



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
09 JUNE 2026

POC:

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DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 03–09 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

Over 11k measles cases have been reported in **Mexico** during 2026, far surpassing the 2025 total (6.6k). Rocky Mountain spotted fever cases in **Mexico** are 50% higher during 2026 (141 cases) than the same period in 2025, with the majority in United States-Mexico border states. **Mexico** reported the second human New World screwworm (NWS) disease case in a United States-Mexico border state (the first in Nuevo León State), and the **United States** has reported five animal NWS disease cases from Texas (four) and New Mexico (one). As of 07 JUNE, 569 confirmed Ebola virus disease cases have been reported in the **Democratic Republic of the Congo** (550) and **Uganda** (19). **Thailand** has experienced 981 hepatitis A cases during 2026, a 173% increase compared to the same period in 2025, concentrated in central and eastern regions. In **Peru**, weekly dengue cases have surpassed the 2025 peak.

HSU Health Events

Geographic Combatant Command	Country	Event
USNORTHCOM	*Mexico	Leishmaniasis
	*Mexico	Measles
	*Mexico	Rocky Mountain spotted fever
	USNORTHCOM	New World screwworm disease
	Other events	
USAFRICOM	USAFRICOM	Ebola virus disease
	Other events	
USCENTCOM	*Iraq	Crimean-Congo hemorrhagic fever
	Other events	
USEUCOM	Other events	
	China	Novel influenza A(H9N2)
USINDOPACOM	Thailand	Hepatitis A
	Other events	
USSOUTHCOM	Honduras	New World screwworm disease
	Peru	Dengue
	Other events	

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Text in **blue** represents a change since the previous report (02 JUNE)

*2026 FIFA World Cup host or participating country

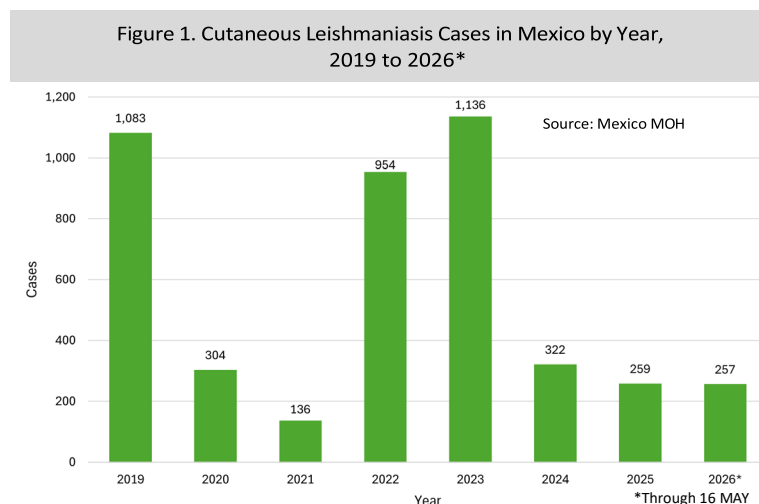
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USNORTHCOM Health Events of Interest

*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 is approaching the total cutaneous cases reported in 2025 (259). In epidemiological week (EW) 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*)

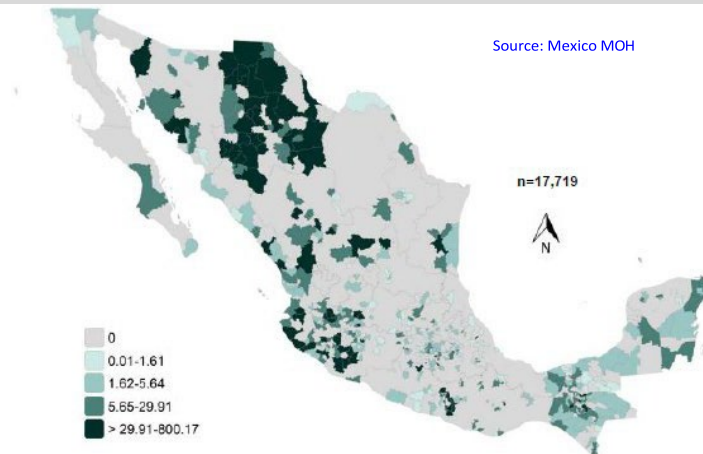
*Mexico – Measles:

As of 25 MAY, the Mexico MOH has reported 11,111 confirmed measles cases (14 deaths; case fatality rate [CFR]: 0.13%) during 2026, a 68% increase from the total cases in 2025 (6.6k; 27 deaths; CFR: 0.4%). All 31 states and Mexico City are affected, with 56% of cases from Jalisco State (incidence of 69 cases per 100k population), followed by Mexico City (9% of cases) and Chiapas (7%), and Durango and Sonora (3% each) states. Cases have spread to 490 municipalities, including dense urban areas like Mexico City and states with lower surveillance capacity, straining the country's Febrile Exanthematous Diseases surveillance system (Figure 2). (Biothreats Emergence, Analysis and Communications Network [BEACON], Pan American Health Organization [PAHO])

Measles cases exported from Mexico have been reported in Chile, Colombia, Costa Rica, and El Salvador during 2026. Ahead of the 2026 FIFA World Cup, which will be held from 11 JUNE to 19 JULY and hosted by Canada, Mexico,

and the United States, PAHO issued a recommendation for health authorities to strengthen measles surveillance, vaccination, and rapid response measures amid ongoing outbreaks in the region. To reduce the risk of international spread during the event, PAHO recommended that countries advise travelers aged ≥ 6 months who cannot provide proof of full vaccination or immunity to receive a dose of the measles-rubella vaccine, preferably two weeks before traveling to areas where transmission has been documented. **Mexico will host games in the two jurisdictions with the highest measles incidence during 2026 (Mexico City and Jalisco State [Guadalajara City])**, as well as in Nuevo León State (Monterrey City) which has reported $<1\%$ of cases (77). (Mexico MOH)

Figure 2. Incidence Rate of Confirmed Measles Cases, Mexico, 01 JAN 2025 – 25 MAY 2026



Source: Mexico MOH

Through EW 19 of 2026 (ending 16 MAY), PAHO reported that confirmed cases have most frequently been reported among individuals aged 30–34 years old (12%; 1.3k cases), followed by 5–9 years and 25–29 years (12% each; $>1.2k$). The highest incidence has been recorded in children aged <1 year (45 cases per 100k population), followed by the 1–4 (15 per 100k) and 30–34 (12 per 100k) age groups. The majority (91%) of cases have been unvaccinated, while 6% had received one vaccine dose and 2% had received two or more vaccine doses. Genotype D8 has been identified. Mexico reported zero locally acquired measles cases from 1996 to 2019 and only seven in 2024. The country's current outbreak began in 2025 against the backdrop of low measles vaccination coverage throughout the Americas, with first-dose coverage in the region dropping to 87% in 2023. World Health Organization (WHO) guidance stipulates that two-dose coverage of at least 95% is needed to interrupt transmission and prevent outbreaks. In NOVEMBER 2025, PAHO announced that the Americas no longer met the criteria for measles elimination status.

Mexico – Rocky Mountain Spotted Fever (RMSF):

Through 23 MAY, the Mexico MOH has reported 141 **RMSF** cases during 2026, a 50% increase compared to the same period in 2025 (94 cases). **Most cases (91%) have been reported from United States-Mexico border states**, including Chihuahua (49), Baja California (34), Sonora (29), Nuevo León (11), and Coahuila (5); Tamaulipas State has not reported any cases. The 13 cases reported from non-U.S.-border states are from Sinaloa (9), and Baja California Sur and Durango (2 each) states. Through 23 MAY, **the Mexico MOH has also reported 64 other rickettsiosis cases during 2026, a 78% increase compared to the same period in 2025 (36 cases)**. The majority of other rickettsiosis cases (91%) have also been reported in border states, with the most from Sonora State (21 cases), followed by Baja California (14), Chihuahua (13), Nuevo León (6), Coahuila (3), and Tamaulipas (1) states.

Spotted fever rickettsioses are a group of closely related diseases with various genetic and antigenic characteristics caused by *Rickettsia rickettsii* (the etiologic agent of RMSF), *R. parkeri* (*R. parkeri* rickettsiosis), *Rickettsia* species 364D (Pacific Coast tick fever), and *R. akari* (Rickettsialpox) bacteria. *Rickettsia* spp. bacteria are transmitted via the bite of infected ticks or mites or via the feces of infected fleas or lice. Rickettsial infections generally respond well to early treatment with antibiotics, but untreated infections can have a CFR up to 30%. Since 2012, spotted fever rickettsiosis cases have increased in Chihuahua State, with >800 cases (288 deaths) reported from 2009 to 2023. The increase primarily affected border communities and socially vulnerable populations. According to the Mexico MOH,

RMSF cases averaged 374 annually from 2022 to 2025. A 2024 study reported that spotted fever rickettsiosis is an ongoing public health crisis in Mexico, primarily in states bordering the United States, which have the highest incidence and mortality rates in the country. (*Am J Trop Med Hyg*, BEACON, U.S. CDC, *Clin Med*)

USNORTHCOM – New World Screwworm (NWS) Disease:

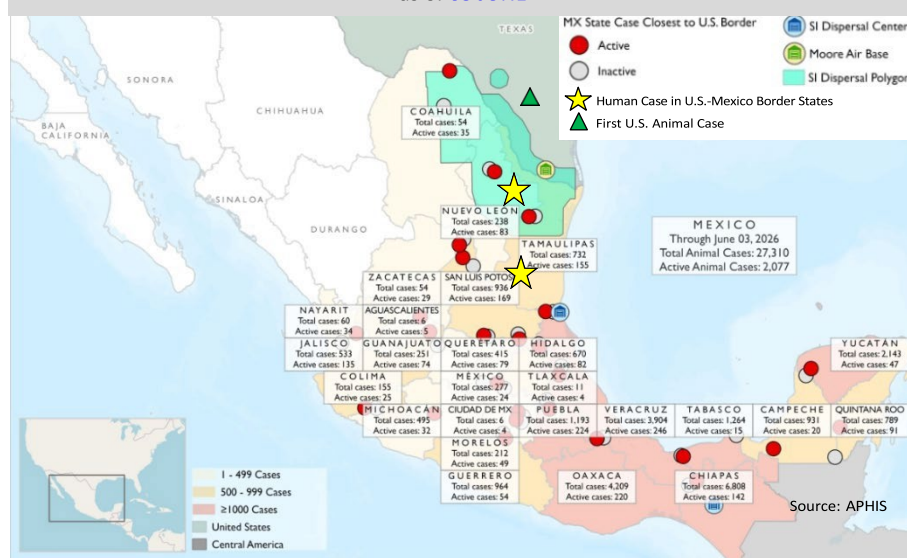
***MEXICO** – Through 23 MAY, the Mexico MOH has reported 371 human NWS disease cases (+112 since IB's last report on 12 MAY; 2 deaths) since APRIL 2025, with most cases from Chiapas (134 cases), Veracruz (64), Yucatán (33), and Oaxaca (26) states (Table 1). Human cases during 2026 (254) are already more than double the 2025 total (118). The first human NWS disease case in a United States-Mexico border state (Tamaulipas) was reported in the week ending 18 APRIL, and a second case was reported in the week ending 23 MAY in Nuevo León State. The case in Tamaulipas was from a rural community in Antiguo Morelos Municipality (~200 miles to the closest U.S. border crossing) in southern Tamaulipas, close to the border with San Luis Potosí State, which has reported 10 (+5) human cases during 2026 (none in 2025). The case in Nuevo León State was an 84-year-old male from Linares Municipality, which is ~80 miles from the 2026 FIFA World Cup Stadium in Monterrey City and ~160 miles from the U.S. border. (*El Independiente*, La Verdad de Tamaulipas, Secretaría de Agricultura y Desarrollo Rural)

Table 1. Mexican States with the Most Human NWS Disease Cases, APRIL 2025 – 23 MAY 2026

State	Cases
Chiapas	134
Veracruz	64
Yucatán	33
Oaxaca	26
Guerrero	23
Puebla	19
Quintana Roo	18
Campeche	10
San Luis Potosí	10
Hidalgo	9
Tabasco	9

Source: Mexico MOH

Figure 3. Confirmed NWS Disease Animal Detections in Mexico, the First Animal NWS Disease Detection in the United States, and Human Detections in United States-Mexico Border States, as of 03 JUNE



Text in blue represents a change since the previous report (02 JUNE)

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The first animal NWS disease case in a United States-Mexico border state was confirmed on 21 SEP 2025 in Nuevo León State, Mexico. **Since then, 1,086 animal cases (+758) have been reported in United States-Mexico border states in Mexico: 765 from Tamaulipas, 265 from Nuevo León, and 56 from Coahuila.** Coahuila's first case was reported on 29 APR in a bovine in Castaños Municipality, located ~119 miles from the United States-Mexico border. This put the fly on the doorstep of the Rio Grande Valley. **As of 04 JUNE, Mexico, Panama, and the United States have been working on opening a sterile fly facility in Metapa de Dominguez, Chiapas State, slated for 25 JUNE. The facility will work to reach a production of 100 million sterile flies per week.** See Figure 3 for a map of animal NWS disease cases in Mexico and the United States and human detections in United States-Mexican border states. (Infobae, RFDTV, Secretaría de Agricultura y Desarrollo Rural, U.S. Department of Agriculture [USDA] Animal and Plant Health Inspection Service [APHIS])

***United States – As of 08 JUNE, USDA APHIS has reported five animal NWS disease cases in the United States (four in Texas; one in New Mexico).** On 03 JUNE, USDA APHIS reported the detection of NWS in the umbilical areas of a 3-week-old bovine in Zavala County, Texas, which does not share a border with Mexico, but is <50 miles from Coahuila State, Mexico (Figure 3). A second case was reported on 05 JUNE in a 1-month-old calf also in Zavala County, ~5.6 miles from the first case. Further cases have been identified in a calf in La Salle County, Texas; a goat in Gillespie County, Texas; and a dog in Lea County, New Mexico. La Salle County also does not share a border with Mexico but shares one corner with Zavala County, while Gillespie County is ~170 miles north of Zavala County, and Lea County is ~360 miles northwest of Zavala County. Modeling had suggested that NWS would enter the country in 2025, and a delayed entry has allowed time for partners to prepare. USDA and Texas officials have initiated the following actions: 1) formed a unified incident command with the Texas Animal Health Commission, 2) established a 20-km infested zone around detection, implementing quarantines, movement controls, and surveillance, 3) expedited targeted release of sterile flies in addition to the 4 million flies per week already being released in the area, 4) increased trapping for NWS flies along the border and just outside the dispersal area, 5) implemented NWS surveillance and management strategies in wildlife, and 6) conduct targeted outreach in the local area.

As of 05 JUNE, APHIS has deployed a strike team, including veterinary medical officers and animal health technicians, and two dedicated NWS response cargo trailers; the National Veterinary Services Laboratories has deployed an entomologist to the USDA Agricultural Research Service Laboratory to expedite confirmation processes. USDA confirms that the food supply remains safe as screwworms do not infest fruits, meat, vegetables, or other food sources. On 04 JUNE, the Texas Department of Health and Human Services advised healthcare professionals to monitor for NSW infestations in patients, warning that individuals may be at risk if they live in areas where the flies are present and spend a lot of time outdoors during the day, or if they sleep outdoors or live with animals near reported NWS fly populations. **According to the U.S. CDC, the risk of infestation in humans remains “Low.”**

On 05 JUNE, the Canadian Food Inspection Agency temporarily restricted importation of livestock that had originated or been present in Texas within 21 days. One human travel-associated NWS disease case was reported on 25 AUG 2025 in an individual who had traveled to El Salvador. Self-sustaining screwworm populations in the United States had been eradicated by 1966; however, re-infestations occurred until 1982. Subsequently, isolated infestations occurred in dogs that had traveled to or through Florida in 2007 and 2010, and lastly, there was an outbreak among Key deer in Florida in 2016. (American Veterinary Medical Association, Consumer News and Business Channel, U.S. Department of Health and Human Services [DHHS])

Other Events:

- **GLOBAL**, >21k measles cases (31 deaths) across 17 countries and territories in the Americas Region during 2026; 234% increase compared to same period in 2025
- ***CANADA**, California serogroup viruses detected in mosquitoes in British Columbia since 2025
- ***CANADA**, Four confirmed mumps cases linked to a downtown office building in Toronto, Ontario Province, as of 07 JUNE
- ***CANADA**, Preprint study finds 7.4% ($n=5/68$) anti-avian influenza A(H5) seroreactivity among hunters with exposure to wild birds in Manitoba Province in 2025
- ***CANADA**, U.S. CDC issues “Level 1 – Practice Usual Precautions” travel notice for hepatitis A outbreak in Manitoba Province on 04 JUNE

- ***MEXICO**, 204 spider bite cases linked to brown recluse spiders nationwide during 2026; 34% in Chihuahua State alone
- ***MEXICO**, >2.2k dengue cases (4 deaths) as of 30 MAY, decrease compared to same period in 2025 (>3.9k); cases much lower than national average in World Cup host states Jalisco (56), Nuevo León (4), and Mexico City (0)
- ***MEXICO**, Epidemiological Alert for Ebola virus disease (EVD) issued on 01 JUNE; the National Center for Research and Care for Burn Patients (CENIAQ), Mexico City, to serve as treatment center in the event of suspected cases
- ***MEXICO**, Travel restrictions announced for travelers who have been in DRC, South Sudan, or Uganda in past 21 days due to EVD outbreak
- ***United States**, 6.1 legionellosis cases per 100k population in New York in 2025; increase from 2022 to 2024 incidence (4.1)
- ***United States**, 60 campylobacteriosis cases (45 confirmed) linked to raw milk in Idaho as of 03 JUNE
- ***United States**, >2k measles cases during 2026; approaching 2025 total (~2.3k)
- ***United States**, At least 24 norovirus infection cases among hikers in San Bernardino, California, during early MAY; linked to the Pacific Crest Trail
- ***United States**, Eight listeriosis cases (seven hospitalized; one death) across three states linked to requesón/soft ricotta cheese as of 05 JUNE
- ***United States**, Fatal hantavirus infection case in Mohave County, Arizona; Sin Nombre virus identified (common to Arizona)
- ***United States**, FDA approves ensitrelvir for COVID-19 post-exposure prophylaxis
- ***United States**, First human West Nile virus (WNV) disease case in Clark County, Nevada, during 2026 as of 03 JUNE
- ***United States**, First human WNV disease case in Jefferson County, Colorado, during 2026 as of 02 JUNE.
- ***United States**, First leishmaniasis vaccine to enter Phase 1 clinical trials in upcoming months; vaccine found safe in animals.
- ***United States**, First WNV detection in mosquitoes in New Orleans, Louisiana, during 2026 as of 04 JUNE
- ***United States**, First WNV detection in Riverside County, California, during 2026
- ***United States**, Google files request with the Environmental Protection Agency to release 32 million *Wolbachia*-infected mosquitoes in California and Florida over two-year span
- ***United States**, Late-spring surge in norovirus infection cases in Los Angeles and Northern California as of MAY; unusual as virus typically associated with winter peaks
- ***United States**, SARS-CoV-2 wastewater level increased from “Low” to “Medium,” as of 08 JUNE
- ***United States**, Study finds RSV vaccine during pregnancy reduces risk of hospitalization of young infants by 70%
- ***United States**, Two hantavirus infection contacts in Texas linked to the MV Hondius cruise ship successfully complete monitoring period

USAFRICOM Health Events of Interest

USAFRICOM – Ebola Virus Disease (EVD):

***DRC CASE REPORT:** According to the **DRC National Institute of Public Health**, through **07 JUNE (data last checked 0900 EST on 09 JUNE)**, **550 (+229) confirmed cases (101 [+53] confirmed deaths; CFR: 18%)** have been reported across at least **25 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, **Mambasa**, Mangala, Miti-Murhesa, Mongbwalu, Nizi, Nyankunde, Oicha, **Rimba**, and Rwampara (Table 2; data through 07 JUNE). See Figure 4 for the geographical location of the current and last EVD outbreak in the DRC. Through 07 JUNE, 5,418 contacts have been identified in Ituri (4.4k), North Kivu (738), and South Kivu (226) provinces, and 19 cases have recovered. The contact tracing target is for 90–95% of contacts to be reached; as of 09 JUNE, the DRC has reached 62% overall. The proportion is uneven, with 78% of contacts reached in Bunia Health Zone but 0% in other health

zones. On 01 JUNE, there was an attack on an EVD burial team in South Kivu Province, underscoring mistrust and resistance that hinders response efforts. (The Kathmandu Post, Reuters)

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 played in friendlies against Denmark in Liege, Belgium, on 03 JUNE and will play 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: According to the Uganda MOH, as of 09 JUNE (data last checked at 0900 EST on 09 JUNE), 19 (+4) confirmed EVD cases (14 imported; 5 locally acquired; 2 deaths) have been reported in Uganda, and 388 contacts are under follow-up while 380 have completed follow-up. As of 09 JUNE, Uganda is setting up a laboratory in Rwampara, Ituri Province, DRC, to assist with the outbreak response, as well as treatment centers in Aru Territory and Kasenye, which are also in Ituri Province. Two additional treatment facilities will be planned. (AllAfrica)

U.S. CITIZEN CASE REPORT: On 18 MAY, an American doctor working with a medical missionary organization in the DRC has tested positive for Ebola virus. On 06 JUNE, the case was discharged from the hospital in Berlin, Germany, following the absence of symptoms for 72 hours and repeatedly negative polymerase chain reaction (PCR) tests. The case presented with EVD symptoms upon arrival at the hospital in Germany, which subsided significantly after receiving antiviral therapy and supportive medical care. The case's five family members did not develop symptoms. 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, Charite, CIDRAP, TVPWorld)

Table 2. 2026 EVD Outbreak Case Counts by Country, as of 09 JUNE at 0900 EST					
Country	Area	Number of Health Zones Affected	Confirmed Cases	Confirmed Deaths	Contacts Under Follow up
DRC	Ituri Province	17	518	80	
	North Kivu Province	7	29	20	5,418
	South Kivu Province	1	3	1	
Uganda	Kampala City		19	2	388
	Wakiso District				

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

SUSPECTED CASE REPORTS FROM ADDITIONAL COUNTRIES

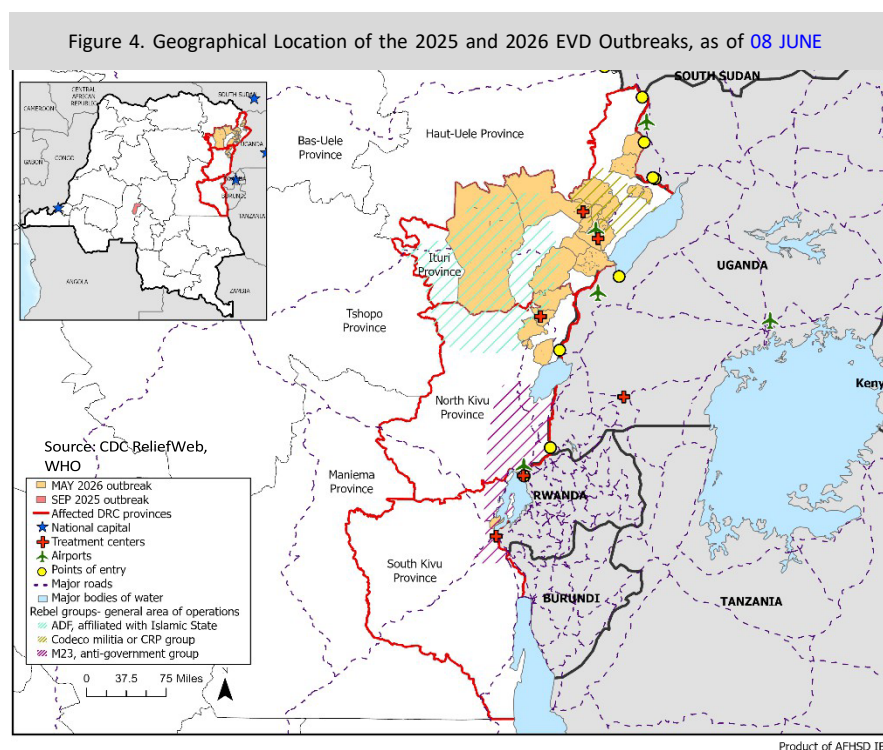
India – Since 28 JUNE, four suspected EVD cases have been reported across three states; all tested negative as of 07 JUNE. On 28 JUNE, one suspected EVD case in a traveler from the DRC in Gujarat State tested negative. As of 05 JUNE, another suspected EVD case was reported in Rajasthan State in a traveler from Uganda who exhibited EVD-like symptoms. Samples sent to Pune National Laboratory were negative as of 07 JUNE. The Central Government in India has advised citizens to avoid non-essential travel to DRC, South Sudan, and Uganda. Additionally, two suspect EVD cases in Telangana State, both Sudanese nationals, tested negative as of 07 JUNE. (Deccan Chronicle, Health World, Times of India)

Kenya – As of 05 JUNE, Kenya has screened >80k travelers at points of entry, and 56 samples have been collected from flagged individuals, all negative. (The Star)

South Sudan – As of 07 JUNE, South Sudan has not reported any EVD cases. As of 02 JUNE, Juba International Airport has initiated thermal screening of all incoming passengers. (Relief Web, U.S. CDC)

Taiwan – As of 02 JUNE, Taiwan CDC advised that four citizens are undergoing 21 days of self-health management following a return travel from the DRC and Uganda (two each). One of the individuals developed a mild fever the day after entry and was taken to the hospital where they tested negative for EVD. As of 27 MAY, travelers from DRC and

Uganda were required to undergo 21 days of self-health management; however, as of 02 JUNE, Taiwan has suspended entry for residents of both countries for 90 days. (Four Seasons Online)



BACKGROUND: On 24 APRIL, the first known case from the outbreak (a nurse) developed symptoms, died in Bunia, Ituri Province. 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. U.S. CDC modelling suggests that the current outbreak could match the 2014–2016 outbreak (>28k cases; >11k deaths) without strong public health interventions. 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, Medical Xpress, *Morb Mortal Wkly Rep*, 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 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 the 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. Despite the blocked order, the Kenyan and U.S. governments have moved forward with the facility, with the first U.S. responders landing at Laikipia Airbase on 06 JUNE. (Africa CDC, *The Guardian*, Medscape, U.S. CDC, U.S. Department of State [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 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. As of 05 JUNE, the U.S. DHHS announced that Americans facing high-risk EVD exposures would be able to access an experimental antibody treatment meant to target key viral proteins and neutralize the virus, allowing the individual's immune system to better control the infection and reduce disease severity. As of 05 JUNE, Africa CDC and WHO have launched a six-month joint continental preparedness and response plan aimed at strengthening outbreak response measures. (BioIntel, CEPI, 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, European Centre for Disease Prevention and Control (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. According to a 04 JUNE Rapid Gender Analysis in the DRC, the current EVD outbreak is exhibiting a slight trend towards most cases being confirmed in males, which contrasts with previous outbreaks where females accounted for two-thirds of cases. As of 05 JUNE, the U.S. CDC assessed the overall risk of the EVD outbreak to the U.S. population during the next three months as “Low.” (AA, Relief Web)

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. DOS issued “Level 4 – Do Not Travel” advisories for DRC, South Sudan, and Uganda, and on 26 MAY, updated the Uganda travel advisory. As of 02 JUNE, the U.S. DOS has established a process for U.S. citizens who require assistance due to possible EVD exposure. 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 27 MAY, Uganda closed the border with the DRC against WHO guidance. 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. As of 02 JUNE, Bunia Airport in the DRC has reopened following closure on 23 MAY. As of 02 JUNE, the International Organization for Migration has urged governments and partners to strengthen cross-border coordination as sole reliance on border closures may drive movement underground, increasing transmission risks. (BEACON, U.S. CDC, ECDC, FlightConnections, NDTV, News.AZ International, Relief Web, RFI, U.S. Embassy in Uganda)

Other Events:

- *GHANA, Increased water-borne disease risk due to rainy season; health alert issued on 29 MAY
- *GHANA, WHO donates critical supplies as country intensifies EVD preparedness efforts
- MAURITIUS, First-ever confirmed locally acquired mpox case as of 04 JUNE; three total cases
- MAYOTTE, U.S. CDC issues “Level 2 – Practice Enhanced Precautions” travel notice for malaria on 02 JUNE
- NIGERIA, 4.2k cholera cases (39 deaths) in Borno State during 2026; 274 new cases in past day alone
- NIGERIA, Country only 59% prepared for potential EVD outbreak; surveillance and entry protocols enhanced as of 02 JUNE

- **SUDAN**, ~200 suspected mpox cases across 5 towns in Jebel Marra, Darfur Region, as of 01 JUNE
- **SUDAN**, >9k measles cases (105 deaths) in South Darfur as of 27 APRIL
- **UGANDA**, One fatal Crimean-Congo hemorrhagic fever (CCHF) case in Kasese District, western Uganda, as of 02 JUNE
- **USAFRICOM**, U.S. CDC issues “Level 1 – Practice Enhanced Precautions” travel notice for diphtheria in Sub-Saharan Africa on 02 JUNE
- **ZIMBABWE**, >65k malaria cases (174 deaths) during 2026, double the total compared to same period in 2025 (36k cases)

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 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)

Other Events:

- ***IRAN**, Increasing dengue cases as of 30 MAY
- ***IRAN**, WHO launches \$2 million emergency project to prevent infectious disease outbreaks and sustain essential health services as of 03 JUNE
- ***IRAQ**, First confirmed CCHF case in Duhok Province during 2026; 54 total cases this year
- **YEMEN**, >22k malaria cases in Taiz Governorate during 2026; sharp increase compared to same period in previous years

- **YEMEN**, MAY 2026 study finds first record of Zika virus disease cases (eight) in country
- **United Arab Emirates (UAE)**, MOH confirms no EVD cases reported in country as of 03 JUNE, including confirmed case who travelled to UAE then Uganda

USEUCOM Health Events of Interest

Other Events:

- **CANARY ISLANDS**, 13 confirmed locally acquired leishmaniasis cases during 2026
- ***FRANCE**, 40 invasive meningococcal disease cases in Normandy in 2025; highest incidence rate nationwide
- **GEORGIA**, One confirmed dengue case as of 01 JUNE
- **HUNGARY**, First report of African swine fever in domestic pigs in country, as of 04 JUNE
- ***NETHERLANDS**, Early surge in tick bites during MAY; 28% of weekly monitors during late MAY, a level typically seen during peak summer months
- **RUSSIA**, 70 salmonellosis cases (9 confirmed) in Stavropol Krai since 30 MAY; linked to meals at pan-Asian café
- **RUSSIA**, 256 Lyme disease (LD) and 5 tick-borne encephalitis (TBE) cases in Republic of Tatarstan during 2026
- **RUSSIA**, Six LD and four TBE cases in Kostroma Region as of 25 MAY
- ***SPAIN**, TAK-003 dengue vaccine shows favorable tolerability among travelers from non-endemic regions as of 03 JUNE
- ***UNITED KINGDOM**, 8.3% decrease in sexually transmitted infection cases in 2025 compared to 2024
- **UKRAINE**, Nine listeriosis and two WNV disease cases during 2026 compared to two and zero, respectively, in same period in 2025
- **USEUCOM**, 50 dermatophilosis cases linked to sexual transmission across 3 countries between DECEMBER 2025 and MAY 2026
- **USEUCOM**, 83 salmonellosis cases linked to chicken-flavored instant noodles and/or processed chicken products across 9 countries from DECEMBER 2025 – MAY 2026
- **USEUCOM**, Study shows increased chikungunya risk across Central Europe due to expanded range of Asian tiger mosquito resulting from climate change

USINDOPACOM Health Events of Interest

China – Novel Influenza A(H9N2):

As of 02 JUNE, 10 (+1) human infections with **avian influenza A(H9N2)** have been reported in China during 2026. **As of 04 JUNE, China notified WHO of one additional human A(H9N2) infection.** The case is a male child from Yunnan Province who developed symptoms on 17 MAY. No further cases were reported among close contacts. (WHO)

During 2026, cases have been reported in Guangdong and **Yunnan (three each)**, Guangxi (two), and Jiangxi and Sichuan (one each) provinces. Since 2015, a total of **163 (+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)

Thailand – Hepatitis A:

As of 08 JUNE, the Thailand Department of Disease Control reported 981 **hepatitis A** cases during 2026, a 173% increase compared to the same period in 2025 (359 cases). The weekly incidence of cases increased from 13 cases in EW 3 (ending 24 JAN) to 73 in EW 9 (ending 07 MARCH). Most cases have been reported in health region 6 (376), followed by regions 13 (175), 9 (100), and 4 (72). **Cases are concentrated in central and eastern regions/provinces, including Bangkok, Buri, Chanthaburi, Chon, and Rayong, with potential cluster outbreaks during the summer months.** The concentration of cases in highly populated urban areas with extensive regional and international connectivity increases the risk of geographic transmission. Additionally, summer increases transmission risk due to higher consumption of cold drinks, ice, and street food amid high temperatures and a strained food safety infrastructure. On 20 APRIL, the Thailand Ministry of Public Health announced they are closely monitoring the situation and have instructed health agencies to conduct surveillance and enforce strict food and water safety inspections. (BEACON, DDC)

In Thailand, the average annual incidence of hepatitis A from 2007 to 2021 was 0.75 per 100k population, with 285 confirmed cases in 2022. A hepatitis A outbreak from 2023 to 2024 in southern Thailand identified the absence of chlorination, poor hygiene, and untreated water supplies as drivers of transmission, with confirmed cases being linked to contaminated water sources. An AUGUST 2025 study revealed that the epidemiological pattern of hepatitis A cases corresponded to a low endemicity classification in the country and low vaccination coverage persists due to high costs and exclusion from WHO's Expanded Program on Immunization. Several vaccines are available for hepatitis A internationally, but none are included as part of the routine national vaccination program. (*Am J Trop Med Hyg*, April International, BEACON, WHO)

Other events:

- **BANGLADESH**, >3.3k dengue cases (6 deaths) during 2026
- **BANGLADESH**, >75k measles cases (9.2k confirmed; 605 deaths) during 2026; highest in Dhaka Region
- **FIJI**, Dengue health alert issued on 26 MAY after case in Suva Area
- **HONG KONG**, Second locally acquired dengue case as of 02 JUNE; 21 total during 2026
- **MONGOLIA**, Foot-and-mouth disease outbreak among livestock and dogs in Bayan-Ulgii and Khovd provinces; 602 animals culled as of 02 JUNE
- **MYANMAR**, Increase in dengue, malaria, respiratory illness, and skin infection cases in internally displaced persons camps in Karenni State as of 03 JUNE; linked to the rainy season
- **NEW CALEDONIA**, >1.8k dengue cases (1.6k confirmed) during 2026, as of 24 MAY; DENV-1 only circulating serotype
- **PHILIPPINES**, 56% decrease in dengue cases during 2026 (50k) compared to the same period in 2025 (114k) as of 07 JUNE
- **SRI LANKA**, 237 suspected meningitis cases as of 01 JUNE
- **SRI LANKA**, >33k dengue cases (19 deaths) during 2026; Sabaragamuwa, Southern, and Western provinces most affected
- **THAILAND**, >4.1k COVID-19 cases (1 death) during 2026; Omicron NB.1.8.1 strain remains dominant strain since mid-2025
- **USINDOPACOM**, >3.5k dengue cases (3 deaths) across the Pacific during 2026; 46% in New Caledonia

USSOUTHCOM Health Events of Interest

Honduras – NWS Disease:

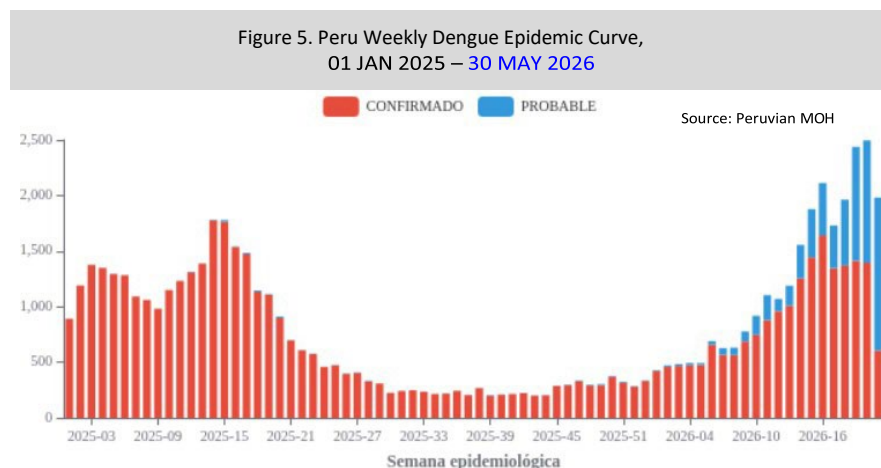
As of 27 MAY, 176 human **NWS** disease cases (3 deaths) have been reported in Honduras during 2026. **The highest incidence of cases is concentrated across seven departments, including Comayagua, El Paraíso, Francisco Morazán, Gracias a Dios, Olancho, Santa Bárbara, and Yoro.** The three fatal cases 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*)

Peru – Dengue:

Through 30 MAY, 25,529 (+16k since IB's last report on 24 MARCH) dengue cases (28 deaths) have been reported in Peru during 2026, a 2% decrease compared to the same period in 2025 (>26k cases). The highest number of cases has been reported in San Martín Department (>4.5k cases), followed by Piura (>3.4k), Ucayali (>2.8k), Lima (2.8k), and La Libertad (2.2k) departments. Departments reporting higher case counts than during the same period in 2025 include Amazonas, Ancash, Ayacucho, Callao, Huanuco, Junin, La Libertad, Lambayeque, Lima, Madre de Dios, Moquegua, Pasco, Piura, Puno, Tacna, Tumbes, and Ucayali. Many areas of the country experienced unusually heavy rainfall from late JANUARY to MARCH, including Arequipa, Ica, Lambayeque, Piura, and Tumbes departments, which have suffered flash flooding as of 10 MARCH. On 10 JAN, in response to a declaration of a state of emergency due to heavy rains across 20 regions, the Peru 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 was 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)



Weekly dengue cases in Peru have been increasing since late 2025, and despite being slightly less than those reported in the same period in 2025, cases have been quickly increasing since the beginning of the year (Figure 5). During 2026, the maximum weekly case count has surpassed the maximum weekly count in 2025 (2.5k vs. 1.8k cases). Case counts are following the typical pattern of highest transmission between NOVEMBER and MAY; in tropical areas, transmission occurs throughout the year but is highest during the rainy season. As of 10 MARCH, experts 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 **NOVEMBER 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 to 2024). A recent study found that 60% of dengue cases following Cyclone Yaku and a strong coastal El Niño in northwestern Peru in MARCH 2023 were attributable to extreme precipitation. A strong El Niño will occur during 2026, likely triggering similar conditions that will lead to a surge in vector-borne infectious diseases such as dengue. In 2023, >256k 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, CDC, [Gavi](#), *J Infect Public Health*, *MMWR*, *Nature*, [One Earth](#), PAHO, Peruvian MOH)

Other events:

- **GLOBAL**, >21k measles cases (31 deaths) across 17 countries and territories in the Americas Region during 2026; 234% increase compared to same period in 2025
- **BOLIVIA**, Health emergency declared in La Paz Department due to medical supply shortages linked to road blockades as of 02 JUNE
- **CHILE**, First highly pathogenic avian influenza A(H5N1) detection in seabirds in Arica y Parinacota and Atacama regions as of 04 JUNE; 12 total affected regions in country
- **COSTA RICA**, 39 human NWS disease cases during 2026
- **CUBA**, 49 suspected hepatitis cases (7 confirmed) in Matanzas in past week, as of 03 JUNE; linked to water supply crisis and irregular solid waste collection
- **CUBA**, Study finds 13% seroprevalence for Oropouche virus (OROV) disease in 2025; estimated 1.8M infections
- **DOMINICAN REPUBLIC**, 149 leptospirosis cases (11 deaths) during 2026; 176% increase compared to same period in 2025
- **FRENCH GUIANA**, U.S. CDC issues “Level 2 – Practice Enhanced Precautions” travel notice for chikungunya on 04 JUNE
- ***PANAMA**, >1k leishmaniasis cases during 2026; 83% increase compared to same period in 2025 (582 cases)
- ***PANAMA**, >15k influenza-like illness and ~7k severe acute respiratory infection cases during 2026
- ***PANAMA**, Study finds Darién Province as main epicenter of OROV disease in Central America during 2024 outbreak
- ***PARAGUAY**, Four confirmed botulism cases in Asunción Capital City; source unidentified but linked to commercial gastronomic establishments
- **TURKS AND CAICOS**, First country in the Americas to eliminate vertical hepatitis B transmission from mother-to-child; vertical Human immunodeficiency virus transmission also eliminated