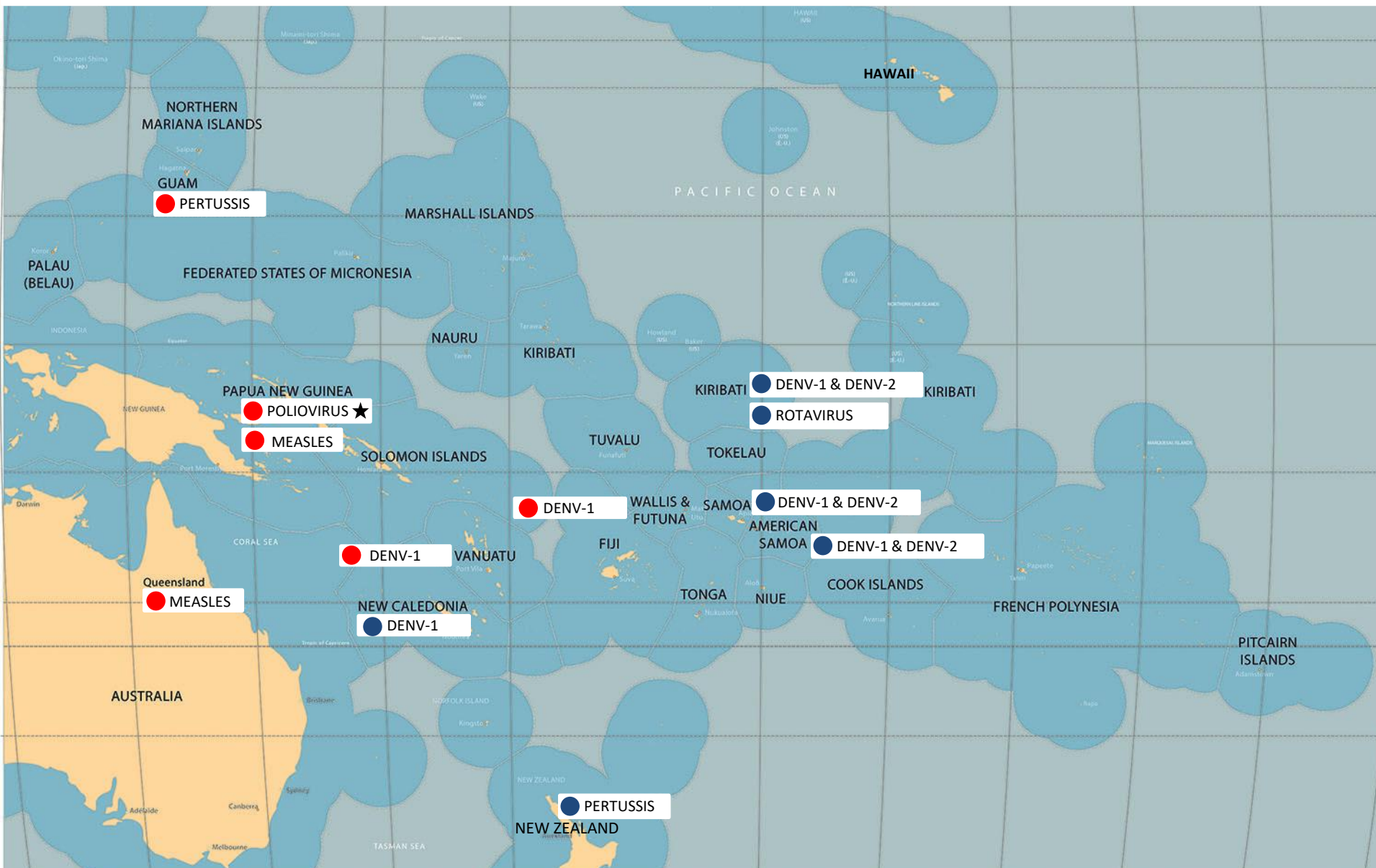


Epidemic and emerging disease alerts in the Pacific as of 04 August 2026



Legend

- Red dot: Cases reported are increasing or peaking
- Blue dot: Cases reported are decreasing or circulation is ongoing.
- Grey dot: Awaiting confirmation of aetiology.
- Star: No update for more than 2 weeks

DENV – Dengue Virus

An interactive version of the map is available online at:
www.spc.int/phd/epidemics/



Pacific
Community
Communauté
du Pacifique

For the Pacific Public
Health Surveillance
Network (PPHSN)

Highlights/updates since the last map was sent on PacNet on 28 July 2026:

Dengue

- **New Caledonia:** As of 27 July 2026, a cumulative total of 2,228 dengue cases has been reported in New Caledonia since 1st January 2026, an increase of 10 cases since the previous report (2,218 cases), with the most recent case notified on 27 July 2026. The weekly epidemic curve peaked at approximately 250 cases in EpiWeek 17 and has since declined steadily. This decline is consistent with the cool season, which is usually associated with a slowdown or interruption of transmission. Serotype 1 (DENV-1) remains the only serotype circulating. **The blue alert for dengue (DENV-1) remains in effect.** – Source: [La dengue | Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie](#) accessed on 04 August 2026.
- **Samoa:** As of EpiWeek 29 (13–19 July 2026), dengue activity in Samoa has continued to decline, with 22 new cases reported, a 31% decrease compared with the previous week. No new hospital admissions, ICU admissions or deaths were reported this week. Four new laboratory-confirmed cases were detected. DENV-1 (54%) and DENV-2 (46%) continue to co-circulate, with 92% of cases reported from Upolu, and children under 15 years remain the most affected age group, accounting for 73% of reported cases. Since 1st January 2025, a cumulative total of 20,085 clinically diagnosed cases and 5,524 laboratory-confirmed cases have been reported, with nine dengue-related deaths to date. Health authorities continue community engagement, school-based prevention activities, fumigation and public awareness campaigns to reduce mosquito breeding and prevent further transmission. **The blue alert for DENV-1 and DENV-2 remains in effect.** – Source: [Ministry of Health Samoa – Dengue Fever Outbreak Situation Report, Epi-week 29, Issue No. 66, shared with PPHSN Coordinating Body Focal point on 29 July 2026.](#)
- **Tonga:** On 31 July 2026, the Ministry of Health of Tonga officially declared the end of the dengue fever outbreak. The outbreak, declared on 17 April 2026, lasted just over three months, during which 29 people were admitted to hospital and no deaths were recorded. The last case was reported on 09 July 2026, and no further admission has occurred in the three weeks since. Tongatapu was the most affected division, followed by Ha'apai and 'Eua, while no cases were reported from Vava'u or the Niua. The 15–19-year age group was the most affected over the course of the outbreak, having shifted from the younger 10–14-years group at the start. **The alert for dengue (DENV-2) in Tonga has been removed.** – Source: [Press Release – End of Dengue Fever Outbreak, Ministry of Health, Kingdom of Tonga \(31 July 2026\), shared with PPHSN Coordinating Body Focal point on 03 August 2026.](#)
- **Vanuatu:** As of 31 July 2026, the dengue outbreak on South-West Efate Island, Shefa Province, continues, with a cumulative total of 52 confirmed cases, an increase of three cases since the previous report (48 cases). The continued occurrence of cases indicates ongoing dengue virus transmission. Nine hospitalisations have been reported to date, and no dengue-related death has been recorded. Serotype 1 (DENV-1) is the only serotype identified to date. **The red alert for dengue (DENV-1) remains in effect.** – Source: [Shefa Provincial Health Office – Shefa Health Promotion official Facebook page, dengue situation update \(31 July 2026\)](#) accessed on 04 August 2026.

Pertussis/Whooping cough

- **New Zealand:** Pertussis activity in New Zealand continues as part of the ongoing national epidemic declared in November 2024. In the surveillance week ending 24 July 2026, 32 cases were notified, an increase compared with 25 cases in the previous week (ending 17 July 2026), bringing the cumulative total for 2026 to 1,095 cases as of 24 July 2026. **The blue alert for pertussis remains in effect.** – Source: [Pertussis dashboard, PHF Science](#) accessed on 04 August 2026.

Other Information:

Arbovirus

- **United States (USA):** On 4 August 2026, the US Centers for Disease Control and Prevention (CDC) informed of **three laboratory-confirmed Zika virus infections in US travellers** for whom Fiji was the only destination visited. The first case became unwell on 20 May 2025 after a three-week stay at a resort in northern Fiji. The two other cases had symptom onset in March and June 2026. Two cases were confirmed by PCR and one by serology (IgM and neutralising antibodies), and there was no evidence of co-infection with dengue virus. One patient presented with fever, headache, fatigue, rash, conjunctivitis, nausea, vomiting, diarrhoea, myalgia and arthralgia. The two others had febrile illness for which no further clinical detail is available. Fiji has not identified any Zika case through its own surveillance systems to date. The Trioplex assay currently in use has a lower sensitivity for Zika than for dengue and chikungunya, because of the lower viraemia seen with Zika virus infection, so sporadic cases may be missed. – Source: [Imported Zika virus cases in US travellers returning from Fiji, US Centers for Disease Control and Prevention, Arboviral Diseases Branch, shared with PPHSN Coordinating Body Focal point on 04 August 2026.](#)
- **New Zealand:** In New Zealand, during surveillance week 30 (25–31 July 2026), four dengue notifications and three confirmed Zika virus cases were reported. Among the dengue notifications, one confirmed case had travelled to Samoa during the incubation period, two probable cases had travelled to Singapore and Vanuatu respectively, and one case remains under investigation. The three confirmed Zika cases had travelled to Fiji (two cases) and Indonesia (one case). Given the known serological cross-reactivity between dengue and other flaviviruses, some reported cases may be reclassified as other flavivirus infections as epidemiological and laboratory investigations continue, and the data may change as cases are further investigated. – Source: [NZ Arbovirus Notifications by Country \(Week 30: 25/07/2026–31/07/2026\), shared with PPHSN Coordinating Body Focal point on 03 August 2026.](#)

Highly Pathogenic Avian Influenza in wild birds

- **Australia:** As of 3 August 2026, Australia has confirmed a total of 78 detections of H5 avian influenza in wild birds at coastal locations: 58 in South Australia, ten in Western Australia, seven in Victoria, two in New South Wales and one in Queensland. A further 49 suspected cases are undergoing confirmatory testing at the CSIRO Australian Centre for Disease Preparedness in Geelong. South Australian detections now span the Fleurieu Peninsula, Yorke Peninsula, Kangaroo Island, the Limestone Coast, Eyre Peninsula and metropolitan Adelaide, and involve northern and southern giant petrels (*Macronectes* spp.), greater crested terns (*Thalasseus bergii*) and silver gulls (*Chroicocephalus novaehollandiae*), following the country's index detection in a southern giant petrel at Knights Beach, Port Elliot, on 24 June 2026. Local bird-to-bird transmission among resident greater crested terns was confirmed in South Australia on 29 July 2026. Victoria, which confirmed its first detection on 30 July 2026, has now

recorded seven cases, all in greater crested terns (five at Portland and two at Nelson Bay) with an additional cluster of sick and dead terns identified in the Glenelg River Estuary. Three developments since the previous report warrant particular attention. First, the mass mortality event at Baudin Rocks, approximately five kilometres south of Cape Jaffa, South Australia, has been confirmed as Australia's first mass mortality event attributable to H5 in wildlife, with 49 dead greater crested terns detected by aerial surveillance. Second, infection in silver gulls, first confirmed at Robe on the south-east coast of South Australia on 1 August 2026 and detected in the species repeatedly since, represents a significant host-range expansion beyond strictly marine and coastal seabirds. Third, the approach of the September–October arrival of northern hemisphere migratory shorebirds at internationally significant staging sites will create a high-density mixing event between potentially infected resident birds and immunologically naïve long-distance migrants. The national H5 management arrangements have been enacted, reflecting recognition of the challenges associated with eradicating H5 avian influenza from wild bird populations. Response efforts are now increasingly focused on mitigation and risk reduction alongside ongoing surveillance and management activities. No detections have been reported in poultry, livestock or other domestic animals, and no human infection has been identified in association with the wildlife outbreak. The risk to the general population remains low. These developments continue to highlight the risk of H5N1 introduction to the Pacific via migratory and ocean-going birds and underscore the need for continued vigilance and enhanced surveillance in the region. – Sources: [HPAL H5N1 \(clade 2.3.4.4b\) – 78 confirmed cases across five states; mass mortality confirmed in greater crested terns, Australia, BEACON](#) and [Avian influenza found in birds in Victoria | Victoria State Government Department of Health \(31 July 2026\)](#) accessed on 04 August 2026.

Measles

- **New Zealand:** On 30 July 2026, Health New Zealand reported a locally acquired measles case in Palmerston North, in a person with no history of international travel and no identified source of infection, raising the possibility that further undetected cases are circulating in the community. Public health authorities are investigating possible exposures in Palmerston North and Wellington, particularly during the busy Matariki weekend of 11–12 July 2026, and several locations of interest have been identified and published. **Given the volume of travel between New Zealand and Pacific Island countries and areas, and the measles outbreaks currently reported in the wider region, this event warrants attention from national surveillance teams.** – Source: [Measles case detected in Palmerston North, Health New Zealand](#) accessed on 04 August 2026.

Respiratory diseases

- **Palau:** In Palau, the Ministry of Health and Human Services continues to respond to an increase in respiratory disease, specifically COVID-19. As of 01 August 2026, a cumulative total of 108 COVID-19 cases has been reported, an increase from 85 cases in the previous update, with hospital admissions unchanged at nine. The Ministry advises the public to wear a mask when respiratory symptoms are present, to keep vaccinations up to date, to practise hand hygiene and to stay home when unwell. Case investigations, contact tracing and follow-up activities are ongoing to reduce transmission within the community. – Source: [Ministry of Health and Human Services, Republic of Palau Official Facebook page – Respiratory Disease Situation Update](#) accessed on 04 August 2026.