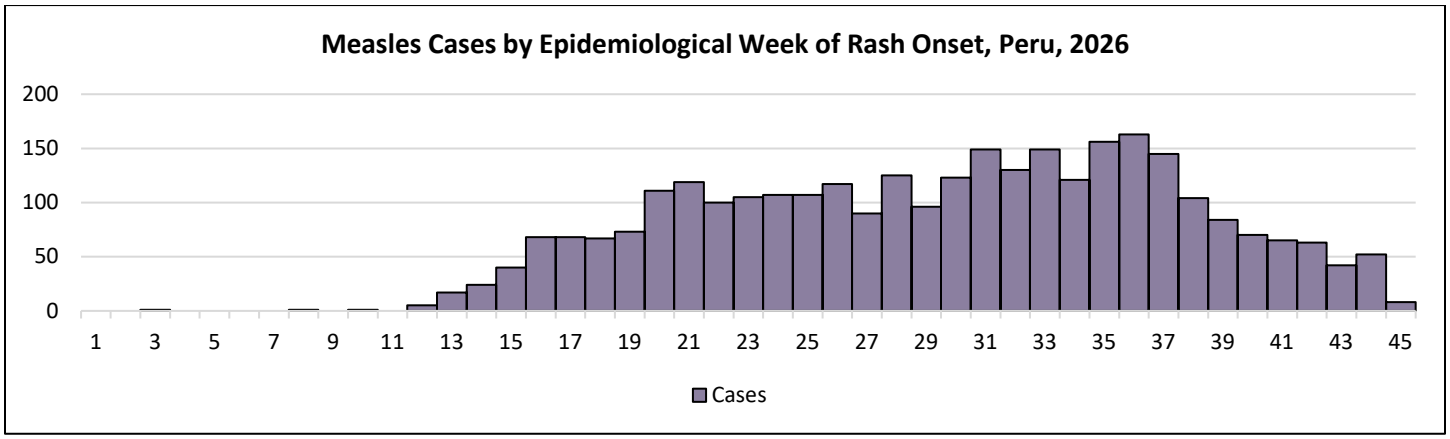

Figure Notes: Data as of November 17, 2026, and includes confirmed cases only.

Confirmed cases have been reported by 24 departments, with 48% of cases reported in Puno (1,463). Suspected cases have been reported in all 25 departments, with 60% of cases reported in Puno (2,318), Lima (1,633), and Arequipa (1,076). 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 (11/17/26), PAHO (9/24/26)

United States – Nation Loses Measles Elimination Status After 26 Years; 3 Additional Deaths Reported:

According to data from the United States CDC as of November 12, 2026, there have been 5,412 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, 230 confirmed incident cases with rash onset during 2026 were reported by 12 states, primarily in Wisconsin (86) and Pennsylvania (53). Additionally, two incident deaths have been reported in Pennsylvania and one incident death in Wisconsin. The Pan American Health Organization (PAHO) has declared that the United States has lost its measles elimination status, alongside Mexico and Bolivia as of November 17, 2026.

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	5,412	+230	591	+29	11	+3	0.2%

*Table Notes: Data as of November 12, 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 as of November 18, 2026, New York State Department of Health as of November 14, 2026, and Wisconsin Department of Health Services as of November 17, 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 (1,529), South Carolina (670), Utah (536), Wisconsin (505), Kentucky (212), Ohio (211), Texas (192), and Virginia (184) as of November 12. In New York, there have been 8 confirmed cases reported in New York City and 273 in Rest of State (281 total) as of November 14. 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 (3,831 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 (40%) and 20+ years (41%) have been most affected. 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.

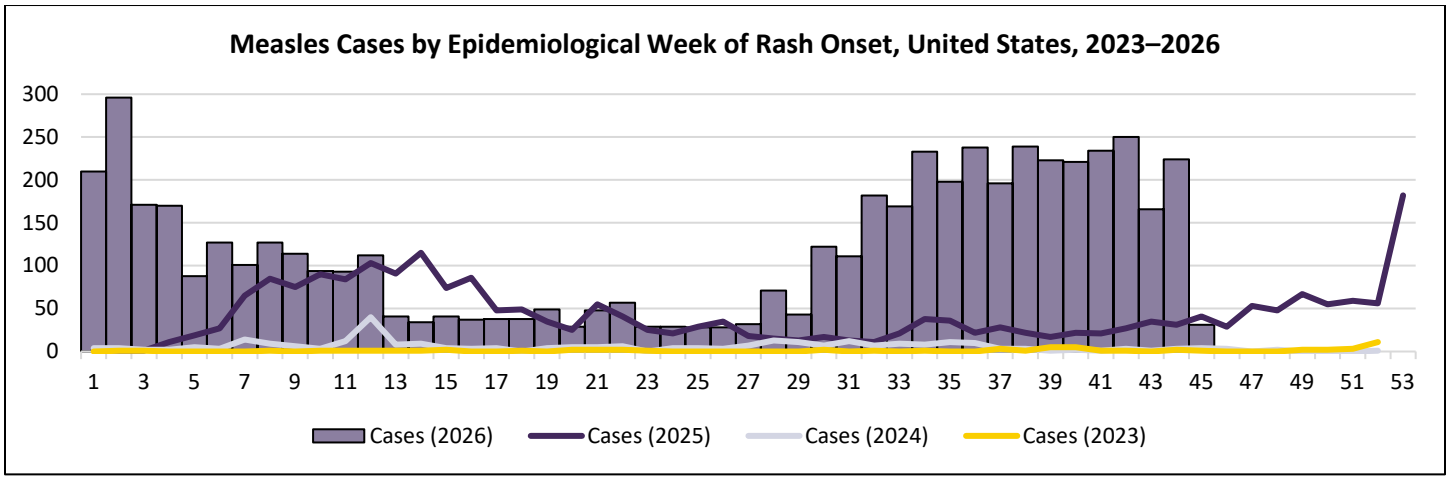

Figure Notes: Data as of November 12, 2026, and includes cases reported among international visitors to the United States.

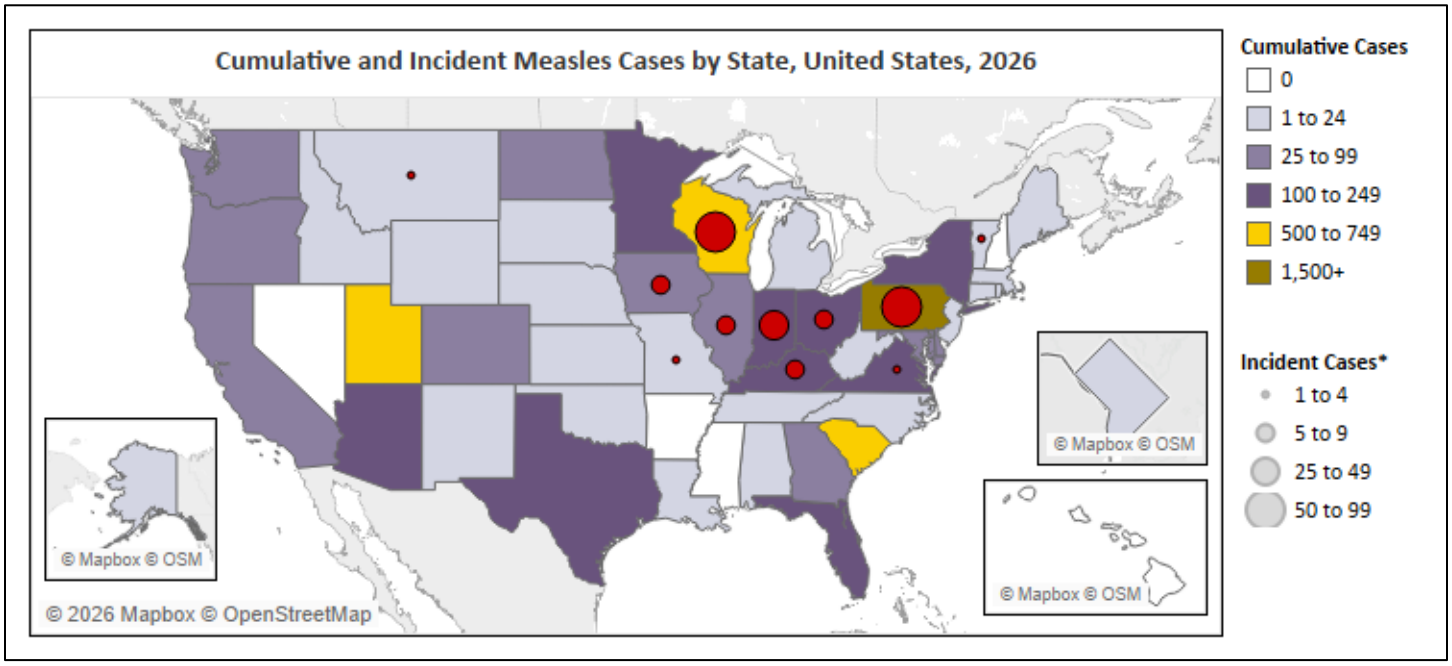

*Figure Notes: Data as of November 12, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

The nation obtained its celebrated measles elimination status in 2000. However, the past two years have seen the largest number of reported measles cases in the United States since 1991. On November 17, 2026, PAHO Director Dr. Jarbas Barbosa announced that the United States has lost its measles elimination status, after conferring at the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC) in November 10–13, 2026. CDC and its partners have released a joint statement affirming their commitment to stopping the outbreak and to regaining measles elimination status. This news came just one day after the publication of a Public Health Alerts report describing 112 cases of confirmed measles during pregnancy during this current outbreak, with 13 cases of congenital measles in babies from those pregnancies. 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 (11/13/26), Pennsylvania DOH (11/18/26), NYSDOH (11/17/26), Wisconsin DHS (11/17/26)

Non-Seasonal Influenza

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 19, 2026, there have been a total of 2,316 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 9 new detections were reported. In the past 30 days, a total of 38 confirmed HPAI detections have been reported by 19 states, primarily California (9), Montana (4), and Washington (4), affecting 3.94 million birds. According to data from the USDA as of November 19, 2026, there have been a total of 1,236 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 1 new detection was reported in Oklahoma. In the past 30 days, a total of 46 confirmed HPAI detections have been reported in Washington (35), Texas (4), Idaho (2), Indiana (2), Colorado (1), Oklahoma (1), and Oregon (1).

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		**Livestock Herds***			**Wild Birds**	**Mammals**
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
15	23	46	0	0	296	0

*Table Notes: Data as of November 19, 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.*

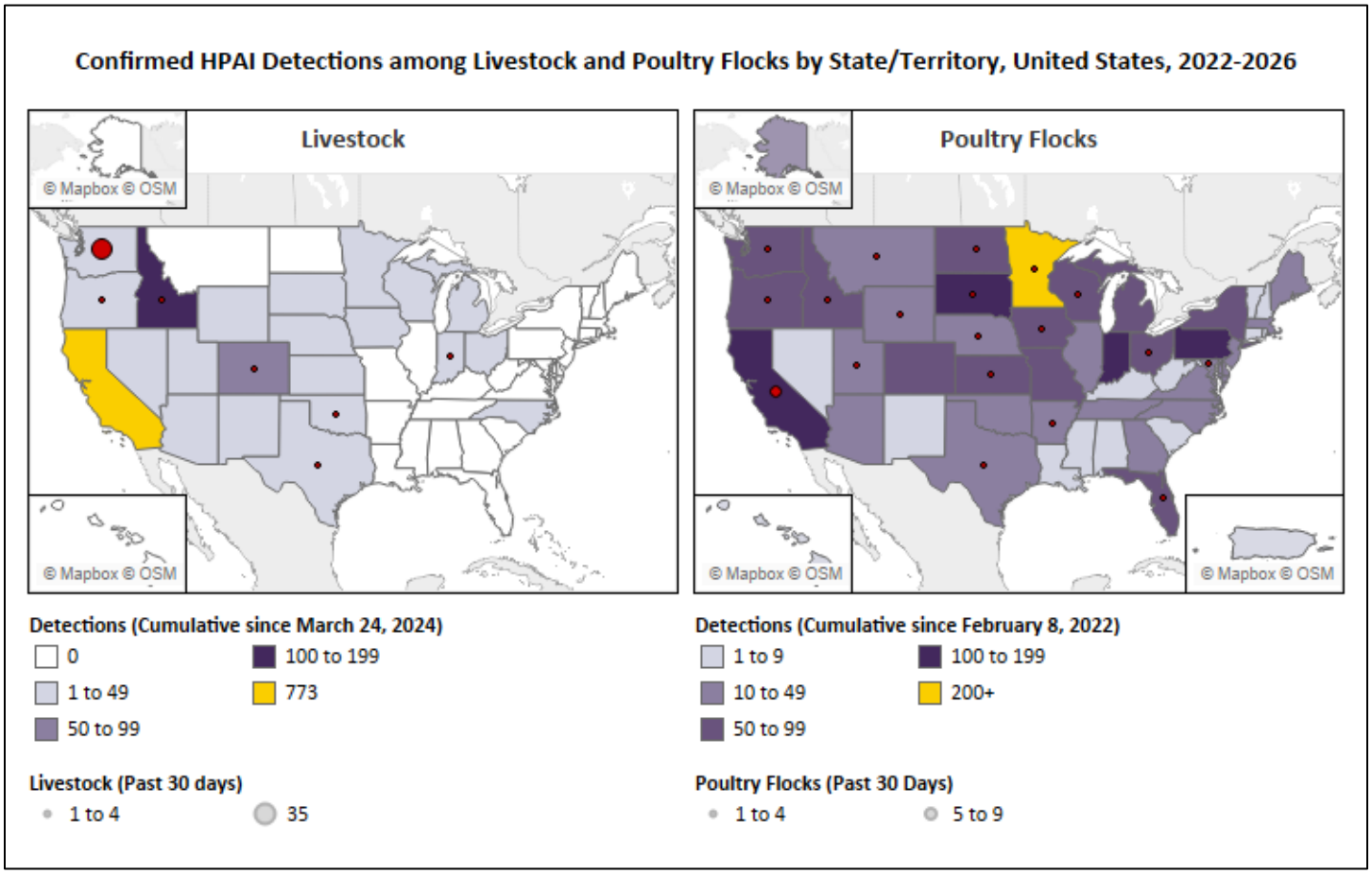

Figure Notes: Data as of November 19, 2026.

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 (3, including 1 fatal) were reported in Yakima County, Washington, among individuals exposed to infected dairy cattle – cases in the county have been underreported according to Union Farm Workers (UFW). 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 (11/19/26), USDA (11/19/26), CDC (11/5/26), PAHO (8/26/26)

Polio

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

According to data from the Global Polio Eradication Initiative (GPEI) as of November 16, 2026, there have been 59 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 40 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 180 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 23 AFP

cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 3 incident AFP cases caused by cVDPV1 were reported in Syria, 4 incident AFP cases caused by cVDPV2 were reported in Chad, and 2 incident AFP cases caused by cVDPV3 were reported in Nigeria. Additionally, an environmental cVDPV2 detection from a sample collected in October was reported in Israel.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		**cVDPV1**		**cVDPV2**		**cVDPV3**	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
59	+0	40	+3	180	+4	23	+2

Table Notes: Data as of November 16, 2026, and only includes AFP cases with onset of paralysis 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 17 countries: Afghanistan (50 – WPV1), Angola (1 – cVDPV2), the Central African Republic (5 – cVDPV2), Chad (13 – 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, 19 – cVDPV3), Pakistan (9 – WPV1), Somalia (6 – cVDPV2), South Sudan (19 – cVDPV1, 4 - cVDPV2), Sudan (4 – cVDPV2), Syria (3 – cVDPV1), 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), Israel (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.

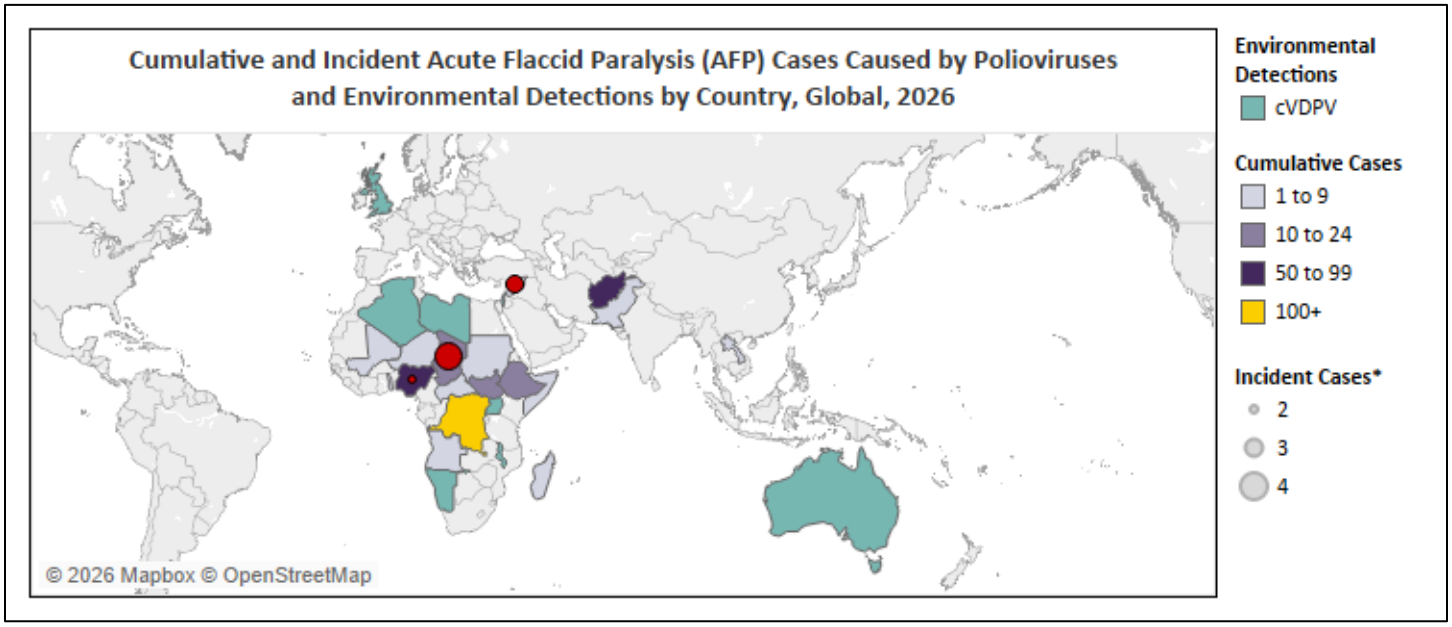

*Figure Notes: Data as of November 16, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

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 (11/16/26), GPEI - cVDPV (11/16/26)

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 10, there have been a total of 111 confirmed yellow fever cases and 48 deaths reported in the Americas during 2026. Since the previous update, 3 confirmed incident cases and 1 death were reported in Venezuela.

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	CFR*
111	+3	48	+1	43.2%

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

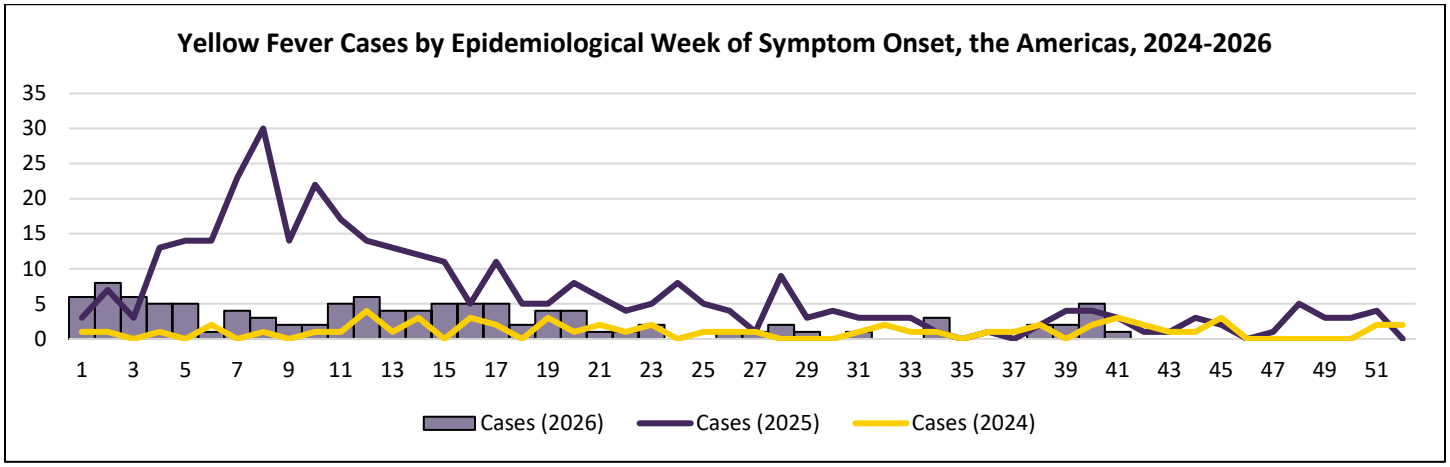

Figure Notes: Data as of November 10, 2026; Cases reported on an annual basis without dates of symptom onset are not shown in figure (2024 = 3, 2025 = 8, 2026 = 2).

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 (17 cases, 5 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 half of all cases and deaths reported in the Americas during 2026.

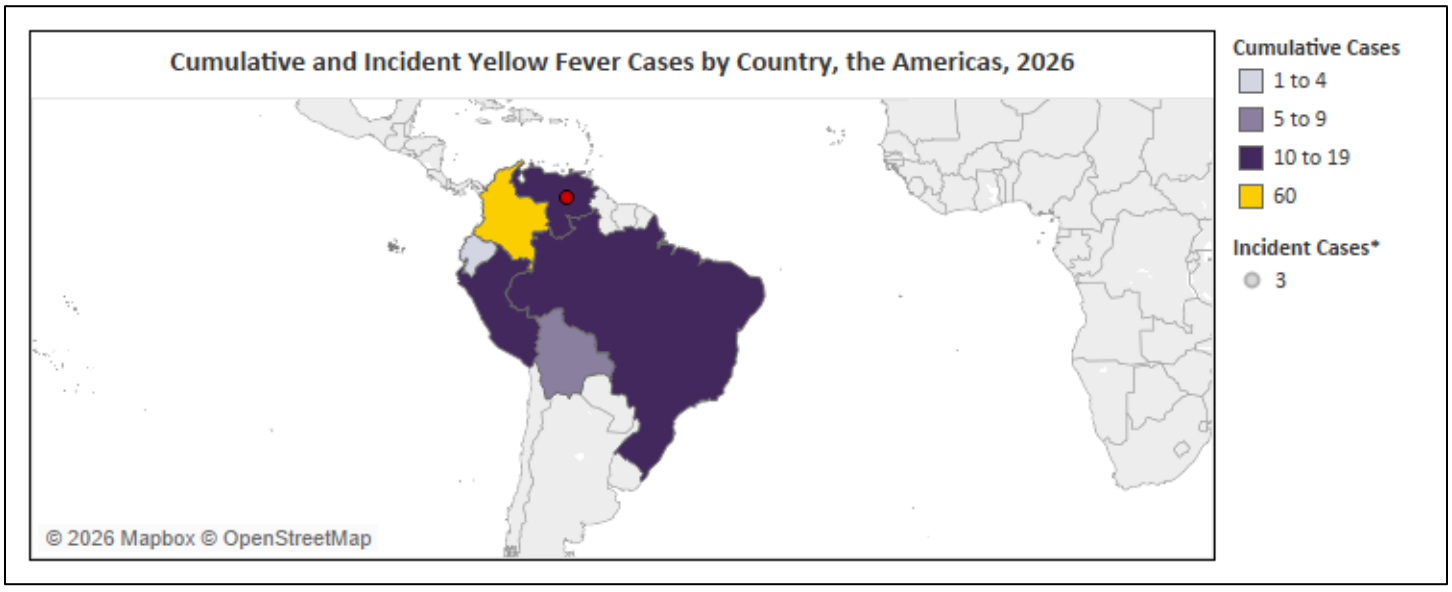

*Figure Notes: Data as of November 10, 2026; *Change in cumulative total compared to previous update.*

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 has facilitated ongoing yellow fever transmission in the Americas – 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

- Africa – Incident Cases Reported in Senegal and Somalia (November 12)
- 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 (November 12)
- Guatemala – Updated Data on Nationwide Outbreak; Incidence Trends Declining (November 12)
- 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

- Mexico – Updated Data on Animal and Human Cases Reported (November 12)
- United States – October Saw 165% Increase in Detections Across 3 States (November 5)

Non-Seasonal Influenza

- China – Incident Human Cases Reported in Guangxi Zhuang and Liaoning (H9N2) (November 12)
- 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)

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)

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 Panama - 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
- Multidrug-Resistant Typhoid Fever in Senegal - 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:

- Four Locally Acquired Cases of Chikungunya Virus Disease in Switzerland - WHO
- Cholera epidemiological situation report in the DR Congo (WHO Internal), week 44, 2026 - Democratic Republic of the Congo | ReliefWeb
- Chronic Wasting Disease: Detections in New York, Wisconsin trigger control measures; high proportion of Wyoming herds infected | CIDRAP
- Chad reports 7553 suspected dengue cases and 29 deaths, with weekly cases declining since the October 2026 peak - BEACON
- Sustained dengue transmission in Colombia: 98 096 cases, 73 deaths, and outbreak status in 23 departments - BEACON
- Dengue cases in Ecuador reach 46 441 in 2026, as El Niño floods increase transmission risk - BEACON
- Dengue cases in El Salvador remain elevated in 2026, with 6908 suspected cases and five deaths reported - BEACON
- RFI follow-up: One death confirmed among individuals with Shiga toxin-producing E. coli infections linked to a pumpkin farm in California, USA - BEACON
- RFI: Shiga toxin-producing E. coli outbreak in Homer Glen, Illinois, USA, with seven confirmed and 159 probable cases traced to a petting zoo's baby goat
- Investigation into raw milk E coli outbreaks declared over as Ohio U tracks outbreak with no known source | CIDRAP
- El Niño threatens health, too – early warnings done right can save lives
- Analysis finds no definitive link between hantavirus that caused cruise ship outbreak and outbreak strain in Argentina | CIDRAP
- Generalized HIV epidemic extends beyond high-risk groups across 27 Russian regions; healthcare-associated transmission reported - BEACON

- RFI: UN reports a surge in meningitis cases in the Gaza Strip, Palestine, amid flooding and a collapsing health system - BEACON
- RFI: Tashkent, Uzbekistan, is experiencing its largest meningococcal disease surge in decades, with 354 cases and a 6.8% CFR, concentrated among children. RFI on serogroup confirmation - BEACON
- Two Laboratory-Confirmed Cases of Middle East Respiratory Syndrome in Qatar - WHO
- South Korea’s sentinel hospitals report 639 influenza admissions in one week, nearly double the number for the same week in 2025
- US flu cases edge up as virus claims lives of 2 children | CIDRAP
- WHO validates Eritrea's elimination of trachoma - BEACON
- 2026 West Nile Virus season has affected a broader geographical area in the EU/EAA than any previous season