



ENTOMOLOGICAL  
SOCIETY OF AMERICA  
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# NEW WORLD SCREWWORM

## Abatement Through a Public Health Lens

Outcomes and Observations From an  
Emergency Preparedness Exercise

April 2026



SOURCE: QUENTIN VANDEMOORTELE (CC BY-NC)

# Executive Summary

New World screwworm, *Cochliomyia hominivorax*, poses a serious threat to animals and people in places where it is present. A species of blowfly, New World screwworm larvae (maggots) feed on living tissue of warm-blooded animals and humans, which can cause severe tissue damage if not treated swiftly. The most commonly affected animal species are cattle, dogs, and pigs, but other species of livestock, companion animals, and wildlife can be affected. Infestations in humans, while less common, can also occur.

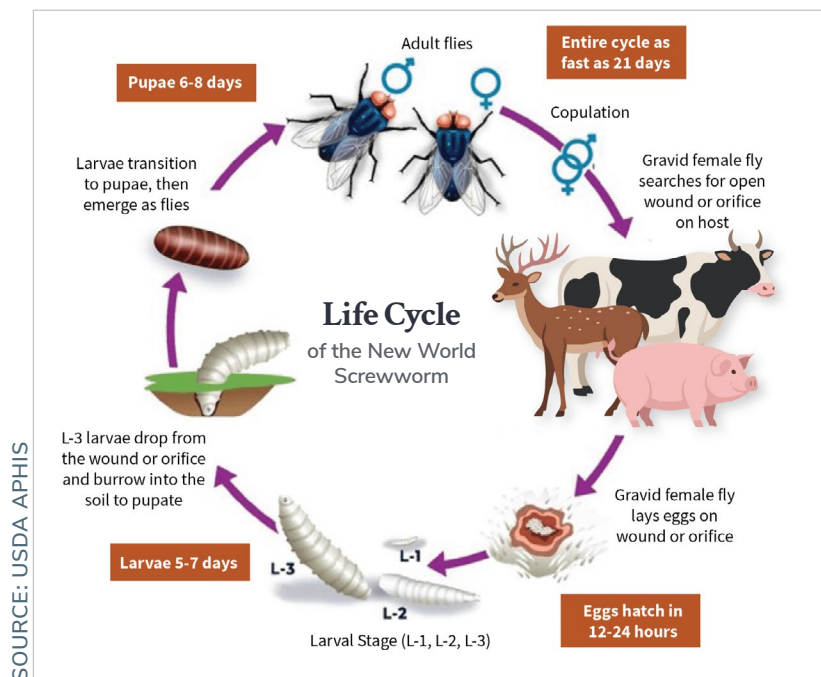
The fly was eradicated in the United States during the 1960s following a concerted effort by the U.S. Department of Agriculture (USDA) using the sterile insect technique, and it was later eradicated throughout Mexico and Central America. However, New World screwworm has re-emerged across Central America and Mexico in the past few years, and it reached the United States, in Texas, in June 2026.

A broad swath of federal and state government agencies, health departments, agriculture departments, wildlife groups, non-governmental organizations, research institutions, and industry partners are collaborating to respond and protect both American agriculture and public health.

In April 2026, the Entomological Society of America (ESA) and the U.S. Centers for Disease Control and Prevention (CDC) partnered to host “New World Screwworm Abatement Through a Public Health Lens: An Emergency Preparedness Exercise,” in Atlanta, Georgia. More than 100 experts from across the country and a variety of sectors participated in a series of scenario-planning exercises. They aimed to build working relationships, share knowledge and best practices, identify preparedness gaps, and design plans for communicating among interested parties and with the public.

Across these scenario-planning exercises, many common themes and observations emerged, summarized below. On the following pages of this report, you will find additional background on New World screwworm, details on the scope and agenda of the emergency preparedness exercise, and supporting context and related recommendations for the 11 key themes surfaced in these conversations. The final section provides several additional external resources about New World screwworm and public health response.

ESA and CDC are grateful to the experts who contributed their time and knowledge to this event, and we provide this outcome report as a resource to both those who participated and any other interested parties who may find this guidance useful, in hopes that it may contribute to our nation’s collective capacity to reduce adverse clinical outcomes, limit the risk of local establishment and spread, and minimize the ultimate impact of a New World screwworm incursion into the United States.



SOURCE: CDC



## Summary of Key Observations

1. Early detection will fail without **simple, universally understood reporting pathways** for suspected cases of New World screwworm. ►
2. Frontline **recognition of human cases will be uneven**, especially outside hospitals and in rural or low-access areas. ►
3. One Health coordination and **lines of communication must be pre-established** because response activities span authorities in public health, animal health, wildlife management, and more. ►
4. Specimen **logistics are predictable bottlenecks**, especially over nights and weekends and in rural and low-capacity states. ►
5. Rapid human and animal case investigation requires a **standardized patient history and fast, permissioned data sharing** to guide trapping. ►
6. Surge **capacity will strain epidemiology, field response, and communications** even if labs can handle volume. ►
7. Risk **communication must be unified**, prepared in advance, and built to withstand misinformation and elevated mistrust. ►
8. **Access barriers** can lead to delayed care, missed follow-up, and silent reservoirs, especially among populations experiencing homelessness and workers at increased risk of infestation. ►
9. Preparedness and response planning for New World screwworm in Tribal communities must be grounded in **early relationship building**, respect for Tribal sovereignty, and sustained two-way engagement. ►
10. **Animal movement** (including companion animals and shelters) is a potential driver for New World screwworm spread, and authority for non-livestock species can be unclear. ►
11. Sterile insect technique is central to containment, but **public perception and worker safety messaging** can undermine acceptability. ►

## Background

New World screwworm, *Cochliomyia hominivorax*, is a species of blowfly whose larvae (maggots) feed on living tissue of warm-blooded animals and humans. Female screwworm flies lay their eggs in or near open wounds or mucous membranes (e.g., nose, mouth, ears, eyes), and the ensuing larval infestation causes severe tissue damage if not treated swiftly. The most commonly affected animal species are cattle, dogs, and pigs, but other species of livestock, companion animals, and wildlife have also been affected.

Infestations in humans can also occur, particularly among people who work with animals, as well as those with open wounds or who sleep outdoors. Infants, older adults, and individuals with complex skin lesions or underlying conditions that contribute to them are also vulnerable.

New World screwworm poses a serious threat to animals and people in places where it is present. It was eradicated in the United States during the 1960s following a concerted effort by the U.S. Department of Agriculture (USDA) using the sterile insect technique, and it was later eradicated throughout Mexico and Central America.

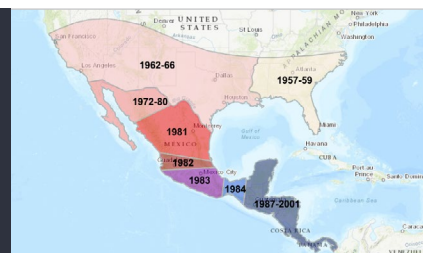
An ongoing eradication program has been in place since that time to keep New World screwworm out of Central and North America.

The last outbreak of New World screwworm in the United States occurred during 2016–2017 in Florida. A collaborative response involving federal, state, and local government agencies successfully eradicated the flies from the state. However, New World screwworm has re-emerged across Central America and Mexico in the past two years, and it reached the United States, in Texas, in June 2026.

A broad swath of federal and state government agencies, health departments, agriculture departments, wildlife groups, non-governmental organizations, research institutions, and industry partners are collaborating to slow the fly's northward range expansion and engage in domestic response preparation.

### Historical Eradication of the New World Screwworm

Source: USDA APHIS





SOURCE: JOE ROMINIECKI, ESA

## Overview

“New World Screwworm Abatement Through a Public Health Lens: An Emergency Preparedness Exercise” took place April 15-17, 2026, at the Westin Peachtree Plaza in Atlanta, Georgia.

Approximately 115 participants were in attendance, including entomologists, epidemiologists, veterinarians, physicians, and other public health professionals from:

- CDC, USDA, U.S. Department of Interior, and other federal agencies
- Six universities
- Nearly 30 state, local, and Tribal departments of health
- Seven state departments of agriculture
- Ten nonprofit scientific and medical societies

## STRATEGIC OBJECTIVES

“New World Screwworm Abatement Through a Public Health Lens: An Emergency Preparedness Exercise” was conducted with several overlapping objectives related to New World screwworm response preparedness:

1. Share knowledge and best practices between interested parties across varying sectors, regions, and disciplines.
2. Identify preparedness gaps and potential delays or complications in response actions.
3. Determine existing or new communication networks needed among agencies and partners.
4. Identify existing or new resources, tools, and strategies needed for public communication before and during an outbreak.
5. Establish new relationships and communication among interested parties.

All of these objectives were formulated to reduce adverse clinical outcomes, limit the risk of local establishment and spread, and minimize the ultimate impact of a New World screwworm incursion into the United States.

## SCHEDULE

### Wednesday, April 15

- Educational Dinner

### Thursday, April 16

- Welcome and Introduction
  - » *The Challenge: Response to Human Cases*
  - » *Overview and Structure*
- Breakout Exercise 1
  - » *Travel-Associated Case*
  - » *Locally Acquired Case*
  - » *Case in Cattle or Wildlife*
- Full Group Discussion
- Breakout Exercise 2
  - » *Tribal Communities*
  - » *Unhoused Population*
  - » *Companion/Working Animals*
  - » *Other “What If” Questions*
- Full Group Discussion
- Recap and Review

### Friday, April 17

- Interagency Task Force Panel
- Synthesis and Next Steps





SOURCE: JOE ROMINIECKI, ESA

## Agenda and Methodology

### EDUCATIONAL DINNER

The event began with a dinner on Wednesday, April 15, in which participants could meet and learn about each other's backgrounds and experiences in public health and their existing knowledge of New World screwworm.

### WELCOME AND INTRODUCTION

Thursday, April 16, began with an introductory presentation detailing various challenges that can arise in a public health response to a case of New World screwworm infestation. Then, the event's primary scenario exercises were conducted in two sets of breakout discussions. In both, participants were divided into groups of 25-30 people each based on specialty (entomology, medical, epidemiology, and veterinary) in the first session and region (Northeast, Southeast, South/Midwest, and West) in the second session. Each group of 25-30 met in a separate room, where participants further subdivided into four tables for discussions.

### BREAKOUT 1

Participants discussed three scenarios in which New World screwworm might appear and the various needs for a successful response.

- **Travel-associated case:** A traveler returns to U.S. and is found to be infested with New World screwworm.
- **Locally acquired case:** An individual presents in an emergency department with suspect screwworm infestation and reports they haven't been in a location with a known population of New World screwworm.
- **Cattle or wildlife case:** A case of New World screwworm is identified in a local cattle herd or in wildlife, leading to the local release of sterile flies.

### BREAKOUT 2

In the second breakout session, participants discussed four additional topics related to possible factors that would affect a successful response:

- Tribal Communities
- Companion/Working Animals
- Unhoused Population
- Other "What If" Questions

In both breakout sessions, one participant at each table took notes for their group and submitted them through an online form to assist ESA and CDC in collecting attendees' thoughts and perspectives on each topic. Each room then discussed their respective answers to the prompts.

### FULL GROUP DISCUSSIONS

After each set of breakout discussions, participants returned to the primary event room for a full-group discussion, with participants from each room providing a verbal report of their group's discussions and fielding questions. ESA and CDC organizers also recorded notes.

The final day of the event, Friday, April 17, featured a panel discussion with four participants to discuss their experiences preparing for New World screwworm and to answer questions from the full group. The panelists included one speaker each from the California Department of Public Health, Florida Department of Agriculture and Consumer Services, Arkansas Department of Health, and Texas A&M University, and it was moderated by the current ESA vice president, who works at the University of Florida.

After the panel discussion, the event concluded with a final full-group discussion to explore outstanding questions and summarize key themes, lessons, and ideas from the event. ESA and CDC organizers recorded notes.

## Key Observations and Recommendations

Across the breakout and full-group discussions, many common themes and observations emerged. While every scenario in which New World screwworm (hereafter abbreviated “NWS” in many instances) may appear presents some unique circumstances, many of the challenges and best practices alike that were discussed by participants were applicable or relevant across situations, interested parties, and locales. Below, a set of these observations are detailed, with supporting context and related recommendations to improve public health response to cases of New World screwworm.



### 1. EARLY DETECTION WILL FAIL WITHOUT SIMPLE, UNIVERSALLY UNDERSTOOD REPORTING PATHWAYS FOR SUSPECTED CASES OF NEW WORLD SCREWORM.

Myiasis is not reportable (i.e., required that public health agencies are notified). Thus, suspected human New World screwworm myiasis cases may not be reported to state or federal public health agencies unless clinicians and veterinarians know exactly what to do if it is presented. In practice, specimens may be improperly discarded, routed to the wrong lab, or treated as routine wound myiasis. The most reliable surveillance signal is therefore a low-friction process that starts at the initial examination and ends with the right One Health partners being notified.

#### Recommendations:

- Publish a one-page protocol that covers three key actions—save larvae, take photos, notify specified contacts—and includes after-hours coverage.
- Standardize specimen handling and transport guidance (e.g., ethanol, packaging, shipping/courier options, photo requirements, etc.).
- Create clear co-notification expectations so a suspected human case triggers animal health authorities awareness (and vice versa) when appropriate.



### 2. FRONTLINE RECOGNITION OF HUMAN CASES WILL BE UNEVEN, ESPECIALLY OUTSIDE HOSPITALS AND IN RURAL OR LOW-ACCESS SETTINGS.

Emergency department and urgent care staff may not distinguish people with New World screwworm myiasis from common maggot infestations, and outpatient clinicians may lack support for manual extraction or morphologic identification. Human cases may present to student health clinics, urgent care clinics, or other nontraditional entry points, or they may occur among people with limited access to care. Planning should assume delays in diagnosis and notification of cases and build redundancy into education channels.

#### Recommendations:

- Create and deliver brief, repeatable training on NWS for health care providers via infection preventionists, professional societies, continuing education providers, and provider alert systems.
- Target urgent care facilities, wound centers, emergency medical services, dentistry, telehealth, and student health—not just hospitals.
- Provide a “minimum clinical actions” checklist: Treat patient, preserve specimen, document exposure timeline, notify.



### 3. ONE HEALTH COORDINATION AND LINES OF COMMUNICATION MUST BE PRE-ESTABLISHED BECAUSE RESPONSE ACTIVITIES SPAN AUTHORITIES IN PUBLIC HEALTH, ANIMAL HEALTH, WILDLIFE MANAGEMENT, AND MORE.

Human health, animal health, and environmental health sectors should develop One Health coordination protocols with clear points of contact in advance of a crisis. Coordination protocols developed in response to earlier public health events such as the COVID-19 pandemic and highly pathogenic avian influenza (HPAI) are highly relevant for NWS. An immediately usable contact list for all key sectors, defined triggers for coordination calls both for preparedness and response needs, and shared expectations for “heads up” notifications on suspected cases of NWS in animals or people before official case confirmation can prevent delays, mixed messages, and missed opportunities for rapid fly surveillance, prevention efforts, and containment.

#### Recommendations:

- Discuss preparedness plans and information sharing for both human and animal cases of NWS with state public health veterinarian, state animal health official, and other jurisdictional One Health partners (e.g., state department of agriculture, state fish and wildlife agency, state department of natural resources).
- Include environmental health, emergency management, occupational health, and Tribal liaisons early.
- Maintain a standing One Health coordination group, contact list including after hours contacts, agreements for data sharing, and checklist/flow chart for communication and coordination; validate it in tabletop exercises.
- Define notification thresholds (i.e., suspected versus confirmed) and who convenes the first coordination call for human and animal cases including livestock, companion animals, or wildlife species.
- Coordinate with the jurisdictional One Health partners to discuss escalation criteria for an incident command system structure. Some jurisdictions have embedded a public health liaison in an animal health-led response structure or embedded an animal health liaison in a public health-led response structure. Other jurisdictions have placed a One Health lead in the respective agency response structures to enhance interagency and external coordination and collaboration.



### 4. SPECIMEN LOGISTICS ARE PREDICTABLE BOTTLENECKS, ESPECIALLY OVER NIGHTS AND WEEKENDS AND IN RURAL AND LOW-CAPACITY STATES.

Building capacity to identify New World screwworm maggots in human or animal cases is critical. There is a wide variation in entomological capacity, courier systems, and access to imaging for preliminary identification. Multiple groups stressed using photos for provisional decisions while confirmation proceeds and building mutual aid pathways in advance.

#### Recommendations:

- Establish triage rules to prioritize suspected NWS and prevent discarded/delayed specimens.
- Set up courier or weekend transport options and identify designated drop-off sites for clinics and veterinarians.
- Expand preliminary identification capacity via trained state, university, or veterinary labs with proficiency testing and imaging capability.
- Seek support from CDC or USDA National Veterinary Services Laboratories for identification training and backup on hard-to-identify specimens.

(See Resources section for CDC guidelines on taking photos of specimens for telediagnosis.)

SOURCE: USDA APHIS



### 5. RAPID HUMAN AND ANIMAL CASE INVESTIGATION REQUIRES A STANDARDIZED PATIENT HISTORY AND FAST, PERMISSIONED DATA SHARING TO GUIDE TRAPPING.

Knowing the location of a human or animal New World screwworm case where flies are present is critical for surveillance response, though compliance with HIPAA (Health Insurance Portability and Accountability Act) and privacy rules may constrain dissemination of this information. Multi-jurisdiction travel, language barriers, delays in laboratory confirmation, gaps in cross-sector communication, and privacy constraints can slow interviews and limit understanding of the patient history and location. Without existing cross-sector One Health relationships, fly surveillance and containment actions may lag behind the flies' biology and potential range expansion.

#### Recommendations:

- Use a standard case report form and a simple timeline tool, covering onset, locations, travel, animal contacts, wound history.
- In advance, plan cross-jurisdiction coordination channels and notifications (local, regional, state, national).
- Put data-sharing agreements in place so address-level information can be shared on a need-to-know basis.



### 6. SURGE CAPACITY WILL STRAIN EPIDEMIOLOGY, FIELD RESPONSE, AND COMMUNICATIONS EVEN IF LABS CAN HANDLE VOLUME.

Several suspected human cases in a short period of time could overwhelm local health departments, especially if cases are geographically dispersed or involve hard-to-reach populations. Call volume, media attention, and partner coordination could outpace staffing capacity. Planning should therefore emphasize scalable workflows, mutual aid (e.g. seeking assistance from neighboring jurisdictions with available capacity), and clear prioritization of actions during uncertainty.

#### Recommendations:

- Pre-identify mutual aid options and an incident management structure that can be deployed quickly.
- Create a scalable triage process for suspected cases (photo review, a centralized consultation line, investigation prioritization).
- Leverage existing outreach-capable teams, such as community health workers and those working in harm reduction, environmental health, sexually transmitted infections, etc.





## 7. RISK COMMUNICATION MUST BE UNIFIED, PREPARED IN ADVANCE, AND BUILT TO WITHSTAND MISINFORMATION AND ELEVATED MISTRUST.

A single trusted messenger and coordinated processes among public communication teams are critical. Public concerns regarding myiasis, social media amplification, and hostility toward public health agencies can limit the effectiveness of a response to New World screwworm. It is important to differentiate human cases that are suspected, under investigation, or confirmed; correcting misreports honestly; and focusing public attention on actions rather than individuals.

### Recommendations:

- Pre-write templates for scenarios including no cases, case under investigation, case confirmed as NWS, and case confirmed not NWS, and align terminology across agencies.
- Set public health communication response triggers and publish updates early and often on “what we know and what we don’t yet.”
- Avoid stigmatizing language such as victim, quarantine, infection, etc.
- Communicate through multiple channels (web, social, TV, radio, community partners, posters/ letters, etc.).



## 8. ACCESS BARRIERS CAN LEAD TO DELAYED CARE, MISSED FOLLOW-UP, AND SILENT RESERVOIRS, ESPECIALLY AMONG POPULATIONS EXPERIENCING HOMELESSNESS AND WORKERS AT INCREASED RISK OF INFESTATION.

Develop a plan to reach community members less likely to be willing or able to access traditional care. People experiencing unstable housing, comorbidities, or other barriers are at an increased risk for infestation, and they may be unable to seek care, fear interacting with government, or have limited access to personal technology and communication methods. Successful response depends on “meeting people where they are” and resourcing trusted intermediaries—including for companion animals that may travel with or live alongside patients.

### Recommendations:

- Equip mobile clinics, shelters, and community resource officers with “backpack-ready” wound care supplies plus sampling and referral guidance.
- Partner with farmworker programs, migrant clinician networks, and advocacy groups to deliver multilingual prevention and reporting education.
- Plan follow-up that does not necessarily rely on stable contact info, such as trusted outreach workers, known locations, and flexible scheduling.
- Coordinate with animal health partners using the One Health approach to support companion-animal evaluation while reassuring owners that pets will not be taken.



SOURCE: COPEG



## 9. PREPAREDNESS AND RESPONSE PLANNING FOR NEW WORLD SCREWWORM IN TRIBAL COMMUNITIES MUST BE GROUNDED IN EARLY RELATIONSHIP BUILDING, RESPECT FOR TRIBAL SOVEREIGNTY, AND SUSTAINED TWO-WAY ENGAGEMENT.

Tribal Nations may coordinate through unique governance structures that do not always align with state systems, creating potential gaps in communication and response coordination if partnerships are not established in advance. Existing Tribal liaison officers, memoranda of understanding (MOUs), and trusted relationships can significantly improve coordination, access, and information sharing during a response. Tribal knowledge and environmental health expertise are valuable assets that can strengthen surveillance, prevention, and response strategies. Communication approaches must be culturally appropriate, community-informed, and routed through trusted Tribal leadership channels.

### Recommendations:

- Engage Tribal Nations early and consistently as partners in preparedness planning, recognizing Tribal sovereignty and respecting Tribal governance and decision-making processes.
- Develop and maintain relationships outside of emergency situations through regular engagement, coordination meetings, and participation in existing Tribal partnership structures.
- Leverage Tribal liaison officers, existing MOUs, and other established agreements to support communication, access, and data sharing during a response.
- Co-develop response plans, surveillance strategies, and messaging with Tribal partners by first asking communities what they need and incorporating Tribal knowledge and expertise into preparedness activities.
- Ensure communication materials are culturally grounded, accessible, and distributed through trusted Tribal channels using preferred formats such as radio, video, and translated educational materials where appropriate.



SOURCE: USDA APHIS



SOURCE: CDC



## 10. ANIMAL MOVEMENT (INCLUDING COMPANION ANIMALS AND SHELTERS) IS A POTENTIAL DRIVER FOR NEW WORLD SCREWORM SPREAD, AND AUTHORITY FOR NON-LIVESTOCK SPECIES CAN BE UNCLEAR.

Companion animals create unique challenges for One Health events because their movement may be untraceable, states have varying rules regarding their transportation, and companion animal veterinarians may not be aware of NWS or how to report a suspect case. In addition, breeders may be disincentivized to report myiasis due to economic fear, and wildlife management options are limited. Clear governance, practical guidance for shelters and working animals, and incentives for reporting will be critical.

### Recommendations:

- Identify which agency or agencies have jurisdiction over companion animals, should a case of NWS be identified. If no single state agency has jurisdictional authority, public health officials should collaborate with One Health jurisdictional agencies to collectively determine the responsibilities for activities regarding companion animals, including shelters and working/service animals.
- Provide simple guidance to shelters and veterinarians on intake screening, specimen submission criteria, and messaging.
- Engage producers, hunters, and wildlife partners as sentinels with clear instructions: "If you see something, say something."
- Align movement guidance and plans for any permitting or emergency rules with state agriculture departments and USDA to reduce confusion and improve compliance.



## 11. STERILE INSECT TECHNIQUE (SIT) IS CENTRAL TO CONTAINMENT, BUT PUBLIC PERCEPTION AND WORKER SAFETY MESSAGING CAN UNDERMINE ACCEPTABILITY.

Potentially inflammatory terms such as "irradiation" and "fly releases" could derail acceptance. SIT messaging works best when framed as proven, targeted, and time-bound and when paired with clear guidance on what the public may observe and how to respond.

### Recommendations:

- Develop SIT FAQs and talking points that emphasize the method's track record and focus on "sterile" rather than "radiation."
- Coordinate joint pre-briefings, community meetings, and press materials with USDA Animal and Plant Health Inspection Service (APHIS) and supported by public health partners.
- Emphasize the public's role in reporting cases, preventing spread, and keeping outbreaks geographically limited so that SIT has the best chance to work.



## Resources

Numerous federal and state government agencies, health departments, agriculture departments, wildlife groups, non-governmental organizations, research institutions, and industry partners are engaging in response to New World screwworm. Here, find additional resources from various sources that may be useful in the public health response.

### GENERAL INFO

[About New World Screwworm](#) (CDC): Basic 101 for any audience

[Screwworm.gov](#) (USDA): Unified portal for info about screwworm and U.S. government response

[New World Screwworm Outbreak](#) (CDC): Summary of current status from CDC, updated weekly

[New World Screwworm in Texas](#) (Texas A&M AgriLife Extension): News, fact sheets, and technical bulletins following first arrival in U.S. in 2026

[Clinical Overview of New World Screwworm](#) (CDC): For healthcare providers

[New World Screwworm Myiasis](#) (CDC): Basic info on NWS biology, life cycle, and infestations

[Communication Resources](#) (CDC): Handouts for the public, healthcare providers and public health professionals

[Preparing for New World Screwworm Infestations in Humans](#) (CDC): Interim considerations for public health agencies

[New World Screwworm Response Playbook](#) (USDA): For animal health officials and responders

### LABORATORY RESOURCES

[Lab Identification of New World Screwworm](#) (CDC): Guidance from the Division of Parasitic Diseases and Malaria

[Telediagnosis of New World screwworm](#) (CDC): Image submission guidelines for healthcare providers and laboratorians

### TRIBAL RELATIONS

[Tribal Emergency Preparedness Law](#) (CDC): Guide for cross-jurisdictional coordination

### PHOTOS

[InsectImages.org](#)

[U.S. Department of Agriculture via Flickr](#)

[USDA ARS Image Gallery](#)

[USDA APHIS Photo Gallery](#)

[CDC Public Health Image Library](#)

### STERILE INSECT TECHNIQUE

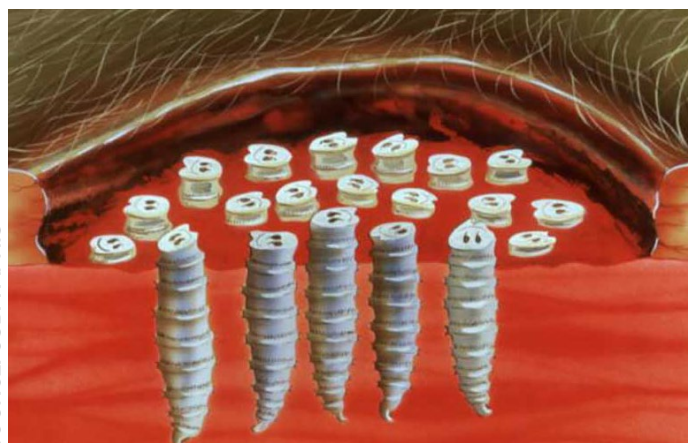
[Sterile Insect Technique: A Proven Tool for Fighting New World Screwworm](#) (USDA): One-page primer

[Eradicating New World Screwworm with Sterile Insect Technique](#) (USDA): Two-page explainer

[The Sex Life of the Screwworm Fly](#) (Golden Goose Award): History of basic research that led to breakthrough in eradication of New World screwworm in U.S. in 1960s

[Fighting Flies With Flies: An In-Depth Look at the 2016 Screwworm Outbreak Response in Florida](#) (ESA Entomology Today)

[How Sex and Scientific Research Saved Your Steak Dinner \(and Bambi\) From the Screwworm Fly—Again](#) (ESA Entomology Today)



SOURCE: USDA APHIS

## Sign Up for ESA Alerts

Stay informed about the latest developments, research, and response efforts related to the New World screwworm, *Cochliomyia hominivorax*, from the Entomological Society of America.

[entsoc.org/nws](https://entsoc.org/nws)

## PRESENTATIONS

[Resurgence of New World Screwworm in the Americas: What Healthcare Providers Need to Know](#) (CDC): Clinical Outreach and Communication Activity Call, October 2024

[New World Screwworm Response](#) (CDC): National Notifiable Diseases Surveillance System eShare webinar, September 2025

[Back with a Vengeance: Laboratory Readiness for Detection of the Re-emerging New World Screwworm](#) (Association of Public Health Laboratories): Webinar for public health lab professionals, July 2025

[Resurgence of New World Screwworm in the Americas - for Physicians and Health Care Providers](#) (Extension for Community Healthcare Outcomes): September 2025

[Resurgence of New World Screwworm in the Americas - for Community Health Workers and Public Health Professionals, Part 1](#) (Extension for Community Healthcare Outcomes): September 2025

[Resurgence of New World Screwworm in the Americas - for Community Health Workers and Public Health Professionals, Part 2](#) (Extension for Community Healthcare Outcomes): September 2025

[New World Screwworm: A One-Health Perspective](#) (Council for Agricultural Science and Technology): December 2025

[New World screwworm: Detect, prevent, and treat](#) (American Veterinary Medical Association): January 2026

[New webinar provides latest guidance on New World screwworm | Re-emergence of the New World screwworm in Central America](#) (CDC): Zoonoses & One Health Updates Call, November 2024

## RESEARCH

[Special Collection: Re-invasion of the New World Screwworm in Central and North America: Past Experiences and Moving Forward](#) (ESA): New and existing research in the *Journal of Medical Entomology* and *Journal of Economic Entomology*



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