Defense Health Agency
PUBLIC HEALTH

ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

HEALTH SURVEILLANCE UPDATE
24 MAR 2026

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DHA Public Health
AFHSD – Integrated Biosurveillance (IB) Branch
Health Surveillance Update

The IB Health Surveillance Update (HSU) is a weekly report of health events and disease outbreaks monitored by the IB Branch.

Executive Summary

From 09 to15 MAR, WHO reported that the **global** seasonal influenza, COVID-19, and RSV positivity was 9.2%, 2.6%, and 9.0%, respectively. **Somalia** declared a significant dengue outbreak during early 2026, with a sharp increase in cases across multiple regions, particularly in densely populated urban areas, exacerbated by drought and a fragile health system. **Samoa** is experiencing a prolonged dengue outbreak that began in 2025, with a resurgence during early 2026 linked to climate change. **Taiwan** confirmed its third-ever locally acquired severe fever with thrombocytopenia syndrome case. **Colombia** is facing a resurgence of yellow fever in Tolima Department during 2026, with 30 cases (15 deaths).

HSU Health Events

Geographic Combatant Command	Country	Event
Global		Respiratory illness
USNORTHCOM	Mexico	Chikungunya
	Other events	
USAFRICOM	Somalia	Dengue
	Sudan	Dengue
	Other events	
USCENTCOM	USCENTCOM	Environmental hazards
	Other events	
USEUCOM	Germany	Chikungunya
	Other events	
USINDOPACOM	Cambodia	Novel influenza A(H5N1)
	Samoa	Dengue
	Taiwan	Severe fever with thrombocytopenia syndrome
	Other events	
USSOUTHCOM	Colombia	Yellow fever
	Peru	Dengue
	Venezuela	Venezuelan hemorrhagic fever
	Other events	

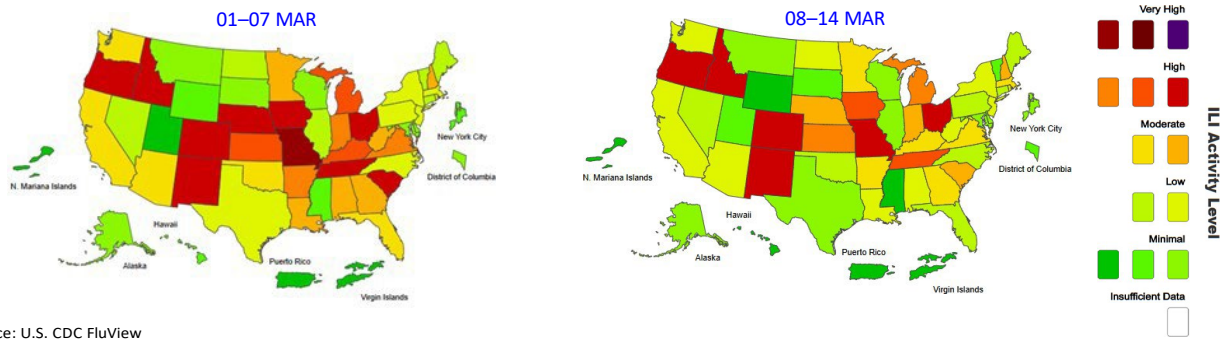
Note: The mention of any non-federal entity and/or its products is for informational purposes only, and is not to be construed or interpreted, in any manner, as federal endorsement of that non-federal entity or its products.

Global Health Events of Interest

Global – Respiratory illness:

U.S. seasonal influenza – According to U.S. CDC FluView's Weekly U.S. Influenza Surveillance Report, from 08 to 14 MAR, **seasonal influenza** activity remained "elevated" across the country, with no states, cities, or territories reporting "Very High" influenza-like illness (ILI) activity, and 10 (-5) reporting "High" ILI activity (Figure 1). The percentage of influenza positive specimens decreased from 15% to 13%. The percentage of outpatient visits for respiratory illnesses decreased from 3.7% in the previous week to 3.3%, remaining above the national baseline (3.1%). See Table 1 for influenza positivity by strain in the U.S. As of 14 MAR, 115 seasonal influenza-related pediatric deaths have been reported during the 2025–26 respiratory season, a 60% decrease compared to the 293 cases reported in the 2024–25 season. As of 23 MAR, the national seasonal influenza wastewater level was "High."

Figure 1. Influenza-like Illness Activity by State, Territory, and Jurisdiction, U.S., 01–14 MAR



Source: U.S. CDC FluView

(WastewaterSCAN)

Table 1. Civilian Influenza Specimen Positivity by Strain, 09–15 MAR (EU/EEA), 08–14 MAR (U.S.)

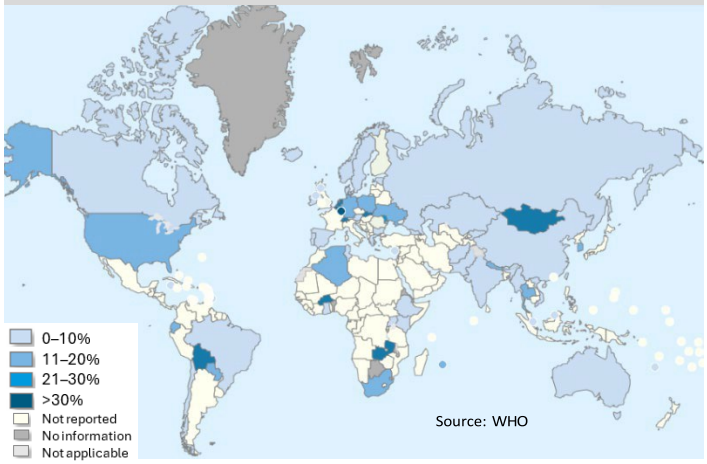
A	(H1N1)pdm09	23	67
	(H3)	28	223
	Not subtyped	38	28
	Total	**89 (98%)**	**318 (53%)**
B	Victoria	0	87
	Not subtyped	2	197
	Total	**2 (2%)**	**287 (47%)**

Sources: U.S. CDC, ECDC

Global seasonal influenza – **During the week of 09–15 MAR, WHO reported that overall positivity was 9.2% (Figure 2), based on data from 71 reporting countries.** Within the **USNORTHCOM** AOR, no countries reported >30% positivity. Within the **USAFRICOM** AOR, Burkina Faso and Zambia reported >30% positivity. Within the **USCENTCOM** AOR, no countries reported >30% positivity. From 09 to 15 MAR, seasonal influenza circulation continued to decrease in the **European Union/European Economic Area (EU/EEA)**, with subtypes A(H1)pdm09 and A(H3) now co-dominant. Influenza percent positivity in primary care among EU/EEA countries was 6.2%, based on data from 18 countries, with one (Slovakia) reporting >30% positivity. According to WHO, Belgium, Luxembourg, the Netherlands, and Switzerland have also reported >30% positivity. See Table 1 for influenza positivity and strains in the EU/EEA.

Within the **USINDOPACOM** AOR, Mongolia reported >30% positivity. Within the **USSOUTHCOM** AOR, Bolivia reported >30% positivity. (ERVISS, WHO)

Figure 2. Global Seasonal Influenza Percent Positivity, 09–15 MAR



Global COVID-19 – From 08 to14 MAR, **COVID-19** activity in the **U.S.** was decreasing in most areas of the country; the national SARS-CoV-2 wastewater level was "Medium" as of 23 MAR. **Globally, from 09 to 15 MAR, overall SARS-CoV-2 positivity was 2.6%, based on data from 68 countries**, with the Netherlands reporting >30% positivity. From 09 to15 MAR, in the **EU/EEA**, SARS-CoV-2 circulation remained "Low"; the aggregate positivity rate in primary care was 1.7%, based on data from 16 countries. (U.S. CDC, ERVISS, WastewaterSCAN, WHO)

Global RSV – From 08 to 14 MAR, **RSV** activity remained "elevated" in many areas of the **U.S.**; the national RSV wastewater level was "High" as of 23 MAR. As of 13 MAR, U.S. FDA expanded the age-range for the RSV vaccine, Arexvy, to include adults aged 18–49 years who are at increased risk; U.S. CDC recommendations have not changed. **Globally, from 09 to 15 MAR, overall RSV positivity was 9.0%, based on data from 58 countries**, with Luxembourg reporting >30% positivity. In **EU/EEA** countries, from 09 to 15 MAR, RSV activity remained "High"; the aggregate positivity rate in primary care was 11%, based on data from 16 countries. (U.S. CDC, ERVISS, GSK, WastewaterSCAN, WHO)

USNORTHCOM Health Events of Interest

Mexico – Chikungunya:

Through 07 MAR, **12 locally acquired chikungunya cases (no deaths) have been reported in Mexico during 2026.** The most recent case was reported during the week ending 21 FEB. Cases have been reported in two states, Chiapas (8) and Quintana Roo (4). Despite seemingly small case counts, specialists have stressed that the situation reflects active transmission, constant presence of the vector, and favorable environmental conditions. Until late 2025, chikungunya transmission had not been reported in Quintana Roo State since 2020 and in Chiapas State since 2023. **The resurgence is linked to 1) increased international travel, 2) longer mosquito breeding seasons due to climate change, and 3) sustained circulation in neighboring countries such as Brazil and Cuba.** (Diario de Morelos, La Verdad Noticias, Mexican Ministry of Health [MOH], Por Esto)

No locally acquired chikungunya cases were reported in Mexico during the same period in 2025. Sixteen total locally acquired cases were reported in 2025, but not until the week ending 15 NOV 2025. In 2025, cases were reported across three states, with the majority in Quintana Roo (12), followed by Chiapas (3) and Yucatán (1) states. No locally acquired cases were reported in 2024, and recent years saw few cases, with two in 2023 and four each in 2022 and 2021. The first imported chikungunya case in Mexico was reported in Jalisco State in MAY 2014, with the first locally acquired case documented later the same year in Chiapas State. From 2014 to 2025, >13k locally acquired cases have been reported in the country (Table 2). Previously, the only chikungunya virus genotype that had been identified in Mexico was the Asian genotype; however, three imported cases in Baja California State in 2025 were identified as

East/Central/South African genotype. All imported cases in 2025 (10) were linked to Cuba. **As of 10 MAR, the U.S. CDC considers Mexico a country with elevated chikungunya risk for U.S. travelers**. (medRxiv, Mexican MOH)

Table 2. Confirmed Chikungunya Cases in Mexico, 2014–2026*

Year	Locally Acquired	Imported
2026*	12	0
2025	16	10
2024	0	1
2023	2	0
2022	4	0
2021	4	0
2020	7	0
2019	9	0
2018	39	0
2017	64	1
2016	759	0
2015	12,588	21
2014	222	16

Source: Mexican MOH, Mexican MOH

*Through 07 MAR

Other events:

- **GLOBAL**, >1k shigellosis and other gastrointestinal illness cases among U.S. and USEUCOM travelers returning from Cape Verde, SEP 2022 – MAR 2026
- **MEXICO**, 259 dengue cases in Sonora State during 2026, compared to seven in the same period in 2025
- **U.S.**, Blastomycosis case increase in Oneida County, WI, as of 15 MAR
- **U.S.**, High norovirus levels detected in Bay Area, CA, wastewater, as of 16 MAR
- **U.S.**, Preprint study finds circulation of bovine coronavirus GIIb strains and ongoing viral evolution in U.S. cattle from 2020 to 2025

USAFRICOM Health Events of Interest

Somalia – Dengue:

During early 2026, health authorities reported a sharp increase in mosquito-borne infections, including **dengue**, compared to previous years. As of 24 FEB, 3,749 dengue cases have been reported across all regions in Somalia since 03 AUG 2025. **Dengue transmission has spread across multiple regions, especially in urban and densely populated areas, increasing risk to vulnerable communities.** Clusters of cases have been reported in major population cities in Somaliland, including Berbera, Burao, and Hargeisa, with Hargeisa considered the epicenter due to high population density and limited vector control capacity. There have been challenges in tracking the scale of the outbreak due to a limited number of hospitals consistently reporting cases through the national surveillance system. On 24 FEB, the Somaliland MOH officially declared a dengue outbreak across multiple regions. The most severely impacted regions include Togdheer (52%), Maroodi-jeh (19%), and Sahil (17%), which indicate a sustained community transmission and increasing epidemiological intensity. During the week ending 21 FEB, >1.4k dengue cases were reported, with 64% in individuals aged >5 years, indicating transmission across a wide age spectrum. The outbreak has been further exacerbated by several factors, including ongoing drought conditions leading to severe water scarcity, climate shocks, displacements, and fragile health infrastructure. (Relief Web)

According to WHO, Somalia has reported dengue outbreaks in different districts since 2023, including a threefold increase in dengue cases in 2025 (>1.2k) compared to 2024 (255). Most dengue cases were reported in Lascanod District, Northeast State, and Banadir Region. A MAR 2026 analysis identified dengue virus (DENV) -1, -2, and -3 serotypes in Somalia along with concurrent infections of the three serotypes, with DENV-3 being more widespread in East Africa. (*Am J Trop Med Hyg*)

Sudan – Dengue:

As of 09 MAR, Sudan's Federal MOH has reported 6,976 **dengue** cases (five deaths) nationwide during 2026. Transmission has been confirmed in several states, including Gezira, Khartoum, Northern, River Nile, and White Nile. A rapid increase in cases has been reported in Northern State, with 679 cases (four deaths) in Ed Debba (~250 cases; four deaths) and Merowe (159) localities; cases in Ed Debba have been reported in displacement camps, which highlights the increased vulnerability among populations living in high-density settings with limited sanitation infrastructure and reduced access to vector control measures. Conditions such as standing water, inadequate waste management, and overcrowded living environments can promote rapid dengue transmission. **The detection of hundreds of cases within a short period in Ed Debba and Merowe suggests localized amplification of transmission, likely supported by environmental conditions favorable to mosquito breeding, and population factors that facilitate vector-to-human contact. Increased dengue transmission in Northern State could indicate increased activity in an area not traditionally considered one of Sudan's main dengue hotspots. Past outbreaks have been more common in eastern states like Kassala and Red Sea, as well as in western regions such as Darfur.** However, dengue activity has been recorded across multiple states in the country. Health officials warn of disruptions to health services, logistical challenges in transporting medicines and supplies, and limited surveillance capacity that can impact early case detection, clinical care, and vector control efforts. As of 10 MAR, response teams have been deployed and diagnostic kits have been provided for the region. (BEACON, Sudan Tribune)

According to Africa CDC, ~44k dengue cases (126 deaths) were reported in Sudan in 2025, with 14 of 18 states being affected. Dengue activity in the country typically peaks after the rainy season in Sudan, which begins in JUN and continues through OCT. Although Northern State is typically known for its dry climate with low annual rainfall, the region has recently experienced heavy and unpredictable rainfall and flooding, creating environmental conditions favorable for mosquito breeding. Sudan has also been in an ongoing conflict for three years, with ~14 million individuals displaced, one of the largest displacement crises in the world. The newly displaced populations have weakened the health system due to urgent health interventions. WHO is supporting the dengue outbreak response with 1) disease surveillance, 2) deployment of rapid response teams, 3) strengthening case management, 4) infection prevention and control, 5) improving access to water and hygiene, 6) vector control, 7) community mobilization, and 8) vaccinations. (BEACON, Climate Centre, WHO)

Other events:

- **GLOBAL**, >1k shigellosis and other gastrointestinal illness cases among US and USEUCOM travelers returning from Cape Verde, SEP 2022 – MAR 2026
- **CENTRAL AFRICAN REPUBLIC**, 34 meningitis cases (six deaths) in the Bocaranga-Koui Health District during 2026; surpassed epidemic threshold
- **LIBERIA**, Four Lassa fever cases (one death) during 2026; Bong, Grand Bassa, and Nimba counties are currently in an outbreak
- **MADAGASCAR**, 29 locally acquired confirmed chikungunya cases during 2026, 72% in Mahajanga District
- **NAMIBIA**, 11k malaria cases (21 deaths) during 2026; 73% locally acquired, with most in the north
- **NIGERIA**, Decline in weekly Lassa fever cases; 2.4k total cases (109 deaths) during 2026
- **SENEGAL**, 39 Rift Valley fever cases (three deaths) in Fatick Region in 2025; 500 total cases in 2025
- **UGANDA**, Malaria prevalence among children aged <5 years increased from 2018 (10%) to 2024/2025 (13%)
- **UGANDA**, One confirmed Crimean-Congo hemorrhagic fever case in Kyankwanzi District during 2026

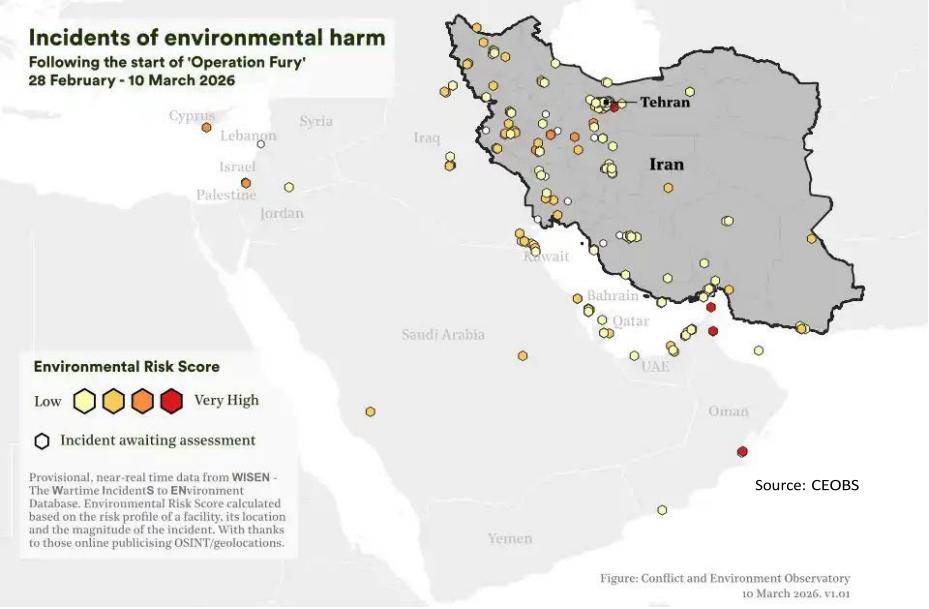
- **ZIMBABWE**, Increased water-borne disease risk and malaria cases due to heavy rain in Bikita District, Masvingo Province, as of 19 MAR

USCENTCOM Health Events of Interest

USCENTCOM – Environmental hazards:

Between 28 FEB and 10 MAR, >300 incidents creating **environmental hazards** have arisen from Operation Epic Fury across Azerbaijan, Bahrain, Cyprus, Iran, Iraq, Israel, Jordan, the Kingdom of Saudi Arabia (KSA), Kuwait, Qatar, and the United Arab Emirates (UAE; Figure 3). **More than 100k Iranians and 700k Lebanese have been displaced, many to crowded shelters with limited access to hygiene, sanitation, and safe water. Continued pollution incidents from oil facilities, ships and port infrastructure, and military sites, have placed individuals and ecosystems at risk of acute and long-term harm.** (CEOBS, WHO)

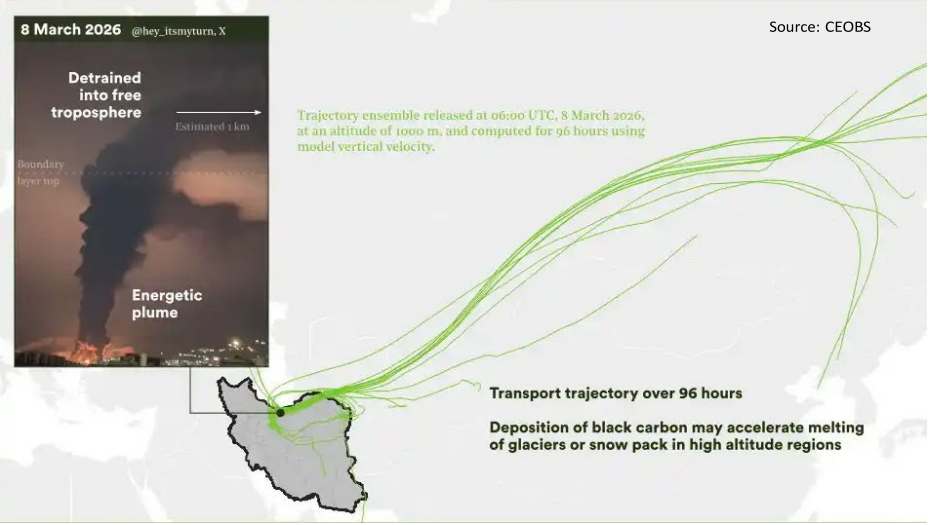
Figure 3. Environmental Hazard Incidents in USCENTCOM, 28 FEB – 10 MAR



Gas and Oil Pollution – From 07 to 08 MAR, >30 oil facilities were attacked in Iran. Four of these facilities around Tehran (Aqdasieh Oil Depot, Karaj Oil Depot, Shahran Oil Facility, and Tehran Oil Refinery) produced dangerous pollution levels, including black toxic smoke. Simulations predicted that this smoke would travel across Central Asia to Siberia over the subsequent 96 hours (Figure 4). The smoke also came down over Tehran as black rain, potentially contaminating ground and surface water. Attacks on oil infrastructure have also been carried out in Bahrain and the KSA, which have given rise to regional pollution exposure. (CEOBS, UN)

Smoke from oil or refinery fires can produce carbon monoxide, heavy metals, nitrogen oxides, soot, Sulphur dioxide, and toxic organic compounds. The very small black carbon particles in black smoke can penetrate deep into the lungs, as well as carry other pollutants on their surfaces. **Acute exposure to this smoke can lead to respiratory disorders, particularly for the elderly and individuals with asthma. Additionally, skin and eyes can become irritated and food and water sources can become contaminated.** Iranian authorities have advised individuals to stay indoors; however, a 2022 study found that indoor $PM_{2.5}$ levels in Tehran were strongly associated with outdoor levels. (CEOBS, *Air Qual Atmos Health*, UN)

Figure 4. Simulation of the Long-Range Transport of Initial Spoke from Oil Fires in Tehran, Iran, 09 MAR



Marine Pollution – More than 43 Iranian vessels have been sunk and military port infrastructure has been attacked around Bandar Abbas and Konarak. Additionally, Dena, an Iranian frigate, was torpedoed near Sri Lanka, resulting in a 20km oil slick. Civilian and military port infrastructure has also been attacked in Abu Dhabi, Dubai, Jabal Ali, UAE, and Manama, Bahrain. Sunken vessel pollution risks include spilled fuels and oils. Regional impacts of this include loss of wildlife populations and damage to coastal and marine ecosystems, which are vital for food security, livelihoods, and climate change mitigation. Direct human impacts include munition explosions and toxic or carcinogenic effects of consuming fish exposed to chemicals found in some wrecks. (CEOBS, IUCN)

Military Sites Pollution – Airfields, military production sites, missile bases, naval facilities and ships, and weapons depots have been targeted across Iran, while U.S. bases in Bahrain, Kuwait, Qatar, and the UAE have been struck. Additionally, Lebanon has been targeted for alleged weapons depots and launch sites. Iran operates liquid- and solid-fueled ballistic missiles, and some liquid propellants, including unsymmetrical dimethylhydrazine and inhibited red fuming nitric acid, are highly toxic and have posed serious management and disposal challenges in other conflicts. Additionally, the incomplete destruction of conventional weapons depots can leave areas contaminated with explosives, heavy metals, and propellants, many of which are toxic. Secondary explosions and fires at targeted military sites can create dioxins and furans. However, not all hazardous material may be destroyed, which can generate additional pollution, including energetic compounds, fuels, heavy metals, oils, and PFAS. Military sites intertwined with urban areas, such as in Tehran, can influence the mobility of air pollutants. High-rise buildings can restrict wind flow, reducing pollutant dispersal. Additionally, local geography (e.g., the Alborz mountain range for Tehran) can assist in trapping pollutants and smog in cities, leading to longer exposure times. Medical conditions presumed to be related to military exposures among Gulf War-era and post-9/11 veterans include asthma diagnosed after service, chronic bronchitis, chronic obstructive pulmonary disease, chronic rhinitis, chronic sinusitis, constrictive bronchiolitis or obliterative bronchiolitis, emphysema, granulomatous disease, interstitial lung disease, pleuritis, pulmonary fibrosis, and sarcoidosis. Additionally, cancers presumed to be related to these military exposures include brain, gastrointestinal, glioblastoma, head, kidney, lymphoma, melanoma, neck, pancreatic, reproductive and respiratory. (CEOBS, Rand)

Other events:

- **GLOBAL**, UN and WHO remain vigilant for nuclear incidents amid U.S.-Israeli attacks on Iran's atomic sites
- **AFGHANISTAN**, 35% increase in dengue and measles cases in FEB compared to JAN; acute watery diarrhea cases up 13%
- **AZERBAIJAN**, 19 human anthrax cases in 2025, a 19% increase compared to 2024 (16 cases)

- **EGYPT**, Increased maximum preparedness levels across all hospitals and healthcare facilities due to Eid Al Fitr celebrations as of 19 MAR
- **GAZA STRIP**, Guillain-Barré syndrome cases remain within expected baseline levels as of 17 MAR, despite >50% of cases requiring specialized rehabilitation
- **ISRAEL**, 17th fatal measles case during 2025–2026 outbreak as of 18 MAR
- **KAZAKHSTAN**, 13 imported malaria cases since 2021; most recent case in Almaty City in traveler returning from Africa during MAR
- **KYRGYZSTAN**, ~430k viral hepatitis B, C, and D cases as of 17 MAR; 53% hepatitis B
- **PAKISTAN**, Advisory issued due to risk of rising dengue cases following recent and possible further rain as of 17 MAR

USEUCOM Health Events of Interest

Germany – Chikungunya:

As of 12 MAR, 105 **chikungunya** cases have been reported in Germany during 2026, 13 times more when compared to the same period in 2025 (eight cases). Cases have tripled since late JAN (30). On 30 JAN, two chikungunya cases were reported in German travelers after independent trips to Seychelles, and as of 11 MAR, Germany has reported 58 chikungunya cases with travel to Seychelles during 2026; a 263% increase compared to 2025 (16 cases). **The data reflects the chikungunya clusters with symptom onset primarily in DEC 2025 and JAN 2026. Cases from FEB and MAR have not been diagnosed and reported, meaning the outbreak may still be ongoing.** According to ECDC, there has been a high number of chikungunya cases returning from Seychelles; however, local transmission in mainland Europe is currently unlikely. On 05 FEB, U.S. CDC issued a **"Level 2 – Practice Enhanced Precautions"** travel health alert for a chikungunya outbreak in Seychelles. Since JUL 2025, two chikungunya vaccines, Ixchiq and Vimkunya, have been approved within the EU. The Standing Committee on Vaccination has recommended vaccinations for individuals aged ≥12 years traveling to areas currently experiencing a chikungunya outbreak. (Healthy Travel, RKI)

According to ECDC, chikungunya is not endemic to mainland EU/EEA countries, and the majority of cases are related to travel outside of the region. When environmental conditions are favorable in areas where *Aedes aegypti* and *Ae. albopictus* are established, travel-related cases may generate local chikungunya transmission. A 2026 study revealed that chikungunya virus (CHIKV) can be transmitted via *Ae. albopictus* in temperatures as low as 13–14°C, 2.5°C lower than previous estimates of 16–18°C, extending the potential transmission season across most of Europe from JUL to AUG to MAY – NOV. A retrospective analysis of chikungunya cases across Europe from 2007 to 2023 identified that the majority of cases belonged to the East-Central-South-African genotype, with the remainder being the Asian genotype. (*J R Soc Interface, Plos Neg Trop Dis*)

Other events:

- **GLOBAL**, >1k shigellosis and other gastrointestinal illness cases among U.S. and USEUCOM travelers returning from Cape Verde, SEP 2022 – MAR 2026
- **ESTONIA**, 74% and 50% increase in 2026 rotavirus disease and norovirus infection cases, respectively, through FEB compared to same period in 2025
- **FRANCE**, 75 leptospirosis cases (one death) during 2026
- **FRANCE**, Meningococcal disease case linked to University of Kent outbreak; strain B identified
- **GERMANY**, 47 drug-resistant *Acinetobacter* infections and colonizations in Nordrhein-Westfalen State during 2026; 57% increase compared to the same period in 2025 (30 cases)
- **GREECE**, First foot-and-mouth disease case on a cattle farm in Pelopi Village, Lesvos Island, since 2001
- **ITALY**, 133 hepatitis A cases in Campania Region as of 19 MAR, linked to raw shellfish

- **LATVIA**, Five measles cases (three confirmed) during 2026, all epidemiologically linked; first outbreak since 2018. Risk of transmission is "High"
- **MOLDOVA**, Environmental alert declared following Dniester River oil spill, polluting key water supply
- **SWITZERLAND**, First dengue detection in *Aedes albopictus* mosquitoes north of the Alps; samples collected autumn 2024
- **UK**, 27 invasive meningococcal disease cases (15 confirmed; two deaths) at University of Kent, Canterbury, England, as of 19 MAR; ECDC accessed risk to public as "Very Low"
- **USEUCOM**, Bulgaria food safety agency launches southern border screening of live animal shipments amid foot-and-mouth disease in Cyprus and sheep pox in Greece
- **USEUCOM**, Decline in avian influenza cases in birds across Europe as of 12 MAR

USINDOPACOM Health Events of Interest

Cambodia – Novel influenza A(H5N1):

As of 15 MAR, the Cambodian MOH reported the second human infection with **avian influenza A(H5N1)** during 2026. The case is a female aged 45 years residing in Ropai Village, Chinu Meanchey Commune, Preah Net Preah District, Banteay Meanchey Province. On 14 MAR, one case tested positive for A(H5N1) by the National Institute of Public Health and was confirmed by Institut Pasteur in Cambodia. The case was isolated and treated with Oseltamivir. The investigation determined that the case raised chickens and ducks and had contact with sick and dead chickens three days prior to testing positive. The first case during 2026 was a male aged 30 years residing in Meanrith Village, Kandol Commune, Teuk Chhou District, Kampot Province. On 14 FEB, Influenza A(H5N1) was confirmed by the National Institute of Public Health on and identified as reassortment clade 2.3.2.1e. Since a reassortant virus emerged in Cambodia in FEB 2023 (a genetic mix of the older, locally circulating A(H5N1) virus [clade 2.3.2.1e] and the newer, globally dominant variant [clade 2.3.4.4b] that has caused widespread outbreaks in animals), **a total of 37 human A(H5N1) infections (15 deaths) have been reported in the country, including four others from Kampot Province**. As of 05 JUL 2025, WHO assesses the current risk to the general population posed by this virus as "**Low,**" and the risk of those occupationally exposed, such as farm workers, as "**Low**" to "**Moderate,**" depending on the measures in place. From 2003 to 2022, 56 A(H5N1) cases (37 deaths) were reported in the country, with the last case reported in 2014. (Avian Flu Diary, BEACON, CIDRAP, FluTrackers, Outbreak News Today, WHO)

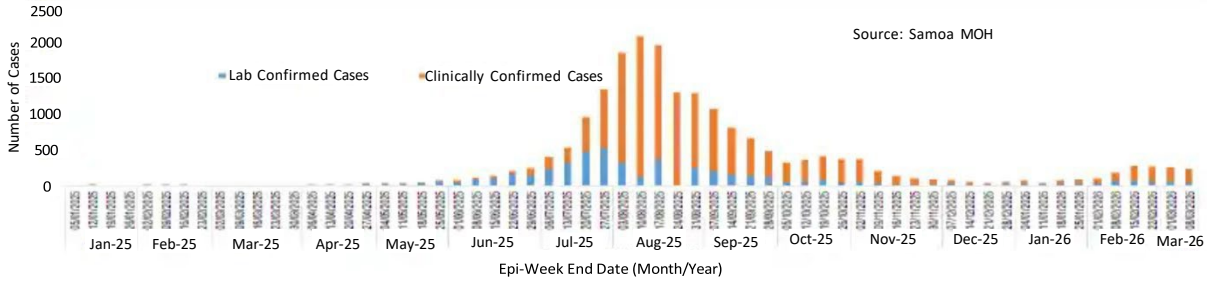
Samoa – Dengue:

From 01 JAN 2025 to 08 MAR 2026, 17,402 **dengue** cases (+1,083 since IB's last update on 03 FEB; 5,117 confirmed cases; nine deaths) have been reported in Samoa. Following low weekly cases in DEC 2025 and JAN 2026, cases increased in FEB and into MAR (Figure 5). However, 187 new cases (52 confirmed) were reported in the most recent week (ending 08 MAR), a 7% decrease compared to the previous week. The districts with the most recent cases are Aiga I le Tai and Faasaleleaga 2 (15 each), followed by Aana Alofi 4 (10), Lefaga & Faleaseela (8), and Safata 1 (7). The majority of cases reported since JAN 2025 have been from Upolu Island (64%), with only 36% on Savaii Island. Individuals aged <15 years are the most affected (74%). Of cases with serotype data, DENV-1 is the most common (68%), with the remainder being DENV-2. The Samoan MOH has continued outbreak response measures, including community engagement and risk communication, enhanced surveillance, and monitoring of severe disease and hospitalization trends. A MOH-UNICEF survey has shown improved dengue knowledge compared to 2024 and increased dengue risk perception. The MOH recommends that the public promote environmental clean-ups, seek prompt medical care upon illness, monitor household members for symptoms, and use protective clothing, nets, and repellants against mosquitoes. (ReliefWeb, Samoa MOH)

Samoa is one of several Pacific Island countries that experienced dengue outbreaks in 2025. According to experts, this increase is linked to climate change, which is lengthening transmission seasons and causing heavy rains, leading to increased mosquito breeding opportunities. Heightened dengue transmission is also caused by circulation of multiple dengue strains, growing urban areas, and increased travel. The last outbreak in

Samoa occurred from NOV 2023 to JUL 2024 (490 cases; no deaths), primarily in the Apia Urban Area and North-West of Upolu regions. As of 20 MAR, Samoa remains included in the U.S. CDC "**Level 1 – Practice Usual Precautions**" travel health alert for dengue, indicating that travelers may be at an increased risk. (The Guardian, ReliefWeb, WHO)

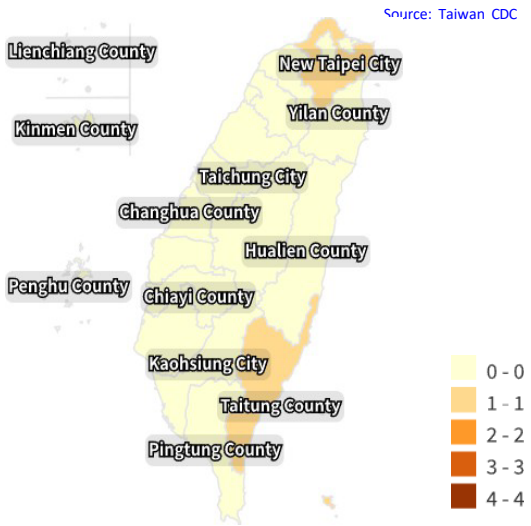
Figure 5. Dengue Cases in Samoa, 01 JAN 2025 – 08 MAR 2026



Taiwan – Severe fever with thrombocytopenia syndrome (SFTS):

On 17 MAR, the Taiwanese CDC confirmed one locally acquired SFTS case during 2026, the third ever reported in the country. The case occurred in a male in his 70s from northern Taiwan, who developed symptoms of general weakness in late FEB. The case was hospitalized for fever and low platelet count and was confirmed positive on 02 MAR; the case was later discharged on 16 MAR and will be monitored until 26 MAR. Nine close contacts were identified; however, none reported symptoms. Investigations determined the case had no recent travel history and primarily spent time around his home. House pets (cats and dogs) and wild animals were reported in the vicinity of the home; evidence of rodent activity was also detected in a vegetable garden in the front of the residence. Sixteen *Haemaphysalis* spp. ticks were collected from the surrounding area; however, none of the ticks were classified as the primary vector for SFTS, *H. longicornis*; all tested negative. Health officials have urged the public to take precautions and remain vigilant to avoid tick bites, particularly in grassy areas and forests.

Figure 6. Geographical Location of Locally Acquired SFTS Cases, Taiwan, 2020–2026



The first locally acquired SFTS case in Taiwan was detected in NOV 2019, in a resident from northern Taiwan, and the second case occurred in 2022 in a resident from Taitung County. See Figure 6 for the geographical location of locally acquired SFTS cases in the country. SFTS is primarily a tick-borne disease, but limited human-to-human transmission has also been documented in healthcare workers with direct contact to infected patients' blood, bodily fluids, or respiratory droplets, although occurrence is very rare. Symptoms may occur 7–14 days following exposure, and most commonly include decreased platelet count, fever, loss of appetite, nausea, vomiting, and in severe cases, can

progress to multiple organ failure. There is no specific antiviral therapy; therefore, aggressive supportive care is the primary treatment. The case fatality rate ranges from 12 to 30%, with elderly and immunocompromised populations at an elevated risk. (BEACON, Taiwan CDC)

Other events:

- **AUSTRALIA**, 33 measles cases in Sydney, New South Wales State, during 2026
- **CHINA**, 30% and 14% increase in gonorrhea and syphilis cases, respectively, during JAN 2026 compared to the same period in 2025
- **CHINA**, Study finds novel avian influenza A(H4N6) virus with mammalian adaptation found in migratory birds in Zhejiang Province in 2024; high seroprevalence on surveyed poultry farms
- **FRENCH POLYNESIA**, Increasing leptospirosis cases during 2026; peaking in weeks ending 08 FEB and 15 FEB (eight cases each)
- **GUAM**, Six pertussis cases during 2026 as of 18 MAR
- **INDIA**, 1.3k malaria, 823 dengue, and 234 chikungunya cases in Maharashtra State during 2026, as of 07 MAR; 69% of malaria cases in Mumbai
- **INDIA**, Risk of drug supply chain shortage due to Middle-East conflict
- **JAPAN**, 100 measles cases since 19 JAN, a fourfold increase compared to same period in 2025; 96% vaccination coverage (second dose) in 2024
- **JAPAN**, One severe fever with thrombocytopenia syndrome case during week ending 08 MAR; five total during 2026
- **KIRIBATI**, 4.5k rotavirus disease cases as of 15 MAR; outbreak peaked in late FEB/early MAR and has stabilized
- **VIETNAM**, 95 invasive meningococcal disease cases in 2025; 353% increase compared to 2024 (21)

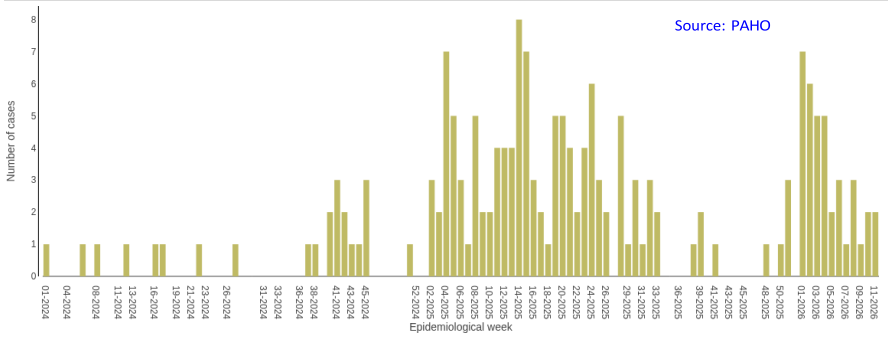
USSOUTHCOM Health Events of Interest

Colombia – Yellow fever (YF):

As of 17 MAR, 30 **YF** cases (15 deaths) have been reported in Colombia during 2026. Weekly cases had been declining following a peak in the week ending 05 APR 2025 (eight cases); however, cases spiked again during early 2026 in the week ending 10 JAN (seven; Figure 7). During 2026, incidence has been declining but cases continue to be reported, with two cases each in the two most recent weeks of data (ending 14 MAR and current week beginning 15 MAR). The outbreak is driven by transmission in Tolima Department. In 2025, 125 confirmed YF cases (46 deaths) were reported in Colombia, with the majority from Tolima (115 cases; 43 deaths). **All cases during 2026 have been reported from Tolima Department. Since the beginning of the outbreak in the week ending 08 SEP 2024, 158 total confirmed human YF cases (64 deaths; CFR: 41%) have been reported in the department.** (Beacon, Pan America Health Organization [PAHO])

The resurgence of YF in Colombia is occurring amid a wider regional increase; on 13 MAR, PAHO released an epidemiological alert for YF in the Americas Region. Since SEP 2024, cases have been reported in the region in areas with no history of transmission, including areas outside of the Amazon Region. PAHO is calling on member states to strengthen surveillance, intensify vaccination, and take measures to ensure that individuals traveling to areas with reported cases are properly informed and protected. Prior to 2025, YF transmission in Colombia peaked in 2003 (102 cases). From 2017 to 2022, only one case was reported (2018), followed by two cases in 2023 and the increase to 23 in 2024. According to WHO, YF vaccination coverage in Colombia was 90% in 2024. As of 30 MAR, the U.S. CDC maintains a **"Level 2 – Practice Enhanced Precautions"** travel health alert for YF in Colombia. (Colombian MOH)

Figure 7. Weekly Yellow Fever Cases, Colombia,
01 JAN 2024 – 17 MAR 2026

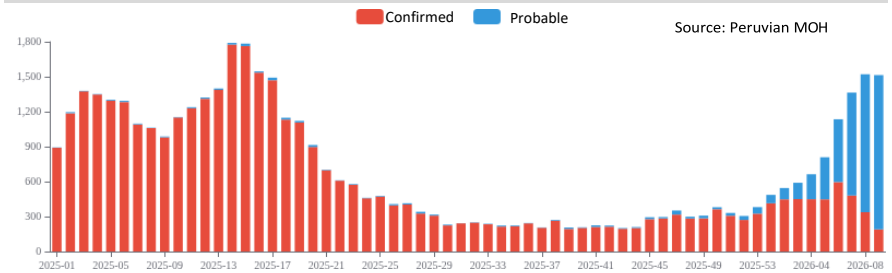


Peru – Dengue:

Through 07 MAR, 8,629 **dengue** cases (10 deaths) have been reported in Peru during 2026, an 18% decrease compared to the same period in 2025 (>10k cases). The highest incidence has been reported in Ucayali Department (245 cases per 100k population), followed by San Martín (209), Tumbes (122), Loreto (100), and Amazonas (96), departments. Departments reporting higher case counts than during the same period in 2025 include Ancash, Ayacucho, Huanuco, La Libertad, Lambayeque, Madre de Dios, Piura, Puno, Tumbes, and Ucayali. Many areas of the country have been experiencing unusually heavy rainfall since late JAN, including Arequipa, Ica, Lambayeque, Piura, and Tumbes departments, which have suffered flash flooding as of 10 MAR. On 10 JAN, in response to a declaration of a state of emergency due to heavy rains across 20 regions, the Peruvian MOH issued a press release urging the population to identify and eliminate mosquito breeding grounds as a dengue prevention measure. A subsequent epidemiological alert was published 14 JAN in response to an increase in dengue cases in some regions. The MOH is implementing measures including 1) elimination of mosquito breeding materials, 2) fumigation, 3) mobilization of field hospitals, medical brigades, and supplies for areas affected by the heavy rain, and 4) strengthening dengue health services. (BEACON, La República, Peruvian MOH)

Weekly dengue cases in Peru have been increasing since late 2025 (Figure 8), following the typical pattern of highest transmission between NOV and MAY; in tropical areas, transmission occurs throughout the year but is highest during the rainy season. As of 10 MAR, **experts have confirmed the onset of El Niño Costero, which is characterized by intense rainfall and a sustained temperature increase, creating ideal conditions for mosquito proliferation. The phenomenon is expected to last until NOV 2026 and is expected to cause an increase in dengue cases, potentially overwhelming the health system as in previous years**, including the previous El Niño (2023–2024). In 2023, >256 dengue cases were reported in Peru, which was surpassed in 2024 (>271k). In 2026, DENV-1, -2, and -3 have been reported; in 2025, DENV-3 was the most commonly reported serotype (47%), followed by DENV-1 (30%), and DENV-2 (23%). Despite the national statistics, a recent study found that from 2021 to 2025, DENV-2 was the dominant serotype linked to major outbreaks in Amazonas Region. (Caretas, U.S. CDC, *J Infect Public Health*, *MMWR*, *Nature*, PAHO, Peruvian MOH)

Figure 8. Peru Weekly Dengue Epidemic Curve,
01 JAN 2025 – 07 MAR 2026

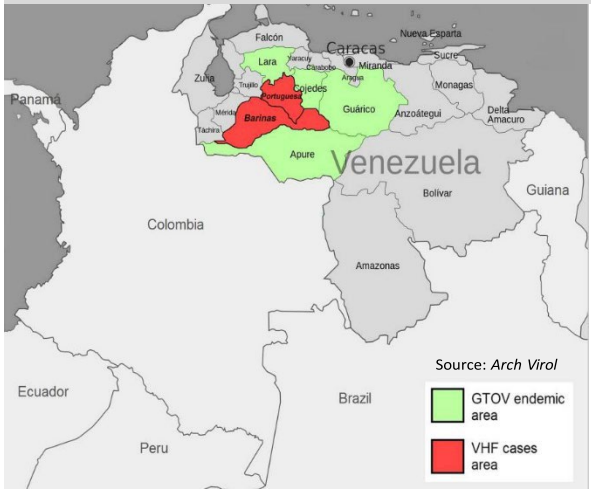


Venezuela – Venezuelan hemorrhagic fever (VHF):

As of 05 MAR, at least 21 fatal VHF cases have been reported across five municipalities in Barinas State, Venezuela, during 2026, including Alberto Arvelo Torrealba, Barinas, Obispos, Rojas, and Sosa, particularly in Santa Inés, Santa Lucía and San Silvestre parishes. Although no official case counts have been published, health professionals have advised that cases and deaths have increased significantly, with a ~50% CFR increase during 2026 compared to the same period in 2025 (31 deaths). VHF exposure typically occurs in corn and sugarcane fields and grain storage facilities, placing rural workers at increased risk due to known conditions in the affected regions including 1) agricultural areas with rodent populations, 2) inadequate grain storage, and 3) frequent contact with contaminated dust. Following a request by local residents in Rojas Municipality, epidemiological teams will be deployed to enact prevention and control measures. (El Pitazo, Provea)

VHF is an acute zoonotic disease caused by the Guanarito virus (GTOV), an *Arenavirus* maintained in a rodent reservoir. The disease was first identified in SEP 1989 in Guanarito Municipality, Portuguesa State, Venezuela, and remains endemic in the western part of the country (Figure 9). Transmission occurs via contact with contaminated excreta of infected *Zygodontomys brevicauda*, short-tailed cane mice. Cases are most common between NOV and JAN, often coinciding with the end of the rainy season and the highest level of agricultural activity in the region. Symptoms typically appear 3–12 days following exposure and can include diarrhea, fever, headache, nausea/vomiting, and prostration, and in severe cases, can progress to hemorrhagic manifestations and internal bleeding. The CFR is 33% or higher, depending on early interventions and treatment. There is no licensed vaccine currently available, and treatment is largely supportive, though early administration of ribavirin has shown potential benefits in some arenaviral infections. (*Arch Virol, Pharmaceuticals*)

Figure 9. Geographic Distribution of VHF Case Areas and GTOV Endemic Regions, Venezuela, as of MAY 2022



Other events:

- **ARGENTINA**, Country's first locally acquired mpox clade Ib case as of 17 MAR
- **BRAZIL**, First confirmed imported measles case during 2026 in São Paulo State in infant with travel to Bolivia; alert issued due to surge in cases across the Americas Region
- **CHILE**, 16 confirmed and eight suspect dengue cases on Rapa Nui as of 13 MAR; yellow alert in effect
- **COLOMBIA**, Four confirmed imported measles cases in Bogotá (3) and Bucaramanga, Santander Department (1), as of 15 MAR; all with recent travel to Mexico
- **ECUADOR**, Elevated hepatitis A and typhoid/paratyphoid cases during 2026 compared to 2024 and 2025
- **PERU**, Cluster of 60 leptospirosis cases (one death) in Tumbes District, as of 14 MAR
- **SURINAME**, ~2k confirmed chikungunya cases since 14 JAN; recent rainfall complicates disease control

- **VENEZUELA**, U.S. CDC issues “Level 2 – Practice Enhanced Precautions” travel notice for yellow fever due to increased cases throughout country