



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
02 JUNE 2026

POC:

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DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 27 MAY – 02 JUNE 2026



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

Executive Summary

Mexico has experienced a six-fold increase in cutaneous leishmaniasis cases during early 2026 compared to the same period in 2025, primarily affecting rural workers in Quintana Roo State due to environmental and occupational exposures. As of 02 JUNE, 336 confirmed Ebola virus disease cases have been reported in the **Democratic Republic of Congo** (321) and **Uganda** (15) during the 2026 outbreak. **Iraq** is facing a rising number of Crimean-Congo hemorrhagic fever cases linked to unregulated livestock slaughtering in urban areas, prompting heightened veterinary inspections ahead of upcoming holidays. **Honduras** has reported 176 human New World Screwworm disease cases (3 deaths) during 2026, highlighting a regional reemergence of the disease that disproportionately affects vulnerable populations and requires urgent countermeasures.

HSU Health Events

Geographic Combatant Command	Country	Event
USNORTHCOM	*Mexico	Leishmaniasis
	*United States	Dengue
	*United States	Salmonellosis
	Other events	
USAFRICOM	USAFRICOM	Ebola virus disease
	Other events	
USCENTCOM	*Iraq	Crimean-Congo hemorrhagic fever
	*Kingdom of Saudi Arabia	Middle East respiratory syndrome
	Other events	
USEUCOM	Latvia	Leptospirosis
	Other events	
USINDOPACOM	China	Novel influenza A(H9N2)
	India	Novel influenza A(H5N1)
	*Japan	Measles
	*Republic of Korea	Carbapenem-resistant Enterobacteriaceae
	Other events	
USSOUTHCOM	Honduras	New World screwworm disease
	Other events	

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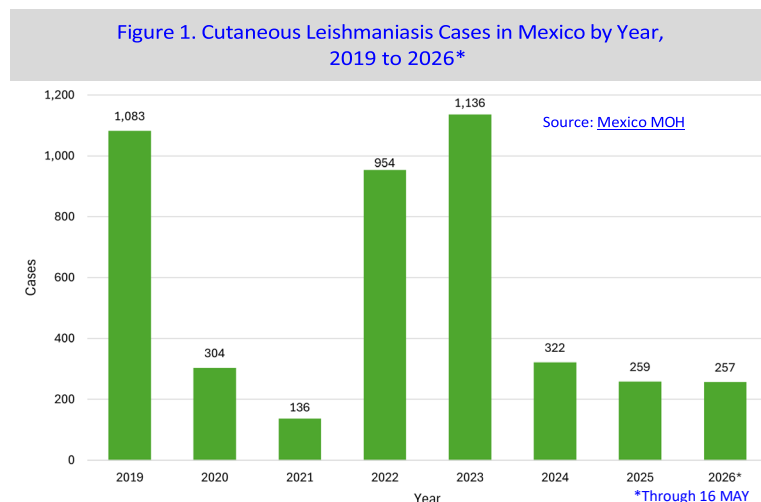
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USNORTHCOM Health Events of Interest

*Mexico – Leishmaniasis:

Through 16 MAY, the Mexico Ministry of Health (MOH) has reported 257 cutaneous leishmaniasis cases during 2026, an over sixfold increase compared to the same period in 2025 (41), and approaching the total cutaneous cases reported in 2025 (259). In the most recent week (epidemiological week 19, ending 16 MAY), 38 cases were reported, close to the total number of cases reported in the same period in 2025 (41). Quintana Roo State has reported the most cases during 2026 (176), followed by Tabasco (37), Campeche (26), Yucatán (11), Veracruz (3), and Chiapas (2) states, and Mexico City and Mexico State (1 each). Of these, Mexico City is the only Fédération Internationale de Football (FIFA) World Cup host. No visceral leishmaniasis cases have been reported during 2026. In Quintana Roo State, cases are concentrated in rural areas and marginalized communities in the southern zone of the state, where poor housing conditions along with a lack of resources for housing improvements and occupational exposure increase leishmaniasis risk. Many cases report work in the countryside and/or spending time in jungle areas, making them more susceptible to insect bites. Deforestation and agricultural activities that alter the natural habitat are contributing to leishmaniasis transmission, along with limited access to medical services in remote communities. (La Verdad Noticias)

Leishmaniasis is caused by *Leishmania* parasites and transmitted via sandflies. In Mexico, the main *Leishmania* species is *L. mexicana*, the primary vector is the *Bichromomyia olmeca olmeca* sandfly, and several rodent genera are reservoir hosts of the parasite. The cutaneous, mucocutaneous, and visceral forms all occur in the country, but 99% of cases are cutaneous. Cutaneous leishmaniasis cases in Mexico have fluctuated over the past few years (Figure 1), decreasing over threefold between 2019 and 2020 and remaining low in 2021 before increasing in the following two years, followed by lower incidence again in 2024 and 2025. (U.S. Centers for Disease Control and Prevention [CDC], *Trop Med Infect Dis*)



*United States (U.S.) – Dengue:

Through 13 MAY, the U.S. CDC has reported 737 confirmed **dengue** cases in 26 U.S. jurisdictions during 2026. Of these, 631 cases have been locally acquired, including from Puerto Rico (514 cases) and American Samoa (117). In 2025, a total of 5.3k dengue cases were reported, including locally acquired cases from 3 states in the continental U.S. (Florida [60], California [6], and Arizona [1]) as well as Puerto Rico (3,365), American Samoa (552), the U.S. Virgin Islands (47), and the Northern Mariana Islands (1).

In 2024, a record-breaking 3.8k dengue cases were recorded in the 50 U.S. states and the District of Columbia, a 359% increase from the annual average of 828 cases recorded from 2010 to 2023. Most of these cases (97%)

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were associated with travel, with infections most commonly acquired in the Caribbean (including Puerto Rico and U.S. Virgin Islands; 34%), North America (Mexico and the United States; 24%), and Central America (16%); Hispanic or Latino individuals accounted for 58% of all cases. The remaining 3% of cases were locally acquired, from Florida (87), California (18), and Texas (2). Dengue virus (DENV)-3 was the most reported serotype in the United States in 2024, accounting for 55% of the 1.2k cases with known serotypes. (Morbidity and Mortality Weekly Report)

Frequent or continuous dengue virus transmission is limited to six U.S. territories and freely associated states (American Samoa, the Federated States of Micronesia, the Marshall Islands, Palau, Puerto Rico, and U.S. Virgin Islands). Spring and summer travel coincides with peak dengue season in many countries, increasing the risk of imported and locally acquired cases in the United States. As of 18 MAY, the U.S. CDC has issued “Level 1 – Practice Usual Precautions” travel health notices for Bolivia, Colombia, Cook Islands, Guyana, Maldives, Mali, New Caledonia, Samoa, Timor-Leste, Tonga, and Vietnam.

*United States – Salmonellosis:

Three multistate **salmonellosis** outbreaks have been reported in the United States, linked to backyard poultry, particularly chickens and ducks. As of 14 MAY, 184 cases (28% are children aged <5 years; 53 hospitalizations; 1 death) have been reported across 31 states (Figure 2), with most from Kentucky (22), followed by Michigan (21), Wisconsin (17), Ohio (15), and Idaho, Indiana, and Maine (10 each). Symptom onset dates range from 17 JAN to 20 APRIL (Figure 3). **Of the 141 individuals interviewed, 78% reported contact with backyard poultry, and traceback data showed that 87% of the 70 poultry owners acquired poultry since 01 JAN across various locations, including agricultural retail stores.** The outbreaks involve multiple strains, with *Salmonella* Saintpaul being the dominant serotype (133 cases), followed by *S. Enteritidis* (32) and *S. Mbandaka* (19). Out of 65 *S. Saintpaul* cases with exposure information available, 78% reported contact with chickens and 54% reported contact with ducks. *S. Saintpaul* cases have been associated with Pekin ducks, suggesting a strain-specific reservoir or husbandry practice at the hatchery level, which permits targeted investigations. Cases have been traced back to five hatcheries who supply birds to retailers. According to the U.S. CDC, **due to the nature of the illness, the true number of cases linked to the outbreak may be higher than reported because many individuals recover without medical care and are not tested for Salmonellosis.** To minimize the risk of transmission, the U.S. CDC recommends 1) washing hands immediately after contact with backyard poultry, 2) avoiding direct mouth contact with animals or eating and drinking in the same vicinity, 3) supervising children around flocks, 4) handling eggs safely and evaluating for cracks prior to use, and 5) storing supplies such as feed containers and shoes worn in the coop outside houses. Historically, outbreaks linked to backyard poultry have followed the “chick season” cycle. Cases usually start increasing in late spring and peak between JUNE and AUGUST, when juvenile birds mature and shedding remains high in domestic environments. (Biothreats Emergence, Analysis, and Communications Network [BEACON], *Front Public Health*, U.S. CDC)

Figure 2. Salmonellosis Outbreak Linked to Backyard Poultry, U.S., as of 04 MAY

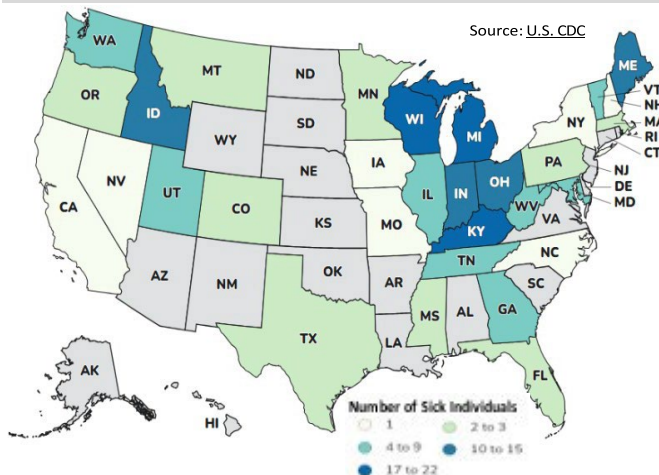
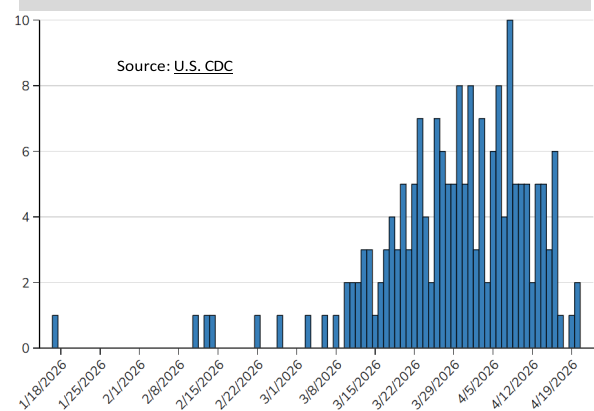


Figure 3. Symptom Onset of Salmonellosis Cases Linked to Backyard Poultry, U.S., 18 JAN – 20 APRIL



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In 2025, 559 salmonellosis cases (125 hospitalizations; 2 deaths) were reported across 48 U.S. states linked to backyard poultry. Laboratory testing confirmed *Salmonella* Anatum, Cerro, Enteritidis, Indiana, Johannesburg, London, Mbandaka, and Thompson. Of the 385 cases with information about animal contact, 69% reported contact with backyard poultry prior to illness onset. ***S. Saintpaul* ranks as one of the top 10 most frequently detected *Salmonella* serovars in humans and animals globally, accounting for ~1.6% of severe salmonellosis cases.** In the United States, SSa has caused notable outbreaks in 2008, 2009, and 2013, linked to alfalfa sprouts, contaminated peppers, and cucumbers. Symptoms of salmonellosis typically include diarrhea, fever, and stomach cramps, usually appearing within six hours to six days of exposure; individuals typically recover without treatment within one week. (U.S. CDC, *Genes*)

Other Events:

- **GLOBAL**, 13 hantavirus infection cases (11 confirmed, 2 probable) linked to MV Hondius as of 26 MAY
- **GLOBAL**, Pan American Health Organization (PAHO) issues Epidemiological Alert for measles in the Americas, with most cases during 2026 in *Mexico (>10k) and Guatemala (6.2k)
- ***CANADA**, Public risk assessment identified as “Moderate” for gastrointestinal (GI) illness and respiratory illness during FIFA World Cup in Vancouver City, British Columbia Province, on 26 MAY
- ***MEXICO**, Human New World screwworm (NWS) disease case in Morelos State as of 23 MAY
- ***MEXICO**, Two human NWS disease cases in Mexico City as of 17 MAY
- ***UNITED STATES**, 5 confirmed mpox cases in WI as of 26 MAY; 535 confirmed nationwide during 2026, as of 03 MAY
- ***UNITED STATES**, 40 measles cases in Virginia (VA) during 2026
- ***UNITED STATES**, At least seven confirmed norovirus infection cases among hikers in San Bernardino County, California, during early MAY; linked to the Pacific Crest Trail
- ***UNITED STATES**, FDA approves first treatment for chronic hepatitis D, Hepcludex, as of 22 MAY
- ***UNITED STATES**, FDA vaccine advisory recommends COVID-19 vaccines for 2026 to 2027 season target XFG variant, on 28 MAY
- ***UNITED STATES**, First confirmed Bourbon virus infection case in New York in Brookhaven Town as of 26 MAY
- ***UNITED STATES**, First West Nile virus (WNV) detection during 2026 in dead bird in Sacramento and Yolo counties, California
- ***UNITED STATES**, First WNV-positive mosquito in Sugarland, Fort Bend County, Texas, during 2026 as of 25 MAY
- ***UNITED STATES**, Five vibriosis cases (*Vibrio vulnificus*) in Florida during 2026 across five counties
- ***UNITED STATES**, Hantavirus infection in Arapahoe County, Colorado, as of 25 MAY; no recent travel history
- ***UNITED STATES**, Increase in blaNDM among carbapenemase-producing, carbapenem-resistant Enterobacterales isolates collected between 2016 (5.4%) and 2023 (40%)
- ***UNITED STATES**, Los Angeles County, California, Department of Public Health issues Health Advisory on 27 MAY for healthcare providers to watch for travel-related infectious diseases associated with the 2026 FIFA World Cup
- ***UNITED STATES**, Methyl methacrylate chemical leak in Orange County, California, caused evacuation orders for ~40k residents as of 23 MAY
- ***UNITED STATES**, Nine *E. coli* infection cases in California as of 24 MAY, linked to beef kofta served at The Kebab Shop restaurants.
- ***UNITED STATES**, Powassan virus and Heartland virus-positive ticks detected near military bases in Connecticut, Kentucky, Maryland, and Massachusetts as of 27 MAY
- ***UNITED STATES**, RSV and norovirus wastewater levels decreased to “Low” and “Medium,” respectively, as of 01 JUNE

USAFRICOM Health Events of Interest

USAFRICOM – Ebola Virus Disease (EVD):

***Democratic Republic of Congo (DRC) CASE REPORT:** According to the U.S. CDC, as of **0800 Eastern Standard Time (EST)** on **02 JUNE**, **321 (+216)** confirmed cases (**116** suspected; **48** confirmed deaths; **0** suspected deaths) have been reported across at least 23 HZs in Ituri, North Kivu, and South Kivu provinces, including Aru, Aungba, Bambu, Beni, Bunia, Butembo, Damas, Gety, Goma, Kalunguta, Katwa, Kilo, Komanda, Kyondo, Lita, Logo, Mangala, Miti-Murhesa, Mongbwalu, Nizi, Nyankunde, Oicha, and Rwampara. (Table 1; data as of 02 JUNE at 0800 EST). See Figure 4 for the geographical location of the current and last EVD outbreak in the DRC. As of **27 MAY**, 2,635 contacts have been identified in Ituri and North Kivu provinces. As of **27 MAY**, the World Health Organization (WHO) announced the first recovered EVD case in DRC was discharged from the hospital after testing negative twice, and as of **31 MAY**, four additional cases have recovered and will be discharged. (DRC MOH, Forbes, Institut National De Sante Publique, The Straits Times, WHO)

2026 FIFA World Cup – The DRC national soccer team has relocated its pre-FIFA World Cup training camp to Belgium to isolate for 21 days amid the EVD outbreak. The DRC team will play in friendlies against Denmark in Liege, Belgium, on 03 JUNE and Chile in Cadiz, Spain, on 09 JUNE. The DRC's opening World Cup game is on 17 JUNE against Portugal in Houston, Texas, United States, followed by Colombia in Guadalajara, Mexico, on 23 JUNE and Uzbekistan in Atlanta, Georgia, United States, on 27 JUNE. The U.S. CDC is supporting interagency partners who are actively coordinating the safe withdrawal of a small number of Americans who have been affected by the outbreak. (NY Times)

UGANDA CASE REPORT: As of **0800 EST** on **02 JUNE**, **15 (+8)** confirmed EVD cases (**1** probable case; **1** confirmed death; **1** probable death) have been reported in Uganda, and **668** contacts are under follow-up. The nine cases that had been reported through 29 MAY were from Kampala (8) and Wakiso District (1), which is included in the Kampala metropolitan area. Exposure risks are associated with healthcare settings and cross-border movements. (U.S. CDC, WHO, X)

U.S. CITIZEN CASE REPORT: On 18 MAY, the U.S. CDC reported that an American doctor working with a medical missionary organization in the DRC has tested positive for Ebola virus, and the documented exposure of six additional American nationals stationed at Nyankunde Hospital in Bunia. As of 20 MAY, **the six exposed Americans have been evacuated to Germany**, and one American doctor (surgery resident at the University of Kentucky) is being treated at Charite University Hospital in Berlin, where he has received an infusion of monoclonal antibodies. Another American medical missionary was also exposed while treating patients in the DRC has been evacuated to Bulovka University Hospital in Prague, Czech Republic. The U.S. CDC is supporting interagency partners who are actively coordinating the safe withdrawal of a small number of Americans who have been affected by the outbreak. (CBS News, CIDRAP, TVPWorld)

Table 1. 2026 EVD Outbreak Case Counts by Country, as of **02 JUNE** at **0800 EST**

Country	Area	Number of Health Zones Affected	Confirmed Cases	Confirmed Deaths	Contacts
DRC	Ituri Province	15	299	46	2,635
	North Kivu Province	7	19	1	
	South Kivu Province	1	3	1	
Uganda	Kampala City		15	1	668
	Wakiso District				

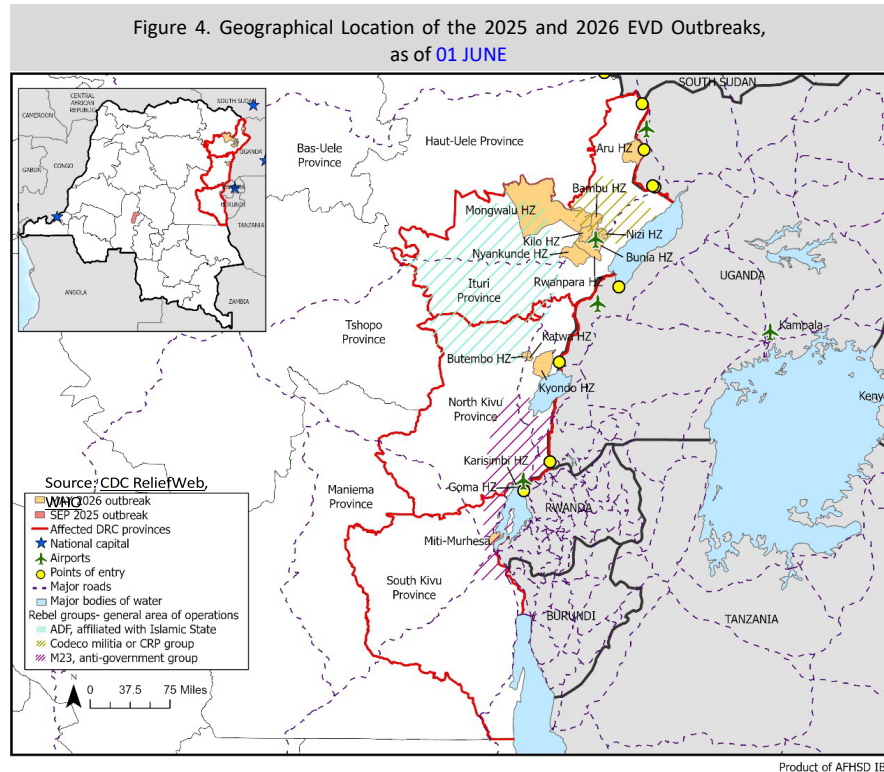
Sources: Africa CDC, CDC, DRC MOH, Uganda MOH, WHO

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SUSPECTED CASE REPORTS FROM ADDITIONAL COUNTRIES

***Austria** – On 29 MAY, health authorities in Austria announced a suspected EVD case from Urfahr-Umgebung District, Upper Austria State, in an individual who recently returned from Uganda; however, the testing was negative. (LBC, Vienna@orf.at)

***Brazil** – On 31 MAY, Brazilian health officials announced that they are monitoring two possible EVD cases in São Paulo and Rio de Janeiro states (one each). A 37-year-old male from the DRC exhibited symptoms such as fever in São Paulo, and in Rio de Janeiro a Belgian male who arrived from Uganda showed symptoms, including cough, chills, and diarrhea; test results are currently pending. Both suspected cases have been diagnosed with other conditions: the man from DRC tested positive for meningitis and the Belgian man tested positive for malaria. As of 02 JUNE, both cases have tested negative for EVD. (BBC, OPOVO)

Italy – On 25 MAY, two aid workers returning from Uganda were transferred to Milan's Sacco hospital in Italy, and tested negative for EVD. On 31 MAY a suspected EVD case was announced in Cagliari, Sardinia, Italy, after the case returned from the DRC and was symptomatic; the case was in isolation, and tested negative for EVD on 01 JUNE. (Euro News, Infobae, Isole)

Kenya – As of 29 MAY, 16 suspected EVD cases in Kenya have tested negative and there are no confirmed cases within the country. (All Africa)

South Sudan – On 19 MAY, South Sudan reported one suspected EVD case in Yambio County, Western Equatoria State, which borders Haut-Uele Province, DRC. The case was announced on 18 MAY when preliminary tests were positive for EVD. Further test results of the samples are pending confirmation at the central laboratory of Public Health South Sudan. Additionally, samples have been sent to other countries for testing; however, health officials stated on 27 MAY that the national public health laboratory has acquired equipment, testing kits, and laboratory

supplies capable of detecting EVD, particularly the Bundibugyo strain. Surveillance and preparedness measures have been intensified, particularly in areas near the border with the DRC, and a cross-border meeting with the MOH and a high-level technical delegation from South Sudan occurred in Uganda. As of 22 MAY, WHO has investigated and disproved rumors of a suspected EVD case in Yambio County. As of 02 JUNE, Juba International Airport has initiated thermal screening of all incoming passengers. (Eye Radio, Infobae, Relief Web)

Zambia – As of 30 MAY, two (+1) suspected EVD cases have tested negative in Zambia. On 20 MAY, the country activated health screening measures at all entry points bordering the DRC. (Lusaka Times, RNZ)

BACKGROUND: On 24 APRIL, the first known case from the outbreak (a nurse) developed symptoms, meaning that the virus had been spreading undetected for weeks. According to Congolese Health Minister Samuel Roger Kamba, she died in Bunia. Her body was then transported back to her family in Mongbwalu, one of two gold-mining towns where most of the cases have been reported. Many individuals were likely exposed to the body during the funeral ceremony, which was likely a traditional, open casket, burial. Delayed laboratory confirmation, including transport of samples ~1.7k km to Kinshasa for testing, highlights diagnostic and surveillance shortfalls in conflict-affected areas of Ituri Province and suggests that the true disease burden may be underestimated. On 19 MAY, researchers from the Imperial College London, United Kingdom, using modeling techniques, estimated that cases could exceed >1k. The current CFR for the EVD outbreak is <25%, which is lower than expected (25–50%). According to initial sequencing analysis, the outbreak was caused by a new zoonotic spillover followed by sustained human-to-human transmission. Preliminary analysis revealed genetic similarity to Bundibugyo virus strains previously identified in the 2007 (Uganda) and 2012 (DRC) outbreaks. Bundibugyo virus disease (BVD) is a severe and often fatal EVD caused by the Bundibugyo virus. (BBC, BEACON, Imperial, Medical Xpress, Virological, WHO)

DIAGNOSTICS AND MEDICAL COUNTERMEASURES: The identification of a non-Zaire Ebola strain is operationally critical, as currently licensed vaccines and monoclonal antibody therapies target *Zaire ebolavirus*; medical countermeasures for non-Zaire species (for example, Bundibugyo or Sudan viruses) remain limited, though several investigational vaccines are in clinical trials. As of 20 MAY, there are two potential vaccine candidates against the Bundibugyo virus. One candidate will not be available for six to nine months, and the second, developed by Oxford University using the same platform as AstraZeneca's COVID-19 injections, could be available in two to three months; however, it is uncertain due to limited data from animal efficacy tests. (BBC, BEACON, Guardian)

On 19 MAY, U.S. CDC issued a Health Alert Network advisory for Ebola virus disease outbreak in the DRC and Uganda and the U.S. Department of State (DOS) announced funding for up to 50 treatment clinics; associated frontline costs are being established in EVD-affected regions of the DRC and Uganda. On 19 MAY, UNICEF in Bunia received 16 tons of relief supplies, including disinfectants, personal protective equipment, purification tablets, soaps, and water tanks. As of 20 MAY, an additional \$3.4 million was approved from the WHO Contingency Fund for Emergencies. More than 40 international experts were deployed to support outbreak response activities and ~12 tons of personal protective equipment and outbreak response materials were transported from Kinshasa, DRC, and Nairobi, Kenya. Health officials in Walikale Territory, North Kivu Province, implemented enhanced screening and community awareness measures at checkpoints and border access points connected to Ituri Province. As of 21 MAY, Uganda has suspended flights, border transports, and weekly markets in high-risk districts, and has implemented enhanced screening, testing, and treatment capacity along the border with the DRC; on 27 MAY, Uganda closed the border with the DRC against WHO guidance. (AllAfrica, BEACON, NDTV World, Reflector, U.S. CDC, U.S. DOS)

On 21 MAY, PAHO released an epidemiological alert due to the outbreak, sharing guidance to support its member states in laboratory preparedness, IPC measures, and clinical management. On 22 MAY, the Diagnostics Advisory Committee produced a list of real-time PCR tests for BVD that have either received regulatory approval or have been validated and are currently in use in the ongoing outbreak response. On 27 MAY, it was announced that the United States is planning to open a 50-bed quarantine facility in Kenya for American citizens who are exposed to EVD in DRC and Uganda. Officers from the U.S. Public Health Service are expected to run the facility at Laikipia Air Base near Nanyuki, Kenya. The hospital was supposed to open last Friday; however, a Kenyan court blocked that opening, with another hearing set for Tuesday. (Africa CDC, Medscape, U.S. CDC, U.S. DOS, Washington Post, WHO)

On 28 MAY, WHO convened with several of its expert and advisory groups and assessed potential vaccines and therapeutics for both prevention and treatment of BVD. For the treatment of cases, WHO recommends the

monoclonal antibodies MBP134 and Maftivimab®, as well as remdesivir, and combination therapy using a monoclonal antibody and remdesivir for evaluation. For prevention, WHO recommends 1) the oral antiviral obeldesivir for post-exposure prophylaxis, 2) the single-dose rVSV Bundibugyo vaccine (developed by the International AIDS [acquired immunodeficiency syndrome] Vaccine Initiative [IAVI]), which WHO assesses as the most promising candidate vaccine, 3) the ChAdOx1 Bundibugyo candidate vaccine (developed by Oxford University/Serum Institute of India), and 4) Ervebo, the only licensed Ebola vaccine; however, WHO recommends it should not be used outside carefully designed research settings to allow for its performance against BVD to be assessed. On 29 MAY, the U.S. DOS announced that the assistance to combat the outbreak has exceeded \$162 million and is growing. On 01 JUNE, Moderna announced that they are partnering with the Coalition for Epidemic Preparedness Innovations (CEPI) to develop a mRNA BVD vaccine, while CEPI also reported investing in a portfolio of vaccine candidates including Moderna, IAVI, and the University of Oxford. (CEPI, Federal Newswire, QUARTZ, WHO)

RISK ASSESSMENTS: On 22 MAY, WHO reassessed the overall public health risk posed by the current outbreak as “Very High” at the national level, “High” for Uganda, “High” at the regional level, and “Low” at the global level. On 21 MAY, ECDC assessed the risk to the general population in Europe from the current Ebola outbreak to be “Very Low.” On 23 MAY, Africa CDC listed 10 countries “at risk” in the current outbreak, including Angola, Burundi, the Central African Republic, the Republic of Congo, Ethiopia, Kenya, Rwanda, South Sudan, Tanzania, and Zambia. (AA)

TRAVEL ADVISORIES: On 22 MAY, the U.S. CDC upgraded to a “Level 3 – Reconsider Nonessential Travel” travel health notice for the BVD outbreak in the DRC, and on 26 MAY, issued a “Level 2 – Practice Enhanced Precautions” travel health notice for the BVD outbreak in Uganda. On 17 MAY, the U.S. Department of State (DOS) issued “Level 4 – Do Not Travel” advisories for DRC, South Sudan, and Uganda, and on 26 MAY, updated the Uganda travel advisory. On 28 MAY the U.S. DOS issued a Worldwide Caution health alert, following the 21 MAY announcement that U.S. citizens, nationals, and permanent residents who have been in the DRC, Uganda, or South Sudan within 21 days are being redirected to Washington-Dulles International Airport, Virginia, Hartsfield-Jackson Atlanta International Airport, Georgia, George Bush Intercontinental Airport, Texas, and John F. Kennedy International Airport, New York, upon their return to the United States for enhanced screening. On 22 MAY, Uganda announced temporary suspension of flights to and from the DRC. According to WHO, neighboring countries sharing land borders with the DRC are considered at high risk for further spread due to population mobility, trade and travel links, and uncertainty about the transmission chains. See Figure 4 for the main road connections with other provinces and countries from DRC. Bunia Airport has non-stop passenger flights to three destinations: Isiro and Kisangani, DRC, and Entebbe, Uganda. On 23 MAY, the DRC suspended all flights to and from Bunia until further notice, except for humanitarian, health, and emergency operations authorized by the aeronautical and health authorities. In a significant development, authorities stated the Bunia Airport is expected to reopen this week after being closed to regular traffic during the health emergency. The airport has so far remained accessible only for humanitarian flights supporting response efforts. Goma Airport has non-stop passenger flights to three destinations: Beni and Butembo, DRC, and Addis Ababa, Ethiopia. On 26 MAY, the government of Liberia announced new health and travel measures to strengthen surveillance for EVD, including activating enhanced EVD public health measures at all points of entry for travelers and issued a travel advisory on 25 MAY where all travelers arriving from or transiting through the DRC or Uganda will be required to complete a surveillance form upon arrival. On 29 MAY, the U.S. DOS announced that Canada, Mexico, and the United States have aligned themselves on public health travel measures for individuals coming from African regions at greatest risk from EVD. (All Africa, BEACON, CDC, European Centre for Disease Prevention and Control [ECDC], FlightConnections, Independent, News.AZ International, U.S. Embassy in Uganda)

Other Events:

- **GLOBAL**, 13 hantavirus infection cases (11 confirmed, 2 probable) linked to MV Hondius as of 26 MAY
- **ANGOLA**, 13 mpox cases in Cabinda and Uige provinces as of 28 MAY
- **BURKINA FASO**, >9k measles cases (22 deaths) during 2026; highest since 2009
- **BURUNDI**, >1.0k cholera cases (2 deaths) during 2026
- ***DRC**, 21k cholera cases (726 deaths) during 2026

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- **MOZAMBIQUE**, >9k cholera cases (39 deaths) since 03 SEP 2025
- **NIGERIA**, >2.7k suspected cholera cases (27 deaths) in Borno State since 01 MAY
- ***SENEGAL**, Four Crimean-Congo hemorrhagic fever (CCHF) cases during 2026
- **SOUTH SUDAN**, 449 anthrax cases (5 deaths) since 2024; most recent in Western Bahr el Ghazal State as of 22 MAY
- **SUDAN**, 228 cholera cases (40 deaths) in West Kordofan Province, as of 26 MAY

USCENTCOM Health Events of Interest

*Iraq – CCHF:

As of 28 MAY, 53 CCHF cases (9 deaths) have been reported in Iraq during 2026. Most cases have been reported in Dhi Qar Province (45 [+36 since IB's last update on 28 APRIL] cases; 7 deaths). Additionally, there have been five cases in Diyala Province as of 18 MAY, two in Nineveh Province as of 22 MAY, and one in Kirkuk Province as of 07 MAY. The increase in cases has been linked to unsanitary slaughter practices. Unregulated slaughterhouses in Baghdad and Dhi Qar provinces are not subject to routine inspection, despite documented health violations. Health officials introduced a series of preventative measures aimed at containing CCHF transmission ahead of Eid al-Adha (27 to 30 MAY), a holiday when livestock slaughter typically increases. As of 28 MAY, veterinary teams carried out extensive inspections inside Kirkuk's central slaughterhouse, including health checks on cattle and sheep, monitoring livestock conditions, and verifying the safety of meat officially stamped and approved before entering local markets. **In Dhi Qar, most recorded cases involve urban residents who had direct contact with slaughtered animals outside official health regulations, despite ongoing monitoring of slaughterhouses and butcher shops.** Health officials have warned of increasing CCHF cases, attributing the spread to the continued presence of livestock within urban areas and weak enforcement of a government ban on livestock grazing inside cities. Officials also state that social factors, including tribal customs and the lack of proper slaughterhouses for livestock, have also restricted efforts to control the rise in cases. Additionally, the accumulation of waste in residential neighborhoods, which attracts livestock into urban areas in search of food, further increases the risk of infection. (Shafaq News)

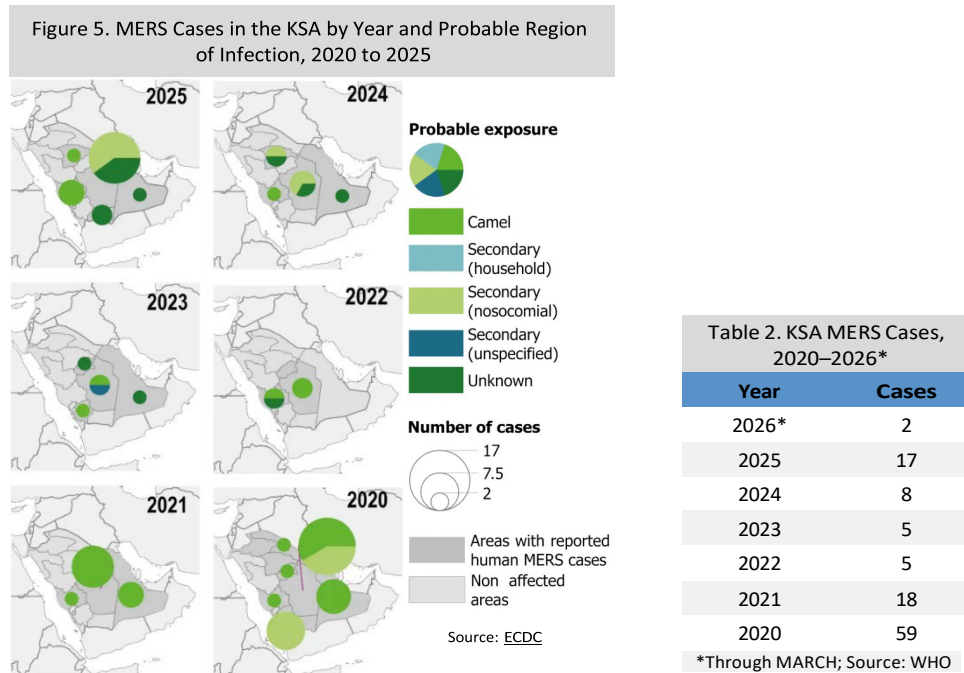
Between 2020 and 2021, Iraq experienced its largest CCHF outbreak to-date, with >300 confirmed cases by early 2022, exacerbated by unregulated livestock movement, intensified farming practices, and the impact of the COVID-19 pandemic on health care resources. According to GIDEON, the country has reported hundreds of CCHF cases in recent years, including 389 cases in 2022, 587 in 2023, 211 in 2024, and 247 since the beginning of 2025, with 96 cases in Dhi Qar Province alone. In 2025, WHO, in collaboration with the ministries of health and agriculture and the Iraq Red Crescent Society, implemented a comprehensive risk communication and community engagement campaign, aimed to reduce CCHF transmission. (U.S. CDC, Outbreak News Today, Shafaq News, WHO)

CCHF is a viral infection transmitted via tick bites from an infected *Ixodid* spp. tick or contact with body fluids from an infected animal or human, and can cause severe viral hemorrhagic fever outbreaks, with a CFR of 10–40%. CCHF is endemic in the Middle East, and sporadic cases have been reported in Iraq since 1979, **with an increase in recent years attributed to changes in agricultural practices, climate change, and increased human-animal interactions.** WHO noted that CCHF outbreaks in the region often peak during the spring or summer due to heightened agricultural and animal movement activities. (U.S. CDC, Outbreak News Today)

*Kingdom of Saudi Arabia (KSA) – Middle East Respiratory Syndrome (MERS):

As of 25 MAY, **WHO Eastern Mediterranean Region Office (EMRO) reported two MERS cases in the KSA during 2026.** The first case occurred on 15 MARCH in a male who was not a healthcare worker and survived. On 19 APRIL, WHO reported a second MERS case in a male who was not a healthcare worker and died. Since 2012, 2,225 MERS cases (868 deaths; CFR: 39%) have been reported from the KSA. See Table 2 for MERS cases by year from 2020 to MARCH 2026. In 2025, cases were reported from Eastern, Hail, Makkah, Najran, and Riyadh regions. See Figure 5 for maps of confirmed MERS cases in the KSA from 2020 to 2025 with probable region of infection and route of exposure. (WHO)

The epidemiological outlook for Middle East respiratory syndrome coronavirus (MERS-CoV) in the KSA is characterized by continued endemic circulation in dromedary camels, leading to sporadic zoonotic spillovers and occasional, highly localized healthcare-associated clusters. (WHO)



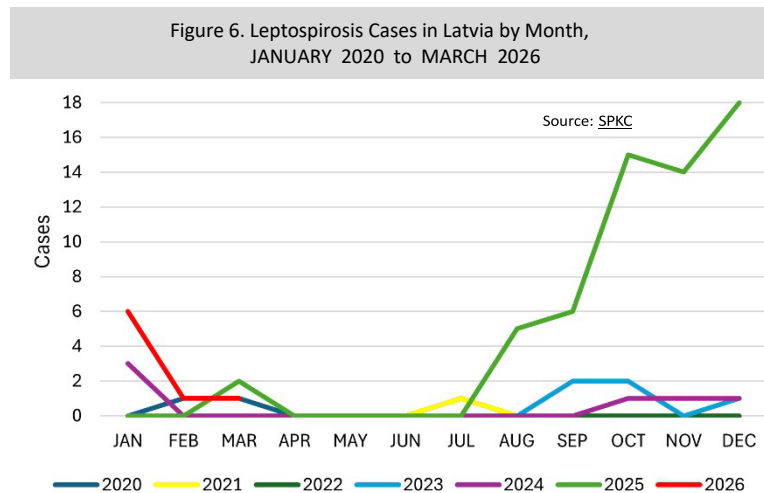
Other Events:

- **KAZAKHSTAN**, Four tick-borne encephalitis (TBE) cases in Akmola Region during 2026
- **KAZAKHSTAN**, Two TBE cases in Almaty Oblast as of 20 MAY; earlier detection than 2025
- **LEBANON**, 57 hepatitis A and 11 meningitis cases among Syrian refugees during 2026
- **YEMEN**, Malaria outbreak continues to increase as rainy season arrives, as of 27 MAY

USEUCOM Health Events of Interest

Latvia – Leptospirosis:

Through MARCH, eight leptospirosis cases have been reported in Latvia, a fourfold increase compared to the same period in 2025 (two cases). The majority of 2026 cases were reported in JANUARY (6), with one each in FEBRUARY and MARCH. In 2025, 60 leptospirosis cases (at least 3 deaths) were reported, a 20-fold increase compared to the previous five-year average (3 cases). Cases began to increase with humid weather in AUGUST 2025, when 5 cases were reported, to a peak of 18 in DECEMBER 2025; cases usually increase during the cold season, when rodents migrate into human homes and agricultural buildings. However, 2025 saw an abnormal increase that carried into 2026. See Figure 6 for a graph of leptospirosis cases in Latvia by month from 2020 to 2026. (Grani, Latvia Disease Prevention and Control Centre [SPKC], Latvian Public Media)



Leptospirosis is caused by *Leptospira* bacteria and transmitted via water and soil contaminated with urine or body fluids from infected animals such as cats, cattle, dogs, and rodents. Bior, the Scientific Institute of Food Safety, Animal Health, and Environment, conducts monitoring of rodent populations in Latvia and tested mice, rats, and water voles for leptospirosis. The monitoring program found that 34% (44 of 129) of the rodents studied tested positive for leptospirosis. In 2025, human cases were reported in Augsdaugava, Bauska, Cesis, Jelgava, Kuldīga, Ogre, Riga, Ropaži, Salaspils, Sigulda, and Valmiera regions. **The 2025 outbreak was likely caused in part by Latvia's unusually wet summer**, with severe flooding in agricultural areas from MAY to JUNE. The rainy summer may have supported the survival of *Leptospira* bacteria in the environment, enhancing enzootic transmission within rodent reservoirs and increasing the risk of transmission to humans. Historically, the Baltic countries reported fluctuating and relatively low incidences of leptospirosis compared to other European regions. However, **recent data indicates shifting transmission dynamics driven by ecological changes**. (Baltijas Balss, DOAJ, ECDC, Grani, *Radioelectronic and Computer Systems.*, U.S. CDC)

Other Events:

- **GLOBAL**, 13 hantavirus infection cases (11 confirmed, 2 probable) linked to MV Hondius as of 26 MAY
- ***BELGIUM**, 236 salmonellosis cases (*S. enteritidis*) across multiple states linked to eggs since 19 FEB 2025
- **BULGARIA**, 317 measles cases during 2026; significant increase compared to the same period in 2025 (1 case)
- ***CZECH REPUBLIC**, Nine diphtheria cases (one death) during 2026; first death since 1969
- ***FRANCE**, 79 imported dengue and 12 imported chikungunya cases since 01 MAY
- ***GERMANY**, 158 chikungunya cases as of 28 MAY; 210% increase compared to same period in 2025
- ***GERMANY**, Asian tiger mosquitoes as far north as Berlin; established populations in Rhein-Erft District, and Bonn and Euskirchen cities, North Rhine-Westphalia State
- ***GERMANY**, First ever Borna disease virus case in Mecklenburg-Vorpommern State as of 24 MAY
- **GREECE**, Continued but low COVID-19 and declining RSV and seasonal influenza activity as of 23 MAY
- **ITALY**, Suspected chikungunya case in San Giovanni Valdarno Municipality, Arezzo Province, Tuscany Region, as of 26 MAY
- **ITALY**, Two botulism cases linked to a brand of olive and almond cream in early MAY
- **MOLDOVA**, 12 Q fever cases during 2026; most recent cases (4) across 3 districts and 1 municipality
- **NORTH MACEDONIA**, One WNV disease case; first reported case in Europe during 2026
- ***SPAIN**, Patient from MV Hondius tests positive for hantavirus infection on 25 MAY; 11 total confirmed cases globally, as of 26 MAY

Text in blue represents a change since the previous report (26 MAY)

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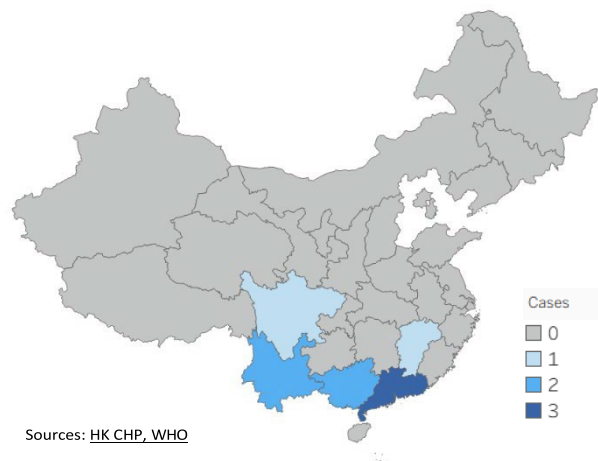
- ***UNITED KINGDOM**, >10k salmonellosis cases in 2025; <1% increase compared to 2024, but highest annual total in a decade
- ***UNITED KINGDOM**, Six locally acquired TBE cases since 2019; no cases during 2026
- **UKRAINE**, African swine fever outbreak detected in domestic pigs in Sofiivka District, Dnipropetrovsk Oblast, as of 26 MAY

USINDOPACOM Health Events of Interest

China – Novel Influenza A(H9N2):

As of 19 MAY, nine (+1) human infections with **avian influenza A(H9N2)** have been reported in China during 2026. **From 15 – 21 MAY, China notified WHO of one additional human A(H9N2) infection.** The case is a male child from Yunnan Province with no known underlying conditions and had symptom onset of cough, fever, and vomiting on 28 APRIL. The case was hospitalized with pneumonia on 29 APRIL; a throat swab was collected as part of influenza-like-illness surveillance and tested positive for influenza A the same day and oseltamivir was administered. The case improved and was discharged on 06 MAY. On 08 MAY, samples sent to the Municipal CDC were positive for A(H9N2). An epidemiological investigation revealed the case had exposure to poultry. All close contacts were identified: all tested negative for influenza. From 08 – 14 MAY, China reported to WHO one additional human A(H9N2) infection (the eight reported case), diagnosed in APR. The case is a female child from Sichuan Province with symptom onset of fever on 25 APR. The case's clinical symptoms self-resolved. The case had a history of exposure to a live poultry market prior to symptom onset. Close contacts were identified and all tested negative for influenza. This is the first avian influenza A(H9N2) case in Sichuan Province during 2026; two cases were reported in 2025. (Hong Kong Centre for Health Protection [HK CHP], WHO)

Figure 6. 2026 Human Novel Influenza A(H9N2) Infections, China, as of 19 MAY



During 2026, cases have been reported in Guangdong (three), Guangxi, and Yunnan (two each), Jiangxi, and Sichuan, (one each) provinces (Figure 6). Since 2015, a total of 162 (+1) A(H9N2) infections have been reported in China, suggesting an endemic circulation of A(H9N2) in Chinese poultry ecosystems. U.S. CDC considers A(H9) a “low pathogenic avian influenza” (LPAI). LPAI A(H9N2) infections have been reported sporadically in >100 individuals since 1998 from Bangladesh, Cambodia, China, Egypt, Ghana, Hong Kong, India, Oman, Pakistan, and Senegal. Most cases have occurred in children and have caused mild upper respiratory tract illness; however, lower respiratory tract diseases, including pneumonia and respiratory failure, have also been documented. (U.S. CDC, WHO)

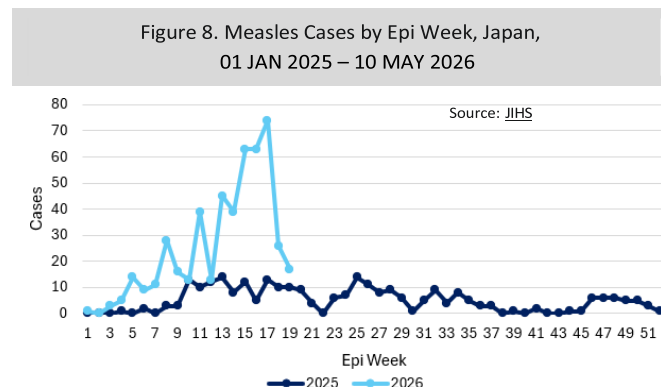
India – Novel Influenza A(H5N1):

As of 18 MAY, an **avian influenza A(H5N1)** outbreak is active on over a dozen poultry farms in Navapur Sub-District, Nandurbar District, Maharashtra State. The outbreak was detected following the sudden spike in poultry deaths on 12 and 13 APR. **On 02 and 03 MAY, two veterinary workers developed mild influenza-like symptoms, including body aches, fever, runny nose, and sore throat, following active participation in culling activities. Both were hospitalized as a precaution and discharged on 08 MAY after recovery.** Culling operations have removed ~400k birds and >2.1 million eggs across 13 farms <1km of the identified epicenters. Additionally, 25 response teams have been deployed. Health officials in Maharashtra State have ordered reverse transcription PCR testing for all personnel involved in culling and containment operations; rapid influenza diagnostic tests were conducted on each suspected case. Samples from eight poultry workers will be sent to the National Institute of Virology for testing. Samples from the affected farms have been sent to the National Institute of High Security Animal Diseases (NIHSAD) laboratory in Bhopal for confirmation. In APRIL, an additional avian influenza A(H5N1) outbreak was reported in Tumakuru District, Karnataka State. Over 40 dead wild peacocks were identified between 16 and 24 APRIL. Six individuals who had contact with infected birds received treatment and were placed in home quarantine, along with 26 forest officials who had contact with peacock carcasses. **The detection of A(H5N1) in birds in both Karnataka and Maharashtra states suggests broad regional circulation, likely driven by wild bird movements.** (BEACON)

The last reported influenza A(H5N1) case in India was in APRIL 2025 in Andhra Pradesh State, who subsequently died. Since 2003, 1k human A(H5N1) infections (479 deaths) have been reported worldwide from 25 countries. As of 19 MAY, avian influenza A(H5N1) outbreaks in animals have been reported across India during 2026, with major outbreaks in Bihar, Karnataka, and Maharashtra states; however, none have been reported in West Bengal State during 2026. (*Emerg Infect Dis*, Sahyadri Hospitals, WHO)

*Japan – Measles:

Through 10 MAY, the Japan Institute for Health Security (JIHS) has reported 479 measles cases during 2026, four times higher than the same period in 2025 (116 cases). **Additionally, cases have already increased 80% over the post-COVID-19 pandemic yearly high reported in 2025 (265 cases).** Most cases have been reported in Tokyo Prefecture (49%), followed by Kanagawa (9%), Saitama (8%), Kagoshima (7%), and Chiba (6%) prefectures. New cases peaked in the week beginning 26 APRIL and saw a sharp decline in the following week (Figure 8). In the most recent week (beginning 04 MAY), Tokyo Prefecture reported the most cases (44%), followed by Kanagawa and Saitama (17% each), Chiba (11%), and Aichi and Ibaraki (6% each) prefectures.

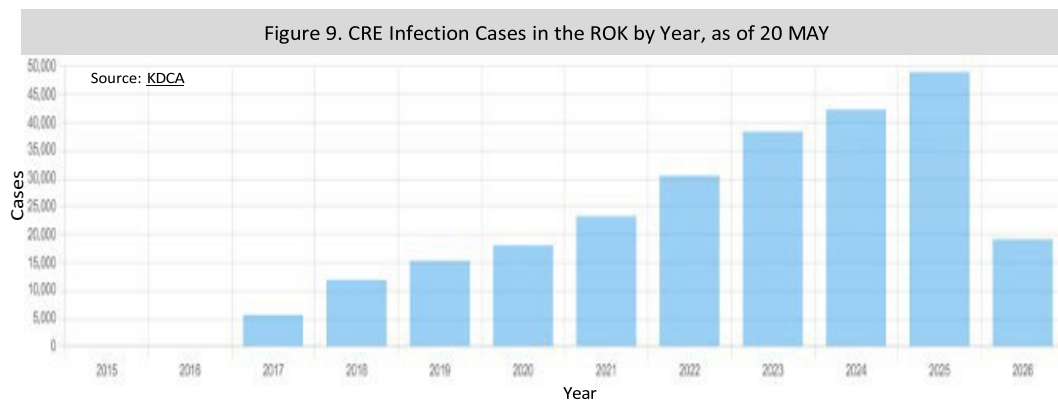


In 2015, Japan was certified as being free of locally acquired measles cases, but measles continues to be introduced via imported cases. As of 30 APRIL, ~74% of cases were locally acquired, following imported infections from countries such as Indonesia and New Zealand. High population density and dense public transit networks in urban have facilitated rapid secondary transmission. JIHS has urged overseas travelers to exercise caution and check their vaccination records when traveling to regions where measles is prevalent. As of 08 APRIL, surveillance identified genotype B3 as the dominant strain (63% of cases), which is down from 79% through 11 MARCH. Strain D8 cases have increased from 21% of cases through 11 MARCH to 37% through 08 APRIL. Only genotypes B3 and D8 have been circulating globally since 2021. As of mid-APRIL, about a quarter of cases (24%) are aged 10 to 19 years and 28% are

in their 20s. **As of 08 APRIL, only 32% of cases of an age to be fully vaccinated were known to have received two doses of vaccine.** On 17 APRIL, the Japanese Society for Vaccinology issued a document recommending that children be vaccinated against measles. (BEACON, The Japan Times, JIHS, Mainichi, NHK One, NHK World Japan, Vaccines)

***Republic of Korea (ROK) – Carbapenem-resistant Enterobacteriaceae (CRE) Infection:**

As of 21 MAY, the Korea Disease Control and Prevention Agency (KDCA) has reported 19,585 CRE infection cases during 2026, a 12% increase compared to the same period in 2025 (17,417). Gyeonggi has reported the most cases (28%), followed by Seoul (25%), Incheon (8%), Busan (7%), and Gyeongnam (5%). **Cases have been increasing consistently since 2017, with an average increase of 28% annually** (Figure 9). Furthermore, the number of CRE infection-related deaths increased nearly four-fold from 2018 (143) to 2023 (663), and the number of cases in long-term care hospitals increased more than four times from 2019 (1.1k) to 2023 (5.8k). In 2023, the most common CRE bacteria detected were *Klebsiella pneumoniae* (72%) and *Escherichia coli* (14%). **Infections caused by CRE are linked to the Republic of Korea's unique medical environment. The Republic of Korea ranks second among Organisation for Economic Co-operation and Development (OECD) countries in antibiotic use, often prescribing them even for common colds; infection risk increases with antibiotic overuse, and once infected,**



existing antibiotics become ineffective. Additionally, >86% of cases in the Republic of Korea are among individuals aged ≥60 years, a population that is both highly vulnerable to the infection, and at an increased risk of exposure due to frequent visits to healthcare facilities. Frequent patient transfers between acute and long-term care facilities aid in the spread of resistant strains. In response to the increasing cases, the KDCA is preparing the Third National Antimicrobial Resistance Management Plan for 2026 to 2030. (BEACON, *Infect Chemother*, Chosun, Korea Herald, *Public Health Weekly Report*)

CRE bacteria, including *E. coli* and *K. pneumoniae*, are resistant to one or more carbapenem antibiotics, making them difficult to treat. These bacteria can cause bloodstream infections, meningitis, pneumonia, urinary tract infections, and wound infections. Patients in healthcare settings are at the highest risk for CRE infections, especially if they require devices such as ventilators, urinary catheters, or intravenous catheters, are taking antibiotic courses, or have weakened immune systems. Nosocomial transmission is primarily driven by person-to-person contact and via contaminated medical equipment and devices. Additionally, there have been reports of spread between humans and animals and within animal reservoirs. (U.S. CDC)

Other Events:

- **GLOBAL**, 13 hantavirus infection cases (11 confirmed, 2 probable) linked to MV Hondius as of 26 MAY.
- ***AUSTRALIA**, 22 mpox cases in Western Australia State during 2026; compared to 27 total in 2025
- ***AUSTRALIA**, 3.1k rotavirus disease and 136 vibriosis cases during 2026 compared to >2.4k and 39, respectively, during the same period in 2025
- **CHINA**, Two mpox cases in mainland as of 25 MAY; both cases had high-risk contact in Hong Kong

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- **INDIA**, 110 dengue and 65 malaria cases in Ahmedabad, Gujarat State, during 2026, before monsoon onset
- **INDONESIA**, 144 leptospirosis cases in Pacitan District, East Java Province; 48 cases in APRIL
- **MALAYSIA**, 11 confirmed leptospirosis cases linked to Ulu Bendul Forest Eco Park in Kuala Pilah, Negeri Sembilan State, as of 25 MAY
- **MALDIVES**, Nine measles cases during 2026; six within past month. Country once declared measles-free
- **MONGOLIA**, >11k measles cases among children aged <14 years as of 28 MAY
- **NEPAL**, >300 measles cases across 7 districts during 2026; ongoing vaccine shortage
- **PHILIPPINES**, 2.4k dengue cases (18 deaths) in Central Visayas Region during 2026; 80% increase in fatalities compared to same period in 2025
- **PHILIPPINES**, >4.6k HIV cases from JANUARY to MARCH, averaging 51 new cases per day
- **PHILIPPINES**, Officials warn above average rainfall could lead to increased dengue risk as of 25 MAY
- * **REPUBLIC OF KOREA**, 55 malaria and 1 Zika virus disease (ZVD) case during 2026
- **TAIWAN**, 451 hepatitis A cases during 2026; 485 total in 2025
- **TAIWAN**, First locally acquired dengue case during 2026 in Cianjhen District, Kaohsiung City
- **TAIWAN**, Three hantavirus infection cases during 2026
- **VANUATU**, Eight dengue cases on Efate Island as of 16 MAY; several reported recent travel to Fiji

USSOUTHCOM Health Events of Interest

Honduras – NWS Disease:

As of 27 MAY, 176 human NWS disease cases (3 deaths) have been reported in Honduras during 2026. **The highest incidence of cases is concentrated across seven departments, including Comayagua, El Paraíso, Francisco Morazán, Gracias a Dios, Olancho, Santa Bárbara, and Yoro.** The three fatal cases have been reported in elderly individuals with underlying health conditions from the Central District's Francisco Morazán (two) and Olancho (one) departments. The fatal cases among individuals with compounding vulnerabilities (advanced age, chronic illness, and limited mobility) are consistent with the known risk profile for severe myiasis. This population is disproportionately represented among rural and peri-urban settings where there may be limited care provider support and wound care access. Additionally, rural communities that have close contact with animal reservoirs have increased exposure risk. The Honduras MOH has issued public guidance emphasizing wound hygiene, regular bandage changes, avoidance of garbage accumulation, and immediate medical consultation for symptoms such as pain, inflammation, itching, and/or sensation of movement in wounds. (BEACON)

In 2025, ~300 human NWS disease cases were reported in Honduras. NWS was eradicated in Central America in the early 2000s but reemerged in Honduras in 2024 amid the broader regional resurgence, which started in Panama in 2023. Honduras reported its first animal case on 10 SEP 2024. The current outbreak indicates a departure from the near-zero baseline of human cases in the post-eradication era. Sustained animal reservoir activity across multiple Central American countries reduces the likelihood of rapid re-eradication and increases the risk of elevated human cases if fly populations persist in livestock-dense rural areas. Countermeasures for livestock include quarantine, surveillance, education campaigns, increased livestock inspection and movement controls, and the weekly release of millions of sterile flies in the most affected areas. (BEACON, CDC, Quadratin Chiapas, *Vet Parasitol Reg Stud Reports*)

Other Events:

- **GLOBAL**, 13 hantavirus infection cases (11 confirmed, 2 probable) linked to MV Hondius as of 26 MAY
- **GLOBAL**, PAHO issues Epidemiological Alert for measles in the Americas, with most cases during 2026 in *Mexico (>10k) and Guatemala (6.2k)

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- ***ARGENTINA**, 109 leptospirosis cases (45 confirmed) during 2026; 28% increase compared to the same period in 2025
- ***BRAZIL**, >61k dengue cases (29k confirmed; 23 confirmed deaths), >12k chikungunya cases (7.8k; 1), and 42 ZVD cases (8; 0) in Minas Gerais State during 2026
- ***BRAZIL**, Increasing acute respiratory illness cases in most states as of 21 MAY
- ***COLOMBIA**, 192 confirmed yellow fever cases (85 deaths) during 2026
- **COSTA RICA**, >50 salmonellosis cases (1 death) as of 26 MAY; outbreak linked to restaurant in Colón District, San José Province
- **COSTA RICA**, 1k dengue cases during 2026; weekly cases (108) more than double same period last year (40)
- **HONDURAS**, First measles case in traveler from Guatemala as of 24 MAY
- **NICARAGUA**, 12 chikungunya cases nationwide during 2026
- ***PANAMA**, 16 hantavirus infection cases (1 death) as of 27 MAY compared to 18 total in 2025; Choclo virus strain identified, suggesting active rodent-to-human transmission
- ***PANAMA**, >3k malaria and 19 leptospirosis cases during 2026
- **PERU**, 22k dengue cases during 2026; weekly cases (>2k) higher than any week during 2026