



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
31 MAR 2026

POC:

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DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 25–31 MAR 2026



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

Executive Summary

From 16 to 22 MAR, WHO reported that the **global** seasonal influenza, COVID-19, and RSV positivity was 6.4%, 1.8%, and 8.2%, respectively. There is an increased risk of cholera transmission in **South Sudan** due to intensifying violence and ongoing conflict, with >2.2k cases during 2026. **Italy** recorded the first ever human novel influenza A(H9N2) infection in Europe in an individual who had recent travel to Africa. More than 30k dengue cases have been reported in **Bolivia** during 2026, a 261% increase compared to the same period in 2025.

HSU Health Events

Geographic Combatant Command	Country	Event
Global		Respiratory illness
USNORTHCOM	Other events	
	Somalia	Dengue
USAFRICOM	South Sudan	Cholera
	Other events	
USCENTCOM	Other events	
USEUCOM	Italy	Novel influenza A(H9N2)
	Other events	
	Cambodia	Novel influenza A(H5N1)
USINDOPACOM	Samoa	Dengue
	Taiwan	Severe fever with thrombocytopenia syndrome
	Other events	
USSOUTHCOM	Bolivia	Dengue
	Colombia	Yellow fever
	Other events	

Global Health Events of Interest

Global – Respiratory illness:

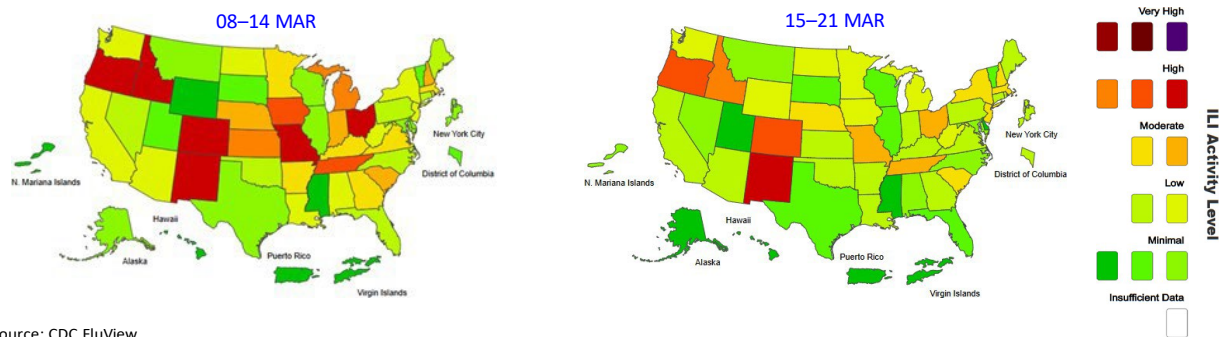
U.S. seasonal influenza – According to CDC FluView’s Weekly U.S. Influenza Surveillance Report, from **15 to 21 MAR**, **seasonal influenza** activity **continued to decrease in most areas of the country**. **Four (-6)** states, cities, or territories reported “High” influenza-like illness (ILI) activity, and **nine** reported “Moderate” ILI activity (Figure 1). The percentage of influenza positive specimens decreased from **13% to 12%**. The percentage of outpatient visits for respiratory illnesses decreased from **3.3%** in the previous week to **2.9%**, **dropping below** the national baseline (3.1%). See Table 1 for influenza positivity by strain in the U.S. As of **30 MAR**, the national seasonal influenza wastewater level was “High.” (WastewaterSCAN)

Table 1. Civilian Influenza Specimen Positivity by Strain, **16–22 MAR** (EU/EEA), **15–21 MAR** (U.S.)

Strain	EU/EEA (% of total)	U.S. (% of total)
(H1N1)pdm09	20	65
A (H3)	22	141
Not subtyped	20	30
Total	62 (95%)	236 (49%)
Victoria	0	86
B Not subtyped	3	164
Total	3 (5%)	250 (51%)

Sources: CDC, ECDC

Figure 1. Influenza-like Illness Activity by State, Territory, and Jurisdiction, U.S., **08–21 MAR**

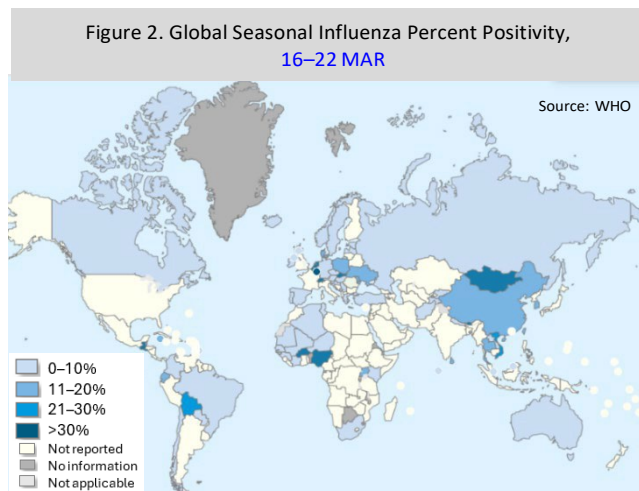


Source: CDC FluView

Global seasonal influenza – On **30 MAR**, GISAID reported that influenza A(H3) and B(Victoria) were the co-dominant strains **globally** for MAR (40% and 38%, respectively), followed by A(H1) (22%). During the week of **16–22 MAR**, WHO reported that overall positivity was **6.4%** (Figure 2), based on data from **77** reporting countries. Within the **USNORTHCOM** AOR, no countries reported >30% positivity. Within the **USAFRICOM** AOR, Burkina Faso and Nigeria reported >30% positivity. Within the **USCENTCOM** AOR, no countries reported >30% positivity. From **16 to 22 MAR**, seasonal influenza circulation continued to decrease in the **European Union/European Economic Area (EU/EEA)**, with subtypes A(H1)pdm09 and A(H3) co-dominant (Table 1). Influenza percent positivity in primary care among EU/EEA countries was **4.7%**, based on data from **16** countries; **no countries** reported >30% positivity. According to WHO, Belgium, Luxembourg, the Netherlands, **Slovakia**, and Switzerland reported >30% positivity. See Table 1 for influenza positivity and strains in the EU/EEA. Within the **USINDOPACOM** AOR, **Bhutan** and Mongolia reported >30% positivity. Within the **USSOUTHCOM** AOR, **Guatemala** reported >30% positivity. (ERVISS, WHO)

Text in blue represents a change since the previous report (24 MAR)

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Global COVID-19 – From 15 to 21 MAR, COVID-19 activity in the U.S. was “Low” in most areas of the country; the national SARS-CoV-2 wastewater level was “Medium” as of 30 MAR. **Globally, from 16 to 22 MAR, overall SARS-CoV-2 positivity was 2.3%, based on data from 75 countries; no countries reported >30% positivity.** From 16 to 22 MAR, in the EU/EEA, SARS-CoV-2 circulation remained “Low”; the aggregate positivity rate in primary care was 1.8%, based on data from 15 countries. A MAR CDC MMWR highlighted that BA.3.2 (“Cicada”), a new SARS-CoV-2 variant with immune escape potential, had been detected in at least 25 U.S. states and 23 countries, as of 11 FEB. Detections were reported as early as NOV 2024 in South Africa and increased during SEP 2025. Reported symptoms closely resemble existing COVID-19 strains, including congestion, cough, fatigue, fever, headache, muscle aches, and sore throat, with some cases reporting gastrointestinal symptoms or skin rashes, although uncommon; BA.3.2 does not appear to cause more severe illness compared to earlier Omicron variants. (CDC, ERVISS, MMWR, Newsweek, WastewaterSCAN, WHO)

Global RSV – As of 27 MAR, RSV activity remained “elevated” in many areas of the U.S. and may continue into APR in many regions; the national RSV wastewater level was “High” as of 30 MAR. **Globally, from 16 to 22 MAR, overall RSV positivity was 8.2%, based on data from 56 countries, with Hungary, Kenya, Luxembourg, Moldova, Slovakia, Tajikistan, Tunisia, and Uganda reporting >30% positivity.** In EU/EEA countries, from 16 to 22 MAR, RSV activity remained “High”; the aggregate positivity rate in primary care was 8.9%, based on data from 15 countries. (CDC, ERVISS, WastewaterSCAN, WHO)

USNORTHCOM Health Events of Interest

Other events:

- **GLOBAL**, PAHO issues Epidemiological Alert for the state of pertussis in the Americas on 25 MAR
- **GLOBAL**, Pfizer and Valneva Lyme disease vaccine candidate demonstrated 73% efficacy from 28 days post-dose 4 compared to placebo in Phase 3 clinical trial, as of 23 MAR
- **CANADA**, Two measles cases in Québec Province; outbreak declared 25 MAR. One confirmed case from OCT 2024 – JAN 2026
- **MEXICO**, >700 dengue cases (49 confirmed) in Quintana Roo State during 2026; DENV-2, -3, and -4 serotypes circulating
- **MEXICO**, >8k measles cases (eight deaths) during 2026; 58% of cases from Jalisco (4.6k) and Chiapas (671) states, and Mexico City (624)
- **U.S.**, >400 dead Canadian geese in Sagaponack, NY, since 16 FEB; at least three positive for highly pathogenic avian influenza
- **U.S.**, SC measles outbreak to be declared over 26 APR if no new cases are reported
- **U.S.**, Two clade I mpox cases in MO on 20 MAR; linked to international travel

USAFRICOM Health Events of Interest

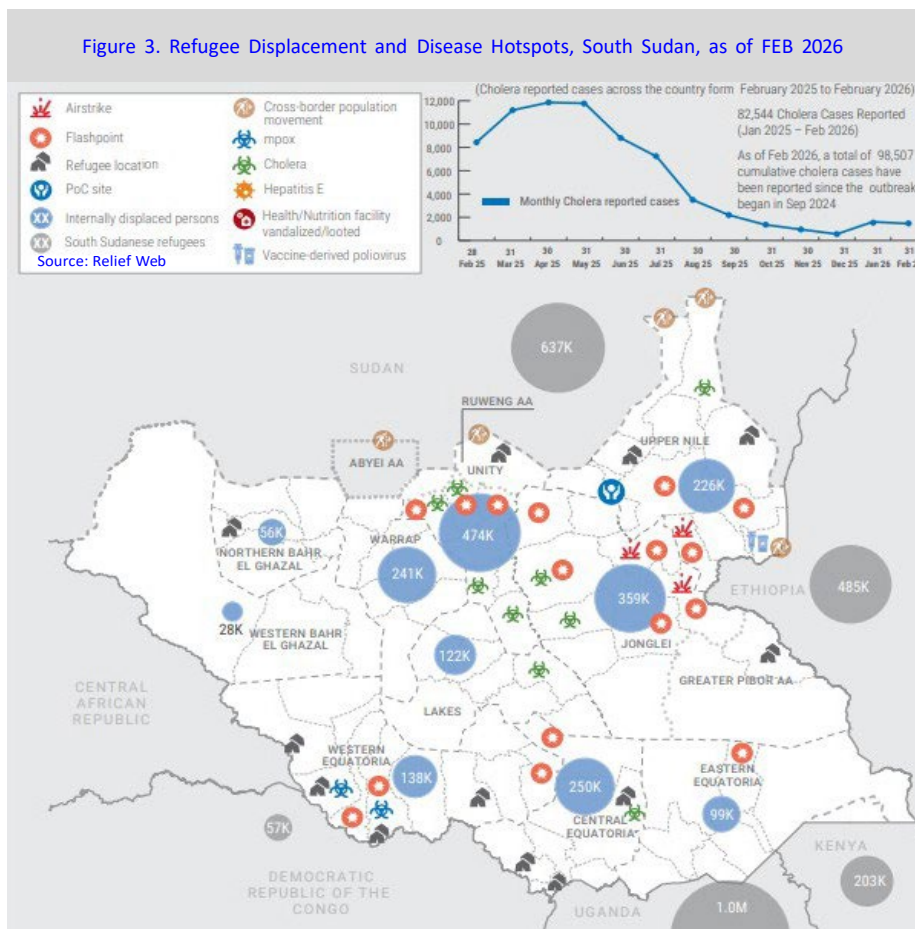
Somalia– Dengue:

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 Ministry of Health (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*)

South Sudan – Cholera:

As of 27 MAR, 2,284 **cholera** cases (269 confirmed; 27 deaths) have been reported in South Sudan during 2026. **An increased risk of cholera transmission has been observed in the country and can be attributed to intensified violence and ongoing conflict in northern and central Jonglei State, which has displaced >263k individuals across Central Equatoria, Lakes, Jonglei, Kales, and Upper Nile states as of 28 FEB.** See Figure 3 for a map of refugee displacement and disease hotspots in South Sudan. As of 16 MAR, ~100k individuals have crossed the border seeking refuge in Ethiopia, which according to GIDEON, has recorded 15 cases during 2026, as of 18 FEB. While widespread theft of health, nutrition, and clean water and sanitation supplies have been reported, 80% have occurred in Jonglei State, where 28 health and nutrition facilities have been destroyed, looted, or shut down since JAN. Overcrowded displacement sites in central and northern Jonglei State continue to perpetuate the outbreak, particularly where gaps in water, sanitation, and health services remain severe. UNICEF has delivered 220 tons of supplies to displaced populations across the state since JAN, although access to some areas remains a challenge. From SEP 2024 to FEB 2026, ~99k cholera cases (>1.6k deaths) have been reported in South Sudan across 55 counties, nine states, and all three administrative areas. (Relief Web, WHO)



Other events:

- **DRC**, U.S. CDC issues “Level 2 – Practice Enhanced Precautions” for a meningococcal disease outbreak in Mangembo Health Zone, Kongo Central Province
- **MALI**, 589 dengue cases (132 confirmed) from all regions during 2026; cases increasing
- **MOZAMBIQUE**, Increased cholera risk due to severe flooding since early MAR; >7.8k cases (83 deaths) since SEP 2025
- **NIGERIA**, >510k tuberculosis cases in 2025; estimated 175k cases undetected annually
- **SOMALIA**, MAR preprint study finds evidence of Middle East respiratory syndrome zoonotic spillover in occupationally exposed populations
- **TANZANIA**, Increased infectious disease risk, particularly in mosquito- and water-borne illnesses, due to seasonal rains MAR – MAY
- **ZIMBABWE**, >3.3k malaria cases (16 deaths) in Mashonaland West Province during 2026

USCENTCOM Health Events of Interest

Other events:

- **LEBANON**, 30 brucellosis cases during 2026, a 76% increase compared to same period in 2025 (17)
- **PAKISTAN**, Country ranked most polluted globally in 2025; air quality pollution levels 13 times higher than WHO's recommended limit
- **PAKISTAN**, Seven fatal measles cases in Kot Islam, Khanewal District, as of 23 MAR

- **PAKISTAN**, WHO reports >1.8k new tuberculosis cases (140 deaths) daily; fifth most affected country globally, as of 24 MAR
- **YEMEN**, 530 measles cases (203 confirmed; one death) during 2026

USEUCOM Health Events of Interest

Italy – Novel influenza A(H9N2):

On 25 MAR, the Italian MOH reported the **first ever human avian influenza A(H9N2) infection in Europe** in a male with underlying medical conditions in Lombardy Region who had recently returned from an African country. The case was admitted to San Gerardo Hospital in Monza City between 19 and 20 MAR and was in isolation as of 25 MAR. Health officials activated coordination procedures involving the MOH, the Italian National Institute of Health, and the regional health agency. Molecular analyses were performed at the State University of Milan and confirmed by the Regional Center for Infectious Diseases. Additionally, contact tracing has identified all contacts, with no additional infections found as of 25 MAR. (24 Ore Salute, BEACON, Flu Trackers)

Human A(H9N2) infections have been documented since the 1990s; however, infections have been sporadic and geographically limited to Africa and Asia. **The detection of a human A(H9N2) infection in Europe is a significant event and highlights the role of global mobility in the introduction of novel pathogens to new regions.** Over 90% of all human A(H9N2) infections have been reported in China, while sporadic cases have been reported from Cambodia, India, and Vietnam; additionally, at least six cases have been reported in Africa, including from Egypt (4), and Ghana and Senegal (one each). A 2020 study of avian influenza viruses among domestic and wild birds in Sub-Saharan Africa found that A(H9N2) was the second most detected avian influenza subtype after A(H5N1). A NOV 2025 study found that A(H9N2) subtype, particularly G5.5 sublineage, continues to circulate in East, North, and West Africa. (Avian Flu Diary, BEACON, *Can J. Micro, Viruses*)

Other events:

- **BULGARIA**, 18 measles cases during MAR in Byala Slatina Municipality, Vratsa Region
- **ESTONIA**, 87 tuberculosis cases during 2025; now a low incidence (<10 cases per 100k population) country
- **GERMANY**, 735 shigellosis cases during 2026, 52% increase compared to same period in 2025 (482)
- **GERMANY**, First Borna disease infection during 2026 in Erding District, Bavaria State
- **HUNGARY**, 32 gastrointestinal illness cases in a facility in Pest County from 07 to 12 MAR; one case positive for calicivirus
- **HUNGARY**, Five leptospirosis cases during 2026 compared to none during the same period in 2025
- **LATVIA**, 19 measles cases during 2026; first outbreak since 2018
- **LATVIA**, 120 gastrointestinal illness cases (10 hospitalizations) associated with two preschools in Riga as of 24 MAR; *Salmonella* implicated, with norovirus and rotavirus also detected
- **NORTH MACEDONIA**, Two malaria cases in travelers returning from Sierra Leone and Zanzibar in FEB
- **POLAND**, Worst avian influenza A(H5N1) outbreak in three years (>4 million birds culled during 2026); disinfection protocols implemented for airports and land borders
- **RUSSIA**, Mpox case in St. Petersburg, as of 24 MAR
- **UK**, Meningococcal disease cases in 2026 University of Kent outbreak caused by serogroup B meningococcus, subtype ST-485, P1.12-1,16-183
- **UK**, One suspected meningitis case at St John Rigby College in Orrell District, England, as of 22 MAR
- **UK**, Study finds increasing antibiotic resistant *Campylobacter* between 2019 and 2024 despite substantial reductions in farm antimicrobial use
- **UK**, Welsh health officials warn against handling lambs during Easter holiday due to cryptosporidiosis risk
- **UKRAINE**, 57 hemorrhagic fever with renal syndrome cases during 2026, compared to none during the same period in 2025
- **UKRAINE**, 4.5k–8k *Enterobius vermicularis* (pinworms) cases annually since 2023

- **UKRAINE**, Increase in human echinococcosis cases as of 23 MAR in Chernihiv Region; attributed to poor hand hygiene and contact with dog feces

USINDOPACOM Health Events of Interest

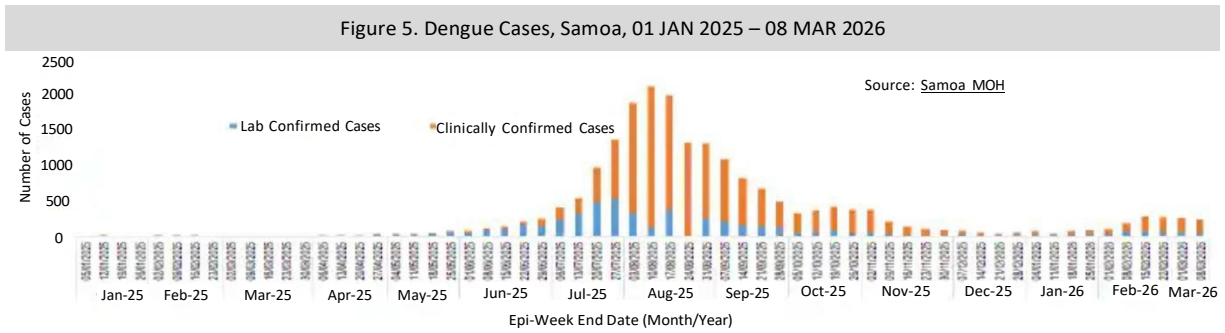
Cambodia – Novel influenza A(H5N1):

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 (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)

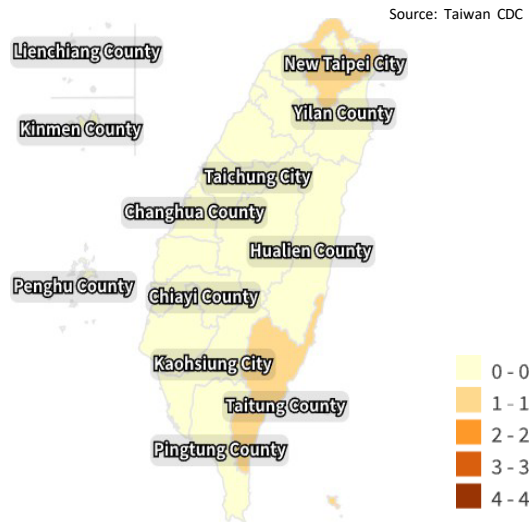
Samoa is one of several Pacific Island countries that experienced dengue outbreaks in 2025. According to experts, this increase is linked to climate change, which is lengthening transmission seasons and causing heavy rains, leading to increased mosquito breeding opportunities. Heightened dengue transmission 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)



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. 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 a map of locally acquired SFTS cases in the country from 2020 to 2026. 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 12–30%, with elderly and immunocompromised populations at an elevated risk. (BEACON, Taiwan CDC)

Other events:

- **AMERICAN SAMOA**, Six leptospirosis cases during 2026; majority during MAR
- **AUSTRALIA**, Four respiratory diphtheria cases in Northern Territory since 18 MAR; 33 cutaneous cases since 01 JAN 2025
- **BANGLADESH**, Increased dengue risk in Dhaka City due to surge in *Aedes* mosquito population following heavy rains on 20 MAR
- **CHINA**, Chikungunya and severe fever with thrombocytopenia syndrome to be added to National Health Commission's Category B infectious diseases on 01 APR
- **HONG KONG**, One invasive meningococcal disease case as of 22 MAR
- **INDIA**, 12 shigellosis cases (one death) in Kozhikode, Kerala State, as of 24 MAR
- **INDIA**, 110 dengue and 20 malaria cases prior to monsoon season in Hyderabad City, Telangana State, as of 23 MAR
- **INDIA**, Kerala State issues Nipah virus infection alert from APR to SEP based on previous transmission patterns
- **INDIA**, Surge in conjunctivitis cases in Chennai, Tamil Nadu State, as of 24 MAR
- **MONGOLIA**, Four brucellosis cases during 2026, compared to one during same period in 2025
- **NEW CALEDONIA**, 340 dengue cases during 2026; DENV-1 serotype predominant
- **ROK**, Japanese encephalitis alert issued nationwide on 20 MAR; *Culex tritaeniorhynchus* detected in Jeju-do Province
- **TAIWAN**, Four severe enterovirus infection cases (one death) during 2026; 19 total cases (nine deaths) in 2025
- **THAILAND**, 493 hepatitis A cases during 2026, more than double compared to same period in 2025 (222)
- **THAILAND**, Five meningococcal disease cases (three deaths) as of 17 MAR
- **U.S.**, Measles detected in East Kaua'i County, HI, wastewater on 25 FEB; imported measles case on O'ahu and Hawai'i islands between 26 FEB – 04 MAR, not linked to wastewater detection
- **VIETNAM**, 3k hand, foot, and mouth disease cases in Hanoi during 2026; 56% increase compared to the same period in 2025

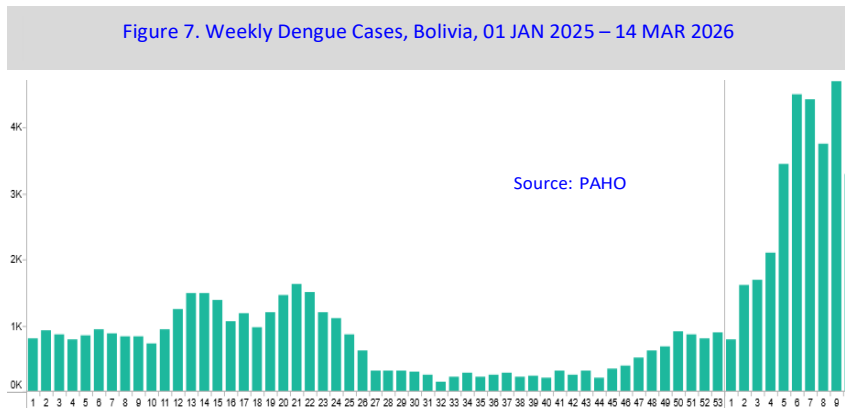
USSOUTHCOM Health Events of Interest

Bolivia– Dengue:

Through 14 MAR, **PAHO has reported 30,183 dengue cases (253 confirmed; one death) in Bolivia during 2026; a 261% increase compared to the same period in 2025 (>8.3k cases)**. In 2025, Bolivia reported a total of >38k dengue cases. Weekly cases have increased sharply from a low of 781 cases during the first week ending 10 JAN to >4.6k cases in the week ending 07 MAR, surpassing peak weekly cases in 2024 (~3k cases). Cases in 2025 reached the first peak (~1.6k) later in the year (MAY) and began a second peak near the end of the year into 2026 (Figure 7). During 2026, Santa Cruz Department has reported the most cases (>22k), followed by Cochabamba and Tarija (~2.2k each) and Beni (1.3k) departments, and DENV-1 and -2 have been identified. On 23 MAR, the U.S. CDC updated a **“Level 1 – Practice Usual Precautions”** travel notice for 16 countries globally, including Bolivia, due to ongoing dengue outbreaks. Health officials have implemented vector control efforts to eliminate *Ae. aegypti* breeding sites and interrupt local vector-borne transmission. (Lanacion)

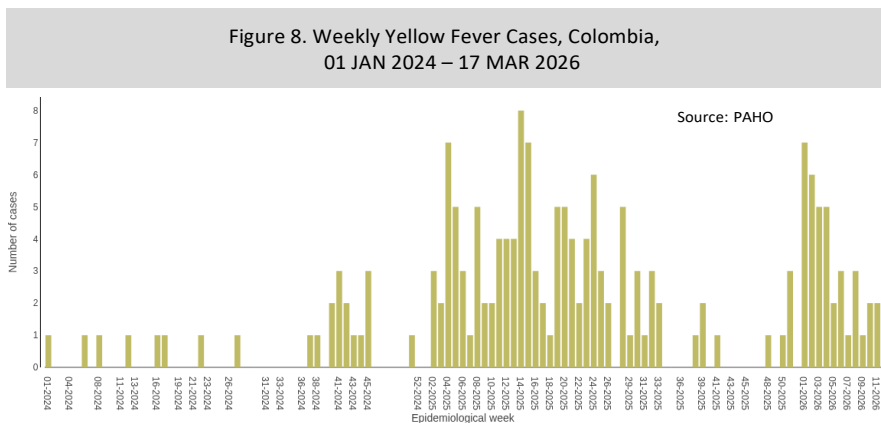
Dengue has been a significant and persistent public health challenge in Bolivia, particularly in its tropical and subtropical lowlands, with the eastern regions, including Santa Cruz, historically the most affected areas. The disease is transmitted via the bite of infected *Ae. aegypti* mosquitoes, which have been expanding their geographical range to higher altitudes, potentially driven by climate change, leading to outbreaks in previously less impacted areas like Cochabamba Department in 2024 (~2.5km above sea level). In 2025, PAHO, with support from the European

Union, implemented a strategy to strengthen clinical care, including diagnosis, classification, and treatment of dengue as well as long-term capacities across five countries, including Bolivia. (PAHO, *Vector Borne Zoonotic Dis, Virol J*)



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 8). 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, 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 2017–2022, 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)

Other events:

- **GLOBAL**, PAHO issues Epidemiological Alert for the state of pertussis in the Americas on 25 MAR
- **BOLIVIA**, >17k chikungunya cases (>6.5k confirmed) during 2026, compared to 200 during the same period in 2025
- **CHILE**, First detection of avian influenza A(H5N1) in a commercial poultry facility in El Monte, Talagante Province, as of 25 MAR
- **COSTA RICA**, 26 malaria cases during 2026; 29 total cases in 2025
- **COLOMBIA**, >1.2k pertussis cases during 2026; 183 cases were expected
- **COLOMBIA**, Four confirmed malaria cases in Ataco Municipality, Tolima Department, during 2026; first outbreak since 2024 (Dolores Municipality; 18 cases)
- **EL SALVADOR**, >1.1k dengue cases during 2026; 38% increase compared to same period in 2025
- **PANAMA**, >1.2k dengue cases (four deaths) during 2026
- **PERU**, >1k leptospirosis cases (five deaths) during 2026
- **TRINIDAD AND TOBAGO**, Yellow fever detected in deceased monkey as of 24 MAR; last human cases detected in 1979 (18 cases)
- **USSOUTHCOM**, MAR 2026 study finds *Anopheles darlingi* mosquitoes developing genetic insecticide resistance