

U.S. Public Health: Its Worsening and Concerning State - July 2026

Policy backdrop. Public health funding has taken a serious hit from recent federal actions. In June and July 2026, the Republican-majority Congress passed bills that tightened Medicaid and SNAP eligibility and cut, effectively eliminating, funding for global health, democracy programs, and public broadcasting. Deep cuts also hit university and organizational grants for medical research, including cancer and disease-cure development.

Combined with initiatives from HHS's new leadership, these changes have measurably weakened the infrastructure that protects American health and safety. Because many of the defunded programs operated internationally, the health of vulnerable populations abroad, particularly in the world's poorest regions, is now at risk as well.

The administration justifies these rollbacks as fraud-fighting and fiscal discipline. That rationale sits uneasily alongside the administration's own record of record deficits and rising national debt, and it arrives just as disease and food-contamination outbreaks are climbing nationwide.

The oversight-weakening case. FDA lost roughly 3,859 employees in 2025 and hundreds more in 2026; CDC cut about 2,889 positions; USDA's Food Safety Inspection Service cut over 900. Food-safety advocates and former officials say these losses have degraded inspection and outbreak-response capacity. Foreign food facility inspections dropped by nearly half in some months versus prior-year averages, a decline about two dozen current and former FDA officials attribute to staffing cuts. Separately, a rule meant to speed traceback of contaminated food through the supply chain, originally due January 2026, was pushed back to mid-2028, which experts say will slow future outbreak tracing.

Measles: 2026's defining outbreak. As of July 23, 2,318 confirmed cases spanned 45 jurisdictions, with 35 new outbreaks this year and 93% of cases outbreak-associated, far above a typical year, reflecting vaccination gaps in specific communities.

Respiratory illness. Overall activity is low for midsummer: COVID-19 is low and stable nationally but showing early upticks in the West and South; RSV and flu are very low; parainfluenza is elevated; pertussis persists at lower-than-pandemic-peak levels. CDC modeling shows COVID infections growing or likely growing in 37 states as of July 22, a modest late-summer signal worth watching.

Ebola. No domestic transmission, but the U.S. is maintaining precautionary entry restrictions tied to the DRC outbreak, renewed July 13 for 30 days, covering travelers recently in DRC, Uganda, or South Sudan.

Active outbreaks. CDC is tracking 13 multistate Salmonella investigations, 6 for E. coli, and 6 for Listeria as of July 22. The largest active event is a Cyclospora outbreak linked to Taylor Farms de Mexico iceberg lettuce served at Taco Bell: 1,947 cases across 9 states, onset dates

June 22–July 20. Taylor Farms recalled the product July 17, but CDC expects the case count to keep rising.

Florida. A summer E. coli outbreak tied to Publix's GreenWise frozen blueberries sickened 12 (4 hospitalized, no deaths) across Florida and Georgia, with distribution to seven Southeastern states. Florida DOH identified the source and alerted Publix, which pulled the product, a case of state-federal coordination working as intended, not a detection failure.

On measles, though, Florida is a genuine hotspot: 5th nationally, with cases jumping from 8 in 2025 to 141–155 in 2026. Most cluster in Collier County (tied to an Ave Maria University outbreak), with Pinellas and Duval next. Florida ranks 38th nationally in kindergarten MMR coverage (88.8%), below the 95% herd-immunity threshold, and the state's highest single-year case count in 25 years.

CONCLUSIONS

Routine respiratory illness is quiet, but measles — fueled by declining vaccination rates — is 2026's dominant public health story, with over 2,300 cases nationally and Florida among the hardest-hit states. Whether recent staffing and funding cuts are actively degrading outbreak detection remains contested, but the pattern of rising outbreaks amid shrinking oversight capacity and drastic cuts to medical research is driving heightened concern and questioning of the merits of the Trump administration health policies.

These issues are further accentuated by the significant changes made to leadership in the federal government's health management institutions, with replacements often comprised of individuals with ideological rather than scientific credentials leaving the U.S. public, and international community, exposed to significantly increased health risks and vulnerabilities.