EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

# MONTHLY COMMUNICABLE DISEASE REPORT

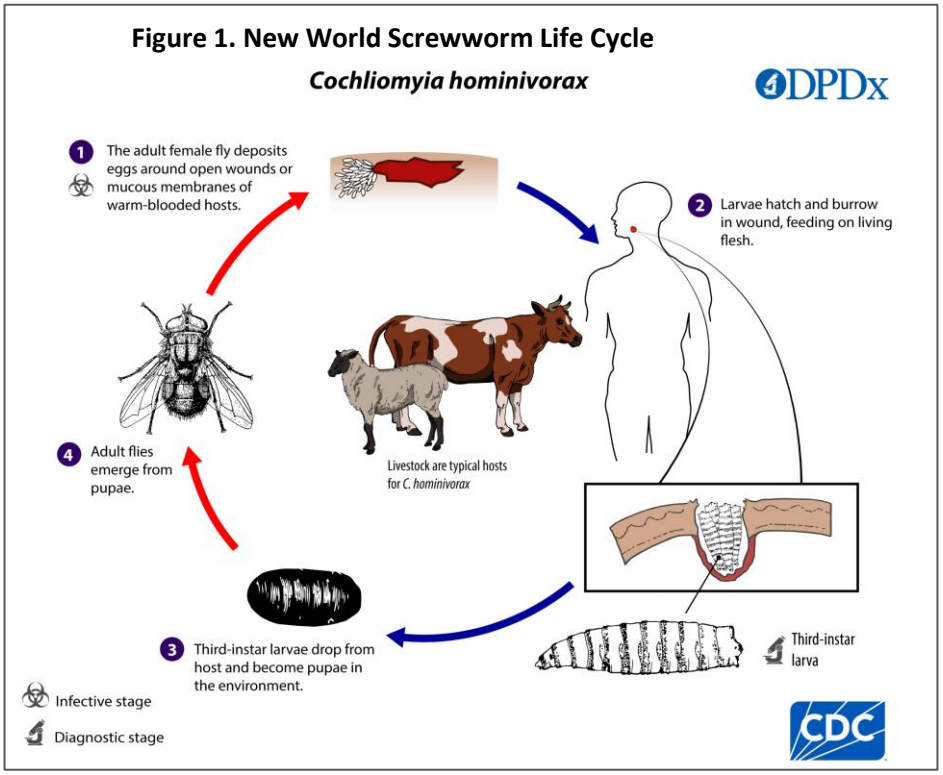
JUNE 2026

Volume 10, Issue 6: July 16, 2026

## NEW WORLD SCREWWORM

New World screwworm (NWS) infestation is caused by the larvae of Cochliomyia hominivorax, a parasitic fly whose maggots feed on the living tissue of warmblooded animals, including livestock, wildlife, pets, and in rare instances, humans. Transmission occurs when adult female screwworm flies lay eggs in open wounds or body openings. After hatching, larvae invade and consume healthy living tissue. Although NWS is primarily a parasite affecting animals, human cases have also been identified, with infestation causing severe wounds and secondary infections.

**Figure 1. New World Screwworm Life Cycle**




Source: CDC - DPDx - New World Screwworm

Historically, NWS was a major cause of livestock losses across the United States (US), particularly in Texas. A federal eradication program, including large-scale implementation of the sterile insect technique, was initiated in 1957 and led to the eradication of NWS from the United States in 1966. Since 2023, NWS has been moving steadily northward, causing widespread outbreaks in Central America and Mexico. A NWS outbreak was declared in the US after a detection on June 3, 2026, on the umbilical wound of a calf in Texas, followed by additional detections in livestock, including cattle, sheep, and goats, and domestic dogs in Texas and New Mexico. There have been no locally-acquired human cases in the US to date; nor have there been any animal cases detected in California.

To control the outbreak, the US Department of Agriculture Animal and Plant Inspection Service is utilizing a national One Health strategy that includes scaling up production and targeted release of sterile screwworm flies in infested zones and enhanced surveillance for infested animals. Animals may present with maggot-infested wounds, irritated behavior, uncontrollable headshaking, smell of decay, or evidence of myiasis (fly strike). Animal cases in California are reportable to the California Department of Food and Agriculture.

Risk for New World screwworm infestation is highest among individuals who travel to regions with active outbreaks and spend a lot of time outdoors, especially when sleeping or otherwise unable to keep flies away. Those who come into contact with infested animals or who have open, uncovered wounds or other dermatopathy that can attract egg-laying flies are also at higher risk.

Prevention of New World screwworm infestations includes monitoring skin lesions; cleaning and covering wounds;

*Continued on next page*

*The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the Data and Reports page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.*

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## NEW WORLD SCREWWORM, continued

keeping flies away from the eyes, nose, and mouth; sleeping indoors when in affected regions; using insect repellants; and avoiding travel with animals to regions experiencing active outbreaks. Pets and livestock should be regularly inspected for wounds. Animals with suspicious wounds containing maggots should be reported to a veterinarian immediately.

Clinically, NWS infestation in humans is characterized by the sudden onset of painful, foul-smelling wounds that progressively enlarge as larvae consume healthy tissue. Visible maggots are often present, and affected wounds may deteriorate rapidly, with a high risk of secondary bacterial infection and potential for systemic illness or death if untreated. Infestations can advance quickly, in some cases destroying significant amounts of tissue within days. It is difficult to distinguish NWS myiasis from infestation with other fly larvae. Clinicians should ask patients with myiasis about any recent travel to regions where NWS is present. Clinical management includes prompt removal of larvae, which often requires surgical extraction, followed by thorough wound cleaning and treatment of any secondary bacterial infections to prevent complications.

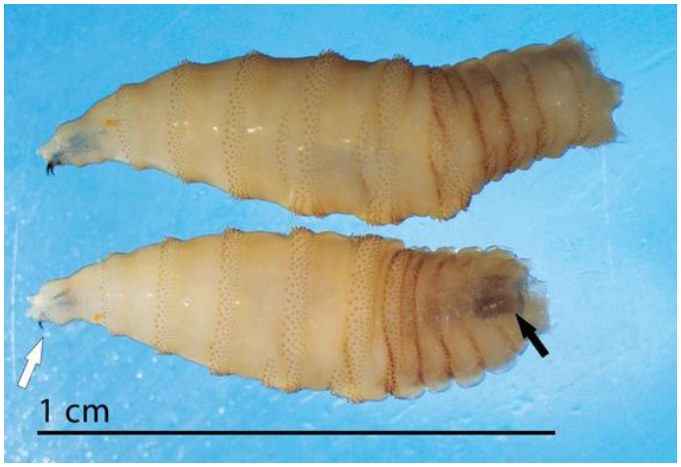
When larvae are present, specimens should be collected and preserved in 70% ethanol for species identification, and live larvae should never be discarded because of the risk that they may mature into adult flies in the environment.

All suspected cases must be reported promptly to the San Diego County Epidemiology Unit to ensure timely public health follow up.

### Resources

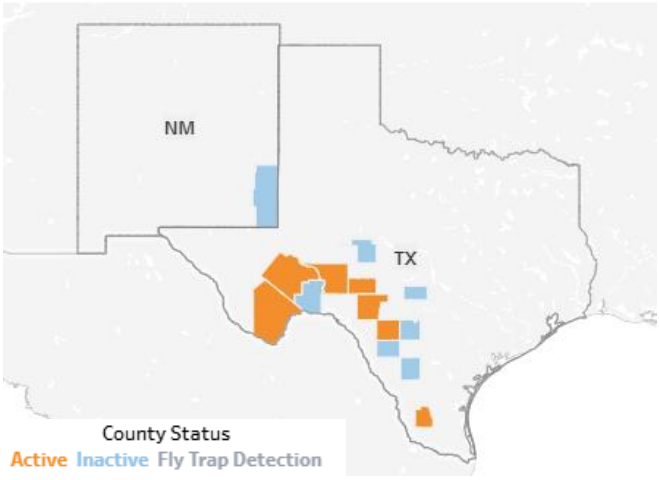
- Centers for Disease Control and Prevention New World Screwworm website
- US Department of Agriculture New World Screwworm website (screwworm.gov)
- California Department of Public Health New World Screwworm website
- California Department of Food and Agriculture New World Screwworm website
- County of San Diego New World Screwworm website

**Figure 2. New World Screwworm Larvae**




Two third instar *C. hominivorax* larvae presented in lateral view (top) and dorso-lateral view (bottom). Note the sharp, curved mouth hooks on the anterior end (white arrow) the dark tracheal trunks faintly visible through the body wall at the posterior end.
Source: CDC - DPDx - New World Screwworm.

**Figure 3. Map of Counties with Animal Detections, 2026**




All-time detections, United States, 2026. N=39. Data updated 7/15/2026.
Source: Confirmed Detections of New World Screwworm | APHIS. Accessed 7/16/2026.

Suggested citation: Springfield O, Villalobos M, Trumbull E, Nelson JA. New World Screwworm. County of San Diego Monthly Communicable Disease Report 2026; 10(6):1-2.

# MONTHLY COMMUNICABLE DISEASE REPORT

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**Table 1. Select Reportable Diseases**

| Disease and Case Inclusion Criteria (C,P,S) | | 2026 June | 2026 May | 2026 January - June (YTD) | Prior Years 2025 YTD | Prior Years Avg YTD, 2023-2025 | Prior Years 2025 Total |
|---|---|---|---|---|---|---|---|
| Botulism (Foodborne, Infant, Wound, Other) | C,P | 0 | 0 | 1 | 3 | 2.0 | 4 |
| Brucellosis | C,P | 0 | 2 | 2 | 0 | 0.7 | 0 |
| Campylobacteriosis | C,P | 126 | 108 | 562 | 474 | 514.0 | 1,199 |
| *Candida auris* | C | 19 | 16 | 98 | 90 | 60.3 | 170 |
| Chickenpox, Hospitalization or Death | C,P | 0 | 0 | 0 | 1 | 2.0 | 2 |
| Chikungunya | C,P | 0 | 0 | 0 | 0 | 0.0 | 1 |
| Coccidioidomycosis | C | 69 | 59 | 351 | 370 | 290.0 | 662 |
| Cryptosporidiosis | C,P | 16 | 17 | 73 | 50 | 57.0 | 154 |
| Cyclosporiasis | C,P | 4 | 1 | 7 | 8 | 8.3 | 21 |
| Dengue Virus Infection | C,P | 0 | 1 | 2 | 10 | 8.3 | 17 |
| Encephalitis, All | C | 0 | 3 | 13 | 20 | 18.3 | 35 |
| Giardiasis | C,P | 19 | 18 | 95 | 128 | 120.3 | 250 |
| Hepatitis A, Acute | C | 2 | 0 | 3 | 4 | 14.3 | 11 |
| Hepatitis B, Acute | C | 1 | 1 | 9 | 10 | 8.7 | 15 |
| Hepatitis B, Chronic | C,P | 32 | 44 | 286 | 340 | 333.7 | 703 |
| Hepatitis C, Acute | C,P | 0 | 2 | 36 | 49 | 58.0 | 93 |
| Hepatitis C, Chronic | C,P | 115 | 108 | 575 | 782 | 944.7 | 1,392 |
| Legionellosis | C | 10 | 10 | 60 | 35 | 40.7 | 79 |
| Listeriosis | C | 2 | 0 | 3 | 5 | 4.3 | 10 |
| Lyme Disease | C,P | 1 | 0 | 1 | 3 | 2.7 | 8 |
| Malaria | C | 0 | 1 | 3 | 6 | 5.3 | 16 |
| Measles (Rubeola) | C | 0 | 0 | 0 | 0 | 1.0 | 1 |
| Meningitis, Aseptic/Viral | C,P,S | 8 | 4 | 27 | 29 | 39.3 | 92 |
| Meningitis, Bacterial | C,P,S | 4 | 1 | 21 | 22 | 21.0 | 51 |
| Meningococcal Disease | C,P | 0 | 1 | 1 | 7 | 4.7 | 11 |
| Mumps | C,P | 0 | 0 | 0 | 1 | 0.7 | 8 |
| Pertussis | C,P | 26 | 19 | 145 | 218 | 206.0 | 342 |
| Rabies, Animal | C | 2 | 4 | 16 | 2 | 1.7 | 21 |
| Rocky Mountain Spotted Fever | C,P | 0 | 0 | 0 | 1 | 1.0 | 1 |
| Salmonellosis (Non-Typhoid/Non-Paratyphoid) | C,P | 84 | 60 | 358 | 459 | 332.7 | 929 |
| Shiga toxin-Producing *E. coli* (including O157) | C,P | 16 | 27 | 130 | 125 | 116.0 | 301 |
| Shigellosis | C,P | 46 | 34 | 204 | 171 | 201.3 | 400 |
| Typhoid Fever | C,P | 0 | 0 | 1 | 1 | 2.3 | 2 |
| Vibriosis | C,P | 5 | 1 | 21 | 22 | 16.3 | 58 |
| West Nile Virus Infection | C,P | 2 | 0 | 2 | 0 | 0.0 | 0 |
| Yersiniosis | C,P | 11 | 13 | 81 | 85 | 67.7 | 160 |
| Zika Virus | C,P | 0 | 0 | 1 | 0 | 0.0 | 1 |

***Case counts are provisional and subject to change as additional information becomes available.*** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Includes San Diego County resident cases only.

San Diego County Sexually Transmitted Infection Data | San Diego County Tuberculosis Data

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**Figure 4. Select Enteric Infections by Month**
**July 2025 – June 2026**

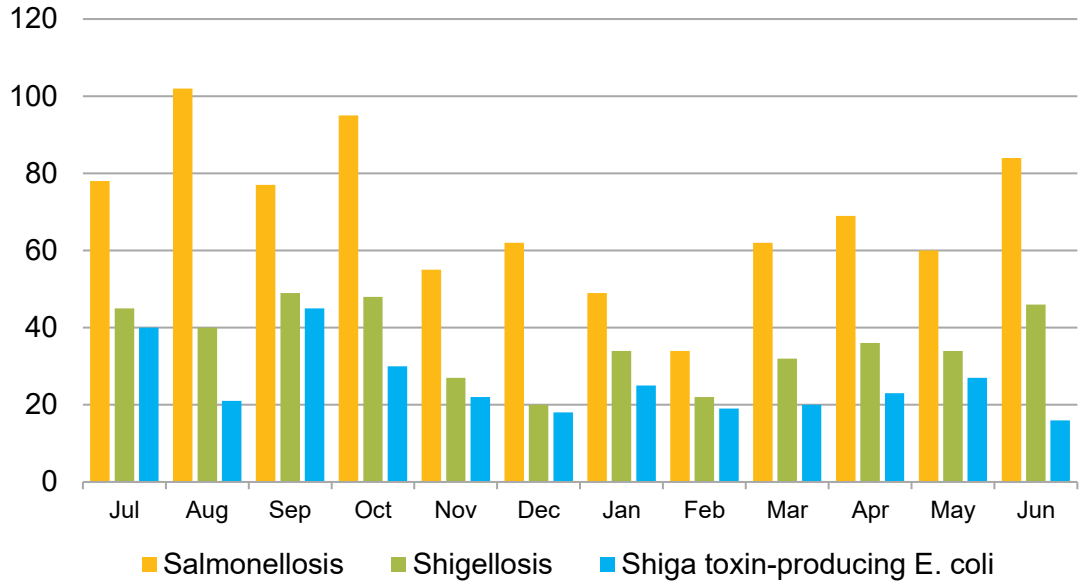


**Figure 5. Select Vaccine-Preventable Infections by Month**
**July 2025 – June 2026**

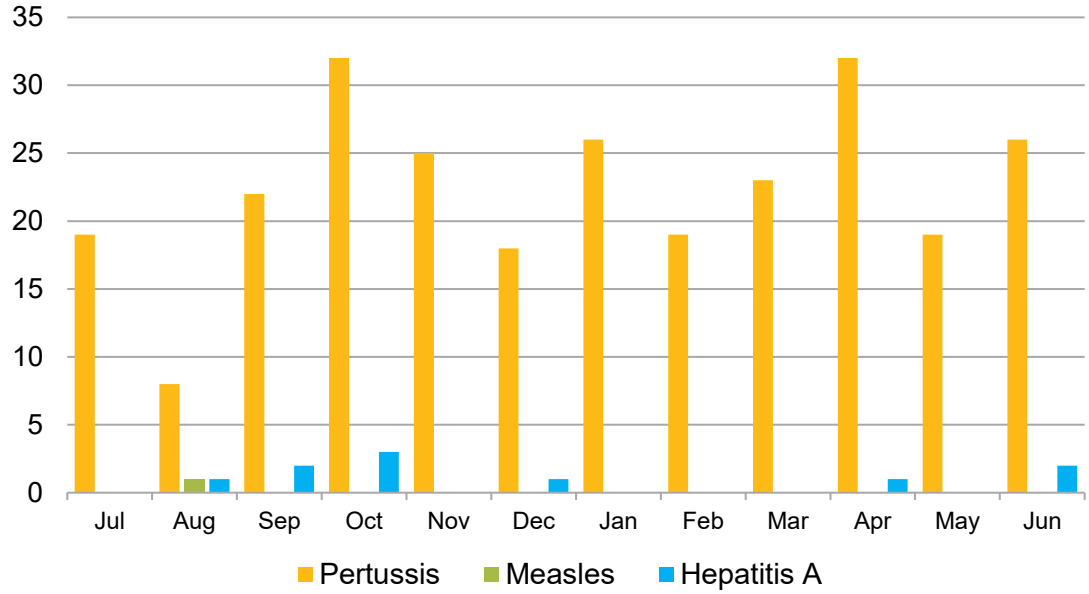


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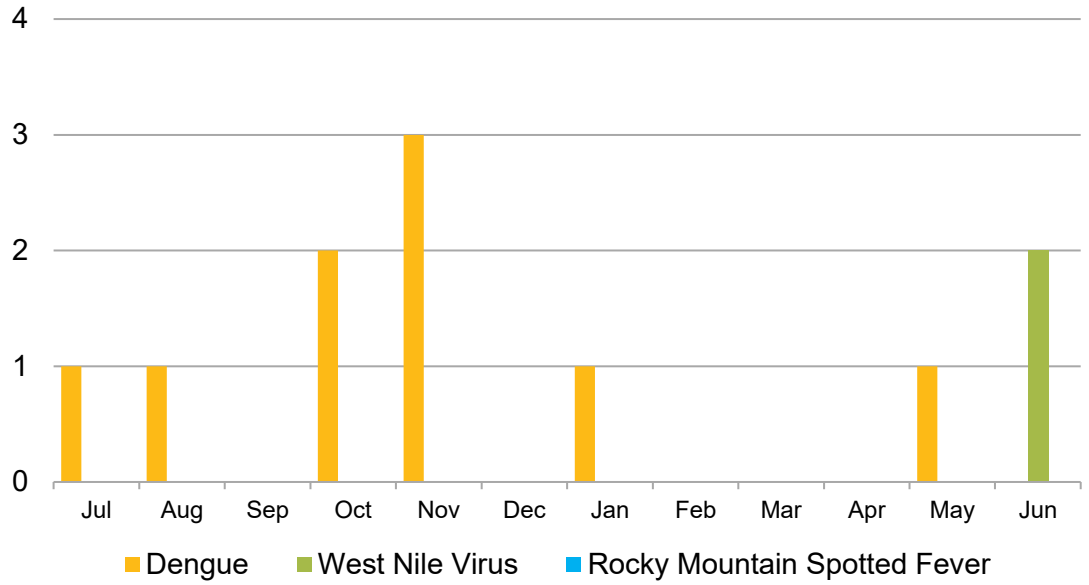
**Figure 6. Select Vector-Borne Infections by Month**
**July 2025 – June 2026**




See the County disease-specific webpages, for more information on West Nile virus and Dengue.
***Case counts are provisional and subject to change as additional information becomes available.*** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

**Disease Reporting in San Diego County**

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the San Diego Health Connect Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections 2500, 2505, and 2508), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html.