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

GLOBAL HEALTH UPDATE

Date: 11/5/26

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

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Chikungunya

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

According to data from the Pan American Health Organization (PAHO) as of October 31, there have been a total of 223,392 chikungunya cases, of which 81,723 are confirmed, and 113 deaths reported in the Americas during 2026. Since the previous update, 235 incident cases, 242 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 (139,795), Bolivia (48,307), Suriname (16,716), Argentina (12,564), Cuba (2,716), and French Guiana (2,159). Cumulative incidence per 100,000 population is currently highest in Suriname (2,591.63), French Guiana (678.93), Bolivia (378.91), Brazil (65.46), 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 October 27, a total of 151 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	+33	3,803	+0	2	+0	0.1%
Bolivia	48,307	+0	11,812	+0	45	+0	0.4%
Brazil	139,795	+0	57,895	+0	60	+0	0.1%
Cuba	2,716	+0	254	+0	6	+0	2.4%
French Guiana	2,159	+33	2,159	+33	0	+0	0.0%
Suriname	16,716	+0	4,887	+0	0	+0	0.0%
Rest of the Americas	1,135	+169	913	+209	0	+0	0.0%
Total	**223,392**	**+235**	**81,723**	**+242**	**113**	**+0**	**0.1%**

*Table Notes: Data as of October 31, 2026, and does not include imported (travel associated) cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

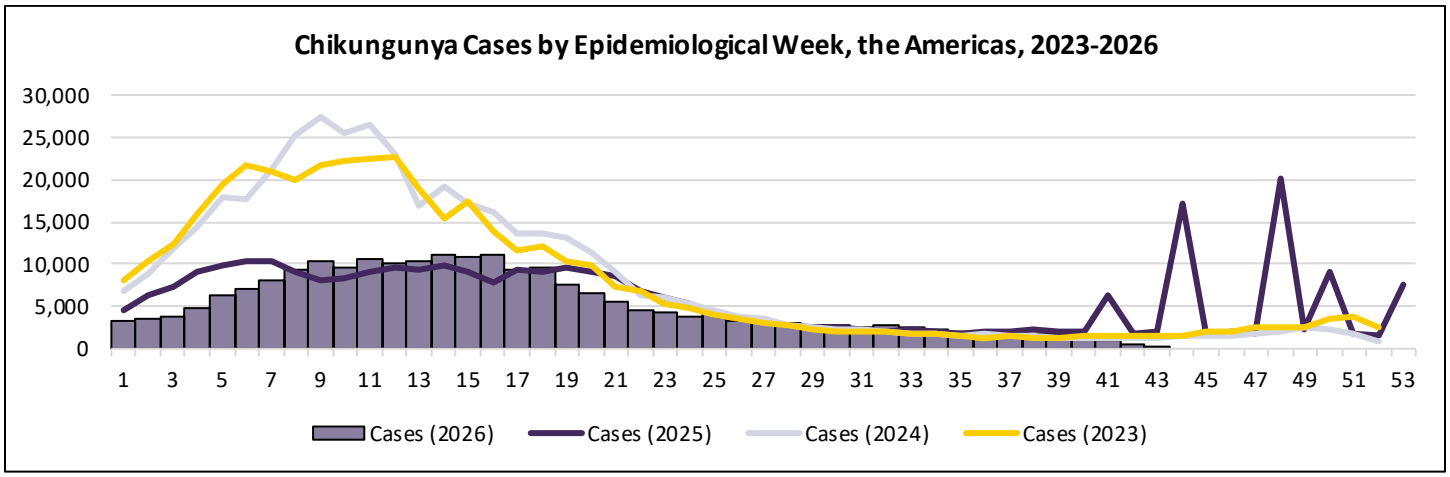


Figure Notes: Data as of October 31, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

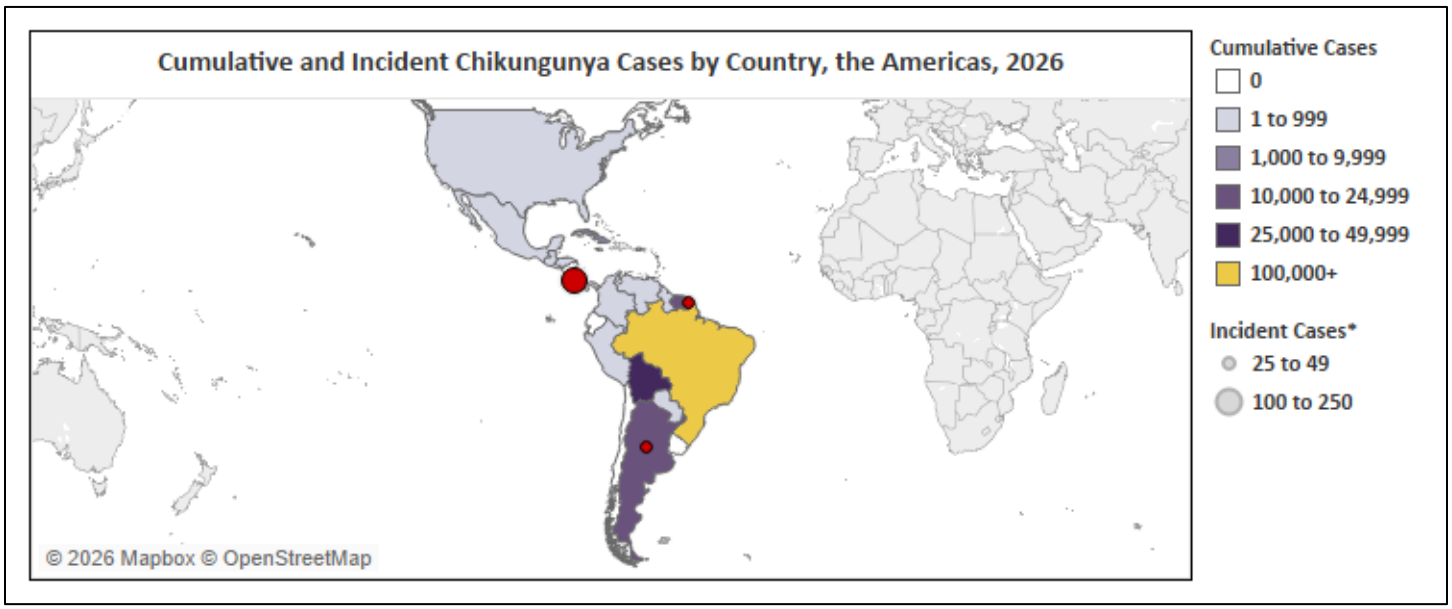


*Figure Notes: Data as of October 31, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.*

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 (11/3/26)

Dengue

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

According to data from the United States (US) CDC as of November 4, there have been a total of 1,892 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (940), Florida (503), and American Samoa (448). Since the previous update, 73 incident locally acquired cases were reported, mostly in Florida (67).

Dengue Cases and Hospitalization Rate by Travel Status, United States, 2026					
Locally Acquired Cases			Travel Associated Cases		
Cumulative	Incident†	Hospitalized	Cumulative	Incident†	Hospitalized
1,892	+73	43%	786	+36	34%

Table Notes: Data as of November 4, 2026; †Change in cumulative total compared to previous update.

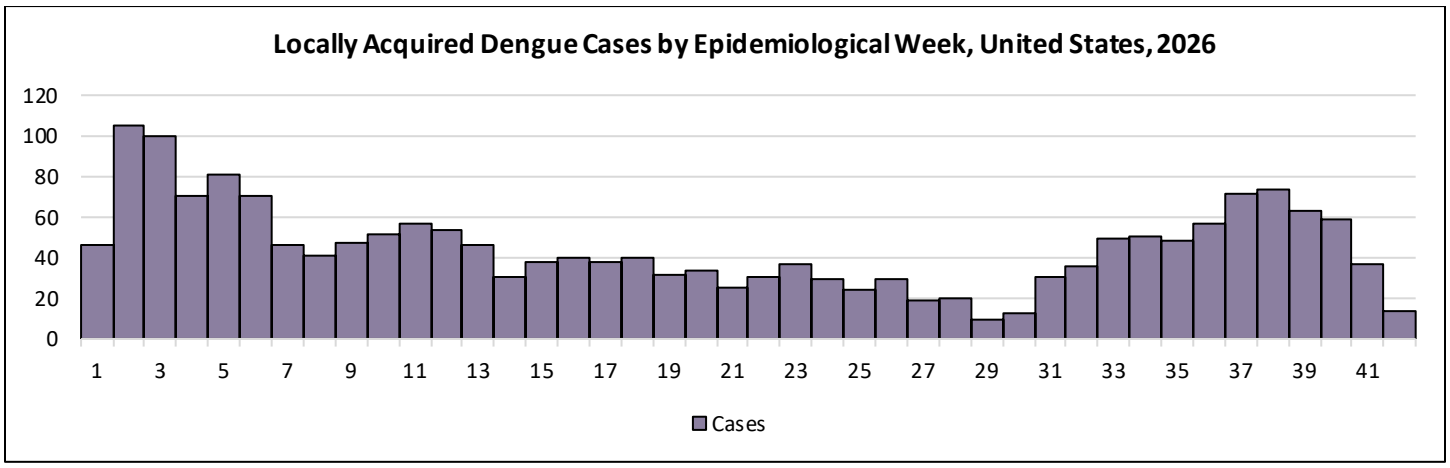


Figure Notes: Data as of November 4, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Florida's dengue outbreak is the largest in the continental United States in several decades. News sources citing the Florida Department of Health reported the state's first dengue fever death in an 80-year-old woman in September 2026. A total of 4,065 locally acquired cases were reported by US states and territories during 2025, of which 81 were reported in the continental US in Florida (72), California (7), and Arizona (2) – 2025 totals were much lower compared to 2024 totals (6,543). The US CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding dengue globally. Dengue risk is present year-round in many parts of the world with some countries reporting increased case numbers relative to typical trends or a higher-than-expected number of cases among US travelers, including Bangladesh, Bolivia, Cambodia, Colombia, Costa Rica, Kenya, Malaysia, Maldives, Marshall Islands, Sri Lanka, Vanuatu, and Vietnam. According to data from the CDC as of October 14, 786 travel-associated dengue cases were reported among US residents in 2026. Since the previous update, 36 incident travel associated cases have been reported. There was a total of 1,308 travel associated cases reported among US residents during 2025, much lower compared to 2024 totals (3,756).

Data Sources: CDC 2026 (10/28/26), CDC 2025 (10/22/26), Florida Arbovirus Surveillance (10/10/26)

Diphtheria

Australia – National Incidence Trends Continue Gradual Decline Since Early June:

On May 22, 2026, Australia's Chief Medical Officer declared diphtheria a Communicable Disease Incident of National Significance (CDINS). According to data from the Australian Centre for Disease Control (CDC) as of October 19, there have been a total of 626 cases of diphtheria and 1 death reported in Australia during 2026, representing a 48-fold increase compared to the same period from 2022–2025 (average of 13 cases) and the first death with diphtheria listed as the probable cause since 2018. Since the previous update, 14 incident cases have been reported. Incidence has been gradually declining but remains elevated compared to typical incidence trends.

Diphtheria Cases, Hospitalizations, and Deaths, Australia, 2026								
Confirmed Cases		Probable Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
626	+14	1	+0	112	+0	1	+0	0.2%

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

During 2026, cases have been reported in the Northern Territory (323), Western Australia (275), South Australia (23), and Queensland (5) – 98.5% of all locally acquired cases have been reported in outer regional, remote, or very remote areas. Those aged 25–44 years have been most affected (32%), followed by those aged 5–14 years (26%), and 15–24 years (22%). Among all cases, 95.0% have been among Aboriginal and/or Torres Strait Islander people, 53.7% have been female, 18.4% have been hospitalized, and 66.3% have been cutaneous diphtheria (as opposed to respiratory: 31.6%). Most cases of respiratory (87.9%) and cutaneous (78.3%) diphtheria had received the primary course (3-doses) of a diphtheria vaccine.

Historically, diphtheria has caused more deaths in Australia than any other infectious disease since the early 1900s. Prior to the COVID-19 pandemic (2014–2019), most diphtheria cases in Australia were travel associated. Since 2020, there have been 18 diphtheria clusters (≥2 cases) reported (13 during 2026), the largest of which (10–16 cases) occurred in North Queensland from 2020–2023. Clusters reported during 2026 have ranged from 2–17 cases. Vaccination is the best way to prevent diphtheria and is recommended for people of all ages.

Data Source: Australian CDC (10/19/26)

Ebola

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

According to data from the National Institute of Public Health Institute (INSP) in the Democratic Republic of the Congo (DRC) as of November 4, 2026, there have been a total of 10,699 confirmed Bundibugyo virus disease (BVD) cases and 5,202 confirmed deaths reported across 8 provinces. Since the previous update, 375 additional confirmed cases and 238 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 3, 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 4, 2026, there is 1 confirmed case in Nigeria, with no additional cases reported since the previous update. The World Health Organization (WHO) currently assesses the risk associated with this outbreak to be very high in the DRC, high in countries sharing land border with the DRC, and low in other countries within the African region and at the global level. This is currently the second largest Ebola outbreak on record globally and remains a Public Health Emergency of International Concern (PHEIC) globally and a Public Health Emergency of Continental Security (PHECS) in Africa.

Bundibugyo Virus Disease Outbreak Cases and Deaths by Country, Africa, 2026					
Country	Confirmed Cases		Deaths		
	Cumulative	Change†	Cumulative	Change†	CFR*
DRC‡	10,668	+475	5,198	+238	48.7%
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	**10,699**	**+475**	**5,202**	**+238**	**48.6%**

*Table Notes: Data for the DRC as of November 4, 2026; Data from Kenya as of November 3, 2026; Data from Nigeria as of November 4, 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 4, 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 – 70.2% of confirmed cases have been reported in Ituri province (7,485), followed by North Kivu (2,593), Haut-Uélé (470), Tshopo (94), Bas-Uélé (13), North Ubangi (8), South Kivu (3), and South Ubangi (2) provinces. A total of 39,667 case contacts have been identified for monitoring and follow-up, of which 33,281 (83.9%) are actively being monitored (seen within the previous 24 hours). There have been 2,881 recoveries. According to the MOH-Kenya as of November 3, 2026, there are currently 52 case contacts identified for monitoring, of which 52 (100%) are actively monitored. There have been 5 recoveries. According to the NCDC as of November 4, 2026, there are currently 56 case contacts identified for monitoring, of which 56 (100%) are actively monitored.

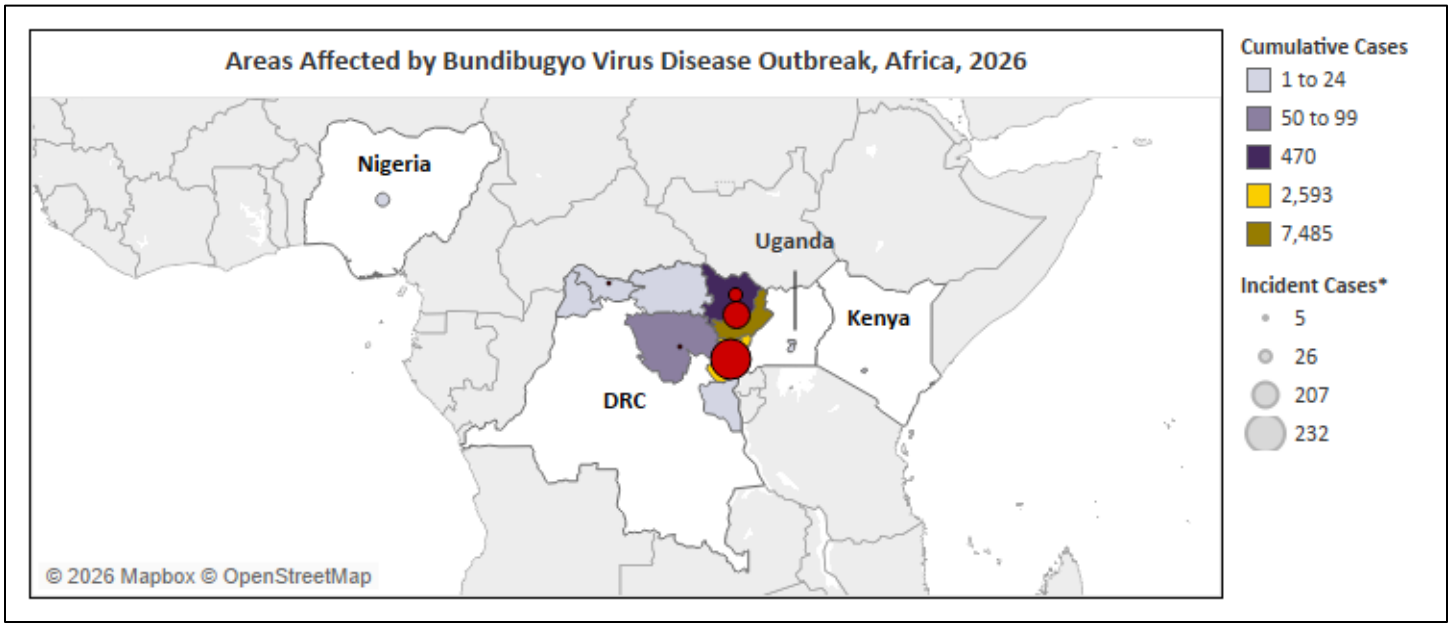


*Figure Notes: Data for the DRC as of November 4, 2026; Data from Kenya as of November 3, 2026; Data from Nigeria as of November 4, 2026; *Change in cumulative total compared to the previous update.*

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 (11/5/26), MOH-Kenya (11/4/26), NCDC (11/4/26)

Measles

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

Bangladesh continues to experience a widespread, nationwide outbreak of measles since March 15, 2026. According to data from the Directorate General of Health Services (DGHS) as of November 5, there have been a total of 235,475 suspected and 24,219 confirmed measles cases reported in Bangladesh. Additionally, there have been a total of 1,167 deaths reported among suspected cases and 105 deaths reported among confirmed cases. About 1,000–1,300 suspected cases have been reported daily since early September, with no steady decline. Since the previous update, 9,118 suspected incident cases, 524 confirmed incident cases, 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	235,475	+9,118	209,854	+16,553	1,167	+23	0.5%
Confirmed	24,219	+524			105	+0	0.4%

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

During 2026, cases have been reported in all 8 departments: Dhaka (98,102 suspected & 15,382 confirmed), Chattogram (47,158 suspected & 3,447 confirmed), Barisal (25,292 suspected & 813 confirmed), Sylhet (20,489 suspected & 1,146 confirmed), Khulna (16,013 suspected & 545 confirmed), Rajshahi (11,667 suspected & 1,420 confirmed), Mymensingh (12,290 suspected & 775 confirmed), and Rangpur (4,464 suspected & 691 confirmed). Deaths reported through mid-June have primarily been among children.

According to provisional data from the World Health Organization (WHO) for the period of January 1 – March 16, 2026, there were 91 confirmed cases reported. 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 (11/5/26), 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 3, 2026, there have been total of 34,806 confirmed measles cases and 53 deaths reported in Guatemala since December 2025. Since the previous update, 58 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	8,549	+13	53	+0	0.2%
Epidemiological	3,475	+3			
Clinical	22,782	+42			
Total	**34,806**	**+58**	**53**	**+0**	**0.2%**

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

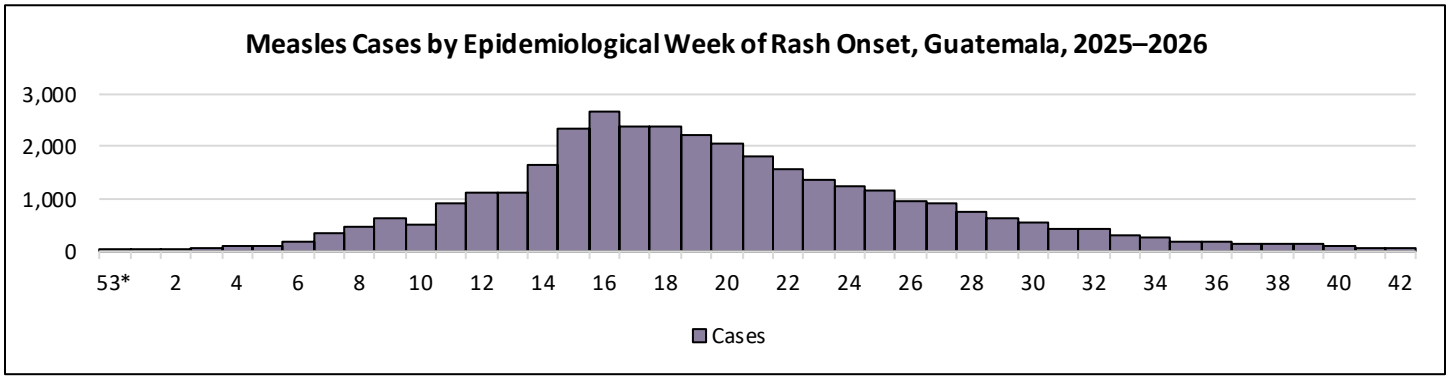


*Figure Notes: Data as of November 3, 2026 (3 cases missing from figure); *Epidemiological week 53 straddles 2025 and 2026.*

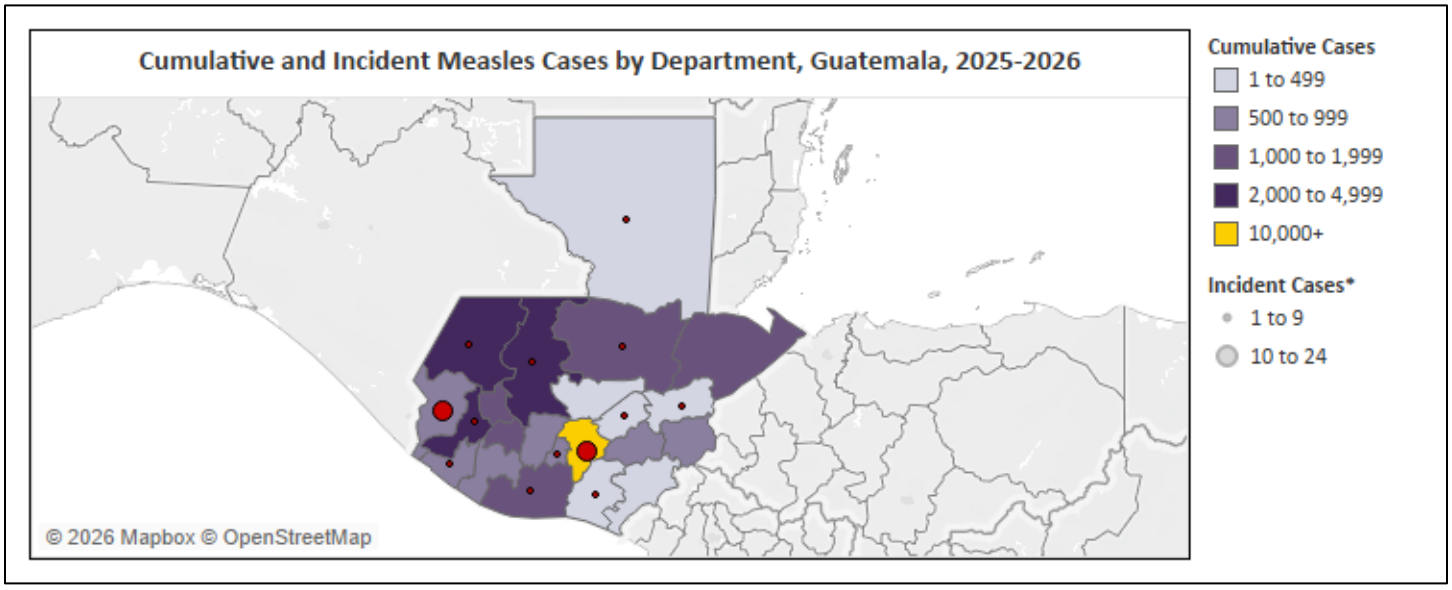


*Figure Notes: Data as of November 3, 2026 (518 cases missing from figure); *Change in cumulative total compared to previous update.*

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (12,670), Quetzaltenango (2,633), Quiche (2,237), Huehuetenango (2,069), Izabal (1,909), Alta Verapaz (1,872), 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 (11/3/26)

Mexico – 11 Confirmed Incident Cases Reported in Chiapas:

According to data from the Secretary of Health of Mexico as of November 3, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 13,772 confirmed cases and 23 deaths reported during 2026. Since the previous update, 11 confirmed incident cases with symptom onset during 2026 were reported in Chiapas. Incidence had been gradually declining since epidemiological week 7.

Measles Cases and Deaths, Mexico, 2025–2026

Year	Probable Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	15,694	+0	6,614	+0	27	+0	0.4%
2026	30,624	+107	13,761	+11	23	+0	0.2%

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

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (7,290), Mexico City (1,033), and Chiapas (998). During 2025, confirmed cases were reported by 29 states, primarily Chihuahua (4,497) and Jalisco (736). Across both years, cumulative incidence per 100,000 population has been highest among those aged <1 year (102.02), followed by those aged 1–4 years (32.13), and those aged 5–9 years (22.85).

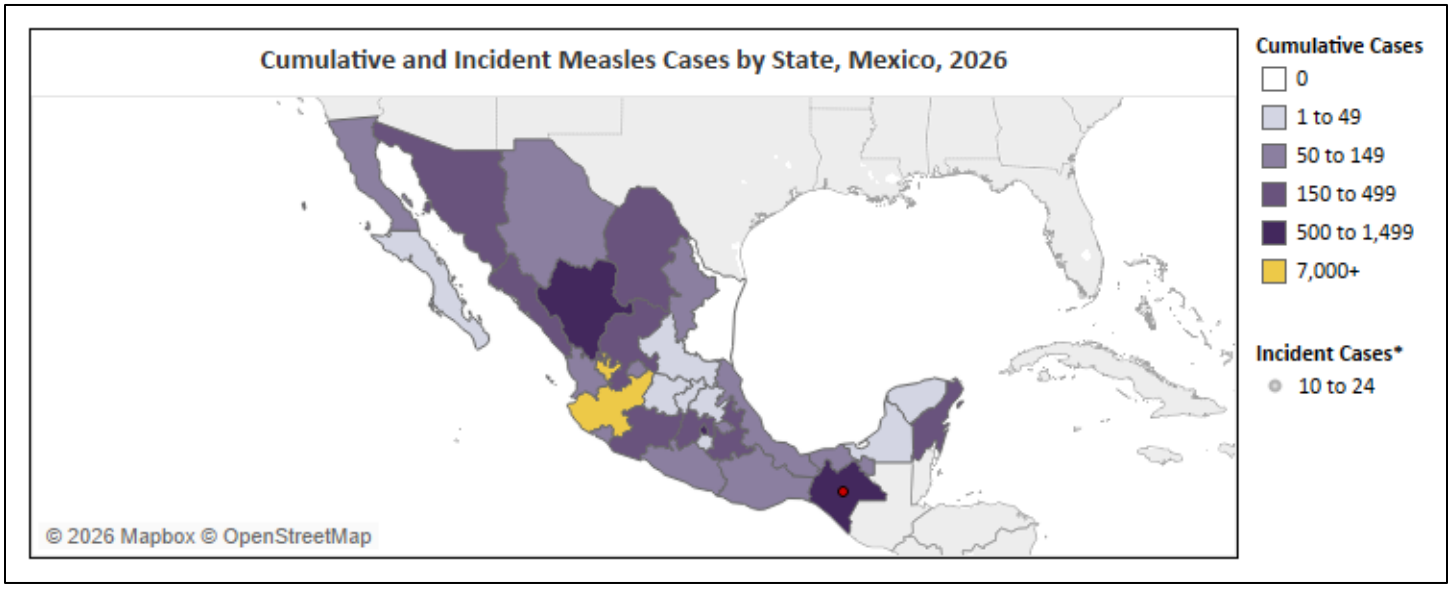


*Figure Notes: Data as of November 3, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

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 (11/3/26)

United States – 1st Measles-Associated Death Reported in New York in 30+ Years:

According to data from the United States CDC as of October 29, 2026, there have been 4,852 confirmed cases reported during 2026. This number represents the most measles cases in the country since 1991, and twice the number of cases for the full year of 2025 (2,289). Since the previous update, 264 confirmed incident cases with rash onset during 2026 were reported by 11 states, primarily in Pennsylvania (84). Additionally, Pennsylvania reported a 6th measles-associated death, New York reported a first measles-associated death (in over 30 years) among a child, and Wisconsin reported a first measles-associated death among an infant.

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026

Year	Confirmed Cases		Hospitalizations		Deaths‡		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,289	+0	243	+0	3	+0	0.1%
2026	4,852	+264	511	+32	8	+3	0.2%

*Table Notes: Data as of October 29, 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 5, 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 (1,411), South Carolina (670), Utah (535), Wisconsin (323), Kentucky (200), Ohio (195), Texas (192), Virginia (179), and Florida (148) as of October 29. In New York, there have been 8 confirmed cases reported in New York City and 210 in Rest of State (218 total) as of October 31. 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 (3,282 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 16% of those aged <5 years and 14% of those aged 20+ years.

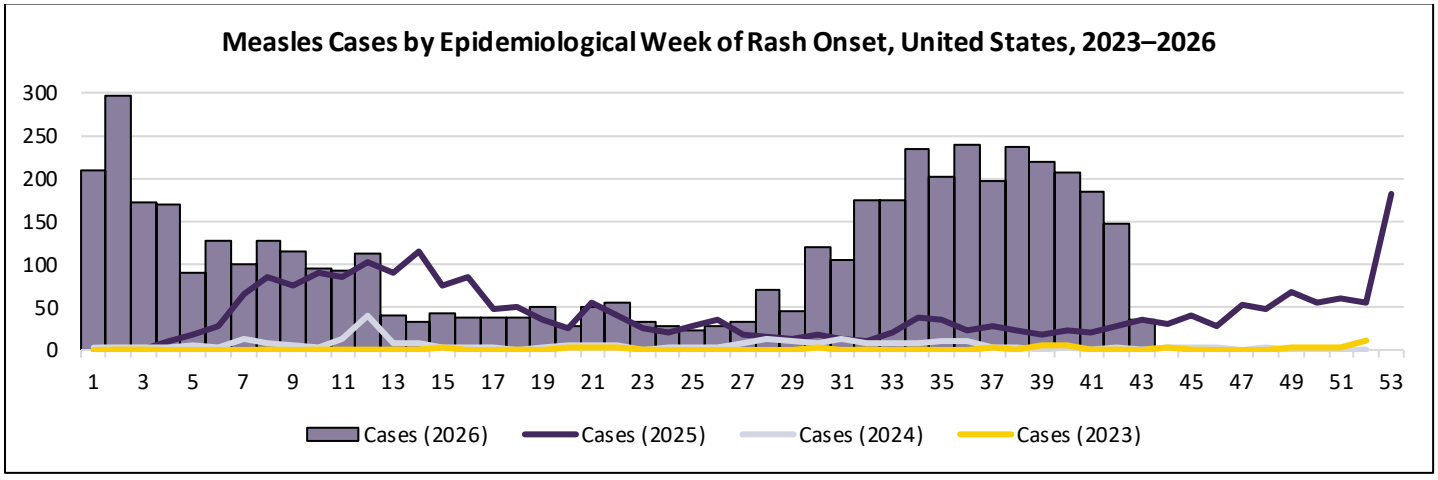


Figure Notes: Data as of October 29, 2026, and includes cases reported among international visitors to the United States.

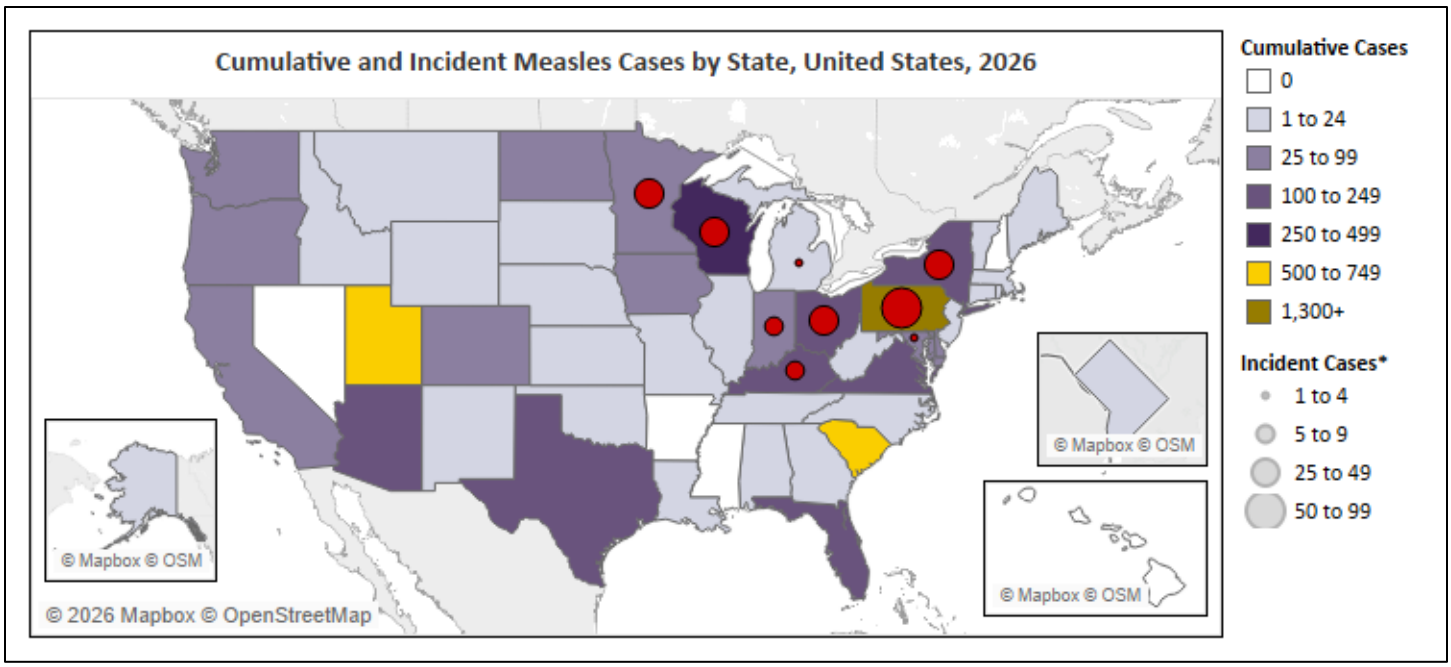


*Figure Notes: Data as of October 29, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

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 on 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: CDC (10/30/26), Pennsylvania DOH (11/4/26), Wisconsin DHS (11/5/26), NYSDOH (11/2/26)

New World Screwworm

United States – October Saw 165% Increase in Detections Across 3 States:

According to data from the United States Department of Agriculture (USDA) as of November 2, 2026, there have been a total of 91 New World screwworm (NWS) cases reported among domestic animals in the United States, of which 34 are currently active. Since the previous update (August 6, 2026), 42 incident detections among domestic animals, 1 incident detection among wild animals, and 5 fly trap detections were reported in three states.

New World Screwworm Cases Among Animals and Fly Trap Detections, United States, 2026				
Animal Cases				Fly Trap Detections
Cumulative	Incident†	Active	Change‡	
90	+42	34	+31	5

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

The current NWS outbreak in the Americas began in Panama and Costa Rica in 2023 and has since spread to all countries in Central America and to Mexico. The first detection in the United States associated with this outbreak was in a 3-week-old calf in Zavala County, Texas on June 3, 2026. Since then, NWS cases among domestic animals have been reported in Texas (64), New Mexico (23), and Arizona (2). In the month of October 2026 alone, 36 domestic detections (40% of 2026 totals), 1 wildlife detection (100% of 2026 totals), and 4 fly trap detections (80% of 2026 totals) were reported. While uncommon in humans, individuals should seek medical attention immediately if they suspect they have contracted NWS.

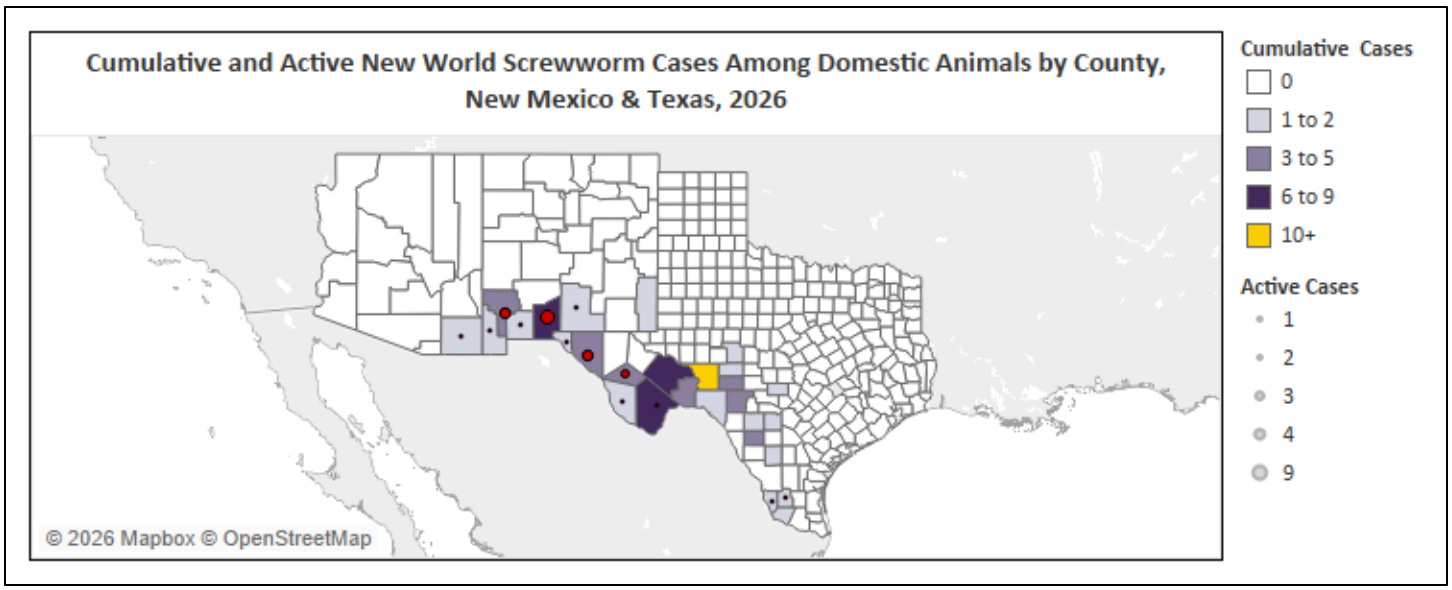


Figure Notes: Data for cases reported among animals as of November 2, 2026.

NWS was eradicated in the United States in 1966; however, sporadic cases were reported in the Florida Keys during 2016 among deer and companion animals (pets). In January, the United States CDC issued a Health Advisory regarding NWS cases detected among animals near the United States – Mexico border, specifically in Tamaulipas, Mexico, to increase awareness given the potential for geographic spread. Since then, the FDA has conditionally approved and issued emergency use authorizations (EUAs) for several products to prevent and treat NWS among animals. There have not been any human cases reported in the United States, except for a single travel-associated case detected among an individual returning from El Salvador in August 2025 – the risk of NWS among people remains very low. According to data from the United States CDC as of October 29, 2026, there have been over 209,400 NWS cases reported among animals and over 2,850 NWS cases reported among humans in Central America and Mexico since 2023.

Data Sources: USDA (11/3/26), CDC (10/29/26)

Non-Seasonal Influenza

China – Incident Human Cases Reported in Hubei and Jiangxi Provinces (H9N2):

According to data from the Hong Kong Centre for Health Protection (HKCHP) as of November 2, 2026, there have been a total of 25 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 Hubei and Jiangxi Provinces. The case in Hubei Province was reported among a 2-year-old male with symptom onset on September 22, 2026. The case in Jiangxi Province was reported among a 77-year-old female with symptom onset on September 16, 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 13 provinces/regions/municipalities in China: Guangxi Zhuang (5), Yunnan (4), Guangdong (3), Henan (2), Jiangsu (2), Jiangxi (2), Anhui (1), Beijing (1), Gansu (1), Guizhou (1), Hubei (1), Sichuan (1), and Hong Kong (1). According to data from the World Health Organization (WHO) as of October 21, 2026, there have been a total of 184 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 (11/3/26), WHO (10/22/26)

United States – Fatal Human Case Reported in Washington (HPAI/H5N1):

According to data from the United States Department of Agriculture (USDA) as of November 5, 2026, there have been a total of 2,300 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 35 confirmed HPAI detections have been reported by 20 states, primarily California (6), Minnesota (5), Washington (3), and Wisconsin (3), affecting 2.73 million birds. According to data from the USDA as of November 5, 2026, there have been a total of 1,227 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 15 new detections were reported, including the first detections in Indiana. In the past 30 days, a total of 47 confirmed HPAI detections have been reported in Washington (40), Texas (3), Indiana (2), Colorado (1), and Kansas (1).

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds*			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
13	22	47	0	0	261	1

*Table Notes: Data as of November 5, 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.*

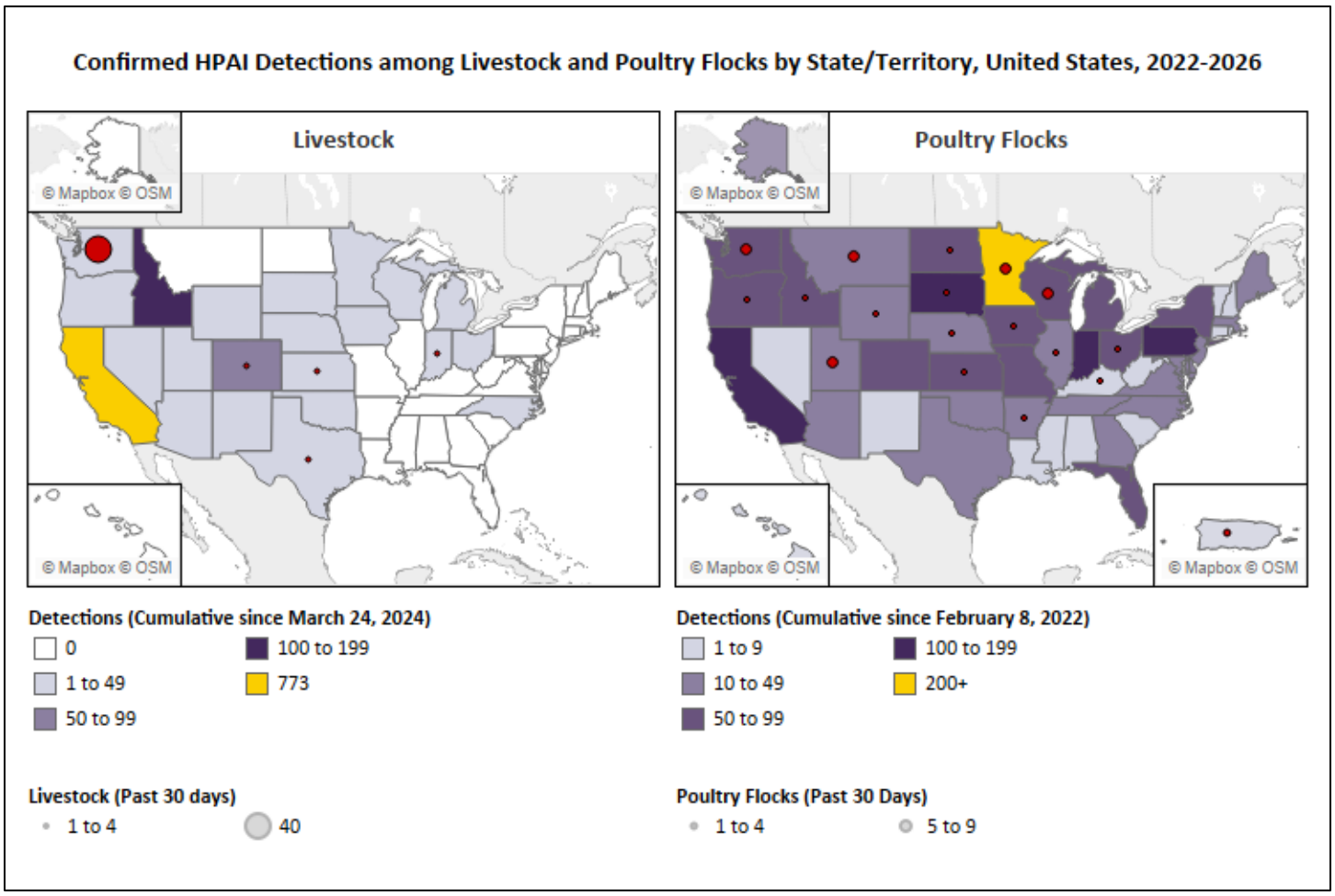


Figure Notes: Data as of November 5, 2026.

According to data from the United States CDC and the Washington State Department of Health (WSDOH), 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. Since the previous update, 2 incident human H5N1 cases and 1 death were reported in Yakima County, Washington, among individuals exposed to infected dairy cattle – the fatal case had underlying health conditions while the other has not been hospitalized. 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 (11/5/26), USDA (11/5/26), CDC (11/5/26), PAHO (8/26/26), WSDOH (11/5/26)

Polio

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

According to data from the Global Polio Eradication Initiative (GPEI) as of November 2, 2026, there have been 58 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 36 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 166 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 18 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 9 incident cases caused by WPV1 were reported in Afghanistan (8) and Pakistan (1), 2 incident AFP cases caused by cVDPV1 were reported in Ethiopia, and 9 incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of Congo (DRC).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		**cVDPV1**		**cVDPV2**		**cVDPV3**	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
5	+9	36	+2	166	+9	18	+0

Table Notes: Data as of November 2, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

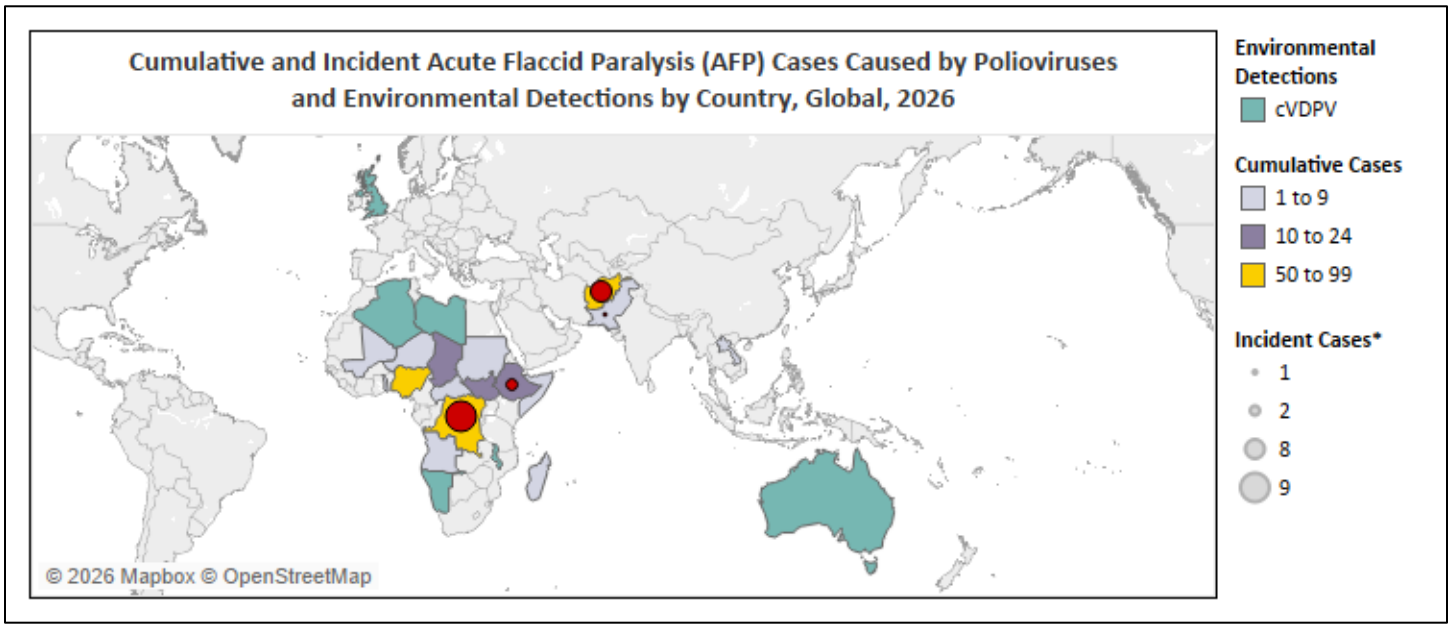


*Figure Notes: Data as of November 2, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

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 (93 – cVDPV2), Ethiopia (11 – cVDPV1), Lao People's Democratic Republic (3 – cVDPV1), Mali (5 – cVDPV2), Madagascar (4 – cVDPV1),

Niger (2 – cVDPV3), Nigeria (36 – cVDPV2, 15 – cVDPV3), Pakistan (8 – WPV1), Somalia (6 – cVDPV2), South Sudan (18 – cVDPV1, 4 - cVDPV2), Sudan (4 – cVDPV2), and Togo (3 – cVDPV2). Among countries without any reported AFP cases, environmental detections from samples collected during 2026 have been reported in Algeria (2 – cVDPV2), Australia (1 – cVDPV2), Libya (2 – cVDPV2), Malawi (9 – cVDPV2), Namibia (5 – cVDPV2), 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 (11/3/26), GPEI - cVDPV (11/3/26)

Salmonella

United States – Updated Data on Multistate Outbreak Linked to Raw Oysters:

According to data from the United States CDC as of October 30, there have been a total of 28 cases infected with the outbreak strain of *Salmonella* Telelkebir linked to raw oysters from the Little Wicomico River harvest area in Virginia. Since the previous update, 1 incident case was reported in Michigan.

Salmonella Outbreak Cases, United States, 2025-2026					
Cases		Hospitalizations₱		Deaths	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	CFR*
28	+1	5	+0	0	0.0%

*Table Notes: Data as of October 30, 2026; ₱Among 22 individuals with information available; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

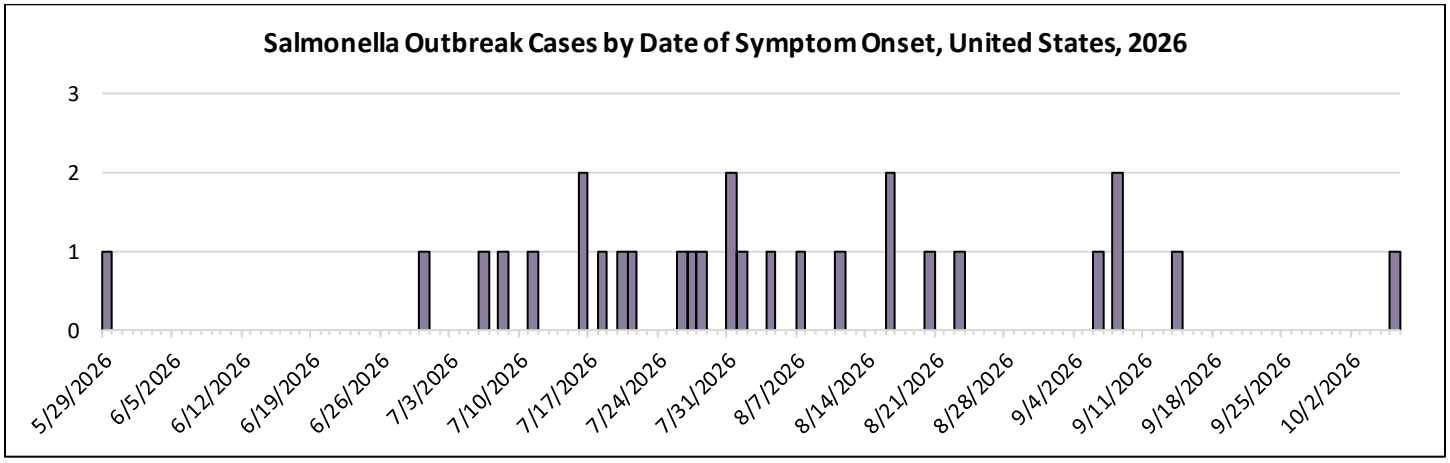


Figure Notes: Data as of October 30, 2026.

Cases have been reported by 13 states, primarily Pennsylvania (8) and New York (4), and reported dates of illness onset ranging from May 29, 2025 – October 6, 2026. Cases range from 1-86 years of age with a median age of 44 years. Among cases with available demographic information, most have been male (61%), White (83%), and non-Hispanic (94%). Among interviewed cases (14), 79% reported consuming raw oysters prior to illness onset. Whole genome sequencing (WGS) analysis revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection, and did not predict any antibiotic resistance. Samples of raw oysters from the Little Wicomico Oyster Company harvest areas in the Little Wicomico River were collected and tested for *Salmonella* – some samples tested positive and were the same strain as the one involved in this outbreak, among other strains. Traceback investigations determined that oysters consumed by cases were harvested from multiple locations, but those harvested from the Little Wicomico River by Little Wicomico Oyster Company were the only oysters commonly consumed by all cases included in those investigations (7).

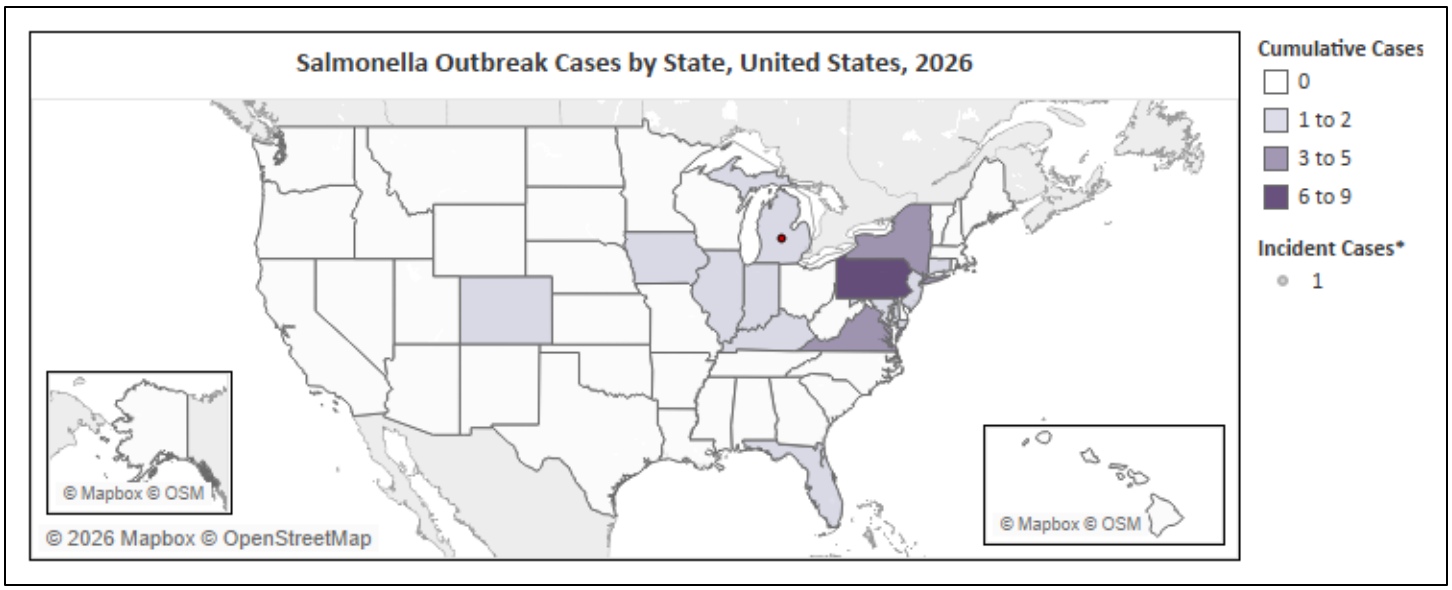


*Figure Notes: Data as of October 30, 2026; *Change in cumulative total compared to previous update.*

On October 9, 2026, the Little Wicomico Oyster Company issued a voluntary recall of whole (shellstock) oysters harvested from the Little Wicomico River and Little Wicomico River Lower in Virginia from September 18 – October 8, 2026. Additionally, the Virginia Department of Health has temporarily closed the Little Wicomico River harvest area as a precaution. According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states. Do not eat, sell, or serve recalled oysters.

Data Source: CDC (10/30/26)

Yellow Fever

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

According to data from the Pan American Health Organization (PAHO) as of October 28, 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 Venezuela.

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	CFR*
106	+2	47	+0	44.3%

*Table Notes: Data as of October 28, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

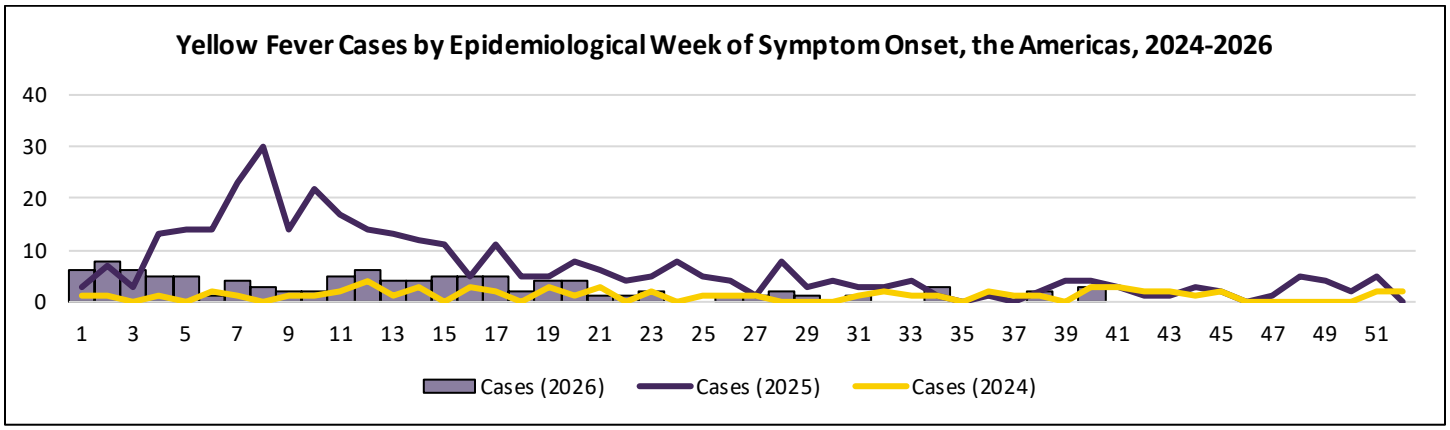


Figure Notes: Data as of October 28, 2026; Cases reported during 2025 (7) and 2026 (2) without dates of symptom onset are excluded.

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas: Colombia (60 cases, 26 deaths), Brazil (15 cases, 8 deaths), Peru (11 cases, 6 deaths), Venezuela (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.

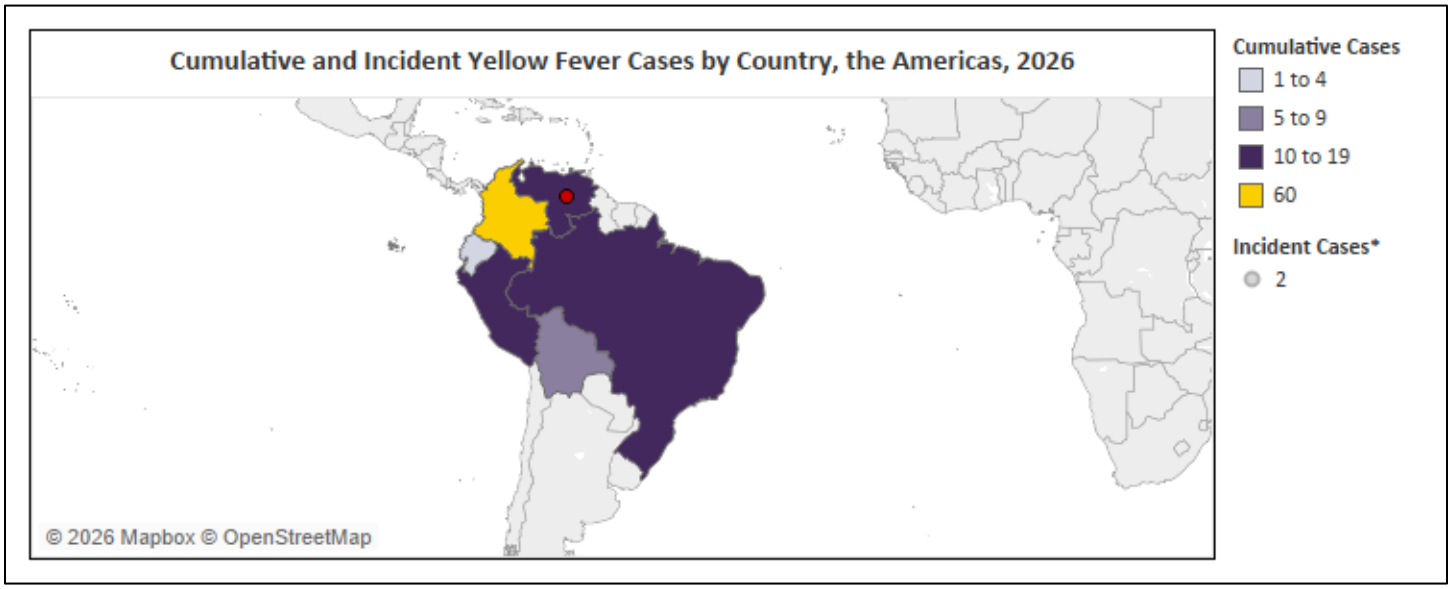


*Figure Notes: Data as of October 28, 2026; *Change in cumulative total compared to previous update.*

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 (11/3/26)

Other Outbreaks, News, and Events

Other Outbreaks:

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

Chikungunya

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

Cyclosporiasis

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

Diphtheria

- Africa – Large Increase in Reported Cases from Nigerian Outbreak (October 22)

- 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

- Peru – Confirmed Incident Cases Reported by 6 Departments (October 22)
- 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

- Mexico – Updated Data on Animal and Human Cases Reported (October 29)

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 Broccoli Sprouts (October 1)
- United States – Updated Data on Multistate Outbreak Linked to Pet Turtles (September 24)
- United States – Updated Data on Ongoing Outbreaks Linked to Backyard Poultry (September 3)
- United States – Multistate Outbreak Linked to Jalapeños Includes 5 New States (August 20)
- United States – New Multistate Outbreak Linked to Shell Eggs Reported (July 30)
- United States – Outbreak Investigation Reopened; Additional Products Recalled (June 4)
- United States – New Multistate Outbreak Linked to Moringa Capsules (June 4)
- United States – New Multistate Outbreak Linked to Pet Veiled Chameleons (May 14)

Pertussis

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

Pneumonia

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

Rabies

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

Other Active CDC Travel Health Notices:

- Malaria in Mayotte - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Malaria in Yemen - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Meningococcal Disease in the Democratic Republic of the Congo - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Yellow Fever in Ghana - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Zika in Indonesia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Diphtheria in Haiti - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Diphtheria in Sub-Saharan Africa - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Hepatitis A in Canada - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Hepatitis A in Costa Rica - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Paratyphoid Fever in Yemen - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Rocky Mountain Spotted Fever in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC

Other Global Health News and Events:

- Costa Rica reports 6285 dengue and 974 chikungunya cases by October 2026 - BEACON
- First confirmed chikungunya case in 2026 reported in El Salvador amid concurrent dengue transmission - BEACON
- Chikungunya transmission decreases in French Guiana amid vaccine rollout - BEACON
- Four autochthonous chikunungya cases reported in Ticino, Switzerland representing the country's first locally transmitted cases - BEACON
- 1669 suspected cases of Crimean-Congo hemorrhagic fever (CCHF) and 71 deaths reported in Afghanistan as of September 2026 - BEACON
- Report on the epidemiological situation of dengue in endemic countries of the Americas
- Honduras reports over 12 000 dengue cases and four confirmed deaths amid co-circulation of DENV-2 and DENV-3 - BEACON
- Thailand's Department of Disease Control issues a public warning about melioidosis, reporting 3102 cases and 136 deaths nationwide in 2026 - BEACON
- Community Spread of New Mpox Type (Clade I) in California Has Been Identified; Risk to General Public Remains Low
- Weekly US Influenza Surveillance Report: Key Updates for Week 42, ending October 24, 2026 | FluView | CDC
- 502 West Nile virus (WNV) disease cases reported year to date in California, USA, exceeding every annual total since 2017 - BEACON
- WHO Rapid Risk Assessment: Yellow Fever in the African Region - 27 Oct 2026
- Barbados eliminates mother-to-child transmission of HIV
- New generic injectable drug holds promise for global fight against HIV | CIDRAP
- Shamonda virus in human - France