



This report contains preliminary data through the week ending **September 19, 2026**.

Background:

Utah public health conducts surveillance for [reportable arboviral diseases](#)¹ year-round. The focus of these surveillance efforts is to primarily monitor endemic mosquito-borne diseases such as West Nile virus (WNV), Saint Louis encephalitis (SLE), and Western Equine encephalitis (WEE) which includes routine testing of the mosquito vector that causes these endemic diseases along with tracking human and horse cases. WNV is the leading cause of mosquito-borne disease in the continental United States,² as well as Utah. Due to the abundance of this virus, this report will primarily contain information regarding WNV human, mosquito, and animal detections.

West Nile virus (WNV) is carried by mosquitoes and commonly found in Africa, West Asia, and the Middle East. The virus first appeared in the U.S. in 1999 and in Utah in August 2003. WNV can cause disease in humans, birds, horses, and some other mammals. WNV is most commonly spread through the bite of an infected *Culex* mosquito. Most people (70–80%) who become infected with WNV do not develop any symptoms. Those people who do become ill may experience headache, body aches, joint pain, vomiting, diarrhea, or rash. Fewer than 1% of people infected with WNV will develop a serious neurologic illness, such as encephalitis (inflammation of the brain) or meningitis (inflammation of the membranes that surround the brain and spinal cord).² There are no vaccines to prevent or medicines to treat WNV in humans. However, there is a WNV vaccine for horses that is strongly recommended for all healthy horses.³

St. Louis encephalitis (SLE) virus is spread to people by the bite of an infected mosquito. Most people infected with SLE virus do not have symptoms. Those people who do become ill may experience fever, headache, nausea, vomiting, and tiredness. Some people may develop a more serious neuroinvasive disease. In rare cases, long-term disability or death can occur. There are no vaccines to prevent or medicines to treat SLE.⁴

Beginning in 2023, this report has been expanded to enhance awareness of other mosquito-borne diseases that have been historically travel-associated. These include chikungunya, dengue, yellow fever, zika, and malaria. These enhanced efforts resulted from recent [locally-acquired malaria \(2023\)](#)⁵ and [dengue \(2022\)](#)⁶ cases reported in other states. Utah has not seen locally-acquired transmission of these diseases. Utah does have the mosquito vectors that can transmit malaria (*Anopheles* species) and dengue (*Aedes aegypti*) across the state. We consider the risk of local transmission to be very low, because our vector numbers in the state are very small and the *Anopheles* vectors we have in the state are not the most efficient mosquito vector for the malaria parasite. However, it is important we remain vigilant in our surveillance efforts.

Anopheles (the vector for malaria) mosquito detection has been reported by every mosquito abatement district across the state and, in most cases, since the start of each district's inception. The two species of *Anopheles* found most commonly in Utah are *A. freeborni* and *A. franciscanus*; other *Anopheles* species are also found each year in Utah, but are usually found in small numbers.

Aedes aegypti, the vector for dengue and zika, has been detected in multiple areas of the Southwest health jurisdiction, as well as in Moab, Utah. *A. aegypti* was first detected in 2013 in Southwest, and since then, has been found every year since 2020 in that jurisdiction. In 2023, Southwest detected *A. aegypti* in a new location. *A. aegypti* was first found in Moab in September 2019, and has since been found in 2021, 2022, and 2023. In 2023, *A. aegypti* was found at 3 sites and there have been 8 detections, totaling 13 mosquitoes.

Utah Arboviral Surveillance weekly report

MMWR Week 36, September 13–September 19, 2026



**Department of Health
& Human Services**

Data presented in this report are based on currently available data and are subject to change. Mosquito abatement districts (MADs) report positive WNV, SLE, and WEE results to the Utah Department of Health and Human Services (DHSS) by end of day Friday during each MMWR week. However, testing varies by county and not all counties actively test for arboviruses in mosquitoes and animals. Additionally, mosquito-borne disease case reports done by local health districts (LHDs) might still be under investigation and may not be included in the report in a timely manner. Therefore, these data should not be used to assess the current risk of contracting arboviruses in any particular location.

WNV testing protocols:

Human cases

All arboviral and parasitic diseases included in this report are [reportable to the Utah Department of Health & Human Services](#).¹ Healthcare providers across the state submit human samples to both the Utah Public Health Laboratory (UPHL) and private laboratories. The 3 major blood banks serving Utah (American Red Cross, ARUP, and Mountain Star) coordinate screening of donated blood for identification of viremic donors. All LHDs in Utah are involved in dissemination, investigation, and response to surveillance data which indicates of local arboviral activity.

Horse cases

West Nile virus in horses is also [reportable to the Utah Department of Agriculture and Food \(UDAF\)](#)⁷ in the state of Utah. All laboratory reports of positive cases are sent to the state veterinarian at UDAF, who shares the cases with DHHS to report out statewide WNV activity.

Bird cases

Even though routine sentinel chicken surveillance is no longer funded statewide, a few MADs continue to maintain this surveillance activity and report the positive chickens identified through this method to DHHS. In addition, while routine wild bird surveillance is no longer funded statewide, the Utah Department of Wildlife Resources (UDWR) reports any wild bird identified through passive surveillance that tests positive for WNV throughout the season.

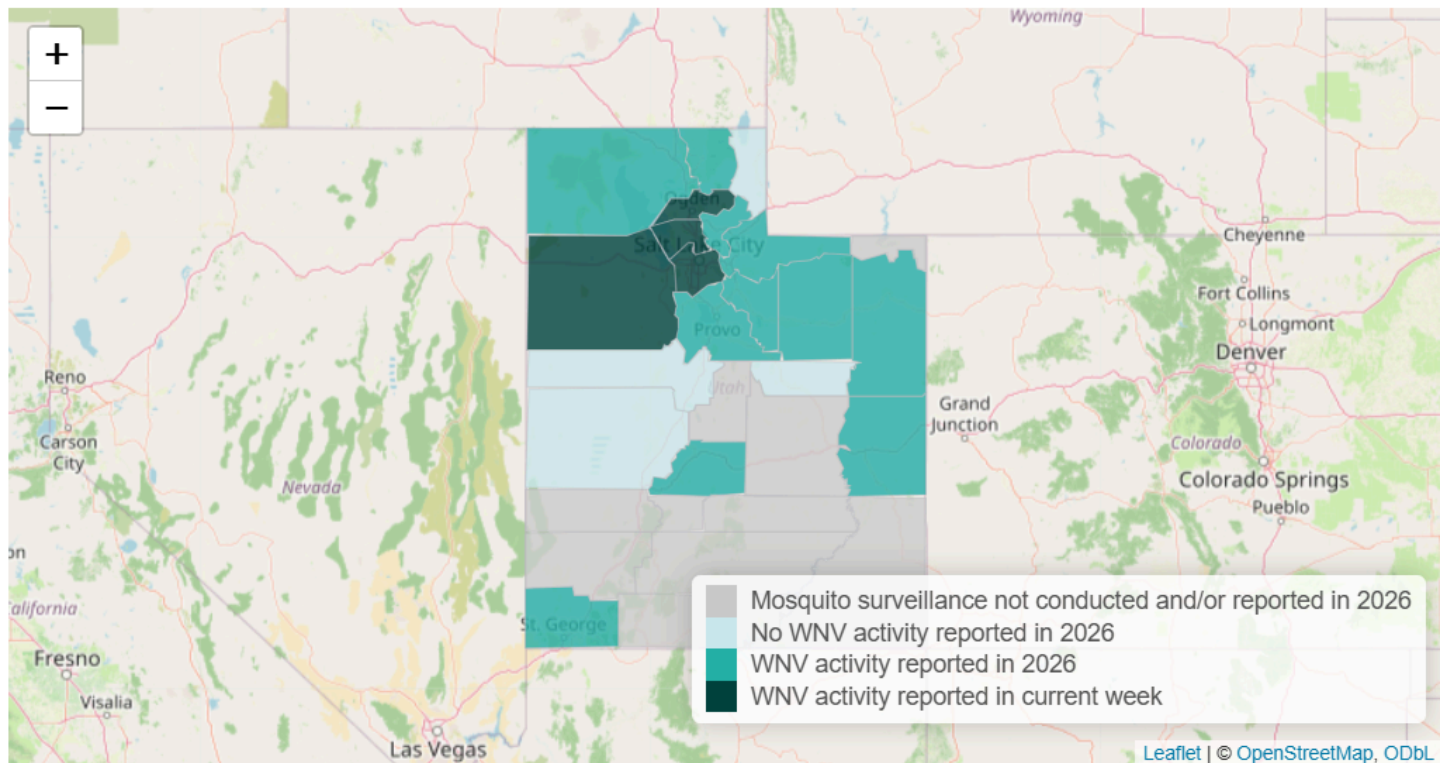
Mosquito pools

Mosquito pooling is a collection and testing method where mosquitoes are grouped in numbers of up to 100 mosquitoes, and the grouped mosquitoes are then tested for mosquito-borne pathogens. Local MADs and tribal abatement districts, in conjunction with the Utah Mosquito Abatement Association, perform necessary trapping and identification for mosquito surveillance. Mosquito pool confirmatory testing is conducted at the UPHL.



Week Ending: September 19, 2026

West Nile virus mosquito and animal activity map by county, Utah, 2026



[Link to interactive WNV mosquito and animal activity map by county, Utah, 2026](#)



New this week

Utah WNV updates

Humans

As of September 19, 2026, 43 WNV positive human cases have been reported in Utah. The first case was reported on 6/29/2026.

Horses

As of September 19, 2026, 22 WNV positive horses have been reported out of Box Elder (1), Cache (4), Duchesne (3), Morgan (1), Salt Lake (2), Sevier (1), Summit (2), Tooele (1), Utah (2), Wasatch (1), Weber (4) and counties. The first positive WNV horse was reported by UDAF on 8/6/2026.

Birds

As of September 19, 2026, 6 WNV positive birds have been reported in Utah in 2026. DWR has reported 3 crows, 2 magpies, and 1 raptor.

Mosquito pools

As of September 19, 2026, 1,307 WNV positive mosquito pools have been reported in Utah by Box Elder (24), Cache (28), Davis (508), Grand (1), Salt Lake (539), Tooele (30), Uintah (13), Utah (36), Ute Indian Tribe (11), Washington (49), and Weber (67) counties or tribal nations. To date in 2026, the UPHL and mosquito abatement laboratories have tested a total of 10,697 mosquito pools. The first positive pool was identified in Grand County on 6/3/2026.

West Nile virus comparisons, Utah, 2026, 2025, and 2024 YTD

	2024 YTD	2025 YTD	2026 YTD
Counties where WNV has been detected (human, animal, or mosquito cases)/Total Utah counties	10/29	14/29	15/29
Human WNV cases	12	34	43
Horse WNV cases	12	19	22
Positive mosquito pools/Number tested	303/9,579 (3.2%)	524/10,338 (5.1%)	1,307/10,697 (12.2%)

Utah Arboviral Surveillance weekly report

MMWR Week 36, September 13–September 19, 2026



Department of Health
& Human Services

WNV testing summaries

YTD West Nile positive samples by local health district and tribal nation, 2026

Health jurisdiction/ Tribal nation	WNV positive humans	WNV positive horses	WNV positive mosquito pools (% positive)
Bear River	9	5	52 (7.7)
Central	0	1	0 (0.0)
Davis County	7	0	508 (14.7)
Salt Lake County	16	2	539 (13.8)
San Juan County	0	0	NA
Southeast	0	0	1 (3.2)
Southwest	<5	0	49 (10.3)
Summit County	0	2	1 (0.7)
Tooele County	0	1	30 (7.3)
TriCounty	0	3	13 (7.7)
Utah County	<5	2	36 (4.6)
Ute Indian Tribe	NA	NA	11 (6.9)
Wasatch County	0	1	NA
Weber Morgan	7	5	67 (15.4)
Total	43	22	1,307 (12.2)

Mosquito pools positive/total tested, 2026

	WNV	SLEV	WEEV
Week	15/210 (7.1%)	0/207 (0.0%)	0/207 (0.0%)
YTD	1,307/10,697 (12.2%)	0/10,178(0.0%)	0/10,146 (0.0%)

WNV = West Nile virus; SLEV = St. Louis encephalitis virus; WEEV = Western Equine encephalitis virus

Utah: other mosquito-borne disease updates

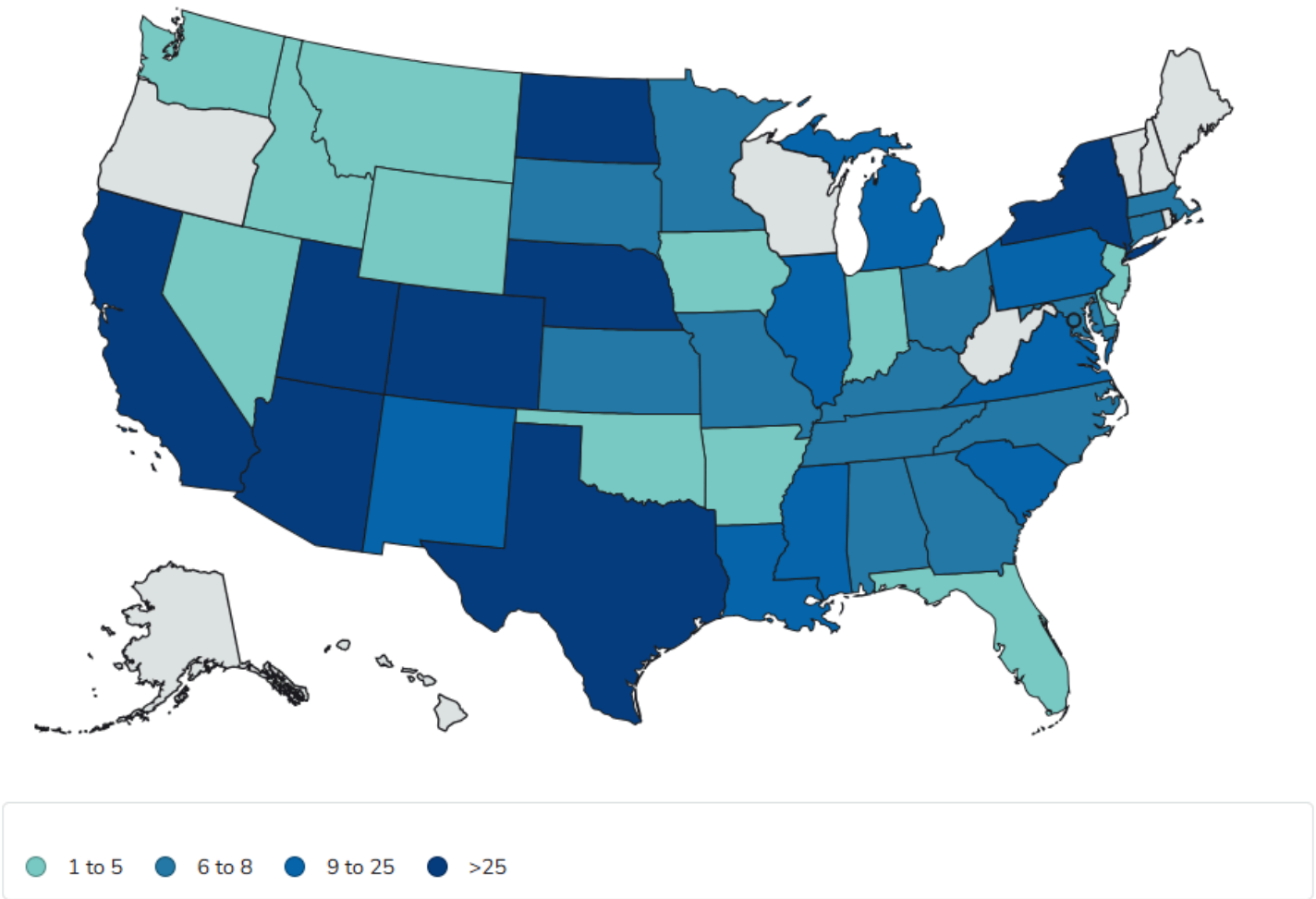
(including chikungunya, dengue, malaria, and zika)

This week, there were no new mosquito-borne disease cases reported. To date in 2026, there have been a total of 8 malaria cases, 5 dengue cases, 1 chikungunya cases, and 0 zika cases reported in Utah—all of these were acquired out of country and considered travel-associated cases.

Disease/infection	Number of new cases this week	Total number of cases in 2026	Locally acquired	Travel associated
Chikungunya	0	1	0	1
Dengue	0	5	0	5
Malaria	0	8	0	8
Zika	0	0	0	0

New this week

West Nile virus human disease cases reported by state of residence, 2026



**National updates****CDC reported WNV cases, 2026 (YTD)**

Case count	Neuroinvasive	Deaths	Presumptive viremic donors
671	495	37	159

CDC reported arboviral diseases (excluding WNV), 2026 (YTD)

Disease	Case count	Travel-associated	Locally acquired*
Chikungunya	117	117	0
Dengue	1,928	447	1,481
SLE	3	0	3
Zika	6	6	0

*This includes cases from endemic U.S. territories including American Samoa, Puerto Rico, and U.S. Virgin Islands

Travel advisories:

Dengue		Chikungunya		Malaria	Yellow fever	Zika	
Africa/ Middle East	Americas	Asia/Pacific Islands	Africa/Middle East	Americas	Africa/Middle East	Americas	Asia/Pacific Islands
Kenya	Bolivia	Bangladesh	Mauritius	Bolivia	Mayotte	Colombia	Indonesia
	Colombia	Cambodia		Costa Rica	Yemen	Venezuela	
				French			
	Costa Rica	Malaysia		Guiana			
		Maldives		Nicaragua			
		Marshall Islands		Suriname			
		Sri Lanka					
		Vanuatu					
		Vietnam					

Level 1 Travel Health Notice, Level 2 Travel Health Alert: <https://wwwnc.cdc.gov/travel/notices>.

For a map of arboviral disease activity in the United States visit:

<https://www.cdc.gov/west-nile-virus/data-maps/current-year-data.html>

Utah Arboviral Surveillance weekly report

MMWR Week 36, September 13–September 19, 2026



**Department of Health
& Human Services**

References:

1. Utah reportable diseases: https://epi.utah.gov/wp-content/uploads/Rpt_Disease_List.pdf
2. WNV: <https://www.cdc.gov/westnile/index.html>
3. WNV vaccine for horses:
<https://aaep.org/guidelines/vaccination-guidelines/core-vaccination-guidelines/west-nile-virus>
4. St. Louis Encephalitis: <https://www.cdc.gov/sle/index.html>
5. Locally acquired malaria: <https://emergency.cdc.gov/han/2023/han00494.asp>
6. Locally acquired Dengue: <https://www.cdc.gov/mmwr/volumes/72/wr/mm7211a5.htm>
7. UDAF reportable diseases:
<https://ag.utah.gov/wp-content/uploads/2021/07/Utah-Reportable-Animal-Disease-List-July-2021.pdf>

Special thanks to the California Department of Health for their [report format inspiration](#).

The Utah Department of Health and Human Services monitors [reportable arboviruses](#) year-round. If you have any questions about arboviruses, call 1-888-EPI-UTAH or send an email to onehealth@utah.gov.