

Risk assessment of public health emergencies concerned in China, May 2026

Abstract: Objective To assess the risk of public health emergencies that may occur or be imported from abroad in China (except Hong Kong and Macao Special Administrative Regions and Taiwan region, the same below) in May 2026. **Methods** Based on the reports of domestic and foreign public health emergencies and surveillance results of key infectious diseases or notifications from relative agencies and departments, the expert consultation conference was hold and experts from Science and Technology Research Center of China Customs (information exchange on imported cases) and provincial (autonomous region and municipal) centers for disease control and prevention attended this conference through video terminal. **Results** The epidemic of hand, foot and mouth disease (HFMD) will continue to rise in May 2026. The incidence of severe fever with thrombocytopenia syndrome (SFTS) has entered an upward phase, and the risk of localized clusters in high-incidence areas has risen. The risk of cross-border transmission of dengue fever and chikungunya fever will further increase. In southern China, mosquito vectors are now active, with a risk of local transmission in class I regions, and some regions face the risk of clustered outbreaks. The overall risk of human infection with novel influenza subtypes in China is well under control, though sporadic outbreaks are possible. The epidemic of mpox continues to pose risk of imported and secondary transmission. The risk of imported Zika virus disease remains high. The incidence of epidemic cerebrospinal meningitis is expected to remain low. In addition, based on publicly available global information, attention should also be paid to the risk of imported outbreaks of overseas epidemic diseases such as Ebola virus disease, Andes hantavirus, and Lassa fever. **Conclusion** Attention should be paid to HFMD, dengue fever, chikungunya fever, SFTS, human infection with novel influenza subtypes, mpox, Zika virus disease, epidemic cerebrospinal meningitis. **Key words:** Public health emergency; Communicable disease outbreak; Risk assessment

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2.1.1

2022-2024	43.9%	39.4%	5
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A71	enterovirus A71	EV-A71	3.4%
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3 2025

4 EV-A71 EV-A71

5

5 54.8%

3.1:1	18~45	71.9%	2026	5	3	10
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8	1	1	2025	2	14d
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2026 3 1

70	2025	65.2%	2026	1-3
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1

3

2

2026

3

2.1.1.3	2026	5	6		12		11
1			18~78	38.5	2025	57	229
WHO	20			2026	2	18	32 758
9							
2026							,
	1						
2026							2
			3				
	I						
				4			
							5
	1335						
2.1.2							
2.1.2.1		2026	5	5	13		
	2025	32.7%	2026	4	2025	58.0%	
						7	
	1						
						4-10	5-7
	2026			4			
			1				
		2					3
						4	
							5
2.1.2.2	2026	4			3		H9N2
2		1		H5N6	1	3	
	1						
		2					
					3		

