Pennsylvania
Department of Health

September 4, 2026

Loree Stark
American Oversight
1030 15th St. NW, Suite B255
Washington DC 20005

records@americanoversight.org

RE: Right to Know Law Request
DOH-RTKL-MSC-138-2026

Dear Requester:

On July 15, 2026, the Pennsylvania Department of Health (Department) received your written request for record(s) pursuant to the Pennsylvania Right-to-Know Law 65 P.S. §§ 67.101, *et seq*. (RTKL) wherein you requested:

> 1. All formal and informal directives, guidance, protocols, plans, procedures, and policies created by, issued to, or otherwise provided to the Pennsylvania Department of Health on how to prevent, prepare, detect, and/or respond to public health incidents, risks, threats, and emergencies associated with the 2026 FIFA World Cup including, but not limited to, potential exposures and disease outbreaks [for the timeframe from January 1, 2026 to the date the request is received].
>
> 2. All email communications sent or received by any of the officials listed below, and/or anyone communicating on their behalf, such as an assistant, secretary, or chief of staff, and containing any of the key terms listed below [for the timeframe from May 1, 2026 to the date the request is received].
> Pennsylvania DOH Officials:
> a. Dr. Debra Bogen, Secretary
> b. Kristen Rodack, Executive Deputy Secretary
> c. Cindy Findley, Deputy Secretary, Health Promotion and Disease Prevention
> d. Anyone serving in the capacity of Director of the Bureau of Epidemiology
> e. Barry Ciccocioppo, Director of Communications
> Key Terms:
> i. FIFA
> ii. “World Cup”
> iii. soccer
> iv. “mass gathering”
> v. “disease spread”
> vi. outbreak
> vii. measles
> viii. cyclosporiasis
> ix. cyclospora

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By letter dated July 22, 2026, the Department invoked a thirty-day extension in which to respond. Additionally, on August 14, 2026, the Department informed that an additional two weeks, until September 4, 2026, would be necessary to meaningfully respond to the request.

Your request granted in part and denied in part. Documents responsive to your request are enclosed, subject to redaction.

Section 706 of the RTKL, 65 P.S. § 67.706, permits an agency to redact from a public record information that is exempt from access under the RTKL. Any information that is redacted is considered a partial denial under the RTKL.

The Department has redacted personal telephone numbers and email addresses pursuant to 65 P.S. §§ 67.708(b)(1)(ii) and (b)(6)(i)(A)), as well as information reasonably likely to jeopardize computer security pursuant to 67.708(b)(4). *See Hopey v. Pa. Dep't of Envtl. Prot*., OOR Dkt. No. AP 2016-0540 (June 24, 2016) (finding that an agency may redact secondary telephone numbers and e-mail addresses that have not been held out to the public); *Shepherd v. Pa. Off. of the Governor*, OOR Dkt. AP 2023-0861 (allowing for the redaction of conference call numbers, pin numbers and similar information where disclosure would enable individuals with malicious intent to access confidential telecommunications systems).

The Department has also redacted and withheld responsive information which reflect the internal, predecisional deliberations of the Department pursuant to 65 P.S. § 67.708(b)(10) of the RTKL. These records contain a contemplated or proposed policy, strategy, analysis, or course of action and/or are considered to be research or other documents used in the Department's predecisional deliberations. *See, e.g., Shepherd and Broad Liberty v. Pennsylvania Office of the Governor*, OOR Dkt. No. AP 2024-1501 (Aug. 5, 2024) (concluding materials reflecting analysis and mental impressions were qualified for internal, predecisional exemption); *see also, e.g., Walker v. Pa. Dep't of Health*, OOR Dkt. No. AP 2022-0255 (Apr. 18, 2022) (records related to "internal discussions, deliberations… and follow-up actions," including phrases like "proposed next step[s]" exempt from disclosure under section 708(b)(10) of the RTKL). *Martin and WPXI-TV v. Pa. Dep't of State*, OOR Dkt. No. AP 2021-0716 (July 7, 2021).

Moreover, portions of your request are exempt from public access, as they constitute information in the possession Department pertaining to reports of communicable and non-communicable diseases. A strict statutory confidentiality provision prohibits the release of certain records you have requested. The Department's authority to conduct an epidemiological investigation is found in The Disease Prevention and Control Law (DPCL) of 1955, 35 P.S. § 521.1, *et seq*., and the Administrative Code of 1929, 71 P.S. § 532(a) and (b). Documentation received by and/or maintained by the Department pursuant to its authority under the DPCL is protected by the strict confidentiality provision contained therein. Section 15 of the DPCL provides, in relevant part, as follows:

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> …State and local health authorities may not disclose reports of diseases, any records maintained as a result of any action taken in consequence of such reports, or any other records maintained pursuant to this Act or any regulation, to any person who is not a member of the Department or of any local board or department of health except as follows:
>
> (1) Where necessary to carry out the purposes of this act.
> (2) Where necessary to inform the public of the risk of a communicable disease.

35 P.S. § 521.15, as amended by Act of Nov. 3, 2020, P.L., No. 112.

Pursuant to the authority given to it under the DPCL, the Department promulgated regulations, found at 28 Pa. Code, Chapter 27 (relating to communicable and non-communicable diseases). The regulations underscore the confidentiality of reports of communicable and non-communicable diseases, and any information obtained by the Department pursuant to the DPCL.

The withheld records are maintained as a result of an action taken by the Department in consequence of its receiving reports of a disease or condition reportable under the Communicable and Non-communicable Diseases Regulations promulgated pursuant to the Act. *See* 28 Pa. Code §27.3.

Pennsylvania's Office of Open Records (OOR) has affirmed the Department's denial of access to records protected under the confidentiality provision of the DPCL. *See Ciavaglia v. Pa. Dep't of Health*, OOR Dkt. AP 2021-0743, 2021 WL 3206189 (Final Determination filed July 26, 2021) (records including reports related to company providing health care consulting services to long-term care facilities in connection with the Department's COVID-19 response are confidential under the DPCL and not subject to Act 77 of 2020); *Pattani v. Pa. Dep't of Health*, OOR Dkt. AP 2020-0995, 2020 WL 5814527 (Final Determination filed September 25, 2020) (communications discussing how to coordinate public health activities between the Department and county and municipal health departments are confidential under the DPCL); *Shepherd v. Pa. Dep't of Health*, AP 2020-1142, 2021 WL 677886 (Final Determination Issued February 18, 2021) (finding emails between the Department and Montgomery County officials related to company providing health care consulting services to long-term care facilities are confidential under the DPCL).

Additionally, the Department has withheld all personal identifiable health information pursuant to 67.708(b)(5).

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Likewise, the Department has withheld records seeking and/or reflecting legal advice and analysis of agency counsel. These records are protected by the attorney-client privilege and/or attorney work product doctrine and are not "public records" subject to disclosure. *See* 65 P.S. §§67.102 and 305(a)(2) (presumption that record of Commonwealth agency is a "public record" shall not apply if record protected by a privilege); *see also*, *Rooney v. Abington Township*, OOR Dkt. No. 2023-0724 (Apr. 21, 2023) ("The RTKL's definition of privilege includes the attorney-client privilege, and the presumption that records in the possession of local agencies are public records does not apply to records that are privileged").

Additionally, pursuant to 67.708(b)(1)(ii), (b)(2), and (b)(3) the Department withheld records, which, if disclosed would endanger the personal or physical safety or security of individuals or buildings. The Department also withheld personal notes and working papers pursuant to 67.708(b)(12). In addition to the aforementioned withheld or redacted records, although not provided, there were copywritten materials that have not been released. Copywritten records are available for inspection by scheduling an appointment with the Department during regular business hours.

Lastly, in accordance with Section 67.502(b)(1) of the RTKL, I am forwarding your request to the Agency Open Records Office for the City of Philadelphia Department of Public Health, The Pennsylvania Emergency Management Agency, The Pennsylvania Department of Environmental Protection, The Centers for Disease Control and Prevention, and The Department of Homeland Security. These agencies may have records containing the information you are seeking. However, in order to avail yourself of the relief and remedies provided in the RTKL with respect to a response to your request you must make a written request to these agencies, your request must state that it is being made pursuant to the RTKL, and you must personally direct your RTKL request, as follows:

Tracy Jones
City of Philadelphia Department of Public Health
1101 Market Street, Ste 1320
Philadelphia, PA 19107
Email: RightToKnowLaw@phila.gov
PDPH-RTKL@phila.gov

Kristen Bradley
Pennsylvania Emergency Management Agency
1310 Elmerton Avenue
Harrisburg, PA 17110
Email: ra-rtk-pema@pa.gov

Chelsea Dickert
Pennsylvania Department of Environmental Protection
400 Market Street
Harrisburg, PA 17105
Email: EP-DEP-RTK@pa.gov

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Centers for Disease Control and Prevention
The Department of Homeland Security
https://www.foia.gov/

If you choose to appeal under the RTKL your appeal should be submitted in writing to: Executive Director, OOR, 555 Walnut Street, Suite 605, Harrisburg, PA 17101-1925. If you choose to file an appeal, you must do so within 15 business days of the mailing date of this response and send to the OOR:

1) This response;
2) Your request;
3) The reasons why you think the agency is wrong in denying access to the requested records.

Also, the OOR has an appeal form available on the OOR website at:

https://www.openrecords.pa.gov/Appeals/AppealForm.cfm

Please be advised that this correspondence will serve to close this record with our office as permitted by law.

Sincerely,

Danica Hoppes

Danica Hoppes
Agency Open Records Officer
Pennsylvania Department of Health
625 Forster Street, 8th Floor
Harrisburg, PA 17120-0701

Date of Mailing: 09/04/2026

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Message

From: Pennsylvania Department of Health [a2f69b78-0005-3002-80c0-fceb55463ffe@notify.onsolve.net]
Sent: 6/10/2026 6:14:25 PM
To: Ciccocioppo, Barry [redacted]
Subject: [External] Health Alert - 828 - ALT - FIFA World Cup Mass Gathering Clinical Awareness Update issued at 6/10/26 2:13 PM
Attachments: 2026-828-06-10-FIFA_final.pdf
Importance: High

ATTENTION: *This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button in Outlook.*

Barry Ciccocioppo,
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Summary
• The 2026 FIFA World Cup is occurring during June and July 2026 at host cities in Mexico, Canada, and the United States, including Philadelphia.
• These events carry increased risks for exposure to novel diseases or other threats, including terrorism and other mass casualty incidents.
• The Pennsylvania Department of Health (DOH) is conducting enhanced disease surveillance during this event because increased travel and crowding may lead to additional reports of infectious disease among residents and visitors.
• Patients may present after travel with illnesses such as respiratory virus infections, norovirus, foodborne illness, or other communicable diseases.
• Clinicians should ask about attendance at FIFA games, Fan Fest, and related events when evaluating patients with fever, respiratory symptoms, vomiting, diarrhea, or other acute illness during this period.
• Providers are expected to report cases of enhanced high-priority public health conditions among out-of-state and international travelers to the Department of Health (DOH). Immediately report suspected outbreaks or unusual or infection with public health importance to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258).

*Please see the attached pdf document for the entire health alert.

Thank you, Pennsylvania Department of Health

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FIFA World Cup Mass Gathering Clinical Awareness Update

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TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Secretary of Health
SUBJECT:	**FIFA World Cup Mass Gathering Clinical Awareness Update**
DISTRIBUTION:	Statewide
LOCATION:	Statewide
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a
This transmission is a "Health Alert": it conveys the highest level of importance; warrants immediate action or attention.	

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Background

The 2026 FIFA World Cup, taking place from June through July across the United States, Canada, and Mexico, including matches in Philadelphia, is expected to bring a substantial influx of domestic and international visitors to Pennsylvania. This raises the potential for higher volumes of reportable infectious diseases, including cases among out-of-state and international travelers. To support timely detection of cases and potential outbreaks, DOH has implemented enhanced disease surveillance in PA-NEDSS from June 1 through August 31, 2026, including the addition of a standardized question to capture FIFA World Cup–related exposures during disease investigations.

Providers should consider travel and event-associated illness in patients seen during the surveillance period, particularly those returning from Philadelphia or other FIFA World Cup venues. This is especially important in patients with respiratory complaints, gastrointestinal symptoms, or cluster-associated illness among household members, or travel companions.

Recommendations for Health Care Providers

- When evaluating patients during the enhanced surveillance period, ask whether they attended a 2026 FIFA World Cup game or related event such as Fan Fest, and whether they stayed in shared lodging, or had close contact with others who were ill.
- Obtain a focused travel and exposure history, including event attendance, dates, venues, and overnight accommodations.
- Consider respiratory pathogen testing when clinically indicated, especially in patients with cough, fever, shortness of breath, or influenza-like illness, particularly if they may be traveling from areas with active respiratory virus circulation.
- Remain alert for other mass-gathering–associated conditions, including injuries or crowd-related trauma, alcohol- or drug-related emergencies, dehydration, heat-related illness, poor air quality, allergy exacerbations, vector exposures, and delayed access to care among international attendees.
- Consider the possibility of communicable disease spread among travelers, as well as non-endemic diseases due to the increase in international travel.
- Consider other threats that can occur during mass gatherings, including mass casualty incidents, terrorism, pandemic conditions, human trafficking, and overlapping public health emergencies.
- Consider stool testing, or outbreak evaluation, for patients with acute gastroenteritis when epidemiologically appropriate.
- Maintain standard infection prevention and control practices and use transmission-based precautions when indicated.
- Report suspected outbreaks, unusual clusters, or notifiable disease concerns to your local health department or DOH.
- Providers should pay particular attention to patients from southeastern Pennsylvania, including Philadelphia, Montgomery, Chester, Bucks, and Delaware Counties, where event-related exposure is more likely.

Additional Recommendation for All-Hazards Responses

- Large scale public gatherings increase risk for mass casualty incidents, caused by a variety of threats, including chemical, radiological, biological, or explosives, and by crowd surges and pyrotechnic utilization, which can be common during large soccer events.
- Cyber threats against health care entities during special events are also a recognized threat.
- Consider reviewing the unique decontamination, or patient care requirements, that may be associated with these events and hazards, including applicable facility emergency response plans.
- Consider how your facility can receive and treat patients who would normally be served at specialty care facilities (e.g., trauma, burn), when those specialty sites are overwhelmed and transfer out of the impacted area is not immediately available.

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- Recognize that during large-scale incidents, impacts on health care may be felt outside of the immediate area, as patients are transported to available care when local resources are overwhelmed. Other health care facilities, including urgent care, may become a place where individuals (especially international travelers who are less aware of health care delivery systems) seek care during these surges, and should be prepared to respond as appropriate. Healthcare facility staffing and logistics may also be impacted during larger scale incidents where normal transportation routes are impacted.
- Recognize that EMS and other patient transport resources may become overwhelmed during these mass casualty incidents, further changing normal patient care and transportation pathways. Recognize that during mass casualty incidents, emergency preparedness Health Care Coalitions may implement patient tracking efforts and regional coordination efforts to ensure effective response across the impacted area and across the health care delivery sector. Facilities are encouraged to work with their regional Health Care Coalition to ensure routine and emergency efforts around emergency preparedness are conducted.

Hospital and Laboratory Considerations

Hospitals should ensure readiness for increased evaluation of a variety of illnesses during the event period.

Emergency departments, urgent care sites, and inpatient units should include questions about recent travel, known exposures to ill individuals, and mass gathering exposure during triage and intake assessments.

Clinical laboratories should be prepared for increased testing demand and should coordinate with infection prevention and public health partners when clusters or unusual organisms are identified. Facilities should also review specimen transport and reporting pathways to support timely public health response.

Public Counseling

Providers should remind patients to stay home when ill, practice hand hygiene, and seek care promptly for severe symptoms such as dehydration, shortness of breath, persistent high fever, or signs of clinical deterioration. Patients attending crowded events should be advised to reduce exposure risks by following local venue and public health guidance. This information should be available to the public in multiple languages, especially with the increase in international travelers during these events.

Reporting and Questions

Health care facilities using PA-NEDSS to report diseases and conditions should be aware of challenges with manual entry of out of state and international travelers. When entering the information into PA-NEDSS, the provider ZIP code should be used to report an out of state or international traveler in PA-NEDSS. The full patient information (address, home country), hotel where the travelers is staying while visiting, or current US residence should be added in the report notes section.

DOH reminds providers to report suspected outbreaks, unusual or infection with public health importance, or immediately reportable conditions to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258).

Individuals interested in receiving future PA-HANs can register here.

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This information is current as of June 10, 2026, but may be modified in the future.

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Message

From: Pennsylvania Department of Health [a2f69b73-0005-3002-80c0-fceb55463ffe@notify.onsolve.net]
Sent: 6/10/2026 6:14:25 PM
To: Rodack, Kristen [redacted]
Subject: [External] Health Alert - 828 - ALT - FIFA World Cup Mass Gathering Clinical Awareness Update issued at 6/10/26 2:13 PM
Attachments: 2026-828-06-10-FIFA_final.pdf
Importance: High

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Kristen Rodack,
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Subject: [External] Health Alert - 828 - ALT - FIFA World Cup Mass Gathering Clinical Awareness Update issued at 6/10/26 2:13 PM
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• Clinicians should ask about attendance at FIFA games, Fan Fest, and related events when evaluating patients with fever, respiratory symptoms, vomiting, diarrhea, or other acute illness during this period.
• Providers are expected to report cases of enhanced high-priority public health conditions among out-of-state and international travelers to the Department of Health (DOH). Immediately report suspected outbreaks or unusual or infection with public health importance to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258).

*Please see the attached pdf document for the entire health alert.

Thank you, Pennsylvania Department of Health

AMERICAN OVERSIGHT

Pennsylvania
Department of Health

FIFA World Cup Mass Gathering Clinical Awareness Update

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DATE:	6/10/2026
TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Secretary of Health
SUBJECT:	**FIFA World Cup Mass Gathering Clinical Awareness Update**
DISTRIBUTION:	Statewide
LOCATION:	Statewide
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a
This transmission is a "Health Alert": it conveys the highest level of importance; warrants immediate action or attention.	

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AMERICAN OVERSIGHT

Background

The 2026 FIFA World Cup, taking place from June through July across the United States, Canada, and Mexico, including matches in Philadelphia, is expected to bring a substantial influx of domestic and international visitors to Pennsylvania. This raises the potential for higher volumes of reportable infectious diseases, including cases among out-of-state and international travelers. To support timely detection of cases and potential outbreaks, DOH has implemented enhanced disease surveillance in PA-NEDSS from June 1 through August 31, 2026, including the addition of a standardized question to capture FIFA World Cup–related exposures during disease investigations.

Providers should consider travel and event-associated illness in patients seen during the surveillance period, particularly those returning from Philadelphia or other FIFA World Cup venues. This is especially important in patients with respiratory complaints, gastrointestinal symptoms, or cluster-associated illness among household members, or travel companions.

Recommendations for Health Care Providers

- When evaluating patients during the enhanced surveillance period, ask whether they attended a 2026 FIFA World Cup game or related event such as Fan Fest, and whether they stayed in shared lodging, or had close contact with others who were ill.
- Obtain a focused travel and exposure history, including event attendance, dates, venues, and overnight accommodations.
- Consider respiratory pathogen testing when clinically indicated, especially in patients with cough, fever, shortness of breath, or influenza-like illness, particularly if they may be traveling from areas with active respiratory virus circulation.
- Remain alert for other mass-gathering–associated conditions, including injuries or crowd-related trauma, alcohol- or drug-related emergencies, dehydration, heat-related illness, poor air quality, allergy exacerbations, vector exposures, and delayed access to care among international attendees.
- Consider the possibility of communicable disease spread among travelers, as well as non-endemic diseases due to the increase in international travel.
- Consider other threats that can occur during mass gatherings, including mass casualty incidents, terrorism, pandemic conditions, human trafficking, and overlapping public health emergencies.
- Consider stool testing, or outbreak evaluation, for patients with acute gastroenteritis when epidemiologically appropriate.
- Maintain standard infection prevention and control practices and use transmission-based precautions when indicated.
- Report suspected outbreaks, unusual clusters, or notifiable disease concerns to your local health department or DOH.
- Providers should pay particular attention to patients from southeastern Pennsylvania, including Philadelphia, Montgomery, Chester, Bucks, and Delaware Counties, where event-related exposure is more likely.

Additional Recommendation for All-Hazards Responses

- Large scale public gatherings increase risk for mass casualty incidents, caused by a variety of threats, including chemical, radiological, biological, or explosives, and by crowd surges and pyrotechnic utilization, which can be common during large soccer events.
- Cyber threats against health care entities during special events are also a recognized threat.
- Consider reviewing the unique decontamination, or patient care requirements, that may be associated with these events and hazards, including applicable facility emergency response plans.
- Consider how your facility can receive and treat patients who would normally be served at specialty care facilities (e.g., trauma, burn), when those specialty sites are overwhelmed and transfer out of the impacted area is not immediately available.

AMERICAN OVERSIGHT

- Recognize that during large-scale incidents, impacts on health care may be felt outside of the immediate area, as patients are transported to available care when local resources are overwhelmed. Other health care facilities, including urgent care, may become a place where individuals (especially international travelers who are less aware of health care delivery systems) seek care during these surges, and should be prepared to respond as appropriate. Healthcare facility staffing and logistics may also be impacted during larger scale incidents where normal transportation routes are impacted.
- Recognize that EMS and other patient transport resources may become overwhelmed during these mass casualty incidents, further changing normal patient care and transportation pathways. Recognize that during mass casualty incidents, emergency preparedness Health Care Coalitions may implement patient tracking efforts and regional coordination efforts to ensure effective response across the impacted area and across the health care delivery sector. Facilities are encouraged to work with their regional Health Care Coalition to ensure routine and emergency efforts around emergency preparedness are conducted.

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Public Counseling

Providers should remind patients to stay home when ill, practice hand hygiene, and seek care promptly for severe symptoms such as dehydration, shortness of breath, persistent high fever, or signs of clinical deterioration. Patients attending crowded events should be advised to reduce exposure risks by following local venue and public health guidance. This information should be available to the public in multiple languages, especially with the increase in international travelers during these events.

Reporting and Questions

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AMERICAN OVERSIGHT

Message

From: Pennsylvania Department of Health [a2f6962e-0005-3002-80c0-fceb55463ffe@notify.onsolve.net]
Sent: 6/10/2026 6:14:53 PM
To: Findley, Cynthia [redacted]
Subject: [External] Health Alert - 828 - ALT - FIFA World Cup Mass Gathering Clinical Awareness Update issued at 6/10/26 2:13 PM
Attachments: 2026-828-06-10-FIFA_final.pdf
Importance: High

ATTENTION: *This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button in Outlook.*

Cindy Findley,
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LOCATION:	Statewide
STREET ADDRESS:	n/a
COUNTY:	n/a
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Message

From: Pennsylvania Department of Health [a2f68cc1-0005-3002-80c0-fceb55463ffe@notify.onsolve.net]
Sent: 6/10/2026 6:14:37 PM
To: McHugh, Lisa [redacted]]
Subject: [External] Health Alert - 828 - ALT - FIFA World Cup Mass Gathering Clinical Awareness Update issued at 6/10/26 2:13 PM
Attachments: 2026-828-06-10-FIFA_final.pdf
Importance: High

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Lisa McHugh,
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PENNSYLVANIA DEPARTMENT OF HEALTH

2026 – PAHAN – 830 – 06-17-ADV

Detection of Measles in Wastewater, Delaware County

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TO:	Health Alert Network
FROM:	Debra L. Bogen, M.D., FAAP, Secretary of Health
SUBJECT:	**Detection of Measles in Wastewater, Delaware County**
DISTRIBUTION:	Philadelphia, Delaware, Chester, Montgomery, Bucks, Berks, Schuylkill, Lancaster, and Lebanon Counties
LOCATION:	N/A
STREET ADDRESS:	N/A
COUNTY:	N/A
MUNICIPALITY:	N/A
ZIP CODE:	N/A

This transmission is a "Health Advisory" which provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL ; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

Situation Summary

- Measles RNA was detected in untreated wastewater collected from a wastewater treatment plant located in Delaware County on June 9 and June 11, 2026.
- **Currently, there are no known clinical cases of measles of people residing in Delaware County.** However, PA is experiencing an increase in measles cases in the southeast and southcentral regions of the state.
- Health care providers should maintain a high index of suspicion for measles in patients presenting with fever and rash, especially in those who are unvaccinated.
- If providers suspect measles, they should ask about recent exposures or contact with anyone known to have measles, and any recent travel history.
- Providers should gather and test NP swabs and urine for measles using rRT-PCR and blood (serum) for measles IgG testing.
- To minimize exposure, providers should implement appropriate infection-prevention measures when measles is suspected and notify the infection control personnel.
- The DOH urges all Pennsylvanians to stay up to date on their MMR vaccinations.
- Providers must immediately report suspected measles cases to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258). Providers should not wait for lab confirmation to notify public health if measles is suspected.

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Background:

A wastewater treatment serving portions of Delaware County participates in the WastewaterSCAN wastewater surveillance program based at Stanford University, in partnership with Emory University. This program routinely tests untreated wastewater for the genetic markers of various pathogens such as COVID-19 (SARS-CoV-2), RSV, influenza A and H1, H3, and H5 subtypes, influenza B, hepatitis A, and measles (not vaccine related) in wastewater treatment plants across the United States.

RNA from the non-vaccine related measles virus was detected in wastewater samples collected on June 9 and June 11, 2026 from the DELCORA Western Regional Treatment Plant located in Delaware County. The service area can be found here.

- A detection of measles RNA in wastewater indicates that one or more individuals that are currently or recently infected with measles shed measles RNA from a bodily fluid such as urine, feces or saliva into the wastewater system. The RNA was detected from wastewater collected within the catchment area served by the wastewater treatment facility for that geographic area.
- The detection of measles RNA in wastewater does not indicate the number of individuals that could be infected with measles.
- The detection of measles RNA in wastewater cannot determine the identity of the person or the specific location of the person that is infected with measles.
- This detection does not represent the presence of the vaccine strain of measles or the shedding of vaccine strain from a recently vaccinated individual.

There is no evidence that measles can be transmitted through contact with untreated wastewater. Measles is transmitted through the air and close contact with infected individuals.

Recommendations for Health Care Providers

Consider measles as a diagnosis in anyone:

- with a febrile rash illness lasting three days or more,
- with a temperature of 101ºF (38.3ºC) or higher, and clinically compatible symptoms (cough, coryza and/or conjunctivitis),
- potentially exposed to a person with measles-like illness or recently traveled to a domestic area or an international area with an ongoing measles risk and have not been vaccinated for measles.

Please note, people with compromised immune systems may not have a rash or may have an atypical rash. The incubation period for measles from exposure to rash onset is usually 14 days but can be as long as 21 days.

DOH reminds providers to immediately report suspected cases of measles to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258). Do not wait for measles test results to report the case to public health.

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Additional information on how to manage and report an individual suspected of having measles can be found in **PAHAN –822-05-01 -ALT**.

For questions, please call your local health department or DOH at 877-PA-HEALTH (877-724-3258).

Individuals interested in receiving future PA-HANs can register at: https://ondemand.mir3.com/han-pa-gov/login/.

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of June 17, 2026 but may be modified in the future.

AMERICAN OVERSIGHT

From: Philadelphia Department of Public Health[healthresponse@phila.gov]

Sent: Mon 7/6/2026 2:00:29 PM (UTC)

To: McHugh, Lisa[l[redacted]

Subject: PDPH Advisory - Reminders for Expanded Use of MMR and Measles Clinical Management during Summer Travel and Events

Title: **Reminders for Expanded Use of MMR and Measles Clinical Management during Summer Travel and Events**

The Philadelphia Department of Public Health (PDPH) has released a **Health Advisory** regarding measles clinical management strategies and recommendations during summer events and travel. If you have any questions or problems, please contact PDPH at publichealthpreparedness@phila.gov.

To report a disease or condition to the Philadelphia Department of Public Health, call 215-685-6748 during business hours (8:30AM to 5:00PM Monday-Friday). If the disease or condition requires immediate notification and it is after normal business hours, call 215-686-4514 and ask to speak with the contact for the Division of Disease Control.

View a PDF version of this update online.

Health Advisory
Philadelphia Department of Public Health
Reminders for Expanded Use of MMR and Measles Clinical Management during Summer Travel and Events
July 6, 2026

Summary Points:

- There are currently no cases of measles in Philadelphia.
- Measles activity continues to be elevated in the United States, including an ongoing outbreak in Pennsylvania since late April 2026 that is concentrated in Lancaster and Lebanon counties, and two cases recently identified in Chester County.
- Ensure up-to-date routine and catch-up MMR vaccination.
- Encourage an early MMR for infants at least 6 months of age and less than 1 year (dose 0) who are traveling to outbreak areas domestically, including areas where the PA outbreak is occurring: Lancaster, Lebanon, Berks, Dauphin, Northumberland, and York counties, as well as infants traveling internationally.
- Children and adults older than 1 year who are traveling to outbreak areas domestically, including areas where the PA outbreak is occurring: Lancaster, Lebanon, Berks, Dauphin, Northumberland, York, and Chester counties, as well as children and adults who are traveling internationally, should receive dose 2 of MMR vaccine if it has been at least 28 days since dose 1.
- Providers should continue to maintain a high index of suspicion for measles in unvaccinated individuals who present with a fever and a typical rash.
- Notify the Philadelphia Department of Public Health (PDPH) by calling 215-685-6741 during business hours or 215-686-4514 after hours when evaluating any patient with suspected measles to coordinate timely measles PCR testing through the Pennsylvania Department of Health Bureau of Laboratories (PADOH BOL) or the PDPH Public Health Laboratory (PHL) and ensure appropriate control measures are in place to limit healthcare and community exposures.
- There were recent measles detections in wastewater in Delaware County, PA. Subsequent testing was negative and testing of wastewater in Philadelphia during the same time period was negative. There are currently no known clinical cases of measles in Delaware County or in Philadelphia.

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Background:

In 2026, there has been continued transmission of measles in the United States. As of July 5, 2026, 2,170 confirmed measles cases occurring during 2026 have been reported to CDC. There have been 31 outbreaks reported in the U.S. in 2026, and 93% of cases are associated with outbreaks. In Pennsylvania, there have been 77 cases between April and July 1, 2026. These cases are centered in Lancaster and Lebanon counties, with smaller numbers of cases in other nearby counties. There are no current or recent cases of measles in Philadelphia. Given the large number of travelers in Philadelphia during the 2026 FIFA World Cup, the United States Semiquincentennial, and other major events during Summer 2026 along with recent detections of measles virus in wastewater samples from Delaware County, it is important that providers remain vigilant in their efforts to rapidly identify measles cases.

Measles is a highly contagious, acute viral illness that begins with a fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting 2–4 days prior to rash onset. The rash typically occurs 3–5 days after symptoms begin and usually appears on the face and spreads downward. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. The measles virus can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area. Infected people are contagious from 4 days before the rash starts through 4 days afterwards. The incubation period for measles from exposure to fever is typically about 11–12 days but ranges from 7–21 days. Measles can cause severe health complications, including pneumonia, encephalitis, and death.

Vaccination

- An early first dose of MMR (dose 0) is recommended for infants 6–11 months of age before travel to areas with measles, including Lancaster, Lebanon, Berks, Dauphin, Northumberland, and York counties in PA. An up-to-date list of affected PA counties is available at https://www.pa.gov/measles. Any child with planned international travel should also receive an early dose of MMR. This dose will not count as part of the child's routine vaccination, and the child will need to get a dose after 12 months to start the routine series.
- An early second dose of MMR should be given to children 12 months through 4 years before they travel to areas with measles, including parts of PA, as well as before any international travel and at least 28 days after the previous dose. This dose counts towards the child's routine series.
- Administer routine and catch-up vaccination with MMR vaccine.
- Adults born before 1957 are considered measles immune unless they are part of specific groups.
- Adults who were vaccinated from 1963-1968 may have received killed (inactivated) vaccine. People vaccinated during that time who received killed vaccine or who are not sure what vaccine they received should be revaccinated.
- Adults born from 1957-1989 likely received 1 dose of MMR. An additional dose should be given to people who are living in or traveling to areas with measles, including affected counties in PA, as well as people in specific groups (e.g., international travelers, healthcare workers, etc.).
- Adequate supply of MMR vaccine is available. VFC providers should continue routine ordering and may request additional doses as needed to support immunization efforts.

Infection Prevention and Control

- Maintain a high suspicion for measles in individuals who are not immune and present with measles symptoms.
- Create triage policies to quickly identify and isolate patients who could have measles, including questions about recent measles exposures, including international travel and symptoms. If possible, consider preliminary triage at the door.
- Follow infection prevention and control recommendations.
- Immediately place individuals who may have measles in airborne infection isolation rooms (AIIR), since measles spreads between rooms through shared airspace. If an AIIR isn't available, the patient should be placed in a single room with the door closed and must mask until they can be placed in an AIIR. If AIIR was not used, the room should remain vacant for 2 hours after the patient leaves the room.
- All staff should don a N95 respirator.

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- Outpatient providers should notify hospital emergency rooms (ER) prior to referring patients to present to the ER so that patients can be quickly isolated. Outpatient providers should not send patients to the ER until they are able to convey safe entry directions from the ER. Patients 2 years of age and older should be told to mask when presenting to the ER.

Reporting and Testing Patients with Suspected Measles

- If you suspect measles in a patient, contact the Philadelphia Department of Public Health (PDPH) by calling 215-685-6741 during regular business hours or 215-686-4514 (press 1 for Unified Dispatch and ask for the Division of Disease Control On-Call Staff) after hours, weekends, and holidays to coordinate measles testing. Healthcare facilities that are located outside of Philadelphia should contact their local health departments or Pennsylvania Department of Health (PADOH) to coordinate testing. Test concurrently for other respiratory viruses as clinically indicated.
- PDPH staff will assist with the coordination of testing and decisions on which public health or commercial laboratory should be used.
- Providers should collect an NP or OP swab and urine specimen for measles PCR. Urine specimens should only be submitted if a NP or OP swab is also submitted.
- Use a flock-tipped plastic shaft swab in viral transport media or universal transport media for the NP or OP swab.
- Collect the urine specimen in a sterile container (minimum 50 ml).
- Ensure each specimen tube or container is labeled with the patient's name, date of birth, specimen type, and specimen collection date.
- If testing will be sent to PADOH BOL, complete a PADOH BOL Specimen Submission Form for each specimen with the test type listed as Measles PCR.
- Measles PCR testing for NP swabs only is now available at the PDPH Public Health Laboratory (PDPH PHL) for healthcare providers located in Philadelphia. Upon approval of testing at PDPH PHL, healthcare providers will be sent the PDPH PHL Specimen Submission Form.
- Complete all sections of the required specimen forms and place the form in the separate pocket compartment of the specimen bag.
- Refrigerate if specimens are not transported or shipped immediately.
- Ship on dry ice/cold packs in leak-proof containers. PCR specimens must be maintained at ≤8 °C for up to 72 hours from collection. If held longer than 72 hours, they must be maintained at ≤0 °C. Failure to meet these requirements will result in immediate specimen rejection.
- For facilities that are using their own courier and do not need specimen transport coordinated by health department staff, ensure specimens that have health department approval for measles testing arrive at PADOH BOL during open acceptance hours, which recently changed. For specimens going to the Philadelphia PHL, PDPH staff will provide delivery instructions at the time of testing approval, including coordinating times for after-hours deliveries when needed.
- Advise the patient to isolate from others while test results are pending and note that further guidance will be given when test results are available.
- Consider sending measles IgG serology through commercial labs for individuals who don't have documentation of measles immune status and are potential contacts. This will help avoid a quarantine but must be done in the first 6 days after exposure before an individual could be potentially infectious. PDPH may be able to help coordinate a home blood draw after that time if necessary.

Resources

- American Academy of Pediatrics Think Measles: Recognizing and Addressing Measles in Pediatric Practice
- 2026 – PAHAN –831-06-24-ALT: Recommendations for Catch-Up and Early MMR Vaccination in the Context of Measles Outbreak Activity

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From: Philadelphia Department of Public Health[healthresponse@phila.gov]

Sent: Thur 6/4/2026 7:30:22 PM (UTC)

To: McHugh, Lisa[redacted]

Subject: PDPH Advisory - Special Events in Summer 2026: Public Health Preparedness Recommendations

Attachment: PDPH-HAN-SummerSpecialEvents-2026.pdf

Title: **Special Events in Summer 2026 - Public Health Preparedness Recommendations**

The Philadelphia Department of Public Health (PDPH) has released a **Health Advisory** regarding public health preparedness recommendations ahead of the FIFA World Cup and other summer special events. If you have any questions or problems, please contact PDPH at publichealthpreparedness@phila.gov.

To report a disease or condition to the Philadelphia Department of Public Health, call 215-685-6748 during business hours (8:30AM to 5:00PM Monday-Friday). If the disease or condition requires immediate notification and it is after normal business hours, call 215-686-4514 and ask to speak with the contact for the Division of Disease Control.

View a PDF version of this advisory here.

Health Advisory
Philadelphia Department of Public Health
Special Events in Summer 2026: Public Health Preparedness Recommendations
June 4, 2026

Summary Points:

- Healthcare facilities should review their emergency response and disaster preparedness plans before the upcoming FIFA World Cup and other summer special events.
- There will be more travelers than usual in the city. Consider travel-related infections when people present for care.
- Clinicians should report conditions requiring immediate notification to PDPH, including any outbreaks, unusual presentations, or clusters of disease.

The City of Philadelphia is preparing to host a series of FIFA World Cup games and other special events, including the MLB All-Star Game and America 250 celebrations, from June 11, 2026, through July 14, 2026. While the City has received no information regarding any threats specific to these events, healthcare facilities should be prepared for both naturally occurring events that might result in increased illness, as well as the possibility of terrorism resulting in civilian casualties. The Philadelphia Department of Public Health (PDPH) recommends that healthcare facilities review their emergency response and disaster preparedness plans before the upcoming FIFA events. A comprehensive checklist is available here, and specific recommendations include:

- Evaluate facilities and personnel to ensure the safety and security of both.
- Ensure appropriate staff understand their roles in an emergency and communications protocols.
- Update clinical providers on biological, chemical, and radiological agents.
    - Information on these threats is available online at https://hip.phila.gov.
- Review procedures that address medical of mass casualties, including decontamination, personal protective equipment (PPE) use, and triage protocols.
- Review procedures that address medical treatment for blast and bombing injuries.
- Remind clinicians to ask about travel history.
- Prepare to treat individuals suffering from heat-related illness.

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Disease Reporting

Due to an increase in both national and international travelers, importation of non-endemic and other communicable diseases and increased healthcare utilization may occur. PDPH review data daily from multiple sources to facilitate the recognition of disease outbreaks; however, PDPH relies on clinicians to report, **by telephone**, conditions that require immediate notification, including any outbreaks, unusual presentations, suspected high-consequence infections, or clusters of disease. Indicators of naturally occurring outbreaks or possible biological terrorism are:

- An unusual temporal or geographic clustering of illness (e.g., people who attended the same public event or gathering)
- Increase in serious lower respiratory illness with negative tests for common bacteria and viruses.
- Patients presenting with clinical signs and symptoms that suggest an infectious disease outbreak (e.g., >2 persons presenting with an unexplained febrile illness associated with sepsis, pneumonia, respiratory failure, rash, or botulism-like syndrome with flaccid muscle paralysis, especially if occurring in otherwise healthy persons).
- An unusual age distribution for common diseases (e.g., an increase in chickenpox-like illness in adult patients).
- Single cases of disease due to uncommon, non-indigenous agents (e.g., anthrax, plague, tularemia) in patients with no history suggesting an explanation for illness.
- Large number of cases of acute flaccid paralysis with prominent bulbar palsies, suggestive of a release of *botulinum* toxin.

Report conditions that require immediate notification to PDPH by calling 215-685-6741 during normal business hours (Monday-Friday, 8:30AM-5:00PM). Call 215-686-4514 (press 1 for Unified Dispatch, then ask for the Division of Disease Control On-Call Staff) after hours, on weekends, and on holidays. PDPH will provide public health consultation and facilitate diagnostic testing that requires public health laboratory services. A list of reportable conditions and a fillable reporting form are available at https://hip.phila.gov/report-a-disease.

In addition to providing routine information on the patient's contact information, demographics, clinical details, and relevant exposures when reporting to PDPH, please also obtain the following additional information to assist with identifying connections to major event attendance and to help facilitate contact with visitors:

- Address for any local hotel stay(s) or other lodging accommodations.
- Other communication methods in additional to telephone (e.g., WhatsApp).
- Preferred language.
- Details on major events attended (event name, date/time, and location) during the exposure and contagious period.
- Travel itinerary, including cities/states being visited, arrival and departure dates, accommodations, and flights or other transportation.

Tools for Healthcare Providers

PDPH has developed several tools to guide clinicals in identifying and appropriately evaluating communicable diseases and other threats. These tools are attached to this advisory and include:

- Diseases of Concern by Travel History: June-July 2026
- Public Health Screening Tool for High-Consequence Pathogens of Concern
- Summaries of Biological, Chemical, and Radiological Threats
  - Biological

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    - Chemical
    - Radiological
- Specimen collection guidance
    - Pennsylvania Department of Health Bureau of Laboratories Test Menu

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Department of Public Health
CITY OF PHILADELPHIA

Philadelphia Department of Public Health
Division of Disease Control

PALAK RAVAL-NELSON, PHD, MPH
Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of Disease Control

JESSICA CAUM, MA, MPH, CPH
Director, Division of Disease Control

Health Advisory

Special Events in Summer 2026– Public Health Preparedness Recommendations

June 4, 2026

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Department of Public Health
CITY OF PHILADELPHIA

Last Updated: March 2026

2026 Philadelphia Summer Events
Public Health Preparedness Recommendations

2026 Special Events Overview

Summary

- The FIFA World Cup will run June 11-July 19, 2026
- 16 host cities across Mexico, Canada, and the US
- Match schedule announced[1]
  - 48 teams will participate from Asia, Africa, Europe, North and South America, and Oceania
- Estimated high of 6 million attendees in the US
- Philadelphia will host several special events for America's 250th Anniversary, including the Wawa Welcome America festival from 6/28-7/4
- Philadelphia will host the MLB All-Star Game, with high-profile events on 7/13 and 7/14

Local Event Details

- 6 matches at Lincoln Financial Field
  - Lincoln Financial Field Capacity: 68,000
  - Round of 16 match July 4
- FIFA Fan Festival at Lemon Hill
  - Open daily from June 11-July 19
  - Schedule available here
  - Estimated 15,000 people on peak days
- The Cote D'Ivoire team's basecamp will be at Subaru Park in Chester, PA
  - Team hotel in Wilmington, DE
- 8 matches at MetLife Stadium in Northern NJ, including the final match on July 19

Public Health Risks[2]

Special Event Characteristics	Potential Public Health Risks
Sporting events	• Energetic, potentially aggressive mood • Injuries, violence, crowd surges • Alcohol and drug use/overdose emergencies
On-going events	• Higher risk of communicable disease spread • Extended strain on public health systems • Extended strain on hospital and other healthcare systems
Summer activities	• Dehydration • Heat stroke and other heat-related illnesses • Poor air quality (e.g., smog, wildfires) and allergies • Mosquito, tick, other insect, and animal exposures

International attendees	• Delayed access to healthcare due to:
	  ○ Unfamiliarity with healthcare system
	  ○ Challenges contacting and communicating with international visitors
	  ○ Delayed reporting and communicable disease intervention due to travel/residency
	• Communicable disease spread among unvaccinated or vulnerable travelers
	• Possibility of non-endemic communicable diseases unfamiliar to healthcare systems
	• Unknown immunity to vaccine-preventable diseases
	• Difficulty adhering to recommended isolation and/or quarantine recommendations for communicable diseases

Informal food vendors	• Increased risk of food-borne illness
Other threats at mass gatherings	• Infectious disease outbreak or pandemic • Mass casualty incidents • Terrorism (e.g., biological, chemical, or radiological attacks) • Human trafficking • Multiple or overlapping public health emergencies happening at once

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[1] Monitor FIFA websites for updates regarding match schedules, team base camps, and fan events.

[2] World Health Organization (WHO). Public Health for Mass Gatherings: Key Considerations.

Planning Checklist

Healthcare and EMS providers should apply an all-hazards planning approach and ensure existing plans and response protocols are reviewed and updated, as needed.

PLANNING & PREPAREDNESS FOR HEALTHCARE INSTITUTIONS

- ☐ Review all-hazards and disease-specific response plans
- ☐ Establish or update emergency roles and responsibilities for all staff
- ☐ Develop surge staffing plans for potential incidents (e.g., communicable disease outbreak, mass casualty incident)
- ☐ Refresh staff training on Incident Command System structure and activation
- ☐ Update emergency contact lists and review notification procedures for weekend and after-hours emergencies
- ☐ Review PPE needs for staff and refresh staff training on appropriate PPE use
- ☐ Review inventory and maintain stockpile supplies
- ☐ Review and update plans for staff monitoring in the event of an exposure to a communicable disease or chemical agent
- ☐ Ensure knowledge of the proper reporting mechanisms, including phone numbers for local and state health departments
- ☐ Ensure access to and familiarity with Healthcare Coalition data sharing systems
- ☐ Review and update your closed point of dispensing plan to ensure readiness to dispense medical countermeasures to your agency's population. For assistance with planning, visit the Health Information Portal or contact ClosedPOD@phila.gov.
- ☐ Ensure patient transport plans are in place, including plans for surge and highly pathogenic infectious disease
- ☐ Review downtime procedures and continuity plans
- ☐ Review and update mass fatality and decedent management procedures
- ☐ Determine spaces to absorb additional patient surge
- ☐ Test plans, procedures, and protocols, including triage drills and exercises

COMMUNICATION

- ☐ Review and update your Communications Plan and establish procedures to address rumors
- ☐ Ensure availability of and staff familiarity with interpretation services
- ☐ Encourage staff and patients to enroll in ReadyPhiladelphia for emergency and weather alerts
- ☐ Report incidents at your facility to the Southeast PA Healthcare Coordination Desk: 267-546-4839

HIGH CONSEQUENCE INFECTIOUS DISEASES

- ☐ Remind clinical staff to assess for recent travel – both international and domestic – when evaluating patients, including asking about and documenting attendance at World Cup events
- ☐ Apply the Identify, Isolate, and Inform Framework to manage patients with potential HCIDs
- ☐ Review infection prevention and control (IPC) plans and protocols for clinical and laboratory settings
  - ☐ Ensure healthcare personnel, lab workers, and staff are up to date with IPC guidance and training at the appropriate level.
  - ☐ Review Standard Precautions and Healthcare Respiratory Protection resources.
- ☐ Review CDC travel health notices as well as state and local health alerts
  - ☐ Ensure staff sign up for the Philadelphia Health Alert Network
- ☐ Ensure relevant staff are familiar with disease reporting processes, including when it is necessary to immediately report a suspected pathogen.
- ☐ Review specimen collection and transport protocols, including updated open acceptance hours for the PADOH Bureau of Laboratories
- ☐ Prepare to rapidly identify and respond to measles cases among travelers
  - ☐ Review the PDPH Health Advisory from February 2026 for local reporting and testing information
  - ☐ Review the CDC's Checklist for Preparing and Responding to Measles
- ☐ Prepare to rapidly identify and respond to mpox cases
  - ☐ Review the PDPH Health Advisory for testing, vaccination, and treatment information

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Health Department Contact List

For non-urgent special event preparedness or general planning questions, reach out to publichealthpreparedness@phila.gov or your primary PDPH contact.

PDPH Acute Communicable Diseases	Phone: Business hours (M–F, 8:30am–5pm): 215-685-6741 After hours, weekends, and holidays: 215-686-4514, dial 1 and ask for the Division of Disease Control staffer on call for immediately reportable diseases or event-related communicable disease concerns
PA Department of Health	877-PA-HEALTH 717-787-3350
Bucks County Department of Health	Phone: 215-345-3318
Chester County Health Department	Phone: 610-344-6225 Email: healthoperationscenter@chesco.org
Delaware County Health Department	Phone: 484-276-2100 Email: DelcoWellness@co.delaware.pa.us
Montgomery County Office of Public Health	Phone: 610-278-5117 After hours: 610-635-4300 Email: MCOPHCommunicable@montgomerycountypa.gov
Delaware Department of Health and Social Services	Phone: 1-888-295-5156 Email: reportdisease@delaware.gov
NJ Department of Health Communicable Disease Services	Phone: 609-826-5964 (M-F, 8a-5p) After hours: 609-392-2020

Helpful Resources

Special Event Information	• FIFA World Cup: Philadelphia • 2026 Philadelphia Resource Hub • Hospital Preparedness Checklist (NW Healthcare Response Network)

Heat Health Emergencies	• Philadelphia Extreme Heat Guide
	• Educational materials and resources in multiple languages
	• Heat Health Emergency information
	  ○ Philadelphia Corporation for Aging Heatline: 215-765-9040
	  ○ Cooling center locations: 3-1-1
	• Philadelphia homeless outreach team: 215-232-1984

Screening and Investigation Tools	• Biological and Chemical Agents of Concern Fact Sheets (Johns Hopkins) • Radiation Emergencies resources for clinicians (CDC) • Travelers' Health (CDC) • CareRef Clinical Assessment Tool (Minnesota Department of Health)
EMS Providers/First Responder Guidance	• Viral Hemorrhagic Fevers (VHFs) Interim Guidance for EMS Systems and 9-1-1 Answering Points (CDC) • Mental Health Toolkit (PADOH) • EMS Education, Information, and Resources (PADOH)
Human Trafficking	• Human Trafficking Webinar Series and Resources (American Hospital Association)
Substance Use Prevention and Harm Reduction	• Poison Control Center at Children's Hospital of Philadelphia: 1-800-222-1222 • Naloxone resources • Treatment options

AMERICAN OVERSIGHT

Page 5 Comments

1	mailto:DelcoWellness@co.delaware.pa.us
2	mailto:reportdisease@delaware.gov

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FIFA World Cup

Diseases of Concern by Travel History: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

Priority Infections

This is a list of infections that are most likely to be seen in higher than usual numbers this summer. It is important to keep broad differentials and obtain detailed travel histories on every patient.

- Measles
- Mpox
- Invasive meningococcal disease
- Seasonal influenza
- COVID-19
- Sexually transmitted infections
- Malaria
- Legionellosis
- Food and waterborne diseases (including food poisoning, norovirus, Salmonellosis, and shiga toxin-producing E. coli)
- Hepatitis A
- Vector-borne diseases (including West Nile virus, Lyme disease, Anaplasmosis, Babesiosis, Powassan virus, Dengue)
- Mumps
- Pertussis

Diseases of Concern by Country

Country	Diseases of Concern	Sources
Curaçao	Chikungunya Dengue Hantavirus Leptospirosis Measles Tuberculosis Typhoid Zika	Curaçao - Traveler view | Travelers' Health | CDC Curaçao - Profile | Health in the Americas Travel advice and advisories for Curaçao
Côte d'Ivoire* (Ivory Coast)	African tick-bite fever African trypanosomiasis Chikungunya Cholera Dengue	Côte d'Ivoire (Ivory Coast) - Traveler view | Travelers' Health | CDC CIV.pdf Travel advice and advisories for Côte d'Ivoire (Ivory Coast)

*Single asterisk delineates countries with a current U.S. partial travel ban

**Double asterisks delineate countries with a current U.S. full travel ban

Highlighted diseases delineates CDC Travel Health Notices present as of 4/16/26 which include Level 1- Practice Usual Precautions and Level 2- Practice Enhanced Precautions- Travel Health Notices | Travelers' Health | CDC

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FIFA World Cup

Diseases of Concern by Travel History: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

	Ebola Hantavirus Lassa fever Leishmaniasis Leptospirosis Malaria Measles Meningococcal disease Mpox Polio Schistosomiasis Tuberculosis Typhoid Yellow fever Zika	Disease Events - BEACON Rickettsial Diseases | Yellow Book | CDC
Croatia	Crimean-Congo hemorrhagic fever Hantavirus Leishmaniasis Leptospirosis Measles Tick-borne encephalitis Tuberculosis West Nile Virus	Croatia - Traveler view | Travelers' Health | CDC Travel advice and advisories for Croatia Disease Events - BEACON Weekly updates: Seasonal surveillance in humans in 2025 for West Nile virus
Ghana	African tick-bite fever Chikungunya Cholera Dengue Hantavirus Lassa fever Leishmaniasis Leptospirosis	Ghana - Traveler view | Travelers' Health | CDC Travel advice and advisories for Ghana Marburg virus disease - Ghana Disease Events - BEACON

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FIFA World Cup

Diseases of Concern by Travel History: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

	Malaria Marburg Measles Melioidosis Meningococcal disease Mpox Polio Schistosomiasis Tuberculosis Typhoid Yellow fever	Ghana.pdf
Brazil	Brazilian spotted fever Chagas disease Chikungunya Dengue Hantavirus Leishmaniasis Leptospirosis Malaria Measles Melioidosis New World screwworm myiasis Oropouche Schistosomiasis Tuberculosis Typhoid Venezuelan equine encephalitis Western equine encephalitis Yellow fever Zika	Brazil - Traveler view | Travelers' Health | CDC Travel advice and advisories for Brazil Brazil - Country Profile | Health in the Americas Brazil | Yellow Book | CDC Disease Events - BEACON Venezuelan equine encephalitis, Brazil - BEACON Molecular Epidemiology of Western Equine Encephalitis Virus, South America, 2023–2024 - Volume 30, Number 9—September 2024 - Emerging Infectious Diseases journal - CDC Rickettsial Diseases | Yellow Book | CDC
Haiti**	Chikungunya	Haiti - Traveler view | Travelers' Health | CDC

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Diseases of Concern by Travel History: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

	Cholera Dengue Hantavirus Leptospirosis Malaria Measles Melioidosis New World screwworm myiasis Oropouche Tuberculosis Typhoid Zika	Travel advice and advisories for Haiti Haiti - Country Profile | Health in the Americas Disease Events - BEACON
Ecuador	Chagas disease Chikungunya Dengue Hantavirus Leishmaniasis Leptospirosis Malaria Measles Melioidosis New World Screwworm myiasis Oropouche Tuberculosis Typhoid Yellow fever Zika	Ecuador, including the Galápagos Islands - Traveler view | Travelers' Health | CDC Travel advice and advisories for Ecuador Ecuador - Country Profile | Health in the Americas Disease Events - BEACON
France	Chikungunya Dengue Hantavirus Leishmaniasis	France - Traveler view | Travelers' Health | CDC Travel advice and advisories for France

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FIFA World Cup

Diseases of Concern by Travel History: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

	Leptospirosis Measles Parvovirus B19 Tick-borne encephalitis Tuberculosis West Nile virus Zika	Two Cases of Autochthonous West Nile Virus Encephalitis, Paris, France, 2025 - Volume 31, Number 11—November 2025 - Emerging Infectious Diseases journal - CDC Disease Events - BEACON
Iraq	Cholera Crimean-Congo hemorrhagic fever Hantavirus Leishmaniasis Leptospirosis Measles Middle Eat Respiratory Syndrome (MERS) Schistosomiasis Tuberculosis Typhoid	Iraq - Traveler view | Travelers' Health | CDC WHO EMRO - Communicable diseases surveillance and outbreak response Travel advice and advisories for Iraq Disease Events - BEACON

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AMERICAN OVERSIGHT

2026 FIFA World Cup

Public Health Screening Tool for High-Consequence Pathogens of Concern: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

Philadelphia will be one of 16 cities to host the 2026 FIFA World Cup. Though domestic fans are expected to make up the largest number of attendees, the potential increase in tourism from different parts of the world will allow for the opportunity of disease importation to the Philadelphia area as well as the potential increase of healthcare utilization. This document aids healthcare providers in evaluating patients for potential infectious diseases of concern and provides them with appropriate steps to control transmission in healthcare settings. **All suspected and confirmed cases of reportable diseases, including those not on this list, should be reported to the Philadelphia Department of Public Health (PDPH) Division of Disease Control (DDC) at 215-685-6741 from 8:30am-5pm (Mon-Fri) and 215-686-4514 after hours, weekends, and holidays (press 1 for Unified Dispatch, ask for DDC On-Call staff). A list of reportable conditions and a fillable reporting form are available at https://hip.phila.gov/ReportDisease.**

Recommended Screening Procedures

- As part of a complete health history and physical examination, all patients should be asked about domestic and international travel history and animal exposure in addition to participation in FIFA World Cup events.
- CareRef is a tool that can be used to find recommended screening tests and other preventative care for patients with an international travel history. This tool can be accessed at: https://careref.web.health.state.mn.us/
- If a vaccine-preventable disease is suspected, immunization history should also be ascertained particularly for the following conditions: measles, varicella, hepatitis A, typhoid, and tetanus.
- Suspected cases of infectious diseases detailed below, unusual disease clusters or outbreaks, and/or illnesses associated with the FIFA World Cup should be immediately reported to Philadelphia Department of Public Health (PDPH) Division of Disease Control (DDC) at 215-685-6741 from 8:30am-5pm and 215-686-4514 after hours.

Common Signs & Symptoms and Associated Disease

Some diseases of public health concern associated with these syndromes are listed below. These lists are not exhaustive, and most symptoms will be caused by common pathogens.

DIARRHEA (watery or blood)

- Ebola Disease
- Marburg Virus Disease
- Typhoid fever

FEVER

- Arboviral Infections*
- Ebola Disease
- Marburg Virus Disease
- Malaria
- Measles
- Meningitis (Viral/Bacterial)
- MERS
- Typhoid fever
- CCHF
- Lassa fever
- Novel Flu (e.g. H5N1)

VOMITING

- Ebola Disease
- Marburg Virus Disease
- Meningitis (Viral/Bacterial)

MUSCLE ACHES / FATIGUE

- Arboviral Infections*
- Malaria
- MERS
- Hantavirus

RESPIRATORY SYMPTOMS (Cough, sore throat, congestion)

- Measles
- MERS
- Novel Flu (e.g. H5N1)

RASH

- Arboviral Infections
- Measles (descending maculopapular)
- Mpox

*Arboviral infections include: West Nile Virus, chikungunya, dengue, Yellow Fever, Japanese encephalitis, Oropouche

AMERICAN OVERSIGHT

Contact the Division of Disease Control at 215-685-6741 M-F, 8:30a.m. – 5:00p.m. (215-686-4514 after hours and on weekends and holidays) to report suspected cases, access diagnostic testing or obtain more information.

PA-DOH-26-1466-A-000041

2026 FIFA World Cup

Summary of Biological Threats: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

Clues to a possible bioterrorist attack:

- **Single cases of disease due to uncommon, non-indigenous agents in patients with no history suggesting an explanation for illness**
- **Clusters of patients with similar syndrome with unusual characteristics (e.g., unusual age distribution) or unusually high morbidity and mortality**
- **Unexplained increase in the incidence of a common syndrome above seasonally expected levels (e.g., increase in influenza-like illness during summer, or with negative tests for influenza and other respiratory viruses).**

To report suspected cases, access diagnostic testing, or to obtain more information contact the Division of Disease Control at 215-685-6741 during business hours (8:30am-5:00pm). After hours and on weekends and holidays call 215-686-4514, press 1 for Unified Dispatch, and ask for DDC On-Call staff.

Disease	Clinical Syndrome	Incubation Period	Diagnostic Samples	Diagnostic Assay	Patient Isolation Precautions	Treatment	Post-Exposure Prophylaxis	Comments
Anthrax	• Inhalational: febrile prodrome, respiratory distress, bacteremia, meningitis. • CXR: wide mediastinum • Cutaneous: ulcer • GI syndrome: less likely	1-5 days (up to 42 days described)	Sputum, blood, CSF; stool, ulcer swab or biopsy (BSL-2)	Gram stain, culture, PCR	Standard (no person-to-person transmission).	Cipro 400 mg IV q 8-12 or doxycycline 100 mg IV q 12; plus 1 or 2 additional abx (e.g., rifampin, vancomycin, penicillin, chloramphenicol, clindamycin, imipenem, clarithromycin); switch to po to complete 60 days (1 agent)	Cipro 500 BID or doxycycline 100 mg BID for 60 days, plus 3-dose regimen of anthrax vaccine (available through CDC, IND protocol)	If organism susceptible to penicillin, PEP for pregnant women and children can be changed to oral amoxicillin
Brucellosis	• Febrile prodrome • Osteoarticular disease, • Genitourinary infection • Hepatitis • Endocarditis and CNS involvement rarely	5-60 days, occasionally months	Serum; blood, bone marrow (BSL-2)	Serology; culture	Standard precautions; contact isolation if draining lesions	Doxycycline 200 mg/d po plus rifampin 600-900 mg/d po x 6wk	Doxycycline and rifampin for 3 wks. if inadvertently inoculated	Trimethoprim-sulfamethoxazole can be substituted for rifampin, although 30% relapse rate

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Plague	• Pneumonic: fulminant pneumonia, septicemia • Bubonic less likely	2-3 days	Blood, sputum, lymph node aspirate; serum (BSL-2/3)	Gram, Wright, Giemsa or FA stain; culture; Serology	Pneumonic: droplet precautions until patient treated for 3 days	Streptomycin 1gIM twice daily x 10 days, or gentamicin, doxycycline, ciprofloxacin, chloramphenicol	Doxycycline 100 mg po q 12 h x 7 days; ciprofloxacin 500 mg po BID x 7 days	Vaccine not protective against pneumonic infection
Q Fever	• Fever, • Systemic symptoms • Pneumonia • Hepatosplenomegaly	10-40 days	Serum (BSL-2)	Serology	Standard	Tetracycline 500 mg po QID x 5-7 days; doxycycline 100 mg po BID x 5-7 days	Doxycycline or tetracycline: start 8-12 d postexposure x 5 days	Vaccine available - investigational
Tularemia	• Ulceroglandular • Typhoidal (septicemic): fever, weight loss, pneumonia	2-10 days	Serum; Blood, sputum, ulcer swab, lymph node aspirate (BSL-2/3)	Serology; Gram stain, culture (PCR and DFA if available)	Standard	Streptomycin 1g IM twice daily, or gentamicin 5 mg/kg IM or IV daily or ciprofloxacin x 10 days; OR doxycycline or chloramphenicol x 14 days	Doxycycline 100 mg po q 12hrs x 14 days; Ciprofloxacin 500 mg po twice daily X 14 days	Transfer culture to BSL-3 after initial isolation of organism
Smallpox	• Fever • Systemic toxicity • Vesicular rash with centrifugal distribution • Lesions synchronous in stage of development	7-17 days	Pharyngeal swab, vesicular fluid, scab material (BSL-4)	ELISA, PCR, viral isolation	Airborne	None (cidofovir effective in vitro	Vaccine within 4 days of exposure, VIG (0.6 ml/kg IM within 3 days) if vaccine contraindicated	Preexposure and post-exposure vaccination recommended if > 3 yrs since last vaccination
Viral encephalitis	• VEE: fever, headache, malaise, photophobia, vomiting • WEE/EEE: febrile prodrome, somnolence, delirium	• VEE 2-6 days • WEE/EEE 7-14 days	Serum; CSF (BSL-2)	Serology; Viral isolation	Standard	Supportive	None	Vaccines available, although poorly immunogenic
Viral hemorrhagic fevers	• Fever, • myalgia, • hypotension, • hemorrhagic features	4-21 days	Serum; blood, formalin-fixed tissue biopsy (BSL-4)	Serology; Viral isolation, PCR, immunobiological detection of antigen in tissue	Contact precautions (consider additional precautions if massive hemorrhage)	Supportive; ribavirin for CCHF/arenaviruses; antibody passive for AHF, BHF, Lassa, CCHF	None	Aggressive management of hypotension, secondary infections

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Contact the Division of Disease Control at 215-685-6741 M-F, 8:30a.m. – 5:00p.m. (215-686-4514 after hours and on weekends and holidays) to report suspected cases, access diagnostic testing or obtain more information.

Botulinum	• Ocular symptoms • Skeletal muscle paralysis – symmetric, descending • Respiratory failure	1-5 days	Serum, stool (BSL-2), gastric aspirate, vomitus	Mouse bioassay for toxin detection; culture	Standard	DOD heptavalent antitoxin serotypes A-G; CDC trivalent equine antitoxin serotypes A, B, E	None	Skin testing for hypersensitivity before equine antitoxin administration
Staphylococcal enterotoxin B	• Fever • Headache • Cough • Respiratory distress • GI symptoms	1-6 hours	Nasal swab, serum, urine (BSL-2)	Antigen detection (toxin) – ELISA; serology	Standard precautions	Supportive	None	Vomiting and diarrhea may occur if toxin is swallowed

Important contact information:

Philadelphia Department of Public Health…….215-685-6741; After-hours on-call: 215-686-4514
Philadelphia Police/Fire/Emergency……..911
Poison Control Center……..800-222-1222
Pennsylvania Department of Health……..1-877-PA-HEALTH

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Contact the Division of Disease Control at 215-685-6741 M-F, 8:30a.m. – 5:00p.m. (215-686-4514 after hours and on weekends and holidays) to report suspected cases, access diagnostic testing or obtain more information.

FIFA World Cup

Public Health Screening Tool for Chemical Agent Exposures: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

This document aids healthcare providers in evaluating patients for potential exposure to toxic chemicals and provides them with appropriate steps to identify and treat patients in healthcare settings. **To report suspected cases, access diagnostic testing, or to obtain more information contact the Division of Disease Control at 215-685-6741, M-F, 8:30am – 5:00pm. After hours and on weekends and holidays call 215-686-4514 and press 1 for Unified Dispatch, ask for DDC On-Call staff. More information concerning treatment of chemical exposure can be found on the Centers for Disease Control and Pr evention's website at** https://centerforhealthsecurity.org/resources/fact-sheets-by-the-center-for-health-security

Potential incidents that could lead to an influx of patients exposed to toxic chemicals:

- Chemical terrorism
- Transportation Accidents (e.g. freight train accident/fire, truck carrying hazardous materials accident/fire)
- Industrial/Refinery fire, explosion, or disruption
- Chemical spill/Water contamination emergency
- Secondary emergency caused by a natural disaster/severe flooding

Common Signs & Symptoms and Associated Chemical Agents

Some chemical agents of concern associated with these toxic syndromes are listed below. These lists are not exhaustive, and most symptoms will be caused by common agents. Additional information on selected agents is provided on pages 2-8.

Seizures/Convulsions	Loss of Consciousness	Respiratory Symptoms (cough, difficulty breathing, drooling, etc.)	Eye Irritations (lacrimation, redness, etc.)	Irritated or Burning Skin (redness, rash, blistering, etc.)	Abdominal Symptoms (nausea, vomiting, diahrrea, etc.)
•Asphyxiant metabolic agents •Convulsant agents •Nerve agents •Organic solvents	•Asphyxiant metabolic agents •Asphyxiant simple agents •Incapacitating agents •Nerve agents •Organic solvents	•Asphyxiant metabolic agents •Asphyxiant simple agents •Biotoxins •Blister agents •Corrosive agents (inhaled) •Choking agents •Nerve agents •Organic solvents •Riot agents	•Asphyxiant metabolic agents •Blister agents •Corrosive agents (inhaled, dermal, eye exposure) •Incapacitating agents (QNB) •Choking agents •Nerve agents •Riot agents	•Blister agents •Corrosive agents (dermal, eye exposure) •Organic solvents •Riot agents	•Asphyxiant metabolic agents •Biotoxins •Corrosive agents (ingested)

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FIFA World Cup

Public Health Screening Tool for Chemical Agent Exposures: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

Agent	Signs	Symptoms	Route/Onset	Diagnostic Testing	Treatment
Asphyxiants Metabolic/Blood Agents • **Cyanides (CN)** • **Hydrogen Sulfide (HS)** • **Carbon Monoxide (CO)** • **Methylene chloride (metabolized to CO in the body)** • **Sodium azide** • **Arsine** • **Aniline**	Chemicals interfere with oxygen transport or with intracellular oxygen. Also known as "Knockdown Syndrome" as severe exposures of these agents can cause rapid loss of consciousness. • Unreliable SpO_2 • Low $EtCO_2$ • Metabolic acidosis • Elevated lactate • Venous blood O_2 above normal • Patients have a bitter almond odor for CN • "Cherry red" skin and lips for CN and CO • Red eyes for HS • Signs of pulmonary edema (for HS)	**Moderate Exposure** • Flushing of skin • Fatigue • Lightheadedness • Nausea and Vomiting • Abdominal pain • Shortness of Breath **High Exposure** • Same as above • Respiratory distress • Loss of Consciousness • Seizures/Convulsions	**Route:** Inhalation or Ingestion **Onset:** Can take seconds to minutes but overall is dependent on the chemical, route and level of exposure	Urine test; blood test	Manage airway; oxygen therapy; supportive care **Available antidotes:** **Carbon monoxide:** Hyperbaric oxygen **Cyanide:** Nithiodote (adult) – Sodium Nitrite 300mg/10mL IV over 5-10 minutes + Sodium Thiosulfate 12.5g/50 mL IV immediately after dose of Sodium Nitrite Nithiodote (pediatric) – Sodium Nitrite 0.2 mL/kg (max 10 mL) IV over 5-10 minutes + Sodium Thiosulfate 1.6 mg/kg of 25% preparation immediately after dose of Sodium Nitrite OR Cyanokit (adult): Hydroxocobalamin 70mg/kg to max 5 grams IV over 15 minutes; additional dose based on severity **Aniline:** Methylene Blue (adult): 1-2 mg/kg of a 1% solution IV over 5 minutes; additional doses dependent on severity Methylene Blue (neonatal): 0.3-1 mg/kg IV over 5 minutes; additional doses dependent on severity

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					No antidote available for Arsine, Hydrogen sulfide, Methylene chloride, Sodium azide
Asphyxiants Simple/Blood Agents: • **Nitrogen** • **Carbon dioxide** • **Propane** • **Methane** • **Noble gas (e.g. Argon)**	Chemicals that cause hypoxemia due to oxygen displacement in an enclosed environment. • Tachycardia • Tachypnea • Anxiety	• Fatigue • Altered Mental Status • Respiratory distress • Loss of consciousness	**Route:** Inhalation **Onset:** dependent on the chemical, route and level of exposure	Use history to identify source (e.g. were they found in a confined space or fire, did they improve upon removal from their environment)	Manage airway; oxygen therapy; supportive care **No antidotes available**
Biotoxins • **Abrin** • **Colchicine** • **Ricin** • **Strychnine** • **Tetrodotoxin**	Substances that are both toxic and have a biological origin, such as fungi, animals, and plants. • Clusters of acute lung or GI injury • Circulatory collapse and shock • Tracheobronchitis, • Pulmonary edema • Necrotizing pneumonia • Dehydration	• Nausea, Vomiting, Diarrhea • Fever • Abdominal pain • Chest tightness • Coughing • Weakness	**Route:** Inhalation or ingestion **Onset:** hours	ELISA using respiratory secretions, serum, and direct tissue	Supportive care **Available antidotes:** Charcoal Lavage (if ingested)
Blister/Vesicant Agents • **Sulfur Mustard** • **Lewisite** • **Mustard-Lewisite** • **Nitrogen Mustard** • **Phosgene Oxime** • **T2 Mycotoxins**	Chemicals that severely blister the eyes, respiratory tract, gastrointestinal (GI) tract, and skin on contact. • Skin erythema and blistering • Red, watery and swollen eyes	• Burning, itching, red skin • Eye irritation • Difficulty breathing • Nausea and vomiting • Cough • Chest tightness • Sore throat	**Route:** Inhalation or dermal **Onset:** **Sulfur mustard:** hours to days **Lewisite:** minutes	Urine test; Tissue biopsy* (*US Army Medical Research Institute of Chemical Defense)	Quick decontamination; manage airway; oxygen therapy; supportive care **Available antidotes:** **Lewisite and lewisite mustard:** British Anti-Lewisite (BAL or Dimercaprol) IM (rarely available)

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	• Upper airways sloughing with pulmonary edema • Metabolic failure • Body smells of garlic, horseradish or mustard; Oily droplets on skin from ambient sources • Bone marrow suppression with neutropenia and sepsis (especially sulfur mustard late)				**No antidote available for Mustard, Sulfur Mustard, Nitrogen Mustard, Phosgene Oxime, and T2 Mycotoxins**
Convulsant Agents • **Hydrazine** • **TETS (Tetramethylenedisulfotetramine)** • **Picrotoxin** • **Strychnine**	Chemicals that cause central nervous system disinhibition or excitation, leading to generalized convulsions.	• Seizures/Convulsions • Rapidly fatal if not treated	**Route:** Inhalation, ingestion, and dermal **Onset:** dependent on the chemical, route and level of exposure	Urine test, Blood test, Gas Chromatography Test dependent on the chemical. Use history to help identify source and exposure characteristics.	Manage airway; supportive care. **Available antidotes:** **Hydrazine:** Pyridoxine (adult): 5 grams IV; additional doses based on severity Pyridoxine (pediatric): 70 mg/kg IV (max 5g); additional doses based on severity **No antidote available for TETS, picrotoxin and strychnine**
Corrosive Agents • **Hydrochloric acid** • **Nitric acid** • **Sulfuric acid** • **Hydrofluoric acid** • **Sodium hydroxide** • **Potassium hydroxide**	Substances with significant irritant and corrosive properties. Symptoms depend on route of exposure. **Ingested:** • Burns in the lips, mouth, esophagus, GI tract • Drooling	Signs depend on route of exposure. **Ingested** • Burns • Nausea • Vomiting (with blood) • Diarrhea (with blood) • Belly pain	**Route:** Inhalation, ingestion, dermal, and eye contact **Onset**: dependent on the chemical, route and level of exposure	Use history to help identify source and exposure characteristics. Radiological studies to assess internal damage.	Decontamination; Manage airway; Supportive care **No antidotes available**

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	• Potential inhalation effects **Inhaled:** • Nasal and oral secretions • Lacrimation • Wheezing/Stridor • Excessive lacrimation **Dermal/Eye routes:** • Skin erythema and blistering	**Inhaled:** • Respiratory distress • Coughing • Watery eyes **Dermal/Eye routes:** • Burning, red skin • Red, watery eyes			
Incapacitating Agents • **Fentanyl** • **QNB (BZ)**	Substances that make people unable to think clearly or that cause an altered state of consciousness. **Fentanyl** • Acidosis • Hypotension • Bradycardia • Shock • Gastric hypomotility • Pulmonary edema **QNB** • Hyperthermia • Low urine output • Flushed skin • Cardiac arrhythmias • Electrolyte disturbances	• Pinpoint or dilated pupils • Altered level of consciousness **Fentanyl** • Above symptoms • Respiratory depression • Respiratory arrest **QNB** • Above symptoms • Dry mouth • Delusions/hallucinations • Eye irritation	**Route:** Inhalation, ingestion, dermal, or eye contact (QNB) **Onset:** Minutes to hours	Urine test; blood test	Supportive care **Available antidotes** **Fentanyl:** Narcan 0.4 to 2 mg IV, repeat doses as needed **QNB:** Physostigmine (adult): 0.5 – 2 mg IV over 5 minutes; repeat every 5 minutes PRN (max 2 mg) Physostigmine (pediatric): 0.02 mg/kg IV (max 0.5 mg dose) over 5 minutes; repeat every 5 minutes PRN (max 2 mg)
Choking/Pulmonary Agents • **Ammonia** • **Chlorine (Cl)** • **Phosgene (CG)** • **Phosphine** • **Sulfur dioxide**	Substances that cause pulmonary edema with some mucosal irritation leading to acute respiratory distress syndrome or non-cardiogenic	• Respiratory distress • Coughing • Chest tightness • Burning sensation of eyes and throat	**Route:** Inhalation, ingestion, dermal, or eye contact Primarily inhalation for Cl,	No tests available. Use history to help identify source and exposure characteristics.	Manage secretions and airway; Oxygen therapy; Treat pulmonary edema with PEEP to maintain PO_2 above 60 mmHg. **Available Antidote:**

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• **Bromine** • **Chloropicrin** • **Mercury (Hg)**	pulmonary edema; Pulmonary infiltrate • Wheezing/Stridor/Rales • Laryngeal spasm • Nasal and oral secretions (drooling and mucus) • Mucosal and dermal irritation and redness	• Blurred vision, watery eyes	Hg, CG and Phosphine **Onset:** Seconds to hours; 1-24 hours (rarely up to 72 hours); may be asymptomatic period of hours		**Mercury:** DMSA (chelating agent) such as Succimer or Chemet **No other antidotes available**

Nerve Agents
 	
• **Tabun**
• **Sarin**
• **Soman**
• **Cyclosarin**
• **Venomous Agent X**
• **Novichok**
• **Organophosphates (pesticides)**
  ○ **Malathion**
  ○ **Parathion**
  ○ **Chlorpyrifos**
• **Carbamates (pesticides):**
  ○ **Aldicarb**
  ○ **Methomyl**
	Chemicals that cause overstimulation of cholinergic receptors leading to first activation and then fatigue of target organs.
	
	• Pinpoint pupils
	• Bronchoconstriction
	• Bradycardia
	• Respiratory arrest
	• Hypersalivation
	• Increased secretions
	• Urination
	• Decreased memory/concentration/ confusion
		Moderate exposure:
		• Diffuse muscle cramping
		• Muscle tremors
		• Runny nose
		• Difficulty breathing
		• Eye pain, dimming of vision, watery eyes, blurred vision
		• Sweating
		• Cough
		• Chest tightness
		• Headache
		• Vomiting
		• Diarrhea
		
		High exposure:
		• Same as above
		• Sudden loss of consciousness
		• Seizures
		• Flaccid paralysis (late sign)
			Route: Inhalation, ingestion, dermal, eye contact
			
			Onset:
			Liquids: minutes to hours
			
			Aerosols: seconds to minutes
				Red blood cell or serum cholinesterase (whole blood)
				
				Treat based on signs and symptoms; lab tests only for later confirmation
					Manage airway; oxygen therapy
					
					Available antidotes:
					
					Atropine 2mg IV; repeat q 5 minutes, titrate until effective, average dose 6 to > 15mg (use IM in the field before IV access)
					
					Pralidoxime chloride (2-PAMCI) 600-1800mg IM or 1.0g IV over 20-30 minutes (max. 2g IM or IV per hour)
					
					Additional doses of atropine and 2-PAMCI depending on severity
					
					Diazepam or lorazepam to prevent seizures if >4mg atropine given

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Organic Solvents/Hydrocarbons/ Halogenated hydrocarbons
 	
• **Gasoline**
• **Kerosene**
• **Paraffin**
• **Benzene**
• **Toluene**
• **Xylene**
• **Carbon tetrachloride**
• **Methylene chloride**
• **Freon**
• **Nitrous oxide**
• **Halothane**
• **Isoflurane**
• **Chloral hydrate**
• **Methaqualone**
• **Etomidate**
• **Propofol**
• **Benzodiazepines**
  ○ **Diazepam**
  ○ **Alprazolam**
  ○ **Midazolam**
• **Barbiturates**
  ○ **Phenobarbital**
  ○ **Pentobarbital**
	Substances that cause a decreased level of consciousness, depressed respirations, and in some cases, ataxia from acute exposures to solvents, inhalational anesthetics, or sedative-hypnotic compounds. Does not consider the delayed effects of solvent exposures.
	
	• Chemical dermatitis
	• Depression
	• Behavioral changes
	• Cardiac dysrhythmias
		• Slurred speech
		• Abnormal eye movements
		• Difficulty walking and balancing
		• Confusion
		• Loss of consciousness
		• Seizures/convulsions
		• Respiratory arrest
		• Cardiac arrest
			Route: Inhalation, ingestion or dermal
			
			Onset: dependent on the chemical, route and level of exposure
					Manage airway; supportive care
					
					Available antidotes:
					
					Benzodiazepines
					
					Flumazenil (adult): 0.2 mg IV over 30 seconds; repeat doses of 0.5 mg at 1 minute intervals PRN (max 3 mg)
					
					Flumazenil (pediatric): 0.01 mg/kg IV over 15 seconds; repeat 0.01 mg/kg at 1 minute intervals PRN (max: 0.05 mg/kg or 1 mg, whichever is lower)
					
					No other antidotes available.

Riot Agents • **Chloroacetophenone** • **Chlorobenzylidene malononitrile (CS)** • **Chloropicrin (PS)** • **Dibenzoxazepine (CR)** • **Bromobenzylcyanide (CA)**	Chemical compounds that temporarily make people unable to function by causing irritation to the eyes, mouth, lungs, and skin. • **Ocular signs:** Lacrimation, erythema, corneal injury, blepharospasm.	• Eye irritation, redness, blurred vision • Cough • Hoarseness • Difficulty breathing • Sore throat • Dysphagia • Salivation • Oropharyngeal and nasal burning	Seconds to minutes, delayed onset dermatitis (8 hours) rarely	No tests available. Use history to identify source and exposure characteristics.	Respiratory support with supplemental oxygen, bronchodilators if severe respiratory injury; clothing removal; eye irrigation Effects usually short-lived. **No antidotes available**

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	• **Respiratory signs:** Rhinorrhea, cough, dyspnea, tachypnea, wheezing or rales, hypoxemia, pulmonary edema. • **Skin:** Erythema, blistering				

Sources:

https://chemm.hhs.gov/agentcategories.htm

https://www.mdpoison.com/healthcareprofessionals/antidotes.html

https://mdpoison.com/media/SOP/mdpoisoncom/ToxTidbits/2016/June%202016%20ToxTidbits.pdf

https://mdpoison.com/media/SOP/mdpoisoncom/ToxTidbits/2015/February%202015%20ToxTidbits.pdf

https://www.cdc.gov/niosh/ershdb/agentlistcategory.html

https://nrt.org/Main/Resources.aspx?ResourceType=Hazards%20(Oil,%20Chemical,%20Radiological,%20etc)&&ResourceSection=2&Category=Chemical

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2026 FIFA World Cup

Summary of Acute Medical Management for Radiation Exposure: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

General Guidelines

Healthcare workers should wear a gown, double gloves, shoe covers, mask (N95 preferred), and cap as adequate protection when treating patients contaminated with radioactive material. Reassign pregnant staff to non-radiation areas.

1. Stabilize the patient first, followed by definitive treatment of serious injuries.
2. Assess external contamination by use of a handheld detection meter and decontaminate as appropriate.
3. Assess internal contamination and administer specific chelator/excretion enhancing agent.
4. Consider if high survey readings persist following decontamination. High readings around the nose and mouth may reflect inhalation or ingestion of radionuclides.
5. Obtain a complete blood count (CBC) with differential as soon as possible and repeat every 8 hours.
6. Approximate dose exposed and manage acute radiation syndrome (ARS).

Assessment of Radiation Exposure and Contamination	
Types of Radiation Exposure	**Actions**
External Exposure: All or part of the body is exposed to an external radiation source.	Approximate the absorbed dose and follow ARS management guidelines (see below). Decontamination not indicated. Chelation/excretion enhancing/uptake blocking therapy not indicated.
External Contamination: Radioactive particles present on skin or clothing, resulting in a continuing external exposure	Decontaminate by removing external layer of clothing by cutting and rolling clothes away from face and place in a double bag and save. Wash skin and hair with soap and water and avoid splashing. Approximate the absorbed dose and follow ARS management guidelines (see below). Chelation/excretion enhancing/uptake blocking therapy not indicated.
Internal Contamination: Radioactive particles are inhaled, ingested, or absorbed through open wound contamination.	Identify isotope and administer appropriate chelation/excretion enhancing treatment (see right). Perform external decontamination as outlined above if appropriate. Approximate the absorbed dose and follow ARS management guidelines (see below).

Management of Acute Radiation Syndrome (ARS)

Acute Radiation Syndrome: *A combination of clinical signs and symptoms developing over a period of hours to weeks due to a whole or partial body exposu re to ionizing radiation > 1 Gray. Tissues and organs most sensitive to damage include bone marrow, skin, intestinal crypt cells, spermatocytes*

- Estimate radiation exposure dose to assess prognosis and guide medical management
- Obtain a complete blood count (CBC) with differential immediately. Document time of exposure and onset of vomiting

Dose approximation	**<2 Gray**	**2-4 Gray**	**4-6 Gray**	**6-8 Gray**	**>8 Gray**
Onset of vomiting after exposure	>2 hours	1-2 hours	30 minutes -1 hour	10-30 minutes	<10 minutes
% Lymphocyte decrease after exposure (may discontinue Q8H CBCs after 48 hours if no decrease observed)					
After 24 hours	0-20%	20-38%	38-60%	60-78%	>78%
After 48 hours	0-33%	33-56%	56-78%	78-96%	>96%
Degree of ARS	Mild	Moderate	Severe	Very Severe	Lethal
Treatment Recommendations*	Supportive Care** No antibiotics No cytokine therapy	Supportive Care, Quinolone, Initiate cytokine therapy (G-CSF or GM-CSF or pegylated G-CSF)***	Supportive Care, Quinolone, Initiate cytokine therapy (G-CSF or GM-CSF or pegylated G-CSF)	Supportive Care, Quinolone, Initiate cytokine therapy (G-CSF or GM-CSF or pegylated G-CSF)	Supportive care, No quinolone, No cytokines

Follow Infectious Diseases Society of America guidelines for febrile neutropenia (ANC <500 x 10^9 cells/L)

****Supportive care:** 1) Maintenance of vascular and hemodynamic stability through IV fluids & blood products (leukoreduced and irradiated)
2) Keeping a clean patient environment through strict hand washing, scrub attire, gloves, gowns and masks for staff and visitors
3) Encourage early enteral feeding to maintain gut mucosal barrier 4) Consider antiemetics and anti-diarrheal agents

*****Use doses recommended by Strategic National Stockpile Radiation Emergency Medical Management https://remm.hhs.gov/int_contamination.htm#blockingagents All cytokines are not FDA approved to treat radiation exposures, and require an FDA Emergency Use Authorization (EUA)

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2026 FIFA World Cup

Summary of Acute Medical Management for Radiation Exposure: June-July 2026

Department of Public Health
CITY OF PHILADELPHIA

Agent Specific Treatment Guidelines for Internal Radiation Contamination

The following agents are to be used after internal radiation contamination has been confirmed, and the specific isotope identified. Avoid breastfeeding after any internal contamination

Isotope	Agent	Dose/Route/Schedule	Contraindications/Side effects/Comments
Americium Curium Plutonium	**Ca-DTPA** ** (Calcium diethylenetriamine Penta acetate)	Adults: 1g IV once, Children <12 years: 14mg/kg not to exceed 1g IV once. Continued chelation based on contamination assessment, switch to Zn-DTPA for additional chelation therapy (see below).	No known contraindications. Pregnancy category C (use Zn-DTPA). More effective than Zn-DTPA during the first 24 hours after exposure. Causes mineral deficiency, monitor serum electrolytes including zinc and magnesium. Use with caution in patients with hemochromatosis. Avoid breastfeeding during treatment.
Americium Curium Plutonium	**Zn-DTPA **** (Zinc diethylenetriamine Penta acetate)	Adults: 1g IV QD, Children <12 years: 14mg/kg not to exceed 1g IV QD. Continued chelation based on contamination assessment	No known contraindications. Use for continued therapy after Ca-DTPA used during first 24 hours after exposure, or as first line for pregnant patients and when Ca-DTPA is unavailable. Avoid breastfeeding during treatment.
Cesium Thallium	**Prussian Blue** [ferric hexacyanoferrate (II)], (Radiogardase)**	Adults: 3g PO TID, Children ages 2-12: 1g PO TID. Treat for a minimum of 30 days then re-assess contamination	No known contraindications. Side effects may include constipation and electrolyte abnormalities (monitor serum electrolytes). May color feces blue. Taken with food will stimulate biliary secretion and enhance isotope elimination. No data on safety among neonates and infants. Avoid breastfeeding during treatment.
Cobalt	**GI lavage and purgatives** (charcoal, laxatives). Consider penicillamine* for high dose/potentially fatal exposures.	See footnote	Penicillamine as a cobalt chelator is not FDA approved but could be considered in high dose exposure cases (>5Gy). Consult with a health physicist and Physician's Desk Reference (PDR) for indications and dosing. Side effects include leukopenia, thrombocytopenia, nephrotic syndrome. Contraindicated in pregnancy (category D). Avoid breastfeeding during treatment.
Iodine	**Potassium Iodide (KI)****	Age 12-40 years: 130mg PO QD, 3-12 years: 65 mg PO QD, 1 month-3 years: 32 mg PO QD, <1 month: 16 mg PO QD. Treat daily until exposure risk no longer exists.	Used to prevent thyroid cancer. Contraindicated for iodine hypersensitivity. May cause thyrotoxicosis in overdose. Follow TSH in neonates to avoid transient hypothyroidism. Repeat dosing is not recommended for infants unless exposure persists. Treatment not recommended for patients older than 40 unless very high levels of exposure (>5 Gy). Pregnant and breast-feeding women are to receive only one dose.
Strontium	**Aluminum Phosphate*** **Magnesium Sulfate *** **Calcium IV***	See footnote	
Tritium	**Oral fluids (water)**	Oral water to tolerance all patients	Administer oral water to tolerance and avoid water intoxication. Follow serum electrolytes.
Uranium	**Sodium Bicarbonate* (NaHCO3)**	**Adults:** 4g PO initially, followed by 2g PO Q4H until urine pH between 8 and 9. **Pediatric doses:** 84-840 mg/kg PO in divided doses Q4-6H until urine pH in desired range. IV: 2 ampules (44.3meq each; 7.5%) in 1000cc normal saline @125cc/hr until desired urine pH obtained.	Maintain urine pH between 8 and 9. Follow serum BUN/creatinine for signs of renal toxicity.

*Agent not FDA approved for treatment of internal radiation contamination. For non-FDA approved agents, clinicians are advised to consult with health physicist and hospital pharmacist for dosing and schedule recommendations.

**Agent included in the managed inventory of the Strategic National Stockpile (SNS)

Report suspect cases of internal contamination to PDPH at 215 685 6741, after hours, weekends, holidays: 215 686 4514. PDPH can coordinate ordering of SNS medications through Emergency Management and PA DOH

- **For more information on additional isotopes see:** https://afrri.usuhs.edu/publications
- **For more general information see:** https://www.cdc.gov/radiation-emergencies/index.html or call the Armed Forces Radiobiology Research Institute (AFRRI) Emergency Medical Radiobiology Advisory Team (MRAT) at 301 295 0316.

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From: McHugh, Lisa[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=68C17A77217F42B78119699492E5832C-LMCHUGH]

Sent: Fri 6/5/2026 9:15:38 PM (UTC)

To: Boktor, Sameh [redacted]

Subject: FW: [EXTERNAL] Public Health Advisory : Healthcare Provider Preparedness for 2026 FIFA World Cup and other Summer Events in New Jersey

Attachment: HAN_WCPrepforHCP6_5_2620260506.pdf

FYI

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

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From: Tan, Christina G [DOH] <[redacted]
Sent: Friday, June 5, 2026 2:02 PM
To: Shama Ahuja [redacted] Tristan D. McPherson [redacted]; Lutterloh, Emily C (HEALTH) [redacted]; Sosa, Lynn [redacted]; McHugh, Lisa [redacted] Bornschein, Suzanne (RIDOH) [redacted]; Brown, Catherine (CDC mass.gov [redacted]; Benjamin.P.Chan [redacted] Benowitz, Isaac [redacted]; Marci Layton [redacted]; Andrew Adams [redacted]
Subject: FW: [EXTERNAL] Public Health Advisory : Healthcare Provider Preparedness for 2026 FIFA World Cup and other Summer Events in New Jersey

Great to see everyone this past week! FYI, if you don't get NJ's HANs—attached + link below--

Tina Tan, MD, MPH
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From: NJLINCS Health Alert Network <njlincs-han@njlincs.net>
Sent: Friday, June 5, 2026 1:56 PM
To: NJLINCS <donotreply@njlincs.net>
Subject: [EXTERNAL] Public Health Advisory : Healthcare Provider Preparedness for 2026 FIFA World Cup and other Summer Events in New Jersey

Public Health Advisory : Healthcare Provider Preparedness for 2026 FIFA World Cup and other Summer Events in New Jersey

NJLINCS Health Alert Network

Distributed by the *New Jersey Department of Health*

Date: 06/05/2026 13:54:38

Official Message No.: 112674-6-5-2026-PHAD

Contact Info: | CDS.FIFA@doh.nj.gov

| Vax.Operations@doh.nj.gov

Attachments: Yes

The 2026 FIFA World Cup is expected to bring more than 1.2 million visitors from around the world to the greater New Jersey region for matches at New York New Jersey (MetLife) Stadium, Philadelphia Stadium (Lincoln Financial Field), and other events, including friendly matches, fan? events, and other large gatherings and celebrations this summer. To ensure readiness for our healthcare and public health partners, NJDOH is providing the following resources:
1. Please see the attached document for actions that healthcare providers should take now to prepare for an elevated risk of public health events and potential healthcare impacts.
2. Partners are encouraged to visit the NJ World Cup 2026 Health Hub (nj.gov/health/world-cup) for planning guidance, preparedness resources, social media toolkits, and recorded trainings. The hub also offers clear, actionable guidance for the public on topics including heat safety, sun safety, air

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quality, tick and mosquito protection, food safety, drug safety, and more.

This message has been delivered to: Blood Banks; Community Health Centers (FQHCs); Emergency Medical Services / First Responders; EMS Council; Long-term Care; Urgent Care; Health Care Facilities / Other; Health Care Organizations; Health Care Providers; Hospital Staff Directory; Hospital CCDR; Hospital CEO Assistants; Hospital CEOs; Hospital CFO Assistants; Hospital CFOs; Hospital COOs; Hospital Emerg Preparedness Coords; Hospital ER Administrators; Hospital ER Medical Directors; Hospital ICU Administrators; Hospital ICU Medical Director; Hospital Infection Control Practitioners; Hospital Medical Directors; Hospital Nursing Directors; Hospital OHS; Hospital Patient Safety Liaisons; Hospital Quality Liaisons; Hospital Security Directors; Hospital Stroke Coordinators; Lab Director; Hospitals / Acute Care; Hospitals / Other; Hospitals / Veterans; Labs / Non-Sentinel; Labs / Sentinel; Occupational Health Organizations; Pharmaceutical Suppliers; LOCAL Boards of Health; Department of Human Services; EMS Task Force; NJ Hospital Association; DHSS Staff; NJDOH Staff; NJLINCS and Local Contacts; NJLINCS Community; NYC Dept of Health and Mental Hygiene; Philadelphia Department of Public Health; Public Health Associations

Further distribution of this message should be directed to: Blood Banks; Community Health Centers (FQHCs); Emergency Medical Services / First Responders; Health Care Facilities / Other; Health Care Providers; Hospital CEOs; Hospital Emerg Preparedness Coords; Hospital ER Medical Directors; Hospital Infection Control Practitioners; Hospital Medical Directors; Hospital Nursing Directors; Hospital Security Directors; Hospitals / Other; Hospitals / Veterans; Labs / Non-Sentinel; Labs / Sentinel; Pharmaceutical Suppliers; LOCAL Boards of Health

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Health Advisory: Healthcare Provider Preparedness for 2026 World Cup and Other Summer Events

Date: June 5, 2026

Public Health Message Type: ☐ Alert ☒ Advisory ☐ Update ☐ Information

Intended Audience: ☐ All public health partners ☒ Healthcare providers ☐ Infection preventionists ☐ Local health departments ☐ Schools/child care centers ☐ ACOs ☐ Animal health professionals ☐ Other:

Background:

New Jersey will host eight FIFA World Cup matches at MetLife (NY/NJ) Stadium between June 13 and July 19, 2026, including the final match. Six matches will also be played in Philadelphia. Additional friendly matches, fan events, team base camps, and concurrent large-scale gatherings related to the America's 250th celebration are expected to increase visitor volume and healthcare utilization across our region during this time. With many visitors from around the world expected in our area for these and other summer events, healthcare providers should take steps now to prepare for an elevated risk for public health events and potential healthcare impacts.

Key Points:

- Ensure all-hazards preparedness within your practice.
- Be aware of the potential for event and travel related disease, unusual clusters of illness and increased healthcare utilization.
- Healthcare provider reporting is a critical part of New Jersey's ability to respond to health threats-know what and how to report diseases and conditions that require immediate public health action.
- Protect vulnerable populations from vaccine preventable illnesses, drug overdoses, and heat and air quality related illness.
- Stay informed by following NJDOH notifications and resources.

Action Items:

1. Prepare your practice and protect your patients:
    - Prepare for increased patient volume and the potential for mass-casualty scenarios. Ensure your facility's surge plans are current and staff are trained on roles, procedures and protocols, including treatment and PPE, for an all-hazards response (biological, chemical, radiological/nuclear, or natural disaster).
    - Anticipate the most likely health events to occur. Expect increases in heat-related illness, injuries, alcohol and substance-related presentations (including overdose), and infectious

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diseases such as gastrointestinal/foodborne illness, respiratory illness, STIs, and travel-associated illnesses (including measles).
    - Verify MMR vaccination status of staff in your practice and review availability of post-exposure prophylaxis for patients.
    - Counsel vulnerable patients on prevention measures, including hydration, sun protection, and vaccination.
    - Offer naloxone to patients or their families/friends after an overdose.
    - Be aware of signs of human trafficking, and follow established protocols for mandatory reporting.

2. Ask about and document travel and event attendance.
    - International visitors may present with communicable diseases which are uncommon in New Jersey (e.g., measles, malaria, dengue, typhoid, etc.).
    - Ask every patient with infectious symptoms about their travel history and document it in your notes and EMR. (NJDOH travel history posters for your facility can be downloaded at FIFA Think Travel History/providers and FIFA Think Travel History/public.
    - Incorporate travel screening protocols and flags related to active high consequence infectious disease outbreaks into your workflow to quickly identify and isolate patients at risk. CDC Travel Health notices can be found at Travel Health Notices | Travelers' Health | CDC.
    - Document any connection between patient illness and event attendance by including terms such as "World Cup" or "FIFA" in the chief complaint or triage notes, and when reporting a communicable disease to the health department. This supports the health department's ability to identify and prevent potential risks.

3. Review disease reporting protocols within your practice. Prompt identification, isolation and reporting to public health authorities is crucial to prevent the spread of highly transmissible diseases in your facilities/practices and communities.
    - All healthcare facilities that serve as a first point of contact should review protocols to safely identify, isolate and inform while following recommended transmission-based infection control practices to provide medical care. (Immediately isolate patients suspected of having measles, VHF, MERS or tuberculosis using airborne isolation along with all other appropriate infection control precautions).
    - Report all suspected or confirmed cases of immediately notifiable diseases and any unusual clusters of disease **immediately by phone** to the local health department where the patient resides or is staying. If residence is not known, report to the local health department where your facility/practice is located. Local health departments are available 24/7; if they cannot be reached after hours for an immediately reportable situation or public health emergency, contact NJDOH at 609-392-2020.

4. Stay alert for unusual disease patterns, clusters or outbreaks and report to the local health department per regulations (N.J.A.C. 8:57).

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- There is no known threat currently, but astute healthcare providers play a vital role in early identification of biological threats. Be alert for severe or unusual clinical presentations that could signal an outbreak or intentional biological exposure. Potential indicators of intentional exposures might include unusual temporal or geographic clustering of illness, severe lower respiratory illness or hemorrhagic illness, atypical or unexplained febrile illnesses, respiratory failure, sepsis, rashes, or flaccid paralysis with cranial nerve involvement, and cases of uncommon, non-endemic pathogens in people without known exposure risks. Additional information about agents of concern (including anthrax, smallpox, plague, botulism, etc.) can be found at Fact Sheets | Johns Hopkins Center for Health Security.

5. Stay informed.
   - Monitor NJDOH Health Alert Network (HAN) messages for updates and outbreak notices.
   - Monitor CDC Travel Health notices.
   - Information on selected diseases of concern in participating World Cup countries can be found at https://www.njlincs.net/FIFA/Travel_Disease_Table.pdf
   - Visit the NJ World Cup 2026 Health Hub (https://www.nj.gov/health/world-cup/professionals/) for additional resources for healthcare providers, trainings, and guidance for patients to stay healthy this summer.

Resources:
NJDOH has compiled the following resources for healthcare providers which can also be found on the NJDOH World Cup 2026 Provider Resources webpage.

General Health and Medical Planning Resources

- NJDOH World Cup Health and Medical Planning Guidance
  https://www.njlincs.net/FIFA/FWC_Health_Medical_Planning.pdf
- NJLINCS Health Alert Network
  https://phm.njlincs.net/
- NJDOH World Cup Communicable Disease Risk Assessment
  https://www.njlincs.net/FIFA/NJDOH_FWC_CDS_Risk_Assessment.pdf

Communicable Disease Service and Public Health Reporting Resources

- NJDOH Communicable Disease Reporting Information (https://www.nj.gov/health/cd/reporting/)
- Local health department directory
  (https://www.nj.gov/health/lh/community/index.shtml)
- Reporting Diseases in NYC
  https://www.nyc.gov/site/doh/providers/reporting-and-services/notifiable-diseases-and-conditions-reporting-central.page
- Reporting Diseases in NY State
  https://www.health.ny.gov/professionals/diseases/reporting/communicable/
- Reporting Diseases in Philadelphia
  https://hip.phila.gov/report-a-disease/

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- Post-Travel Evaluation of the Ill Traveler | Yellow Book | CDC (https://www.cdc.gov/yellow-book/hcp/post-travel-evaluation/post-travel-evaluation-of-the-ill-traveler.html)
- NJDOH Travel History posters FIFA Think Travel History/providers and FIFA Think Travel History/public.
- CDC Traveler's Health webpage (https://wwwnc.cdc.gov/travel)
- NJDOH Measles Information for Health Professionals (https://www.nj.gov/health/measles/for-health-professionals/)
- NJDOH Respiratory Illness Dashboard https://www.nj.gov/health/respiratory-viruses/data-and-reports/#respiratory-illness-dashboard
- NJDOH Vector-borne Disease Dashboard https://www.nj.gov/health/cd/topics/vector_borne_disease_data_dashboard.shtml

Environmental Health (Heat and Air Quality) Resources

- Clinical Overview of Heat | Heat Health | CDC https://www.cdc.gov/heat-health/hcp/clinical-overview/index.html
- Heat and Medications – Guidance for Clinicians | Heat Health | CDC https://www.cdc.gov/heat-health/hcp/clinical-guidance/heat-and-medications-guidance-for-clinicians.html
- NJDOH Heat Related Illness Dashboard https://www.nj.gov/health/ceohs/home/hri_dashboard.shtml
- Heat Related Illness Resources for Patients English HRI Factsheet and Spanish HRI Factsheet
- NJDOH Air Quality Webpage https://www.nj.gov/health/world-cup/resources/air-quality/
- Actions to Protect Patients' Health on Poor Air Quality Days English Air Quality Actions and Spanish Air Quality Actions

Information for Healthcare Providers on Human Trafficking

- Human Trafficking: What to Look For During a Medical Exam https://www.nj.gov/oag/dcj/humantrafficking/downloads/NJHTTF_FS_Medical-Exams.pdf
- American Hospital Association Human Trafficking Webinars https://www.aha.org/webinar-recordings/educational-events-human-trafficking
- NJ Office of Attorney General-FIFA Human Trafficking Information https://www.njoag.gov/oag-fifa-human-trafficking/

Substance Use and Overdose Prevention Resources

- NJDOH Substance Use Prevention and Treatment Resource https://www.nj.gov/health/populationhealth/documents/substance-use-prevention-treatment-resources.pdf
- Fentanyl in the Mix Flyer https://www.nj.gov/health/world-cup/resources/drugs/

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- Naloxone 365: Find Free Naloxone at Pharmacies at StopOverdoses.NJ.gov
- Find a list of Harm Reduction Centers at nj.gov/health/hivstdtb/hrc

Biological, Chemical, and Radiological Emergency Preparedness

- The National Special Pathogen System of Care | Region 2 RESPTC https://www.r2resptc.org/nsps.php
- Fact Sheets: Biological and Chemical Agents of Concern https://centerforhealthsecurity.org/resources/fact-sheets-by-the-center-for-health-security
- ATSDR Toxic Substances Portal https://wwwn.cdc.gov/TSP/index.aspx
- Emergency Preparedness and Response | CDC https://www.cdc.gov/emergency/index.html
- REMM - Radiation Emergency Medical Management | HHS https://remm.hhs.gov/index.html
- ASPR TRACIE | Healthcare Emergency Preparedness Information Gateway https://asprtracie.hhs.gov/
- New Jersey Emergency Department Status https://njdivert.juvare.com/

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From: Jessica Caum[redacted]
Location: Microsoft Teams Meeting
Subject: Canceled: World Cup Response Planning
Importance: High
Start Time: Thur 6/25/2026 6:00:00 PM (UTC)
End Time: Thur 6/25/2026 6:30:00 PM (UTC)
Required Attendees: [redacted]; Shara Epstein; Alexandra Skula; McHugh, Lisa; Nambiar, Atmaram

---

Microsoft Teams meeting

Join:

https://teams.microsoft.com/meet/[redacted]

Meeting ID: [redacted]
Passcode[redacted]

Need help? | System reference

Dial in by phone

+1 267-404-3440,,[redacted] United States, Perkasie
Find a local number
Phone conference ID:[redacted]
For organizers: Meeting options | Reset dial-in PIN

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AMERICAN OVERSIGHT

From:	McGinnis, Shannon[redacted]
Attendees:	McHugh, Lisa; Gordian-Rivera, Eva; Boktor, Sameh; Long, Jonah; Eberhart, Michael; Jensen, Shelli; Nambiar, Atmaram; Longenberger, Allison; Negron, Elizabeth
Location:	Microsoft Teams Meeting
Subject:	World Cup Surveillance Planning Check In
Importance:	Normal
Start Time:	Tue 5/12/2026 6:00:00 PM (UTC)
End Time:	Tue 5/12/2026 7:00:00 PM (UTC)
Required Attendees:	McHugh, Lisa; Gordian-Rivera, Eva; Boktor, Sameh; Long, Jonah; Eberhart, Michael; Jensen, Shelli; Nambiar, Atmaram; Longenberger, Allison
Optional Attendees:	Negron, Elizabeth

[redacted]

Microsoft Teams meeting

Join:

https://teams.microsoft.com/meet/[redacted]

Meeting ID: [redacted]

Passcode: [redacted]

Need help? | System reference

Dial in by phone

+1 267-332-8737,[redacted] United States, Philadelphia

Find a local number

Phone conference ID: [redacted]

For organizers: Meeting options | Reset dial-in PIN

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tools may not be used to transcribe, summarize, or annotate meetings with Commonwealth employees or contractors. If such a tool is detected, it must be disabled; otherwise, Commonwealth employees must leave the meeting.
Privacy and security

AMERICAN OVERSIGHT

From: Jessica Caum[J[redacted]

Organizer: Jessica Caum[J[redacted]

Attendees: [redacted] Shara Epstein; Alexandra Skula; McHugh, Lisa; Nambiar, Atmaram

Location: Microsoft Teams Meeting

Subject: Canceled: World Cup Response Planning

Importance: High

Start Time: Thur 6/25/2026 6:00:00 PM (UTC)

End Time: Thur 6/25/2026 6:30:00 PM (UTC)

Required Attendees: [redacted]; Shara Epstein; Alexandra Skula; McHugh, Lisa; Nambiar, Atmaram

---

Microsoft Teams meeting

Join:

https://teams.microsoft.com/meet/[redacted]

Meeting ID: [redacted]

Passcode: [redacted]

Need help? | System reference

Dial in by phone

+1 267-404-3440,,[redacted] United States, Perkasie

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Phone conference ID: [redacted]

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AMERICAN OVERSIGHT

From:	Pickett, Andrew [redacted]
Attendees:	Burke, Alpha; Confalone, Christopher; DeGideo, Jeryl; Godin, Jason; Henschel, Ronald; Hosman, Emma; Huyett, Nathan; Jason Brown; Longenberger, Allison; Madrigal, Claudia; McCurdy, Leslie; McHugh, Lisa; Nambiar, Atmaram; Olivo Rivera, Irelys; Orkis, Lauren; Radtke, Tracy; Rivera, Carolyn; Taylor, Jay; Richard Lippert; Martin, Anthony; Aldous, Wade; Backer, Jeffrey; Boktor, Sameh; Chris Anderson; Douglas Wo; Hanley, Carrie; McGinnis, Shannon; Long, Jonah
Location:	Microsoft Teams Meeting
Subject:	DOH ICS Planning for 2026 Special Events - HOTWASH
Importance:	Normal
Start Time:	Tue 7/21/2026 1:00:00 PM (UTC)
End Time:	Tue 7/21/2026 2:00:00 PM (UTC)
Required Attendees:	Pickett, Andrew; Burke, Alpha; Confalone, Christopher; DeGideo, Jeryl; Godin, Jason; Henschel, Ronald; Hosman, Emma; Huyett, Nathan; Jason Brown; Longenberger, Allison; Madrigal, Claudia; McCurdy, Leslie; McHugh, Lisa; Nambiar, Atmaram; Olivo Rivera, Irelys; Orkis, Lauren; Radtke, Tracy; Rivera, Carolyn; Taylor, Jay; Richard Lippert; Martin, Anthony; Aldous, Wade; Backer, Jeffrey; Boktor, Sameh; Chris Anderson; Douglas Wo; Hanley, Carrie; McGinnis, Shannon; Long, Jonah

This will be a final close out meeting and hotwash for our internal planning team for our summer special events. This will include the NFL Draft, PGA Championship, FIFA World Cup, America 250, and MLB All Star activities. We would encourage all core team members who had a part in any/all of these events participate if available.

We will also have an option for written feedback coming out later this week. This feedback form can be used by our core team members (this group), but can also be shared with other staff and volunteers, both internally and externally, who may have feedback on the overall state level ESF-8 efforts around these responses.

Microsoft Teams meeting

Join:

https://teams.microsoft.com/meet/[redacted]

Meeting ID: [redacted]

Passcode: [redacted]

Need help? | System reference

Dial in by phone

+1 267-332-8737,,[redacted] United States, Philadelphia

Find a local number

Phone conference ID: [redacted]

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Privacy and security

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From: Kenny Morrison [redacted]

Location: Microsoft Teams Meeting

Subject: Canceled: PDPH - FIFA World Cup Surveillance Workgroup

Importance: High

Start Time: Tue 6/23/2026 6:00:00 PM (UTC)

End Time: Tue 6/23/2026 7:00:00 PM (UTC)

Required Attendees: Jessica Caum; Alexandra Skula; Cassie Pena; Jose.lojo; [redacted]; Shara Epstein; robbie madera; Lydia Watson-Lewis; Dawn Kiesewetter; Jason Edinger; Kassahun Sellassie; Bernadette Matthis; Gretchen Shanfeld; [redacted]; Erin Glasgow-Onorato; Nambiar, Atmaram; Schafer, Ashley M.; Sullivan, Nancy; McCloskey, Lisa A.; Rullan, Victor; Wilson, Herman; [redacted] Pickett, Andrew; Tsai, Stella [DOH]; Aarkoti , Malathi [DOH]; [redacted]; Long, Jonah; Azza Abdin; Renita Debrito; Tara Cameron; Mazen Sidahmed; Shannon Neilan; Palakiyem Watoussim; Mohsen Tabasi; Young, Megan; Backer, Jeffrey; [redacted]; Voncolln, Carol; Cannon, Shelsy (ASPR/RSPNS); Masters, Michel; Laura Siewert; Jaworski, Anthony; [redacted] McInerney, Alyssa; Diarra, Haoua; Kim, Jae; Gonzales, Barbara (CTR); Gonzaga, Casey; Michael Pietrowski; Clancy, Patricia; Sheikh, Meagan; Avalos, Meredith Hodach [DOH]; [redacted] Barnett, Kimberly; Garcia Brown, Mayra (CDC/NCEZID/DGMH/PHPB); McHugh, Lisa; Brandon Horvath; McGinnis, Shannon; Brooks, Yolanda; Kaileik Asbury; [redacted] Rhona Cooper; Van Aulen, Elizabeth; Levin, Yuriy [DOH]; Longo, Lauren; Maggio, Fallon P.; [redacted] Wenxin Jiang; Vincent Tu; [redacted] Austin, Jillian (DHSS); Dworkin, Mollee (DHSS); Smith, Erica (DHSS); Townsend, Paul (DHSS); [redacted] Clover.Carlisle; [redacted]

Optional Attendees: Adamson, Tyler; j[redacted]n; Boktor, Sameh; Orkis, Lauren; Crowley, Emma; Bendas, Charla T.

Cancelling due to our new weekly meeting schedule! Thanks.

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AMERICAN OVERSIGHT

Message

From: DH, PressOffice [RA-DHPRESSOFFICE@pa.gov]
Sent: 6/18/2026 2:58:37 PM
To: Ciccocioppo, Barry [redacted]; Goodling, Stephanie [redacted]; Nojiri, Stephanie [redacted]; Steiker-Ginzberg, Eli [redacted]; Soto, Sylvana [redacted]
Subject: FW: [External] CDC Media Briefing - Ebola Outbreak in the Democratic Republic of the Congo and Uganda and World Cup 2026 activation Today, June 18th at Noon EDT

Neil Ruhland | Press Secretary
Department of Health | Office of Communications
Health & Human Services Building
625 Forster Street | Harrisburg, PA 17120-0701
www.health.pa.gov

From: McHugh, Lisa [redacted]
Sent: Thursday, June 18, 2026 10:40 AM
To: DH, PressOffice <RA-DHPRESSOFFICE@pa.gov>; Snyder, Teah [redacted]; Miller, Jeff [redacted]
Subject: FW: [External] CDC Media Briefing - Ebola Outbreak in the Democratic Republic of the Congo and Uganda and World Cup 2026 activation Today, June 18th at Noon EDT

Please share as you feel appropriate.

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
625 Forster Street | Harrisburg, PA 17120
Phone: 717.787.3350
health.pa.gov
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From: CSTE Emergency Response <Preparedness@cste.org>
Sent: Thursday, June 18, 2026 10:29 AM
Subject: [External] CDC Media Briefing - Ebola Outbreak in the Democratic Republic of the Congo and Uganda and World Cup 2026 activation Today, June 18th at Noon EDT

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Sent to State Epidemiologists, Deputy State Epidemiologists, Infectious Disease Points of Contact, CLUE, and the CSTE Executive Board

Non-Media Dial-In: 888-790-3161
Non-Media Passcode: [redacted]

Update on Ebola Outbreak in the Democratic Republic of the Congo and Uganda and CDC's World Cup 2026TM activation

What

CDC will provide an update on its response to the Ebola outbreak in the Democratic Republic of the Congo (DRC) and Uganda and its 2026 World CupTM activation.

Who

CAPT Satish K. Pillai, M.D., M.P.H., Incident Manager for CDC's Ebola response

CAPT Cria Gregory, Ph.D., Incident Manager for CDC's World Cup 2026TM activation

When

Thursday, June 18, 2026, Noon EDT

Dial-In Information

Media Dial-In: 888-989-4351

International Media Dial-In: 312-470-7407

Media Passcode: [redacted]

Following entry of the passcode, please provide details (your name and media outlet) when prompted.

Non-Media Dial-In: 888-790-3161

Non-Media Passcode: [redacted]

Important Instructions for Media Callers

If you are a credentialed member of the media and you would like to ask a question during the call, press *1 on your touchtone phone. Press *2 to withdraw your question.

You may queue up at any time. You will hear a tone to indicate your question is pending.

AMERICAN OVERSIGHT

Transcript

A transcript will be available following the briefing on CDC's website: www.cdc.gov/media.

###

AMERICAN OVERSIGHT

Appointment

From: Bogen, Debra [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=830647D7A47E4213B3A7AE607051C693-6D5F1ED6-03]
Sent: 5/20/2026 3:32:29 AM
To: Bogen, Debra [redacted]
Subject: Region 3 HHS /SHO Call
Start: 5/21/2026 12:30:00 PM
End: 5/21/2026 1:15:00 PM
Show Time As: Busy

Microsoft Teams meeting

Join:

https://teams.microsoft.com/meet/[redacted]
Meeting ID: [redacted]
Passcode: [redacted]

Need help? | System reference

Dial in by phone

+1 206-420-5032,,[redacted] United States, Seattle
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

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want to remind you that we will have our Region 3 SHO call on **Thursday, May 19, from 8:30-9:15am**. We will ask our ASPR and CDC colleagues for any updates on the preparedness activities in Region (America 250; FIFA world cup; Hantavirus and EVD guidance), as well as our state and federal updates. This will be my last Region 3 SHO call, so I do hope everyone can hop on the call for at least a few minutes. We will also say goodbye to Carolyn Mullen as our ASTHO liaison and welcome Dr. Kimberlee Wyche Etheridge, who will replace her.

Draft agenda:

8:30-8:35 Welcome and Roll Call (Dalton)

8:35-8:40 ASTHO report (Carolyn/Kimberlee)

8:40-8:45 ASPR/CDC updates (Kim/Jen)

8:45-9:05 State Updates (Deb)

9:05-9:15 Federal Updates (Dalton)

9:15 Adjourn (Dalton)

Here is the call-in information:

AMERICAN OVERSIGHT

Message

From: Paxman, Dalton G (HHS/OASH) [redacted]
Sent: 5/21/2026 1:49:44 PM
To: Smith, Jalisa (OS/OASH) [redacted]; Bennett, Ayanna (DOH) [redacted]; Bogen, Debra [redacted] Lalvani, Mahak (OS/OASH) [redacted] Blessing, Steven (DHSS) [redacted]; Maduka-Ezeh, Awele (DHSS) [redacted] Elizabeth Kromm -MDH- [redacted]; Suter, Leah (HRSA) [redacted] McKenna, Robert (HRSA) [redacted] Penny D Burke [redacted] Graham, Sharon (CMS/OPOLE) [redacted]; Hamilton, Patrick (CMS/OPOLE) [redacted] DH, Secretary of Health [RA-DHSECOFHEALTH@pa.gov]
CC: Ricketts, Kimberley (ASPR/RSPNS) [redacted]; ASPR Region 3 (HHS\ASPR\EMMO) [redacted]; Cannon, Shelsy (ASPR/RSPNS) [redacted]; Torrens, Luis (ASPR/RSPNS) [redacted]; Byrns, Michael (ATSDR/OAD/OCHHA) [redacted]; Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]; Watson, Katie (ASPR/RSPNS) [redacted]; CMS PHL 9413 ORA Conference Room [PHL-9413-ORAConfRm@cms.hhs.gov]; Rodack, Kristen [redacted]
Subject: [External] RE: Region 3 SHO Call

ATTENTION: *This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button in Outlook.*

Hello Region 3 SHOs and colleagues,
Thanks for joining today's Region 3 SHO call. We wish Steve Blessing and Carolyn Mullen best wishes in their next chapters and thank them for their contributions to the Region 3 SHO family. I also want to thank the states and my HHS colleagues for making these calls so successful.

Here are some resources our HHS colleagues provided in the chat:

ASPR

- Sail250 Maryland and Airshow Baltimore (June 24-30, 2026) – No HHS support
- Sail250 Virginia Norfolk (June 19-23, 2026) – No HHS Support
- Flag Day UFC Fight (June 14, 2026) – *Support TBD*
- Great American State Fair (June 25 – July 10, 2026)
- FIFA World Cup Games (June 11 – July 19, 2026) – Philadelphia games: 06/14, 06/19, 06/22, 06/25, 06/27, and 07/04
- IndyCar Washington Street Race - Freedom250 GrandPrix (August 21-23, 2026) – *Support TBD*

Sail250 Maryland & Airshow Baltimore | Official Site
Experience Sail250 Maryland & Airshow Baltimore 2026—tall ships, Blue Angels, waterfront festivals, STEM exhibits & free family fun in Baltimore.

CDC Order: https://www.cdc.gov/port-health/legal-authorities/evdorder.html
Order: Suspending the Right to Introduce Certain Persons from Countries Where a Quarantinable Communicable Disease Exists
Order suspending entry of certain persons from DRC, Uganda, and South Sudan due to Ebola outbreak.

HRSA
HRSA Highlights Opportunities for Health Centers to Advance Nutrition-Focused Care to Prevent Chron… (Dear Colleague Letter)

This month marks the fourth anniversary of the National Maternal Mental Health Hotline, which offers free, confidential support 24/7 by call, text, and chat.

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Since launching on Mother's Day in 2022, the Hotline has supported more than 100,000 people, helping to connect them to care when they need it most. Share this resource and order free promotional materials.
https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline
HRSA Highlights Opportunities for Health Centers to Advance Nutrition-Focused Care to Prevent Chronic Disease | HRSA
New push highlights updated Dietary Guidelines in community health centers

Best wishes,
Dalton

Dalton Paxman, Ph.D.
Regional Health Administrator
Office of Regional Health Operations, Region 3

Email: [redacted]
Mobile: [redacted]
Desk: [redacted]
OASH Office of the Assistant Secretary for Health

AMERICAN OVERSIGHT

Appointment

From: PHIPH [redacted]
Sent: 5/4/2026 4:41:10 PM
To: PHIPH [redacted]; Susan Kansagra [redacted]; Ashley Cram [redacted] Alexandra Kearly [redacted]; Martinsen, Kristin (HRSA) [redacted]; Lisa Peterson [redacted]; Madison Hluchan [redacted]; Orobosa Idehen [redacted]; Ned Calonge [redacted]; Jen Layden [redacted]; Sandy Pizzuti [redacted]; Debbie Mebruer [redacted]; Dr. Brannon Traxler [redacted]; Brooks, Tami [redacted]; Jessica (DPH) [redacted]; Bogen, Debra [redacted]; Bonacci, Robert [redacted]; Stacey Bank (DHHS) [redacted] Kwan-Gett, Tao (DOH) [redacted]; Shermalin P. Pineda [redacted]; OConnell, Christopher [redacted]; Greenblatt, Larry [redacted]; Alexia Harrist [redacted]; Peter DeMartino -MDH- [redacted]
CC: SIDELINGER DEAN E [redacted]; Montana Meyers (DHHS) [redacted] Winfred Rawls [redacted]

Subject: HRSA FORHP Overview & World Cup Prep Updates - ASTHO Clinical Service Leaders Peer Network
Attachments: 5.20.26 CSLPN Agenda.pdf
Location: https://astho.zoom.us/j/[redacted]

Start: 5/20/2026 8:00:00 PM
End: 5/20/2026 9:00:00 PM
Show Time As: Tentative

Recurrence: (none)

Hi all,

Please join us for our May Clinical Service Leaders Peer Network session. The agenda is attached.

ASTHO Population Health is inviting you to a scheduled Zoom meeting.

Topic: May Clinical Service Leaders Peer Network Session
Time: May 20, 2026 04:00 PM Eastern Time (US and Canada)
Join Zoom Meeting
https://astho.zoom.us/j/[redacted]5

Meeting ID: [redacted]

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One tap mobile

+13126266799,[redacted]5# US (Chicago)
+16468769923,[redacted]5# US (New York)

Join by SIP
•[redacted]

Join instructions
https://astho.zoom.us/meetings/[redacted]

AMERICAN OVERSIGHT

Clinical Service Leaders Peer Network

Wednesday, May 20th at 4pm ET

Topic: HRSA Federal Office of Rural Health Policy Overview & World Cup Preparation Updates

Time	Agenda Item
4-4:05 p.m. ET 5 min	**Open Call, Introductions |** *Ashley Cram, ASTHO* • Welcome
4:05-4:30 p.m. ET 25 min	**HRSA Federal Office of Rural Health Policy Overview |** *Kristi Martinsen, Senior Advisor, Federal Office of Rural Health Policy, HRSA* • HRSA FORHP Overview • FORHP Programs & Priorities – Service delivery, community-based programs, and TA to hospitals and clinics. • Question & Answer
4:30-4:40 p.m. ET 10 minutes	**World Cup Preparation Updates |** *Lisa Peterson, Senior Director, Preparedness, ASTHO* • Updates on state and federal efforts to prepare for the World Cup.
4:40-4:55 p.m. ET 15 min	**Open Discussion & Additional Hot Topics |** *All* • *Open floor for discussion (e.g., RHTP, other hot topics)*
4:55-5 p.m. ET 5 min	**Call closeout |** *Ashley Cram, ASTHO*

AMERICAN OVERSIGHT

From: Jessica Caum[redacted]
Attendees: [redacted]v; Shara Epstein; Alexandra Skula; McHugh, Lisa; Nambiar, Atmaram
Location: Microsoft Teams Meeting
Subject: World Cup Response Planning
Importance: Normal
Start Time: Thur 6/25/2026 6:00:00 PM (UTC)
End Time: Thur 6/25/2026 6:30:00 PM (UTC)
Required Attendees: [redacted]; Shara Epstein; Alexandra Skula; McHugh, Lisa; Nambiar, Atmaram

---

Microsoft Teams meeting

Join:

https://teams.microsoft.com/meet[redacted]

Meeting ID: [redacted]
Passcode: [redacted]

Need help? | System reference

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From:	McHugh, Lisa[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=68c17a77217f42b78119699492e5832c-lmchugh]
Location:	Microsoft Teams Meeting
Subject:	Accepted: World Cup Response Planning
Importance:	Normal
Start Time:	Thur 6/25/2026 6:00:00 PM (UTC)
End Time:	Thur 6/25/2026 6:30:00 PM (UTC)
Required Attendees:	Jessica Caum

AMERICAN OVERSIGHT

From:	McHugh, Lisa[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=68c17a77217f42b78119699492e5832c-lmchugh]
Location:	Microsoft Teams Meeting
Subject:	Accepted: PDPH - FIFA World Cup Surveillance Workgroup
Importance:	Normal
Start Time:	Mon 5/18/2026 7:00:00 PM (UTC)
End Time:	Mon 5/18/2026 8:00:00 PM (UTC)
Required Attendees:	Kenny Morrison

AMERICAN OVERSIGHT

From:	McHugh, Lisa[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=68c17a77217f42b78119699492e5832c-lmchugh]
Location:	Microsoft Teams Meeting
Subject:	Accepted: World Cup Response Planning
Importance:	Normal
Start Time:	Mon 6/8/2026 6:30:00 PM (UTC)
End Time:	Mon 6/8/2026 7:00:00 PM (UTC)
Required Attendees:	Jessica Caum

AMERICAN OVERSIGHT

From: Boktor, Sameh[redacted]
Sent: Thur 5/28/2026 5:10:28 PM (UTC)
To: Snyder, [redacted]; McHugh, Lisa[redacted]; Nambiar, Atmaram[redacted]; Longenberger, Allison[redacted]; McGinnis, Shannon[redacted]; Orkis, Lauren[redacted]
Cc: Hanley, Carrie[redacted]; Miller, Jeff[redacted]; Pickett, Andrew[redacted]
Subject: RE: [External] Invitation: NSPS World Cup Tabletop Exercise May 28

Thank you for letting us know Teah,
Sameh

From: Snyder, Teah [redacted]
Sent: Thursday, May 28, 2026 1:10 PM
To: Boktor, Samel[redacted]; McHugh, Lisa <[redacted]; Nambiar, Atmaram <[redacted]
Longenberger, Allison <[redacted] McGinnis, Shannon <[redacted]; Orkis, Lauren [redacted]
Cc: Hanley, Carrie <[redacted] Miller, Jeff <[redacted]; Pickett, Andrew <[redacted]
Subject: RE: [External] Invitation: NSPS World Cup Tabletop Exercise May 28

Unfortunately, this tabletop was cancelled

Teah Snyder, PhD, MPH, CIC
Director, Division of Healthcare Associated Infection Prevention

Department of Health | Bureau of Epidemiology
625 Forster Street | Harrisburg, PA 17120
Phone: [redacted]
health.pa.gov

From: Boktor, Sameh [redacted]
Sent: Thursday, May 28, 2026 1:09 PM
To: McHugh, Lisa[redacted]; Nambiar, Atmaram <[redacted]; Longenberger, Allison [redacted]; McGinnis, Shannon <[redacted]; Orkis, Lauren [redacted]; Snyder, Teah [redacted]
Cc: Hanley, Carrie <[redacted]; Miller, Jeff <[redacted]; Pickett, Andrew [redacted]
Subject: RE: [External] Invitation: NSPS World Cup Tabletop Exercise May 28

Lauren and I are trying to get on this call, but we are getting an error message that it is invalid meeting iD. Has the call in information been updated?

From: McHugh, Lisa <[redacted]
Sent: Monday, April 27, 2026 10:15 AM
To: Nambiar, Atmaram [redacted]; Longenberger, Allison[redacted]; McGinnis, Shannon [redacted]; Boktor, Sameh <[redacted]; Orkis, Lauren [redacted]; Snyder, Teah [redacted]
Cc: Hanley, Carrie <[redacted]; Miller, Jeff <[redacted]; Pickett, Andrew <[redacted]

AMERICAN OVERSIGHT

Subject: FW: [External] Invitation: NSPS World Cup Tabletop Exercise May 28
Importance: High

Please see below. The registration is wide open – I would encourage you to attend and participate if you are able. Also feel free to share with additional staff you think would benefit from attending and might have something to contribute.

Thanks,

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
625 Forster Street | Harrisburg, PA 17120
Phone: 717.787.3350
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From: Miller, Jeff <[redacted]
Sent: Friday, April 24, 2026 10:30 AM
To: McHugh, Lisa <[redacted]>; Hanley, Carrie <[redacted]
Cc: Pickett, Andrew <[redacted]
Subject: FW: [External] Invitation: NSPS World Cup Tabletop Exercise May 28
Importance: High

Lisa / Carrie,

Please see below. I cc'd Andy. He, Chris Confalone and Maha Shafqat are also on the distribution list. Many of our hospital and EMS partners are also on the list.

I have not shared it with Ram or Teah.

Best,
Jeff

From: Resnick, Aaron <[redacted]
Sent: Friday, April 24, 2026 9:19 AM
To: [redacted]

AMERICAN OVERSIGHT

; Shafqat, Maha
Kappler, Shane <
Resnick, Aaron <
; Miller, Jeff
DeAtley, Craig
; Nable, Jose Victor L <
; Kemberling, Katherine E. <
Green, Lydian
Hoffman, Paul <
Rhona Cooper <
Jausurawong, Tani B <
;
Hack, Kaytlin E
Mangalat, Neal <
Pickett, Andrew <
Confalone, Christopher
Little, Bethany
L <>; Auguste, Jennifer ; Wortmann, Glenn W

Subject: [External] Invitation: NSPS World Cup Tabletop Exercise May 28

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Dear Region III Colleagues,

As we mentioned at our monthly meeting last week, NETEC and the NSPS are hosting a virtual tabletop exercise on **Thursday, May 28, 2026 from 1:00pm ET – 5:00pm ET.** The exercise will be a follow up to the initial NSPS tabletop exercise held in January 2025. The May TTX will focus on a World Cup scenario to test the NSPS during a special pathogen response emerging from the upcoming tournament.

The first hour of the TTX will consist of a training covering an overview of the NSPS, the threat landscape around the World Cup, and updates on preparedness efforts by federal leaders. From there, we will go into our regional breakout room to discuss the exercise scenario.

While the exercise focus as we know it at this point will be structured geographically around those areas and venues that will host World Cup matches, everyone throughout our region is invited to attend as we will be as inclusive as possible in discussing our scenario(s).

Please use this Zoom link to register for the exercise: **https://deloitte.zoom.us/meeting/register/D8tmWb3uRxWMELPt7Zj5OA**. Feel free to forward this email / Zoom registration link to any interested colleagues.

FYI, we plan on sharing your email address with NSPS per their request, as they intend to share the official calendar invitation with each participant directly as it gets closer to the exercise.

Thank you and have a good weekend,
Aaron

Aaron Resnick
Biocontainment Unit Program Director

MedStar Washington Hospital Center
110 Irving Street, NW | East Bldg 4103
P: [redacted]
C: [redacted]
[redacted]

AMERICAN OVERSIGHT

From: Boktor, Sameh[redacted]
Sent: Thur 5/28/2026 5:11:15 PM (UTC)
To: Pickett, Andrew[redacted]; McHugh, Lisa[redacted]; Nambiar, Atmaram[redacted]; Longenberger, Allison[redacted]; McGinnis, Shannon[redacted]; Orkis, Lauren[redacted]; Snyder, Teah[redacted]
Cc: Hanley, Carrie[redacted]; Miller, Jeff[redacted]
Subject: RE: [External] Invitation: NSPS World Cup Tabletop Exercise May 28

NP. Thank you Andy,
Sameh

From: Pickett, Andrew <[redacted]
Sent: Thursday, May 28, 2026 1:10 PM
To: Boktor, Sameh <[redacted]; McHugh, Lisa <[redacted]; Nambiar, Atmaram [redacted] Longenberger, Allison <[redacted]; McGinnis, Shannon <[redacted] Orkis, Lauren [redacted]; Snyder, Teah [redacted]
Cc: Hanley, Carrie <[redacted]; Miller, Jeff <[redacted]
Subject: Re: [External] Invitation: NSPS World Cup Tabletop Exercise May 28

All,

Today's NSPS TTX has been canceled. Unfortunately their system didn't update our calendars.

-Andy

From: Boktor, Sameh <[redacted]
Sent: Thursday, May 28, 2026 13:08
To: McHugh, Lisa [redacted]; Nambiar, Atmaram <[redacted]; Longenberger, Allison [redacted]; McGinnis, Shannon <[redacted]; Orkis, Lauren <[redacted]; Snyder, Teah [redacted]
Cc: Hanley, Carrie[redacted]; Miller, Jeff <[redacted]; Pickett, Andrew <[redacted]
Subject: RE: [External] Invitation: NSPS World Cup Tabletop Exercise May 28

Lauren and I are trying to get on this call, but we are getting an error message that it is invalid meeting iD. Has the call in information been updated?

From: McHugh, Lisa <[redacted]
Sent: Monday, April 27, 2026 10:15 AM
To: Nambiar, Atmaram <[redacted]; Longenberger, Allison <[redacted]; McGinnis, Shannon [redacted] Boktor, Sameh <[redacted]; Orkis, Lauren <[redacted]; Snyder, Teah [redacted]
Cc: Hanley, Carrie <[redacted]; Miller, Jeff <[redacted]; Pickett, Andrew <[redacted]
Subject: FW: [External] Invitation: NSPS World Cup Tabletop Exercise May 28
Importance: High

Please see below. The registration is wide open – I would encourage you to attend and participate if you are able. Also feel free to share with additional staff you think would benefit from attending and might have something to contribute.

AMERICAN OVERSIGHT

Thanks,

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
625 Forster Street | Harrisburg, PA 17120
Phone: 717.787.3350
health.pa.gov
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From: Miller, Jeff <[redacted]
Sent: Friday, April 24, 2026 10:30 AM
To: McHugh, Lisa [redacted]v>; Hanley, Carrie <[redacted]
Cc: Pickett, Andrew [redacted]
Subject: FW: [External] Invitation: NSPS World Cup Tabletop Exercise May 28
Importance: High

Lisa / Carrie,

Please see below. I cc'd Andy. He, Chris Confalone and Maha Shafqat are also on the distribution list. Many of our hospital and EMS partners are also on the list.

I have not shared it with Ram or Teah.

Best,
Jeff

From: Resnick, Aaron <[redacted]
Sent: Friday, April 24, 2026 9:19 AM
To: [redacted] Shafqat, Maha [redacted] Kappler, Shane [redacted] Resnick, Aaron <[redacted] Miller, Jeff <[redacted] DeAtley, Craig <[redacted]

AMERICAN OVERSIGHT

[redacted]

[redacted]Nable, Jose Victor L <[redacted]

[redacted], Kemberling, Katherine E. <[redacted]

[redacted]; Green, Lydian

[redacted]Hoffman, Paul

[redacted]; Rhona Cooper

[redacted]; Jausurawong, Tani B

[redacted]

Hack, Kaytlin E

[redacted]

Mangalat, Neal

[redacted]

Pickett, Andrew

[redacted]

[redacted]; Confalone, Christopher

[redacted]

[redacted]Little, Bethany

L <[redacted], Auguste, Jennifer <[redacted]Wortmann, Glenn W

[redacted]

Subject: [External] Invitation: NSPS World Cup Tabletop Exercise May 28

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Dear Region III Colleagues,

AMERICAN OVERSIGHT

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tabletop exercise on **Thursday, May 28, 2026 from 1:00pm ET – 5:00pm ET.** The exercise will be a follow up to the initial NSPS tabletop exercise held in January 2025. The May TTX will focus on a World Cup scenario to test the NSPS during a special pathogen response emerging from the upcoming tournament.

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FYI, we plan on sharing your email address with NSPS per their request, as they intend to share the official calendar invitation with each participant directly as it gets closer to the exercise.

Thank you and have a good weekend,
Aaron

Aaron Resnick
Biocontainment Unit Program Director

MedStar Washington Hospital Center
110 Irving Street, NW | East Bldg 4103
P: [redacted]
C: [redacted]
[redacted]

AMERICAN OVERSIGHT

From:	McHugh, Lisa[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=68c17a77217f42b78119699492e5832c-lmchugh]
Location:	Microsoft Teams Meeting
Subject:	Accepted: World Cup Surveillance Planning Check In
Importance:	Normal
Start Time:	Tue 5/12/2026 6:00:00 PM (UTC)
End Time:	Tue 5/12/2026 7:00:00 PM (UTC)
Required Attendees:	McGinnis, Shannon

AMERICAN OVERSIGHT

From:	Pickett, Andrew[redacted]
Attendees:	Burke, Alpha; Confalone, Christopher; DeGideo, Jeryl; Godin, Jason; Henschel, Ronald; Hosman, Emma; Huyett, Nathan; Jason Brown; Longenberger, Allison; Madrigal, Claudia; McCurdy, Leslie; McHugh, Lisa; Nambiar, Atmaram; Olivo Rivera, Irelys; Orkis, Lauren; Radtke, Tracy; Rivera, Carolyn; Taylor, Jay; Richard Lippert; Martin, Anthony; Aldous, Wade; Backer, Jeffrey; Boktor, Sameh; Chris Anderson; Douglas Wo; Hanley, Carrie; McGinnis, Shannon; Long, Jonah
Location:	Microsoft Teams Meeting
Subject:	DOH ICS Planning for 2026 Special Events - HOTWASH
Importance:	Normal
Start Time:	Tue 7/21/2026 1:00:00 PM (UTC)
End Time:	Tue 7/21/2026 2:00:00 PM (UTC)
Required Attendees:	Burke, Alpha; Confalone, Christopher; DeGideo, Jeryl; Godin, Jason; Henschel, Ronald; Hosman, Emma; Huyett, Nathan; Jason Brown; Longenberger, Allison; Madrigal, Claudia; McCurdy, Leslie; McHugh, Lisa; Nambiar, Atmaram; Olivo Rivera, Irelys; Orkis, Lauren; Radtke, Tracy; Rivera, Carolyn; Taylor, Jay; Richard Lippert; Martin, Anthony; Aldous, Wade; Backer, Jeffrey; Boktor, Sameh; Chris Anderson; Douglas Wo; Hanley, Carrie; McGinnis, Shannon; Long, Jonah

This will be a final close out meeting and hotwash for our internal planning team for our summer special events. This will include the NFL Draft, PGA Championship, FIFA World Cup, America 250, and MLB All Star activities. We would encourage all core team members who had a part in any/all of these events participate if available.

We will also have an option for written feedback coming out later this week. This feedback form can be used by our core team members (this group), but can also be shared with other staff and volunteers, both internally and externally, who may have feedback on the overall state level ESF-8 efforts around these responses.

Microsoft Teams meeting

Join:

https://teams.microsoft.com/meet/[redacted]

Meeting ID: [redacted]

Passcode: [redacted]

Need help? | System reference

Dial in by phone

+1 267-332-8737,[redacted] United States, Philadelphia

Find a local number

Phone conference ID: [redacted]

AMERICAN OVERSIGHT

For organizers: Meeting options | Reset dial-in PIN
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Privacy and security

AMERICAN OVERSIGHT

From: Jessica Caum[redacted]
Organizer: Jessica Caum[redacted]
Attendees: [redacted]; Shara Epstein; Alexandra Skula; McHugh, Lisa; Nambiar, Atmaram
Location: Microsoft Teams Meeting
Subject: World Cup Response Planning
Importance: Normal
Start Time: Mon 6/8/2026 6:30:00 PM (UTC)
End Time: Mon 6/8/2026 7:00:00 PM (UTC)
Required Attendees: [redacted] Shara Epstein; Alexandra Skula; McHugh, Lisa; Nambiar, Atmaram

---

Microsoft Teams meeting

Join:
https://teams.microsoft.com/meet/[redacted]
Meeting ID: [redacted]
Passcode: [redacted]

Need help? | System reference

Dial in by phone

+1 267-404-3440,,[redacted] United States, Perkasie
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

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AMERICAN OVERSIGHT

From: Hanley, Carrie[redacted]
Sent: Mon 5/11/2026 4:56:39 PM (UTC)
To: McHugh, Lisa[redacted]
Subject: RE: [External] World Cup Data Sharing 5/1-7/31

Thank you.

Carrie Hanley, PhD, MPH, CIC
Assistant Director

Department of Health | Bureau of Epidemiology
625 Forster Street | Harrisburg, PA 17120
Phone: 717.787.3350
health.pa.gov

From: McHugh, Lisa[redacted]
Sent: Monday, May 11, 2026 8:01 AM
To: Hanley, Carrie <[redacted]
Subject: FW: [External] World Cup Data Sharing 5/1-7/31

FYSA – these are the documents allowing state to state sharing of syndromic data for FIFA

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
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Phone: 717.787.3350
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From: McGinnis, Shannon <[redacted]
Sent: Friday, May 1, 2026 2:08 PM
To: McHugh, Lisa <[redacted]>
Cc: Boktor, Sameh <[redacted]; Orkis, Lauren [redacted]>; Long, Jonah <[redacted]>
Subject: FW: [External] World Cup Data Sharing 5/1-7/31

AMERICAN OVERSIGHT

Sharing for awareness

Shannon McGinnis, PhD, CPH (*she/her*)
Director, Division of Surveillance

Department of Health | Bureau of Epidemiology
625 Forster St | Harrisburg, PA 17120
Phone: 717.787.3350
health.pa.gov

From: Jule Panaro <[redacted]
Sent: Friday, May 1, 2026 1:59 PM
To: Thomas Goetz, Carrie <[redacted]; Long, Jonah <[redacted]; McGinnis, Shannon [redacted]>; Klinkner, Jessica <[redacted]; DePaulis, Alexander <[redacted]; Jose Lojo [redacted]>
Cc: Tsai, Stella [DOH] [redacted]; Aarkoti , Malathi [DOH] <[redacted]; Ojo, Mojisola [redacted]; Deena Blumenfeld <[redacted]
Subject: [External] World Cup Data Sharing 5/1-7/31

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Hello,

The data sharing for the World Cup has been enabled in Production. It will last from May 1 until July 31.

PA DOH, Philadelphia, Bucks, Chester, Delaware, and Montgomery County users now have access to the World Cup Dashboard within the Dashboards tab. These users also now have access to data from 4 New Jersey counties: Atlantic, Burlington, Camden, and Gloucester.

NJDOH users now have access to data from 5 PA counties: Philadelphia, Bucks, Chester, Delaware, and Montgomery.

Please let me know if you have any questions.

Thanks!
Jule

AMERICAN OVERSIGHT

From: McHugh, Lisa[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=68C17A77217F42B78119699492E5832C-LMCHUGH]
Sent: Mon 5/11/2026 12:01:05 PM (UTC)
To: McGinnis, Shannon [redacted]
Cc: Boktor, Sameh[redacted]; Orkis, Lauren [redacted]; Long, Jonah [redacted]
Subject: RE: [External] World Cup Data Sharing 5/1-7/31

Great thanks,

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
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From: McGinnis, Shannon <[redacted]
Sent: Friday, May 1, 2026 2:08 PM
To: McHugh, Lisa [redacted]
Cc: Boktor, Sameh[redacted] Orkis, Lauren <[redacted]>; Long, Jonah <[redacted]
Subject: FW: [External] World Cup Data Sharing 5/1-7/31

Sharing for awareness

Shannon McGinnis, PhD, CPH (*she/her*)
Director, Division of Surveillance

Department of Health | Bureau of Epidemiology
625 Forster St | Harrisburg, PA 17120
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AMERICAN OVERSIGHT

From: Jule Panaro <[redacted]

Sent: Friday, May 1, 2026 1:59 PM
To: Thomas Goetz, Carrie [redacted]; Long, Jonah <[redacted]>; McGinnis, Shannon [redacted]>; Klinkner, Jessica [redacted]; DePaulis, Alexander <[redacted]>; Jose Lojo <[redacted]>
Cc: Tsai, Stella [DOH] <[redacted]; Aarkoti , Malathi [DOH] <[redacted]>; Ojo, Mojisola [redacted]>; Deena Blumenfeld <[redacted]>
Subject: [External] World Cup Data Sharing 5/1-7/31

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Please let me know if you have any questions.

Thanks!
Jule

AMERICAN OVERSIGHT

From: McHugh, Lisa[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=68C17A77217F42B78119699492E5832C-LMCHUGH]
Sent: Mon 5/11/2026 12:01:06 PM (UTC)
To: Hanley, Carrie [redacted]
Subject: FW: [External] World Cup Data Sharing 5/1-7/31
Attachment: Cross-border syndromic access updated 20260337 (1).pdf
Attachment: Updated_data_sharing_letter_data_privacy_2026 (1).pdf

FYSA – these are the documents allowing state to state sharing of syndromic data for FIFA

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

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From: McGinnis, Shannon [redacted]
Sent: Friday, May 1, 2026 2:08 PM
To: McHugh, Lisa [redacted]>
Cc: Boktor, Sameh <[redacted], Orkis, Lauren <[redacted]; Long, Jonah [redacted]
Subject: FW: [External] World Cup Data Sharing 5/1-7/31

Sharing for awareness

Shannon McGinnis, PhD, CPH (*she/her*)
Director, Division of Surveillance

Department of Health | Bureau of Epidemiology
625 Forster St | Harrisburg, PA 17120
Phone: 717.787.3350
health.pa.gov

AMERICAN OVERSIGHT

From: Jule Panaro [redacted]

Sent: Friday, May 1, 2026 1:59 PM
To: Thomas Goetz, Carrie <[redacted]; Long, Jonah [redacted]; McGinnis, Shannon [redacted]; Klinkner, Jessica <[redacted], DePaulis, Alexander <[redacted]; Jose Lojo [redacted]
Cc: Tsai, Stella [DOH] <[redacted], Aarkoti , Malathi [DOH] [redacted]; Ojo, Mojisola [redacted]; Deena Blumenfeld <[redacted]
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Please let me know if you have any questions.

Thanks!
Jule

AMERICAN OVERSIGHT

Pennsylvania
Department of Health

March 27, 2026

Kevin Hutchison, President and CEO
Health Monitoring Systems, Inc.
700 River Avenue, Ste 130
Pittsburgh, PA 15212

Re: Access to syndromic data – New Jersey Department of Health

Dear Mr. Hutchison:

For the purposes of public health surveillance during the FIFA World Cup (June 11 – July 19, 2026), the Pennsylvania Department of Health (PADOH) intends to allow the surveillance team at the New Jersey Department of Health (NJDOH) to access the following information in Pennsylvania's syndromic surveillance system, EpiCenter™ (Health Monitoring Systems, Inc.):

- Line-level emergency department (ED) visit data
- Aggregate (summary) data
- Anomaly information (alerts generated by the EpiCenter system when visits for a particular complaint exceed a statistical threshold)
- Situational reports generated by EpiCenter

NJDOH will be able to view this information for the following Pennsylvania counties:

- Philadelphia
- Bucks
- Montgomery
- Chester
- Delaware

NJDOH will be able to access this information throughout the period of enhanced surveillance surrounding this mass event from May 1, to July 31, 2026. Cross-border access to syndromic surveillance data will be of benefit to both states, as a regional approach to situational awareness during mass gatherings is needed. Disease outbreaks, bioterrorism attacks, and other possible events of public health concern are not constrained by state borders. If this collaborative effort between the PADOH and NJDOH is successful, plans will be made to continue cross-border access to aggregate data and anomaly information from all counties bordering New Jersey on an ongoing basis.

AMERICAN OVERSIGHT

Sincerely,



Lisa McHugh, PhD, MPH
Bureau Director/State Epidemiologist
Bureau of Epidemiology
Pennsylvania Department of Health

AMERICAN OVERSIGHT

State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 369
TRENTON, N.J. 08625-0369
www.nj.gov/health

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

DR. RAYNARD E. WASHINGTON
Acting Commissioner

February 27, 2026

Mr. Kevin Hutchison
President and CEO
Health Monitoring Systems, Inc.
700 River Avenue, Ste 130
Pittsburgh, PA 15212

Re: Access to Syndromic Surveillance Data

Dear Mr. Hutchison:

For the purpose of public health surveillance during the FIFA World Cup (June 11 - July 19, 2026) in New Jersey and Philadelphia, the New Jersey Department of Health (NJDOH) intends to grant the Philadelphia Department of Public Health, the Pennsylvania Department of Health, and the county health departments of Bucks, Montgomery, Chester, and Delaware (heretofore known as "PA Partners") access to the following information within New Jersey's syndromic surveillance system, EpiCenter (operated by Health Monitoring Systems, Inc.):

- Line-level emergency department (ED) visit data
- Aggregate (summary) data
- Anomaly alerts (generated when visit patterns exceed statistical thresholds)
- Situational reports/World Cup Dashboard generated by EpiCenter

PA Partners will be able to view this information for the following New Jersey counties:

- Atlantic
- Burlington
- Camden
- Gloucester

Access would be granted during the periods of enhanced surveillance surrounding the event:
May 1, 2026 - July 31, 2026 (World Cup).

This cross-border data sharing will strengthen situational awareness and support timely detection of potential public health threats, including outbreaks and other emergencies, which are not constrained by geographic boundaries. NJDOH also respectfully requests reciprocal access to relevant syndromic data from our PA Partners during this timeframe. PA Partners and NJDOH acknowledge the confidential nature of identifiable syndromic surveillance data and agree not to further use or share this data beyond the scope of this letter. Both parties agree to comply with all applicable State and/or federal laws regarding privacy, confidentiality, and data security.

If this collaborative initiative between the Pennsylvania and New Jersey Departments of Health proves effective, NJDOH anticipates exploring opportunities for continued, ongoing access to aggregate and anomaly data for all counties bordering Pennsylvania.

Thank you for your continued support and partnership.

Sincerely,

Christina Tan

Christina Tan, MD, MPH
State Epidemiologist/Assistant Commissioner
Division of Epidemiology, Environmental and Occupational Health
New Jersey Department of Health

AMERICAN OVERSIGHT

From: Lockwood, Shane[redacted]
Sent: Thur 7/2/2026 5:59:19 PM (UTC)
To: Bogen, Debra[redacted]; Rodack, Kristen[redacted]
Subject: Philly- some actions taken for the heat this weekend

Due to the heat, Philadelphia has reduced the hours for the fan zones for World Cup, increased number of pallets of water available at medical tents and increased the hydration stations throughout the area.

I will keep you updated this weekend if there any heat related issues.

Thanks

Shane Lockwood, MPH
Deputy Secretary
Department of Health |Health Preparedness and Community Protection
625 Forster Street, 8th Floor | Harrisburg, PA 17120
Phone: 717.783.5844
health.pa.gov
We envision a healthy Pennsylvania for all.

AMERICAN OVERSIGHT

From: Lockwood, Shane[redacted]
Sent: Mon 7/6/2026 12:14:12 PM (UTC)
To: Bogen, Debra[redacted]; Rodack, Kristen[redacted]
Subject: world cup

Good morning,

World Cup/250 went well this weekend. A few more patients were seen than previous games, but still relatively calm and easily handled.

Shane

Shane Lockwood, MPH
Deputy Secretary
Department of Health |Health Preparedness and Community Protection
625 Forster Street, 8th Floor | Harrisburg, PA 17120
Phone: 717.783.5844
health.pa.gov
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AMERICAN OVERSIGHT

Message

Sent: 7/13/2026 4:51:53 PM
Subject: FW: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness
Attachments: NWS Key Messages June 30, 2026_CLEARED.pdf

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
625 Forster Street | Harrisburg, PA 17120
Phone: 717.787.3350
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From: McHugh, Lisa
Sent: Tuesday, July 7, 2026 3:28 PM
To: Gordian-Rivera, Eva [redacted]; Snyder, Teah [redacted]>; Schroeder, Betsy [redacted]; Longenberger, Allison [redacted]; Wallace, Jennifer [redacted]; Negron, Elizabeth [redacted]
Cc: Hanley, Carrie [redacted]
Subject: FW: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness

FYI

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
625 Forster Street | Harrisburg, PA 17120
Phone: 717.787.3350
health.pa.gov
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AMERICAN OVERSIGHT
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From: Tomkins, Sarah (CDC/OD/ORR/DSLR) <[redacted]
Sent: Monday, July 6, 2026 3:35 PM
To: Tomkins, Sarah (CDC/OD/ORR/DSLR) [redacted]
Cc: CDC IMS STLT Support HD LNO [redacted]>; Renjel, Jennifer (CDC/OD/ORR/DSLR) <[redacted]>
Subject: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness

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Greetings Region 3 Partners,

The following are updates from CDC's public health emergency responses, as well as additional content for your situational awareness.

If you wish to unsubscribe from this listserv, please email a request to the Jurisdictional Readiness and Response Support Branch at eocstlthdlno@cdc.gov and copy your health department liaison officer (HD LNO).

Ebola Updates (Please check the website as the situation is rapidly evolving.)

- Ebola Disease: Current Situation | Ebola | CDC € CDC is responding to an outbreak of Ebola disease caused by Bundibugyo virus in remote areas of the Democratic Republic of the Congo (DRC) and Uganda. To date, no cases of Ebola disease have been confirmed in the United States because of this outbreak. The overall risk to the American public and travelers remains low. As of July 1, there are reports of 1,460 confirmed cases and 452 confirmed deaths in DRC. Investigation of additional cases is ongoing, and case counts are expected to change. The DRC Ministry of Health does not include probable cases in their official reporting. As of July 2, there are 20 confirmed cases and two confirmed deaths in Uganda. There is also one probable case and one probable death. In France, as of June 24, there is one confirmed case. This is a rapidly evolving situation, and case counts are subject to change.
- Poster: Ambulatory Care Evaluation of Patients with Possible Ebola | Ebola | CDC € This ambulatory algorithm is intended to be used by U.S. healthcare providers to evaluate patients for possible Ebola disease.

Measles Update

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC € As of July 2, a total of 2,170 cases of measles have been reported in the United States in 2026, an increase of 36 measles cases since June 25. These measles cases were reported to CDC by 41 jurisdictions. There have been 31 new outbreaks reported in 2026. Out of 2,170 confirmed cases, 93% are outbreak associated. 93% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.

New World Screwworm (NWS) Updates

- Communication Resources | New World Screwworm | CDC € These resources include fact sheets, clinical guides, laboratory aids, and outreach materials for the public, agriculture sector,

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healthcare providers, and public health agencies on recognizing, preventing, and responding to NWS. New resources recently added include a factsheet on NWS identification for providers of homeless services and NWS prevention palm cards.

- NWS Key Messages 06.30 (***view attachment***) € This document provides updated, cleared language about NWS, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated **weekly** until further notice.
- Confirmed Detections of New World Screwworm | APHIS € The United States Department of Agriculture Animal and Plant Health Inspection Service maintains an updated dashboard tracking confirmed cases of NWS across the United States. The webpage provides current information on affected areas and species, helping partners maintain situational awareness.

CDC FIFA World Cup 2026™ Updates

- CDC Safety for Soccer Fans – This page gives quick access to essential public health information to help fans stay prepared and safe as they travel and attend soccer matches.
- FIFA World Cup 2026 Preparedness Resources ?World Cup 2026 ?NETEC Resource Library € This resource collection highlights practical preparedness tools and operational guidance to support frontline healthcare readiness before and during the FIFA World Cup 2026™ tournament. Resources focus on screening, identification, isolation, communication, incident response, and preparedness planning for special pathogen events and travel-associated infectious diseases.

Other Updates

- Global Summary of Human Cases of H5N1 Bird Flu from August 2025 to June 2026 | Bird Flu | CDC € From August 2025 to June 2026, 12 human H5N1 infections were reported across Bangladesh, Cambodia, and India, including three deaths, and all cases were linked to direct or close contact with infected poultry or animals. No person-to-person transmission was identified, and the overall risk to the U.S. public remains low, though the infections highlight the need for continued global surveillance.
- Summer 2026 Influenza Surveillance Guidance € This strategy emphasizes that surveillance for seasonal influenza viruses and monitoring for novel influenza A virus infections, including Highly Pathogenic Avian Influenza A (H5), remain critical during the summer months. The strategy includes continued influenza testing, preferably by RT-PCR, for persons with compatible illness, especially those with relevant animal or raw animal product exposures and severely ill hospitalized patients.

Upcoming Meetings

- CDC Response All-STLT Update Call € Join CDC at **2:00 p.m. EDT on Monday, July 13,** to hear from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented.

  If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.
- **Ebola Town Hall: Current Outbreak Updates and Health Care Preparedness Considerations** € As health care facilities monitor developments related to the current Ebola outbreak in the DRC and Uganda, maintaining readiness for high-consequence infectious diseases remains essential. Join the National Emerging Special Pathogens Training and Education Center on **Tuesday, July 28 at 11:00 a.m. EDT** for a discussion on key preparedness considerations for health care facilities, including screening and Identify-Isolate-Inform processes, personal protective equipment,

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laboratory readiness, emergency management planning, and operational preparedness strategies. Register in advance.

Many thanks for your continued partnership.

Sincerely,
Sarah *on behalf of Jen Renjel*

Sarah Tomkins
Preparedness Field Assignee (PFA) - PA DOH
Centers for Disease Control and Prevention
Department of Health and Human Services

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New World Screwworm Key Messages

As of June 30, 2026

Note: This document provides updated, cleared language about New World screwworm, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated **weekly** until further notice.

*New and updated information will appear in **bold/blue**.*

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U.S. Situation Summary as of June 30, 2026

- CDC is coordinating with the U.S. Department of Agriculture (USDA), Department of the Interior (DOI), and other federal partners, as well as state, tribal, local, and territorial (STLT) partners, and non-governmental partners. They are using the One Health approach to prevent NWS from spreading to people and animals, both domestic (livestock and companion) and wild animals.
    - More on the roles in this collaborative response can be found in the What CDC is Doing section and in the USDA NWS Response Playbook version 2.0 (Key Activities, Resources, and Tools).
- As of **June 28, 2026**, USDA Animal and Plant Health Inspection Service (APHIS) reports **27** domestically acquired animal cases of NWS in the United States.
    - This includes **26 animal cases in Texas (16 cattle, 7 sheep, and 3 goats) and 1 dog in New Mexico**.
    - On **June 3, 2026**, APHIS confirmed the first detection of a New World screwworm in a calf in Zavala County, Texas. Zavala County is adjacent to a Texas county on the border with Mexico.
- As of **June 30, 2026,** no locally acquired infestations in humans have been reported in the United States.
    - CDC's counts do not include travel-associated cases, in which people were found to have an NWS infestation after returning from another country, where NWS flies are circulating.
    - There has been one travel-associated case related to the outbreak in Central America and Mexico (Maryland, August 2025).
    - **The current risk to people and animals in the U.S. remains low. You and your pets may be at higher risk for NWS if you live in or travel to areas where NWS flies have infested animals:**
        - **Map of Texas NWS zones**
        - **Map of New Mexico NWS zone**
        - NWS is a parasitic infestation and cannot spread from animal to animal, animals to people, or person to person. NWS occurs when flies lay eggs in wounds or body openings in people or animals.
- CDC recommends that everyone be aware of the signs and symptoms of NWS infestation in humans or animals.

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- USDA, which leads the coordination and implementation of aerial and ground sterile fly release activities, has been releasing about 100 million sterile NWS flies per week along the U.S.-Mexico border, including into affected areas inside Texas.
    - See subsection Sterile Flies below for more information.
- Situation in Central America and Mexico:
    - New World Screwworm Outbreak | New World Screwworm | CDC
    - As of **June 26, 2026**, Central American countries and Mexico reported **more than 185,000** NWS cases in animals and **more than 2,190** cases in people.
    - As of this date, Mexico reported 461 cases in people, including two confirmed deaths.

About New World Screwworm

- NWS is a fly that lays its eggs in open wounds and body openings, such as the eyes, ears, nose, or mouth. The eggs hatch into parasitic larvae (maggots) that burrow into and feed on living tissue or flesh.
- NWS threatens livestock, companion animals, wildlife, and people. Rapid detection and reporting are critical to preventing its spread.
- NWS is typically found in South America and parts of the Caribbean. However, NWS flies have steadily moved northward from Panama through every country in Central America and Mexico since 2023.
    - You are at higher risk for NWS if you travel in these areas, are in areas where flies are present, spend an extended amount of time around livestock or other warm-blooded animals in areas where NWS flies are present, and if you have an uncovered open wound.
- NWS was previously found in the United States, Mexico, and Central America. It was eradicated in the United States in 1966; in Mexico, 1986; and throughout Central America by 2006. In 2016-2017, there was an outbreak, mainly in Key deer, in the Florida Keys. U.S. Government efforts eradicated the parasite again, ending the outbreak.
- From 2006-2023, animal health and agricultural officials had maintained a biological barrier at the Darien Gap, along the Panama-Colombia border. Sterile male flies were continuously released in this barrier zone to prevent the flies from being reintroduced into Central America.
- In 2023, Panama reported a spike in cases of NWS infestation to more than 9,300 in one year.
- In Mexico, the most impacted animal species are cattle, dogs, and pigs.
- For the latest information on NWS in animals in Mexico, see USDA's Current Status of New World Screwworm website with map and table of cases.

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- For the latest on human cases in Mexico, see Current Situation of Cochliomyia Hominivorax Myiasis in Humans, Mexico, 2026 | Ministry of Health | Government | gob.mx.

Symptoms and What to Do If You Have Symptoms

- Symptoms of New World screwworm can include
    - feeling or seeing maggots (larvae) move in a skin wound or sore, or in the ears, nose, eyes, or mouth.
    - painful skin wounds or sores that worsen within a few days.
    - a foul smell from the site of the infestation.
    - bleeding from open sores.
- Bacterial infections may also occur in wounds where NWS maggots are present, leading to symptoms like fever or chills.
- If you see or feel maggots in or on a wound or other area of your body, contact your healthcare provider immediately. Tell them if you have recently traveled to or are in an area where NWS flies are present .
- Do not try to remove any maggots or egg masses yourself. If maggots or eggs fall out of the wound, place them in a leak-proof container with rubbing alcohol to kill them. Bring them with you to your healthcare provider.
- **Do not throw any live maggots in the trash or outside.** NWS could spread in your area this way because the maggots could pupate and continue the lifecycle to become adult flies.

Risk Factors

- The risk for NWS exists only for people **who have traveled to or are in areas where there are NWS cases.** If you are in one of these areas, you may be more at risk if you
    - spend a lot of time outdoors during the day, especially if sleeping or unable to keep flies away.
    - have any open wounds. Even small breaks in the skin, including from a scratch, insect bite, or recent surgery, may attract NWS flies.
    - have a medical condition that can cause bleeding or open sores, such as eczema, skin or sinus cancer, or from treatments that create breaks in the skin.
    - spend extended time around livestock or other warm-blooded animals in areas where there are NWS cases, and if you have an uncovered open wound.

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Prevention

For Everyone

- Keep open wounds clean and covered, no matter how small or their location on the body.
- Sleep indoors with closed windows or screened open windows. If you are outside, sleep under a bed net or inside a screened tent.
- Protect your skin by
    - using an EPA-registered insect repellent.
    - treating clothing and gear with products containing 0.5% permethrin.
    - wearing loose-fitting, long-sleeved shirts and pants, hats, and socks to limit access to your body by NWS flies and biting insects.

Sterile Flies

- Sterile insect technique (SIT) is a proven tool for fighting the spread of NWS and protecting American agriculture and natural resources.
- SIT was developed in the 1950s and used to eradicate NWS from the United States, Mexico, and Central America in the second half of the 20th century.
- SIT uses gamma radiation to irradiate NWS pupae and create sterile male flies. This practice does not impact the male flies' longevity, searching behavior, or mating ability.
- When produced and released in mass, sterile male flies mate with wild female flies, which then lay unfertilized eggs.
- Because female NWS flies mate only once, the NWS population progressively reduces and is, ultimately, eradicated.
- SIT does not involve the release of insects modified through genetic engineering processes.
- The release of sterile flies is safe, environmentally friendly, and offers a sustainable, non-toxic alternative to chemical pesticides.
- It poses no risk to wildlife, livestock, or people in infested areas.

Recommendations for Healthcare Providers

Clinical Presentation and Guidance

- Consider NWS infestation in people who present with any of the following:
    - Visible larvae or egg masses in a wound, ears, eyes, nose, mouth, or other body orifice (e.g., genitals).
    - Destruction of healthy tissue.
    - Sensation of movement, foul odor, bloody discharge, swelling, and pain.
    - Recent travel to regions where NWS is present.
- In areas where NWS is present, advise patients to:
    - Clean and cover all wounds, no matter how small or the location on the body.

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    - Wear loose-fitting, long-sleeved shirts and pants, socks, and hats to limit exposed skin and use Environmental Protection Agency (EPA)-registered insect repellents to avoid bug bites.
    - If possible, limit spending time outdoors where livestock or any infested animals are located or housed.
    - Avoid sleeping outdoors, especially during daytime hours when NWS flies are most active.
    - Use bed nets to protect sleeping quarters from insects if windows are left open and not screened. In hospitals, screening windows and doors is essential.
- Many morphologically similar species of flies can cause myiasis. Submitting larvae is critical for species identification of NWS.

Reporting to Public Health

- Direct clinical inquiries to CDC's Parasitic Diseases Branch (404-718-4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.
- Assistance for confirmation of suspected human cases is available through CDC's Diagnostic Parasitology Laboratory, DPDx, at dpdx@cdc.gov.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- If a patient is concerned about their animal(s), advise them to consult their veterinarian immediately.
    - Timely reporting of suspected animal and human cases to the appropriate authorities is critical, so USDA can coordinate and implement sterile fly release activities to prevent further expansion of NWS.

Treatment

- Use standard precautions when treating wounds and handling larvae.
- **Remove all eggs and maggots**, which might require surgical extraction if the larvae are embedded deeply into tissues.
    - Remove and safely dispose of any remaining larvae (see Specimen Submission and Safe Disposal section).
    - **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment .**
- Patients with additional symptoms or secondary infections may need additional treatment or supportive care.
    - Re-examine treated lesions after 24–48 hours to confirm no live larvae remain.
    - Monitor for and treat secondary bacterial infections as needed.
- ***Only if pressed***: There are no studies showing specific medication is useful in treating NWS infestation in humans. Although there are anecdotal reports of using

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ivermectin in off-label treatment of NWS infestations in humans, there are no controlled, double-blind studies measuring the effect of ivermectin use on myiasis.

Specimen Submission and Safe Disposal

- Specimen submission and disposal information is available on the CDC website: Lab Identification of New World screwworm
- Safe removal and disposal of any remaining larvae and eggs is critical. **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment.**

Recommendations for Health Departments

- Emphasize to medical professionals and the community the importance of promptly removing and killing all larvae and eggs from suspected NWS cases. Do not dispose of any loose or live larvae (maggots) or eggs in the trash or outside on the ground.
    - Also see recommendations above for the public and healthcare providers, including safe submission of specimens and disposal of remaining larvae.
- Human infestations might indicate local circulation of flies and possible infestations in animals. Alert your state animal health official (SAHO) and your state wildlife official so they can monitor for NWS flies and take steps to stop further spread in coordination with agriculture, wildlife, and public health officials.
- Consider directed outreach to and surveillance of communities with people at higher risk of NWS, including people with unstable housing and agricultural workers.
- Additional considerations for STLT health officials to improve jurisdictional readiness to respond to a human case of NWS are available here: Preparing for New World Screwworm Infestations in Humans | New World Screwworm | CDC
- Information on how to report human cases of NWS is available on the CDC website: New World Screwworm Case Reporting for Health Departments | New World Screwworm | CDC
- Report all suspected NWS cases in animals, including pets, to the state animal health official and USDA office. Contact USDA at screwworm@usda.gov

Recommendations for Laboratories

- See subsection on Specimens Submission and Safe Disposal above.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- Immediately report suspect animal NWS cases to your state animal health official and USDA office. Contact USDA at screwworm@usda.gov
- For specimen identification questions about human NWS, contact CDC's Diagnostic Parasitology Laboratory, DPDx, (dpdx@cdc.gov) or Parasitic Diseases Branch (404-718-

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4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.

Background on OHCU-NWS

- On the federal level, the overall response is a collaboration guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group (U.S. OHCU-NWS). The U.S. OHCU-NWS is co-led by USDA (primary coordinator), CDC, and the Department of the Interior (DOI) with engagement from over 20 agencies from multiple departments.
    - The collaboration is using a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The unified government approach spans multiple federal agencies that are in partnership with State, Tribal, local, and Territorial governments, industry, and private organizations.
    - Together, response partners are working to stop the screwworm's northward spread, including in Central America and Mexico and protect the U.S. livestock industry, economy, food supply, and public health.
- Federal partners on this response are supporting their state, local, and other governmental and non-governmental partners in their respective areas of expertise. For example, CDC is supporting STLTs and other public health partners. USDA is supporting state and other agricultural and wildlife partners. DOI is supporting state and other wildlife partners. USDA, CDC, and DOI are also encouraging One Health coordination across public health, agriculture, and wildlife partners.
- For this response, CDC has adopted the USDA term of "eradication" rather than the public health term of "elimination" to indicate pushing the parasite out of a geographical area.

What CDC is Doing

The Centers for Disease Control and Prevention (CDC) officially activated a Level 3 emergency response to New World screwworm (NWS) on June 11. Level 3 is the lowest level in CDC's 3-level response structure.

Providing Guidance to Public Health and Clinical Partners

- Managing NWS infestations in people.
- Proper handling of larvae and submission of specimens from people.
- Appropriate specimen identification.
- Case investigation and rapid reporting of suspect NWS cases in people to guide public health response to NWS.

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- How to coordinate across public health, agriculture, wildlife, and other partners using the One Health approach to protect people and animals from NWS.

Raising Awareness, Updating Recommendations, and Providing Materials

- Using the One Health approach to address NWS in people, animals, and their shared environment to raise awareness, preparedness, and coordination among federal, state, local, tribal, territorial, and other partners.
- Providing updated information on human health aspects of NWS to partner organizations representing healthcare providers, public health agencies, laboratory scientists, agriculture workers, animal health professionals, and veterinarians.
- Publishing updated content on CDC's website and at screwworm.gov on NWS.
- Publishing fact sheets for different audiences and for healthcare providers and others.
- Working with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), Central American countries, and Mexico to strengthen community-based surveillance and early detection of New World Screwworm.

Working with Federal, State, Tribal, Local, and Territorial, and International Partners

- Monitoring the outbreak and coordinating with One Health partners, including
    - Department of Health and Human Services (HHS) with CDC, the U.S. Food and Drug Administration, Indian Health Service, ASPR, and Office of Global Affairs, U.S. Department of Agriculture's Animal and Plant Health Inspection Service (USDA-APHIS), Department of the Interior (DOI), U.S. Department of State (DOS), Department of Homeland Security (DHS), and other federal departments and agencies.
    - State, tribal, local, and territorial public health, agriculture, and wildlife officials
    - Public and animal health agencies of governments in Mexico and Central America.
    - International organizations including the World Organisation for Animal Health (WOAH).
- Co-leading the unified federal response to NWS by focusing on the human health risks.
    - The federal response is guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group, co-led by USDA (primary coordinator), CDC, and the DOI.
    - This national collaboration has launched a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The goal of this government-wide response is to protect the nation's public health, livestock, companion animals, and wildlife from NWS.
    - Learn more at Federal Coordination for Screwworm Response | Screwworm.gov

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- Providing content and resources to the U.S. government's multi-agency website, screwworm.gov.

What CDC's Partners Are Doing

To find up-to-date information about what CDC's partners are doing, visit screwworm.gov.

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Message

Sent: 7/14/2026 6:46:43 PM
Subject: FW: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness
Attachments: NWS Key Messages July 7, 2026_CLEARED.pdf

Lisa McHugh, PhD, MPH
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From: Tomkins, Sarah (CDC/OD/ORR/DSLR) <[redacted]
Sent: Monday, July 13, 2026 4:23 PM
To: Tomkins, Sarah (CDC/OD/ORR/DSLR) <[redacted]
Cc: CDC IMS STLT Support HD LNO [redacted]>; Renjel, Jennifer (CDC/OD/ORR/DSLR) <[redacted]
Subject: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness

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Ebola Updates (Please check the website as the situation is rapidly evolving.)

- Ebola Disease: Current Situation | Ebola | CDC – CDC is responding to an outbreak of Ebola disease caused by Bundibugyo virus in remote areas of the Democratic Republic of the Congo (DRC) and Uganda, where limited health infrastructure, conflict, and population movement make stopping this outbreak more difficult. To date, no cases have been confirmed in the United States, and the overall risk to the American public and travelers remains low. As of July 11, there are

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reports of 1,926 confirmed cases and 702 confirmed deaths in DRC. Investigation of additional cases is ongoing, and case counts are expected to change. The DRC Ministry of Health does not include probable cases in their official reporting. As of July 12, there are 20 confirmed cases and two confirmed deaths in Uganda. There is also one probable case and one probable death. In France, as of June 24, there is one confirmed case. This is a rapidly evolving situation, and case counts are subject to change.

- CDC Statement on Ebola Outbreak in the Democratic Republic of Congo and Uganda: 7/10/26 | CDC Newsroom – CDC is aware of a U.S. citizen working for a humanitarian organization in the DRC who has tested positive for Bundibugyo virus, a type of Ebola. CDC is working with the patient's employing organization, other U.S. federal agencies, public health authorities, and partners in DRC to help prevent further transmission by supporting contact tracing and performing risk assessments to identify high-risk contacts.
- Interim Guidance for Public Health Assessment and Management of Travelers from Countries Affected by the 2026 Ebola Outbreak – On July 7, CDC updated this guidance to clarify monitoring recommendations for travelers who were present in an affected country but not in an area of concern, **including travelers who only transited through an airport** in an affected country and travelers from South Sudan. CDC staff are now conducting an initial public health assessment for air travelers who **transited** (on a connecting flight) through affected countries.
    - This includes travelers who did not deplane or who only spent time in an airport in an affected country.
    - The contact information for transit travelers will be shared with jurisdictions via the One CDC Data Platform; the records will indicate they are transit travelers.

  Health departments should conduct an initial encounter and may consider an **optional additional** check-in during or at the end of the 21-day period.
    - These travelers should be advised to watch their health until 21 days after departing or transiting through an airport in the affected country.
    - If they develop symptoms, they should take their temperature and notify the health department.
- Information for Travelers Returning from Ebola-Affected Areas | Ebola | CDC – An Order continuing the suspension of the right to introduce specified foreign nationals into the United States was issued on July 13, 2026. It will be in effect for 30 days.
- Ebola Health Facility Door Sign | Ebola | CDC – Download a printable health facility door sign that instructs patients with recent travel to a country affected by the 2026 Ebola outbreak and any of the listed symptoms to notify staff immediately upon arrival.

Measles Updates

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC – As of July 9, a total of 2,231 cases of measles have been reported in the United States in 2026, an increase of 61 measles cases since July 2. These measles cases were reported to CDC by 42 jurisdictions. There have been 32 new outbreaks reported in 2026. Out of 2,231 confirmed cases, 93% are outbreak associated. 93% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.
- Be Ready for Measles Toolkit – This toolkit includes preparedness and outbreak response tools and communication materials to help you and your jurisdiction prepare for and respond during a measles outbreak. These materials are available for your use today. **CDC can also provide these communication materials in 34 additional languages and in versions for you to tailor for your audiences; email your request to** measlesresources@cdc.gov.

New World Screwworm (NWS) Updates

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- Confirmed Detections of New World Screwworm | APHIS – The United States Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) maintains an updated dashboard tracking confirmed cases of NWS across the United States. The webpage provides current information on affected areas and species, helping partners maintain situational awareness.
- NWS Key Messages 07.7 (***view attachment***) – This document provides updated, cleared language about NWS, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated weekly until further notice.

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- CDC Safety for Soccer Fans – This page gives quick access to essential public health information to help fans stay prepared and safe as they travel and attend soccer matches.

Other Update

- Surveillance of Cyclosporiasis | Cyclosporiasis | CDC – State and federal partners are working together to investigate several outbreaks of cyclosporiasis. Investigations to identify source(s) of illness are ongoing. Cyclosporiasis is a gastrointestinal disease caused by the microscopic parasite *Cyclospora*. On a regular basis, CDC reports all laboratory-confirmed cases that are received from states. State data may include both probable and confirmed cases, which in turn is likely to reflect a higher case count than the CDC surveillance data because initial case reports have not yet been reported to CDC. CDC does not report probable cases.

Upcoming Meetings

- USDA APHIS NWS Webinar for Tribal Nations – At **1:00 p.m. EDT on Monday, July 20**, USDA APHIS Office of National Tribal Liaison is hosting a Tribal Nations-exclusive webinar on NWS (NWS, *Cochliomyia hominivorax*). Subject matter experts will provide an overview of NWS, including:
  - Biology and life cycle
  - How to recognize clinical signs of myiasis (infection)
  - Historical distribution and current outbreak
  - Eradication tools and techniques, including surveillance, movement controls, sterile fly production, and dispersal
  - How to report suspect cases
  - USDA preparedness and NWS Response Playbook
  - How to request outreach materials and information

  Join the conversation. Please also share this webinar information with Tribal Nation personnel and community members who may be interested or would benefit from learning more about NWS. A Q&A session will follow the presentations. Participants may submit questions live during the webinar.
- CDC Response All-STLT Update Call – Join CDC at **2:00 p.m. EDT on Monday, July 27,** to hear from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented. Please note, this call series has returned to its normal bi-weekly cadence.

  If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.

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Many thanks for your continued partnership.

Sincerely,
Sarah *on behalf of Jen Renjel*

Sarah Tomkins
Preparedness Field Assignee (PFA) - PA DOH
Centers for Disease Control and Prevention
Department of Health and Human Services

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New World Screwworm Key Messages

As of July 7, 2026

Note: This document provides updated, cleared language about New World screwworm, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated **weekly** until further notice.

*New and updated information will appear in **bold/blue**.*

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U.S. Situation Summary as of July 7, 2026

- CDC is coordinating with the U.S. Department of Agriculture (USDA), Department of the Interior (DOI), and other federal partners, as well as state, tribal, local, and territorial (STLT) partners, and non-governmental partners. They are using the One Health approach to prevent NWS from spreading to people and animals, both domestic (livestock and companion) and wild animals.
    - More on the roles in this collaborative response can be found in the What CDC is Doing section and in the USDA NWS Response Playbook version 2.0 (Key Activities, Resources, and Tools).
- As of **July 5, 2026**, USDA Animal and Plant Health Inspection Service (APHIS) reports **32** domestically acquired animal cases of NWS in the United States.
    - This includes **31 animal cases in Texas (17 cattle, 10 sheep, 3 goat, and 1 dog) and 1 dog in New Mexico**.
    - On **June 3, 2026**, APHIS confirmed the first detection of a New World screwworm in a calf in Zavala County, Texas. Zavala County is adjacent to a Texas county on the border with Mexico.
- As of **July 5, 2026,** no locally acquired infestations in humans have been reported in the United States.
    - CDC's counts do not include travel-associated cases, in which people were found to have an NWS infestation after returning from another country, where NWS flies are circulating.
    - There has been one travel-associated case related to the outbreak in Central America and Mexico (Maryland, August 2025).
- The current risk to people in the U.S. remains low. You and your pets may be at higher risk for NWS if you live in or travel to areas where NWS flies have infested animals:
    - Map of Texas NWS zones
    - Map of New Mexico NWS zone
    - NWS is a parasitic infestation and cannot spread from animal to animal, animals to people, or person to person. NWS occurs when flies lay eggs in wounds or body openings in people or animals.
- CDC recommends that everyone be aware of the signs and symptoms of NWS infestation in humans or animals.

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- USDA, which leads the coordination and implementation of aerial and ground sterile fly release activities, has been releasing about 100 million sterile NWS flies per week along the U.S.-Mexico border, including into affected areas inside Texas.
    - See subsection Sterile Flies below for more information.
- Situation in Central America and Mexico:
    - New World Screwworm Outbreak | New World Screwworm | CDC
    - As of **July 3, 2026**, Central American countries and Mexico reported **more than 189,000** NWS cases in animals and **more than 2,260** cases in people.
    - As of this date, Mexico reported **478 cases in people, including three confirmed deaths**.

About New World Screwworm

- NWS is a fly that lays its eggs in open wounds and body openings, such as the eyes, ears, nose, or mouth. The eggs hatch into parasitic larvae (maggots) that burrow into and feed on living tissue or flesh.
- NWS threatens livestock, companion animals, wildlife, and people. Rapid detection and reporting are critical to preventing its spread.
- NWS is typically found in South America and parts of the Caribbean. However, NWS flies have steadily moved northward from Panama through every country in Central America and Mexico since 2023.
    - You are at higher risk for NWS if you travel in these areas, are in areas where flies are present, spend an extended amount of time around livestock or other warm-blooded animals in areas where NWS flies are present, and if you have an uncovered open wound.
- NWS was previously found in the United States, Mexico, and Central America. It was eradicated in the United States in 1966; in Mexico, 1986; and throughout Central America by 2006. In 2016-2017, there was an outbreak, mainly in Key deer, in the Florida Keys. U.S. Government efforts eradicated the parasite again, ending the outbreak.
- From 2006-2023, animal health and agricultural officials had maintained a biological barrier at the Darien Gap, along the Panama-Colombia border. Sterile male flies were continuously released in this barrier zone to prevent the flies from being reintroduced into Central America.
- In 2023, Panama reported a spike in cases of NWS infestation to more than 9,300 in one year.
- In Mexico, the most impacted animal species are cattle, dogs, and pigs.
- For the latest information on NWS in animals in Mexico, see USDA's Current Status of New World Screwworm website with map and table of cases.

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- For the latest on human cases in Mexico, see Current Situation of Cochliomyia Hominivorax Myiasis in Humans, Mexico, 2026 | Ministry of Health | Government | gob.mx.

Symptoms and What to Do If You Have Symptoms

- Symptoms of New World screwworm can include
    - feeling or seeing maggots (larvae) move in a skin wound or sore, or in the ears, nose, eyes, or mouth.
    - painful skin wounds or sores that worsen within a few days.
    - a foul smell from the site of the infestation.
    - bleeding from open sores.
- Bacterial infections may also occur in wounds where NWS maggots are present, leading to symptoms like fever or chills.
- If you see or feel maggots in or on a wound or other area of your body, contact your healthcare provider immediately. Tell them if you have recently traveled to or are in an area where NWS flies are present .
- Do not try to remove any maggots or egg masses yourself. If maggots or eggs fall out of the wound, place them in a leak-proof container with rubbing alcohol to kill them. Bring them with you to your healthcare provider.
- **Do not throw any live maggots in the trash or outside.** NWS could spread in your area this way because the maggots could pupate and continue the lifecycle to become adult flies.

Risk Factors

- The risk for NWS exists only for people **who have traveled to or are in areas where there are NWS cases.** If you are in one of these areas, you may be more at risk if you
    - spend a lot of time outdoors during the day, especially if sleeping or unable to keep flies away.
    - have any open wounds. Even small breaks in the skin, including from a scratch, insect bite, or recent surgery, may attract NWS flies.
    - have a medical condition that can cause bleeding or open sores, such as eczema, skin or sinus cancer, or from treatments that create breaks in the skin.
    - spend extended time around livestock or other warm-blooded animals in areas where there are NWS cases, and if you have an uncovered open wound.

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Prevention

For Everyone

- Keep open wounds clean and covered, no matter how small or their location on the body.
- Sleep indoors with closed windows or screened open windows. If you are outside, sleep under a bed net or inside a screened tent.
- Protect your skin by
    - using an EPA-registered insect repellent.
    - treating clothing and gear with products containing 0.5% permethrin.
    - wearing loose-fitting, long-sleeved shirts and pants, hats, and socks to limit access to your body by NWS flies and biting insects.

Sterile Flies

- Sterile insect technique (SIT) is a proven tool for fighting the spread of NWS and protecting American agriculture and natural resources.
- SIT was developed in the 1950s and used to eradicate NWS from the United States, Mexico, and Central America in the second half of the 20th century.
- SIT uses gamma radiation to irradiate NWS pupae and create sterile male flies. This practice does not impact the male flies' longevity, searching behavior, or mating ability.
- When produced and released in mass, sterile male flies mate with wild female flies, which then lay unfertilized eggs.
- Because female NWS flies mate only once, the NWS population progressively reduces and is, ultimately, eradicated.
- SIT does not involve the release of insects modified through genetic engineering processes.
- The release of sterile flies is safe, environmentally friendly, and offers a sustainable, non-toxic alternative to chemical pesticides.
- It poses no risk to wildlife, livestock, or people in infested areas.

Recommendations for Healthcare Providers

Clinical Presentation and Guidance

- Consider NWS infestation in people who present with any of the following:
    - Visible larvae or egg masses in a wound, ears, eyes, nose, mouth, or other body orifice (e.g., genitals).
    - Destruction of healthy tissue.
    - Sensation of movement, foul odor, bloody discharge, swelling, and pain.
    - Recent travel to regions where NWS is present.
- In areas where NWS is present, advise patients to:
    - Clean and cover all wounds, no matter how small or the location on the body.

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    - Wear loose-fitting, long-sleeved shirts and pants, socks, and hats to limit exposed skin and use Environmental Protection Agency (EPA)-registered insect repellents to avoid bug bites.
    - If possible, limit spending time outdoors where livestock or any infested animals are located or housed.
    - Avoid sleeping outdoors, especially during daytime hours when NWS flies are most active.
    - Use bed nets to protect sleeping quarters from insects if windows are left open and not screened. In hospitals, screening windows and doors is essential.
- Many morphologically similar species of flies can cause myiasis. Submitting larvae is critical for species identification of NWS.

Reporting to Public Health

- Direct clinical inquiries to CDC's Parasitic Diseases Branch (404-718-4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.
- Assistance for confirmation of suspected human cases is available through CDC's Diagnostic Parasitology Laboratory, DPDx, at dpdx@cdc.gov.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- If a patient is concerned about their animal(s), advise them to consult their veterinarian immediately.
    - Timely reporting of suspected animal and human cases to the appropriate authorities is critical, so USDA can coordinate and implement sterile fly release activities to prevent further expansion of NWS.

Treatment

- Use standard precautions when treating wounds and handling larvae.
- **Remove all eggs and maggots**, which might require surgical extraction if the larvae are embedded deeply into tissues.
    - Remove and safely dispose of any remaining larvae (see Specimen Submission and Safe Disposal section).
    - **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment.**
- Patients with additional symptoms or secondary infections may need additional treatment or supportive care.
    - Re-examine treated lesions after 24–48 hours to confirm no live larvae remain.
    - Monitor for and treat secondary bacterial infections as needed.
- ***Only if pressed***: There are no studies showing specific medication is useful in treating NWS infestation in humans. Although there are anecdotal reports of using

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ivermectin in off-label treatment of NWS infestations in humans, there are no controlled, double-blind studies measuring the effect of ivermectin use on myiasis.

Specimen Submission and Safe Disposal

- Specimen submission and disposal information is available on the CDC website: Lab Identification of New World screwworm
- Safe removal and disposal of any remaining larvae and eggs is critical. **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment.**

Recommendations for Health Departments

- Emphasize to medical professionals and the community the importance of promptly removing and killing all larvae and eggs from suspected NWS cases. Do not dispose of any loose or live larvae (maggots) or eggs in the trash or outside on the ground.
    - Also see recommendations above for the public and healthcare providers, including safe submission of specimens and disposal of remaining larvae.
- Human infestations might indicate local circulation of flies and possible infestations in animals. Alert your state animal health official (SAHO) and your state wildlife official so they can monitor for NWS flies and take steps to stop further spread in coordination with agriculture, wildlife, and public health officials.
- Consider directed outreach to and surveillance of communities with people at higher risk of NWS, including people with unstable housing and agricultural workers.
- Additional considerations for STLT health officials to improve jurisdictional readiness to respond to a human case of NWS are available here: Preparing for New World Screwworm Infestations in Humans | New World Screwworm | CDC
- Information on how to report human cases of NWS is available on the CDC website: New World Screwworm Case Reporting for Health Departments | New World Screwworm | CDC
- Report all suspected NWS cases in animals to the state animal health official and USDA office. Contact USDA at screwworm@usda.gov

Recommendations for Laboratories

- See subsection on Specimens Submission and Safe Disposal above.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- Immediately report suspect animal NWS cases to your state animal health official and USDA office. Contact USDA at screwworm@usda.gov
- For specimen identification questions about human NWS, contact CDC's Diagnostic Parasitology Laboratory, DPDx, (dpdx@cdc.gov) or Parasitic Diseases Branch (404-718-

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4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.

Background on OHCU-NWS

- On the federal level, the overall response is a collaboration guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group (U.S. OHCU-NWS). The U.S. OHCU-NWS is co-led by USDA (primary coordinator), CDC, and the Department of the Interior (DOI) with engagement from over 20 agencies from multiple departments.
    - The collaboration is using a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The unified government approach spans multiple federal agencies that are in partnership with State, Tribal, local, and Territorial governments, industry, and private organizations.
    - Together, response partners are working to stop the screwworm's northward spread, including in Central America and Mexico and protect the U.S. livestock industry, economy, food supply, and public health.
- Federal partners on this response are supporting their state, local, and other governmental and non-governmental partners in their respective areas of expertise. For example, CDC is supporting STLTs and other public health partners. USDA is supporting state and other agricultural and wildlife partners. DOI is supporting state and other wildlife partners. USDA, CDC, and DOI are also encouraging One Health coordination across public health, agriculture, and wildlife partners.
- For this response, CDC has adopted the USDA term of "eradication" rather than the public health term of "elimination" to indicate pushing the parasite out of a geographical area.

What CDC is Doing

The Centers for Disease Control and Prevention (CDC) officially activated a Level 3 emergency response to New World screwworm (NWS) on June 11. Level 3 is the lowest level in CDC's 3-level response structure.

Providing Guidance to Public Health and Clinical Partners

- Managing NWS infestations in people.
- Proper handling of larvae and submission of specimens from people.
- Appropriate specimen identification.
- Case investigation and rapid reporting of suspect NWS cases in people to guide public health response to NWS.

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- How to coordinate across public health, agriculture, wildlife, and other partners using the One Health approach to protect people and animals from NWS.

Raising Awareness, Updating Recommendations, and Providing Materials

- Using the One Health approach to address NWS in people, animals, and their shared environment to raise awareness, preparedness, and coordination among federal, state, local, tribal, territorial, and other partners.
- Providing updated information on human health aspects of NWS to partner organizations representing healthcare providers, public health agencies, laboratory scientists, agriculture workers, animal health professionals, and veterinarians.
- Publishing updated content on CDC's website and at screwworm.gov on NWS.
- Publishing fact sheets for different audiences and for healthcare providers and others.
- Working with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), Central American countries, and Mexico to strengthen community-based surveillance and early detection of New World Screwworm.

Working with Federal, State, Tribal, Local, and Territorial, and International Partners

- Monitoring the outbreak and coordinating with One Health partners, including
    - Department of Health and Human Services (HHS) with CDC, the U.S. Food and Drug Administration, Indian Health Service, ASPR, and Office of Global Affairs, U.S. Department of Agriculture's Animal and Plant Health Inspection Service (USDA-APHIS), Department of the Interior (DOI), U.S. Department of State (DOS), Department of Homeland Security (DHS), and other federal departments and agencies.
    - State, tribal, local, and territorial public health, agriculture, and wildlife officials
    - Public and animal health agencies of governments in Mexico and Central America.
    - International organizations including the World Organisation for Animal Health (WOAH).
- Co-leading the unified federal response to NWS by focusing on the human health risks.
    - The federal response is guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group, co-led by USDA (primary coordinator), CDC, and the DOI.
    - This national collaboration has launched a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The goal of this government-wide response is to protect the nation's public health, livestock, companion animals, and wildlife from NWS.
    - Learn more at Federal Coordination for Screwworm Response | Screwworm.gov

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- Providing content and resources to the U.S. government's multi-agency website, screwworm.gov.

What CDC's Partners Are Doing

To find up-to-date information about what CDC's partners are doing, visit screwworm.gov.

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Message

Sent: 6/29/2026 7:55:34 PM
Subject: FW: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness
Attachments: NWS Key Messages June 23, 2026_CLEARED.pdf

Lisa McHugh, PhD, MPH
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Protected Health Care Information is personal and sensitive information related to a person's health care. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

From: Tomkins, Sarah (CDC/OD/ORR/DSLR) [redacted]
Sent: Monday, June 29, 2026 3:53 PM
To: Tomkins, Sarah (CDC/OD/ORR/DSLR) [redacted]
Cc: CDC IMS STLT Support HD LNO <eocstlthdlno@cdc.gov>; Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Subject: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness

ATTENTION: *This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button in Outlook.*

Greetings Region 3 Partners,

The following are updates from CDC's public health emergency responses, as well as additional content for your situational awareness.

If you wish to unsubscribe from this listserv, please email a request to the Jurisdictional Readiness and Response Support Branch at eocstlthdlno@cdc.gov and copy your health department liaison officer (HD LNO).

Ebola Updates (Please check website as the situation is rapidly evolving.)

- Ebola Disease: Current Situation | Ebola | CDC — In early May, a hospital in northeastern Democratic Republic of Congo (DRC) identified a cluster of severe illnesses among healthcare workers caused by Bundibugyo virus, one of the four types of orthoebolaviruses that causes Ebola disease in people. As of June 25, there are reports of 1,203 confirmed cases and 321 confirmed deaths in DRC. Investigation

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of additional cases is ongoing, and case counts are expected to change. The DRC Ministry of Health does not include probable cases in their official reporting. As of June 26, there are 20 confirmed cases and two confirmed deaths in Uganda. There is also one probable case and one probable death. In France, as of June 24, there is one confirmed case. This is a rapidly evolving situation, and case counts are subject to change.

- Transcript - Update on Ebola Outbreak in the DRC and Uganda: 6/26/26 | CDC Newsroom – During this call, CDC provided an update on the rapidly evolving Ebola outbreak in the DRC and Uganda, outlined CDC's escalating response actions, and briefed partners on U.S. preparedness efforts. CDC reported that the outbreak continues to intensify, prompting the agency to elevate its response to a Level 1 activation due to rapidly rising cases and expanding geographic spread. CDC emphasized ongoing coordination with international partners and U.S. preparedness efforts, including enhanced screening and readiness measures to prevent potential importation of cases. CDC also highlighted its ongoing coordination with STLT partners to support preparedness and response activities.
- Order: Suspending the Right to Introduce Certain Persons from Countries Where a Quarantinable Communicable Disease Exists | Port Health | CDC – CDC issued an Order on May 18, to suspend entry into the United States of foreign nationals who were physically present in the DRC, Uganda, or South Sudan in the past 21 days. The Order was amended on May 22. An Order continuing the suspension of the right to introduce specified foreign nationals into the United States. was issued on June 21. It will be in effect for 30 days.
- ASPR Supports Global Ebola Response While Strengthening U.S. Preparedness | ASPR – The Administration for Strategic Preparedness and Response (ASPR) is supporting international efforts to respond to the ongoing Bundibugyo Ebola virus outbreak in the DRC and Uganda through the deployment of investigational medical countermeasures, advancement of vaccine and therapeutic development, and continued investments in domestic preparedness.
- NETEC Launches Second Round of NSPS STAND Awards to Expand National Special Pathogen Preparedness | NETEC – On June 23, the National Emerging Special Pathogens Training and Education Center (NETEC) today announced a second funding opportunity through the National Special Pathogen System (NSPS) Level 2 Special Pathogen Treatment and Network Development Award program, supported by ASPR. NETEC will award up to 21 additional grants of up to $500,000 each to eligible U.S. hospitals seeking to strengthen their capabilities as NSPS Level 2 Special Pathogen Treatment Centers. Together, the two funding rounds will support the development of a nationwide network of 75 Level 2 facilities prepared to safely and effectively care for patients with high-consequence infectious diseases.

Hantavirus Updates

- Transcript - Update on CDC's Hantavirus Response – 6/24/26 | CDC Newsroom — CDC announced the successful conclusion of CDC's hantavirus outbreak response associated with the *M/V Hondius* cruise ship and provided final updates on monitoring, coordination, and guidance, while extending sincere thanks to our STLT partners for their vital collaboration throughout this response.
- HHS Successfully Concludes Hantavirus Response Effort; Monitoring Ends with No Positive U.S. Case | HHS.gov — On June 23, the U.S. Department of Health and Human Services (HHS) announced the successful conclusion of the federal public health response to the Hantavirus exposure event associated with the *M/V Hondius* cruise ship. The final 42-day monitoring period ended on June 21.. No individuals in the United States remain under public health monitoring for Hantavirus exposure.

Measles Updates

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC – As of June 25, a total of 2,134 cases of measles have been reported in the United States in 2026, an increase of 30 measles cases since June

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18. These measles cases were reported to CDC by 41 jurisdictions. There have been 30 new outbreaks reported in 2026. Out of 2,134 confirmed cases, 93% are outbreak associated. 93% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.

- *Be Ready for Measles* Toolkit — The toolkit includes social media graphics that health departments can use and tailor for their audiences. Partners can request newly available, easy-to-tailor versions of all social media graphics included in the toolkit, by emailing: measlesresources@cdc.gov.
    - The toolkit also includes tools for congregate settings, including the Checklist for Congregate Shelters. These tools can help health departments prepare shelters for possible measles cases during wildfires and hurricane season.

New World Screwworm (NWS) Updates

- Confirmed Detections of NWS | APHIS — The United States Department of Agriculture Animal and Plant Health Inspection Service maintains an updated dashboard tracking confirmed cases of NWS across the United States. The webpage provides current information on affected areas and species, helping partners maintain situational awareness.
- NWS Key Messages 06.23 (***view attachment***) — This document provides updated, cleared language about NWS, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated **weekly** until further notice.

CDC FIFA World Cup 2026™ Update

- World Cup Dashboard – Version 3.0 of the World Cup data dashboard (access required) was released on Wednesday, June 24. The dashboard is located within the One CDC Data Platform (1CDP) and its purpose is to consolidate preexisting surveillance data of interest into one place. The new updates include:
    - Addition of **county-level daily HeatRisk (NOAA-CDC) and Air Quality (NASA GEOS-CF) forecasts** to the Overview/Homepage and the new **Deep Dive: Environmental Health** page.
    - Addition of state- and county-level hospital bed occupancy for ICU and inpatient beds from the National Healthcare Safety Network. These data can be viewed on the **Jurisdictional View** and a new **Deep Dive: Hospitalization** page.
    - Addition of **Commercial Lab data for SARS-CoV-2** at the national and state levels from the National Syndromic Surveillance Program.
    - Small user interface improvements.

  STLT leadership can request additional staff to gain access via 1CDP Lighthouse or by emailing their health department liaison officer or eocstlthdlno@cdc.gov and including their name, email, title, and agency. Any questions/feedback can be sent to the Dashboard functional mailbox (eocevent192@cdc.gov).

Upcoming Meetings

- Supporting Frontline Care in the DRC: Clinical and Operational Considerations for Healthcare Teams — At 1:00 p.m. EDT on Wednesday, July 1, the Society of Critical Care Medicine (SCCM) and NETEC will share guidance for healthcare professionals responding to Ebola outbreaks. During the webinar, subject matter experts will provide current situational updates and practical strategies for managing critically ill patients, emphasizing adaptable infection prevention, personal protective equipment use, and lessons learned to support safe, effective clinical care.
- CDC Response All-STLT Update Call — Join CDC at **2:00 p.m. EDT on Monday, July 13,** to hear from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented. To

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provide more frequent updates on multiple ongoing emergency response activities, the cadence of this call series is now weekly.

If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.

Many thanks for your continued partnership.

Sincerely,
Sarah *on behalf of Jen Renjel*

Sarah Tomkins
Preparedness Field Assignee (PFA) - PA DOH
Centers for Disease Control and Prevention
Department of Health and Human Services

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New World Screwworm Key Messages

As of June 23, 2026

Note: This document provides updated, cleared language about New World screwworm, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated **weekly** until further notice.

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U.S. Situation Summary as of June 23, 2026

- CDC is coordinating with the U.S. Department of Agriculture (USDA), Department of the Interior (DOI), and other federal partners, as well as state, tribal, local, and territorial (STLT) partners, and non-governmental partners. They are using the One Health approach to prevent NWS from spreading to people and animals, both domestic (livestock and companion) and wild animals.
    - More on the roles in this collaborative response can be found in the What CDC is Doing section and in the USDA NWS Response Playbook version 2.0 (Key Activities, Resources, and Tools).
- As of **June 22, 2026**, USDA Animal and Plant Health Inspection Service (APHIS) reports 16 domestically acquired animal cases of NWS in the U.S.
    - This includes **15 animal cases in Texas (10 cattle, 3 goats, and two sheep) and 1 dog in New Mexico**.
    - On **June 3, 2026**, APHIS confirmed the first detection of a New World screwworm in a calf in Zavala County, Texas. Zavala County is adjacent to a Texas county on the border with Mexico.
- As of **June 22, 2026,** no locally acquired infestations in humans have been reported in the U.S.
    - CDC's counts do not include travel-associated cases, in which people were found to have an NWS infestation after returning from another country, where NWS flies are circulating.
    - There has been one travel-associated case related to the outbreak in Central America and Mexico (Maryland, August 2025).
- The current risk to the public and animals in the U.S. is very low.
    - The risk of getting NWS is specific to people and animals in areas **only** where NWS flies are circulating.
    - NWS is a parasitic infestation and cannot spread from animal to animal, animals to people, or person to person. NWS occurs when flies lay eggs in wounds or body openings in people or animals.
- CDC recommends that everyone be aware of the signs and symptoms of NWS infestation in humans or animals.
- USDA, which leads the coordination and implementation of aerial and ground sterile fly release activities, has been releasing about 100 million sterile NWS flies per week along the U.S.-Mexico border, including into affected areas inside Texas.
    - See subsection Sterile Flies below for more information.

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- Situation in Central America and Mexico:
    - New World Screwworm Outbreak | New World Screwworm | CDC
    - As of **June 23, 2026**, Central American countries and Mexico reported **more than 185,000** NWS cases in animals and **more than 2,175** cases in people.
    - As of this date, Mexico reported 446 cases in people, including two confirmed deaths.

About New World Screwworm

- NWS is a fly that lays its eggs in open wounds and body openings, such as the eyes, ears, nose, or mouth. The eggs hatch into parasitic larvae (maggots) that burrow into and feed on living tissue or flesh.
- NWS threatens livestock, companion animals, wildlife, and people. Rapid detection and reporting are critical to preventing its spread.
- NWS is typically found in South America and parts of the Caribbean. However, NWS flies have steadily moved northward from Panama through every country in Central America and Mexico since 2023.
    - You are at higher risk for NWS if you travel in these areas, are in areas where flies are present, spend an extended amount of time around livestock or other warm-blooded animals in areas where NWS flies are present, and if you have an uncovered open wound.
- NWS was previously found in the United States, Mexico, and Central America. It was eradicated in the United States in 1966; in Mexico, 1986; and throughout Central America by 2006. In 2016-2017, there was an outbreak, mainly in Key deer, in the Florida Keys. U.S. Government efforts eradicated the parasite again, ending the outbreak.
- From 2006-2023, animal health and agricultural officials had maintained a biological barrier at the Darien Gap, along the Panama-Colombia border. Sterile male flies were continuously released in this barrier zone to prevent the flies from being reintroduced into Central America.
- In 2023, Panama reported a spike in cases of NWS infestation to more than 9,300 in one year.
- In Mexico, the most impacted animal species are cattle, dogs, and pigs.
- For the latest information on NWS in animals in Mexico, see USDA's Current Status of New World Screwworm website with map and table of cases.
- For the latest on human cases in Mexico, see Current Situation of Cochliomyia Hominivorax Myiasis in Humans, Mexico, 2026 | Ministry of Health | Government | gob.mx.

Symptoms and What to Do If You Have Symptoms

- Symptoms of New World screwworm can include

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    - feeling or seeing maggots (larvae) move in a skin wound or sore, or in the ears, nose, eyes, or mouth.
    - painful skin wounds or sores that worsen within a few days.
    - a foul smell from the site of the infestation.
    - bleeding from open sores.

- Bacterial infections may also occur in wounds where NWS maggots are present, leading to symptoms like fever or chills.
- If you see or feel maggots in or on a wound or other area of your body, contact your healthcare provider immediately. Tell them if you have recently traveled to or are in an area where NWS flies are present .
- Do not try to remove any maggots or egg masses yourself. If maggots or eggs fall out of the wound, place them in a leak-proof container with rubbing alcohol to kill them. Bring them with you to your healthcare provider.
- **Do not throw any live maggots in the trash or outside.** NWS could spread in your area this way because the maggots could pupate and continue the lifecycle to become adult flies.

Risk Factors

- The risk for NWS exists only for people **who have traveled to or are in areas where there are NWS cases.** If you are in one of these areas, you may be more at risk if you
    - spend a lot of time outdoors during the day, especially if sleeping or unable to keep flies away.
    - have any open wounds. Even small breaks in the skin, including from a scratch, insect bite, or recent surgery, may attract NWS flies.
    - have a medical condition that can cause bleeding or open sores, such as eczema, skin or sinus cancer, or from treatments that create breaks in the skin.
    - spend extended time around livestock or other warm-blooded animals in areas where there are NWS cases, and if you have an uncovered open wound.

Prevention

For Everyone

- Keep open wounds clean and covered, no matter how small or their location on the body.
- Sleep indoors with closed windows or screened open windows. If you are outside, sleep under a bed net or inside a screened tent.
- Protect your skin by
    - using an EPA-registered insect repellent.
    - treating clothing and gear with products containing 0.5% permethrin.

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- wearing loose-fitting, long-sleeved shirts and pants, hats, and socks to limit access to your body by NWS flies and biting insects.

Sterile Flies

- Sterile insect technique (SIT) is a proven tool for fighting the spread of NWS and protecting American agriculture and natural resources.
- SIT was developed in the 1950s and used to eradicate NWS from the United States, Mexico, and Central America in the second half of the 20th century.
- SIT uses gamma radiation to irradiate NWS pupae and create sterile male flies. This practice does not impact the male flies' longevity, searching behavior, or mating ability.
- When produced and released in mass, sterile male flies mate with wild female flies, which then lay unfertilized eggs.
- Because female NWS flies mate only once, the NWS population progressively reduces and is, ultimately, eradicated.
- SIT does not involve the release of insects modified through genetic engineering processes.
- The release of sterile flies is safe, environmentally friendly, and offers a sustainable, non-toxic alternative to chemical pesticides.
- It poses no risk to wildlife, livestock, or people in infested areas.

Recommendations for Healthcare Providers

Clinical Presentation and Guidance

- Consider NWS infestation in people who present with any of the following:
  - Visible larvae or egg masses in a wound, ears, eyes, nose, mouth, or other body orifice (e.g., genitals).
  - Destruction of healthy tissue.
  - Sensation of movement, foul odor, bloody discharge, swelling, and pain.
  - Recent travel to regions where NWS is present.
- In areas where NWS is present, advise patients to:
  - Clean and cover all wounds, no matter how small or the location on the body.
  - Wear loose-fitting, long-sleeved shirts and pants, socks, and hats to limit exposed skin and use Environmental Protection Agency (EPA)-registered insect repellents to avoid bug bites.
  - If possible, limit spending time outdoors where livestock or any infested animals are located or housed.
  - Avoid sleeping outdoors, especially during daytime hours when NWS flies are most active.
  - Use bed nets to protect sleeping quarters from insects if windows are left open and not screened. In hospitals, screening windows and doors is essential.
- Many morphologically similar species of flies can cause myiasis. Submitting larvae is

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critical for species identification of NWS.

Reporting to Public Health

- Direct clinical inquiries to CDC's Parasitic Diseases Branch (404-718-4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.
- Assistance for confirmation of suspected human cases is available through CDC's Diagnostic Parasitology Laboratory, DPDx, at dpdx@cdc.gov.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- If a patient is concerned about their animal(s), advise them to consult their veterinarian immediately.
    - Timely reporting of suspected animal and human cases to the appropriate authorities is critical, so USDA can coordinate and implement sterile fly release activities to prevent further expansion of NWS.

Treatment

- Use standard precautions when treating wounds and handling larvae.
- **Remove all eggs and maggots**, which might require surgical extraction if the larvae are embedded deeply into tissues.
    - Remove and safely dispose of any remaining larvae (see Specimen Submission and Safe Disposal section).
    - **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment .**
- Patients with additional symptoms or secondary infections may need additional treatment or supportive care.
    - Re-examine treated lesions after 24–48 hours to confirm no live larvae remain.
    - Monitor for and treat secondary bacterial infections as needed.
- ***Only if pressed***: There are no studies showing specific medication is useful in treating NWS infestation in humans. Although there are anecdotal reports of using **ivermectin** in off-label treatment of NWS infestations in humans, there are no controlled, double-blind studies measuring the effect of ivermectin use on myiasis.

Specimen Submission and Safe Disposal

- Specimen submission and disposal information is available on the CDC website: Lab Identification of New World screwworm
- Safe removal and disposal of any remaining larvae and eggs is critical. **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment.**

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Recommendations for Health Departments

- Emphasize to medical professionals and the community the importance of promptly removing and killing all larvae and eggs from suspected NWS cases. Do not dispose of any loose or live larvae (maggots) or eggs in the trash or outside on the ground.
    - Also see recommendations above for the public and healthcare providers, including safe submission of specimens and disposal of remaining larvae.
- Human infestations might indicate local circulation of flies and possible infestations in animals. Alert your state animal health official (SAHO) and your state wildlife official so they can monitor for NWS flies and take steps to stop further spread in coordination with agriculture, wildlife, and public health officials.
- Consider directed outreach to and surveillance of communities with people at higher risk of NWS, including people with unstable housing and agricultural workers.
- Additional considerations for STLT health officials to improve jurisdictional readiness to respond to a human case of NWS are available here: Preparing for New World Screwworm Infestations in Humans | New World Screwworm | CDC
- Information on how to report human cases of NWS is available on the CDC website: New World Screwworm Case Reporting for Health Departments | New World Screwworm | CDC
- Report all suspected NWS cases in animals, including pets, to the state animal health official and USDA office. Contact USDA at screwworm@usda.gov

Recommendations for Laboratories

- See subsection on Specimens Submission and Safe Disposal above.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- Immediately report suspect animal NWS cases to your state animal health official and USDA office. Contact USDA at screwworm@usda.gov
- For specimen identification questions about human NWS, contact CDC's Diagnostic Parasitology Laboratory, DPDx, (dpdx@cdc.gov) or Parasitic Diseases Branch (404-718-4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.

Background on OHCU-NWS

- On the federal level, the overall response is a collaboration guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group (U.S. OHCU-NWS). The U.S. OHCU-NWS is co-led by USDA (primary coordinator), CDC, and the Department of the Interior (DOI) with engagement from over 20 agencies from multiple departments.

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    - The collaboration is using a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The unified government approach spans multiple federal agencies that are in partnership with State, Tribal, local, and Territorial governments, industry, and private organizations.
    - Together, response partners are working to stop the screwworm's northward spread, including in Central America and Mexico and protect the U.S. livestock industry, economy, food supply, and public health.
- Federal partners on this response are supporting their state, local, and other governmental and non-governmental partners in their respective areas of expertise. For example, CDC is supporting STLTs and other public health partners. USDA is supporting state and other agricultural and wildlife partners. DOI is supporting state and other wildlife partners. USDA, CDC, and DOI are also encouraging One Health coordination across public health, agriculture, and wildlife partners.
- For this response, CDC has adopted the USDA term of “eradication” rather than the public health term of “elimination” to indicate pushing the parasite out of a geographical area.

What CDC is Doing

The Centers for Disease Control and Prevention (CDC) officially activated a Level 3 emergency response to New World screwworm (NWS) on June 11. Level 3 is the lowest level in CDC’s 3-level response structure.

Providing Guidance to Public Health and Clinical Partners

- Managing NWS infestations in people.
- Proper handling of larvae and submission of specimens from people.
- Appropriate specimen identification.
- Case investigation and rapid reporting of suspect NWS cases in people to guide public health response to NWS.
- How to coordinate across public health, agriculture, wildlife, and other partners using the One Health approach to protect people and animals from NWS.

Raising Awareness, Updating Recommendations, and Providing Materials

- Using the One Health approach to address NWS in people, animals, and their shared environment to raise awareness, preparedness, and coordination among federal, state, local, tribal, territorial, and other partners.
- Providing updated information on human health aspects of NWS to partner organizations representing healthcare providers, public health agencies, laboratory scientists, agriculture workers, animal health professionals, and veterinarians.
- Publishing updated content on CDC’s website and at screwworm.gov on NWS.

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- Publishing fact sheets for different audiences and for healthcare providers and others.
- Working with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), Central American countries, and Mexico to strengthen community-based surveillance and early detection of New World Screwworm.

Working with Federal, State, Tribal, Local, and Territorial, and International Partners

- Monitoring the outbreak and coordinating with One Health partners, including
    - Department of Health and Human Services (HHS) with CDC, the U.S. Food and Drug Administration, Indian Health Service, ASPR, and Office of Global Affairs, U.S. Department of Agriculture's Animal and Plant Health Inspection Service (USDA-APHIS), Department of the Interior (DOI), U.S. Department of State (DOS), Department of Homeland Security (DHS), and other federal departments and agencies.
    - State, tribal, local, and territorial public health, agriculture, and wildlife officials
    - Public and animal health agencies of governments in Mexico and Central America.
    - International organizations including the World Organisation for Animal Health (WOAH).
- Co-leading the unified federal response to NWS by focusing on the human health risks.
    - The federal response is guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group, co-led by USDA (primary coordinator), CDC, and the DOI.
    - This national collaboration has launched a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The goal of this government-wide response is to protect the nation's public health, livestock, companion animals, and wildlife from NWS.
    - Learn more at Federal Coordination for Screwworm Response | Screwworm.gov
- Providing content and resources to the U.S. government's multi-agency website, screwworm.gov.

What CDC's Partners Are Doing

To find up-to-date information about what CDC's partners are doing, visit screwworm.gov.

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Message

Sent: 7/7/2026 7:27:01 PM
Subject: FW: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness
Attachments: NWS Key Messages June 30, 2026_CLEARED.pdf

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

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From: Tomkins, Sarah (CDC/OD/ORR/DSLR) [redacted]
Sent: Monday, July 6, 2026 3:35 PM
To: Tomkins, Sarah (CDC/OD/ORR/DSLR[redacted]
Cc: CDC IMS STLT Support HD LNO <eocstlthdlno@cdc.gov>; Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Subject: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness

ATTENTION: *This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button in Outlook.*

Greetings Region 3 Partners,

The following are updates from CDC's public health emergency responses, as well as additional content for your situational awareness.

If you wish to unsubscribe from this listserv, please email a request to the Jurisdictional Readiness and Response Support Branch at eocstlthdlno@cdc.gov and copy your health department liaison officer (HD LNO).

Ebola Updates (Please check the website as the situation is rapidly evolving.)

- Ebola Disease: Current Situation | Ebola | CDC – CDC is responding to an outbreak of Ebola disease caused by Bundibugyo virus in remote areas of the Democratic Republic of the Congo (DRC) and Uganda. To date, no cases of Ebola disease have been confirmed in the United States because of this outbreak. The overall risk to the American public and travelers remains low. As of

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July 1, there are reports of 1,460 confirmed cases and 452 confirmed deaths in DRC. Investigation of additional cases is ongoing, and case counts are expected to change. The DRC Ministry of Health does not include probable cases in their official reporting. As of July 2, there are 20 confirmed cases and two confirmed deaths in Uganda. There is also one probable case and one probable death. In France, as of June 24, there is one confirmed case. This is a rapidly evolving situation, and case counts are subject to change.

- Poster: Ambulatory Care Evaluation of Patients with Possible Ebola | Ebola | CDC – This ambulatory algorithm is intended to be used by U.S. healthcare providers to evaluate patients for possible Ebola disease.

Measles Update

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC – As of July 2, a total of 2,170 cases of measles have been reported in the United States in 2026, an increase of 36 measles cases since June 25. These measles cases were reported to CDC by 41 jurisdictions. There have been 31 new outbreaks reported in 2026. Out of 2,170 confirmed cases, 93% are outbreak associated. 93% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.

New World Screwworm (NWS) Updates

- Communication Resources | New World Screwworm | CDC – These resources include fact sheets, clinical guides, laboratory aids, and outreach materials for the public, agriculture sector, healthcare providers, and public health agencies on recognizing, preventing, and responding to NWS. New resources recently added include a factsheet on NWS identification for providers of homeless services and NWS prevention palm cards.
- NWS Key Messages 06.30 (***view attachment***) – This document provides updated, cleared language about NWS, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated **weekly** until further notice.
- Confirmed Detections of New World Screwworm | APHIS – The United States Department of Agriculture Animal and Plant Health Inspection Service maintains an updated dashboard tracking confirmed cases of NWS across the United States. The webpage provides current information on affected areas and species, helping partners maintain situational awareness.

CDC FIFA World Cup 2026™ Updates

- CDC Safety for Soccer Fans – This page gives quick access to essential public health information to help fans stay prepared and safe as they travel and attend soccer matches.
- FIFA World Cup 2026 Preparedness Resources · World Cup 2026 · NETEC Resource Library – This resource collection highlights practical preparedness tools and operational guidance to support frontline healthcare readiness before and during the FIFA World Cup 2026™ tournament. Resources focus on screening, identification, isolation, communication, incident response, and preparedness planning for special pathogen events and travel-associated infectious diseases.

Other Updates

- Global Summary of Human Cases of H5N1 Bird Flu from August 2025 to June 2026 | Bird Flu | CDC – From August 2025 to June 2026, 12 human H5N1 infections were reported across Bangladesh, Cambodia, and India, including three deaths, and all cases were linked to direct or close contact with infected poultry or animals. No person-to-person transmission was identified, and the overall risk to the U.S. public remains low, though the infections highlight the need for continued global surveillance.
- Summer 2026 Influenza Surveillance Guidance – This strategy emphasizes that surveillance for seasonal influenza viruses and monitoring for novel influenza A virus infections, including Highly

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Pathogenic Avian Influenza A (H5), remain critical during the summer months. The strategy includes continued influenza testing, preferably by RT-PCR, for persons with compatible illness, especially those with relevant animal or raw animal product exposures and severely ill hospitalized patients.

Upcoming Meetings

- CDC Response All-STLT Update Call – Join CDC at **2:00 p.m. EDT on Monday, July 13,** to hear from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented.

  If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.
- **Ebola Town Hall: Current Outbreak Updates and Health Care Preparedness Considerations** – As health care facilities monitor developments related to the current Ebola outbreak in the DRC and Uganda, maintaining readiness for high-consequence infectious diseases remains essential. Join the National Emerging Special Pathogens Training and Education Center on **Tuesday, July 28 at 11:00 a.m. EDT** for a discussion on key preparedness considerations for health care facilities, including screening and Identify-Isolate-Inform processes, personal protective equipment, laboratory readiness, emergency management planning, and operational preparedness strategies. Register in advance.

Many thanks for your continued partnership.

Sincerely,
Sarah *on behalf of Jen Renjel*

Sarah Tomkins
Preparedness Field Assignee (PFA) - PA DOH
Centers for Disease Control and Prevention
Department of Health and Human Services

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New World Screwworm Key Messages

As of June 30, 2026

Note: This document provides updated, cleared language about New World screwworm, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated **weekly** until further notice.

*New and updated information will appear in **bold/blue**.*

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U.S. Situation Summary as of June 30, 2026

- CDC is coordinating with the U.S. Department of Agriculture (USDA), Department of the Interior (DOI), and other federal partners, as well as state, tribal, local, and territorial (STLT) partners, and non-governmental partners. They are using the One Health approach to prevent NWS from spreading to people and animals, both domestic (livestock and companion) and wild animals.
    - More on the roles in this collaborative response can be found in the What CDC is Doing section and in the USDA NWS Response Playbook version 2.0 (Key Activities, Resources, and Tools).
- As of **June 28, 2026**, USDA Animal and Plant Health Inspection Service (APHIS) reports **27** domestically acquired animal cases of NWS in the United States.
    - This includes **26 animal cases in Texas (16 cattle, 7 sheep, and 3 goats) and 1 dog in New Mexico**.
    - On **June 3, 2026**, APHIS confirmed the first detection of a New World screwworm in a calf in Zavala County, Texas. Zavala County is adjacent to a Texas county on the border with Mexico.
- As of **June 30, 2026,** no locally acquired infestations in humans have been reported in the United States.
    - CDC's counts do not include travel-associated cases, in which people were found to have an NWS infestation after returning from another country, where NWS flies are circulating.
    - There has been one travel-associated case related to the outbreak in Central America and Mexico (Maryland, August 2025).
    - **The current risk to people and animals in the U.S. remains low. You and your pets may be at higher risk for NWS if you live in or travel to areas where NWS flies have infested animals:**
        - **Map of Texas NWS zones**
        - **Map of New Mexico NWS zone**
        - NWS is a parasitic infestation and cannot spread from animal to animal, animals to people, or person to person. NWS occurs when flies lay eggs in wounds or body openings in people or animals.
- CDC recommends that everyone be aware of the signs and symptoms of NWS infestation in humans or animals.

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- USDA, which leads the coordination and implementation of aerial and ground sterile fly release activities, has been releasing about 100 million sterile NWS flies per week along the U.S.-Mexico border, including into affected areas inside Texas.
    - See subsection Sterile Flies below for more information.
- Situation in Central America and Mexico:
    - New World Screwworm Outbreak | New World Screwworm | CDC
    - As of **June 26, 2026**, Central American countries and Mexico reported **more than 185,000** NWS cases in animals and **more than 2,190** cases in people.
    - As of this date, Mexico reported 461 cases in people, including two confirmed deaths.

About New World Screwworm

- NWS is a fly that lays its eggs in open wounds and body openings, such as the eyes, ears, nose, or mouth. The eggs hatch into parasitic larvae (maggots) that burrow into and feed on living tissue or flesh.
- NWS threatens livestock, companion animals, wildlife, and people. Rapid detection and reporting are critical to preventing its spread.
- NWS is typically found in South America and parts of the Caribbean. However, NWS flies have steadily moved northward from Panama through every country in Central America and Mexico since 2023.
    - You are at higher risk for NWS if you travel in these areas, are in areas where flies are present, spend an extended amount of time around livestock or other warm-blooded animals in areas where NWS flies are present, and if you have an uncovered open wound.
- NWS was previously found in the United States, Mexico, and Central America. It was eradicated in the United States in 1966; in Mexico, 1986; and throughout Central America by 2006. In 2016-2017, there was an outbreak, mainly in Key deer, in the Florida Keys. U.S. Government efforts eradicated the parasite again, ending the outbreak.
- From 2006-2023, animal health and agricultural officials had maintained a biological barrier at the Darien Gap, along the Panama-Colombia border. Sterile male flies were continuously released in this barrier zone to prevent the flies from being reintroduced into Central America.
- In 2023, Panama reported a spike in cases of NWS infestation to more than 9,300 in one year.
- In Mexico, the most impacted animal species are cattle, dogs, and pigs.
- For the latest information on NWS in animals in Mexico, see USDA's Current Status of New World Screwworm website with map and table of cases.

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- For the latest on human cases in Mexico, see Current Situation of Cochliomyia Hominivorax Myiasis in Humans, Mexico, 2026 | Ministry of Health | Government | gob.mx.

Symptoms and What to Do If You Have Symptoms

- Symptoms of New World screwworm can include
    - feeling or seeing maggots (larvae) move in a skin wound or sore, or in the ears, nose, eyes, or mouth.
    - painful skin wounds or sores that worsen within a few days.
    - a foul smell from the site of the infestation.
    - bleeding from open sores.
- Bacterial infections may also occur in wounds where NWS maggots are present, leading to symptoms like fever or chills.
- If you see or feel maggots in or on a wound or other area of your body, contact your healthcare provider immediately. Tell them if you have recently traveled to or are in an area where NWS flies are present .
- Do not try to remove any maggots or egg masses yourself. If maggots or eggs fall out of the wound, place them in a leak-proof container with rubbing alcohol to kill them. Bring them with you to your healthcare provider.
- **Do not throw any live maggots in the trash or outside.** NWS could spread in your area this way because the maggots could pupate and continue the lifecycle to become adult flies.

Risk Factors

- The risk for NWS exists only for people **who have traveled to or are in areas where there are NWS cases.** If you are in one of these areas, you may be more at risk if you
    - spend a lot of time outdoors during the day, especially if sleeping or unable to keep flies away.
    - have any open wounds. Even small breaks in the skin, including from a scratch, insect bite, or recent surgery, may attract NWS flies.
    - have a medical condition that can cause bleeding or open sores, such as eczema, skin or sinus cancer, or from treatments that create breaks in the skin.
    - spend extended time around livestock or other warm-blooded animals in areas where there are NWS cases, and if you have an uncovered open wound.

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Prevention

For Everyone

- Keep open wounds clean and covered, no matter how small or their location on the body.
- Sleep indoors with closed windows or screened open windows. If you are outside, sleep under a bed net or inside a screened tent.
- Protect your skin by
    - using an EPA-registered insect repellent.
    - treating clothing and gear with products containing 0.5% permethrin.
    - wearing loose-fitting, long-sleeved shirts and pants, hats, and socks to limit access to your body by NWS flies and biting insects.

Sterile Flies

- Sterile insect technique (SIT) is a proven tool for fighting the spread of NWS and protecting American agriculture and natural resources.
- SIT was developed in the 1950s and used to eradicate NWS from the United States, Mexico, and Central America in the second half of the 20th century.
- SIT uses gamma radiation to irradiate NWS pupae and create sterile male flies. This practice does not impact the male flies' longevity, searching behavior, or mating ability.
- When produced and released in mass, sterile male flies mate with wild female flies, which then lay unfertilized eggs.
- Because female NWS flies mate only once, the NWS population progressively reduces and is, ultimately, eradicated.
- SIT does not involve the release of insects modified through genetic engineering processes.
- The release of sterile flies is safe, environmentally friendly, and offers a sustainable, non-toxic alternative to chemical pesticides.
- It poses no risk to wildlife, livestock, or people in infested areas.

Recommendations for Healthcare Providers

Clinical Presentation and Guidance

- Consider NWS infestation in people who present with any of the following:
    - Visible larvae or egg masses in a wound, ears, eyes, nose, mouth, or other body orifice (e.g., genitals).
    - Destruction of healthy tissue.
    - Sensation of movement, foul odor, bloody discharge, swelling, and pain.
    - Recent travel to regions where NWS is present.
- In areas where NWS is present, advise patients to:
    - Clean and cover all wounds, no matter how small or the location on the body.

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    - Wear loose-fitting, long-sleeved shirts and pants, socks, and hats to limit exposed skin and use Environmental Protection Agency (EPA)-registered insect repellents to avoid bug bites.
    - If possible, limit spending time outdoors where livestock or any infested animals are located or housed.
    - Avoid sleeping outdoors, especially during daytime hours when NWS flies are most active.
    - Use bed nets to protect sleeping quarters from insects if windows are left open and not screened. In hospitals, screening windows and doors is essential.
- Many morphologically similar species of flies can cause myiasis. Submitting larvae is critical for species identification of NWS.

Reporting to Public Health

- Direct clinical inquiries to CDC's Parasitic Diseases Branch (404-718-4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.
- Assistance for confirmation of suspected human cases is available through CDC's Diagnostic Parasitology Laboratory, DPDx, at dpdx@cdc.gov.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- If a patient is concerned about their animal(s), advise them to consult their veterinarian immediately.
    - Timely reporting of suspected animal and human cases to the appropriate authorities is critical, so USDA can coordinate and implement sterile fly release activities to prevent further expansion of NWS.

Treatment

- Use standard precautions when treating wounds and handling larvae.
- **Remove all eggs and maggots**, which might require surgical extraction if the larvae are embedded deeply into tissues.
    - Remove and safely dispose of any remaining larvae (see Specimen Submission and Safe Disposal section).
    - **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment .**
- Patients with additional symptoms or secondary infections may need additional treatment or supportive care.
    - Re-examine treated lesions after 24–48 hours to confirm no live larvae remain.
    - Monitor for and treat secondary bacterial infections as needed.
- ***Only if pressed***: There are no studies showing specific medication is useful in treating NWS infestation in humans. Although there are anecdotal reports of using

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ivermectin in off-label treatment of NWS infestations in humans, there are no controlled, double-blind studies measuring the effect of ivermectin use on myiasis.

Specimen Submission and Safe Disposal

- Specimen submission and disposal information is available on the CDC website: Lab Identification of New World screwworm
- Safe removal and disposal of any remaining larvae and eggs is critical. **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment.**

Recommendations for Health Departments

- Emphasize to medical professionals and the community the importance of promptly removing and killing all larvae and eggs from suspected NWS cases. Do not dispose of any loose or live larvae (maggots) or eggs in the trash or outside on the ground.
    - Also see recommendations above for the public and healthcare providers, including safe submission of specimens and disposal of remaining larvae.
- Human infestations might indicate local circulation of flies and possible infestations in animals. Alert your state animal health official (SAHO) and your state wildlife official so they can monitor for NWS flies and take steps to stop further spread in coordination with agriculture, wildlife, and public health officials.
- Consider directed outreach to and surveillance of communities with people at higher risk of NWS, including people with unstable housing and agricultural workers.
- Additional considerations for STLT health officials to improve jurisdictional readiness to respond to a human case of NWS are available here: Preparing for New World Screwworm Infestations in Humans | New World Screwworm | CDC
- Information on how to report human cases of NWS is available on the CDC website: New World Screwworm Case Reporting for Health Departments | New World Screwworm | CDC
- Report all suspected NWS cases in animals, including pets, to the state animal health official and USDA office. Contact USDA at screwworm@usda.gov

Recommendations for Laboratories

- See subsection on Specimens Submission and Safe Disposal above.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- Immediately report suspect animal NWS cases to your state animal health official and USDA office. Contact USDA at screwworm@usda.gov
- For specimen identification questions about human NWS, contact CDC's Diagnostic Parasitology Laboratory, DPDx, (dpdx@cdc.gov) or Parasitic Diseases Branch (404-718-

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4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.

Background on OHCU-NWS

- On the federal level, the overall response is a collaboration guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group (U.S. OHCU-NWS). The U.S. OHCU-NWS is co-led by USDA (primary coordinator), CDC, and the Department of the Interior (DOI) with engagement from over 20 agencies from multiple departments.
    - The collaboration is using a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The unified government approach spans multiple federal agencies that are in partnership with State, Tribal, local, and Territorial governments, industry, and private organizations.
    - Together, response partners are working to stop the screwworm's northward spread, including in Central America and Mexico and protect the U.S. livestock industry, economy, food supply, and public health.
- Federal partners on this response are supporting their state, local, and other governmental and non-governmental partners in their respective areas of expertise. For example, CDC is supporting STLTs and other public health partners. USDA is supporting state and other agricultural and wildlife partners. DOI is supporting state and other wildlife partners. USDA, CDC, and DOI are also encouraging One Health coordination across public health, agriculture, and wildlife partners.
- For this response, CDC has adopted the USDA term of "eradication" rather than the public health term of "elimination" to indicate pushing the parasite out of a geographical area.

What CDC is Doing

The Centers for Disease Control and Prevention (CDC) officially activated a Level 3 emergency response to New World screwworm (NWS) on June 11. Level 3 is the lowest level in CDC's 3-level response structure.

Providing Guidance to Public Health and Clinical Partners

- Managing NWS infestations in people.
- Proper handling of larvae and submission of specimens from people.
- Appropriate specimen identification.
- Case investigation and rapid reporting of suspect NWS cases in people to guide public health response to NWS.

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- How to coordinate across public health, agriculture, wildlife, and other partners using the One Health approach to protect people and animals from NWS.

Raising Awareness, Updating Recommendations, and Providing Materials

- Using the One Health approach to address NWS in people, animals, and their shared environment to raise awareness, preparedness, and coordination among federal, state, local, tribal, territorial, and other partners.
- Providing updated information on human health aspects of NWS to partner organizations representing healthcare providers, public health agencies, laboratory scientists, agriculture workers, animal health professionals, and veterinarians.
- Publishing updated content on CDC's website and at screwworm.gov on NWS.
- Publishing fact sheets for different audiences and for healthcare providers and others.
- Working with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), Central American countries, and Mexico to strengthen community-based surveillance and early detection of New World Screwworm.

Working with Federal, State, Tribal, Local, and Territorial, and International Partners

- Monitoring the outbreak and coordinating with One Health partners, including
    - Department of Health and Human Services (HHS) with CDC, the U.S. Food and Drug Administration, Indian Health Service, ASPR, and Office of Global Affairs, U.S. Department of Agriculture's Animal and Plant Health Inspection Service (USDA-APHIS), Department of the Interior (DOI), U.S. Department of State (DOS), Department of Homeland Security (DHS), and other federal departments and agencies.
    - State, tribal, local, and territorial public health, agriculture, and wildlife officials
    - Public and animal health agencies of governments in Mexico and Central America.
    - International organizations including the World Organisation for Animal Health (WOAH).
- Co-leading the unified federal response to NWS by focusing on the human health risks.
    - The federal response is guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group, co-led by USDA (primary coordinator), CDC, and the DOI.
    - This national collaboration has launched a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The goal of this government-wide response is to protect the nation's public health, livestock, companion animals, and wildlife from NWS.
    - Learn more at Federal Coordination for Screwworm Response | Screwworm.gov

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- Providing content and resources to the U.S. government's multi-agency website, screwworm.gov.

What CDC's Partners Are Doing

To find up-to-date information about what CDC's partners are doing, visit screwworm.gov.

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Message

From: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Sent: 5/4/2026 8:28:34 PM
To: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
CC: CDC IMS STLT Support HD LNO [eocstlthdlno@cdc.gov]
Subject: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational
Attachments: World Cup STLT Interim Considerations_March 9 2026_508c.pdf; New World screwworm key messages CLEARED May 1, 2026.pdf

ATTENTION: *This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button in Outlook.*

Greetings Region 3 Partners,

The following are updates from CDC's public health emergency responses, as well as additional content for your situational awareness.

If you wish to unsubscribe from this listserv, please email a request to the Jurisdictional Readiness and Response Support Branch at eocstlthdlno@cdc.gov and copy your health department liaison officer.

FIFA World Cup 2026™ Updates

- CDC Safety for Soccer Fans | CDC – The page is designed to serve a broad audience, for both domestic attendees and international visitors, and offers a centralized entry point to CDC guidance across topic areas including: hygiene and food safety, travelers' health, heat health, respiratory illness, vaccine preventable diseases, sexually transmitted diseases and infections, air quality, vector-borne illnesses, alcohol and substance abuse prevention, and disaster and emergency preparedness. Beyond fan-facing tips, the resource is also structured to support health professionals and emergency responders. It connects clinicians to tools such as the CDC Yellow Book for treating ill travelers and links users to state, tribal, local, and territorial (STLT) health departments for location-specific guidance.
- Interim Considerations for Advanced Preparedness for Potential Public Health Threats Connected to FIFA World Cup 2026™ *(previously shared,* ***view attachment****)* – This document provides STLT health officials considerations for improving readiness for potential public health threats associated with mass gatherings during the upcoming FIFA World Cup 2026™ soccer tournament. It outlines broad areas for health officials in all jurisdictions to prevent, prepare for, detect, and respond to potential public health incidents.

Measles Update

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC – As of April 30, a total of 1,814 cases of measles have been reported in the United States in 2026, an increase of 22 measles cases since April 23. Case counts are updated weekly on Fridays to include confirmed measles cases reported to CDC as of 12 p.m. EDT on Thursdays. These measles cases were reported to CDC by 37 jurisdictions. There have been 24 new outbreaks reported in 2026. Out of 1,814 confirmed cases, 93% are outbreak associated. 92% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.

Respiratory Illness Update

- Respiratory Illnesses Data Channel | Respiratory Illnesses | CDC — As of May 1, the amount of acute respiratory illness causing people to seek health care is very low. Respiratory Syncytial Virus activity started later than expected in most regions of the United States, though illness is not more severe

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compared with recent seasons. COVID-19 activity is low in most areas of the country. Seasonal influenza activity continues to decrease. Influenza A activity is low across all regions and influenza B activity continues to trend downward.

New World Screwworm (NWS) Updates

- New World Screwworm Outbreak | New World Screwworm | CDC – Currently, the NWS fly is not present in the United States and there are no cases of NWS in the United States. As of April 28, Central American countries and Mexico have reported more than 171,000 NWS cases in animals and about 1,780 cases in people.
- NWS Key Messages: May 1, 2026 (***view attachment***) — This document provides updated, cleared language about NWS, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. New or updated content is captured in blue/bold text.
- FDA Issues Emergency Use Authorization for Topical Powder to Prevent and Treat NWS in Multiple Species | FDA – On April 27, the U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for Negasunt Powder (coumaphos, propoxur, and sulfanilamide topical powder) for the prevention and treatment of NWS infestations (myiasis). The FDA has concluded that based on the available scientific evidence, it is reasonable to believe that Negasunt Powder may be effective for the prevention and treatment of NWS myiasis in cattle; swine; goats; sheep; horses; donkeys; domestic hybrid equids (e.g., mules); and captive wild; exotic, and zoo mammals. The known and potential benefits of the product outweigh its known and potential risks.
- USDA Highlights EPA Emergency Exemption of Product To Treat NWS – On April 27, the U.S. Environmental Protection Agency granted the U.S. Department of Agriculture's request and issued an Emergency Exemption request to allow the importation and use of Elanco's product, Tanidil, a topical powder used to treat or prevent NWS under Section 18 of the Federal Insecticide, Fungicide, and Rodenticide Act.
- FDA Issues Emergency Use Authorization for Ointment to Prevent and Treat NWS in Multiple Species, Including Cattle, Sheep, Goats, Horses, Wild and Exotic Mammals, and Wild and Pet Birds | FDA – On April 24, the FDA issued an EUA for F10 Antiseptic Barrier Ointment with Insecticide (benzalkonium chloride, polyhexanide, and cypermethrin topical ointment) for the prevention and treatment of myiasis.

Monkeypox Update

- Update on Increase in Monkeypox Clade Ib Cases in the United States –There are two types of the virus that causes monkeypox, clade I and clade II. Both types can be spread, treated, and prevented in the same ways.
  Beginning in Fall 2025, several countries in Western Europe began reporting **clade Ib monkeypox cases among individuals who had no documented history of international travel**. These cases were likely related to intimate or sexual exposure among men who have sex with men. From **November 2024 to February 2026**, there were **11** reported cases of clade I monkeypox in the United States. Since **March 2026**, there have been an additional **9** confirmed cases, some of which are linked by close contacts.
  All U.S. cases since March were diagnosed in people who had recently traveled to parts of Western Europe where outbreaks are being reported or were linked to people who had traveled from these areas. Overall, the risk posed by the clade I monkeypox outbreak to most people within the United States remains **low**. The risk to men who have sex with men is **low to moderate**.
  As we expect additional cases in the United States from these outbreaks, CDC recommends clinicians and jurisdictions in the United States maintain a heightened index of suspicion for monkeypox in

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patients who present with a new rash characteristic of monkeypox. CDC also recommends that any person with risk of monkeypox exposure be offered JYNNEOS for vaccination.
For more information, visit cdc.gov/monkeypox.

Upcoming Meeting

- CDC Response All-STLT Update Call — Join CDC at **2:00 p.m. EDT on Monday, May 18,** to hear from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented.

  If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.

Selected MMWR

- Large Tuberculosis Outbreaks — United States, 2017–2023 | MMWR

Many thanks for your continued partnership.

Sincerely,
Jen

Jennifer Renjel
Health Department Liaison Officer (HD LNO) - Region 3 (DC, VA, WV, DE, MD, PA)
Centers for Disease Control and Prevention
Department of Health and Human Services
[redacted]

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Interim Considerations for Advanced Preparedness for Potential Public Health Threats Connected to FIFA World Cup 2026
March 09, 2026

Purpose: This document provides state, tribal, local, and territorial (STLT) health officials considerations for improving readiness for potential public health threats associated with mass gatherings during the upcoming FIFA World Cup 2026 soccer tournament. It outlines broad areas for health officials in all jurisdictions to prevent, prepare for, detect, and respond to potential public health incidents. Jurisdictional partners may contact the Centers for Disease Control and Prevention (CDC) for more information or technical assistance via the CDC Health Department Liaisons (eocstlthdlno@cdc.gov).

Background: Every four years, since 1930, FIFA (Fédération International de Football Association) holds an international soccer competition among men's national teams. This year's competition will be held across 16 cities in the United States, Mexico, and Canada from June 11 through July 19, 2026, and will be the largest World Cup to date. Teams from 48 countries will play 104 matches in 39 days. Teams and match officials, many of whom are arriving as early as March to acclimate to local conditions, will be staying and training in Base Camps. The Department of Homeland Security has designated the semi-final matches (Dallas, TX and Atlanta, GA), bronze final match (Miami, FL), and championship final match (NY/NJ) as Special Event Assessment Rating (SEAR) 1 events (requiring extensive federal interagency support) with the remaining matches as SEAR 2 events (may require some level of federal agency support). It is anticipated that select matches may be elevated to a National Special Security Event level. States and host cities are projecting hundreds of thousands of visitors who will attend matches, FIFA-sponsored "Fan Festivals" and "Fan Zones", and other informal gatherings connected with the games.

Public Health Role. In addition to the responsibilities that public health departments uphold every day to protect the public's health, all jurisdictions, whether they are hosting an official FIFA-sponsored event or not, are encouraged to review their own preparedness plans and approach planning from a risk-based lens. All jurisdictions must additionally consider the threats most likely to occur or have significant impacts due to their own unique geographies, populations, and visitors. Public health professionals may provide expertise across many topics, including planning for preventive public health messaging, disease surveillance and investigation, disease/condition clinical information, laboratory diagnostic support, emergency management, and technical assistance on a wide variety of public health disciplines (e.g., environmental health, worker safety and health, epidemiology, etc.). Departments of health will also manage their own surge and staffing plans, engage with multi-disciplinary partners, and be prepared to communicate and respond to incidents. CDC stands ready to assist and help connect jurisdictions with resources across the federal government and through other non-government partners.

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1. Anticipate possible threats to the public's health

- Identify priority risks by reviewing the most recent state, local, or agency Risk Assessment (RA) and/or Threat and Hazard Identification and Risk Assessment (THIRA) to identify the "most likely/most consequential" diseases, conditions, or hazards (naturally occurring and intentional).
    - Consider relevant intelligence from emergency management, law enforcement, and other partners.
    - Contact the state health preparedness program for health-related risk assessment information.
- Consider risks including, but not limited to:
    - **Biological**: Foodborne, respiratory and vector-borne illnesses, sexually transmitted infections (STI), viral hemorrhagic fevers
    - **Chemical**: Accidental chemical leaks, weapons of mass destruction
    - **Radiological/Nuclear**: Dirty bombs or meltdown scenarios
    - **Explosives/Violence**: Active shooter, pyrotechnics
    - **Environmental/Natural Disasters**: Heat and other weather events, earthquakes, air quality (e.g., smog, wildfires), energy consumption, cyber-attacks/outages
- Design a flexible Concept of Operations (ConOps) Plan for large events that can be used to address many threats and:
    - Includes review of current capabilities and capacity of health department, health system, and supporting institutions,
    - Integrates existing plans and ensures all major risks and the considerations in this document are addressed,
    - Considers staffing needs, cross-training, and surges,
    - Considers how to implement Incident Command System (ICS) if concurrent public health events occur, requiring overlapping staff, resources, and partners.
- Identify areas where incidents may be more likely to occur, including official sporting events, accessory events, unplanned watch parties, locations where teams will reside

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and play, very important person (VIP) guest movement, and where tourists and fans may stay and congregate.

- Review CDC's Yellow Book for travel medicine topics and visit CDC's Travel Health Notices webpage for the latest advisories and recommendations related to global outbreaks.
    - Monitor global disease activity and consider travel history of teams and fans but note that teams and fans may not reside or be arriving from their country of residency and may travel between venues.
- The identified risks and threats should guide planning efforts, including exercises, risk communications, and staffing considerations.

2. Strengthen relationships in advance of an emergency

- Engage in active planning discussions with colleagues in emergency management (EM), law enforcement, healthcare, tribal partners, FIFA planning groups, and the public health system at various levels of government. Ensure mutual awareness of agency and organization plans and capabilities.
- Review plans that clearly define agency roles and responsibilities during a public health event. Discuss possible scenarios and emergencies that could take place. Include coordination and communication mechanisms between internal programs local, state, and federal entities.
- Jurisdictions not hosting FIFA-sponsored World Cup events may consider what support is available to other jurisdictions if a public health emergency were to occur (e.g., laboratory support to help cover routine testing, personal protective equipment (PPE), and hospital beds in case of medical surge).
- Confirm accurate contact information. State World Cup planning leads should coordinate with CDC and the Administration for Strategic Preparedness and Response (ASPR) contacts, including health department liaison officers (HD LNOs), relevant CDC program, and ASPR Regional Emergency Coordinators (REC). Local leads should coordinate with their respective state and regional partners.
    - Consider conducting a contact drill.
    - Review and update internal and external contacts and notification timeframes (e.g. immediate or 24 hours) for specific incidents/events.
- Review and update memoranda of understanding (MOUs) or initiate new MOUs where required (e.g., for moving resources or personnel).

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- Identify and engage local partners who may or may not be routinely involved, such as local media, large-venue contacts, hotels and hospitality-oriented organizations (e.g. Chamber of Commerce, Hotel Association, unions, short-term rental companies), agriculture and vector control agencies, law enforcement and emergency services, and healthcare coalitions.

3. Enhance public health surveillance

- Ensure systems are in place for rapid detection of health threats and reporting of notifiable diseases and other jurisdiction-specific reporting requirements. Consider modifying existing surveillance systems to enable rapid assessment of potential exposures before, during, and after the FIFA World Cup 2026 games and events.
- Be prepared to surge personnel for monitoring exposures, contact tracing, case investigation, and management of inter-jurisdictional notifications, and adjust weekend, overnight and holiday surveillance and reporting, if necessary.
- Assess surveillance and data systems that may be used for monitoring and responding to events or concerns. Determine if changes are needed to include questions about event attendance or travel. Review if additional personnel need access to and/or training on surveillance and data systems, including but not limited to:
    - CDC's 1 CDC Data Platform (1CDP);
    - Case-based surveillance system in the jurisdiction;
    - Syndromic surveillance such as the National Syndromic Surveillance Program (NSSP);
    - Sentinel surveillance, such as Wastewater Surveillance and Traveler-Based Genomic Surveillance program (TGS);
    - Consider other data sources to enhance situational awareness: Emergency Medical Services (EMS), poison center, hospital capacity and utilization, urgent care facility data, restaurant complaint logs, vital records, tracking systems from medical tents, BioWatch, outbreak surveillance systems, or laboratory information systems.
- Review processes for interstate notification (e.g., Epi-X, CSTE Epi On-Call, and jurisdiction protocols)
- Plan for public health actions based on surveillance plans and disease priorities.
    - Prepare to have interpretation services for case interviews for non-English speaking visitors.

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- Prepare for working with the jurisdictional CDC Port Health Station. Review the Port Health Station Contact List and CSTE-CDC Protocol for Health Department Notification to CDC Port Health Stations of Infectious Persons with Recent Travel.

- Consider how information will be shared internally and externally and what level of detail will be shared with different audiences.
  - Consider templates for Situation Reports independently and/or combined with State EM to create a global common operating picture among the partners.

4. Readiness for testing

- Assess testing capacity for priority threats across partner laboratories by reviewing test directories or contacting laboratories, including the State Public Health Laboratories (SPHL), Laboratory Response Network (LRNs), and local laboratory partners (e.g., clinical facilities).
- Connect with points of contact at SPHL and identify new or existing partnerships with other state, regional, federal, and commercial laboratories and laboratory networks (e.g. LRNs).
- Engage in planning discussions with public health and, when able, clinical laboratories, such as reviewing supply inventory, Continuity of Operations (COOP) and surge plans, laboratory safety protocols and procedures, including proper use of PPE and having appropriate and sufficient PPE and test kit quantities.
  - When reviewing SPHL surge capacity, discuss staffing, equipment, and material capacity.
  - Consider how to prioritize testing for critical pathogens at the SPHL by sending lower priority specimens to other willing laboratories (public health and clinical). Consider cross-training staff to support immediate surge demands.
  - Encourage SPHLs to review specimen collection and transport protocols, CDC test directories, and CDC testing submission and shipping instructions: Submitting Specimens to CDC; Submit and Ship Specimens.
- Recommend local and clinical laboratory facilities to review their specimen collection and transport protocols, including how to engage with local and state public health and the SPHL.

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5. Medical countermeasures (MCM)

- Review priority risks to determine when MCM deployment is warranted.
- Review MCM plans and conduct an operational assessment of the program.
- Confirm receive, stage, store (RSS), distribute, and dispense readiness, including transportation considerations.
    - Review primary/alternate sites, staffing, security, material handling equipment (MHE), cold chain, communications, etc.
    - Ensure rapid access to existing caches of MCMs (vaccines, antiviral drugs, antibiotics, antitoxins, etc.) or the ability to request federal or partner support.
    - Confirm locations and access procedures for specialized caches (e.g. CHEMPACK, Botulinum antitoxin); consider temporary relocation closer to the event if surge demand may exceed local supply.
- Validate inventory and access to MCMs across STLT and healthcare partners; confirm vendor managed inventory (VMI) request procedures, if applicable.
- Consider multiple Point of Dispensing (POD) models (open/closed, drive-through, mobile, venue-based) with clearly coordinated state and federal roles.
- Review plans, clinical protocols, and exercise concepts with EM, healthcare, and other partners.
    - Confirm authority and procedures to request and integrate additional MCM support (e.g., Requesting SNS Assets).
    - Establish cross-jurisdictional agreements on triggers, legal/financial mechanisms, and logistics for MCM sharing across boundaries.

6. Administrative readiness

- Understand existing funding mechanisms, deliverable requirements, and local public health legal authorities (Public Health Law).
- Incorporate administrative readiness into preparedness exercises (e.g., phone chains, platform continuity, power/internet outage scenarios).
- Develop surge staffing plans, including overtime, vacation, union, and contract considerations.

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- Request CDC resources in coordination with the state health department as needed, including but not limited to Epidemic Intelligence Service Officers (EISOs), Laboratory Leadership Service Fellows (LLSs), and Public Health Informatics Fellows (PHIFs) via Epi-Aids, Lab-Aids, and/or Info-Aids.
- Coordinate requests for federal medical support through state health departments and ASPR Regional Emergency Coordinators (RECs). Requests for support will be adjudicated and fulfilled based on funding and resource availability.
- Align planning and exercises with funding requirements.
- Update and share contact lists and functional boxes across public and private sectors.
- Confirm activation plans with state emergency management and local partners.
- Identify authorized officials and how to delegate authorization to alternates to sign emergency declarations, approve funds, contracts, staffing changes, etc.

7. Risk communications

- Consider working with partners, including neighboring jurisdictions, to activate a Joint Information System for collaboration and sharing of information.
- Determine platforms that will be used for information dissemination. Consider establishing statewide visitor hotline and/or a dedicated webpage with resources like how to access health care, transportation information, how to contact the health department and emergency services in the United States (e.g., 911 or poison center), and how to access information (e.g., 211).
    - Encourage travelers to sign up for local emergency alert systems (e.g., CityAlert) and ensure the process is simple and accessible.
    - Consider how to communicate with international travelers (e.g., utilizing social media channels, WhatsApp, Signal, and other messaging systems).
    - Discuss messaging with host site/basecamp FIFA coordinator, if relevant, and integrate plans to communicate via their communication systems for serious concerns.
- Determine how to send notifications related to public health outbreaks or exposure events, engage jurisdictional, federal, and other relevant partners in communication planning, and discuss interagency coordination of messaging.
    - Consider drafting advance press releases/talking points for high-profile events or disease outbreaks. Review emergency clearance protocols in advance.

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- Address language and cultural needs by tailoring messages and delivery methods for those at risk or exposed to public health threats and be prepared to rapidly translate critical information.

8. Partner communications and information sharing

- Plan for how reported incidents linked to the World Cup or related events will be shared with health department leadership, other relevant agencies in the jurisdiction, and to the public.
- Ensure appropriate personnel are enrolled in state and local health notifications, receive CDC Health Alert Network (HAN) notifications, and closely monitor CDC's Traveler Health Notices.
- Ensure appropriate personnel have access to and are monitoring CDC's 1CDP and Epi-X notifications.
- Disseminate information to state and local response partners, including hospitals, healthcare systems, primary care associations, pre-hospital systems, provider organizations, local public health partners, and emergency management partners.
- Consider writing Health Alert/Provider Alert messages for distribution to healthcare providers and for specific priority events, preparing templates for these messages, and/or collecting historical Health Alert messages from likely risks during mass gatherings.
- Border states should consider establishing communications with and talking directly to neighboring states/provinces and city government health departments in Canada/Mexico. This includes telephone, email, or other relevant channels to share information; confirm after-hours contact information for urgent situations.
- Anticipate and prepare for language barriers, which may require translation services.

9. Healthcare system readiness

- Alert major health care systems about the potential for an increase in patients during the tournament, and proactively reach out to clinics, pharmacies, and other health care partners to share potential threats/protocols to address them.
- Work with healthcare partners to prepare for unfamiliar or high consequence threats.
- Review current medical response capabilities (e.g., pre-hospital transport, surge capacity, state medical response teams, mobile clinics and hospitals).
- Assess fatality management plans and availability of resources for this purpose.

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- Ensure patient transport plans are in place should there be need for additional or special transport due to patient surges or suspected or confirmed highly pathogenic diseases.
- Remind laboratories, healthcare facilities, and clinicians to report notifiable diseases and conditions.
- Remind clinicians to assess for recent travel—both international and domestic (including travel between U.S. states and territories)—when evaluating patients. This should include asking about and documenting attendance at World Cup events.
    - Review infection prevention and control plans for clinical and laboratory settings. Ensure healthcare personnel, lab workers and staff are up to date with infection prevention and control (IPC) guidance and training at the appropriate level.
    - Ensure IPC protocols for clinical and laboratory settings are current and review and exercise facility-level precautions.
    - Review Standard Precautions and Healthcare Respiratory Protection resources.
    - Consider the need for appropriate care and infection control of identified patients and suspected high consequence infectious disease (HCID) cases.
- Familiarize health department staff and healthcare partners with the locations and roles of Regional Emerging Special Pathogen Treatment Centers (RESPTC).

10. Community public health prevention and intervention

- Ensure the jurisdiction's plans include investigating and supporting cases in public and non-clinical settings and include considerations for temporary visitors.
  Review local legal parameters and regulations.
    - Plan for supporting quarantine and isolation needs.
    - Anticipate what wraparound services may need to be made available for visitors for quarantine and isolation.
- Consider public health resources and IPC plans for locations and personnel linked to mass gathering venues, such as hospitality settings (e.g., hotels, short-term rentals, indoor and outdoor event venues), food handling and delivery settings, public transportation and rideshare services, and public events and mass gathering spaces.
- Consider information campaigns promoting basic hygiene practices, hand hygiene, covering coughs, staying home when sick, appropriate toilet use, flushing guidance, STI prevention, access to local healthcare, and other preventive services for visitors.

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- Review existing education and guidance for non-clinical community partners, such as hospitality partners, who could assist with quarantining and/or isolating travelers during exposures and illnesses. Important considerations should include funding, facility types and availability, security, safety of cleaning and food staff at the facility, availability of local nurses or proximity to care, food safety and religious and/or ethnic considerations (e.g., halal or kosher) communication, and overall comfort.
- Consider priority populations and access needs, disability access, undocumented/ visitor populations, and transient fans/workforce.
- Major events frequently attract high-profile and/or high-security attendees. Identifykey individuals (World Cup planning members, Olympic Committee, celebrities, heads of state, or otherhighly influential people) that will attend the event. Possible planning may include coordinating plans with security staff and considering the legality and logistics of quarantine, healthcare access, and direct dispensing of MCMs.

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Appendix 1: Select Resources

These resources are provided for your convenience only; they do not represent a full or comprehensive review of all resources available and may or may not be relevant for your planning considerations.

CDC Points of Contact for FIFA World Cup 2026

- Health Department Liaisons: eocstlthdlno@cdc.gov
- STLT World Cup Work Group: eocevent286@cdc.gov
- Emergency Operations Center for 24/7 emergency reporting and consultation: 770-488-7100

CDC Resources

- CDC's Health Alert Network (HAN): Sign Up
- Yellow Book: Mass Gatherings
- Traveler Health:
  - Resources
  - Travel Health Notices
  - About Port Health
  - Port Health Station Contact List
  - CSTE-CDC Protocol for Health Department Notification to CDC Port Health Stations of Infectious Persons with Recent Travel
- Infection Prevention and Control:
  - CDC's Core Practices
  - Tools and Resources
  - IPC Guidance
  - Standard Precautions
  - Healthcare Respiratory Protection
  - Hygiene Practices
  - Hand Hygiene
- Laboratory Resources:
  - OneLab REACH
  - Laboratory PPE Toolkit
- High Consequence Infectious Diseases (HCID):
  - Qualitative Risk Assessments
  - Interim Guidance for Infection Control within Healthcare Settings for Novel Influenza A
  - Laboratory Testing for Patients with a Suspected Viral Hemorrhagic Fever or High-Consequence Disease
  - Performing Routine Diagnostic Testing for Patients with Suspected HCID

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- Chemical, Biological, Radiological, Nuclear, and high-yield Explosives (CBRNE):
  - Category A and B Biological Agents
  - CHEMPACK
  - Radiological Terrorism: Public Health Officials Toolkit | Radiation Emergencies | CDC
- Select Public Health Risks
  - *Be Ready for Measles:* Toolkit
  - Extreme Heat: Resources
  - Restaurant Food Safety: Resources

Additional Resources

- FIFA World Cup 2026
- Regional Emerging Special Pathogen Treatment Centers (RESPTC)
- Mass Gatherings/Special Events: Topic Collection (ASPR TRACIE)
- CBRNE: Resources (ASPR TRACIE)
- Federal Emergency Management Agency (FEMA) Continuity Resources: Toolkit
- Key Planning Factors for a Biological Incident: Guidance and Fact Sheet (FEMA)
- Surveillance Programs:
  - National Syndromic Surveillance Program (NSSP)
  - National Wastewater Surveillance System (NWSS)
  - Traveler-based Genomic Surveillance program (TGS)
  - BioWatch

Webinar Recordings and Slides

- Integrating Applied Epidemiologists into FIFA World Cup 2026 Planning: CSTE Webinar Library
- Access Past Serios Communicable Disease Program's Project Extension for Community Healthcare Outcomes Resources | Emory University | Atlanta GA
- Tranquil Passport - Portable Biocontainment Unit (PBCU)

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New World Screwworm Key Messages

As of May 1, 2026

Note: This document provides updated, cleared language about New World screwworm, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated monthly until further notice.

New and updated information will appear in bold/blue.

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Situation Summary

- CDC is monitoring the northward spread of New World screwworm (NWS) in Central America and Mexico and coordinating with the U.S. Department of Agriculture (USDA), Department of the Interior (DOI), and other federal partners as well as state, tribal, local, and territorial (STLT) partners, and non-governmental partners using the One Health approach to prevent spread to people and animals, both domestic (livestock and companion) and wild animals and to prepare for possible return of the NWS fly and NWS cases in the United States.
- As of **May 1, 2026**, neither the NWS fly nor any human or animal cases of NWS parasitic infection (myiasis) have been detected in the United States.
- As of April 30, 2026, Central American countries and Mexico have reported **more than 171,000** NWS cases in animals and **1,780** cases and **9** deaths in people.
- As the outbreak of NWS moves northward toward the United States, CDC recommends that healthcare providers, public health professionals, animal health professionals, and members of the public be aware of the signs and symptoms of NWS infestation in humans or animals.
- In August 2025, CDC, in coordination with the Maryland Department of Health, investigated and confirmed a single travel-associated case of NWS in a patient returning from El Salvador to Maryland**. CDC also coordinated within the US OHCU with USDA and state Agriculture partners.**
- On January 20, 2026, CDC issued a Health Alert Network advisory to increase awareness of the outbreak and to summarize CDC recommendations for clinicians and health departments in the United States. The advisory included information on case identification and reporting, specimen collection, specimen identification, and treatment of NWS, as well as guidance for the public.
- On January 29, 2026, Texas issued a statewide disaster declaration to better equip the Texas New World Screwworm (NWS) Response Team to prevent the potential spread of the NWS fly into Texas and to better protect livestock and wildlife.
- The U.S. Department of Agriculture, which is the primary coordinator for the all-of-government response to NWS, has begun releasing about 100 million sterile NWS flies per week along the U.S.-Mexico border, including an area up to 50 miles inside Texas.
- The sterile fly technique was used to eradicate NWS throughout the United States, Mexico, and Central America between the 1950s and 2006.
- For the latest information on NWS in animals in Mexico, see USDA's Current Status of New World Screwworm map.

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- For the latest on human cases in Mexico, see this report from Mexico's Ministry of Health: Epidemiological Bulletin National Epidemiological Surveillance System Single Information System

About New World Screwworm

- NWS is a fly that lays its eggs in open wounds and body openings, such as the eyes, ears, nose, or mouth. The eggs hatch into parasitic larvae (maggots) that burrow into and feed on living tissue or flesh. NWS primarily affects livestock, but it can also occur in companion animals, wildlife, and people.
- NWS is typically found in South America and parts of the Caribbean. However, NWS flies have steadily moved northward from Panama through every country in Central America and Mexico since 2023.
    - You are at higher risk for NWS if you travel in these areas, are in areas where flies are present, spend an extended amount of time around livestock or other warm-blooded animals in areas where NWS flies are present, and if you have an uncovered open wound.
- NWS was previously found in the United States, Mexico, and Central America. It was eradicated in the United States in 1966; in Mexico, 1986; and throughout Central America by 2006.
- From 2006-2023, animal health and agricultural officials had maintained a biological barrier at the Darien Gap, along the Panama-Colombia border. Sterile male flies were continuously released in this barrier zone to prevent the flies from being reintroduced into Central America.
- In 2023, Panama reported a spike in cases of NWS from 25 cases per year to more than 6,500 in one year.
- Unregulated cattle movement, increased human movement through the Darien Gap, and new areas of farming contributed to rapid northward spread of NWS.

Symptoms

- Symptoms of New World screwworm can include
    - Feeling maggots (larvae) move or seeing maggots within a skin wound or sore, or in the ears, nose, eyes, or mouth.
    - Painful skin wounds or sores that worsen within a few days.
    - A foul-smelling odor from the site of the infestation.
    - Bleeding from open sores.

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- Bacterial infections may also occur in wounds where NWS maggots are present, leading to symptoms like fever or chills.

Risk Factors

- You may be more likely to get NWS if you are in areas where the flies are present and spend a lot of time outdoors during the day, especially if sleeping or unable to keep flies away.
- Have any open wounds. Even small breaks in the skin, including from a scratch, insect bite, or recent surgery may attract NWS flies.
- Have a medical condition that can cause bleeding or open sores, such as from eczema, skin or sinus cancer, or from treatments that create breaks in the skin.
- Spend an extended amount of time around livestock or other warm-blooded animals in areas where NWS flies are present, and if you have an uncovered open wound.

Prevention

- Keep open wounds clean and covered, no matter how small or location on the body.
- Sleep indoors with closed windows or screened open windows. If you are outside, sleep under a bed net or inside a screened tent.
- Protect your skin and prevent insect bites by
    - Using an EPA-registered insect repellent.
    - Treating clothing and gear with products containing 0.5% permethrin.
    - Wearing loose-fitting, long-sleeved shirts and pants, hats, and socks to limit access to your body by NWS flies and biting insects.

Sterile Flies

- **Sterile insect technique (SIT) is a proven tool for fighting the spread of NWS and protecting American agriculture and natural resources.**
- **SIT was developed in the 1950s and used to eradicate NWS from the United States, Mexico, and Central America in the second half of the 20th century.**
- **SIT uses gamma radiation to irradiate NWS pupae and create sterile male flies. This practice does not impact the male flies' longevity, searching behavior, or mating ability.**
- **When produced and released in mass, sterile male flies mate with wild female flies which then lay unfertilized eggs.**
- **Because female NWS flies normally mate only once, the NWS population progressively reduces and is, ultimately, eradicated.**
- **SIT does not involve the release of insects modified through genetic engineering processes.**

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- The release of sterile flies is safe, environmentally friendly, and offers a sustainable, non-toxic alternative to chemical pesticides.
- It poses no risk to wildlife, livestock, or people in infested areas.
- On March 9, USDA and USACE announced a construction contract with Mortenson Construction to build the new sterile fly production facility at Moore Air Base. Groundbreaking began on April 17, 2026.

Treatment

- If you see or feel maggots in or on a wound or other area of your body, contact your healthcare provider immediately. Tell them if you have recently traveled to an area where NWS flies are present.
- Your healthcare provider will need to remove each maggot, sometimes surgically.
- Do not try to remove any maggots or egg masses yourself. If maggots or eggs fall out of the wound, place them in a leak-proof container with rubbing alcohol to kill them. Bring them with you to your healthcare provider.
- **Urgent: Do not throw any live maggots in the trash or outside. This could result in NWS spreading in your area.**

Recommendations for Healthcare Providers

Clinical Presentation and Guidance

- Consider NWS in people who present with any of the following:
    - Visible larvae or egg masses in a wound, ears, eyes, nose, mouth, or other body orifice (e.g., genitals).
    - Destruction of healthy tissue.
    - Sensation of movement, foul odor, bloody discharge, swelling, and pain.
    - Recent travel to regions where NWS is present.
- In areas where NWS is present, advise patients to:
    - Clean and cover all wounds, no matter how small or the location on the body.
    - Wear loose-fitting, long-sleeved shirts and pants, socks, and hats to limit exposed skin and use Environmental Protection Agency (EPA)-registered insect repellents.
    - If possible, avoid spending time where livestock are located or housed.
    - Avoid sleeping outdoors, especially during daytime hours when NWS flies are most active.
    - Use bed nets to protect sleeping quarters from insects if windows are left open and not screened. In hospitals, screening windows and doors is essential.
- Many morphologically similar species of flies can cause myiasis. Submitting larvae is critical for species identification.

Reporting to Public Health

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- Immediately report all suspected human cases to your state, tribal, local, or territorial health department, and work with your health department to seek confirmatory specimen identification with CDC's Diagnostic Parasitology Lab (DPDx).
- Direct clinical inquiries and patient management-related questions to your health department or to CDC's Parasitic Diseases Hotline (404-718-4745; parasites@cdc.gov) during business hours, or to CDC's Emergency Operations Center (770-488-7100) after regular business hours.
- Non-clinical questions can be directed to newworldscrewworm@cdc.gov.

Treatment

- Remove all eggs and maggots, which might require surgical extraction if the larvae are embedded deeply into tissues.
- Patients with additional symptoms or secondary infections may need additional treatment or supportive care.
- Use standard precautions when treating wounds and handling larvae.
- Remove and safely dispose of any remaining larvae. Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment. (See Specimen submission below.)
- Re-examine treated lesions after 24–48 hours to confirm no live larvae remain.
- Monitor for and treat secondary bacterial infections as needed.
- There are no studies showing specific medication is useful in treating NWS infestation in humans. Although there are anecdotal reports of using ivermectin in off-label treatment of NWS infestations in humans, there are no controlled, double-blind studies measuring the effect of ivermectin use on myiasis.
- Be aware that suspect NWS cases in animals are handled by state animal health officials and APHIS Area Veterinarian in Charge.

Specimen Submission

- For patients with larval infestations in a lesion:
    - In consultation with your health department and CDC, collect and submit larvae from patients to CDC for specimen identification.
    - Confirmatory species identification for suspected human cases is available through CDC's Diagnostic Parasitology Laboratory (DPDx).
    - Submit at least 10 larvae to CDC.
        - If you have fewer than 10 larvae, submit them all.
        - If multiple stages of larvae are present in the lesion, try to include a representative sample from each stage.
        - Email dpdx@cdc.gov for specimen submission instructions.
        - It may be possible to identify more rapidly through telediagnosis, which is available by contacting dpdx@cdc.gov

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- Promptly remove and kill all larvae and eggs from patients with suspected NWS. This usually requires physical removal.
- **Failure to kill and properly dispose of all larvae or eggs could result in the new introduction and spread of NWS in the local environment.**
- Place larvae and eggs in a leak-proof container containing a volume of liquid sufficient to fully submerge larvae and eggs.
- 70% ethanol (preferred) will both kill and preserve the larvae and eggs for identification. Alternative liquids include 70% (or greater) isopropanol or, if no alcohol is available, 5%–10% formalin is acceptable.
- **Do not dispose of any loose or live larvae (maggots) or eggs in the trash or outside on the ground.**
- To properly dispose of any remaining larvae and eggs, place them in alcohol in a separate leakproof container, place the container into a zip-top plastic bag, and seal it. Then place the sealed bag in the trash.

Recommendations for Health Departments

- Emphasize to medical professionals and the community the importance of promptly removing and killing all larvae and eggs from suspected NWS cases. Do not dispose of any loose or live larvae (maggots) or eggs in the trash or outside on the ground.
- To collect larvae for specimen submission
    - Place the larvae and eggs in a leak-proof container containing a volume of liquid sufficient to fully submerge larvae.
    - 70% ethanol (preferred) will both kill and preserve the larvae and eggs for identification. Alternative liquids include 70% (or greater) isopropanol or if no alcohol is available, 5%–10% formalin is acceptable.
    - Advise healthcare providers to collect at least 10 larvae to submit for specimen identification at CDC.
        - If you have fewer than 10 larvae, submit them all.
        - If multiple stages (or species) of larvae are present in the lesion, try to include a representative sample from each stage (or species). Email dpdx@cdc.gov for specimen submission instructions.
        - It may be possible to provide specimen identification more rapidly through specimen identification over a video call, which is also available by contacting dpdx@cdc.gov
- To properly dispose of any remaining larvae and eggs, place them in a separate leakproof container, submerge them in alcohol, place the container into a zip-top plastic bag, and seal it. Then place the sealed bag in the trash.
- Human infestations might indicate local circulation of flies and possible infestations in animals. Alert your state animal health official (SAHO) so they can monitor for NWS flies

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and take steps to stop further spread in coordination with agriculture and public health officials.
- Consider directed outreach to and surveillance of communities with people at higher risk of NWS, including individuals with unstable housing and agricultural workers.
- For any NWS cases identified in humans, complete the case reporting form available on the One CDC Data Platform (1CDP) and submit to CDC (newworldscrewworm@cdc.gov). If you need access to 1CDP or have trouble accessing the case report form in 1CDP, please email newworldscrewworm@cdc.gov.
- Report all suspected NWS cases in animals, including pets, to the state animal health official and APHIS office.
- Direct clinical inquiries to CDC's Parasitic Diseases Branch (404-718-4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.
- Assistance for confirmation of suspected human cases is available through CDC's Diagnostic Parasitology Laboratory, DPDx, at dpdx@cdc.gov.

Recommendations for Laboratories

- Place all larvae in a leak-proof container with enough liquid to fully submerge specimens. 70% ethanol (preferred) will both kill and preserve the larvae and eggs for identification. Alternatives include 70% (or greater) isopropanol or 5% – 10% formalin. Do not dispose of any loose or live larvae (maggots) or eggs in the trash or outside on the ground.
- Immediately report suspect human NWS cases to your state, tribal, local, or territorial health department.
- Immediately report suspect animal NWS cases to your state animal health official and APHIS office.
- For specimen identification questions about human NWS, contact CDC's Diagnostic Parasitology Laboratory, DPDx, (dpdx@cdc.gov) or Parasitic Diseases Branch (404-718-4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.

What CDC is Doing

Providing Guidance to Public Health and Clinical Partners on

- Manage NWS infestations in people.
- Proper specimen collection and submission of suspect NWS maggots from people.
- Appropriate specimen identification.
- Case investigation and rapid reporting of suspect NWS cases in people to guide public health response to NWS.

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- How to coordinate across public health, agriculture, wildlife, and other partners using the One Health approach to protect people and animals from NWS.

Raising Awareness, Updating Recommendations, and Providing Materials

- Using the One Health approach to address NWS in people, animals, and their shared environment to raise awareness, preparedness, and coordination among federal, state, local, tribal, territorial, non-governmental, and international partners.
- Providing updated information on human health aspects of NWS to partner organizations representing healthcare providers, public health agencies, laboratory scientists, agriculture workers, animal health professionals, and veterinarians.
- Publishing updated content on CDC's website and at screwworm.gov on NWS.
- Publishing fact sheets for all audiences and for healthcare providers and others.
- **Working with COMISCA and Central American countries to strengthen community-based surveillance and early detection of New World Screwworm.**

Working with Federal, State, Tribal, Local, and Territorial Partners

- Monitoring the outbreak and coordinating with partners, including
    - U.S. Department of Agriculture's Animal and Plant Health Inspection Service (USDA-APHIS), Department of the Interior (DOI), U.S. Department of State, Department of Homeland Security (DHS), other federal departments and agencies
    - State, tribal, local, and territorial health officials
    - Health agencies of governments in Mexico and Central America.
- Co-leading the unified federal response to NWS by focusing on the human health risks.
    - The federal response is guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group, co-led by USDA (primary coordinator), CDC, and the Department of the Interior (DOI).
    - This national collaboration has launched a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The goal of this government-wide response is to protect the nation's public health, livestock, companion animals, and wildlife from NWS.
    - Learn more at Federal Coordination for Screwworm Response | Screwworm.gov
- Providing content and resources to the U.S. government's multi-agency website, screwworm.gov.

Past Activities

- **Participated in a workshop lead by the Entomologic Society of America (April 15-17, 2026) to bring together key stakeholders to discuss NWS preparedness activities**

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- Shared information and resources with partner governments through CDC country offices in Mexico and Central America.
- **Trained partners in Guatemala on tracking and understanding human and animal population mobility, which was applied to further understand animal movement corridors and the people that move with these animals within a border region of Guatemala to inform NWS prevention and control efforts.**
- Participated in a DHS-hosted Tabletop Exercise in El Paso, TX on January 14, 2026, with local, state, tribal, and federal health officials to better prepare federal and STLT partners for a NWS importation or outbreak."
- Collaborated with USDA, FDA, U.S. Customs and Border Protection, and others on joint materials for small animal veterinarians and pet owners traveling with pets.
- Developed and disseminated the Interim Considerations for Advanced Readiness and Preparedness for NWS Infestations in Humans to assist health officials in preparing for potential NWS outbreaks in their communities.
- Providing regular updates on the current situation and CDC recommendations for the NWS outbreak on conference calls attended by over 2,000 state, tribal, local, and territorial health officials.
- Developed a Case Report form and set up the 1CDC Data Platform (1CDP) for sharing of NWS information and data among state and federal health officials.
- Participated in a number of webinars to brief healthcare providers, health departments, and community health workers on the emerging threat of NWS, including hosting a CDC Clinician Outreach and Communication Activity (COCA) call.
- Developed fact sheets for U.S. embassies in the affected region to educate the public and healthcare providers on NWS.

What CDC's Partners are Doing

- **On April 8, APHIS shared the updated New World Screwworm (NWS) Response Playbook, a comprehensive guide designed to support coordinated, science-based action should NWS be detected in the United States.**
- USDA, CDC, and DOI are engaging stakeholders to raise awareness of NWS across multiple sectors, including regulatory partners, animal & wildlife industries, human health care providers, veterinarians, travelers, and other One Health partners.
- FDA has issued an Emergency Use Authorization for the use of multiple drugs to treat NWS infestations in dogs and cats.
- FDA conditionally approved a topical drug for cattle for NWS.
- USDA activities include
    - Publishing screwworm.gov, a federal website for information from all federal agencies taking part in the unified response to NWS.

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    - Opening a sterile fly dispersal facility at Moore Air Base in Edinburg, Texas, to expand USDA's ability to disperse sterile flies along the border and into the United States.
    - Opening a sterile fly dispersal facility in Tampico, Mexico, allowing the dispersal of sterile flies aerially across northeastern Mexico.
    - Investing $21 million to renovate an existing fruit fly facility in Metapa, Mexico to provide an additional 60 – 100 million sterile flies.
    - An update to their five-prong plan to enhance cross-border response and collaboration, sterile fly dispersal and production, development of innovative tools, and a united federal response to combat NWS's northward spread.
- Department of State, in conjunction with Mexico, launched a joint educational campaign to prevent and detect New World screwworm.

- COPEG (Panama-United States Commission for the Eradication and Prevention of Screwworm) continues to

    - Produce male sterile flies and conduct aerial and ground releases in the field.
    - Evaluate and update sterile male fly strains.
    - Conduct field surveillance by visiting farms and facilitating animal control checkpoints.
    - Strengthen the exchange of technical information across government and industry.
    - Provide outreach and education on the prevention and treatment of NWS with communities, livestock producers, healthcare providers, veterinarians, and wildlife management partners.

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Message

From: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Sent: 6/2/2026 6:08:59 PM
To: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
CC: CDC IMS STLT Support HD LNO [eocstlthdlno@cdc.gov]
Subject: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness
Attachments: VBD_Resources_for_Partners_Acc-508.pdf; CDC 2026 Hantavirus Response Key Messages - May 27.pdf; Ebola-KMs-2026.05.27.pdf

__ATTENTION:__ This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button in Outlook.

Greetings Region 3 Partners,

The following are updates from CDC's public health emergency responses, as well as additional content for your situational awareness.

If you wish to unsubscribe from this listserv, please email a request to the Jurisdictional Readiness and Response Support Branch at eocstlthdlno@cdc.gov and copy your health department liaison officer.

Ebola Updates (Please check website as the situation is rapidly evolving.)

- Ebola Disease: Current Situation | Ebola | CDC — In early May, a hospital in northeastern Democratic Republic of the Congo (DRC) identified a cluster of severe illnesses affecting healthcare workers. The illnesses were identified as Bundibugyo virus, one of the four types of orthoebolaviruses that causes Ebola disease in people. As of June 1, there are reports of 321 confirmed cases, 48 confirmed deaths, and 116 suspected cases. On May 29, the DRC Ministry of Health updated their total suspect case count to remove suspected cases that have been ruled out after investigation and suspected deaths that are pending the results of ongoing investigation. In Uganda, there are 11 confirmed cases and one confirmed death. There is also one probable case and one probable death. This is a rapidly evolving situation, and case counts are subject to change.
- Ebola Virus Key Messages 5.27 (***view attachment***) — This document provides CDC-cleared key messages and talking points for communications regarding the 2026 Ebola (Bundibugyo virus disease) outbreak, including updates on the outbreak situation, U.S. response efforts, travel and border health measures, public risk, clinical guidance, and prevention recommendations. These key messages will be updated periodically.
- Public Health Guidance for Ebola Disease | Ebola | CDC — CDC has guidance for public health departments to help with enhanced travel screening, entry restrictions, and public health measures that began in May 2026.
- Update on Ebola Outbreak in the DRC and Uganda, 5/29/2026 | CDC Newsroom — CDC has published the transcript of the May 29, 2026, "Update on Ebola Outbreak in the DRC and Uganda" call.
- Ebola: What to Do After Travel | Ebola | CDC — CDC advises travelers returning from the DRC, Uganda, or South Sudan to monitor their health for 21 days after departure, watch for symptoms such as fever, headache, vomiting, diarrhea, or unexplained bleeding, and immediately isolate and contact public health authorities if symptoms develop. Travelers who were in areas of concern (currently all of DRC and Kampala, Uganda) should take their temperature daily and follow any monitoring instructions from state or local health departments.
- Clinical Features of Ebola Disease | Ebola | CDC — Initial signs of symptoms of Ebola disease are nonspecific and can be confused with other more common infectious diseases like malaria, typhoid

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fever, meningococcemia, and other bacterial infections. Patients with Ebola disease generally have an abrupt onset of fever and symptoms 8 to 10 days after exposure. After 4-5 days of illness, patients may develop gastrointestinal symptoms like severe watery diarrhea, nausea, vomiting, and abdominal pain. Bleeding is not universally present in people with Ebola disease.

- Clinical Guidance for Ebola Disease | Ebola | CDC — FDA approved treatments and vaccine are available only for Ebola disease caused by infection with Ebola virus (species *Orthoebolavirus zairense).* There are no FDA approved treatments or vaccine for infection with the other three orthoebolaviruses that are known to cause disease in humans – Bundibugyo virus, Tai Forest virus, and Sudan virus.
- What Clinicians Should Know about Ebola Bundibugyo Virus | COCA | CDC — View the May 28 CDC Clinician Outreach and Communication Activity (COCA) webinar, during which subject matter experts provided updates on the Ebola outbreak; reviewed the history and ecology of Bundibugyo virus; discussed what U.S. clinicians should know about preparing for, diagnosing, and managing patients with suspected or confirmed Ebola disease; and outlined strategies to prevent the spread of Ebola viruses.

Hantavirus Update

- CDC 2026 Hantavirus Response Key Messages (***view attachment***) — This document provides updated, cleared key messages regarding CDC's response to the hantavirus outbreak as of May 27. Content in this document may be used as the basis for external messaging. Messages will be updated on an as-needed basis until further notice. New or updated content is captured in blue/bold text.

Measles Update

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC — As of May 28, a total of 1,983 cases of measles have been reported in the United States in 2026, an increase of 31 measles cases since May 21. These measles cases were reported to CDC by 40 jurisdictions. There have been 30 new outbreaks reported in 2026. Out of 1,983 confirmed cases, 93% are outbreak associated. 92% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.

CDC FIFA World Cup 2026™ Update

- Vector-Borne Disease Prevention Resources (***view attachment***) — As communities prepare for summer outdoor activities and sporting events, CDC has prepared a mini toolkit to help raise awareness about mosquito- and tick-borne diseases. These resources include ready-to-use fact sheets, prevention messaging by audiences, social media posts, and web links to more information. Share these resources with your community.

Upcoming Meeting

- CDC Response All-STLT Update Call — Join CDC at **2:00 p.m. EDT on Monday, June 8,** to hear from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented. To provide more frequent updates on multiple ongoing emergency response activities, the cadence of this call series is now weekly.

  If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.

Selected MMWR

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- Characteristics of Patients Hospitalized with Measles During an Outbreak — West Texas, January–March 2025 | MMWR

Many thanks for your continued partnership.

Sincerely,
Jen

Jennifer Renjel, MPH
Health Department Liaison Officer (HD LNO) - Region 3 (DC, VA, WV, DE, MD, PA)
Centers for Disease Control and Prevention (CDC)
Department of Health and Human Services (HHS)
[redacted]

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Vector-Borne Disease Prevention Resources

Almost everyone has been bitten by a mosquito or tick, which can spread germs (pathogens) and make people sick. Vector-borne diseases increasingly threaten people, with reported cases doubling in the United States over the last two decades, and cases continue to climb. Thank you for your contributions and efforts to protect people against vector-borne diseases!

Messages

For Everyone

- Bites from mosquitoes and ticks can make you sick.
- Preventing bites is the best way to protect yourself and loved ones.
- Take steps to keep ticks and mosquitoes away:
  - Use an Environmental Protection Agency (EPA)-registered insect repellent.
    - Look for an EPA registration number (EPA Reg. No.) on the insect repellent product label. This registration number means the company provided EPA with technical information on the effectiveness of the product.
  - Wear long, loose-fitting shirts and pants.
  - Treat clothing and gear with a product containing 0.5% permethrin.
- **Additional steps to prevent mosquito bites**
  - Once a week, remove standing water around the home. Mosquitoes lay eggs near water.
  - Use screens on windows and doors or use air conditioning to keep mosquitoes outside. If traveling, choose lodging with window and door screens or air conditioning.
- **Additional steps to prevent tick bites**
  - Avoid ticks by staying away from wooded and brushy or grassy areas.
  - Check clothing and body for ticks when returning indoors.
  - Shower after spending time outside to help remove unattached ticks and see ticks that might have attached under your clothes.
  - Also check pets for ticks after they have been outdoors.
  - Remove attached ticks as soon as possible. The longer a tick is attached, the more time it has to pass germs to you.
    - Dispose of ticks by taking one of these steps: place it in a sealed container; wrap it tightly in tape; flush it down the toilet; or put it in alcohol. Do not crush the tick with your fingers.
    - If you would like to bring the tick to your healthcare provider for identification, put it in rubbing alcohol or place it in a sealed bag/container.
- If you think you could have been bitten by a tick or mosquito and you feel sick or develop a fever, see a healthcare provider. Tell your doctor if you have recently traveled or had a mosquito or tick bite
  - Symptoms can include fever, rash, headache, or muscle and joint pain.

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For Healthcare Providers

- Encourage patients to use personal protective measures to prevent mosquito and tick bites, such as using EPA-registered insect repellent.
- Ask patients about recent travel and possible exposure to mosquitoes and ticks.
- Consider vector-borne diseases on your differential if your patient participated in outdoor activities or recently traveled and presents with symptoms of vector-borne disease, such as fever, rash, headache, muscle and joint pain.
  - Different vector-borne diseases can present similar symptoms. Recognizing the disease early can help with clinical management and improve patient outcomes.
  - Healthcare providers needing assistance with diagnosis or management of suspected cases of vector-borne diseases should call the CDC clinical hotlines. For example, the malaria hotline is available at 770-488-7788 or 855-856-4713 (toll free).
- Stay informed of current outbreaks and public health events on CDC's Outbreak webpage.

Resources

For Public Health Professionals

- Alpha-Gal Syndrome (AGS) Website
  - AGS Communications Resources
  - Video: When a Tick Bite Causes a Red Meat Allergy
- Chikungunya Website
- Dengue Website
- Lyme Disease Website
  - Lyme Disease Communications Materials
- Malaria Website
- Rocky Mountain Spotted Fever (RMSF) Website
- West Nile Virus Website
  - West Nile Virus Communications Resources and Outbreak Communications Toolkit
- What to Do After a Tick Bite
- CDC Safety for Soccer Fans Website

For Healthcare Providers

- Training: Managing AGS
- Training: RMSF in Southwestern Border States
- Training: RMSF Clinical Diagnosis and Treatment
- Toolkit to Help Clinicians Better Serve Patients with Prolonged Symptoms & Concerns about Lyme Disease
- Fact Sheet: Supporting Patients with AGS
- Video: What Clinicians Need to Know About Dengue
- Pocket Guide: Dengue Clinical Management

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Spread the word!

Sample Email

Subject: Give ticks and mosquitoes a red card this summer

From kickoff to cookout, summer is in full swing. Whether you're cheering from the sidelines or hosting a backyard watch party, don't let mosquitoes or ticks take you out of the game. Their bites can make you sick, and prevention is the best way to protect yourself and those around you.

Stay in the game with these tips:

- Use EPA-registered insect repellent (e.g., DEET, picaridin).
- Wear long, loose-fitting shirts and pants when possible, especially at dawn and dusk.
- Check for ticks after outdoor activities and shower soon after coming indoors.
- Remove standing water in and around homes to reduce mosquitoes.

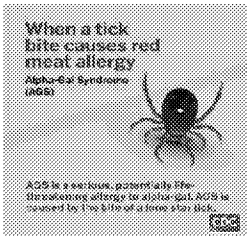
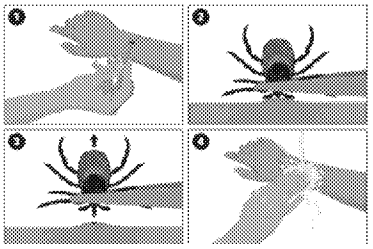
A little prevention goes a long way, helping you stay healthy and enjoying every minute.

Sincerely,

Sample Social Media

Sample copy	Sample photo
Cheering on your team this summer? Mosquitoes can be a part of the crowd, too. Mosquito bites can spread germs that make you sick. Find tips to protect yourself & loved ones: https://www.cdc.gov/vector-borne-diseases/prevention/index.html	 Download image: Fight the Bite
Don't let mosquitoes sideline your gameday plans! Mosquitoes can spread germs that make you sick. Protect yourself and your family while enjoying the big game: • Use Environmental Protection Agency (EPA)-registered insect repellents. • Wear loose-fitting, long-sleeved shirts and pants. • Control mosquitoes indoors and outdoors, for example by dumping standing water where they can lay their eggs. More tips: https://www.cdc.gov/mosquitoes/prevention/index.html	 Download image: Fight the Bite

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From tailgates to trails, time outside can come with unwanted bites. Lone star tick bites are linked to alpha-gal syndrome (AGS), which can cause delayed allergic reactions to red meat, dairy, and other products made from mammals. Hear Rob's story with AGS and tips to prevent tick bites: https://www.cdc.gov/alpha-gal-syndrome/communication-resources/video-tick-bite.html	 Download image: Alpha-gal syndrome
Out and about this summer? Sometimes ticks happen, and they use a special "cement" to anchor themselves into your skin. That's why simply brushing them off doesn't work! Removing a tick requires a deliberate pull. Learn how to remove a tick, which can help prevent diseases: https://www.cdc.gov/ticks/after-a-tick-bite/index.html	 Download image: How to remove tick

Fact Sheets

See the following pages for fact sheets to print and share.

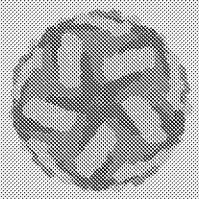
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Dengue Virus

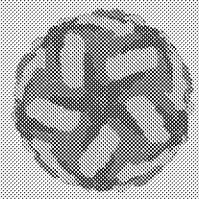
cdc.gov/dengue

Cause

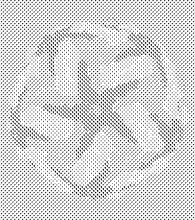
Dengue is a **viral disease** caused by any of the four related viruses: dengue virus 1, 2, 3, and 4.



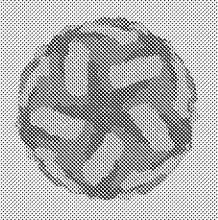
Dengue 1



Dengue 2



Dengue 3



Dengue 4

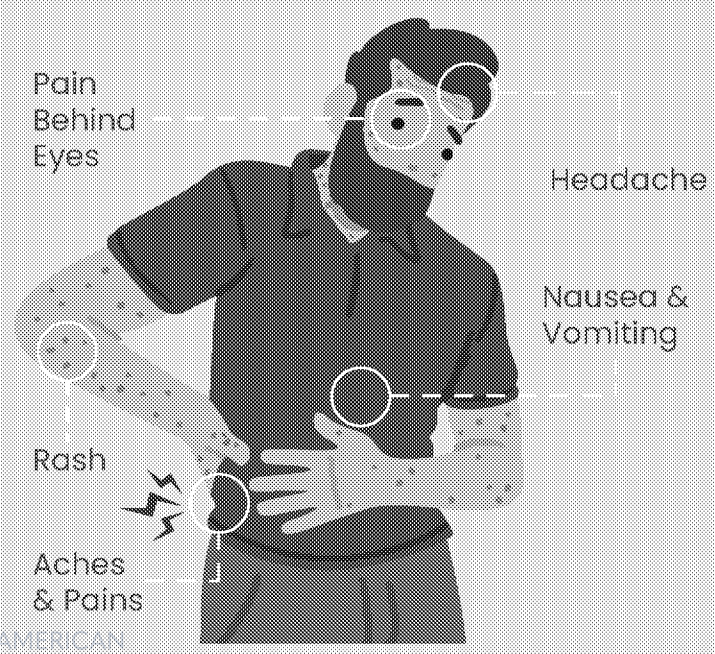
Spread

Dengue viruses are mainly spread to people by the **bite of an infected *Aedes* mosquito.**



Symptoms

The most common dengue symptom is **fever** with...

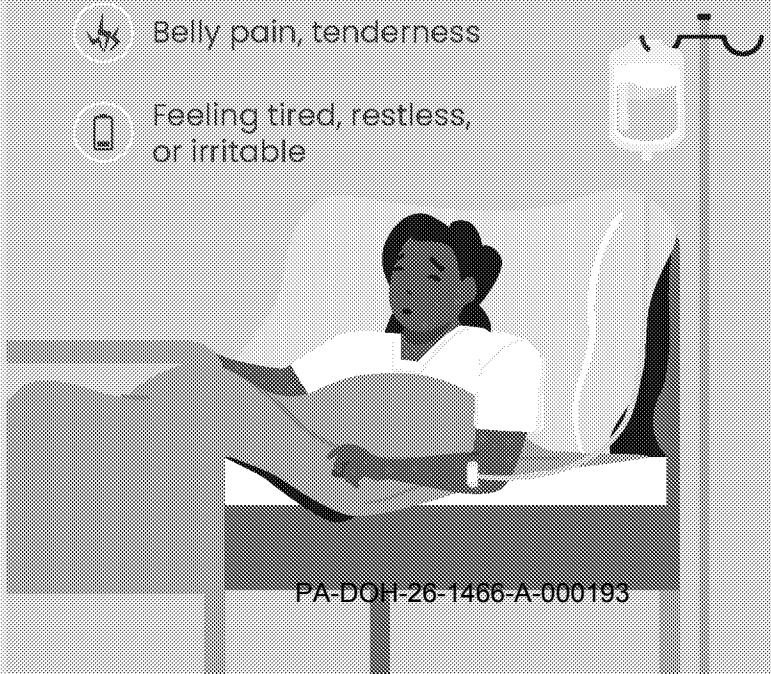


Symptoms **typically last 2–7 days.**

Warning Signs

Dengue **can become severe within a few hours.** Watch for warning signs **1–2 days** after fever has gone away.

- Blood in nose, gums, stool or vomit
- Belly pain, tenderness
- Feeling tired, restless, or irritable



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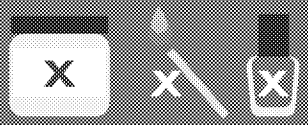
Let's Talk Ticks

DON'T WAIT: REMOVE ATTACHED TICKS ASAP

What to do if you find an attached tick:



Remove attached ticks as soon as possible. Do not wait to go to a healthcare provider to remove the tick. *Delaying tick removal could increase your risk of getting a disease spread through tick bites.*



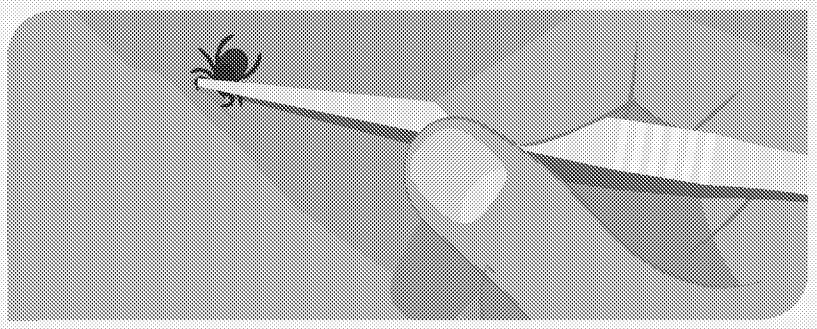
Do not use petroleum jelly, heat, nail polish, or other substances to detach the tick from your skin. *This may cause the tick to force infected fluid into the skin.*

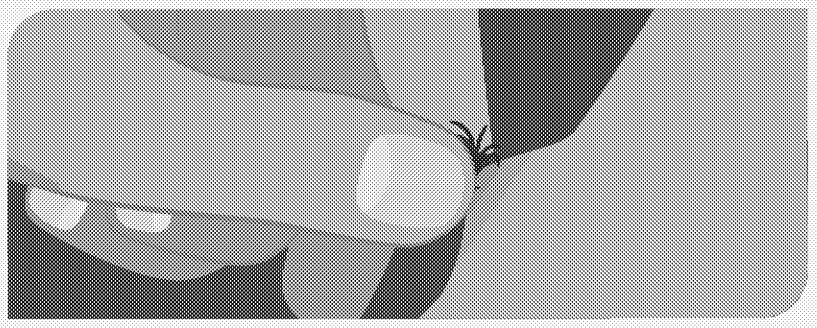


Look for other ticks and remove them. See a healthcare provider if you develop a rash or fever within weeks. *Tell them when and where the bite occurred.*

How to remove an attached tick:

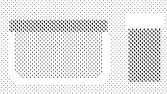
1. **Grasp the tick as close to the skin's surface as possible using clean, fine-tipped tweezers.** *If fine-tipped tweezers are not available, use regular tweezers or your fingers. Grasp the tick close to the skin's surface to avoid squeezing the tick's body.*





2. **Pull the tick away from the skin with steady, even pressure.** *Don't twist or jerk the tick.*

3. **Dispose of the live tick by taking one of these steps.**



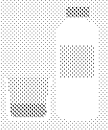
Place it in a sealed container



Wrap it tightly in tape



Flush it down the toilet



Put it in alcohol

4. **Clean the bite area and your hands thoroughly after disposing of the tick.** *Use soap and water, rubbing alcohol, or hand sanitizer.*

Learn more at cdc.gov/ticks/after-a-tick-bite

PA-DOH-26-1466-A-000194

CDC 2026 Hantavirus Response Key Messages

Issue #3 – May 27, 2026

***Note**: Content in this document is cleared and may be used as the basis for external messaging. Messages will be updated on an as-needed basis until further notice. **New and updated** information will appear in **bold/blue**.*

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Current Situation

- CDC is responding to a hantavirus outbreak on a Dutch cruise ship in the Atlantic Ocean, reported on May 2, 2026.
- The World Health Organization (WHO) confirmed that the type of hantavirus responsible for this outbreak is the Andes virus, which can lead to hantavirus pulmonary syndrome (HPS). HPS is a severe and potentially deadly disease that affects the lungs.
- **To date, no confirmed cases of Andes virus have been reported in the United States as a result of this outbreak. The overall risk to travelers and the American public remains extremely low, and routine travel can continue as normal.**

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- A CDC team met the 18 remaining U.S. passengers that were on the ship when they disembarked in the Canary Islands on May 10. CDC staff checked passengers for symptoms and interviewed them about their potential exposure(s) before they returned to the United States.
- Those passengers returned to the United States on May 11 aboard a State Department-chartered flight equipped with a biocontainment section.
- Sixteen of the 18 passengers from M/V Hondius were flown directly to a state-of-the-art high-containment facility in Nebraska for assessment and monitoring.
    - Two other passengers – one who had symptoms during an initial screening by the CDC team in the Canary Islands, and a travel companion who **did** not have symptoms -- were flown to Emory University Hospital in Atlanta for assessment and monitoring there.
    - **The symptomatic passenger later tested negative,** and on May 15, those two passengers were flown to Omaha from Atlanta on a chartered flight and rejoined the others from the ship in Nebraska.
    - All 18 passengers are now in Nebraska.

CDC, in coordination with state and federal partners, identified the Nebraska Quarantine Unit (NQU) as an appropriate location for assessing cruise passengers **who were evacuated from the ship** and coordinating how and where they will be monitored for a 42-day period. A decision was made across leadership in the U.S. government to have the passengers stay at the NQU in Nebraska until May 31, which marks the 21st day of their monitoring period.

- **In addition, there were several U.S. passengers who disembarked from the cruise ship before the outbreak was identified who either returned to the United States on their own or continued on to other non-U.S. locations. Some of these passengers boarded a flight with a person sick with Andes virus.**

- CDC has notified state health departments where these passengers live and is actively providing timely updates, resources, and guidance on how to protect these passengers, their families, any **people who may have been exposed on an airplane,** and their communities.
- State health departments are monitoring these passengers in coordination with CDC.
-
- Public health officials in the United States and other countries are monitoring passengers and taking precautions to reduce the chance of further spread.
- We might hear about more cases because people who were exposed to the Andes virus are still within the 42-day time period when symptoms can appear. This situation is

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evolving, and CDC will continue to assess new information and update the public as the need arises.

What CDC is doing

- CDC's top priority is keeping **exposed people** and American communities safe and healthy.
- From the earliest stages of this **response**, CDC has been working in close coordination with state public health authorities, federal partners, international health authorities, and private sector organizations to **repatriate, assess, and monitor Americans who were on the ship**.
- CDC immediately created public health guidance for American passengers on the ship, which was delivered by the U.S. Department of State.
- CDC's priorities now are
    - To continue to help assess each exposed person's health status and exposure risk
    - Develop and continue to update guidance on monitoring and follow-up
    - Support Nebraska and other jurisdictions with laboratory testing capacity, infection prevention and control guidance, and clinical consultation, as needed
- CDC is sharing real-time information with state and federal partners to coordinate decision-making and providing technical assistance and guidance to other public health authorities responding to this outbreak.
- **CDC has issued two notices through the Health Alert Network (HAN) to inform U.S. clinicians and health departments about the outbreak.**
    - **A HAN Health Advisory on May 8 urged clinicians to be aware of the potential for imported hantavirus cases and summarized CDC recommendations for health departments.**
    - **A HAN Health Update issued May 18 provided provide additional information about testing and consultation available for patients with suspected hantavirus infection, including the Andes virus associated with the current outbreak and other hantaviruses normally found in the United States.**
    - **Types of hantavirus normally found in the United States do not spread person to person.**
- CDC has responded to hantavirus outbreaks before, understands how Andes virus spreads, and is coordinating with international partners with similar experience to help ensure best information.

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- CDC and partners have plans in place for situations like this. These plans make sure exposed people are moved safely, checked for symptoms, monitored after travel, and connected to medical care quickly if they become sick.
- **CDC has offered assistance to clinical providers in diagnosing and testing hantavirus. - including Andes virus and hantaviruses that are normally found in the US. CDC staff are available for consultation and CDC can test if a person currently has a hantavirus infection or was previously infected with hantavirus.**
- CDC has worked with health departments to confirm that all exposed passengers are being monitored by public health officials.
- CDC responds to sick travelers at U.S. ports of entry 24/7, 365 days of the year.
- CDC works with other federal agencies, health departments, airlines, and international partners to identify and follow up with people potentially exposed to a contagious disease of public health concern during travel.
- CDC port health stations are part of a network that serves to limit the introduction and spread of contagious diseases in the United States.

Information for the American Public

- The risk to the American public remains extremely low. Andes virus does not spread easily from person to person. When person-to-person spread occurs, it is usually limited to close contact with someone who has symptoms, such as direct physical contact or prolonged time spent in close or enclosed spaces.
- Current assessments show no indication of increased risk for people who are traveling, and routine travel can continue as normal.
- **This outbreak is not like COVID-19. Andes virus does not spread easily through casual contact or routine travel.**
- Hantavirus is not new to CDC. CDC has monitored hantaviruses that naturally occur in the United States for decades and has experience supporting health departments, clinicians, and communities with their hantavirus surveillance.
- CDC and partners are using established response plans to help make sure passengers from the M/V Hondius and any air travel contacts are checked for symptoms, monitored after travel, and connected to medical care quickly if they become sick.
- CDC is keeping health departments, clinicians, affected travelers, and the public informed through updated guidance, FAQs, clinician alerts, web updates, and other public health resources.
- People who were not on the M/V Hondius cruise ship, on one of the identified commercial flights, or in close contact with someone who was sick with Andes virus do not need to take special precautions related to this outbreak.

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- If you had close contact with someone who was on the M/V Hondius cruise ship and later became sick, or if you develop symptoms after a possible exposure, contact a healthcare provider or your state or local health department right away.

Information for Public Health Departments

- CDC has published guidance and case reporting information for public health departments about the management of passengers returning from this cruise ship and other people who were in close contact with someone who was sick with Andes virus.
- The risk to the U.S. public remains extremely low.
- CDC recommends individual exposure risk assessments for all potentially exposed people.
- **CDC has issued notices through the Health Alert Network (HAN) on May 8 and May 18 to inform U.S. clinicians and health departments about the outbreak.**
    - **A HAN Health Advisory on May 8 urged clinicians to be aware of the potential for imported hantavirus cases and summarized CDC recommendations for health departments.**
    - **A HAN Health Update issued May 18 provided provide additional information about testing and consultation available for patients with suspected hantavirus infection, including Andes virus associated with the current outbreak and other hantaviruses normally found in the United States.**
    - **Types of hantavirus normally found in the United States do not spread person to person.**
- **Clinicians with clinical and epidemiologic suspicion for Andes virus should contact their state, tribal, local, or territorial health department immediately to report a suspected case and for assistance with diagnostic testing for Andes virus.**
- Clinicians can consult CDC's Viral Special Pathogens Branch (VSPB) to discuss hantavirus diagnostic testing by calling the CDC Emergency Operations Center at 770-488-7100 and requesting VSPB's on-call epidemiologist. VSPB cannot accept specimens without prior consultation.

- Andes virus is the only type of hantavirus that transmits person-to-person. Symptoms may appear between 4 and 42 days after exposure to the virus, but about half will have symptoms within 18 days.
- **Because of this wide range of potential symptom onset, people exposed should continue monitoring for any symptoms consistent with Andes virus infection for the full 42-day period.**
- People are generally only infectious while they have symptoms.

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- Andes virus is not easily spread from person to person. Transmission requires prolonged close contact with a sick person.
- There are no specific treatments available for hantavirus, so rapid access to advanced supportive care is critical.
- Anyone aboard the M/V Hondius at any time from April 6, when the first patient in this outbreak fell ill, through the time passengers left the ship on May 10 is considered at high risk for Andes virus because they had prolonged close contact with passengers and crew and shared living spaces.
- Anyone who sat in proximity of a person sick with Andes virus on an aircraft is also considered to be at high risk. State and local health departments are monitoring the health of these contacts in coordination with CDC.
- Health departments should monitor high-risk contacts **in their jurisdictions** twice a day until 42 days after the last known high-risk exposure.
- During these 42 days, high-risk contacts should also modify their activities and take certain precautions to protect their household members and communities as follows.

General Precautions for High-risk Contacts

- Practice good hand hygiene
- Ensure good ventilation
- Wear a well-fitting respirator or mask that covers the mouth and nose, if indoors with others
- Maintain distance
    - Avoid kissing, hugging, or other intimate contact
    - Avoid sharing a bedroom with anyone
- Avoid exposing others to bodily fluids
    - Avoid sharing items that may be contaminated, such as toothbrushes, cigarettes/vapes/hookah, or unwashed towels, bedding, or clothing.
    - Avoid sharing food out of the same plate or bowl, eating from the same utensil, or sharing beverages
- Delay nonessential medical or dental appointments
    - Coordinate any urgent or necessary care with the health department in advance and notify the healthcare facility before arrival

Travel and Movement Restrictions

High risk contacts should

- Stay home and away from others
    - Unless they have a life-threatening emergency or they are instructed by public health authorities, they

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        - Should not enter any buildings except their residence
        - Should not allow other people to enter their residence.
            - If someone else must enter the home, for example to conduct necessary repairs, they should contact their health department for instructions.
            - If they typically reside with other people, the most protective option is to reside apart during their quarantine period.
        - They may spend time outdoors within walking distance of their residence. They should not come in contact with other people and avoid crowded settings, including outdoors.
        - They should maintain distance from other people and avoid crowded settings (including outdoors).
    - If a life-threatening emergency, they should:
        - First, call 911 and tell the dispatcher right away that they have been exposed to hantavirus so responders can take proper precautions.
        - Then, they should call their health department emergency contact.
    - Any essential travel (for example, to return to their communities or to get urgent medical care) should be coordinated by authorities.

About Hantavirus

- Hantaviruses are a family of viruses which can cause serious illnesses and death.
- People usually get hantavirus from contact with rodents, especially when exposed to their urine, droppings, and saliva.
- Hantaviruses can also spread through a bite or scratch by a rodent, but this is rare.
- New World Hantaviruses found in the Western Hemisphere, including here in the United States, can cause hantavirus pulmonary syndrome (HPS). HPS is a severe and potentially deadly disease that affects the lungs.
- WHO has confirmed that the type of hantavirus responsible for this outbreak is the Andes virus.

About Andes virus

- Andes virus is a type of hantavirus spread by rodents in South America.
- Andes virus primarily spreads to humans through contact with long-tailed rice rats which are found throughout much of Argentina and Chile.
- The Andes virus is the only type of hantavirus that is known to spread person-to-person. This spread is usually limited to people who have prolonged close contact with the ill person.

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- This includes direct physical contact, prolonged time spent in close or enclosed spaces, and exposure to the infected person's saliva, respiratory secretions, or other body fluids (e.g., kissing, sharing utensils, handling contaminated bedding).
- Like other hantavirus infections, Andes virus infection can lead to a severe respiratory disease called Hantavirus Pulmonary Syndrome (HPS)
    - It is different than the hantaviruses found in the United States, which are not known to spread person-to-person.
- Cases of hantavirus that naturally occur in the United States are reported every year.

Symptoms

- HPS is a severe and potentially fatal respiratory disease. For infections caused by Andes virus, symptoms typically develop 4–42 days after exposure although most people who develop infection will get sick within the first 21 days.
- People are generally able to spread the virus only while they have symptoms.
- Early symptoms commonly include fatigue, fever, and muscle aches, particularly in large muscle groups such as the thighs, hips, back, and shoulders. About half of patients also experience headaches, dizziness, chills, and gastrointestinal symptoms including nausea, vomiting, diarrhea, and abdominal pain.
- Approximately 4–10 days after the initial illness, patients may develop worsening respiratory symptoms, including cough and shortness of breath, as fluid accumulates in the lungs. HPS can be life-threatening; among patients who develop severe respiratory symptoms, the case fatality rate is estimated at approximately 38%.

Testing

- CDC can test whether a person currently has a hantavirus infection or was previously infected with hantavirus.
- Tests look for the presence of two types of antibodies, known as IgM and IgG.
- Once CDC receives a sample, results should be available in about 24 hours.
- CDC recommends testing people who:
    - currently have symptoms of New World hantavirus and have a known exposure
    - had symptoms while they were a passenger on the M/V Hondius or on an aircraft.
- CDC does not recommend clinical testing of people who have not experienced symptoms of hantavirus infection. This is because the New World hantavirus test can potentially be negative when you test someone before they show symptoms.
    - A false negative can give false reassurance and delay public health interventions.

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    - Even if someone with symptoms tests negative for hantavirus and their test was done fewer than 72 hours from when their symptoms started, they need to be re-tested when they've been sick more than 72 hours to confirm the result is negative.
- **On May 18, 2026, CDC published a Health Alert Network update (CDCHAN-00529) to inform clinicians and health departments about testing available for patients with suspected hantavirus infection, including Andes virus.**
    - **Clinicians with clinical and epidemiologic suspicion of Andes virus or another hantavirus infection should contact their state, tribal, local, or territorial health department for assistance with reporting, consultation, and diagnostic testing.**
    - Clinicians can consult CDC's Viral Special Pathogens Branch (VSPB) to discuss hantavirus diagnostic testing by calling the CDC Emergency Operations Center at 770-488-7100 and requesting VSPB's on-call epidemiologist. VSPB cannot accept specimens without prior consultation.
- The repatriated American passengers continue to be assessed at the University of Nebraska Medical Center, National Quarantine Center in Nebraska. Any passengers with current or resolved hantavirus symptoms will be clinically tested. The testing will be done at CDC in Atlanta.
- CDC has offered assistance to clinical providers in diagnosing and testing hantavirus.
- In addition to having a validated blood test specifically for Andes virus, CDC is working to fully validate a PCR test for clinical use.
- In addition to CDC, several state laboratories and Quest Diagnostics perform serologic testing for the detection of New World hantavirus IgM and IgG antibodies.
- Early diagnosis of HPS can be difficult, especially within the first 72 hours of symptoms, before the virus can be accurately detected in body secretions and excretions. Repeat diagnostic testing is often done 72 hours after symptom onset. CLIA assays for detection of New World hantavirus IgM and IgG antibodies are available at CDC and some state public health laboratories.
- If you have any questions or concerns regarding submitting a specimen or any public health emergency, please contact your state or local health department or contact the CDC's Emergency Operations Center at 770-488-7100.

Treatment

- There is no FDA-**approved or authorized** treatment for hantavirus infection. Patients should receive supportive care, including rest, hydration, and treatment of symptoms.
- Symptoms may develop rapidly. Early medical care is critical.
- Hantavirus Pulmonary Syndrome (HPS) can cause breathing difficulties, and patients may need breathing support, such as intubation. Intubation is a medical procedure where a tube is placed in the lungs from the mouth to help the patient get oxygen.

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2026 Ebola DRC Key Messages

Issue #1 – As of May 27, 2026

Newly updated information appears in **bold/blue*

*Note: Content in this document is cleared and may be used as the basis for external messaging. Messages will be updated on an as-needed basis until further notice. **New and updated** information will appear in **bold/blue**.*

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Current Situation

- CDC is responding to a deadly Ebola outbreak in the Democratic Republic of the Congo (DRC) and Uganda.
- **As of May 28,** no Ebola cases associated with this outbreak have been reported in the United States.
- Laboratory analysis conducted by the National Institute of Biomedical Research (INRB) in the Democratic Republic of the Congo confirmed Bundibugyo virus (species

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O*rthoebolavirus bundibugyoense*), a type of Ebola, in samples collected from suspected cases. The cases were associated with clusters of severe illness and deaths in the Mongbwalu and Rwampara health zones in Ituri Province.
    - These areas are affected by insecurity, population displacement, mining-related population movement, and frequent cross-border travel, all of which might increase the risk of further spread.
- In Uganda, health authorities confirmed Bundibugyo virus disease (BVD), a type of Ebola, in a patient who had traveled from DRC and died while receiving care.
- Patients presented with symptoms that included fever, generalized body pain, weakness, vomiting, and in some cases, bleeding. Several patients reportedly deteriorated rapidly and died.
- Ugandan authorities have activated surveillance, screening, and response measures.
- On May 17, 2026, the World Health Organization determined this outbreak to be a public health emergency of international concern.
- On May 18, 2026, CDC and the U.S. Department of Homeland Security announced proactive public health measures, including temporary entry restrictions, enhanced public health entry screening, and other public health measures to prevent Ebola from entering the United States.
- On May 17, 2026, an American who was exposed as part of their work caring for patients in DRC tested positive for Bundibugyo virus disease.
    - That person has been moved to Germany for treatment and care.
    - In addition to being a short flight time away from DRC, Germany has previous experience caring for patients with Ebola.
- Six other Americans were identified as having had high-risk exposures to BVD. They have been moved to Germany and Czechia for monitoring.
- Case numbers and other information are subject to change as the situation evolves.

U.S. Response Actions

- The top priority is keeping Americans and U.S. communities safe and healthy.
- The risk of spread of Ebola to the United States is considered low at this time.
- On May 21, CDC and DHS began temporary entry restrictions, public health entry screening, and other public health measures to prevent Ebola from entering the United States amid the ongoing outbreak.
- CDC issued an order to temporarily suspend entry of certain travelers who have been in DRC, Uganda, or the neighboring country of South Sudan within the previous 21 days. Exceptions are included for
    - U.S. citizens
    - U.S. nationals

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    - Certain U.S. government and military personnel
- The order allows case-by-case humanitarian or law enforcement exceptions and Department of Homeland Security-approved entry processes with CDC-documented mitigation protocols.
- CDC issued a Level 3 Travel Health Notice for DRC, recommending avoiding non-essential travel to Ituri, Nord-Kivu, and Sud-Kivu provinces. Travelers to DRC are urged to take precautions to avoid exposure to Ebola and to monitor themselves for symptoms while in DRC and for 21 days after leaving the country.
- CDC also issued a Level 2 Travel Health Notice for Uganda, urging travelers to practice enhanced health precautions when visiting the country and to monitor themselves for symptoms while in the country and for 21 days after leaving.
- CDC is working with other federal agencies, international partners, and other countries' health ministries on this evolving situation and supporting response efforts through our country offices in DRC and Uganda.
- CDC support includes technical assistance to help countries with:
    - Disease tracking and contact tracing
    - Laboratory sample collection and virus sequencing
    - Infection prevention and control
    - Public health measures at their borders, including exit screening and cross-border coordination
    - Personal protective equipment (PPE) and infection prevention and control
    - Risk communication and community engagement
- CDC is providing laboratory and diagnostic supplies, consultation, and training for in-country partners.
- CDC offers extensive clinical guidance and training for healthcare providers and others in both U.S. and non-U.S. settings, including Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF).
- CDC is coordinating with U.S. health departments nationwide to
    - Follow established patient assessment protocols if Ebola is suspected in a patient with concerning clinical and epidemiologic history.
    - Manage patients, collect specimens, and arrange for Ebola testing with state, tribal, local, and territorial health departments and clinical teams.
- CDC has developed Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak.
- CDC maintains guidance for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.

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- CDC maintains recommendations for U.S.-based organizations (such as nongovernmental, faith-based, academic, or aid organizations) with staff working in areas affected by viral hemorrhagic fever (VHF) outbreaks.

Travel and Border Health

- CDC has travel health notices in place for DRC and Uganda to help Americans, planning travel to either country in the near future, learn how to keep themselves safe from Ebola.
- CDC port health stations are part of a network that serves to limit the introduction and spread of contagious diseases in the United States.
    - Affected air passengers from DRC, South Sudan, and Uganda will have their air travel re-routed to arrive at Washington-Dulles International Airport (IAD), Atlanta Hartsfield-Jackson International Airport (ATL), George Bush Intercontinental Airport (IAH), or John F. Kennedy International Airport (JFK). Airlines will work directly with affected travelers to rebook flights.
- The risk of spread of Ebola to the United States is considered low at this time.
- CDC is taking proactive public health measures to prevent Ebola from entering the United States, including:
    - Conducting public health screening for individuals arriving from DRC, South Sudan, and Uganda.
    - Supporting state, local, tribal, and territorial health departments in traveler monitoring efforts.
    - Coordinating with airlines, international partners, and officials at U.S. ports of entry to identify and manage travelers who might have been exposed to Ebola.
    - Enhancing contact tracing, laboratory testing capacity, and hospital readiness nationwide.
    - Continuing deployment of CDC personnel to support outbreak containment efforts in affected regions

Information for the American Public

- The risk of spread of Ebola to the United States is considered low at this time.
- **As of May 28,** no Ebola cases associated with this outbreak have been reported in the United States.
- People with Ebola are only considered infectious after they start having symptoms.
- There are no FDA-licensed or authorized vaccines or therapeutics for Bundibugyo virus, a type of Ebola. Treatment consists of intensive supportive care and fluid replacement.

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- CDC is working with partners to provide travelers with the support that they need to protect themselves and others, including education on symptoms, and who to call if they get sick.
- Travelers to DRC and Uganda should follow CDC's Travel Health Notices, take steps to avoid possible exposure to Ebola, and monitor themselves for symptoms while in the outbreak area and for 21 days after leaving.

Information for Public Health Departments and Clinicians

- The risk to the U.S. public is considered low at this time.
- Clinicians should include Bundibugyo virus disease, a type of Ebola, in the differential diagnosis for an ill person who has compatible symptoms and epidemiological risk factors within the 21 days before symptom onset.
- Clinical teams should coordinate with public health officials and CDC to assess the risk of Bundibugyo virus disease, a type of Ebola, based on the clinical presentation and epidemiologic risk factors. This will help determine if testing is needed and what other causes of illness should be considered (e.g., malaria). This coordination can ensure proper patient care and appropriate precautions are taken to help prevent potential spread within the healthcare setting.
- Contact CDC's Clinical Consult Team in the Ebola Response 24/7 for consultations about Ebola or other VHFs. Call CDC's Emergency Operations Center at **770-488-7100** and request on-call epidemiologist. For non-emergency inquiries, email spather@cdc.gov.
- For suspected cases, request testing for Ebola, including Bundibugyo virus disease, and other VHFs from CDC (Atlanta, Georgia) or the Laboratory Response Network (LRN).
    - These laboratories use testing panels that can rapidly detect or rule out high-consequence infectious disease pathogens, including viral hemorrhagic fever viruses, to support timely patient evaluation and public health response.
- Be aware of CDC's Travel Health Notice for suspected Ebola, specifically Bundibugyo virus disease, in the DRC and Uganda, and consider engaging travel health clinics or other clinical and public health partners to increase awareness about it.
- Review CDC's recommendations for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.
- On May 19, 2026, CDC published a Health Alert Network, Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda to inform clinicians and health departments about this Bundibugyo virus disease (a type of Ebola) outbreak in DRC and Uganda.
    - The alert included recommendations for identifying possible cases, testing, laboratory safety, infection control, and traveler precautions.

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        - Clinicians should contact their state, tribal, local, or territorial health department immediately to report a suspected Ebola case and for assistance with diagnostic testing for Bundibugyo virus.
- On May 21, 2026, CDC published Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak.

About Ebola and Bundibugyo virus disease (BVD)

- Ebola disease is caused by a group of viruses known as orthoebolaviruses (formerly ebolavirus). These viruses can cause serious illness that, without prompt diagnosis and treatment, can cause death.
- Orthoebolaviruses were discovered in 1976 in the Democratic Republic of the Congo (then Zaire). Since then, these viruses have emerged sporadically in several countries in sub-Saharan Africa.
- There are 4 types of orthoebolaviruses that cause illness in people: Ebola virus, Sudan virus, Taï Forest virus, and Bundibugyo virus (species O*rthoebolavirus bundibugyoense*). This ongoing Ebola outbreak is caused by the Bundibugyo virus.
- Past Ebola cases have been linked to
    - Direct contact with bats, bat urine or droppings, forest antelopes, or nonhuman primates
    - Contact with blood, fluids, or meat from these or unknown animals
    - Sexual transmission (rare).
- Bundibugyo virus disease (BVD) is a rare and deadly illness that has caused two previous outbreaks, in Uganda in 2007 and one in DRC in 2012.
- The incubation period for BVD is believed to range from 2 to 21 days after exposure. A person infected with an orthoebolavirus is not considered contagious until after symptoms https://www.cdc.gov/ebola/signs-symptoms/index.htmlappear.

Symptoms

- Someone with Ebola might start feeling sick 2 to 21 days after exposure to an orthoebolavirus. However, on average, symptoms begin about 8 to 10 days after infection.
- Early "dry" symptoms can include fever, aches, pains, and fatigue and later "wet" symptoms can include diarrhea, vomiting, and unexplained bleeding.
- Symptoms of Ebola disease can be hard to distinguish from other more common infectious diseases, such as:
    - Malaria
    - Influenza (flu)

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    - Typhoid fever
    - Meningococcal disease
    - Other bacterial infections, like pneumonia
- After about four to five days of illness, patients can progress to "wet" symptoms as they become sicker. “Wet” symptoms can include:
    - Loss of appetite
    - Unexplained bleeding
    - Gastrointestinal symptoms such as
        - Nausea
        - Vomiting
        - Diarrhea
        - Abdominal pain
- Additional symptoms might include chest pain, shortness of breath, confusion, red eyes, skin rash, hiccups, or seizures.

Transmission

- All orthoebolaviruses, including Bundibugyo virus, can be spread by direct contact with the blood or body fluids of a person who is infected with or has died from it.
- Like all Ebola, Bundibugyo virus can also spread by:
    - Direct contact with objects contaminated with blood or body fluids (such as clothing, bedding, needles, or medical equipment);
    - Direct contact with animals, such as bats, forest antelopes, and nonhuman primates, that might be infected with Bundibugyo virus
    - Meat from these or unknown animals
- Sexual transmission is believed to be rare.
- Orthoebolaviruses, including Bundibugyo virus, are not spread through airborne transmission.
- Healthcare providers and family members caring for someone with Ebola disease without proper infection control precautions are at the highest risk of infection.

Prevention

- Avoid direct contact with body fluids from someone who is sick with or died from Ebola, including:
    - Blood, urine, feces, saliva, sweat, vomit, breast milk, amniotic fluid, semen, and vaginal fluid.
    - Semen from someone who has recovered from Ebola disease, until testing shows that the virus is no longer in the semen.
- Also, avoid direct contact with:
    - Clothes, bedding, needles, medical equipment, or other items that might have touched an infected person's blood or body fluids.

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    - The body of someone who is suspected or confirmed to have died from Ebola disease (for instance, as part of a funeral or burial practices).
    - Bats, forest antelopes, non-human primates, and blood, fluids, or raw or undercooked meat from these or unknown animals.
- Use personal protective equipment if you come in contact with people who are sick with or have died from Ebola disease, their blood and body fluids, or objects covered with their blood or body fluids.
- If you are in an area with an ongoing Ebola outbreak
    - Monitor your health while there and for 21 days after leaving.
    - Separate yourself from others and contact local health officials or a healthcare facility immediately if you develop any symptoms of Ebola disease.
    - Do not travel if you are sick.
- Call ahead before going to a healthcare facility to help the facility prepare for your arrival, which includes contacting health authorities and taking any precautions needed to protect staff and other patients.
- Avoid direct contact with any dead body in an area where Ebola is spreading, including during funeral or burial practices. Safe and dignified burial practices should be conducted by trained personnel using appropriate infection prevention and control measures and personal protective equipment.

Treatment

- There are no Food and Drug Administration (FDA)-licensed or authorized vaccines or therapeutics for Bundibugyo virus disease, a type of Ebola. Treatment consists of intensive supportive care and fluid replacement.
- In the absence of early diagnosis and appropriate supportive care, Ebola disease has a high death rate.
- Patients have a better chance of surviving Ebola when they promptly receive:
    - Fluids and electrolytes (body salts) by mouth or into their veins.
    - Medicines for low blood pressure, vomiting and diarrhea, fever and pain.
    - Treatment for other infections, if they occur.

Infection Prevention & Control

- CDC has developed recommendations for U.S.-based organizations (e.g., nongovernmental, faith-based, academic, or aid organizations) with staff working in affected areas: Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks.

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- It is essential for clinicians to wear proper PPE and take appropriate infection control precautions while assessing a patient with suspected Ebola, including Bundibugyo virus disease.
- CDC has developed Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers.

Testing/Laboratory

- Any patient being tested for Bundibugyo virus or any other Ebola virus should be isolated (separated from other people) in a healthcare facility until test results are confirmed.
- Laboratories that have validated the BioFire Global Fever Special Pathogens Panel, but do not have test kits on hand, can order the following products on the LRN Secure Information Hub using the BioFire Warrior Panel or Global Fever Special Pathogens Panel. Patient evaluation at a healthcare facility is coordinated through public health officials .
- Genetic fingerprinting of virus from this outbreak shows that it is similar to the genetic fingerprints from the 2007 and 2012 outbreaks of Bundibugyo virus disease, a type of Ebola. This means that the diagnostics available should work to detect the Bundibugyo virus causing the current outbreak.

Surveillance

- CDC is supporting surveillance and contact tracing through its country offices and partners in DRC and Uganda.
- At this time, the risk of spread of Ebola, and specifically Bundibugyo virus disease, to the United States is considered low, partly due to robust surveillance programs and outbreak response capacity and actions supported by federal, state, tribal, local, and territorial health partners.
- In the United States, public health and clinical partners should systematically assess patients with compatible symptoms for exposure risk and the possibility of viral hemorrhagic fevers, including Bundibugyo virus disease, through a triage and evaluation process that includes travel history.
- If Ebola, and specifically Bundibugyo virus disease, is suspected, clinicians should contact their state, tribal, local, or territorial health department immediately and follow jurisdictional protocols for patient assessment.

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Message

From: Tomkins, Sarah (CDC/OD/ORR/DSLR) [redacted]
Sent: 7/13/2026 8:23:16 PM
To: Tomkins, Sarah (CDC/OD/ORR/DSLR) [redacted]
CC: CDC IMS STLT Support HD LNO [eocstlthdlno@cdc.gov]; Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Subject: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness
Attachments: NWS Key Messages July 7, 2026_CLEARED.pdf

__ATTENTION:__ This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button in Outlook.

Greetings Region 3 Partners,

The following are updates from CDC's public health emergency responses, as well as additional content for your situational awareness.

If you wish to unsubscribe from this listserv, please email a request to the Jurisdictional Readiness and Response Support Branch at eocstlthdlno@cdc.gov and copy your health department liaison officer.

Ebola Updates (Please check the website as the situation is rapidly evolving.)

- Ebola Disease: Current Situation | Ebola | CDC – CDC is responding to an outbreak of Ebola disease caused by Bundibugyo virus in remote areas of the Democratic Republic of the Congo (DRC) and Uganda, where limited health infrastructure, conflict, and population movement make stopping this outbreak more difficult. To date, no cases have been confirmed in the United States, and the overall risk to the American public and travelers remains low. As of July 11, there are reports of 1,926 confirmed cases and 702 confirmed deaths in DRC. Investigation of additional cases is ongoing, and case counts are expected to change. The DRC Ministry of Health does not include probable cases in their official reporting. As of July 12, there are 20 confirmed cases and two confirmed deaths in Uganda. There is also one probable case and one probable death. In France, as of June 24, there is one confirmed case. This is a rapidly evolving situation, and case counts are subject to change.
- CDC Statement on Ebola Outbreak in the Democratic Republic of Congo and Uganda: 7/10/26 | CDC Newsroom – CDC is aware of a U.S. citizen working for a humanitarian organization in the DRC who has tested positive for Bundibugyo virus, a type of Ebola. CDC is working with the patient's employing organization, other U.S. federal agencies, public health authorities, and partners in DRC to help prevent further transmission by supporting contact tracing and performing risk assessments to identify high-risk contacts.
- Interim Guidance for Public Health Assessment and Management of Travelers from Countries Affected by the 2026 Ebola Outbreak – On July 7, CDC updated this guidance to clarify monitoring recommendations for travelers who were present in an affected country but not in an area of concern, **including travelers who only transited through an airport** in an affected country and travelers from South Sudan. CDC staff are now conducting an initial public health assessment for air travelers who **transited** (on a connecting flight) through affected countries.
    - This includes travelers who did not deplane or who only spent time in an airport in an affected country.
    - The contact information for transit travelers will be shared with jurisdictions via the One CDC Data Platform; the records will indicate they are transit travelers.

  Health departments should conduct an initial encounter and may consider an **optional additional** check-in during or at the end of the 21-day period.

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    - These travelers should be advised to watch their health until 21 days after departing or transiting through an airport in the affected country.
    - If they develop symptoms, they should take their temperature and notify the health department.
- Information for Travelers Returning from Ebola-Affected Areas | Ebola | CDC – An Order continuing the suspension of the right to introduce specified foreign nationals into the United States was issued on July 13, 2026. It will be in effect for 30 days.
- Ebola Health Facility Door Sign | Ebola | CDC – Download a printable health facility door sign that instructs patients with recent travel to a country affected by the 2026 Ebola outbreak and any of the listed symptoms to notify staff immediately upon arrival.

Measles Updates

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC – As of July 9, a total of 2,231 cases of measles have been reported in the United States in 2026, an increase of 61 measles cases since July 2. These measles cases were reported to CDC by 42 jurisdictions. There have been 32 new outbreaks reported in 2026. Out of 2,231 confirmed cases, 93% are outbreak associated. 93% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.
- Be Ready for Measles Toolkit – This toolkit includes preparedness and outbreak response tools and communication materials to help you and your jurisdiction prepare for and respond during a measles outbreak. These materials are available for your use today. **CDC can also provide these communication materials in 34 additional languages and in versions for you to tailor for your audiences; email your request to** measlesresources@cdc.gov.

New World Screwworm (NWS) Updates

- Confirmed Detections of New World Screwworm | APHIS – The United States Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) maintains an updated dashboard tracking confirmed cases of NWS across the United States. The webpage provides current information on affected areas and species, helping partners maintain situational awareness.
- NWS Key Messages 07.7 (***view attachment***) – This document provides updated, cleared language about NWS, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated weekly until further notice.

CDC FIFA World Cup 2026™ Update

- CDC Safety for Soccer Fans – This page gives quick access to essential public health information to help fans stay prepared and safe as they travel and attend soccer matches.

Other Update

- Surveillance of Cyclosporiasis | Cyclosporiasis | CDC – State and federal partners are working together to investigate several outbreaks of cyclosporiasis. Investigations to identify source(s) of illness are ongoing. Cyclosporiasis is a gastrointestinal disease caused by the microscopic parasite *Cyclospora*. On a regular basis, CDC reports all laboratory-confirmed cases that are received from states. State data may include both probable and confirmed cases, which in turn is likely to reflect a higher case count than the CDC surveillance data because initial case reports have not yet been reported to CDC. CDC does not report probable cases.

Upcoming Meetings

- USDA APHIS NWS Webinar for Tribal Nations – At **1:00 p.m. EDT on Monday, July 20**, USDA APHIS Office of National Tribal Liaison is hosting a Tribal Nations-exclusive webinar on NWS

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(NWS, *Cochliomyia hominivorax*). Subject matter experts will provide an overview of NWS, including:

- Biology and life cycle
- How to recognize clinical signs of myiasis (infection)
- Historical distribution and current outbreak
- Eradication tools and techniques, including surveillance, movement controls, sterile fly production, and dispersal
- How to report suspect cases
- USDA preparedness and NWS Response Playbook
- How to request outreach materials and information

Join the conversation. Please also share this webinar information with Tribal Nation personnel and community members who may be interested or would benefit from learning more about NWS. A Q&A session will follow the presentations. Participants may submit questions live during the webinar.

- CDC Response All-STLT Update Call – Join CDC at **2:00 p.m. EDT on Monday, July 27,** to hear from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented. Please note, this call series has returned to its normal bi-weekly cadence.

  If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.

Many thanks for your continued partnership.

Sincerely,
Sarah *on behalf of Jen Renjel*

Sarah Tomkins
Preparedness Field Assignee (PFA) - PA DOH
Centers for Disease Control and Prevention
Department of Health and Human Services

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New World Screwworm Key Messages

As of July 7, 2026

Note: This document provides updated, cleared language about New World screwworm, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated **weekly** until further notice.

*New and updated information will appear in **bold/blue**.*

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U.S. Situation Summary as of July 7, 2026

- CDC is coordinating with the U.S. Department of Agriculture (USDA), Department of the Interior (DOI), and other federal partners, as well as state, tribal, local, and territorial (STLT) partners, and non-governmental partners. They are using the One Health approach to prevent NWS from spreading to people and animals, both domestic (livestock and companion) and wild animals.
    - More on the roles in this collaborative response can be found in the What CDC is Doing section and in the USDA NWS Response Playbook version 2.0 (Key Activities, Resources, and Tools).
- As of **July 5, 2026**, USDA Animal and Plant Health Inspection Service (APHIS) reports **32** domestically acquired animal cases of NWS in the United States.
    - This includes **31 animal cases in Texas (17 cattle, 10 sheep, 3 goat, and 1 dog) and 1 dog in New Mexico**.
    - On **June 3, 2026**, APHIS confirmed the first detection of a New World screwworm in a calf in Zavala County, Texas. Zavala County is adjacent to a Texas county on the border with Mexico.
- As of **July 5, 2026,** no locally acquired infestations in humans have been reported in the United States.
    - CDC's counts do not include travel-associated cases, in which people were found to have an NWS infestation after returning from another country, where NWS flies are circulating.
    - There has been one travel-associated case related to the outbreak in Central America and Mexico (Maryland, August 2025).
- The current risk to people in the U.S. remains low. You and your pets may be at higher risk for NWS if you live in or travel to areas where NWS flies have infested animals:
    - Map of Texas NWS zones
    - Map of New Mexico NWS zone
    - NWS is a parasitic infestation and cannot spread from animal to animal, animals to people, or person to person. NWS occurs when flies lay eggs in wounds or body openings in people or animals.
- CDC recommends that everyone be aware of the signs and symptoms of NWS infestation in humans or animals.

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- USDA, which leads the coordination and implementation of aerial and ground sterile fly release activities, has been releasing about 100 million sterile NWS flies per week along the U.S.-Mexico border, including into affected areas inside Texas.
    - See subsection Sterile Flies below for more information.
- Situation in Central America and Mexico:
    - New World Screwworm Outbreak | New World Screwworm | CDC
    - As of **July 3, 2026**, Central American countries and Mexico reported **more than 189,000** NWS cases in animals and **more than 2,260** cases in people.
    - As of this date, Mexico reported **478 cases in people, including three confirmed deaths**.

About New World Screwworm

- NWS is a fly that lays its eggs in open wounds and body openings, such as the eyes, ears, nose, or mouth. The eggs hatch into parasitic larvae (maggots) that burrow into and feed on living tissue or flesh.
- NWS threatens livestock, companion animals, wildlife, and people. Rapid detection and reporting are critical to preventing its spread.
- NWS is typically found in South America and parts of the Caribbean. However, NWS flies have steadily moved northward from Panama through every country in Central America and Mexico since 2023.
    - You are at higher risk for NWS if you travel in these areas, are in areas where flies are present, spend an extended amount of time around livestock or other warm-blooded animals in areas where NWS flies are present, and if you have an uncovered open wound.
- NWS was previously found in the United States, Mexico, and Central America. It was eradicated in the United States in 1966; in Mexico, 1986; and throughout Central America by 2006. In 2016-2017, there was an outbreak, mainly in Key deer, in the Florida Keys. U.S. Government efforts eradicated the parasite again, ending the outbreak.
- From 2006-2023, animal health and agricultural officials had maintained a biological barrier at the Darien Gap, along the Panama-Colombia border. Sterile male flies were continuously released in this barrier zone to prevent the flies from being reintroduced into Central America.
- In 2023, Panama reported a spike in cases of NWS infestation to more than 9,300 in one year.
- In Mexico, the most impacted animal species are cattle, dogs, and pigs.
- For the latest information on NWS in animals in Mexico, see USDA's Current Status of New World Screwworm website with map and table of cases.

- For the latest on human cases in Mexico, see Current Situation of Cochliomyia Hominivorax Myiasis in Humans, Mexico, 2026 | Ministry of Health | Government | gob.mx.

Symptoms and What to Do If You Have Symptoms

- Symptoms of New World screwworm can include
    - feeling or seeing maggots (larvae) move in a skin wound or sore, or in the ears, nose, eyes, or mouth.
    - painful skin wounds or sores that worsen within a few days.
    - a foul smell from the site of the infestation.
    - bleeding from open sores.
- Bacterial infections may also occur in wounds where NWS maggots are present, leading to symptoms like fever or chills.
- If you see or feel maggots in or on a wound or other area of your body, contact your healthcare provider immediately. Tell them if you have recently traveled to or are in an area where NWS flies are present .
- Do not try to remove any maggots or egg masses yourself. If maggots or eggs fall out of the wound, place them in a leak-proof container with rubbing alcohol to kill them. Bring them with you to your healthcare provider.
- **Do not throw any live maggots in the trash or outside.** NWS could spread in your area this way because the maggots could pupate and continue the lifecycle to become adult flies.

Risk Factors

- The risk for NWS exists only for people **who have traveled to or are in areas where there are NWS cases.** If you are in one of these areas, you may be more at risk if you
    - spend a lot of time outdoors during the day, especially if sleeping or unable to keep flies away.
    - have any open wounds. Even small breaks in the skin, including from a scratch, insect bite, or recent surgery, may attract NWS flies.
    - have a medical condition that can cause bleeding or open sores, such as eczema, skin or sinus cancer, or from treatments that create breaks in the skin.
    - spend extended time around livestock or other warm-blooded animals in areas where there are NWS cases, and if you have an uncovered open wound.

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Prevention

For Everyone

- Keep open wounds clean and covered, no matter how small or their location on the body.
- Sleep indoors with closed windows or screened open windows. If you are outside, sleep under a bed net or inside a screened tent.
- Protect your skin by
    - using an EPA-registered insect repellent.
    - treating clothing and gear with products containing 0.5% permethrin.
    - wearing loose-fitting, long-sleeved shirts and pants, hats, and socks to limit access to your body by NWS flies and biting insects.

Sterile Flies

- Sterile insect technique (SIT) is a proven tool for fighting the spread of NWS and protecting American agriculture and natural resources.
- SIT was developed in the 1950s and used to eradicate NWS from the United States, Mexico, and Central America in the second half of the 20th century.
- SIT uses gamma radiation to irradiate NWS pupae and create sterile male flies. This practice does not impact the male flies' longevity, searching behavior, or mating ability.
- When produced and released in mass, sterile male flies mate with wild female flies, which then lay unfertilized eggs.
- Because female NWS flies mate only once, the NWS population progressively reduces and is, ultimately, eradicated.
- SIT does not involve the release of insects modified through genetic engineering processes.
- The release of sterile flies is safe, environmentally friendly, and offers a sustainable, non-toxic alternative to chemical pesticides.
- It poses no risk to wildlife, livestock, or people in infested areas.

Recommendations for Healthcare Providers

Clinical Presentation and Guidance

- Consider NWS infestation in people who present with any of the following:
    - Visible larvae or egg masses in a wound, ears, eyes, nose, mouth, or other body orifice (e.g., genitals).
    - Destruction of healthy tissue.
    - Sensation of movement, foul odor, bloody discharge, swelling, and pain.
    - Recent travel to regions where NWS is present.
- In areas where NWS is present, advise patients to:
    - Clean and cover all wounds, no matter how small or the location on the body.

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    - Wear loose-fitting, long-sleeved shirts and pants, socks, and hats to limit exposed skin and use Environmental Protection Agency (EPA)-registered insect repellents to avoid bug bites.
    - If possible, limit spending time outdoors where livestock or any infested animals are located or housed.
    - Avoid sleeping outdoors, especially during daytime hours when NWS flies are most active.
    - Use bed nets to protect sleeping quarters from insects if windows are left open and not screened. In hospitals, screening windows and doors is essential.
- Many morphologically similar species of flies can cause myiasis. Submitting larvae is critical for species identification of NWS.

Reporting to Public Health

- Direct clinical inquiries to CDC's Parasitic Diseases Branch (404-718-4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.
- Assistance for confirmation of suspected human cases is available through CDC's Diagnostic Parasitology Laboratory, DPDx, at dpdx@cdc.gov.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- If a patient is concerned about their animal(s), advise them to consult their veterinarian immediately.
    - Timely reporting of suspected animal and human cases to the appropriate authorities is critical, so USDA can coordinate and implement sterile fly release activities to prevent further expansion of NWS.

Treatment

- Use standard precautions when treating wounds and handling larvae.
- **Remove all eggs and maggots**, which might require surgical extraction if the larvae are embedded deeply into tissues.
    - Remove and safely dispose of any remaining larvae (see Specimen Submission and Safe Disposal section).
    - **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment.**
- Patients with additional symptoms or secondary infections may need additional treatment or supportive care.
    - Re-examine treated lesions after 24–48 hours to confirm no live larvae remain.
    - Monitor for and treat secondary bacterial infections as needed.
- ***Only if pressed***: There are no studies showing specific medication is useful in treating NWS infestation in humans. Although there are anecdotal reports of using

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ivermectin in off-label treatment of NWS infestations in humans, there are no controlled, double-blind studies measuring the effect of ivermectin use on myiasis.

Specimen Submission and Safe Disposal

- Specimen submission and disposal information is available on the CDC website: Lab Identification of New World screwworm
- Safe removal and disposal of any remaining larvae and eggs is critical. **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment.**

Recommendations for Health Departments

- Emphasize to medical professionals and the community the importance of promptly removing and killing all larvae and eggs from suspected NWS cases. Do not dispose of any loose or live larvae (maggots) or eggs in the trash or outside on the ground.
    - Also see recommendations above for the public and healthcare providers, including safe submission of specimens and disposal of remaining larvae.
- Human infestations might indicate local circulation of flies and possible infestations in animals. Alert your state animal health official (SAHO) and your state wildlife official so they can monitor for NWS flies and take steps to stop further spread in coordination with agriculture, wildlife, and public health officials.
- Consider directed outreach to and surveillance of communities with people at higher risk of NWS, including people with unstable housing and agricultural workers.
- Additional considerations for STLT health officials to improve jurisdictional readiness to respond to a human case of NWS are available here: Preparing for New World Screwworm Infestations in Humans | New World Screwworm | CDC
- Information on how to report human cases of NWS is available on the CDC website: New World Screwworm Case Reporting for Health Departments | New World Screwworm | CDC
- Report all suspected NWS cases in animals to the state animal health official and USDA office. Contact USDA at screwworm@usda.gov

Recommendations for Laboratories

- See subsection on Specimens Submission and Safe Disposal above.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- Immediately report suspect animal NWS cases to your state animal health official and USDA office. Contact USDA at screwworm@usda.gov
- For specimen identification questions about human NWS, contact CDC's Diagnostic Parasitology Laboratory, DPDx, (dpdx@cdc.gov) or Parasitic Diseases Branch (404-718-

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4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.

Background on OHCU-NWS

- On the federal level, the overall response is a collaboration guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group (U.S. OHCU-NWS). The U.S. OHCU-NWS is co-led by USDA (primary coordinator), CDC, and the Department of the Interior (DOI) with engagement from over 20 agencies from multiple departments.
    - The collaboration is using a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The unified government approach spans multiple federal agencies that are in partnership with State, Tribal, local, and Territorial governments, industry, and private organizations.
    - Together, response partners are working to stop the screwworm's northward spread, including in Central America and Mexico and protect the U.S. livestock industry, economy, food supply, and public health.
- Federal partners on this response are supporting their state, local, and other governmental and non-governmental partners in their respective areas of expertise. For example, CDC is supporting STLTs and other public health partners. USDA is supporting state and other agricultural and wildlife partners. DOI is supporting state and other wildlife partners. USDA, CDC, and DOI are also encouraging One Health coordination across public health, agriculture, and wildlife partners.
- For this response, CDC has adopted the USDA term of "eradication" rather than the public health term of "elimination" to indicate pushing the parasite out of a geographical area.

What CDC is Doing

The Centers for Disease Control and Prevention (CDC) officially activated a Level 3 emergency response to New World screwworm (NWS) on June 11. Level 3 is the lowest level in CDC's 3-level response structure.

Providing Guidance to Public Health and Clinical Partners

- Managing NWS infestations in people.
- Proper handling of larvae and submission of specimens from people.
- Appropriate specimen identification.
- Case investigation and rapid reporting of suspect NWS cases in people to guide public health response to NWS.

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- How to coordinate across public health, agriculture, wildlife, and other partners using the One Health approach to protect people and animals from NWS.

Raising Awareness, Updating Recommendations, and Providing Materials

- Using the One Health approach to address NWS in people, animals, and their shared environment to raise awareness, preparedness, and coordination among federal, state, local, tribal, territorial, and other partners.
- Providing updated information on human health aspects of NWS to partner organizations representing healthcare providers, public health agencies, laboratory scientists, agriculture workers, animal health professionals, and veterinarians.
- Publishing updated content on CDC's website and at screwworm.gov on NWS.
- Publishing fact sheets for different audiences and for healthcare providers and others.
- Working with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), Central American countries, and Mexico to strengthen community-based surveillance and early detection of New World Screwworm.

Working with Federal, State, Tribal, Local, and Territorial, and International Partners

- Monitoring the outbreak and coordinating with One Health partners, including
    - Department of Health and Human Services (HHS) with CDC, the U.S. Food and Drug Administration, Indian Health Service, ASPR, and Office of Global Affairs, U.S. Department of Agriculture's Animal and Plant Health Inspection Service (USDA-APHIS), Department of the Interior (DOI), U.S. Department of State (DOS), Department of Homeland Security (DHS), and other federal departments and agencies.
    - State, tribal, local, and territorial public health, agriculture, and wildlife officials
    - Public and animal health agencies of governments in Mexico and Central America.
    - International organizations including the World Organisation for Animal Health (WOAH).
- Co-leading the unified federal response to NWS by focusing on the human health risks.
    - The federal response is guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group, co-led by USDA (primary coordinator), CDC, and the DOI.
    - This national collaboration has launched a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The goal of this government-wide response is to protect the nation's public health, livestock, companion animals, and wildlife from NWS.
    - Learn more at Federal Coordination for Screwworm Response | Screwworm.gov

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- Providing content and resources to the U.S. government's multi-agency website, screwworm.gov.

What CDC's Partners Are Doing

To find up-to-date information about what CDC's partners are doing, visit screwworm.gov.

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Message

From: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Sent: 5/27/2026 9:56:20 AM
To: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
CC: CDC IMS STLT Support HD LNO [eocstlthdlno@cdc.gov]
Subject: [External] Partner Alert: Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness
Attachments: Interim Source Control and Personal Protective Equipment Recommendations_Andes Virus_5.22.26.pdf

ATTENTION: *This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button in Outlook.*

Greetings Region 3 Partners,

The following are updates from CDC's public health emergency responses, as well as additional content for your situational awareness.

If you wish to unsubscribe from this listserv, please email a request to the Jurisdictional Readiness and Response Support Branch at eocstlthdlno@cdc.gov and copy your health department liaison officer.

Ebola Updates (Please check website as the situation is rapidly evolving).

- Ebola Disease: Current Situation | Ebola | CDC — In early May, a hospital in northeastern Democratic Republic of the Congo (DRC) identified a cluster of severe illnesses affecting healthcare workers. The illnesses were identified as Bundibugyo virus, one of the four types of orthoebolaviruses that causes Ebola disease in people. As of May 25, there are reports of 105 confirmed cases and 906 suspected cases including 223 suspected and 10 confirmed deaths in DRC. In Uganda, there are seven confirmed cases and one confirmed death. This is a rapidly evolving situation, and case counts are subject to change.
- Ebola Disease Outbreak in the DRC and Uganda | HAN | CDC — On May 19, CDC issued a Health Alert Network (HAN) Health Advisory to alert clinicians, public health practitioners, and travelers about a new outbreak of Ebola disease in the DRC and Uganda caused by the Bundibugyo virus (species *Orthoebolavirus bundibugyoense*).
- Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak | Viral Hemorrhagic Fevers (VHFs) | CDC — This interim guidance outlines how U.S. health departments should assess, educate, and monitor travelers arriving from countries affected by the 2026 Ebola outbreak to prevent disease importation and support early detection and response.
- Enhanced Ebola Airport Screening Expands to Atlanta | CDC Newsroom — CDC has expanded enhanced public health entry screening for Ebola disease to Hartsfield-Jackson Atlanta International Airport and Washington-Dulles International Airport. Beginning May 26 at 11:59 p.m., screening will be expanded to include George Bush Intercontinental Airport in Houston. We are continually assessing response measures in coordination with federal, state, and local partners.
- Statement: Update on Title 42 Order | CDC Newsroom — On May 22, the U.S. Department of Health and Human Services issued an interim final rule revising the authority under 42 CFR Part 71.40, which temporarily limits the entry of specific people into the United States to help stop the spread of dangerous diseases.
- Ebola Bundibugyo Virus Disease in the DRC - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC — This Travel Health Notice for the DRC was upgraded from Level 2 to Level 3, and CDC now recommends avoiding nonessential travel to the Ituri, North Kivu, and South Kivu provinces.

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- Transcript - Update on Ebola Outbreak in the DRC and Uganda, 5/20/2026 | CDC Newsroom and Transcript - Update on Ebola Outbreak in the DRC and Uganda, 5/22/2026 | CDC Newsroom — CDC has published transcripts of the May 20 and May 22, 2026, "Update on Ebola Outbreak in the DRC and Uganda" calls.
- Modification of List of Designated Airports Regarding Arrival Restrictions | U.S. Customs and Border Protection — The Department of Homeland Security has expanded the list of U.S. airports designated to receive flights carrying travelers who have recently been in the DRC, Uganda, or South Sudan, directing these flights to Washington Dulles (IAD) and newly adding Atlanta (ATL) and Houston (IAH) for enhanced public health screening. These arrival restrictions apply to flights departing after the specified May 2026 effective dates and are intended to support CDC's concentrated public health measures during the ongoing Ebola outbreak.
- What Travelers Need to Know About Returning to the United States from DRC, Uganda, and South Sudan | Viral Hemorrhagic Fevers (VHFs) | CDC — CDC advises travelers coming to the United States who may have been exposed to viral hemorrhagic fevers, such as Ebola, Marburg, or Lassa fever, to monitor for symptoms, follow public health guidance, and seek medical care if they become ill. The guidance also outlines screening, reporting, and travel recommendations intended to prevent the spread of these serious infectious diseases.

Hantavirus Updates

- Interim Source Control and Personal Protective Equipment Recommendations for Use During Transport of Asymptomatic Contacts with High-Risk Exposure to Andes Virus (***view attachment***) — This document provides recommendations for source control and personal protective equipment (PPE) during the transport of individuals who are asymptomatic but have had a high-risk exposure to Andes virus.
- CDC Category B Recommendation for Hantavirus — The United States Department of Transportation concurs with CDC's recommendations to categorize waste generated during the treatment of a patient suspected or confirmed of being infected with Andes virus as Category B infectious waste of Division 6.2 under the Hazardous Materials Regulations. Both agencies will continue to monitor the situation.
- 2026 Hantavirus Outbreak: Testing for Potential Infection | HAN | CDC — On May 18, CDC issued a HAN Health Update to inform clinicians and health departments about testing available for patients with suspected hantavirus infection to include Andes virus. CDC first issued a Health Advisory (CDCHAN-00528) about this outbreak on May 8, 2026.
- Andes Virus (Hantavirus) in South America - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC — On May 16, CDC issued a Travel Health Notice advising travelers to South America to practice usual precautions due to Andes virus, a hantavirus species carried by certain rodents in the region.

Measles Update

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC — As of May 21, a total of 1,952 cases of measles have been reported in the United States in 2026, an increase of 59 measles cases since May 14. These measles cases were reported to CDC by 40 jurisdictions. There have been 29 new outbreaks reported in 2026. Out of 1,952 confirmed cases, 93% are outbreak associated. 92% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.

New World Screwworm (NWS) Updates

- New World Screwworm Outbreak | New World Screwworm | CDC — Currently, the NWS fly is not present in the United States and there are no cases of NWS in the United States. As of May 20, Central American countries and Mexico have reported more than 171,700 NWS cases in animals and about 1,920 cases in people.

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- FDA Authorizes Over-the-Counter Injectable for Screwworm — On May 19, the U.S. Food and Drug Administration today issued an Emergency Use Authorization for Dectomax/Dectomax-CA1 (doramectin injection) injectable solution for the prevention and treatment of NWS infestations (myiasis) in dairy cattle (lactating dairy cows, dry dairy cows, and replacement dairy heifers 20 months of age and older), except for calves that will be processed for veal.

World Cup Update

- World Cup Dashboard — This data dashboard in the One CDC Data Platform (1CDP) is now live (access required). The purpose of the dashboard is to consolidate preexisting surveillance data of interest into one place. State and territorial epidemiologists, PHEP directors, and lab directors should all have access, as well as an initial list of users they have submitted. Local health leadership was also invited. State leadership can request additional staff to gain access via 1CDP Lighthouse or by emailing their health department liaison officer (HD LNO) or eocstlthdlno@cdc.gov. Additionally, if a state partner is aware that a local partner needs access, please email the HD LNO for the corresponding state or send an access request email to eocstlthdlno@cdc.gov. The email must include their name, email, title, and agency.

Upcoming Meetings

- What Clinicians Should Know about Ebola Bundibugyo Virus | COCA | CDC — Join CDC at **2:00 p.m. EDT on Thursday, May 28,** to learn more about the Ebola outbreak, the history and ecology of Bundibugyo virus, what U.S. clinicians should know about preparing for, diagnosing, and managing patients with suspect or confirmed Ebola disease, and how to prevent Ebola viruses from spreading.
- CDC Response All-STLT Update Call — Join CDC at **2:00 p.m. EDT on Monday, June 1,** to hear from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented.

  If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.

Selected Publication

- Investigation of and Response to Autochthonous Dengue, Los Angeles County, California, USA, August–November 2024 - Volume 32, Number 5—May 2026 - Emerging Infectious Diseases journal - CDC

Many thanks for your continued partnership.

Sincerely,
Jen

Jennifer Renjel, MPH
Health Department Liaison Officer (HD LNO) - Region 3 (DC, VA, WV, DE, MD, PA)
Centers for Disease Control and Prevention (CDC)
Department of Health and Human Services (HHS)
[redacted]

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Interim Source Control and Personal Protective Equipment Recommendations for Use During Transport of Asymptomatic Contacts with High-Risk Exposure to Andes Virus

The following are recommendations for use of source control and personal protective equipment (PPE) during the transport of individuals who are asymptomatic and have experienced a high-risk exposure to Andes virus. Home-based or facility-based monitoring is recommended for asymptomatic high-risk contacts for 42 days after the last high-risk exposure. Given this consideration, along with the high mortality of Andes virus infection, a conservative approach was proposed to prevent potential exposure to transport workers if a passenger develops symptoms during or shortly after transport. This guidance applies to asymptomatic contacts with high-risk exposures and workers that may include aircraft crew (pilots and cabin crew), drivers, medical attendants, and health department staff as well as others who may provide transport.

Use of respirators for workers should be part of a respiratory protection program, including medical evaluation, fit testing, and training (29 CFR 1910.134). Aircraft crew should follow the FAA respiratory protection program policy. When recommended, workers should use a NIOSH Approved® N95® filtering facepiece respirator or higher. Filtering facepiece respirators are single use. Workers should limit donning and doffing of the respirator as much as possible and use a new filtering facepiece respirator each time one is donned.

For the purposes of this document, the following definitions apply:

- *Shared Cabin* - enclosed space where asymptomatic contacts with high-risk exposure and workers share the same space. Examples may include the following:
    - Motor vehicles with a single cabin shared by workers and contacts
    - Aircraft cabins shared by workers and contacts
    - Ambulances shared by workers and contacts

Source control for asymptomatic contacts with high-risk exposures

Wear a well-fitting form of source control for the complete transport period, except while briefly eating or drinking. Options include:

- NIOSH Approved® N95® filtering facepiece respirator, without an exhalation valve, if it can be tolerated.
- ASTM F3502 compliant barrier face covering, surgical or other disposable, well-fitting mask.

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PPE for workers in a separate cabin space from asymptomatic contacts with high-risk exposures

- No PPE is recommended.

PPE for workers in a shared cabin space with asymptomatic contacts with high-risk exposures

- *For situations where there is no direct contact with an asymptomatic high-risk contact*
    - A NIOSH Approved N95 filtering facepiece respirator or higher should be worn at all times when in the shared cabin space.
- *For situations where there is limited, close contact with an asymptomatic high-risk contact*
    - A NIOSH Approved N95 filtering facepiece respirator or higher and disposable nitrile gloves should be worn for limited and necessary close contact with asymptomatic passengers. Examples of limited, close contact could include providing snacks and drinks, picking up trash, or helping with a seatbelt.
- *For situations where there is prolonged, close contact with an asymptomatic high-risk contact*
    - A NIOSH Approved N95 filtering facepiece respirator or higher, nitrile gloves, goggles or other eye protection, and gown should be worn. Examples of prolonged, close contact could include providing any type of medical care or assistance on or off a plane.

PPE for workers in a shared cabin space if a contact with high-risk exposures becomes symptomatic

- A NIOSH Approved N95 filtering facepiece respirator or higher, nitrile gloves, goggles or other eye protection, and gown should be worn.
    - Separate the symptomatic passenger from others to the extent possible.
    - Only interact with the symptomatic passenger if medically necessary.
    - If a NIOSH Approved respirator has already been donned prior to the contact becoming symptomatic, if possible, it should remain on while donning the remaining new PPE.

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From: McHugh, Lisa[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=68C17A77217F42B78119699492E5832C-LMCHUGH]

Sent: Tue 6/23/2026 12:54:43 PM (UTC)

To: Snyder, Teah[ ]; Nambiar, Atmaram[ ]; Longenberger, Allison[ ]; Schroeder, Betsy[ ] Wallace, Jennifer[ ]

Cc: Hanley, Carrie[ ]

Subject: FW: [External] Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness

Attachment: early-recognition-ebola-P.pdf

Attachment: NWS Key Messages June 16, 2026_CLEARED.pdf

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From: Tomkins, Sarah (CDC/OD/ORR/DSLR)[ ]
Sent: Tuesday, June 23, 2026 8:32 AM
To: Tomkins, Sarah (CDC/OD/ORR/DSLR)[ ]
Cc: CDC IMS STLT Support HD LNO[ ]; Renjel, Jennifer (CDC/OD/ORR/DSLR)[ ]
Subject: [External] Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness

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Greetings Region 3 Partners,

The following are updates from CDC's public health emergency responses, as well as additional content for your situational awareness.

If you wish to unsubscribe from this listserv, please email a request to the Jurisdictional Readiness and Response Support Branch at eocstlthdlno@cdc.gov and copy your health department liaison officer.

Ebola Updates (Please check website as the situation is rapidly evolving.)

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- Ebola Disease: Current Situation | Ebola | CDC — In early May, a hospital in northeastern Democratic Republic of the Congo (DRC) identified a cluster of severe illnesses affecting healthcare workers. The illnesses were identified as Bundibugyo virus, one of the four types of orthoebolaviruses that causes Ebola disease in people. As of June 20, there are reports of 1003 confirmed cases and 254 confirmed deaths in DRC. Investigation of additional cases is ongoing and case counts are expected to change. The DRC Ministry of Health does not include probable cases in their official reporting. As of June 22, there are 20 confirmed cases and two confirmed deaths in Uganda. There is also one probable case and one probable death. This is a rapidly evolving situation, and case counts are subject to change.
- "Think Ebola" factsheet and poster *(**view attachment**)* — This factsheet and poster, for healthcare providers, includes basic infection control steps to take when treating a patient who may have Ebola disease. Of note, it is important to consider and evaluate alternative diagnoses (e.g., malaria) when treating a symptomatic patient with travel history to Ebola-affected countries. The factsheet is intended for all healthcare facilities.
- Transcript - Update on Ebola Outbreak in the DRC and Uganda and CDC's World Cup 2026™ activation | CDC Newsroom — During this call, CDC provided an update on the Ebola outbreaks in the DRC and Uganda and highlighted preparedness efforts for FIFA World Cup 2026™, including enhanced disease surveillance, coordination with domestic and international partners, traveler health monitoring, and Emergency Operations Center (EOC) activation to support public health response activities.

Hantavirus Update

- Andes Virus Outbreak on a Cruise Ship: Current Situation | Hantavirus | CDC — On June 21, all U.S. citizens potentially exposed to hantavirus aboard the M/V Hondius cruise ship finished their 42-day monitoring period. No cases of hantavirus disease occurred in the United States as a result of this outbreak.

Measles Updates

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC — As of June 18, a total of 2,104 cases of measles have been reported in the United States in 2026, an increase of 31 measles cases since June 11. These measles cases were reported to CDC by 41 jurisdictions. There have been 30 new outbreaks reported in 2026. Out of 2,104 confirmed cases, 93% are outbreak associated. 93% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.
- **Spanish Clinical Signage** *PARE- Si cree que podría tener SARAMPIÓN* — CDC's customizable point-of-entry sign for healthcare and community settings to help prevent the spread of measles is available in Spanish. This sign instructs individuals with symptoms to stop and call ahead before entering a healthcare facility, reducing the risk of exposure in waiting areas. To request this file, other available resources, or materials that can be tailored to your local community, please contact measlesresources@cdc.gov.

New World Screwworm (NWS) Updates

- Confirmed Detections of NWS | APHIS — The United States Department of Agriculture's (UDSA) Animal and Plant Health Inspection Service (APHIS) maintains an updated dashboard tracking confirmed cases of NWS across the United States. The webpage provides current information on affected areas and species, helping partners maintain situational awareness.
- NWS Key Messages 06.16 (***view attachment***) — This document provides updated, cleared language about NWS, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated **weekly** until further notice.
- USDA Invests in Projects to Strengthen NWS Preparedness and Response | Animal and Plant Health Inspection Service — On June 16, USDA announced funding for 40 breakthrough projects to bolster the nation's defenses against NWS. These innovative proposals, which will receive a combined total of about $105 million, promise to sharpen detection, accelerate control and eradication tools, and strengthen rapid-response capabilities.

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CDC FIFA World Cup 2026™ Update

- What CDC is doing for World Cup™ | CDC Safety for Soccer Fans — CDC activated its EOC for the FIFA World Cup 2026™ to support public health efforts through disease surveillance, coordination with public health partners, traveler health monitoring, and the development of educational resources for fans and communities. The agency is also working with port health stations, state and local health departments, and federal partners to monitor potential health threats, respond to ill travelers, and provide timely public health guidance throughout the tournament.

Other Update

- CDC Outbreak Update: Infant Botulism Linked to Powdered Infant Formula | CDC Newsroom — A CDC food safety alert regarding a multistate outbreak of infant botulism linked to recalled Nara Organics Whole Milk Organic Infant Formula has been posted on the Infant Botulism Outbreak Linked to Powdered Infant Formula, June 2026 | Botulism | CDC webpage.
    - CDC, the Food and Drug Administration, the Infant Botulism Treatment and Prevention Program, and public health officials in several states are investigating a multistate outbreak of infant botulism linked to recalled powdered infant formula.

Upcoming Meetings

- Leveraging EMAC to Support Jurisdictional Stockpile Program Planning and Response Through Mutual Aid — The Strategic National Stockpile (SNS), in partnership with the National Emergency Management Association (NEMA), invites state, territorial, local, and tribal (STLT) partners to attend an informational webinar **on June 24, 2026, from 3:30 p.m. – 5:00 p.m. EDT**. The webinar will provide an overview of the Emergency Management Assistance Compact (EMAC), the nation's interstate mutual aid system for sharing resources across STLT jurisdictions during public health emergencies and disasters. Participants will hear from experienced emergency management professionals from NEMA who will outline the EMAC process and discuss how public health agencies coordinate through state emergency management to request, deploy, and support public health and medical resources through interstate mutual aid. Register and learn more here.

  To help ensure maximum benefit from this session, participants are encouraged to submit questions in advance to: sns-sltt@hhs.gov.
- CDC Response All-STLT Update Call — Join CDC at **2:00 p.m. EDT on Monday, June 29,** to hear from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented. To provide more frequent updates on multiple ongoing emergency response activities, the cadence of this call series is now weekly.

  If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.

Selected MMWR

- Notes from the Field: Initial Public Health Response to a Measles Outbreak in a Close-Knit West Texas Community — January–February 2025 | MMWR

Many thanks for your continued partnership.

Sincerely,
Sarah *on behalf of Jen Renjel*

Sarah Tomkins
Preparedness Field Assignee (PFA) - PA DOH
Centers for Disease Control and Prevention
Department of Health and Human Services

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Think Ebola

Early recognition is critical for patient and worker safety in healthcare settings



Identify

Ask patient if they have been in a country affected by the 2026 EBOLA OUTBREAK (Democratic Republic of the Congo, South Sudan, Uganda) in the last 21 days.

AND

Do they have a fever (≥100.4°F or ≥38°C) or other signs or symptoms compatible with Ebola:

- Headache
- Muscle pain
- Weakness and fatigue
- Sore throat
- Loss of appetite
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)?

Isolate

IMMEDIATELY put patient in a PRIVATE ROOM with its own toilet if they have been in an affected country and have any signs or symptoms.

Staff should:

- Wear recommended PPE
- Limit staff entering the room
- Keep a log of everyone who enters
- Take an exposure history to identify Ebola risk factors while in the affected countries:
  - Did they have contact with someone with suspected or confirmed Ebola?
  - In what areas of the affected countries were they present, including dates and methods of transportation?
  - Did they have contact with someone who was sick or died?
  - Did they visit a healthcare facility or traditional healer?
  - Did they attend a funeral or burial?
  - Did they have contact with bats, bat urine or droppings, or non-human primates; contact with blood, fluids, or raw meat from these animals; or entry into areas known to be inhabited by bats (e.g., caves, mines)?
- Consider and evaluate alternative diagnoses (e.g., malaria)
- Only perform essential procedures

Inform

IMMEDIATELY CALL your health department and infection prevention and control lead.

- Inform other appropriate staff and the clinical laboratory
- Contact your state and local public health authorities for guidance and testing
  - **Epi On Call:** https://libraries.cste.org/after-hours-contact/
  - CDC is available 24/7 for Ebola consultations by calling the CDC Emergency Operations Center at 770-488-7100

Get complete CDC Healthcare Infection Prevention and Control Guidance at https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html

June 2026

CS 365140-A

PA-DOH-26-1466-A-000235

New World Screwworm Key Messages

As of June 16, 2026

Note: This document provides updated, cleared language about New World screwworm, the current outbreak, and CDC's role in the federal outbreak response. Information in this document is intended to be used as the basis for CDC communications and may be shared with partners or the public. Messaging will be updated **weekly** until further notice.

*New and updated information will appear in **bold/blue**.*

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U.S. Situation Summary as of June 16, 2026

- CDC is coordinating with the U.S. Department of Agriculture (USDA), Department of the Interior (DOI), and other federal partners, as well as state, tribal, local, and territorial (STLT) partners, and non-governmental partners. They are using the One Health approach to prevent NWS from spreading to people and animals, both domestic (livestock and companion) and wild animals.
    - More on the roles in this collaborative response can be found in the What CDC is Doing section and in the USDA NWS Response Playbook version 2.0 (Key Activities, Resources, and Tools).
- As of **June 15**, USDA Animal and Plant Health Inspection Service (APHIS) reports **12** domestically acquired animal cases of NWS in the U.S.
    - This includes 11 animal cases in Texas (8 cattle, two goats, and 1 sheep) and 1 dog in New Mexico.
    - On June 3, 2026, APHIS confirmed the first detection of a New World screwworm in a calf in Zavala County, Texas. Zavala County is adjacent to a Texas county on the border with Mexico.
- As of **June 12**, no locally acquired infestations in humans have been reported in the U.S.
    - CDC's counts do not include travel-associated cases, in which people were found to have an NWS infestation after returning from another country, where NWS flies are circulating.
    - There has been one travel-associated case related to the outbreak in Central America and Mexico (Maryland, August 2025).
- The current risk to the public and animals in the U.S. is very low.
    - The risk of getting NWS is specific to people and animals in areas **only** where NWS flies are circulating.
    - NWS is a parasitic infestation and cannot spread from animal to animal, animals to people, or person to person. NWS occurs when flies lay eggs in wounds or body openings in people or animals.
- CDC recommends that everyone be aware of the signs and symptoms of NWS infestation in humans or animals.
- USDA, which leads the coordination and implementation of aerial and ground sterile fly release activities, has been releasing about **100 million sterile NWS flies per week** along the U.S.-Mexico border, including into affected areas inside Texas.
    - See subsection Sterile Flies below for more information.
- Situation in Central America and Mexico:

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    - New World Screwworm Outbreak | New World Screwworm | CDC
    - As of **June 16, 2026**, Central American countries and Mexico reported **more than 185,000** NWS cases in animals and **2,144** cases in people.
    - As of this date, Mexico reported 412 cases in people, including two confirmed deaths.

About New World Screwworm

- NWS is a fly that lays its eggs in open wounds and body openings, such as the eyes, ears, nose, or mouth. The eggs hatch into parasitic larvae (maggots) that burrow into and feed on living tissue or flesh.
- NWS threatens livestock, companion animals, wildlife, and people. Rapid detection and reporting are critical to preventing its spread.
- NWS is typically found in South America and parts of the Caribbean. However, NWS flies have steadily moved northward from Panama through every country in Central America and Mexico since 2023.
    - You are at higher risk for NWS if you travel in these areas, are in areas where flies are present, spend an extended amount of time around livestock or other warm-blooded animals in areas where NWS flies are present, and if you have an uncovered open wound.
- NWS was previously found in the United States, Mexico, and Central America. It was eradicated in the United States in 1966; in Mexico, 1986; and throughout Central America by 2006. In 2016-2017, there was an outbreak, mainly in Key deer, in the Florida Keys. U.S. Government efforts eradicated the parasite again, ending the outbreak.
- From 2006-2023, animal health and agricultural officials had maintained a biological barrier at the Darien Gap, along the Panama-Colombia border. Sterile male flies were continuously released in this barrier zone to prevent the flies from being reintroduced into Central America.
- In 2023, Panama reported a spike in cases of NWS infestation to more than 9,300 in one year.
- In Mexico, the most impacted animal species are cattle, dogs, and pigs.
- For the latest information on NWS in animals in Mexico, see USDA's Current Status of New World Screwworm website with map and table of cases.
- For the latest on human cases in Mexico, see Current Situation of Cochliomyia Hominivorax Myiasis in Humans, Mexico, 2026 | Ministry of Health | Government | gob.mx.

Symptoms and What to Do If You Have Symptoms

- Symptoms of New World screwworm can include

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    - feeling or seeing maggots (larvae) move in a skin wound or sore, or in the ears, nose, eyes, or mouth.
    - painful skin wounds or sores that worsen within a few days.
    - a foul smell from the site of the infestation.
    - bleeding from open sores.

- Bacterial infections may also occur in wounds where NWS maggots are present, leading to symptoms like fever or chills.
- If you see or feel maggots in or on a wound or other area of your body, contact your healthcare provider immediately. Tell them if you have recently traveled to or are in an area where NWS flies are present .
- Do not try to remove any maggots or egg masses yourself. If maggots or eggs fall out of the wound, place them in a leak-proof container with rubbing alcohol to kill them. Bring them with you to your healthcare provider.
- **Do not throw any live maggots in the trash or outside.** NWS could spread in your area this way because the maggots could pupate and continue the lifecycle to become adult flies.

Risk Factors

- The risk for NWS exists only for people **who have traveled to or are in areas where there are NWS cases.** If you are in one of these areas, you may be more at risk if you
    - spend a lot of time outdoors during the day, especially if sleeping or unable to keep flies away.
    - have any open wounds. Even small breaks in the skin, including from a scratch, insect bite, or recent surgery, may attract NWS flies.
    - have a medical condition that can cause bleeding or open sores, such as eczema, skin or sinus cancer, or from treatments that create breaks in the skin.
    - spend extended time around livestock or other warm-blooded animals in areas where there are NWS cases, and if you have an uncovered open wound.

Prevention

For Everyone

- Keep open wounds clean and covered, no matter how small or their location on the body.
- Sleep indoors with closed windows or screened open windows. If you are outside, sleep under a bed net or inside a screened tent.
- Protect your skin by
    - using an EPA-registered insect repellent.
    - treating clothing and gear with products containing 0.5% permethrin.

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- wearing loose-fitting, long-sleeved shirts and pants, hats, and socks to limit access to your body by NWS flies and biting insects.

Sterile Flies

- Sterile insect technique (SIT) is a proven tool for fighting the spread of NWS and protecting American agriculture and natural resources.
- SIT was developed in the 1950s and used to eradicate NWS from the United States, Mexico, and Central America in the second half of the 20th century.
- SIT uses gamma radiation to irradiate NWS pupae and create sterile male flies. This practice does not impact the male flies' longevity, searching behavior, or mating ability.
- When produced and released in mass, sterile male flies mate with wild female flies, which then lay unfertilized eggs.
- Because female NWS flies mate only once, the NWS population progressively reduces and is, ultimately, eradicated.
- SIT does not involve the release of insects modified through genetic engineering processes.
- The release of sterile flies is safe, environmentally friendly, and offers a sustainable, non-toxic alternative to chemical pesticides.
- It poses no risk to wildlife, livestock, or people in infested areas.

Recommendations for Healthcare Providers

Clinical Presentation and Guidance

- Consider NWS infestation in people who present with any of the following:
  - Visible larvae or egg masses in a wound, ears, eyes, nose, mouth, or other body orifice (e.g., genitals).
  - Destruction of healthy tissue.
  - Sensation of movement, foul odor, bloody discharge, swelling, and pain.
  - Recent travel to regions where NWS is present.
- In areas where NWS is present, advise patients to:
  - Clean and cover all wounds, no matter how small or the location on the body.
  - Wear loose-fitting, long-sleeved shirts and pants, socks, and hats to limit exposed skin and use Environmental Protection Agency (EPA)-registered insect repellents to avoid bug bites.
  - If possible, limit spending time outdoors where livestock or any infested animals are located or housed.
  - Avoid sleeping outdoors, especially during daytime hours when NWS flies are most active.
  - Use bed nets to protect sleeping quarters from insects if windows are left open and not screened. In hospitals, screening windows and doors is essential.
- Many morphologically similar species of flies can cause myiasis. Submitting larvae is

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critical for species identification of NWS.

Reporting to Public Health

- Direct clinical inquiries to CDC's Parasitic Diseases Branch (404-718-4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.
- Assistance for confirmation of suspected human cases is available through CDC's Diagnostic Parasitology Laboratory, DPDx, at dpdx@cdc.gov.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- If a patient is concerned about their animal(s), advise them to consult their veterinarian immediately.
    - Timely reporting of suspected animal and human cases to the appropriate authorities is critical, so USDA can coordinate and implement sterile fly release activities to prevent further expansion of NWS.

Treatment

- Use standard precautions when treating wounds and handling larvae.
- **Remove all eggs and maggots**, which might require surgical extraction if the larvae are embedded deeply into tissues.
    - Remove and safely dispose of any remaining larvae (see Specimen Submission and Safe Disposal section).
    - **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment .**
- Patients with additional symptoms or secondary infections may need additional treatment or supportive care.
    - Re-examine treated lesions after 24–48 hours to confirm no live larvae remain.
    - Monitor for and treat secondary bacterial infections as needed.
- ***Only if pressed***: There are no studies showing specific medication is useful in treating NWS infestation in humans. Although there are anecdotal reports of using **ivermectin** in off-label treatment of NWS infestations in humans, there are no controlled, double-blind studies measuring the effect of ivermectin use on myiasis.

Specimen Submission and Safe Disposal

- Specimen submission and disposal information is available on the CDC website: Lab Identification of New World screwworm
- Safe removal and disposal of any remaining larvae and eggs is critical. **Failure to kill and properly dispose of all larvae and eggs may result in the introduction and spread of NWS in the local environment.**

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Recommendations for Health Departments

- Emphasize to medical professionals and the community the importance of promptly removing and killing all larvae and eggs from suspected NWS cases. Do not dispose of any loose or live larvae (maggots) or eggs in the trash or outside on the ground.
    - Also see recommendations above for the public and healthcare providers, including safe submission of specimens and disposal of remaining larvae.
- Human infestations might indicate local circulation of flies and possible infestations in animals. Alert your state animal health official (SAHO) and your state wildlife official so they can monitor for NWS flies and take steps to stop further spread in coordination with agriculture, wildlife, and public health officials.
- Consider directed outreach to and surveillance of communities with people at higher risk of NWS, including people with unstable housing and agricultural workers.
- Additional considerations for STLT health officials to improve jurisdictional readiness to respond to a human case of NWS are available here: Preparing for New World Screwworm Infestations in Humans | New World Screwworm | CDC
- Information on how to report human cases of NWS is available on the CDC website: New World Screwworm Case Reporting for Health Departments.
- Report all suspected NWS cases in animals, including pets, to the state animal health official and USDA office. Contact USDA at screwworm@usda.gov

Recommendations for Laboratories

- See subsection on Specimens Submission and Safe Disposal above.
- Report **all suspected human cases** immediately to the local or state public health department (Epi on Call), followed by CDC at 404-718-4745 or parasites@cdc.gov.
- Immediately report suspect animal NWS cases to your state animal health official and USDA office. Contact USDA at screwworm@usda.gov
- For specimen identification questions about human NWS, contact CDC's Diagnostic Parasitology Laboratory, DPDx, (dpdx@cdc.gov) or Parasitic Diseases Branch (404-718-4745 or parasites@cdc.gov) during business hours or CDC's Emergency Operations Center (770-488-7100) after regular business hours. Non-clinical questions can be directed to newworldscrewworm@cdc.gov.

Background on OHCU-NWS

- On the federal level, the overall response is a collaboration guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group (U.S. OHCU-NWS). The U.S. OHCU-NWS is co-led by USDA (primary coordinator), CDC, and the Department of the Interior (DOI) with engagement from over 20 agencies from multiple departments.

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    - The collaboration is using a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The unified government approach spans multiple federal agencies that are in partnership with State, Tribal, local, and Territorial governments, industry, and private organizations.
    - Together, response partners are working to stop the screwworm's northward spread, including in Central America and Mexico and protect the U.S. livestock industry, economy, food supply, and public health.
- Federal partners on this response are supporting their state, local, and other governmental and non-governmental partners in their respective areas of expertise. For example, CDC is supporting STLTs and other public health partners. USDA is supporting state and other agricultural and wildlife partners. DOI is supporting state and other wildlife partners. USDA, CDC, and DOI are also encouraging One Health coordination across public health, agriculture, and wildlife partners.
- For this response, CDC has adopted the USDA term of “eradication” rather than the public health term of “elimination” to indicate pushing the parasite out of a geographical area.

What CDC is Doing

The Centers for Disease Control and Prevention (CDC) officially activated a Level 3 emergency response to New World screwworm (NWS) on June 11. Level 3 is the lowest level in CDC’s 3-level response structure.

Providing Guidance to Public Health and Clinical Partners

- Managing NWS infestations in people.
- Proper handling of larvae and submission of specimens from people.
- Appropriate specimen identification.
- Case investigation and rapid reporting of suspect NWS cases in people to guide public health response to NWS.
- How to coordinate across public health, agriculture, wildlife, and other partners using the One Health approach to protect people and animals from NWS.

Raising Awareness, Updating Recommendations, and Providing Materials

- Using the One Health approach to address NWS in people, animals, and their shared environment to raise awareness, preparedness, and coordination among federal, state, local, tribal, territorial, and other partners.
- Providing updated information on human health aspects of NWS to partner organizations representing healthcare providers, public health agencies, laboratory scientists, agriculture workers, animal health professionals, and veterinarians.
- Publishing updated content on CDC’s website and at screwworm.gov on NWS.

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- Publishing fact sheets for different audiences and for healthcare providers and others.
- Working with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), Central American countries, and Mexico to strengthen community-based surveillance and early detection of New World Screwworm.

Working with Federal, State, Tribal, Local, and Territorial, and International Partners

- Monitoring the outbreak and coordinating with One Health partners, including
    - Department of Health and Human Services (HHS) with CDC, the U.S. Food and Drug Administration, Indian Health Service, ASPR, and Office of Global Affairs, U.S. Department of Agriculture's Animal and Plant Health Inspection Service (USDA-APHIS), Department of the Interior (DOI), U.S. Department of State (DOS), Department of Homeland Security (DHS), and other federal departments and agencies.
    - State, tribal, local, and territorial public health, agriculture, and wildlife officials
    - Public and animal health agencies of governments in Mexico and Central America.
    - International organizations including the World Organisation for Animal Health (WOAH).
- Co-leading the unified federal response to NWS by focusing on the human health risks.
    - The federal response is guided by the U.S. One Health Coordination Unit–New World Screwworm Interagency Working Group, co-led by USDA (primary coordinator), CDC, and the DOI.
    - This national collaboration has launched a phased response strategy that includes early detection, rapid containment, and long-term eradication efforts.
    - The goal of this government-wide response is to protect the nation's public health, livestock, companion animals, and wildlife from NWS.
    - Learn more at Federal Coordination for Screwworm Response | Screwworm.gov
- Providing content and resources to the U.S. government's multi-agency website, screwworm.gov.

What CDC's Partners Are Doing

To find up-to-date information about what CDC's partners are doing, visit screwworm.gov.

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PA-DOH-26-1466-A-000244

From: McHugh, Lisa[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=68C17A77217F42B78119699492E5832C-LMCHUGH]

Sent: Tue 6/16/2026 1:03:59 PM (UTC)

To: Schroeder, Betsy[redacted]; Wallace, Jennifer[redacted]; Snyder, Teah[redacted]; Miller, Jeff[redacted]; Nambiar, Atmaram[redacted]; Longenberger, Allison[redacted]; Plipat, Nottasorn[redacted]

Cc: Hanley, Carrie[redacted]

Subject: FW: [External] Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness

Attachment: 2026 Ebola - Key Messages 6.13.2026.pdf

Attachment: STLTs abridged-preparing-for-suspect-VHF-case-checklist 06.2026.pdf

FYI

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Greetings Region 3 Partners,

The following are updates from CDC's public health emergency responses, as well as additional content for your situational awareness.

If you wish to unsubscribe from this listserv, please email a request to the Jurisdictional Readiness and Response Support Branch at eocstlthdlno@cdc.gov and copy your health department liaison officer.

Ebola Updates (Please check website as the situation is rapidly evolving.)

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- Ebola Disease: Current Situation | Ebola | CDC — In early May, a hospital in northeastern Democratic Republic of the Congo (DRC) identified a cluster of severe illnesses affecting healthcare workers. The illnesses were identified as Bundibugyo virus, one of the four types of orthoebolaviruses that causes Ebola disease in people. As of June 13, there are reports of 782 confirmed cases and 178 confirmed deaths in DRC. On May 29, the DRC Ministry of Health updated their total suspect case count to remove suspected cases that have been ruled out after investigation and suspected deaths that are pending the results of ongoing investigation. As of June 14, there are 19 confirmed cases and two confirmed deaths in Uganda. There is also one probable case and one probable death. This is a rapidly evolving situation, and case counts are subject to change.
- Ebola Virus Key Messages 06.04 (***view attachment***) — This document provides CDC-cleared key messages and talking points for communications regarding the 2026 Ebola (BVD) outbreak, including updates on the outbreak situation, U.S. response efforts, travel and border health measures, public risk, clinical guidance, and prevention recommendations. These key messages will be updated periodically.
- Update on Ebola Outbreak in the Democratic Republic of the Congo and Uganda, 6/5/2026 | CDC Newsroom — CDC has published the transcript of the June 5, 2026, "Update on Ebola Outbreak in the DRC and Uganda" call.
- Abridged Checklist for U.S. Public Health Departments to Prepare for Viral Hemorrhagic Fever (VHF) (***view attachment***) — This document is an abridged checklist version of the recently published *Public Health Recommendations for VHF/Ebola Planning and Response*, available in the Public Health Guidance for Ebola Disease | Ebola | CDC. The complete guidance can also be accessed via the QR code on page one of the checklist. While the attached document serves as a quick-reference PDF designed to facilitate easy dissemination and use, the *Public Health Recommendations* provide a more comprehensive set of guidelines, including additional details and links to resources that may be useful to state, tribal, local, and territorial (STLT) health departments.
- Ebola Bundibugyo Virus Disease in Parts of the Democratic Republic of the Congo - Level 3 - Reconsider Nonessential Travel - Travel Health Notices | Travelers' Health | CDC — In this updated Travel Health Notice, CDC recommends practicing enhanced precautions for travel to provinces in the DRC other than those affected by the outbreak.
- Ebola Bundibugyo Virus Disease in the Democratic Republic of the Congo and Uganda - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC — In this updated Travel Health Notice, CDC recommends practicing enhanced precautions for travel to Uganda or to provinces in the DRC other than those affected by the outbreak.
- Law and Epidemic Emergency Preparedness (LEEP) — This online training covers provisions and concepts applicable to epidemic response, including various challenges faced during the 2014 Ebola response, and applies them to future infectious disease emergency response planning. LEEP examines legal underpinnings of emergency preparedness and response systems, what actions are authorized, and how to minimize legal barriers to an effective large-scale communicable disease response. Units 1, 2, and 3 provide participants with a foundation in law and epidemic emergency preparedness and units 4, 5, 6, 7, and 8 cover specific situations you may encounter during an epidemic including airports and ports of entry, patient treatment, and waste disposal.

Measles Updates

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC — As of June 11, a total of 2,073 cases of measles have been reported in the United States in 2026, an increase of 43 measles cases since June 4. These measles cases were reported to CDC by 40 jurisdictions. There have been 30 new outbreaks reported in 2026. Out of 2,073 confirmed cases, 93% are outbreak associated. 93% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.
- Preventing Measles Before and After Travel Fact Sheet | Measles (Rubeola) | CDC — As a reminder ahead of summer travel, CDC has resources that make it easy for health departments to communicate with travelers about how to protect themselves against measles before and after travel.
- This social media graphic is available in 4 sizes.
  - Measles Traveling Soon (1080x1080)
  - Measles Traveling Soon (1080x1350)

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- Measles Traveling Soon (1600x900)
- Measles Traveling Soon (1200x675)

○ The *Be Ready for Measles* toolkit includes these materials and others available in additional languages or printer-friendly versions upon request. To access these, please email: measlesresources@cdc.gov.

New World Screwworm (NWS) Updates

- CDC Activates Emergency Operations Center for New World Screwworm Response | CDC Newsroom — On June 11, CDC officially activated a Level 3 emergency response to New World screwworm (NWS). Level 3 is the lowest level in CDC's 3-level response structure.
- Confirmed Detections of New World Screwworm | APHIS — The United States Department of Agriculture's (UDSA) Animal and Plant Health Inspection Service (APHIS) maintains an updated dashboard tracking confirmed cases of NWS across the United States. The webpage provides current information on affected areas and species, helping partners maintain situational awareness. Jurisdictions can use this tool to stay informed and support preparedness efforts.
- FDA Issues Emergency Use Authorization for Generic Over-the-Counter Drug to Treat New World Screwworm in Dogs and Cats | FDA — On June 11, the U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization for generic Nitenpyram Tablets (nitenpyram) for the treatment of NWS infestations (myiasis) in dogs, puppies, cats, and kittens that weigh at least two pounds and are at least four weeks old. This is the first generic animal drug authorized for use against NWS.
- CDC - DPDx - New World Screwworm ***(resharing for awareness)*** — NWS myiasis is confirmed in the laboratory by morphologic identification of larvae removed from wounds, with key diagnostic features including the larvae's darkly pigmented tracheal trunks and characteristic posterior spiracular plates; travel history and clinical presentation can help support identification. Suspected human cases should be referred to experienced reference laboratories, and CDC's DPDx laboratory provides confirmatory identification through specimen examination or telediagnosis, with intact larvae preserved in 70% ethanol preferred for submission.

CDC FIFA World Cup 2026™ Updates

- The FIFA World Cup 2026™ Tournament has officially started! Good luck to all the teams playing and thank you to all the jurisdictions who are supporting events.
- CDC Summer Travel | Summer Travel | CDC — As summer travel season begins, CDC encourages travelers to plan ahead by checking destination-specific health recommendations, staying up to date on vaccinations, and taking steps to protect themselves from common travel-related health risks. CDC's travel resources provide practical tips to help travelers stay healthy before, during, and after their trips.

Upcoming Meetings

- Bundibugyo Virus Outbreak - Public Health Management of Returning Travelers — At **2:00 p.m. EDT on Wednesday, June 17**, the Council of State and Territorial Epidemiologists and CDC will host a webinar to discuss the public health management of travelers returning from the affected countries in Africa. Advanced registration is required.
- Outbreaks in Carceral Settings: What Local Health Departments Should do to Prepare and Respond — Join this webinar on **Wednesday, June 17 at 3:00 p.m. EDT**, to hear a CDC subject matter expert discuss the *CDC Preparing and Responding to Measles: Checklist for Correctional Facilities* and other tools that can support outbreak prevention and response in these settings. Registration is required.
- CDC Response All-STLT Update Call — Join CDC at **2:00 p.m. EDT on Monday, June 22,** to hear from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented. To provide more frequent updates on multiple ongoing emergency response activities, the cadence of this call series is now weekly.

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If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.

- SNS Ask the Experts: Considerations for Jurisdictional Stockpiling of Personal Protective Equipment — The Strategic National Stockpile (SNS) invites STLT public health jurisdictions and other preparedness planners to join the inaugural SNS Ask the Experts session on **Friday, June 26, from 1:00 p.m. to 2:00 p.m. EDT**. The session will feature experts from the FDA and the National Institute for Occupational Safety and Health discussing key considerations for jurisdictional stockpiling of personal protective equipment (PPE), including regulatory and performance standards, shelf-life considerations, product authenticity and supply chain verification, and storage best practices. Participants will have the opportunity to engage directly with federal subject matter experts and ask questions to support PPE stockpiling and preparedness planning activities. Click here to register.

For related questions, contact the SNS Office of State, Local, Tribal, and Territorial Preparedness at sns-sltt@hhs.gov.

Selected Publications

- Group A Streptococcus Disease Outbreak Associated with Large Congregate Shelter, Chicago, Illinois, USA, October 2023–January 2024 - Volume 32, Number 6—June 2026 - Emerging Infectious Diseases journal - CDC
- Characteristics of Plausible Source Cases Responsible for Recent Mycobacterium tuberculosis Transmission, United States, 2018–2022 - Volume 32, Number 6—June 2026 - Emerging Infectious Diseases journal - CDC
- Adverse Outcomes of Travel-Related Cosmetic Procedures among US Residents, 2014–2024 - Volume 32, Number 6—June 2026 - Emerging Infectious Diseases journal - CDC

Many thanks for your continued partnership.

Sincerely,
Sarah *on behalf of Jen Renjel*

Sarah Tomkins
Preparedness Field Assignee (PFA) - PA DOH
Centers for Disease Control and Prevention
Department of Health and Human Services

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2026 Ebola DRC Key Messages

Issue #3 – June 13, 2026

Newly updated information appears in **bold/blue*

Note: Content in this document is cleared and may be used as the basis for external messaging. Messages will be updated on an as-needed basis until further notice. ***New and updated*** *information will appear in* ***bold/blue****.*

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Current Situation

- CDC is responding to a deadly outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo (DRC) and Uganda.
- **As of June 13,** no Ebola cases associated with this outbreak have been reported in the United States.
- **As of June 11, the DRC Ministry of Health reported 689 confirmed cases of Ebola, and 139 confirmed deaths.**

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- **On May 29, the DRC Ministry of Health updated their total suspect case count to remove suspected cases that have been ruled out after investigation and additionally suspected deaths that are pending the results of ongoing investigations.**
- **As of June 12, Uganda reported 19 confirmed cases, 1 probable case, 2 confirmed death, and 1 probable death.**
- Laboratory tests in DRC and Uganda confirmed Bundibugyo virus (species O*rthoebolavirus bundibugyoense*), which causes a type of Ebola disease, in samples collected from suspected cases. The cases were associated with clusters of severe illness and deaths in the Mongbwalu and Rwampara health zones in Ituri Province, in northeastern DRC.
    - These areas are affected by insecurity, population displacement, mining-related population movement, and frequent cross-border travel, all of which might increase the risk of further spread.
- **DRC and neighboring Uganda both declared Ebola outbreaks on May 15, 2026.**
- **On May 17, 2026, CDC initiated a public health emergency response for this outbreak.** Also on May 17, 2026, the World Health Organization determined this outbreak to be a public health emergency of international concern.
- On May 18, 2026, CDC and the U.S. Department of Homeland Security announced proactive, layered public health measures, including a CDC order setting out temporary entry restrictions for non-U.S. citizens, public health entry screening, and other public health measures intended to prevent introduction of Ebola into the United States.
- **On May 22, 2026, HHS issued an interim final rule revising the authority under 42 CFR Part 71.40 and CDC amended its May 18 order.**
    - The revised rule and amended order now suspend entry into the United States to U.S. lawful permanent residents (Green Card holders) as well.
- U.S. passengers returning to the United States from DRC, Uganda, or South Sudan are being routed to four U.S. airports to receive enhanced public health screenings upon arrival:
    - Washington-Dulles International Airport (IAD)
    - Hartsfield-Jackson Atlanta International Airport (ATL)
    - George Bush Intercontinental Airport (IAH), Houston
    - John F. Kennedy International Airport (JFK), New York
- **As of June 13, 2026, no cases have been reported in South Sudan. However, people who have been in South Sudan in the past 21 days are, consistent with the Amended Order, subject to entry restrictions or public health entry screening, as applicable, because it neighbors the most affected area of DRC with a high-volume of travel across a porous shared border.**

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- **Currently, 327 staff members are assigned to the 2026 Ebola Response, including 228 Incident Management Core (IMC) Staff and 99 personnel deployed to the field.**
- Case numbers and other information are subject to change as the situation evolves.

U.S. Response Actions

- The top priority is keeping Americans and U.S. communities safe and healthy.
- The **overall** risk of spread of Ebola to the United States is **considered low at this time, which is consistent with assessments from other international public health organizations**.
- **The United States has domestic public health capacity to rapidly implement case identification, laboratory confirmation, quarantine, isolation, contact tracing, and infection prevention and control measures that can contain and control an outbreak.**
- On May 18, CDC and DHS began temporary entry restrictions, public health entry screening, and other public health measures to help prevent introduction of Ebola into the United States amid the ongoing outbreak.
- CDC issued an order to temporarily suspend entry of certain travelers who have been in DRC, Uganda, or the neighboring country of South Sudan within the previous 21 days. Exceptions are included for
    - U.S. citizens
    - U.S. nationals
    - Certain U.S. government and military personnel
- The order allows case-by-case humanitarian or law enforcement exceptions and Department of Homeland Security-approved entry processes with CDC-documented mitigation protocols.
- CDC issued a Level 3 Travel Health Notice for parts of DRC, recommending avoiding non-essential travel to Ituri, Nord-Kivu, and Sud-Kivu provinces. Travelers to DRC are urged to take precautions to avoid exposure to Ebola and to monitor themselves for symptoms while in DRC and for 21 days after leaving the country.
- On May 26, CDC also issued a Level 2 Travel Health Notice for Uganda (updated from a prior Level 1 Travel Health Notice), urging travelers to practice enhanced health precautions when visiting the country and to monitor themselves for symptoms while in the country and for 21 days after leaving.
- CDC is working with other federal agencies, international partners, and other countries' health ministries on this evolving situation and supporting response and preparedness efforts through our country offices in DRC, Uganda, and South Sudan.
- CDC support includes technical assistance to help countries with:
    - Disease tracking and contact tracing

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    - Laboratory sample collection and virus sequencing
    - Training on Infection Prevention and Control Guidance and Personal Protective Equipment (PPE) Guidance
    - Public health measures at their borders, including exit screening and cross-border coordination
    - Risk communication and community engagement
- CDC is providing laboratory and diagnostic supplies, consultation, and training for in-country partners.
- CDC offers extensive clinical guidance and training for healthcare providers and others in both U.S. and non-U.S. settings, including Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF).
- **To support U.S. readiness for any possible importation of Ebola, CDC**
    - **Is providing extensive clinical guidance, and strict infection prevention protocols for U.S. hospitals evaluating suspected cases.**
    - **Is coordinating directly with health departments to support immediate patient isolation, specimen collection, and testing if Ebola is suspected.**
    - **Is ensuring rapid testing capacity through our long-standing Laboratory Response Network which is available directly at CDC or through public health laboratories nationwide.**
- CDC is coordinating with U.S. health departments nationwide to
    - Follow established patient assessment protocols if Ebola is suspected in a patient with concerning clinical and epidemiologic history.
    - Prepare to manage patients, collect specimens, and arrange for Ebola testing with state, tribal, local, and territorial health departments and clinical teams.
- CDC has developed Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak.
- CDC maintains guidance for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.
- CDC maintains recommendations for U.S.-based organizations (such as nongovernmental, faith-based, academic, or aid organizations) with staff working in areas affected by viral hemorrhagic fever (VHF) outbreaks.

Travel and Border Health

- CDC has travel health notices in place for DRC and Uganda to help Americans, planning travel to either country in the near future, learn how to keep themselves safe from Ebola.

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- CDC port health stations are part of a network that serves to limit the introduction and spread of contagious diseases in the United States.
- Passengers who have been in DRC, South Sudan, and Uganda will have their air travel re-routed to arrive at Washington-Dulles International Airport (IAD), Atlanta Hartsfield-Jackson International Airport (ATL), George Bush Intercontinental Airport (IAH), or John F. Kennedy International Airport (JFK). Airlines will work directly with affected travelers to rebook flights.
- CDC is taking a layered approach with public health measures to help prevent Ebola from entering the United States, including:
    - Restricting entry to the United States for non-U.S. citizens who have been in DRC, South Sudan, or Uganda in the past 21 days.
    - Conducting public health entry screening for individuals arriving from DRC, South Sudan, and Uganda.
    - Supporting state, tribal, local, and territorial health departments in traveler monitoring efforts.
    - Coordinating with airlines, international partners, and officials at U.S. ports of entry to identify and manage ill travelers or those who might have been exposed to Ebola.
- **Public health entry screening serves as a point for arriving travelers to receive initial health screening, health education, and confirmation of contact information for state, tribal, local and territorial health department follow-up and monitoring as needed.**

Information for the American Public

- The risk of spread of Ebola to the United States is considered low at this time.
    - **Ebola does not spread through casual contact.**
    - **The United States has robust entry screening and infection control in place.**
- People with Ebola are only considered infectious after they start having symptoms.
- There are no FDA-licensed or authorized vaccines or therapeutics for Bundibugyo virus, the type of virus responsible for this Ebola outbreak. Treatment consists of intensive supportive care and fluid replacement.
- CDC is working with partners to provide travelers with the support that they need to protect themselves and others, including education on symptoms, and what to do if they get sick.
- Travelers to DRC and Uganda should follow CDC's Travel Health Notices, take steps to avoid possible exposure to Ebola, and monitor themselves for symptoms while in the outbreak country and for 21 days after leaving.

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- On June 5, CDC published projections of the potential size of the outbreak and a risk estimate for the U.S. population over the next three months in the *Morbidity and Mortality Weekly Report*.
- The results suggest large-scale, rapid public health actions are needed immediately to control the current outbreak and prevent it from becoming an even larger Ebola epidemic; it's currently the third largest on record.
- In addition, CDC assessed the risk that the Ebola outbreak poses for the U.S. population is considered low over the next three months.
- At this time, CDC does not recommend any changes in behavior for people in the United States, including those with travel plans to places other than the affected areas.
- CDC used a variety of scenarios to project the potential number of deaths from the outbreak over the next three months; these scenarios are defined by different levels of public health interventions, including the percentage of cases detected and the percentage of patients who are isolated to limit spread.
- The results suggest that without immediate large-scale, rapid, and sustained public health interventions supported by the international community, the current outbreak could grow to be as large as or larger than the 2014-2016 West Africa outbreak that resulted in more than 28,000 cases and more than 11,000 deaths.
- Even if reasonably effective public health measures could be implemented now, many of the scenarios found the outbreak could grow to cause 10,000 or more cases and more than 4,000 deaths.
- During the 2014–2016 West Africa Ebola epidemic, two cases of Ebola were imported into the United States, followed by two secondary transmission events to healthcare workers. These cases occurred before the United States began enhanced screening of arriving travelers, as is being currently implemented.
- The risk assessment also suggests that if a case of Ebola were diagnosed in the United States, the risk of community spread is considered low.-The United States has a strong public health system and access to high-quality health care and clinical infection control measures that would limit disease spread.

Information for Public Health Departments and Clinicians

- Clinicians should include Bundibugyo virus disease, a type of Ebola, in the differential diagnosis for an ill person who has compatible symptoms and epidemiological risk factors within the 21 days before symptom onset.
- **If Bundibugyo virus disease is suspected, clinicians should immediately isolate the patient and contact their state, tribal, local, or territorial health department.**

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- Clinical teams should coordinate with public health officials and CDC to assess the risk of Bundibugyo virus disease based on the clinical presentation and epidemiologic risk factors. This will help determine if testing is needed and what other causes of illness should be considered (e.g., malaria). This coordination can ensure proper patient care and appropriate precautions are taken to help prevent potential spread within the healthcare setting.
- Contact CDC's Clinical Consult Team in the Ebola Response 24/7 for consultations about Bundibugyo virus disease. Call CDC's Emergency Operations Center at **770-488-7100** and request the on-call **member of the Ebola clinical consult team**. For non-emergency inquiries, email spather@cdc.gov.
- For suspected cases, request testing for Ebola, including Bundibugyo virus disease, and other VHFs from CDC (Atlanta, Georgia) or the Laboratory Response Network (LRN).
    - These laboratories use testing panels that can rapidly detect or rule out high-consequence infectious disease pathogens to support timely patient evaluation and public health response.
- https://www.cdc.gov/public-health-gateway/php/communications-resources/health-department-directories.htmlBe aware of CDC's Travel Health Notices for suspected Ebola disease, specifically Bundibugyo virus disease, in the DRC and Uganda, and consider engaging travel health clinics or other clinical and public health partners to increase awareness about it.
- **Learn more about public health recommendations for Ebola preparedness actions at Public Health Guidance for Ebola Disease**
- Review CDC's recommendations for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.
- On May 19, 2026, CDC published a Health Alert Network advisory, Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda to inform clinicians and health departments about this Bundibugyo virus disease (a type of Ebola) outbreak in DRC and Uganda.
    - The alert included recommendations for identifying possible cases, testing, laboratory safety, infection control, and traveler precautions.
        - Clinicians should contact their state, tribal, local, or territorial health department immediately to report a suspected Ebola case and for assistance with patient management and diagnostic testing for Bundibugyo virus.
- On May 21, 2026, CDC published Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak.

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About Ebola and Bundibugyo Virus Disease (BVD)

- Ebola disease is caused by a group of viruses known as orthoebolaviruses (formerly ebolaviruses). These viruses can cause serious illness that, without prompt diagnosis and treatment, can cause death.
- Orthoebolaviruses were discovered in 1976 in the Democratic Republic of the Congo (then Zaire). Since then, these viruses have emerged sporadically in several countries in sub-Saharan Africa.
- There are 4 types of orthoebolaviruses that cause illness in people: Ebola virus, Sudan virus, Taï Forest virus, and Bundibugyo virus (species O*rthoebolavirus bundibugyoense*). This current Ebola outbreak is caused by the Bundibugyo virus.
- **Ebola can be introduced into a human population through transmission of an orthoebolavirus from an infected animal. The disease can then spread to other people through direct contact with the body fluids of an infected person or with contaminated objects. Even after recovery from Ebola disease, the virus can persist in certain areas of the body that are shielded from the immune system (e.g., semen), and, although rare, might still be able to be transmitted to others for weeks or months after recovering.**
- Bundibugyo virus disease (BVD) is a rare and deadly illness that has caused two previous outbreaks, one in Uganda in 2007 and one in DRC in 2012.
    - Genetic fingerprinting of virus from the current outbreak shows that it is similar to the genetic fingerprints from the 2007 and 2012 outbreaks of Bundibugyo virus, consistent with a new spillover event from an animal host to a human (not a continuation of a previous outbreak).
- The incubation period for BVD is believed to range from 2 to 21 days after exposure. A person infected with an orthoebolavirus is not considered contagious until after symptoms begin.

Symptoms

- Someone with Ebola might start feeling sick 2 to 21 days after exposure to an orthoebolavirus. However, on average, symptoms begin about 8 to 10 days after infection.
- Early "dry" symptoms can include fever, aches, pains, lack of appetite, and fatigue.
- Later "wet" symptoms can include diarrhea, vomiting, and unexplained bleeding.
- Symptoms of Ebola disease can be hard to distinguish from other more common infectious diseases, such as:
    - Malaria
    - Influenza (flu)
    - Typhoid fever

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    - Meningococcal disease
    - Other infections, like pneumonia or gastroenteritis
- After about four to five days of illness, patients can progress to “wet" symptoms as they become sicker. “Wet” symptoms can include:
    - Unexplained bleeding
    - Gastrointestinal symptoms such as:
        - Nausea
        - Vomiting
        - Diarrhea
        - Abdominal pain
- Additional symptoms might include loss of appetite, chest pain, shortness of breath, confusion, red eyes, skin rash, hiccups, or seizures.

Transmission

- All orthoebolaviruses, including Bundibugyo virus, can be spread by direct contact with the blood or body fluids of a person who is infected with the virus and not through airborne transmission. You **cannot** get Ebola from being near someone, like flu or COVID.
- **It’s important to remember that the way Ebola spreads is very different from airborne respiratory viruses. You can’t get Ebola from simply being near someone or passing them in public spaces because it doesn't spread through the air.**
- Like all orthoebolaviruses, Bundibugyo virus can also spread by:
    - Direct contact with objects contaminated with blood or body fluids (such as clothing, bedding, needles, or medical equipment)
    - Direct contact with animals, such as bats, forest antelopes, and nonhuman primates, that might be infected with Bundibugyo virus
    - Meat or body fluids from the animals listed above or unknown animals
- Sexual transmission is believed to be rare.
    - **Semen from a man who has recovered from Ebola disease could still be able to transmit the virus for months after recovering. There is no evidence that orthoebolaviruses can spread through contact with vaginal fluids from a woman who has recovered from Ebola disease.**
- Healthcare providers and family members caring for someone with Ebola disease without proper infection control precautions are at the highest risk of infection.

Prevention

- Avoid direct contact with body fluids from someone who is sick with or died from Ebola, including:
    - Blood, urine, feces, saliva, sweat, vomit, breast milk, amniotic fluid, semen, and vaginal fluid.

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    - Semen from someone who has recovered from Ebola disease, until testing shows that the virus is no longer in the semen.
- Also, avoid direct contact with:
    - Clothes, bedding, needles, medical equipment, or other items that might have touched an infected person's blood or body fluids.
    - The body of someone who is suspected or confirmed to have died from Ebola disease (for instance, as part of a funeral or burial practices). **The amount of virus in the body is highest when a person is most ill or at the time of death.**
    - Bats, forest antelopes, nonhuman primates, and blood, fluids, or raw or undercooked meat from these or unknown animals.
- Use personal protective equipment (PPE) if you come in contact with people who are sick with or have died from Ebola disease, their blood and body fluids, or objects covered with their blood or body fluids.
    - **Make sure to use all recommended PPE and follow proper procedures for putting it on ("donning") and taking it off ("doffing").**
- **Although the Bundibugyo virus is not spread through airborne transmission, healthcare providers should use extra precautions during medical procedures that might generate aerosols or sprays of body fluids, such as intubation or CPR.**
- **If you visit an area with an ongoing Ebola outbreak:**
    - Monitor your health while there and for 21 days after leaving.
    - Separate yourself from others and contact local health officials or a healthcare facility immediately if you develop any symptoms of Ebola disease.
        - Call ahead before going to a healthcare facility to help the facility prepare for your arrival, which includes contacting health authorities and taking any precautions needed to protect staff and other patients.
        - If you are in the United States, follow the guidance listed under Ebola: What to Do After Travel.
    - Do not travel if you are sick.
- Avoid direct contact with any dead body in an area where Ebola is spreading, including during funeral or burial practices. Safe and dignified burial practices should be conducted by trained personnel using appropriate infection prevention and control measures and personal protective equipment.

Vaccines and Treatment

- There are no Food and Drug Administration (FDA)-licensed or authorized vaccines or therapeutics for Bundibugyo virus disease, the orthoebolavirus responsible for this outbreak. Treatment consists of intensive supportive care and fluid replacement.

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- Potential therapeutic options for these viruses remain under investigation and are currently backed primarily by preclinical evidence.

- **Ervebo, a licensed vaccine, and two licensed monoclonal antibody products have been used in previous outbreaks of Ebola disease caused by Ebola virus (species *Orthobolavirus zairense*). Ervebo is not expected to be effective against Bundibugyo.**

- In the absence of early diagnosis and appropriate supportive care, Ebola disease has a high death rate.

- Patients have a better chance of surviving Ebola when they promptly receive:
  - Fluids and electrolytes (body salts) by mouth or into their veins.
  - Medicines for low blood pressure, vomiting and diarrhea, fever and pain.
  - Treatment for other infections, if they occur.

Infection Prevention & Control

- CDC has developed recommendations for U.S.-based organizations (e.g., nongovernmental, faith-based, academic, or aid organizations) with staff working in affected areas: Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks.
- It is essential for clinicians to correctly and consistently wear proper PPE and take appropriate infection control precautions while assessing a patient with suspected Ebola, including Bundibugyo virus disease.
- CDC has developed Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers.

U.S. Testing/Laboratory

- **CDC's Laboratory Response Network is supporting diagnostic testing capacity at more than 40 U.S. laboratories.**
- Any patient being tested for Bundibugyo virus or any other orthoebolavirus should be isolated (separated from other people) in a healthcare facility until test results are confirmed.
- Laboratories that have validated the BioFire® Global Fever Special Pathogens Panel* but do not have test kits on hand can order the following products on the LRN Secure Information Hub using the BioFire Warrior Panel or Global Fever Special Pathogens Panel. Patient evaluation at a healthcare facility is coordinated through public health officials.

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Surveillance

- CDC is supporting surveillance and contact tracing through its country offices and partners in DRC and Uganda.
- At this time, the risk of Ebola, and specifically Bundibugyo virus disease, to the general population of the United States is considered low, partly due to robust surveillance programs and outbreak response capacity and actions supported by federal, state, tribal, local, and territorial health partners.
- In the United States, public health and clinical partners should systematically assess patients with compatible symptoms for exposure risk and the possibility of viral hemorrhagic fevers, including Bundibugyo virus disease, through a triage and evaluation process that includes travel history.
- If Ebola, and specifically Bundibugyo virus disease, is suspected, clinicians should contact their state, tribal, local, or territorial health department immediately and follow jurisdictional protocols for patient assessment.

* Disclaimer: References to any non-federal entity's products, goods, or services is for informational purposes only and does not constitute an endorsement by CDC/HHS.

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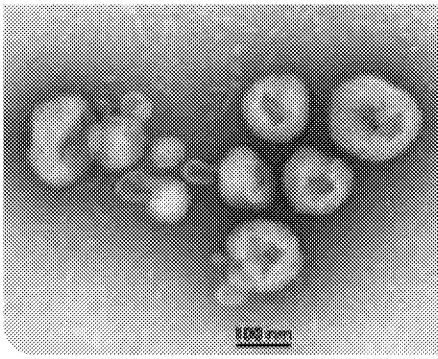
PA-DOH-26-1466-A-000260

Abridged Checklist for U.S. Public Health Departments to Prepare for Viral Hemorrhagic Fever

Help strengthen jurisdictional health department response planning for high-consequence pathogens including viral hemorrhagic fever (VHF). For additional support, contact CDC's Emergency Operations Center 24/7 at **770-488-7100** and request the VHF on-call epidemiologist.

Maintain situational awareness

- ☐ Sign up for CDC's free email subscription service and review CDC Travel Health Notices.
- ☐ Engage travel health clinics, clinical and public health partners, and/or public health surveillance news sources (e.g., BEACON)



Workforce readiness

- ☐ Ensure all health department staff know who to contact in the event of an outbreak.
- ☐ Review processes and protocols for evaluating and managing a patient with suspected VHF.
- ☐ Ensure Healthcare Infection Prevention and Control Recommendations for VHFs are in place.

Healthcare facility capabilities

- ☐ Identify treatment and assessment facilities (NSPS levels 2 and 3) and your region's RESPTC point of contact.
- ☐ Identify appropriate EMS providers in your jurisdiction.
- ☐ Provide facilities with information regarding the minimum capabilities for their designated NSPS level.
- ☐ Promote VHF preparedness training for healthcare facilities in managing people with suspected VHF.
- ☐ Remind healthcare facilities to contact your health department via the 24-hour Epi-On-Call contact list and follow jurisdictional protocols.

Response plans

- ☐ Coordinate with your jurisdictional Public Health Emergency Preparedness (PHEP) director or designee.
- ☐ Maintain a current operational VHF response plan.
- ☐ Collaborate with regional, state health departments, and RESPTC partners.
- ☐ Integrate a VHF response scenario to test response plan readiness.
- ☐ Conduct a VHF response scenario exercise to test response plan readiness; consider incorporating relevant external partners (e.g., clinicians)

Jurisdictional protocols

Epidemiologic investigation

- ☐ Ensure epidemiologic and surveillance capacity at local and state levels is adequate to support detection and response to suspected VHF cases.
- ☐ Develop plans for potentially exposed healthcare providers and community members.

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U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Scan here for full checklist

PA-DOH-26-1466-A-000261

Travelers' health

- ☐ Identify a point of contact at the CDC port health station responsible for your jurisdiction.
- ☐ Ensure processes are in place to:
  - Assess traveler exposure risks and identify and classify high-risk exposures.
  - Quarantine for travelers with high-risk exposures who are visiting or unable to quarantine safely at home.
  - Assess symptomatic travelers to determine need for medical evaluation and possible hospital isolation.
- ☐ Ensure a 24/7 contact number for your health department is in place for travelers.
- ☐ Incorporate a system to automate traveler monitoring (e.g., 1CDP, automated traveler texting).
- ☐ Identify a point of contact to receive CDC communications about NGOs or agencies with staff in VHF-endemic areas.

Is it malaria?

Malaria is the leading cause of travel-related hospitalizations and death. Work with clinicians to ensure malaria testing in any person with a febrile illness who recently returned from a malaria-endemic country. Don't delay malaria testing so that appropriate treatment can be given as soon as possible.

Laboratory capacity and support

- ☐ Contact your state public health laboratory for assistance with packing and shipping Category A pathogens and to understand testing capacity.
- ☐ Know laboratory and VHF specimen-handling capacity and which agreements are in place to handle them in your area.
- ☐ Promote training for laboratory and clinical personnel responsible for performing point-of-care testing.

Patient transfer

- ☐ Ensure EMS providers have a plan for managing a traveler with VHF exposure who develops symptoms.
- ☐ Ensure all partners are aware of dispatch and responder actions.
- ☐ Be aware of regional concept of operations (CONOPS) for transporting patients with suspected or confirmed VHF.

Communication

- ☐ Ensure information-sharing plans are in place between health department, healthcare facilities, and community.
- ☐ Determine which information-sharing materials are needed for risk communication messaging.
- ☐ Identify translation services that can be mobilized to support communication to the community and travelers.
- ☐ Encourage healthcare providers to sign up for jurisdictional and CDC notifications.
- ☐ Take CDC's Crisis & Emergency Risk Communication (CERC) training.

Managing Category A VHF-associated solid waste

- ☐ Know state, Department of Transportation, and Pipeline and Hazardous Materials Safety Administration requirements.
- ☐ Provide protocols to safely handle, package, and store Category A VHF-associated waste from a person with suspected VHF. Ensure proper disposal protocols are in place.
- ☐ Identify a designated waste management center for Category A VHF-associated waste.
- ☐ Ensure required contracts and permits (e.g., DOT-SP16279) are in place to transport waste material from the point of origin to the point of final disposal.
- ☐ Ensure treatment centers, acute hospitals, frontline hospitals, and EMS have arrangements, disinfectant protocols for non-porous surfaces, and documentation that demonstrates adherence to federal and state laws for waste management.

Decedent management

- ☐ Coordinate with your medical examiner to ensure that healthcare and mortuary partners have guidance resources for decedent management.
- ☐ Collaborate with jurisdictional Disaster Mortuary Operational Response Teams (DMORT).

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From: McHugh, Lisa[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=68C17A77217F42B78119699492E5832C-LMCHUGH]

Sent: Tue 6/9/2026 9:31:15 PM (UTC)

To: Snyder, Teah[redacted]; Miller, Jeff[redacted]; Schroeder, Betsy[redacted]; Longenberger, Allison[redacted]; Nambiar, Atmaram[redacted]; Wallace, Jennifer[redacted]; Hanley, Carrie[redacted]; Negron, Elizabeth[redacted]; Plipat, Nottasorn[redacted]; Long, Jonah[redacted]; Boktor, Sameh[redacted]

Subject: FW: [External] Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness

Attachment: 2026 Ebola - Key Messages 6.4.2026.pdf

Attachment: CLINIC_SIGNAGE_4.24-Final_508.pdf

Apologies if this is duplicative – please share with others as you see fit.

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

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Protected Health Care Information is personal and sensitive information related to a person's health care. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

From: Renjel, Jennifer (CDC/OD/ORR/DSLR)[redacted]
Sent: Tuesday, June 9, 2026 12:50 PM
To: Renjel, Jennifer (CDC/OD/ORR/DSLR)[redacted]
Cc: CDC IMS STLT Support HD LNO <eocstlthdlno@cdc.gov>; Tomkins, Sarah (CDC/OD/ORR/DSLR) <[redacted]
Subject: [External] Brief Updates from CDC's Emergency Response Activities and Other Information for Your Situational Awareness

ATTENTION: *This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button in Outlook.*

Greetings Region 3 Partners,

First, I would like to take this opportunity to introduce Sarah Tomkins, who is a CDC Preparedness Field Assignee, that is supporting Region 3 until July 15th. Sarah will be joining meetings with me, assisting with distribution of emails, and assisting with technical assistance requests.

The following are updates from CDC's public health emergency responses, as well as additional content for your situational awareness.

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If you wish to unsubscribe from this listserv, please email a request to the Jurisdictional Readiness and Response Support Branch at eocstlthdlno@cdc.gov and copy your health department liaison officer.

Ebola Updates (Please check website as the situation is rapidly evolving.)

- Ebola Disease: Current Situation | Ebola | CDC — In early May, a hospital in northeastern Democratic Republic of the Congo (DRC) identified a cluster of severe illnesses affecting healthcare workers. The illnesses were identified as Bundibugyo virus, one of the four types of orthoebolaviruses that causes Ebola disease in people. As of June 7, there are reports of 550 confirmed cases and 101 confirmed deaths in DRC. On May 29, the DRC Ministry of Health updated their total suspect case count to remove suspected cases that have been ruled out after investigation and suspected deaths that are pending the results of ongoing investigation. As of June 8, there are 19 confirmed cases and two confirmed deaths in Uganda. There is also one probable case and one probable death. This is a rapidly evolving situation, and case counts are subject to change.
- Interim Guidance for Public Health Assessment and Management of Travelers from Countries Affected by the 2026 Ebola Outbreak | Ebola | CDC — On June 5, CDC updated the guidance to list all of Uganda as an area of concern, rather than just Kampala. To date, cases in Uganda have been reported only in Kampala and the neighboring district of Wakiso. However, travel by road of infected people from the outbreak region in the DRC to Kampala may increase the potential for exposures along the route, including in healthcare facilities. Therefore, as a precaution, CDC is recommending that all travelers to the U.S. who have been in Uganda be managed as being from an area of concern. CDC also made an update to discourage international travel for individuals who were in an area of concern and advises that those who were in an affected country but not in an area of concern reconsider international travel. A simpler version of the guidance for travelers was added to the Ebola: What to Do After Travel page.
- Early Release Ebola MMWRs — On June 5, CDC released three MMWRs that describe CDC's assessment, modeling, and early field investigation of the rapidly growing Bundibugyo virus, associated Ebola outbreak in the DRC and Uganda.
    - Notes from the Field: Outbreak of Ebola Disease Caused by Bundibugyo Virus — Democratic Republic of the Congo and Uganda, May 2026 — In May 2026, a large outbreak of Bundibugyo virus disease (BVD) was identified in DRC and Uganda. To help reduce the risk for continued spread of Bundibugyo virus, including potential spread beyond DRC and Uganda or importation to the United States, ongoing collaboration between CDC and international partners and coordination among U.S. government agencies are essential.
    - Modeled Scenario Projections for the Ebola Disease Outbreak Caused by Bundibugyo Virus, 2026 | MMWR — CDC used a transmission model to project outbreak growth over three months, by using different assumptions about the number of deaths as of May 24, and by varying the percentages of persons with BVD who are successfully identified and isolated to prevent ongoing transmission. Assuming 50 cumulative deaths as of May 24, if 70% of patients were to enter isolation, only approximately one in 20 simulations projected an outbreak exceeding 10,000 cases within three months.
    - Assessment of Risk to the U.S. Population from the Ebola Disease Outbreak Caused by Bundibugyo Virus, 2026 | MMWR — CDC assessed the risk posed by this ongoing outbreak to the U.S. population during the next three months as low. Ensuring sufficient public health resources to control the outbreak in DRC will be necessary for maintaining a low risk to the U.S. population. If cases arise in the United States, there is public health capacity to contain and control an outbreak, and CDC guidance for U.S. clinicians and public health practitioners can help prevent the potential spread.

- Ebola Virus Key Messages 06.04 (***view attachment***) — This document provides CDC-cleared key messages and talking points for communications regarding the 2026 Ebola (BVD) outbreak, including updates on the outbreak situation, U.S. response efforts, travel and border health measures, public risk, clinical guidance, and prevention recommendations. These key messages will be updated periodically.

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Measles Updates

- Measles Cases and Outbreaks | Measles (Rubeola) | CDC — As of June 4, a total of 2,030 cases of

measles have been reported in the United States in 2026, an increase of 47 measles cases since May 28. These measles cases were reported to CDC by 40 jurisdictions. There have been 30 new outbreaks reported in 2026. Out of 2,030 confirmed cases, 93% are outbreak associated. 92% of cases were unvaccinated or had unknown vaccination status, and 6% have been hospitalized.

- Clinical Signage "*STOP - If You Think You May Have MEASLES*" (***view attachment***) — CDC developed a new customizable point-of-entry sign for healthcare and community settings to help prevent the spread of measles. This sign instructs individuals with symptoms to stop and call ahead before entering a healthcare facility, reducing the risk of exposure in waiting areas. To request files to tailor for your local communities or any additional materials please email: measlesresources@cdc.gov.

New World Screwworm (NWS) Updates

- USDA Confirms Two Additional Cases of New World Screwworm in the United States | Animal and Plant Health Inspection Service — On June 8, The U.S. Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS) confirmed two additional cases of NWS in the United States – a calf in La Salle County, Texas, and a dog in Andrews County, Texas. Epidemiological investigations are ongoing for both cases. A veterinarian in Andrews County submitted the samples from the infested dog. Details on this case will be shared as they are available, but early reports indicate the dog was recently in Mexico.

    - USDA Confirms First Case of New World Screwworm in a Dog in Lea County, New Mexico, Fourth Case in Texas | Animal and Plant Health Inspection Service — USDA's APHIS is sharing additional details about the epidemiological investigation into the case that was reported on June 8 in Andrews County, Texas. While the veterinarian who reported the case is located in Texas, the dog resides at a household in Lea County, New Mexico. Therefore, the location of the case will be reclassified to be the first case detected in New Mexico.

- Second Detection of New World Screwworm in US | APHIS — USDA's APHIS confirmed a second NWS detection in a calf in Zavala County, Texas, and is expanding response efforts with Texas partners to contain and eradicate the pest.
- USDA Confirms New World Screwworm in Texas — USDA's APHIS confirmed the detection of a NWS in a bovine in Zavala County, Texas. NWS is a serious pest that affects livestock, pets, wildlife, and less commonly, people and birds. The affected animal is a three-week-old calf and larvae were identified in its umbilical area. To date, there have been no further detections.
- New World Screwworm Outbreak | New World Screwworm | CDC — This page provides general information about NWS, including symptoms, risk factors, how it spreads, prevention, treatment, and animal impact. As of June 8, in Mexico and Central America, more than 185,000 NWS cumulative cases reported in animals and more than 2,100 cases in people.
- Communication Resources | New World Screwworm | CDC - This page provides health departments, health care providers, and the public with communications resources about the signs of NWS and how to avoid it.
- Current Status of New World Screwworm | Screwworm.gov — Stay up to date on the current status of NWS in the United States, Mexico, and Central America, including latest news and detection updates.

CDC FIFA World Cup 2026™ Updates

- The World Cup 2026™ Tournament officially starts this week! Good luck to all the teams playing and thank you to all the jurisdictions who are supporting events.
- CDC Safety for Soccer Fans | CDC — The United States is proud to be one of three countries hosting this summer's international soccer competitions. This page gives quick access to essential public health information to help fans stay prepared and safe as they travel and attend soccer matches. CDC works with partners at all levels of government to support a healthy World Cup 2026™ for soccer fans and host communities.

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Upcoming Meeting

- CDC Response All-STLT Update Call — Join CDC at **2:00 p.m. EDT on Monday, June 15,** to hear

from subject matter experts who will provide updates on CDC's emergency response-related activities. A portion of the time will also be allotted to answer questions regarding the topics presented. To provide more frequent updates on multiple ongoing emergency response activities, the cadence of this call series is now weekly.

If you would like to join this call and have not previously registered for the call series, complete a one-time registration to receive an invitation. Use your work email address to ensure your registration is approved. A unique "join" link will then be sent to you that should not be shared with others.

Selected MMWR

- Measles Outbreak in a Child Care Facility — Lubbock, Texas, March–April 2025 | MMWR

Many thanks for your continued partnership.

Sincerely,
Jen

Jennifer Renjel, MPH
Health Department Liaison Officer (HD LNO) - Region 3 (DC, VA, WV, DE, MD, PA)
Centers for Disease Control and Prevention (CDC)
Department of Health and Human Services (HHS)
[redacted]

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2026 Ebola DRC Key Messages

Issue #2 – June 4, 2026

Newly updated information appears in **bold/blue*

*Note: Content in this document is cleared and may be used as the basis for external messaging. Messages will be updated on an as-needed basis until further notice. **New and updated** information will appear in **bold/blue**.*

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Current Situation

- CDC is responding to a deadly outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo (DRC) and Uganda.
- **As of June 3, 2026,** no Ebola cases associated with this outbreak have been reported in the United States.
- **As of June 3, the DRC Ministry of Health reported 363 confirmed cases of Ebola, 0 suspected cases, and 62 confirmed deaths.**

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- **The DRC updated its total suspect case count on May 29 to 220, which reflects removal of all cases under investigation**
- **As of June 3, Uganda reported 15 confirmed cases, 1 probable case, 1 confirmed death, and 1 probable death.**
- Laboratory tests in DRC and Uganda confirmed Bundibugyo virus (species *Orthoebolavirus bundibugyoense*), a type of Ebola, in samples collected from suspected cases. The cases were associated with clusters of severe illness and deaths in the Mongbwalu and Rwampara health zones in Ituri Province.
    - These areas are affected by insecurity, population displacement, mining-related population movement, and frequent cross-border travel, all of which might increase the risk of further spread.
- Cases in Uganda included a patient who had traveled from DRC and died while receiving care.On May 17, 2026, the World Health Organization determined this outbreak to be a public health emergency of international concern.
- On May 18, 2026, CDC and the U.S. Department of Homeland Security announced proactive public health measures, including a CDC order setting out temporary entry restrictions for non-U.S. citizens, public health entry screening, and other public health measures to prevent introduction of Ebola into the United States.
- **On May 22, 2026, CDC amended its May 18 order and issued an interim final rule revising the authority under 42 CFR Part 71.40.**
    - **The revised rule and amended order now suspend s entry into the United States to U.S. lawful permanent residents (Green Card holders) as well.**
- **U.S. passengers returning to the United States from DRC, Uganda, or South Sudan are being routed to four U.S. airports to receive enhanced public health screenings upon arrival:**
    - **Washington-Dulles International Airport (IAD)**
    - **Hartsfield-Jackson Atlanta International Airport (ATL)**
    - **George Bush Intercontinental Airport (IAH), Houston**
    - **John F. Kennedy International Airport (JFK), New York**

- Case numbers and other information are subject to change as the situation evolves.
- Currently, 357 staff members are assigned to the 2026 Ebola Response, including 111 Incident Management Core (IMC) Staff and 82 personnel deployed to the field, with 65 more pending deployment.

U.S. Response Actions

- The top priority is keeping Americans and U.S. communities safe and healthy.
- The risk of spread of Ebola to the United States is considered low at this time.

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- On May 18, CDC and DHS began temporary entry restrictions, public health entry screening, and other public health measures to prevent introduction of Ebola into the United States amid the ongoing outbreak.
- CDC issued an order to temporarily suspend entry of certain travelers who have been in DRC, Uganda, or the neighboring country of South Sudan within the previous 21 days. Exceptions are included for
    - U.S. citizens
    - U.S. nationals
    - Certain U.S. government and military personnel
- The order allows case-by-case humanitarian or law enforcement exceptions and Department of Homeland Security-approved entry processes with CDC-documented mitigation protocols.
- CDC issued a Level 3 Travel Health Notice for DRC, recommending avoiding non-essential travel to Ituri, Nord-Kivu, and Sud-Kivu provinces. Travelers to DRC are urged to take precautions to avoid exposure to Ebola and to monitor themselves for symptoms while in DRC and for 21 days after leaving the country.
- **On May 26, CDC also issued a Level 2 Travel Health Notice for Uganda (updated from a prior Level 1 Travel Health Notice), urging travelers to practice enhanced health precautions when visiting the country and to monitor themselves for symptoms while in the country and for 21 days after leaving.**
- CDC is working with other federal agencies, international partners, and other countries' health ministries on this evolving situation and supporting response efforts through our country offices in DRC and Uganda.
- CDC support includes technical assistance to help countries with:
    - Disease tracking and contact tracing
    - Laboratory sample collection and virus sequencing
    - Infection prevention and control and personal protective equipment (PPE)
    - Public health measures at their borders, including exit screening and cross-border coordination
    - Risk communication and community engagement
- CDC is providing laboratory and diagnostic supplies, consultation, and training for in-country partners.
- CDC offers extensive clinical guidance and training for healthcare providers and others in both U.S. and non-U.S. settings, including Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF).
- CDC is coordinating with U.S. health departments nationwide to

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    - Follow established patient assessment protocols if Ebola is suspected in a patient with concerning clinical and epidemiologic history.
    - Prepare to manage patients, collect specimens, and arrange for Ebola testing with state, tribal, local, and territorial health departments and clinical teams.
- CDC has developed Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak.
- CDC maintains guidance for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.
- CDC maintains recommendations for U.S.-based organizations (such as nongovernmental, faith-based, academic, or aid organizations) with staff working in areas affected by viral hemorrhagic fever (VHF) outbreaks.

Travel and Border Health

- CDC has travel health notices in place for DRC and Uganda to help Americans, planning travel to either country in the near future, learn how to keep themselves safe from Ebola.
- CDC port health stations are part of a network that serves to limit the introduction and spread of contagious diseases in the United States.
    - Affected air passengers from DRC, South Sudan, and Uganda will have their air travel re-routed to arrive at Washington-Dulles International Airport (IAD), Atlanta Hartsfield-Jackson International Airport (ATL), George Bush Intercontinental Airport (IAH), or John F. Kennedy International Airport (JFK). Airlines will work directly with affected travelers to rebook flights.
- CDC is taking proactive public health measures to prevent Ebola from entering the United States, including:
    - Conducting public health screening for individuals arriving from DRC, South Sudan, and Uganda.
    - Supporting state, local, tribal, and territorial health departments in traveler monitoring efforts.
    - Coordinating with airlines, international partners, and officials at U.S. ports of entry to identify and manage travelers who might have been exposed to Ebola.
    - Enhancing contact tracing, laboratory testing capacity, and hospital readiness nationwide.
    - Continuing deployment of CDC personnel to support outbreak containment efforts in affected regions.

Information for the American Public

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- The risk of spread of Ebola to the United States is considered low at this time.
- People with Ebola are only considered infectious after they start having symptoms.
- There are no FDA-licensed or authorized vaccines or therapeutics for Bundibugyo virus, a type of Ebola. Treatment consists of intensive supportive care and fluid replacement.
- CDC is working with partners to provide travelers with the support that they need to protect themselves and others, including education on symptoms, and what to do if they get sick.
- Travelers to DRC and Uganda should follow CDC's Travel Health Notices, take steps to avoid possible exposure to Ebola, and monitor themselves for symptoms while in the outbreak country and for 21 days after leaving.

Information for Public Health Departments and Clinicians

- Clinicians should include Bundibugyo virus disease, a type of Ebola, in the differential diagnosis for an ill person who has compatible symptoms and epidemiological risk factors within the 21 days before symptom onset.
- Clinical teams should coordinate with public health officials and CDC to assess the risk of Bundibugyo virus disease, a type of Ebola, based on the clinical presentation and epidemiologic risk factors. This will help determine if testing is needed and what other causes of illness should be considered (e.g., malaria). This coordination can ensure proper patient care and appropriate precautions are taken to help prevent potential spread within the healthcare setting.
- Contact CDC's Clinical Consult Team in the Ebola Response 24/7 for consultations about Ebola or other VHFs. Call CDC's Emergency Operations Center at **770-488-7100** and request on-call epidemiologist. For non-emergency inquiries, email spather@cdc.gov.
- For suspected cases, request testing for Ebola, including Bundibugyo virus disease, and other VHFs from CDC (Atlanta, Georgia) or the Laboratory Response Network (LRN).
    - These laboratories use testing panels that can rapidly detect or rule out high-consequence infectious disease pathogens, including viral hemorrhagic fever viruses, to support timely patient evaluation and public health response.
- Be aware of CDC's Travel Health Notices for suspected Ebola, specifically Bundibugyo virus disease, in the DRC and Uganda, and consider engaging travel health clinics or other clinical and public health partners to increase awareness about it.
- Review CDC's recommendations for Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures.
- On May 19, 2026, CDC published a Health Alert Network, Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda to inform clinicians and health

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departments about this Bundibugyo virus disease (a type of Ebola) outbreak in DRC and Uganda.
    - The alert included recommendations for identifying possible cases, testing, laboratory safety, infection control, and traveler precautions.
        - Clinicians should contact their state, tribal, local, or territorial health department immediately to report a suspected Ebola case and for assistance with diagnostic testing for Bundibugyo virus.
- On May 21, 2026, CDC published Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak.

About Ebola and Bundibugyo virus disease (BVD)

- Ebola disease is caused by a group of viruses known as orthoebolaviruses (formerly ebolavirus). These viruses can cause serious illness that, without prompt diagnosis and treatment, can cause death.
- Orthoebolaviruses were discovered in 1976 in the Democratic Republic of the Congo (then Zaire). Since then, these viruses have emerged sporadically in several countries in sub-Saharan Africa.
- There are 4 types of orthoebolaviruses that cause illness in people: Ebola virus, Sudan virus, Taï Forest virus, and Bundibugyo virus (species O*rthoebolavirus bundibugyoense*). This ongoing Ebola outbreak is caused by the Bundibugyo virus.
- Past Ebola cases have been linked to
    - Direct contact with bats, bat urine or droppings, forest antelopes, or nonhuman primates
    - Contact with blood, fluids, or meat from these or unknown animals
    - Sexual transmission (rare).
- Bundibugyo virus disease (BVD) is a rare and deadly illness that has caused two previous outbreaks, in Uganda in 2007 and one in DRC in 2012.
- The incubation period for BVD is believed to range from 2 to 21 days after exposure. A person infected with an orthoebolavirus is not considered contagious until after symptoms begin.

Symptoms

- Someone with Ebola might start feeling sick 2 to 21 days after exposure to an orthoebolavirus. However, on average, symptoms begin about 8 to 10 days after infection.
- Early "dry" symptoms can include fever, aches, pains, and fatigue and later "wet" symptoms can include diarrhea, vomiting, and unexplained bleeding.

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- Symptoms of Ebola disease can be hard to distinguish from other more common infectious diseases, such as:
    - Malaria
    - Influenza (flu)
    - Typhoid fever
    - Meningococcal disease
    - Other bacterial infections, like pneumonia
- After about four to five days of illness, patients can progress to "wet" symptoms as they become sicker. “Wet” symptoms can include:
    - Loss of appetite
    - Unexplained bleeding
    - Gastrointestinal symptoms such as
        - Nausea
        - Vomiting
        - Diarrhea
        - Abdominal pain
- Additional symptoms might include chest pain, shortness of breath, confusion, red eyes, skin rash, hiccups, or seizures.

Transmission

- All orthoebolaviruses, including Bundibugyo virus, can be spread by direct contact with the blood or body fluids of a person who is infected with or has died from it.
- Like all Ebola, Bundibugyo virus can also spread by:
    - Direct contact with objects contaminated with blood or body fluids (such as clothing, bedding, needles, or medical equipment);
    - Direct contact with animals, such as bats, forest antelopes, and nonhuman primates, that might be infected with Bundibugyo virus
    - Meat from these or unknown animals
- Sexual transmission is believed to be rare.
- Orthoebolaviruses, including Bundibugyo virus, are not spread through airborne transmission. You **cannot** get Ebola from being near someone, like flu or COVID.
- Healthcare providers and family members caring for someone with Ebola disease without proper infection control precautions are at the highest risk of infection.

Prevention

- Avoid direct contact with body fluids from someone who is sick with or died from Ebola, including:
    - Blood, urine, feces, saliva, sweat, vomit, breast milk, amniotic fluid, semen, and vaginal fluid.

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    - Semen from someone who has recovered from Ebola disease, until testing shows that the virus is no longer in the semen.
- Also, avoid direct contact with:
    - Clothes, bedding, needles, medical equipment, or other items that might have touched an infected person's blood or body fluids.
    - The body of someone who is suspected or confirmed to have died from Ebola disease (for instance, as part of a funeral or burial practices).
    - Bats, forest antelopes, non-human primates, and blood, fluids, or raw or undercooked meat from these or unknown animals.
- Use personal protective equipment if you come in contact with people who are sick with or have died from Ebola disease, their blood and body fluids, or objects covered with their blood or body fluids.
- If you visit an area with an ongoing Ebola outbreak
    - Monitor your health while there and for 21 days after leaving.
    - Separate yourself from others and contact local health officials or a healthcare facility immediately if you develop any symptoms of Ebola disease.
        - Call ahead before going to a healthcare facility to help the facility prepare for your arrival, which includes contacting health authorities and taking any precautions needed to protect staff and other patients.
    - Do not travel if you are sick.
- Avoid direct contact with any dead body in an area where Ebola is spreading, including during funeral or burial practices. Safe and dignified burial practices should be conducted by trained personnel using appropriate infection prevention and control measures and personal protective equipment.

Treatment

- There are no Food and Drug Administration (FDA)-licensed or authorized vaccines or therapeutics for Bundibugyo virus disease, a type of Ebola. Treatment consists of intensive supportive care and fluid replacement.
    - Potential therapeutic options for these viruses remain under investigation and are currently backed primarily by preclinical evidence.
- In the absence of early diagnosis and appropriate supportive care, Ebola disease has a high death rate.
- Patients have a better chance of surviving Ebola when they promptly receive:
    - Fluids and electrolytes (body salts) by mouth or into their veins.
    - Medicines for low blood pressure, vomiting and diarrhea, fever and pain.
    - Treatment for other infections, if they occur.

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Infection Prevention & Control

- CDC has developed recommendations for U.S.-based organizations (e.g., nongovernmental, faith-based, academic, or aid organizations) with staff working in affected areas: Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks.
- It is essential for clinicians to wear proper PPE and take appropriate infection control precautions while assessing a patient with suspected Ebola, including Bundibugyo virus disease.
- CDC has developed Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers.

Testing/Laboratory

- Any patient being tested for Bundibugyo virus or any other Ebola virus should be isolated (separated from other people) in a healthcare facility until test results are confirmed.
- Laboratories that have validated the BioFire® Global Fever Special Pathogens Panel*, but do not have test kits on hand, can order the following products on the LRN Secure Information Hub using the BioFire Warrior Panel or Global Fever Special Pathogens Panel. Patient evaluation at a healthcare facility is coordinated through public health officials.
- Genetic fingerprinting of virus from this outbreak shows that it is similar to the genetic fingerprints from the 2007 and 2012 outbreaks of Bundibugyo virus disease, a type of Ebola. This means that the diagnostics available should work to detect the Bundibugyo virus causing the current outbreak.

Surveillance

- CDC is supporting surveillance and contact tracing through its country offices and partners in DRC and Uganda.
- At this time, the risk of spread of Ebola, and specifically Bundibugyo virus disease, to the United States is considered low, partly due to robust surveillance programs and outbreak response capacity and actions supported by federal, state, tribal, local, and territorial health partners.
- In the United States, public health and clinical partners should systematically assess patients with compatible symptoms for exposure risk and the possibility of viral hemorrhagic fevers, including Bundibugyo virus disease, through a triage and evaluation process that includes travel history.

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- If Ebola, and specifically Bundibugyo virus disease, is suspected, clinicians should contact their state, tribal, local, or territorial health department immediately and follow jurisdictional protocols for patient assessment.

* Disclaimer: References to any non-federal entity's products, goods, or services is for informational purposes only and does not constitute an endorsement by CDC/HHS.

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PA-DOH-26-1466-A-000276

STOP

If you think you may have MEASLES

IMPORTANT: BEFORE ENTERING THE FACILITY, call this phone number for instructions:

Measles can be dangerous, especially for babies and young children. Help prevent the spread.

Measles Symptoms

The most common symptoms of measles are:



High fever
(may spike to more than 104˚F)



Rash
(breaks out 3-5 days after symptoms begin)



Runny nose



Red and/or watery eyes



Cough

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From: McHugh, Lisa[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=68C17A77217F42B78119699492E5832C-LMCHUGH]
Sent: Sat 5/30/2026 3:21:14 PM (UTC)
To: Andrew Adams[redacted]
Cc: Melissa Powell[redacted] Marci Layton[redacted]
Subject: RE: [External] CSTE World Cup Call Series and 1CDP World Cup Dashboard Updates
Attachment: Copy of World Cup and 1CDP Dashbaord Access.xlsx

Andrew,

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Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
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From: Andrew Adams <[redacted]
Sent: Friday, May 29, 2026 3:16 PM
To: Andrew Adams[redacted]
Cc: Melissa Powell [redacted] Marci Layton <[redacted]
Subject: [External] CSTE World Cup Call Series and 1CDP World Cup Dashboard Updates

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Sent to State Epidemiologists in Jurisdictions Hosting World Cup Matches

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As many of you know, CSTE has been engaging with World Cup jurisdictions through the CSTE Epidemiologists and World Cup 2026 ECHO series. This meeting series provided a space for epidemiologists in jurisdictions with World Cup

matches and basecamps to come together and discuss ongoing and emerging gaps, needs, and share successes in planning and preparing for this summer's World Cup. The last convening before the World Cup was held on May 27th, and featured a presentation from CDC on the new World Cup Dashboard in 1CDP. Before the call, the 1CDP team shared a list of folks in jurisdictions who are on our call roster who have access to the module in 1CDP. **Heads-up: There were several questions from epis in jurisdictions with matches about gaining access, and the CDC team referred them to their State Epi for approval.**

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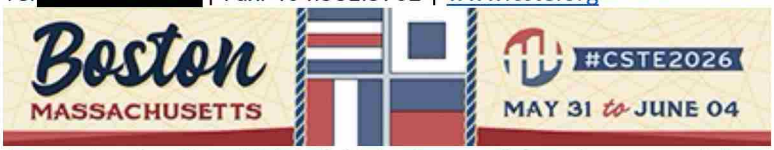
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Please reply to only me (trying to save inboxes!) with any updates, feedback and/or other questions/thoughts.

Thank you!

Andrew

Andrew M. Adams, MPH
Senior Program Analyst
[redacted]
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Name	Email	Agency	Jurisdiction	State	CSTE ECHO	CSTE Epi Pitch	CDC 1CDP Access
Eva I Gordian-Rivera	[redacted]	Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health	x	x	
Leslie McCurdy		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Allison Longenberger		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Jonah Long		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Sameh Boktor		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Lauren Orkis		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Lisa McHugh		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Andy Pickett		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	
Carrie Hanely		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	

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From: McHugh, Lisa[redacted]
Sent: Sun 5/31/2026 12:44:30 PM (UTC)
To: Andrew Adams[redacted]
Subject: Re: [External] CSTE World Cup Call Series and 1CDP World Cup Dashboard Updates

Sounds good!

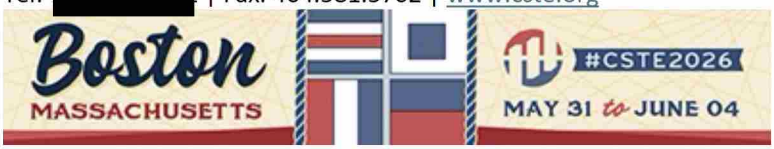
From: Andrew Adams [redacted]
Sent: Sunday, May 31, 2026 8:12 AM
To: McHugh, Lisa [redacted]
Cc: Melissa Powell [redacted]; Marci Layton [redacted]
Subject: RE: [External] CSTE World Cup Call Series and 1CDP World Cup Dashboard Updates

Thanks, Lisa!

I'll get call info out to everyone shortly. We are keeping these check-ins to the epis, only, so as much as I'd love Andy's participation, I'll leave him off the invite. As you could tell, I haven't had a lot of interaction with the Philly crew, so if you could do that outreach/warm handoff I'd appreciate it!

Thanks,

Andrew M. Adams, MPH
Senior Program Analyst
[redacted]
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From: McHugh, Lisa [redacted]
Sent: Saturday, May 30, 2026 11:21 AM
To: Andrew Adams [redacted]
Cc: Melissa Powell [redacted] Marci Layton [redacted]
Subject: RE: [External] CSTE World Cup Call Series and 1CDP World Cup Dashboard Updates

Andrew,

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From: Andrew Adams [redacted]
Sent: Friday, May 29, 2026 3:16 PM
To: Andrew Adams [redacted]
Cc: Melissa Powell [redacted], Marci Layton [redacted]
Subject: [External] CSTE World Cup Call Series and 1CDP World Cup Dashboard Updates

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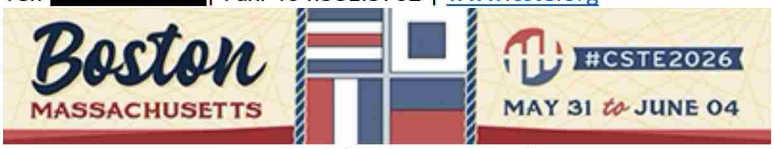
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Thank you!

Andrew

Andrew M. Adams, MPH
Senior Program Analyst
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From: McHugh, Lisa[redacted]
Sent: Sun 5/31/2026 12:47:33 PM (UTC)
To: Jessica Caum[redacted]
Shara Epstein[redacted]
Cc: Andrew Adams[redacted]
Subject: Fw: [External] CSTE World Cup Call Series and 1CDP World Cup Dashboard Updates
Attachment: Copy of World Cup and 1CDP Dashbaord Access.xlsx

Hello Philly Colleagues,

Please see request below. I've updated the list for the PADOH staff. Can you provide the information for PDPH and send back to Andrew Adam's (cc'd here) and he will add to the PA list.

Thanks,

Lisa

From: McHugh, Lisa [redacted]
Sent: Saturday, May 30, 2026 11:21 AM
To: Andrew Adams <[redacted]
Cc: Melissa Powell <[redacted] Marci Layton [redacted]
Subject: RE: [External] CSTE World Cup Call Series and 1CDP World Cup Dashboard Updates

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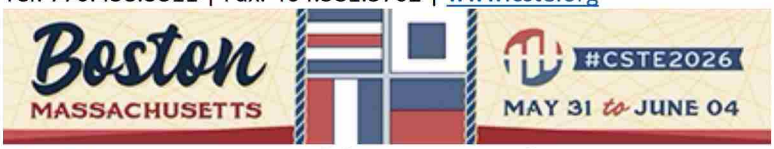
Thank you!

Andrew

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Senior Program Analyst
[redacted]
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Leslie McCurdy		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Allison Longenberger		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Jonah Long		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Sameh Boktor		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Lauren Orkis		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Lisa McHugh		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	x
Andy Pickett		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	
Carrie Hanely		Pennsylvania Department of Health	Pennsylvania Department of Health	Pennsylvania Department of Health		x	

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From:	McHugh, Lisa[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=68c17a77217f42b78119699492e5832c-lmchugh]
Location:	Microsoft Teams Meeting; +1 [redacted]
Subject:	Accepted: World Cup STLT Host Site Call
Importance:	Normal
Start Time:	Mon 6/1/2026 4:00:00 PM (UTC)
End Time:	Mon 6/1/2026 4:30:00 PM (UTC)
Required Attendees:	EOC Response Meetings

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From: Phillips, Ivan (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Booth, Zoe (CDC/OD/ORR/DSLR) (CTR); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted]; Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted]; [redacted] Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted]; Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Short, Luke (CDC dallascounty.org); [redacted] Booth, Zoe; [redacted] Frank, Mark (CDC/OD/ORR/DEO); Glover, Maleeka (CDC/OD/ORR/DEO); Smith, Nicholas (ASPR/RSPNS); Solari, Nick; Newman, Xihui; Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro

Location: Virtual -; Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

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*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

- These calls will take place on **Mondays and Thursdays, 12:00-12:30pm ET** beginning Monday **June 1 through July 30**.

- The purpose of the call is to provide a venue for host site jurisdictions to share short, verbal reports on any significant items or immediate concerns during the tournament. This is an opportunity for jurisdictions to share situational awareness in a close-hold format, and to raise questions of one another and federal partners. A small number of CDC and ASPR leaders will attend and share any news they have.

- To ensure the call remains relevant and confidential, we ask that you do not forward this call information.

Microsoft Teams meeting

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Join:
https://teams.microsoft.com[redacted]
Meeting ID: [redacted]
Passcode: [redacted]

Need help? | System reference
Dial in by phone
+1 [redacted] United States, Atlanta
(888) 994-4478,[redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

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From: Sutherland, Neal Mark (CDC/OD/ORR/DEO) [redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Kirking, Hannah L. (CDC/NCIRD/CORVD); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Flowers, Artensie (ASPR/RSPNS); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Maldin, Beth (CDC health.nyc.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); [redacted] Kubin, Grace (CDC dshs.texas.gov); [redacted] McHugh, Lisa; Pickett, Andrew; Aldous, Wade; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Coulter, Jennifer (CDC flhealth.gov); [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Ahmed, Farah (CDC ks.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Blocher, Tricia (CDC cdph.ca.gov); Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Fleming, John (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Hunt, Charlie (CDC jocogov.org); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/1/2026 4:00:00 PM (UTC)

End Time: Mon 6/1/2026 4:30:00 PM (UTC)

Required Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Kirking, Hannah L. (CDC/NCIRD/CORVD); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Edison, Laura S. (CDC/OD/ORR/DSLR);

AMERICAN OVERSIGHT

[redacted] McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Flowers, Artensie (ASPR/RSPNS); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Maldin, Beth (CDC health.nyc.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); [redacted] Kubin, Grace (CDC dshs.texas.gov); [redacted] McHugh, Lisa; Pickett, Andrew; Aldous, Wade; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Coulter, Jennifer (CDC flhealth.gov); [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Ahmed, Farah (CDC ks.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Blocher, Tricia (CDC cdph.ca.gov); Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] philip.huang@dallascounty.org; [redacted] Short, Kirstin (CDC houstontx.gov); Fleming, John (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Hunt, Charlie (CDC jocogov.org); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

AMERICAN OVERSIGHT

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- To ensure the call remains relevant and confidential, we ask that you do not forward this call information.

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AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

From: Nunn, Matthew (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Shara Epstein; Alexandra Skula; [redacted] Booth, Zoe (CDC/OD/ORR/DSLR) (CTR); Galang, Romeo R. (CDC/NCCDPHP/OD); Townsend, Kristen (CDC health.ny.gov); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Flowers, Artensie (ASPR/RSPNS); Hunt, Charlie (CDC jocogov.org); Tenner, Andi (CDC sfdph.org); Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Short, Luke (CDC dallascounty.org); [redacted] Booth, Zoe; [redacted] Frank, Mark (CDC/OD/ORR/DEO); Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS); Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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AMERICAN OVERSIGHT

From: Nunn, Matthew (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Booth, Zoe (CDC/OD/ORR/DSLR) (CTR); Galang, Romeo R. (CDC/NCCDPHP/OD); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Short, Luke (CDC dallascounty.org); [redacted] Booth, Zoe; [redacted] Frank, Mark (CDC/OD/ORR/DEO); Glover, Maleeka (CDC/OD/ORR/DEO); Mejia-Echeverry, Alvaro; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

AMERICAN OVERSIGHT

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***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

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AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); Mihalakos, Alysia (CDC health.ri.gov); Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; Turabelidze, George (CDC health.mo.gov); Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Sturrock, Lochlin (ASPR/RSPNS); Edison, Laura S. (CDC/OD/ORR/DSLR); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); Baggett, Jessica (CDC astho.org); Hunt, Charlie (CDC jocogov.org); Lindquist, Scott SL (CDC doh.wa.gov); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); ; Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Glover, Maleeka (CDC/OD/ORR/DEO); Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Mejia-Echeverry, Alvaro; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/4/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Hunt, Charlie (CDC jocogov.org); Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted]; Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Gilliam, Sabrina@CDPH; Newman, Xihui; Mejia-Echeverry, Alvaro; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/11/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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https://teams.microsoft.com[redacted]
Meeting ID: [redacted]
Passcode: [redacted]

Need help? | System reference
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+1 [redacted] United States, Atlanta
(888) 994-4478,[redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Shara Epstein; Alexandra Skula; [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Flowers, Artensie (ASPR/RSPNS); Hunt, Charlie (CDC jocogov.org); Tenner, Andi (CDC sfdph.org); Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS); Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/1/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/25/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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(888) 994-4478,[redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Hollis, Christopher (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Hunt, Charlie (CDC jocogov.org); Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Short, Luke (CDC dallascounty.org); [redacted] Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Gilliam, Sabrina@CDPH; Newman, Xihui; Mejia-Echeverry, Alvaro; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/22/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/25/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

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***** Response Options has been disabled*****

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(888) 994-4478, [redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Hollis, Christopher (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov)[redacted]; Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted]; Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Short, Luke (CDC dallascounty.org); [redacted] Glover, Maleeka (CDC/OD/ORR/DEO); Smith, Nicholas (ASPR/RSPNS); Solari, Nick; Newman, Xihui; Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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Passcode: [redacted]

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/1/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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Passcode: [redacted]

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AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Shara Epstein; Alexandra Skula; [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted]; Lindquist, Scott SL (CDC doh.wa.gov); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Flowers, Artensie (ASPR/RSPNS); Hunt, Charlie (CDC jocogov.org); Tenner, Andi (CDC sfdph.org); Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Booth, Zoe (CDC/OD/ORR/DSLR) (CTR); Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Short, Luke (CDC dallascounty.org); [redacted] Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS); Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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Meeting ID: [redacted]
Passcode: [redacted]

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AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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(888) 994-4478, [redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Booth, Zoe (CDC/OD/ORR/DSLR) (CTR); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted]; Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Short, Luke (CDC dallascounty.org); [redacted] Glover, Maleeka (CDC/OD/ORR/DEO); Mejia-Echeverry, Alvaro; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/22/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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https://teams.microsoft.com[redacted]
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Passcode: [redacted]

Need help? | System reference
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+1 [redacted] United States, Atlanta
(888) 994-4478, [redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Glover, Maleeka (CDC/OD/ORR/DEO)

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Flowers, Artensie (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); Mihalakos, Alysia (CDC health.ri.gov); Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; Turabelidze, George (CDC health.mo.gov); Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); Lindquist, Scott SL (CDC doh.wa.gov); Townsend, Kristen (CDC health.ny.gov); Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Hunt, Charlie (CDC jocogov.org); Fogleman, Stella (CDC ph.lacounty.gov); Tenner, Andi (CDC sfdph.org); World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); Tran, Anthony (CDC cdph.ca.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Peterson, Lisa (CDC astho.org); Mangal, Chris (CDC aphl.org); Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Edison, Laura S. (CDC/OD/ORR/DSLR); Ferrer, Barbara (CDC ph.lacounty.gov); Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/1/2026 4:00:00 PM (UTC)

End Time: Mon 6/1/2026 4:30:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Glover, Maleeka (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Flowers, Artensie (ASPR/RSPNS);[redacted] Brown, Catherine (CDC mass.gov);[redacted] Mihalakos, Alysia (CDC health.ri.gov);[redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov);[redacted] Aldous, Wade;[redacted] Turabelidze, George (CDC health.mo.gov);[redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov);[redacted] Lindquist, Scott SL (CDC doh.wa.gov);[redacted] Townsend, Kristen (CDC health.ny.gov);[redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net);[redacted] Hunt, Charlie (CDC jocogov.org); Fogleman, Stella (CDC ph.lacounty.gov);[redacted] Tenner, Andi (CDC sfdph.org);[redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD);[redacted] Maldin, Beth (CDC health.nyc.gov);[redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov);[redacted] Wright, Mallory (ASPR/RSPNS);[redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov);[redacted] Borschein, Suzanne (CDC health.ri.gov);[redacted] Tran, Anthony (CDC cdph.ca.gov);[redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Peterson, Lisa (CDC astho.org); Mangal, Chris (CDC aphl.org);[redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov);[redacted] Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Ferrer, Barbara (CDC ph.lacounty.gov); Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1[redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/8/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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(888) 994-4478,[redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Glover, Maleeka (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Flowers, Artensie (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); [redacted] Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Hunt, Charlie (CDC jocogov.org); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Peterson, Lisa (CDC astho.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Edison, Laura S. (CDC/OD/ORR/DSLR); Ferrer, Barbara (CDC ph.lacounty.gov); Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/4/2026 4:00:00 PM (UTC)

End Time: Thur 6/4/2026 4:30:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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(888) 994-4478, [redacted] United States (Toll-free)
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Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Sturrock, Lochlin (ASPR/RSPNS); Edison, Laura S. (CDC/OD/ORR/DSLR); Ferrer, Barbara (CDC ph.lacounty.gov); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Peterson, Lisa (CDC astho.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); Flowers, Artensie (ASPR/RSPNS); Tenner, Andi (CDC sfdph.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/1/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); [redacted] Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Hunt, Charlie (CDC jocogov.org); Tenner, Andi (CDC sfdph.org); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Ferrer, Barbara (CDC ph.lacounty.gov); Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/11/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); [redacted] Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Tenner, Andi (CDC sfdph.org); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Ferrer, Barbara (CDC ph.lacounty.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/25/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); [redacted] Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Lindquist, Scott SL (CDC doh.wa.gov); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Edison, Laura S. (CDC/OD/ORR/DSLR); Ferrer, Barbara (CDC ph.lacounty.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/4/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)

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Location: Microsoft Teams Meeting; +1

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/22/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); [redacted] Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Tenner, Andi (CDC sfdph.org); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Ferrer, Barbara (CDC ph.lacounty.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/18/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Nunn, Matthew (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); [redacted] Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Hunt, Charlie (CDC jocogov.org); Tenner, Andi (CDC sfdph.org); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Gilliam, Sabrina@CDPH

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

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***** Response Options has been disabled*****

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AMERICAN OVERSIGHT

From: Nunn, Matthew (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); [redacted] Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Sturrock, Lochlin (ASPR/RSPNS); [redacted] Tenner, Andi (CDC sfdph.org); Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Lindquist, Scott SL (CDC doh.wa.gov); Flowers, Artensie (ASPR/RSPNS); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Gilliam, Sabrina@CDPH; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/8/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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(888) 994-4478,[redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Nunn, Matthew (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); [redacted] Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Gilliam, Sabrina@CDPH; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/22/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Nunn, Matthew (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); [redacted] Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Gilliam, Sabrina@CDPH; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/25/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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(888) 994-4478,[redacted] United States (Toll-free)
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Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Nunn, Matthew (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); [redacted] Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Gilliam, Sabrina@CDPH; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/18/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/4/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted]; Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Mejia-Echeverry, Alvaro; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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https://teams.microsoft.com[redacted]
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Passcode: [redacted]

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+1 [redacted] United States, Atlanta
(888) 994-4478, [redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted]; Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Glover, Maleeka (CDC/OD/ORR/DEO); Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/22/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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(888) 994-4478,[redacted] United States (Toll-free)
Find a local number
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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted]; Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Glover, Maleeka (CDC/OD/ORR/DEO); Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/25/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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Need help? | System reference
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(888) 994-4478,[redacted] United States (Toll-free)
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Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); Ferrer, Barbara (CDC ph.lacounty.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted]; Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Glover, Maleeka (CDC/OD/ORR/DEO); Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/4/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/11/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/8/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); [redacted] Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] Ferrer, Barbara (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Hunt, Charlie (CDC jocogov.org); Tenner, Andi (CDC sfdph.org); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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(888) 994-4478,[redacted] United States (Toll-free)
Find a local number
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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted]; McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); Ferrer, Barbara (CDC ph.lacounty.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Newman, Xihui; Smith, Nicholas (ASPR/RSPNS); Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro; Glover, Maleeka (CDC/OD/ORR/DEO)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/18/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/22/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

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***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Ferrer, Barbara (CDC ph.lacounty.gov); [redacted] Tenner, Andi (CDC sfdph.org); [redacted]; Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Hunt, Charlie (CDC jocogov.org); Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Smith, Nicholas (ASPR/RSPNS); Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Gilliam, Sabrina@CDPH; Newman, Xihui; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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+1 [redacted] United States, Atlanta
(888) 994-4478,[redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Ferrer, Barbara (CDC ph.lacounty.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted]; Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Smith, Nicholas (ASPR/RSPNS); Glover, Maleeka (CDC/OD/ORR/DEO); Mejia-Echeverry, Alvaro; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/25/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted]; Lindquist, Scott SL (CDC doh.wa.gov); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Flowers, Artensie (ASPR/RSPNS); Hunt, Charlie (CDC jocogov.org); Tenner, Andi (CDC sfdph.org); Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS); Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/1/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted]; Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Glover, Maleeka (CDC/OD/ORR/DEO); Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Mejia-Echeverry, Alvaro; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/4/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/8/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO)[v]

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Location: Microsoft Teams Meeting; +1

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/18/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO) [redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Hunt, Charlie (CDC jocogov.org); Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Gilliam, Sabrina@CDPH; Newman, Xihui; Mejia-Echeverry, Alvaro; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/11/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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https://teams.microsoft.com[redacted]
Meeting ID: [redacted]
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+1 [redacted] United States, Atlanta
(888) 994-4478,[redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO) [redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Glover, Maleeka (CDC/OD/ORR/DEO); Mejia-Echeverry, Alvaro; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/25/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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Passcode: [redacted]

Need help? | System reference
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(888) 994-4478, [redacted] United States (Toll-free)
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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Rolle, Cassandra (CDC/OD/ORR/DEO) [redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Glover, Maleeka (CDC/OD/ORR/DEO); Mejia-Echeverry, Alvaro; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/22/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Van Emburgh, James (CDC/OD/ORR/DEO) (CTR)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Glover, Maleeka (CDC/OD/ORR/DEO); Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Mejia-Echeverry, Alvaro; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/4/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/11/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Van Emburgh, James (CDC/OD/ORR/DEO) [redacted]

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/25/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Van Emburgh, James (CDC/OD/ORR/DEO) [redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Sturrock, Lochlin (ASPR/RSPNS); Juilano, Chrissie (CDC bigcitieshealth.org); Lindquist, Scott SL (CDC doh.wa.gov); Flowers, Artensie (ASPR/RSPNS); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Glover, Maleeka (CDC/OD/ORR/DEO); Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Gilliam, Sabrina@CDPH; Newman, Xihui; Mejia-Echeverry, Alvaro; Smith, Nicholas (ASPR/RSPNS); Balter, Sharon (CDC ph.lacounty.gov)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/8/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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https://teams.microsoft.com[redacted]
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+1 [redacted] United States, Atlanta
(888) 994-4478,[redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Van Emburgh, James (CDC/OD/ORR/DEO) (CTR[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Townsend, Kristen (CDC health.ny.gov); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Flowers, Artensie (ASPR/RSPNS); Hunt, Charlie (CDC jocogov.org); Tenner, Andi (CDC sfdph.org); Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS); Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/1/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Van Emburgh, James (CDC/OD/ORR/DEO) (CTR[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Glover, Maleeka (CDC/OD/ORR/DEO); Mejia-Echeverry, Alvaro; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/22/2026 4:00:00 PM (UTC)

End Time: Mon 6/22/2026 4:30:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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(888) 994-4478,[redacted] United States (Toll-free)
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Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Van Emburgh, James (CDC/OD/ORR/DEO) (CTR)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Glover, Maleeka (CDC/OD/ORR/DEO); Smith, Nicholas (ASPR/RSPNS); Solari, Nick; Newman, Xihui; Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/18/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD) [redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Glover, Maleeka (CDC/OD/ORR/DEO); Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Mejia-Echeverry, Alvaro; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/4/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Glover, Maleeka (CDC/OD/ORR/DEO); Smith, Nicholas (ASPR/RSPNS); Solari, Nick; Newman, Xihui; Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/18/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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Dial in by phone
+1 [redacted] United States, Atlanta
(888) 994-4478, [redacted] United States (Toll-free)
Find a local number
Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Tenner, Andi (CDC sfdph.org); [redacted] Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Hunt, Charlie (CDC jocogov.org); Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Gilliam, Sabrina@CDPH; Newman, Xihui; Mejia-Echeverry, Alvaro; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/11/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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https://teams.microsoft.com[redacted]
Meeting ID: [redacted]
Passcode: [redacted]

Need help? | System reference
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For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/8/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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Passcode: [redacted]

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AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD [redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); [redacted] Baggett, Jessica (CDC astho.org); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Tenner, Andi (CDC sfdph.org); [redacted] Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); [redacted] Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); [redacted] Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); [redacted] Borschein, Suzanne (CDC health.ri.gov); [redacted] Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Glover, Maleeka (CDC/OD/ORR/DEO); Mejia-Echeverry, Alvaro; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/25/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Microsoft Teams meeting

AMERICAN OVERSIGHT

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Passcode: [redacted]

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AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)[redacted]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Shara Epstein; Alexandra Skula; [redacted] Townsend, Kristen (CDC health.ny.gov); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); [redacted] Juilano, Chrissie (CDC bigcitieshealth.org); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Baggett, Jessica (CDC astho.org); Quinn, Celia (CDC health.nyc.gov); [redacted] Flowers, Artensie (ASPR/RSPNS); Hunt, Charlie (CDC jocogov.org); Tenner, Andi (CDC sfdph.org); Edison, Laura S. (CDC/OD/ORR/DSLR); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Joseph, Jerry (CDC naccho.org); Pickett, Andrew; [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Solari, Nick; Glover, Maleeka (CDC/OD/ORR/DEO); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS); Gilliam, Sabrina@CDPH; Mejia-Echeverry, Alvaro

Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/1/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/8/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

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***** Response Options has been disabled*****

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AMERICAN OVERSIGHT

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Location: Microsoft Teams Meeting; +1 [redacted]

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Thur 6/18/2026 4:00:00 PM (UTC)

AMERICAN OVERSIGHT

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

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Phone conference ID: [redacted]
For organizers: Meeting options | Reset dial-in PIN

AMERICAN OVERSIGHT

From: Fryberger, Scott M. (CDC/OCOO/OSSAM/OD)

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); Mihalakos, Alysia (CDC health.ri.gov); Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; Turabelidze, George (CDC health.mo.gov); Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); Fogleman, Stella (CDC ph.lacounty.gov); World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); Sturrock, Lochlin (ASPR/RSPNS); Juilano, Chrissie (CDC bigcitieshealth.org); Flowers, Artensie (ASPR/RSPNS); Lindquist, Scott SL (CDC doh.wa.gov); Wright, Mallory (ASPR/RSPNS); Joseph, Jerry (CDC naccho.org); Tenner, Andi (CDC sfdph.org); Baggett, Jessica (CDC astho.org); Hunt, Charlie (CDC jocogov.org); Edison, Laura S. (CDC/OD/ORR/DSLR); McLanahan, Eva (CDC/OD/ORR/OD); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); McHugh, Lisa; Ahmed, Farah (CDC ks.gov); Pickett, Andrew; Pavlick, Jessica (CDC dph.ga.gov); Borschein, Suzanne (CDC health.ri.gov); Tran, Anthony (CDC cdph.ca.gov); Adams, Andrew (CDC cste.org); Mangal, Chris (CDC aphl.org); Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); Townsend, Kristen (CDC health.ny.gov); Shara Epstein; Alexandra Skula; Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Glover, Maleeka (CDC/OD/ORR/DEO); Mejia-Echeverry, Alvaro; Solari, Nick; Gilliam, Sabrina@CDPH; Balter, Sharon (CDC ph.lacounty.gov); Newman, Xihui; Smith, Nicholas (ASPR/RSPNS)

Location: Microsoft Teams Meeting; +1

Subject: World Cup STLT Host Site Call

Importance: Normal

Start Time: Mon 6/22/2026 4:00:00 PM (UTC)

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*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

- These calls will take place on **Mondays and Thursdays, 12:00-12:30pm ET** beginning Monday **June 1 through July 30**.

- The purpose of the call is to provide a venue for host site jurisdictions to share short, verbal reports on any significant items or immediate concerns during the tournament. This is an opportunity for jurisdictions to share situational awareness in a close-hold format, and to raise questions of one another and federal partners. A small number of CDC and ASPR leaders will attend and share any news they have.

- To ensure the call remains relevant and confidential, we ask that you do not forward this call information.

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(888) 994-4478,[redacted] United States (Toll-free)
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From: EOC Response Meetings[EOCResponseOperations@cdc.gov]

Organizer: EOC Response Meetings[EOCResponseOperations@cdc.gov]

Attendees: Pilote, Kara (CDC/OD/ORR/DSLR); Gregory, Cria G. (CDC/OD/ORR/DSLR); Thomasson, Erica Rae (CDC/OD/ORR/DSLR); Byrkit, Ramona (CDC/OD/ORR/DSLR); Winfield, Christina (CDC/OD/ORR/DSLR); Fitzgerald, Denis (ASPR/RSPNS); Horahan, Kevin (ASPR/RSPNS); Brown, Catherine (CDC mass.gov); [redacted] Mihalakos, Alysia (CDC health.ri.gov); [redacted] Kirn, Thomas (CDC doh.nj.gov); Johnson, Dana (CDC doh.nj.gov); Kubin, Grace (CDC dshs.texas.gov); Aldous, Wade; [redacted] Turabelidze, George (CDC health.mo.gov); [redacted] Watt, James (CDC cdph.ca.gov); Erica Pan, MD, MPH, FAAP (CDC cdph.ca.gov); [redacted] Aoki, Vince (CDC doh.wa.gov); [redacted] Short, Kirstin (CDC houstontx.gov); Hare, Alison (CDC phs.hctx.net); [redacted] Fogleman, Stella (CDC ph.lacounty.gov); [redacted] World Cup 2026 CDC IMS CoS; World Cup 2026 CDC IMS STLT; [redacted] Peterson, Lisa (CDC astho.org); Casalotti, Adriane (CDC naccho.org); Wolford, TylerWolford (CDC aphl.org); [redacted] Sturrock, Lochlin (ASPR/RSPNS); Shara Epstein; Alexandra Skula; [redacted] Booth, Zoe (CDC/OD/ORR/DSLR) (CTR); Galang, Romeo R. (CDC/NCCDPHP/OD); Townsend, Kristen (CDC health.ny.gov); [redacted] McLanahan, Eva (CDC/OD/ORR/OD); [redacted] Ahmed, Farah (CDC ks.gov); Pavlick, Jessica (CDC dph.ga.gov); Mangal, Chris (CDC aphl.org); Smart, John (ASPR/RSPNS); Fleming, John (CDC houstontx.gov); [redacted] Joseph, Jerry (CDC naccho.org); [redacted] Tran, Anthony (CDC cdph.ca.gov); [redacted] Lindquist, Scott SL (CDC doh.wa.gov); [redacted] Blocher, Tricia (CDC cdph.ca.gov); Kirking, Hannah L. (CDC/NCIRD/CORVD); Maldin, Beth (CDC health.nyc.gov); [redacted] Adams, Andrew (CDC cste.org); Baggett, Jessica (CDC astho.org); [redacted] Flowers, Artensie (ASPR/RSPNS); Tenner, Andi (CDC sfdph.org); Edison, Laura S. (CDC/OD/ORR/DSLR); [redacted] Wright, Mallory (ASPR/RSPNS); [redacted] Pickett, Andrew; [redacted] McHugh, Lisa; Borschein, Suzanne (CDC health.ri.gov); Juilano, Chrissie (CDC bigcitieshealth.org); [redacted] Coulter, Jennifer (CDC flhealth.gov); Quinn, Celia (CDC health.nyc.gov); [redacted] Hunt, Charlie (CDC jocogov.org); [redacted] Dobson, Sarah (CDC/OD/ORR/DSLR) (CTR); Taylor, Chantia (CDC/OD/ORR/DSLR); CDC EOC Response Operations; EOC Report (CDC); CDC IMS AV/Communications; Balter, Sharon (CDC ph.lacounty.gov); Short, Luke (CDC dallascounty.org); [redacted] Booth, Zoe; [redacted] Frank, Mark (CDC/OD/ORR/DEO); Davis, Xiaohong Mao (CDC/OD/ORR/DEO); Glover, Maleeka (CDC/OD/ORR/DEO); Newman, Xihui; Smith, Nicholas

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(ASPR/RSPNS); Mejia-Echeverry, Alvaro; Solari, Nick; Gilliam, Sabrina@CDPH

Subject: World Cup STLT Host Site Call

*****Meeting Start Time Indicates Eastern Time *****
***** Response Options has been disabled*****

POC: World Cup 2026 CDC IMS CoS, eocevent503@cdc.gov

- CDC would like to invite you to the **World Cup STLT Host Site Call** series. We have invited three persons (epi, lab, preparedness reps) from local (city and/or county) and state health departments – please let us know if there is someone other than you who should attend by emailing eocevent286@cdc.gov.

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From: Ciccocioppo, Barry[redacted]
Sent: Tue 5/26/2026 7:11:09 PM (UTC)
To: Immel, Tara[redacted] Goodling, Stephanie[redacted]; Ruhland, Neil[redacted] Soto, Sylvana[redacted]; Ciccocioppo, Barry[redacted] Steiker-Ginzberg, Eli[redacted]
Subject: FW: [External] NPHIC News Highlights - This Week's Public Health Communication News

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From: NPHIC Member Services <info@nphic.org>
Sent: Tuesday, May 26, 2026 3:07:47 PM (UTC-05:00) Eastern Time (US & Canada)
To: Ciccocioppo, Barry [redacted]
Subject: [External] NPHIC News Highlights - This Week's Public Health Communication News

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NPHIC News Highlights

Tuesday, 26 May 2026 | www.nphic.org

NPHIC AND CDC REINSTATE MONTHLY COMMUNICATIONS CALLS FOR PUBLIC HEALTH COMMUNICATORS

The National Public Health Information Coalition (NPHIC) and CDC have relaunched a recurring monthly communication call series to strengthen coordination between CDC communication staff, regional press officers, and public health communicators nationwide.

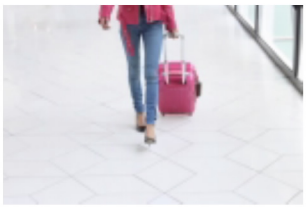
Held on the fourth Wednesday of each month, the calls are designed to provide timely updates and opportunities for direct engagement on emerging public health issues.

The upcoming May 27 session will include communication updates on hantavirus, Ebola, and World Cup preparedness, as well as resources from the Public Health Communication Collaborative (PHCC) and regional breakout discussions intended to support practical information sharing and collaboration across the public health communication community.

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NPHIC members seeking the Teams meeting invitation are encouraged to contact Laura Espino at **lespino@nphic.org.**

CDC EXPANDS EBOLA SCREENING TO ATLANTA; UPDATES U.S. ENTRY RESTRICTIONS

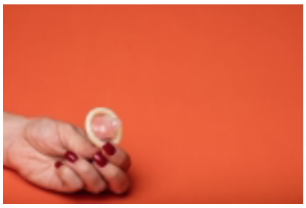


CDC expanded enhanced Ebola screening to Hartsfield-Jackson Atlanta International Airport, adding a second U.S. entry point alongside Washington's Dulles for travelers from the Democratic Republic of the Congo, Uganda, and South Sudan.

WHO reports 82 confirmed cases and seven deaths, with additional suspected deaths and nearly 750 suspected cases linked to the Bundibugyo strain.

U.S. entry measures include restrictions on non-citizens traveling from affected countries, and an HHS rule under **42 CFR 71.40** expanding CDC authority to restrict entry, including lawful permanent residents who have been in the Democratic Republic of the Congo, Uganda, or South Sudan within 21 days. Read more from CNBC **here**.

SURVEY HIGHLIGHTS PERSISTENT UNCERTAINTY ON STI VACCINES



A nationally representative Annenberg Public Policy Center survey found that while most U.S. adults understand core STI transmission routes, knowledge gaps persist around less common pathways and vaccine availability.

Majorities correctly identified gonorrhea, syphilis, chlamydia, HPV, and genital herpes as sexually transmitted, but far fewer recognized mpox (35%) or Zika (13%) as sexually transmitted infections.

Misconceptions included 20% believing STI transmission can occur via toilet seats and only 33% identifying breastfeeding as a possible HIV transmission route. While 68% recognized an HPV vaccine, only 42% were aware of an mpox vaccine, and most respondents were uncertain about vaccine availability for other STIs. Read the survey **here**.

CDC UPDATES GUIDANCE FOR INVESTIGATING LOCALLY ACQUIRED MALARIA IN THE UNITED STATES

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CDC updated its operational guidance for investigating suspected locally acquired mosquito-transmitted malaria in the United States following 10 autochthonous cases reported across four states in 2023 after two decades without documented local transmission.

The guidance emphasizes that, although malaria was eliminated in the 1950s, widespread presence of Anopheles mosquitoes and increasing imported cases sustain reintroduction risk. It outlines enhanced investigations for cases without travel history, requiring coordinated epidemiologic, entomologic, and laboratory response across local, state, and federal levels.

Public health action includes rapid diagnostic testing, mandatory reporting, standardized case classification, and parallel field and molecular investigations to assess and interrupt potential local transmission. Read more in CDC's MMWR **here**.

PREVALENCE AND CONTEXT OF SUNBURN AMONG U.S. ADULTS



The 2024 National Health Interview Survey found that 35.1% of U.S. adults (approximately 88.1 million) experienced at least one sunburn in the previous year, including 7.5% (18.8 million) with four or more sunburns.

Among adults reporting sunburn, the most common context for the most recent event was spending time in, on, or near water (60.6%), followed by exercising (24.7%), drinking alcohol (17.6%), intentional tanning (15.9%), and working (12.9%).

Notably, 55.1% reported sunburn despite sunscreen use, indicating potential gaps in proper application or effectiveness of sun protection behaviors and highlighting opportunities to strengthen prevention messaging and interventions. Read more in CDC's MMWR **here**.

VECTORED NETWORK LAUNCHES WEBINAR SERIES ON VECTOR-BORNE DISEASE COMMUNICATION AND PREPAREDNESS



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The VectorED Network, a CDC-funded Training and Evaluation Center serving the Ohio River

Valley region through Penn State, is offering a free professional development webinar series focused on strengthening education and communication related to vector-borne diseases.

Sessions will address the history of Lyme disease, best practices for risk communication during emergent threats, and vector bite risk reduction and field safety. Developed in partnership with Penn State Extension, the series is designed to provide public health and Extension professionals with practical tools spanning technical knowledge, communication, pedagogy, and evaluation.

The initiative aims to support workforce development and improve regional preparedness for vector-borne disease response and prevention efforts. Learn more about the webinars **here**.

NEW TOOLKIT: ENGAGING BUSINESS LEADERS IN PUBLIC HEALTH PARTNERSHIPS



The de Beaumont Foundation's new toolkit on engaging business leaders in public health partnerships highlights research-driven strategies to strengthen collaboration between public health agencies and the private sector.

Drawing on interviews and focus groups with business leaders, the resource identifies key barriers to engagement, including perceptions that public health is overly regulatory, politically risky, or disconnected from immediate business priorities such as workforce stability and profitability.

The toolkit provides actionable guidance for assessing when health departments should lead, support, or convene partnerships; offers messaging "do's and don'ts"; and emphasizes the role of trusted validators, data, and technical expertise in building sustainable, mutually beneficial collaborations. Find the toolkit **here.**

ARCLET ACCESS FUND: ONE YEAR ACCESS

A recent study published in the Journal of Public Health Management & Practice found that nearly half of government public health workers contribute to communications activities, while only 11% identify communications as their primary role, underscoring persistent workforce and capacity gaps in public health messaging.

In response, Arclet has opened applications for the second cohort of its Access Fund, which provides selected local health departments, community health centers, rural hospitals, and

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community-based organizations with one year of no-cost platform access, unlimited user seats, onboarding support, and participation in AI-enabled health communications tool development.

Applications close June 15. Learn more and apply **here**.

HANTAVIRUS RESPONSE RAISES READINESS CONCERNS



Public health experts say the federal response to the hantavirus outbreak aboard a cruise ship exposed gaps in outbreak readiness, particularly in communication and coordination. Former CDC officials and local health leaders cited delays in public briefings, provider alerts, and direct communication with states after potentially exposed passengers returned to U.S. communities.

The first provider alert was issued May 8, despite some passengers returning April 24. Experts also raised concerns about reduced federal public health capacity following agency layoffs, leadership turnover, and the U.S. withdrawal from the World Health Organization.

Several states, including Minnesota, Kansas, and California, continue monitoring potential exposures. Read more from Axios **here**.

Contact us

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From: Ciccocioppo, Barry[redacted]
Sent: Thur 7/9/2026 2:03:56 PM (UTC)
To: Immel, Tara[redacted]; Goodling, Stephanie[redacted]; Ciccocioppo, Barry[redacted]; Ruhland, Neil[redacted] Steiker-Ginzberg, Eli[redacted]; Nojiri, Stephanie[redacted]
Subject: FW: [External] Scoring Goals for Public Health

From: Public Health Weekly <pr@astho.org>
Sent: Thursday, July 9, 2026 10:01:38 AM (UTC-05:00) Eastern Time (US & Canada)
To: Ciccocioppo, Barry [redacted]
Subject: [External] Scoring Goals for Public Health

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July 9, 2026

Partner Spotlight: Q&A with Kate Menard on Levels of Maternal Care State Implementation

As states confront maternal health challenges, hospital closures, and workforce shortages, Levels of Maternal Care (LoMC) implementation has emerged as a powerful strategy to improve access to risk-appropriate care.

In an interview with subject matter expert Kate Menard, she shares insights on how health agencies can approach LoMC implementation to improve maternity care systems.

Congress Tackles Public Health Preparedness for World Cup and Other Major Events

Congressional hearings focused on World Cup and Olympic preparedness highlight the importance of building and maintaining strong public health readiness long before a crisis occurs.

As lawmakers debate future preparedness funding, key questions remain about public health's role in emergency planning and the investments needed to keep communities safe.

Get the full picture in this week's *Federal Health Policy*

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Read more of the conversation in this new blog.	*Update*.

In the latest episode of the ***Investing in Tomorrow: PHIG Impact Report*** on ***Public Health Review Morning Edition***, Tmong Udui shares how Palau is advancing public health data modernization through Public Health Infrastructure Grant (PHIG) support. From strengthening workforce capacity and improving data systems to implementing a national electronic health record, Palau is taking a people-centered approach to building a more resilient public health infrastructure.

Learn how collaboration, practical solutions, and lessons from the COVID-19 pandemic are helping drive lasting change.

Discover more about PHIG.

UPCOMING EVENTS

ASTHO Policy Institute Lunch & Learn: Preserving Institutional Knowledge for STI & ID Programs | July 13 | 1–1:45 p.m. ET | Looking to strengthen your agency's workforce resilience? Join ASTHO for this final Lunch & Learn session to explore how staff transitions impact STI and infectious disease programs. Discover practical strategies for knowledge transfer, succession planning, and program continuity. Attendees will learn how to sustain effective teams and navigate change. **Sign up now**.

DELPH Power of Leadership Micro-Conference | July 22-23 | Join ASTHO for a two-day, virtual event for supervisors and emerging leaders to discover practical tools to navigate complexity, lead through competing demands, and maintain stability under pressure. Strengthen your ability to align teams, priorities, and systems to drive stronger public health outcomes. **Secure your spot**.

View ASTHO's full events calendar here.

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THIS WEEK ON PUBLIC HEALTH REVIEW MORNING EDITION

• **Rebuilding Public Trust Through Storytelling** | Jerome Larkin (SHO-RI)

• **Finding Your Voice: Leadership Lessons from the DELPH Program** | Gabby Hadly, Snohomish County Health Department

• **PHIG Impact Report: Palau's Data Transformation Journey** | Tmong Udui, Republic of Palau

• **Strengthening Public Health Through Preparedness** | Catherine Jones, ASTHO

ASTHO IN THE NEWS

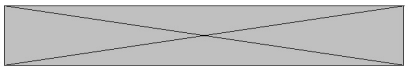
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From: Immel, Tara [redacted]
Sent: 7/15/2026 3:21:57 PM
To: Ciccocioppo, Barry [redacted]; Ruhland, Neil [redacted]; Goodling, Stephanie [redacted]v]; Steiker-Ginzberg, Eli [redacted]; Nojiri, Stephanie [redacted]
Subject: FW: [External] Top 10 Cyclospora questions

Some good info. Sharing in case you aren't on this mailing list.

Tara Immel
Digital Director

Department of Health | Office of Communications
625 Forster Street, 8th Floor | Harrisburg, PA 17120
Phone: 717.787.1783
health.pa.gov
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From: Your Local Epidemiologist <yourlocalepidemiologist@substack.com>
Date: Wednesday, July 15, 2026 at 6:39 AM
To: Immel, Tara <[redacted]
Subject: [External] Top 10 Cyclospora questions

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Your Local Epidemiologist

Keeping up with public health developments—both policy and health events—is like drinking from a firehose these days. YLE content is free, but we need financial support to keep the team sustainable (and sane). If you can, please consider upgrading to a paid subscription below.

Upgrade to paid

Top 10 Cyclospora questions

KATELYN JETELINA
JUL 15

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READ IN APP

The cyclosporiasis foodborne outbreak continues to grow, and individuals are left to figure out how to weather this storm until government systems catch up. So we are getting flooded with questions! The YLE team compiled answers to the top 10 to bring the nuance you may be looking for.

Note: This post builds on a previous YLE post that explained what's going on. If you missed that, start here.

1. Can you just tell me what not to eat?

Unfortunately, it's not that easy, because a source hasn't been confirmed. So risk falls on a spectrum and risk tolerance varies.

This is how I'm thinking about it:

Skip bagged salads, salad kits, and boxed salads from the grocery store, and avoid them at restaurants and fast food places, too. Michigan's warning on Monday (unusual to go public before the FDA) is a strong signal of what they're seeing. Whole heads of lettuce are fine if you strip the outer 2-3 layers, since that's where contamination is most likely to sit.
Michigan's investigation has yet to pinpoint a company or rule out other foods. Two dozen other states are still under active investigation. So avoiding other foods is reasonable. In previous outbreaks, the culprits were raspberries, fresh herbs (basil, cilantro), onions, and snap/snow peas. I would still avoid these, especially if you're high risk (pregnant, older, or immunocompromised).

Stick to produce you can peel or cook. (If you have frozen berries from January, you should be in the clear as this outbreak likely started in May.)

2. How long do I need to cook produce for? Does freezing work?

Cooking food to an internal temperature of 158°F is the only thing known to kill *Cyclospora*. This means sautéing raw spinach for about 1.5 minutes. (Turn your salad into a stir fry!)

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Microwaving doesn't work as well because heat spreads unevenly; research shows 45 seconds wasn't enough to kill *Cyclospora*, so go longer and check that every part, not just the surface, is steaming hot.

Freezing isn't reliable because a typical home freezer isn't cold enough to kill the parasite. Research shows you'd need -20°C (-4°F) for at least 2 days, or a commercial deep freeze at -70°C for an hour, well below what most kitchen freezers hit.

Washing helps a little, but not entirely, because these microscopic parasites love to hide in the grooves and crevices. They also hide from home remedies people suggest, like lemon juice.

3. Is local produce better than big distributors?

The risk is much lower. In fact, there has never been a documented cyclosporiasis outbreak linked to a local farm.

That said, *Cyclospora* lives in soil and contaminated water, so a local farm could be affected if it shares a water source with a large commercial farm. *Cyclospora* can also enter the food supply at a packing, processing, or distribution facility, where outbreaks get amplified—a local farm would be safer on this front, too. My hunch is that the real culprit here isn't the farm itself, but distribution, but we don't yet know yet.

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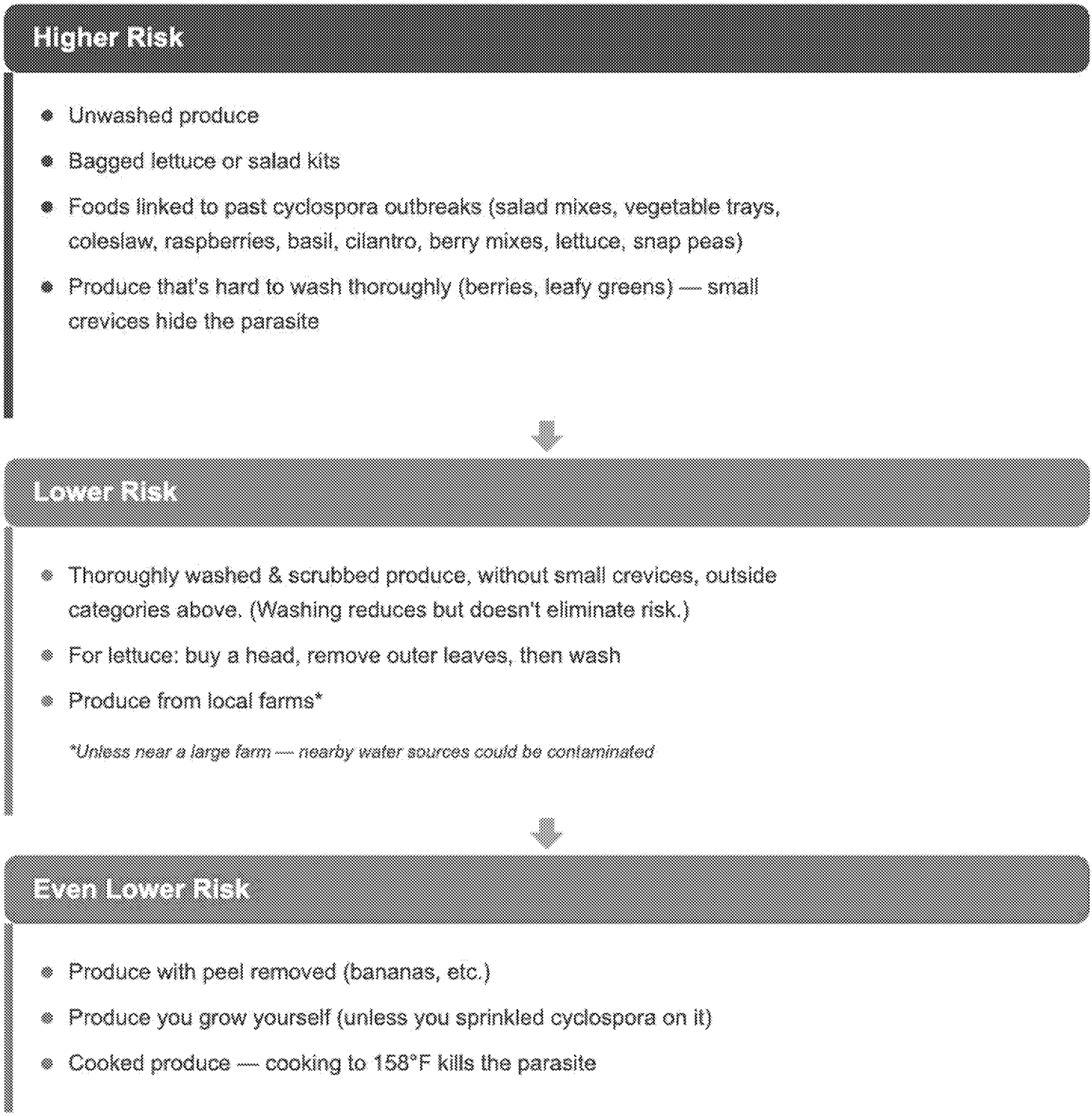


Figure by Your Local Epidemiologist, adapted from Dr. Kristen Panthagani at You Can Know Things

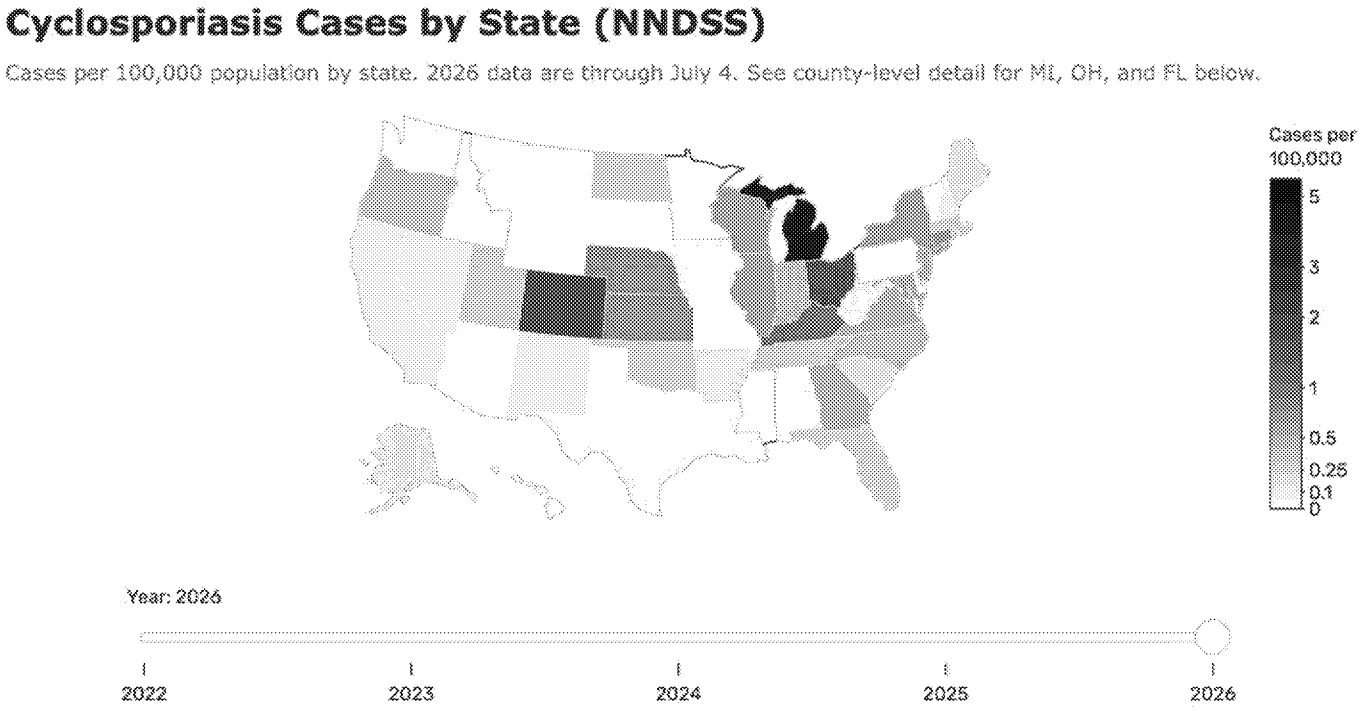
4. How much precaution should we be taking in California (or other states), where very few cases have been reported?

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Distribution networks are complex, but all states are now actively looking for cases. That makes me more confident that states with low case counts (that stay low) aren't linked to whatever is driving the outbreaks in Michigan, Ohio, New York, and elsewhere.

All states have some cyclosporiasis cases, but that's expected: it reflects multiple outbreaks happening at once. California, for example, has cases, but not more than in past years—actually fewer. About 95% of California's cases have involved people who picked up the parasite while traveling outside the U.S.

For what it's worth, I live in California, and I'm not eating lettuce but being liberal with the other foods. I don't have time for weeks of exploding diarrhea, but my guard is a little more down than it would be if I lived in Michigan or New York.



Source: PopHIVE

5. How do I know what bug I have?

Many bugs can cause diarrhea. Norovirus is a common virus that spreads year-round and causes similar symptoms, but is highly contagious, while *Cyclospora* is a parasite that is not contagious from person to person.

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To differentiate between the two at home, it really comes down to symptoms and timing. If symptoms show up within a day or two and pass quickly, think norovirus. If it lasts more than a week and then it comes and goes for weeks, that's likely cyclosporiasis. Antibiotics help with cyclosporiasis, so it's worth getting tested (although I hear the test is expensive).

	Norovirus	Cyclospora
Time to symptoms	12-48 hours after exposure	2-14 days (about a week on average)
Main symptoms	Vomiting, watery diarrhea, nausea, stomach cramps	Watery diarrhea, cramping, bloating/gas, fatigue; vomiting and fever are less common
How it feels	Hits hard and fast	Builds gradually, drags on
How long it lasts	1-3 days	Weeks if untreated, and can relapse (symptoms fade, then come back)
Fever	Common	Uncommon, usually low-grade if present

Table by Your Local Epidemiologist.

6. How does this end?

Once the product is out of circulation. That can happen naturally (e.g., clean salad gradually replaces infected salad), through intervention (stores pull it), or as the season shifts toward fall, since cooler, drier conditions make it harder for the parasite to mature.

I don't know how long it will take to end. No one does. But the *Cyclo* season typically ends in September when the parasites can no longer mature as efficiently.

7. There is no federal guidance for us physicians. When am I supposed to test and how?

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It's absolutely insane how long the federal Health Alert Network (HAN) notice was delayed, but it finally came out yesterday. Michigan's provider bulletin is absolutely fantastic. If you're a clinician, read that.

8. Can our animals get this?

No. *Cyclospora* only infects humans and spreads solely through the fecal-oral route. Researchers have tried to infect chickens, dogs, mice, rabbits, monkeys, and several other species in lab studies, and it hasn't taken. So feeding your salad to your chickens is fine.

9. How easily is it transferred within a restaurant kitchen, like if a cook has unknowingly handled contaminated lettuce or something for someone else's order and then touches your food? Or via cooking utensils/equipment/shared prep surfaces?

If the produce arrives at a restaurant already contaminated and is infectious (which takes about 2 weeks on a head of lettuce, for example), and then that lettuce touches a cutting board, knife, or bin used for other food, the parasite can be transferred. It was great news to see Taco Bell move quickly last week.

10. Is there any hope of CDC or any of our government agencies tracking down the source of this outbreak? Does the EIS have the resources to find the source?

I'm confident that the federal scientists are doing the best job they can do with what they have. *Cyclo* is difficult to investigate because it takes so long to cause symptoms (do you remember what you ate 10 days ago), it takes an enormous amount of resources to pinpoint; some foods, like at Mexican restaurants, have many ingredients; making it challenging to pinpoint a single ingredient; and testing options are limited. **There were definitely outbreaks in the past where no source was found**.

Local and state public health departments are also working their tails off. But public health, and specifically parasitic teams, have been chronically underfunded. They are holding on by scotch tape, and now, with the largest cyclosporiasis outbreak in history, they are overwhelmed. While resources can be pulled from elsewhere, public health departments are also dealing with record cases of measles and whooping cough on top of travel-related Ebola and the World Cup, and everything else. It's a lot.

Communication, guidance, timeliness, and transparency are what the federal government is falling short on. There has been very little communication, and what has been said is that these

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outbreaks happen all the time. *This is not normal*, and saying so without communicating what the public *should actually do* is unhelpful to the point of gaslighting.

Bottom line

There are steps you can take to reduce your risk during this big foodborne outbreak while the systems around us catch up. I will be back when we know more. Keep your questions coming!

Love, YLE

Your Local Epidemiologist (YLE) comprises a team of experts, ranging from physicians to immunologists to epidemiologists to nutritionists, working together with one goal: to "translate" ever-evolving public health science so that people are well-equipped to make evidence-based decisions. The YLE suite of newsletters reaches over 475,000 people across more than 132 countries. This newsletter is free to everyone, thanks to the generous support of fellow YLE community members. To support the effort, subscribe or upgrade below:

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From: Ciccocioppo, Barry[redacted]
Sent: Tue 6/9/2026 7:36:47 PM (UTC)
To: Immel, Tara[redacted]; Goodling, Stephanie[redacted]; Ruhland, Neil[redacted]; Soto, Sylvana[redacted]; Ciccocioppo, Barry[redacted]; Steiker-Ginzberg, El[redacted]
Subject: FW: [External] NPHIC News Highlights - This Week's Public Health Communication News

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From: NPHIC Member Services <info@nphic.org>
Sent: Tuesday, June 9, 2026 3:36:13 PM (UTC-05:00) Eastern Time (US & Canada)
To: Ciccocioppo, Barry <[redacted]
Subject: [External] NPHIC News Highlights - This Week's Public Health Communication News

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NPHIC

News Highlights

Tuesday, 9 June 2026 | www.nphic.org

CDC PUBLIC HEALTH GRAND ROUNDS TO EXPLORE VACCINE EFFECTIVENESS METHODOLOGIES



CDC's upcoming Public Health Grand Rounds will examine practical approaches to measuring vaccine effectiveness and the implications for public health practice.

Scheduled for **June 10, 2026, from 1:00–2:30 p.m. ET**, the virtual Zoom session will explore how different study designs and analytical methods are applied across settings, highlighting their strengths and limitations.

Experts in epidemiology, biostatistics, and infectious disease research will discuss how vaccine effectiveness evidence is generated, evaluated, and interpreted, including challenges in comparing findings across studies.

The session aims to provide public health professionals with a deeper understanding of how vaccine effectiveness data can inform decision-making, policy development, and communication strategies. Find more information from the CDC **here**.

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NPHIC AND CDC MONTHLY COMMUNICATION CALLS SET TO CONTINUE, WITH UPDATED UPCOMING DATES

NPHIC and CDC have recently reinstated a recurring monthly communication call series designed to strengthen coordination between CDC communication staff, regional press officers, and public health communicators nationwide.

Typically held on the fourth Wednesday of each month, the calls provide timely updates and opportunities for direct engagement on emerging public health issues. However, the next two sessions will deviate from the standard schedule, occurring Wednesday, July 1, 2026, and Wednesday, July 29, 2026, both from 2:00–3:00 pm ET, due to scheduling adjustments.

Participants wanting to join may contact Laura Espino at **lespino@nphic.org** for the Teams invitation, with updated calendar invitations to follow.

AS THE LARGEST WORLD CUP EVER KICKS OFF, HEALTH OFFICIALS ARE FOCUSED ON MORE THAN EBOLA



As the 2026 FIFA World Cup prepares to host millions of visitors across 16 cities in the United States, Canada, and Mexico, public health agencies are expanding surveillance and response efforts to monitor potential disease threats.

While the ongoing Ebola outbreak in parts of Africa has drawn attention, experts cited in the article assess the risk of widespread Ebola transmission during the tournament as low. Greater concern centers on highly contagious diseases such as measles, COVID-19, and influenza, which can spread rapidly through large, mobile crowds.

Host cities are strengthening wastewater monitoring, hospital coordination, and disease detection systems ahead of the event. Read more from CNBC **here**.

PAIN IN THE NATION 2026: THE EPIDEMICS OF ALCOHOL, DRUG, AND SUICIDE DEATHS

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The Trust for America's Health report "Pain in the Nation 2026" finds that after peaking in 2021, the combined age-adjusted death rate from alcohol, drug, and suicide causes declined by 16% in 2024, continuing a 4% decline in 2023.

Drug overdose deaths fell 26%, alcohol-induced deaths 4%, and suicide deaths 3%, with broad declines across most demographic groups and regions. Despite this progress, rates remain elevated compared with historical baselines, and disparities persist.

The report attributes gains to prevention infrastructure and data systems but warns that federal workforce reductions, funding disruptions, and program uncertainty may threaten continued improvements. Read the report from TFAH **here**.

UNINSURANCE RATE HOLDS FLAT IN 2025: CDC



CDC preliminary data indicate that in 2025, 8.3% of Americans—about 28 million people—were uninsured, essentially flat compared with 8.2% in 2024. Uninsurance was highest among adults aged 18–64 at 11.6%, compared with 5.6% of children and 0.7% of seniors, with no significant year-over-year changes across age groups.

Longer-term trends show declines, including a drop among adults from 13.5% in 2021 and among Hispanic adults from 30.1% five years ago to 21.9% in 2025.

Projections indicate increases in uninsurance due to federal healthcare spending cuts affecting Medicaid and expiration of enhanced ACA subsidies, with CBO projecting 10 million additional uninsured. Read more from Healthcare Dive **here**.

5 WAYS TO REDUCE EVERYDAY EXPOSURE TO 'FOREVER CHEMICALS'



PFAS are widespread in drinking water, food, and consumer products, with nearly all U.S. residents showing measurable blood levels. About half of U.S. tap water contains detectable PFAS, making

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drinking water a key exposure pathway.

Evidence suggests that reducing exposure can lower body concentrations over time. Recommended actions include checking local or private well water testing results and using certified filtration systems such as activated carbon, ion exchange, or reverse osmosis that meet NSF/ANSI 53 or 58 standards.

Additional strategies include limiting seafood from contaminated waters, evaluating household and personal care products, and prioritizing third-party tested PFAS-free items. Read the full article from NPR **here**.

BLOOD TEST ADDED TO COLORECTAL CANCER SCREENING OPTIONS BY CANCER GROUP



The American Cancer Society has added the FDA-approved Shield blood test to its colorectal cancer screening recommendations, aiming to increase screening uptake among the roughly one-third of Americans who are not current with screening guidelines.

The test, which detects tumor DNA fragments in blood, was shown to identify 83% of colorectal cancers but is less effective at detecting early-stage cancers and precancerous polyps than colonoscopy.

Experts emphasize that colonoscopy remains the most effective screening method; however, expanding screening options may help reach more eligible adults, particularly as colorectal cancer rates continue to rise among younger populations. Read more from NBC **here**.

UNITEDHEALTHCARE REMOVING PRIOR APPROVAL FOR MOST PEDIATRIC SERVICES



UnitedHealthcare announced it will eliminate approximately two-thirds of prior authorization requirements for members under age 18 by the end of 2026, removing preapproval requirements for many diagnostic services, routine surgical procedures, and specialty care across pediatric fields including cardiology, neurology, pulmonology, and orthopedics.

The insurer said authorization will still be required for higher-complexity services, such as experimental treatments and specialty drugs. The change is part of a broader effort to reduce prior authorization requirements, a process associated with care delays; according to a 2024 American Medical Association survey, 93% of physicians reported delays in patient care while awaiting

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insurer approval for necessary treatment. Read more from The Hill **here**.

AMERICANS EXPOSED TO EBOLA WON'T IMMEDIATELY RETURN TO U.S.



Senior U.S. administration officials said Americans exposed to Ebola in Africa will be quarantined in Kenya and, if they test positive, transferred to treatment facilities in Europe rather than returning directly to the United States.

Officials said the approach is intended to expedite access to care while CDC and the State Department identify appropriate high-level treatment sites. A 50-bed quarantine facility at Kenya's Laikipia Air Base is scheduled to become operational, with medical officers determining transport for symptomatic individuals.

More than 30 U.S. Public Health Service officers are being deployed. WHO reports nearly 1,000 suspected cases in the outbreak area. Read more from Axios **here**.

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From: Ciccocioppo, Barry[redacted]
Sent: Thur 6/11/2026 2:04:21 PM (UTC)
To: Immel, Tara[redacted]; Goodling, Stephanie[redacted]; Ciccocioppo, Barry[redacted]Ruhland, Neil[redacted]; Soto, Sylvana[redacted] Steiker-Ginzberg, Eli[redacted]
Subject: FW: [External] Driving Change: ACEs Tools + Island Policies

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From: Public Health Weekly <pr@astho.org>
Sent: Thursday, June 11, 2026 10:01:17 AM (UTC-05:00) Eastern Time (US & Canada)
To: Ciccocioppo, Barry <[redacted]
Subject: [External] Driving Change: ACEs Tools + Island Policies

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June 11, 2026

How to Craft Evidence-Based Messaging for the Prevention of Adverse Childhood Experiences

A new ASTHO brief guides public health professionals in crafting clear, action-oriented messaging for adverse childhood experiences prevention.

It emphasizes clearly defining problems, aligning messages with shared values, identifying actionable solutions, and translating data into relatable terms.

Check out this resource to strengthen your jurisdiction's messaging strategy.

Island Areas Pursue Policies That Advance Health Outcomes

Island areas are advancing legislation to strengthen public health infrastructure, modernize oversight, expand prevention, and address geographic and workforce-related challenges.

Recent policies highlight strategies such as physician licensure pathways, supporting long-term care, and establishing community-centered governance to improve access, continuity, and health outcomes.

Explore these policy approaches in a new *Health Policy Update*.

AMERIC OVERSIGHT

THIS WEEK'S HIGHLIGHTS

Building Capacity for Communicating Impact Learning Community | A new community of practice is offering technical assistance, peer learning, and practical tools to help directly funded Public Health Infrastructure Grant recipients strengthen their strategic leadership and messaging skills. Participants will learn how to effectively translate public health achievements into compelling impact stories for key audiences, and all eligible recipients are encouraged to apply. The application deadline is July 2. **Learn more**.

Developing Executive Leaders in Public Health (DELPH) Applications Now Open | Submit your application now for ASTHO's next DELPH cohort. This 10-month program helps mid- to senior-level public health professionals strengthen leadership, build visibility, and sharpen strategic skills through coaching, peer support, and access to national leaders. To support you in the process, register for the July 7 open house. The submission deadline is July 31. **Advance your career and apply today**.

UPCOMING EVENTS

Strengthening Academic Health Department Partnerships: Workforce Pathways in California | June 18 | 3–4 p.m. ET | ASTHO and the Public Health Foundation are hosting a webinar session on how academic health department (AHD) partnerships can revolutionize workforce development by bridging the gap between local health departments and academic programs. Using the successful California AHD initiative as a model, participants will learn proven strategies for creating sustainable pathways that transition emerging professionals into impactful public health careers. **Register now**.

Prepared Together: Public Health Collaboration in Response to a Botulism Outbreak | June 29 | 4–5 p.m. ET | In the first session of a two-part webinar series, explore the vital role public health laboratories play in emergency response. Discover how the California Department of Public Health partnered across agencies during an infant formula-related botulism outbreak and gain actionable insights to strengthen collaboration, boost preparedness, and enhance cross-sector response. **Save your seat**.

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The Mutual Advantage: How Graduate Assistants Elevate Academic Health Department Partnerships | June 30 | 2–3 p.m. ET | Discover how formal partnerships between health departments and academic institutions can strengthen public health capacity through innovative student assistantship programs. This webinar explores how to provide students with hands-on experience while building leadership skills and professional pipelines for the next generation. **Secure your spot**.

Prepared Together: Using Agreements and Partnerships to Strengthen Emergency Laboratory Capacity | July 7 | 4–5 p.m. ET | Learn how public health laboratories continue to support effective emergency response, with insights from Utah and Alaska. Participants will explore how partnerships and mutual aid agreements were utilized to expand lab capacity, and gain practical strategies for coordinated, cross-jurisdictional responses to emerging health threats. **Register now**.

Sepsis in Dialysis: Recognition, Risk, and Response | July 9 | 1–2 p.m. ET | Looking to strengthen your dialysis team's ability to prevent sepsis before it escalates? Join ASTHO to explore early recognition, risk reduction, and team communication strategies to improve patient safety. Clinicians and dialysis leaders will share practical approaches to prevention and response. **Register now**.

Leading Change Workshop | July 28-29 | Sign up now for ASTHO's two-day, in-person, workshop designed for clinical and non-clinical public health professionals navigating constant change. Participants will gain practical strategies to lead through uncertainty, strengthen organizational culture, and apply change principles in real-world settings. Emphasizing hands-on learning, this experience helps leaders design initiatives and plans to drive impact at their agencies. The deadline to sign up is June 30. A registration fee applies. **Learn more**.

View ASTHO's full events calendar here.

THIS WEEK ON PUBLIC HEALTH REVIEW

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MORNING EDITION

- **Tracking Alpha-Gal Syndrome: Why Massachusetts Is Monitoring a Growing Tick-Borne Threat |** Robert Goldstein (SHO-MA)
- **AI Literacy and the Future of Public Health Work |** Ari Whiteman, ASTHO
- **Why Immunization Information Systems Matter |** Andy Baker-White, ASTHO
- **Stopping Outbreaks Before They Spread: CDC's Global Health Security Mission and World Cup Preparedness |** Paige Armstrong, CDC | Marcus Plescia, Fulton County Board of Health
- **Inside the Growing Ebola Outbreak in Central Africa |** Meredith Allen, ASTHO

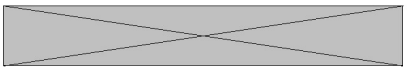
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To: Immel, Tara[redacted]; Goodling, Stephanie[redacted]; Ruhland, Neil[redacted]; Soto, Sylvana[redacted]; Ciccocioppo, Barry[redacted]; Steiker-Ginzberg, Eli[redacted]
Subject: FW: [External] NPHIC News Highlights - This Week's Public Health Communication News

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From: NPHIC Member Services <info@nphic.org>
Sent: Tuesday, June 16, 2026 3:46:26 PM (UTC-05:00) Eastern Time (US & Canada)
To: Ciccocioppo, Barry <[redacted]>
Subject: [External] NPHIC News Highlights - This Week's Public Health Communication News

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News Highlights

Tuesday, 16 June 2026 | www.nphic.org

CDC RELEASES 2026 ANNUAL US CANCER STATISTICS RELEASE



CDC's latest United States Cancer Statistics release expands access to one of the nation's most comprehensive cancer datasets, now including complete county-level cancer incidence data for all 50 states, the District of Columbia, and Puerto Rico.

The new data reveal that rural communities experienced higher cancer incidence rates than urban areas from 2019–2023, with approximately 467 versus 451 new cases per 100,000 people. In 2023, nearly 1.94 million new cancer cases were reported nationwide, and cancer remained the second leading cause of death in 2024, accounting for 619,871 deaths.

The addition of county-level and rural–urban data can help public health professionals better identify disparities, target interventions, and inform cancer control planning and resource allocation. See the full report from the CDC **here**.

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NEW DE BEAUMONT-HARVARD POLL: TRUST IN CDC FALLS SHARPLY WHILE SUPPORT FOR VACCINE REQUIREMENTS REMAINS STRONG



Findings from the de Beaumont Foundation and Harvard T.H. Chan School of Public Health poll, One Year In: Public Views of a Changing Public Health, show shifting trust and support for public health policies.

Trust in CDC recommendations declined from 77% in 2025 to 50% in 2026, while trust remains higher for state and local public health agencies. Support for school vaccine requirements remains strong at 77%, though 42% favor reducing required vaccines.

Sixty percent support updated Dietary Guidelines, including strong majorities for limiting sugar and ultra-processed foods (90%) and increasing protein intake (85%), highlighting opportunities for trusted local communication. Find the study **here**.

FLESH-EATING SCREWWORM HAS REACHED THE US



The resurgence of the New World screwworm—a flesh-eating parasite that infests wounds of livestock, pets and occasionally humans—has reached Texas and New Mexico after spreading north through Central America and Mexico.

Researchers say illegal cattle trafficking may be accelerating transmission by bypassing animal health screenings, with movement patterns closely matching known smuggling routes. Experts also note that dogs are increasingly implicated in the parasite's spread.

In response, U.S. and Mexican officials are expanding sterile-fly release programs, a strategy that previously eradicated screwworm from North America. The article highlights how cross-border animal health surveillance and coordinated disease-control efforts remain critical to preventing further spread. Read more from CNN **here**.

TOP ULTRA-PROCESSED FOOD RESEARCHERS CALL FOR SWEEPING POLICY CHANGE

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A special issue of the American Journal of Public Health is urging policymakers to take a more active role in addressing ultra-processed foods, citing growing evidence linking them to obesity, type 2 diabetes, cardiovascular disease, and potentially dementia.

Researchers highlighted survey findings showing strong bipartisan support for measures such as pre-market safety testing of additives, warning labels, limits on artificial dyes, and reductions in sugar and salt.

The issue also explores the food industry's role in shaping consumption patterns and argues that education alone is unlikely to significantly reduce intake. Researchers emphasized policy and regulatory approaches as key strategies for addressing diet-related chronic disease. Read more from STAT News **here**.

GLP-1S APPEAR TO PROTECT AGAINST CANCER



Recent research presented at the American Society of Clinical Oncology suggests GLP-1 obesity medications may be associated with reduced cancer risk across multiple tumor types, though findings remain correlative.

In analyses of more than 10,000 patients with cancer, GLP-1 use was linked to lower incidence in six of seven cancers studied, including significant reductions in breast, liver, colorectal, and non-small cell lung cancers, with lung cancer progression to stage IV declining from 22.3% to 10%.

Another analysis found a 30% lower breast cancer risk among women aged 45–80 using GLP-1s. Researchers caution retrospective limits while investigating anti-inflammatory and metabolic pathways. Read more from NPR **here**.

ALCOHOL CONSUMPTION DURING PREGNANCY REMAINS A PUBLIC HEALTH CONCERN IN THE US



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CDC analysis of 2021–2024 BRFSS data found that alcohol consumption during pregnancy remains common in the United States, with 15.2% of pregnant women reporting current drinking, 4.9% reporting binge drinking, and 2.2% reporting heavy drinking in the past 30 days.

One-third of current drinkers also reported binge drinking, and 14.7% reported heavy use. Higher prevalence was observed among women who were not married and those experiencing frequent mental distress, with heavy drinking showing a threefold increase in this group.

“No amount of alcohol consumption during pregnancy is known to be safe,” underscoring the need for routine clinical screening and community-level prevention strategies. Read more from CDC **here**.

WHY YOUR SUNSCREEN IS FINALLY GETTING A MAJOR UPGRADE



For the first time in nearly 30 years, the FDA has approved a new chemical sunscreen ingredient for use in the United States. Bemotrizinol, already widely used in Europe and Asia, provides broad-spectrum protection against both UVA and UVB rays and is more photostable than some existing U.S. sunscreen ingredients, meaning its protection degrades more slowly in sunlight.

Experts note that bemotrizinol is backed by extensive safety data from decades of use and FDA-reviewed testing. The approval comes as public health professionals continue to address sunscreen misinformation and promote skin cancer prevention through evidence-based sun safety messaging. Read more from NPR **here**.

NPHIC AND CDC MONTHLY COMMUNICATION CALLS SET TO CONTINUE, WITH UPDATED UPCOMING DATES

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While the ongoing Ebola outbreak in parts of Africa has drawn attention, experts cited in the article assess the risk of widespread Ebola transmission during the tournament as low. Greater concern centers on highly contagious diseases such as measles, COVID-19, and influenza, which can spread rapidly through large, mobile crowds.

Host cities are strengthening wastewater monitoring, hospital coordination, and disease detection systems ahead of the event. Read more from CNBC **here**.

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From: Ciccocioppo, Barry[redacted]
Sent: Thur 6/18/2026 4:29:42 PM (UTC)
To: Immel, Tara[redacted]; Ruhland, Neil[redacted]; Goodling, Stephanie[redacted] Soto, Sylvana[redacted] Steiker-Ginzberg, Eli[redacted]; Ciccocioppo, Barry[redacted]
Subject: FW: [External] ACOG's maternal vaccine schedule sparks online debate

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From: Public Health Infodemiology Brief <info@infodemiology.com>
Sent: Thursday, June 18, 2026 12:29:06 PM (UTC-05:00) Eastern Time (US & Canada)
To: Ciccocioppo, Barry [redacted]
Subject: [External] ACOG's maternal vaccine schedule sparks online debate

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June 18, 2026

Hi Barry,

Last week, the American College of Obstetricians and Gynecologists released its new maternal immunization schedule, diverging from the CDC on recommendations for COVID-19 and flu vaccines during pregnancy. The schedule drew mixed reactions: Some praised ACOG for promoting evidence-based recommendations, while others repeated familiar false claims about the safety of vaccination during pregnancy.

In other conversations, a series of viral videos showing substance use in Philadelphia set off widespread debate—and misconceptions—about substance use disorder.

Get this week's insights, messaging recommendations, and curated reading list below.

This week in trending health narratives

VACCINES

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ACOG's maternal vaccine schedule sparks online debate

Additionally, social media users spread myths about tetanus vaccines and alleged that information was being suppressed.

SUBSTANCE USE

Viral videos trigger discussion and misconceptions about SUD

Plus, a case report generated conversation about psilocybin's potential benefits for people with Alzheimer's.

MENTAL HEALTH

Commenters equate medical aid in dying with suicide

Meanwhile, posts debated an "off label" medication for mental health conditions like anxiety.

REPRODUCTIVE HEALTH

YouTuber receives backlash for terminating fetus with Down syndrome

Other conversations celebrated funding for menopause research.

News from the network

- ***Washington Post:*** Covid vaccine linked to broad protections against heart conditions, study finds
- ***ABC News:*** Why heat may be the biggest health-related concern at the World Cup
- ***CIDRAP:*** Parents more likely to decline vitamin K, hepatitis B vaccine doses for

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newborn girls than boys, data suggest

- ***New York Times:*** Kennedy Seeks to Expedite Appeal of Ruling That Blocked His Vaccine Policies

Featured training

Trusted Messenger Program Training Series

If you're a health care provider or work with one, check out the Trusted Messenger Program Training Series. This free training gives HCPs the tools, tactics, and strategies to improve communication skills. The first one-hour module is available now and offers 1.0 CME credits.

The Public Good Projects, 401 Park Ave S, 10th Floor, Ste 3786, New York, NY 10016, United States
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Message

From: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Sent: 5/19/2026 9:46:54 PM
To: McHugh, Lisa [redacted]
CC: Miller, Jeff [redacted]
Subject: [External] RE: measles - FIFA
Attachments: Ehresmann KR 1995 Outbreak of Measles at International Sporting Event in Domed Stadium.pdf

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Hi Lisa,

Please see the prepared response below regarding risk of exposure of measles for outdoor events such as the World Cup.

> *While there are limited reports of measles transmission at sporting events and in outdoor settings (see below), generally the risk of measles transmission within an outdoor setting is anticipated to be much lower than in indoor settings. While there may be limited transmission associated with a mass gathering, outdoor event, doing detailed contact tracing may be extremely challenging. If a case were identified to have attended a game, a press release or epi-X may be appropriate to flag this as a potential exposure event, but management of specific contacts may be low yield and extremely challenging. Focusing on standard named contacts, such as travel companions, would seem appropriate.*
>
> *Given that outdoor settings have continuous circulation of air, there is not anticipated to be risk for prolonged infectiousness of an outdoor airspace. However, there are indoor settings at stadiums (bathrooms, restaurants) which may pose risk, but which may be challenging places in which to assess specific contacts.*
>
> *The attached report details transmission in a domed stadium in 1991 in Minnesota. Apologies that this was reported in error as an outdoor stadium on the All-STLT call.*
>
> *This report from the European region also reports two measles transmission events at outdoor gatherings: https://www.eurosurveillance.org/content/10.2807/ese.18.11.20426-en*

I hope you find this information helpful. Please reach out if you have additional questions.

Best,
Jen

From: McHugh, Lisa [redacted]
Sent: Monday, May 18, 2026 10:47 AM
To: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Cc: Miller, Jeffrey (CDC pa.gov) [redacted]
Subject: measles - FIFA

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Hi Jen,

This is not a question related to our current measles response but is something that has come up in our World Cup planning. Given many of these events will take place outside with minimal interior contacts for the large majority (e.g., restrooms), we wanted to understand the potential risk of exposure of measles for these outdoor events. The question really is if a measle case were to occur at an outdoor World Cup Match – are we at all concerned for these events or is it business as usual tracing those with direct close contact of the case (e.g., hotel, healthcare, traveling companions, bars/restaurant, airplanes). Any insight from the CDC measles team would be appreciated.

Thanks,

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
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Phone: 717.787.3350
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From: Miller, Jeff[redacted]
Sent: Tue 5/19/2026 11:59:53 PM (UTC)
To: Renjel, Jennifer (CDC/OD/ORR/DSLR)[redacted]; McHugh, Lisa[redacted]
Subject: RE: [External] RE: measles - FIFA

Thank you Jen!

From: Renjel, Jennifer (CDC/OD/ORR/DSLR) <[redacted]
Sent: Tuesday, May 19, 2026 5:47 PM
To: McHugh, Lisa[redacted]
Cc: Miller, Jeff[redacted]
Subject: [External] RE: measles - FIFA

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Hi Lisa,

Please see the prepared response below regarding risk of exposure of measles for outdoor events such as the World Cup.

> *While there are limited reports of measles transmission at sporting events and in outdoor settings (see below), generally the risk of measles transmission within an outdoor setting is anticipated to be much lower than in indoor settings. While there may be limited transmission associated with a mass gathering, outdoor event, doing detailed contact tracing may be extremely challenging. If a case were identified to have attended a game, a press release or epi-X may be appropriate to flag this as a potential exposure event, but management of specific contacts may be low yield and extremely challenging. Focusing on standard named contacts, such as travel companions, would seem appropriate.*
>
> *Given that outdoor settings have continuous circulation of air, there is not anticipated to be risk for prolonged infectiousness of an outdoor airspace. However, there are indoor settings at stadiums (bathrooms, restaurants) which may pose risk, but which may be challenging places in which to assess specific contacts.*
>
> *The attached report details transmission in a domed stadium in 1991 in Minnesota. Apologies that this was reported in error as an outdoor stadium on the All-STLT call.*
>
> *This report from the European region also reports two measles transmission events at outdoor gatherings: https://www.eurosurveillance.org/content/10.2807/ese.18.11.20426-en*

I hope you find this information helpful. Please reach out if you have additional questions.

Best,
Jen

From: McHugh, Lisa <[redacted]
Sent: Monday, May 18, 2026 10:47 AM
To: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Cc: Miller, Jeffrey (CDC pa.gov) [redacted]
Subject: measles - FIFA

AMERICAN OVERSIGHT

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Hi Jen,

This is not a question related to our current measles response but is something that has come up in our World Cup planning. Given many of these events will take place outside with minimal interior contacts for the large majority (e.g., restrooms), we wanted to understand the potential risk of exposure of measles for these outdoor events. The question really is if a measle case were to occur at an outdoor World Cup Match – are we at all concerned for these events or is it business as usual tracing those with direct close contact of the case (e.g., hotel, healthcare, traveling companions, bars/restaurant, airplanes). Any insight from the CDC measles team would be appreciated.

Thanks,

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
625 Forster Street | Harrisburg, PA 17120
Phone: 717.787.3350
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AMERICAN OVERSIGHT

Message

From: Dana Perella [redacted]
Sent: 5/20/2026 2:28:10 PM
To: Shara Epstein [redacted]; Jessica Caum [redacted]; Nambiar, Atmaram [redacted]; McHugh, Lisa [redacted]
CC: Trevor Kanaskie [redacted]; Plipat, Nottasorn [redacted]; Alexandra Skula [redacted]
Subject: FW: Measles Outdoor Exposures at (Fifa Matches)
Attachments: Ehresmann KR 1995 Outbreak of Measles at International Sporting Event in Domed Stadium.pdf

Hi everyone,

I'm sharing the CDC's Measles team response about transmission risk during outdoor events. See below.

Regards,
Dana

From: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Sent: Tuesday, May 19, 2026 6:55 PM
To: Dana Perella [redacted]
Subject: Measles Outdoor Exposures at (Fifa Matches)

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Hi Dana,

Please see the response below prepared following your question on yesterday's All STLT Call regarding determining exposure risk in outdoor settings like FIFA matches and outdoor fan festivals.

> *While there are limited reports of measles transmission at sporting events and in outdoor settings (see below), generally the risk of measles transmission within an outdoor setting is anticipated to be much lower than in indoor settings. While there may be limited transmission associated with a mass gathering, outdoor event, doing detailed contact tracing may be extremely challenging. If a case were identified to have attended a game, a press release or epi-X may be appropriate to flag this as a potential exposure event, but management of specific contacts may be low yield and extremely challenging. Focusing on standard named contacts, such as travel companions, would seem appropriate.*
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I hope this was helpful. Please reach out with any additional questions.

Best,
Jen

Jennifer Renjel, MPH
Health Department Liaison Officer (HD LNO) - Region 3 (DC, VA, WV, DE, MD, PA)
Centers for Disease Control and Prevention (CDC)
Department of Health and Human Services (HHS)
[redacted]

AMERICAN OVERSIGHT

From: McHugh, Lisa[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=68C17A77217F42B78119699492E5832C-LMCHUGH]

Sent: Wed 5/20/2026 2:34:10 PM (UTC)

To: Dana Perella[redacted]; Shara Epstein[redacted]; Jessica Caum[redacted]; Nambiar, Atmaram[redacted]

Cc: Trevor Kanaskie[redacted]; Plipat, Nottasorn[redacted]; Alexandra Skula[redacted]

Subject: RE: Measles Outdoor Exposures at (Fifa Matches)

Thanks Dana - I received the same message to my inquiry last night from Jen.

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

Department of Health | Bureau of Epidemiology
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From: Dana Perella[redacted]
Sent: Wednesday, May 20, 2026 10:28 AM
To: Shara Epstein[redacted]; Jessica Caum[redacted]; Nambiar, Atmaram[redacted]; McHugh, Lisa[redacted]
Cc: Trevor Kanaskie[redacted]; Plipat, Nottasorn[redacted]; Alexandra Skula[redacted]
Subject: FW: Measles Outdoor Exposures at (Fifa Matches)

Hi everyone,

I'm sharing the CDC's Measles team response about transmission risk during outdoor events. See below.

Regards,
Dana

From: Renjel, Jennifer (CDC/OD/ORR/DSLR)[redacted]
Sent: Tuesday, May 19, 2026 6:55 PM
To: Dana Perella[redacted]
Subject: Measles Outdoor Exposures at (Fifa Matches)

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I hope this was helpful. Please reach out with any additional questions.

Best,
Jen

Jennifer Renjel, MPH
Health Department Liaison Officer (HD LNO) - Region 3 (DC, VA, WV, DE, MD, PA)
Centers for Disease Control and Prevention (CDC)
Department of Health and Human Services (HHS)
[redacted]

AMERICAN OVERSIGHT

From: Renjel, Jennifer (CDC/OD/ORR/DSLR)[redacted]
Sent: Mon 5/18/2026 2:56:09 PM (UTC)
To: McHugh, Lisa[redacted]
Cc: Miller, Jeff[redacted]
Subject: [External] RE: measles - FIFA

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Hi Lisa,

Thanks for reaching out. I will send this forward and will let you know as soon as I hear something back.

Jen

From: McHugh, Lisa [redacted]
Sent: Monday, May 18, 2026 10:47 AM
To: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Cc: Miller, Jeffrey (CDC pa.gov) [redacted]
Subject: measles - FIFA

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Hi Jen,

This is not a question related to our current measles response but is something that has come up in our World Cup planning. Given many of these events will take place outside with minimal interior contacts for the large majority (e.g., restrooms), we wanted to understand the potential risk of exposure of measles for these outdoor events. The question really is if a measle case were to occur at an outdoor World Cup Match – are we at all concerned for these events or is it business as usual tracing those with direct close contact of the case (e.g., hotel, healthcare, traveling companions, bars/restaurant, airplanes). Any insight from the CDC measles team would be appreciated.

Thanks,

Lisa McHugh, PhD, MPH
Director, Bureau of Epidemiology | State Epidemiologist

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AMERICAN OVERSIGHT

From: Pickett, Andrew[redacted]
Sent: Fri 5/15/2026 9:09:40 PM (UTC)
To: Renjel, Jennifer (CDC/OD/ORR/DSLR)[redacted] McHugh, Lisa[redacted] Aldous, Wade[redacted]
Cc: World Cup 2026 CDC IMS STLT[eocevent286@cdc.gov]
Subject: Re: [External] Save the Date – World Cup STLT Host Site Call

Jen,

PDPH has asked that the following individuals from their team be added to the invite for these calls:

- Dana Perella: [redacted]
- Shara Epstein: [redacted]
- Alexandra Skula[redacted]

Thank you.
-Andy

Andrew Pickett, MS
Director

Department of Health | Bureau of Emergency Preparedness & Response
1310 Elmerton Ave | Harrisburg, PA 17110
Phone: 717.346.0640
health.pa.gov

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Bureau On-call (24/7) Phone: 717.214.1906
Bureau On-Call Email: dh-oncalleplo@pa.gov

Book time to meet with me

From: Renjel, Jennifer (CDC/OD/ORR/DSLR) [redacted]
Sent: Thursday, May 14, 2026 16:18
To: McHugh, Lisa <[redacted] Pickett, Andrew <[redacted] Aldous, Wade <[redacted]
Cc: World Cup 2026 CDC IMS STLT <eocevent286@cdc.gov>
Subject: [External] Save the Date – World Cup STLT Host Site Call

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Good afternoon Pennsylvania Colleagues,

CDC will convene a **World Cup STLT Host Site Call** for host site jurisdictions on **Mondays and Thursdays, 12:00-12:30pm ET beginning Monday June 1 through July 30.**

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The purpose of the call is to provide a venue for host site jurisdictions to share short, verbal reports on any significant items or immediate concerns during the tournament. This is an opportunity for jurisdictions to share situational awareness in a close-hold format, and to raise questions of one another and federal partners. A small number of CDC and ASPR leaders will attend and share any news they have. Any necessary follow-up can also be clarified on the call. Call participants will also be provided access to a private discussion forum in the World Cup module of 1CDP.

To ensure the call remains relevant and confidential, we are extending the invitation to only **three** individuals in each host state: State Epidemiologist, Director of Public Health Preparedness, and Public Health Laboratory Director. In addition, select representatives (two-three) from city and/or county host site health departments, and national public health organizations (ASTHO, CSTE, APHL, NACCHO, Big Cities Health Coalition) will participate.

If you would like to designate another colleague to attend the call series instead of you, please let us know as this is a restricted invite that cannot be forwarded.

We anticipate sending a calendar invitation for the series next week.

Sincerely,
Jen

Jennifer Renjel
Health Department Liaison Officer (HD LNO) - Region 3 (DC, VA, WV, DE, MD, PA)
Centers for Disease Control and Prevention
Department of Health and Human Services
[redacted]

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