



WASHINGTON STATE DEPARTMENT OF HEALTH

Provider Alert

Provider Alert: Potential for Travel-Associated New World Screwworm Myiasis

Date: January 9, 2026

This is a Provider Alert from the Washington State Department of Health (WA DOH) regarding an ongoing outbreak of New World Screwworm myiasis (parasitic infestation by fly larvae) in Central America and Mexico which could result in travel-associated cases in Washington state.

Current Situation

New World screwworm (NWS) is a parasitic fly (*Cochliomyia hominivorax*) which lays eggs in wounds or other body cavities of warm-blooded animals. These eggs hatch into larvae (maggots) that feed on the living tissue; this infestation is known as myiasis. NWS myiasis largely affects livestock but can also occur in pets, wildlife, and humans.

While NWS is not currently present in the United States, it is endemic in Cuba, Haiti, the Dominican Republic, and several South American countries; In addition, Mexico and countries in Central America are experiencing an outbreak of NWS, with cases of myiasis in both animals and humans for the first time in decades.

In August 2025, there was a confirmed human case of travel-associated NWS myiasis in a patient who returned to the United States (Maryland) after travel to El Salvador. **There have been no cases of NWS identified in travelers in Washington state; however, travel-associated cases are possible due to the ongoing outbreak.** Patients may be at increased risk for NWS myiasis if they spend time in areas where the flies are present, particularly in areas near infested livestock or other infested animals. Healthcare providers who identify myiasis in a patient should ask about recent travel to a country where NWS is present and notify their Local Health Jurisdiction (LHJ) or Tribal Health Jurisdiction if NWS is suspected. It is critical to handle suspected cases of NWS in accordance with public health direction, as

failure to kill and properly dispose of all larvae or eggs may result in the new introduction and spread of NWS in the local environment.

Actions Requested

Healthcare providers in Washington are requested to do the following:

IDENTIFY

- **Consider NWS myiasis** in patients:
 - with larvae or egg masses in a wound, ears, eyes, nose, mouth or other body orifice;
 - with destruction of healthy tissue;
 - who report sensation of movement in the wound, foul odor, bloody discharge, swelling, or pain; and
 - who report recent travel (within 10 days before symptom onset) to regions where NWS is present.
- The following groups of people may be at higher risk of NWS myiasis:
 - Those living or spending significant time in rural areas in regions or countries where NWS is endemic or in countries currently experiencing an outbreak.
 - People who frequently work with or spend time around livestock in endemic countries or current outbreak areas.
 - In areas where flies are present:
 - anyone with open sores or wounds, including from recent surgery, as the flies will lay eggs on open sores.
 - vulnerable populations, including people who are immunocompromised, those at extremes of age, and people experiencing malnutrition.

NOTIFY

- Please report all suspected human cases immediately to the patient's [Local Health Jurisdiction](#) or Tribal Health Jurisdiction.
 - If you cannot reach the Local Health Jurisdiction, you may contact WA DOH at 206-418-5500.
 - The public health jurisdiction can help connect providers to CDC's Parasitic Diseases Hotline for consultation if needed.
- Suspected cases in animals are reportable to the [Washington State Department of Agriculture](#).

TEST

- **Collect larvae** for clinical diagnosis and species identification through public health.
 - Coordinate with your [Local Health Jurisdiction](#) to submit larvae to CDC for confirmation.

- Collect at least 10 larvae for submission. If you have fewer than 10, collect them all.
- If multiple stages of larvae are present in the lesion, try to include a representative sample from each stage.
- **Place larvae and eggs in a leak-proof container with 70% ethyl or isopropyl alcohol.** The volume of liquid should be sufficient to fully submerge larvae and eggs. The alcohol will both kill and preserve larvae for identification. 5% – 10% formalin is an acceptable alternative.
- **Do not dispose of any larvae or eggs in the trash or outside on the ground.**
- Collect the remaining larvae and eggs in a separate leakproof container, submerge them in alcohol, place the container into a zip-top plastic bag, and seal it. Dispose of the sealed bag as biohazardous waste. **Failure to kill and properly dispose of all larvae or eggs may result in the new introduction and spread of NWS in the local environment.**

MANAGE

- If treating a patient with suspected NWS myiasis:
 - Use standard precautions when treating wounds and handling larvae.
 - **Remove and kill ALL visible larvae and eggs.** This may require surgical removal. Account for ALL larvae or eggs to ensure submission for clinical diagnosis and safe disposal as described above.
 - Reexamine treated lesions after 24-48 hours to confirm no live larvae remain. Remove and safely dispose of any remaining larvae (as described above)
 - Medications to treat or prevent secondary bacterial infections may be needed. There is no medication that can treat NWS infestation in people.

ADVISE

- Advise patients who may be travelling to areas where NWS is present to protect themselves from infestation by taking the following precautions:
 - Clean and cover all wounds, no matter how small or the location on the body.
 - Wear loose-fitting, long-sleeved shirts and pants, socks, and hats to limit exposed skin and use [Environmental Protection Agency \(EPA\)-registered insect repellents](#).
 - Avoid spending time where livestock or other infested animals are located or housed, if possible.
 - Avoid sleeping outdoors, especially during the day.
 - Protect sleeping quarters with screens or bed nets, especially for people who have wounds or active nasal or ocular discharges. Screening of hospital windows and doors is essential.
- Advise patients travelling to areas where NWS is present to monitor themselves for signs and symptoms of NWS myiasis.

- Advise patients experiencing these symptoms after recent travel (within 10 days of symptom onset) should contact a healthcare provider for evaluation.

Background

NWS is typically found in South America and the Caribbean, although Mexico and countries in Central America are reporting cases in animals and people. NWS has not been found in animals or in the environment in the U.S. since the outbreak began. Refer to the [USDA webpage](#) for the most up-to-date locations of NWS infestation in animals.

One human case of [travel-associated NWS infestation in a U.S. resident](#) who traveled to El Salvador was confirmed in August 2025; no locally acquired cases of NWS infestation in humans have been reported to date. According to CDC, the risk to human health in the U.S. remains very low.

New World screwworm infestations begin when a female fly lays eggs on a wound or orifice of a live, warm-blooded animal. The odor of a wound or an opening (e.g., nasal or eye openings, umbilicus of a newborn, genitalia) attracts female flies. Wounds as small as a tick bite may attract a female fly to feed. One female can lay 200 – 300 eggs at a time and up to 3,000 eggs during her 10- to 30-day lifespan. Eggs hatch into larvae that burrow into the wound to feed on the living flesh. After about 7 days of feeding, larvae drop to the ground, burrow into the soil, and pupate. The adult screwworm fly emerges from the soil after 7 – 54 days depending on temperature and humidity.

Resources

For more information about New World Screwworm, please visit:

- CDC: [New World Screwworm Myiasis: Recommendations for Healthcare Providers](#) (PDF)
- CDC: [Clinical Overview of New World Screwworm](#)
- CDC: [Lab Identification of New World Screwworm](#) (PDF)
- USDA: [New World Screwworm](#)
- USDA: [New World screwworm Story Map](#)

Contact

To report suspected human cases of New World Screwworm myiasis, or for any other questions, please contact your [Local Health Jurisdiction](#) or Tribal Health Jurisdiction.