



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
16 JUNE 2026

POC:
AFHSD IB, dha.ncr.health-surv.list.ib-alert-response@health.mil

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DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 10–16 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

The fourth-ever confirmed human *Rickettsia lanei* infection globally was diagnosed in California, **United States** in APR. **Zimbabwe** has reported 65k malaria cases (174 deaths) through mid-APRIL, double the cases reported in the same period in 2025. In MAY, **Estonia** has reported eight tick-borne encephalitis cases. **Hong Kong** reported a human infection with avian influenza A(H9N2) in Sha Tin District. **India** confirmed a Nipah virus infection case in Kerala State. **Argentina** has reported >11k chikungunya cases during 2026, more than a three-fold increase compared to the same period in 2025.

HSU Health Events

Geographic Combatant Command	Country	Event
<u>USNORTHCOM</u>	*Mexico	Measles
	*Mexico	Rocky Mountain spotted fever
	*United States	Rickettsiosis
	USNORTHCOM	New World screwworm disease
	Other events	
<u>USAFRICOM</u>	USAFRICOM	Ebola virus disease
	Zimbabwe	Malaria
	Other events	
<u>USCENTCOM</u>	*Iraq	Crimean-Congo hemorrhagic fever
	Other events	
<u>USEUCOM</u>	Estonia	Tick-borne encephalitis
	Other events	
<u>USINDOPACOM</u>	China	Novel influenza A(H9N2)
	Hong Kong	Novel influenza A(H9N2)
	India	Nipah virus infection
	Thailand	Hepatitis A
	Other events	
<u>USSOUTHCOM</u>	*Argentina	Chikungunya
	Peru	Dengue
	Other events	

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USNORTHCOM Health Events of Interest

*Mexico – Measles:

As of 25 MAY, the Mexico Ministry of Health (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 1). (Biothreats Emergence, Analysis and Communications Network [BEACON], Pan American Health Organization [PAHO])

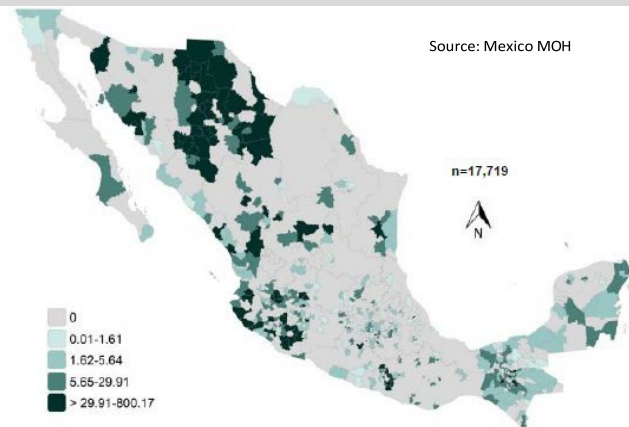
Measles cases exported from Mexico have been reported in Chile, Colombia, Costa Rica, and El Salvador during 2026. Ahead of the 2026 FIFA World Cup, which will be held from 11 JUNE to 19 JULY and hosted by Canada, Mexico, and the United States (U.S.), PAHO issued a recommendation for health authorities 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)

Through epidemiological week (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 meet the criteria for measles elimination status.

*Mexico – Rocky Mountain Spotted Fever (RMSF):

Through 30 MAY, the Mexico MOH has reported 142 (+1) RMSF cases during 2026, a 43% increase compared to the same period in 2025 (99 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 30 MAY, the Mexico MOH has also reported 76 (+12) other rickettsiosis cases during 2026, a 111% 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 (23 cases),

Figure 1. Incidence Rate of Confirmed Measles Cases, Mexico, 01 JAN 2025 – 25 MAY 2026



followed by Baja California (17), Chihuahua (15), Nuevo León (9), Coahuila (5), and Tamaulipas (1) states. As of 12 JUNE, some border states have reported rickettsiosis deaths during 2026, including 40 deaths (case fatality rate [CFR]: 29%) in Sonora, 26 (49%) in Chihuahua, 15 (42%) in Baja California, and 5 (63%) in Coahuila. (The Chihuahua Daily, El Diario de Coahuila, La Cronica, Sonora MOH)

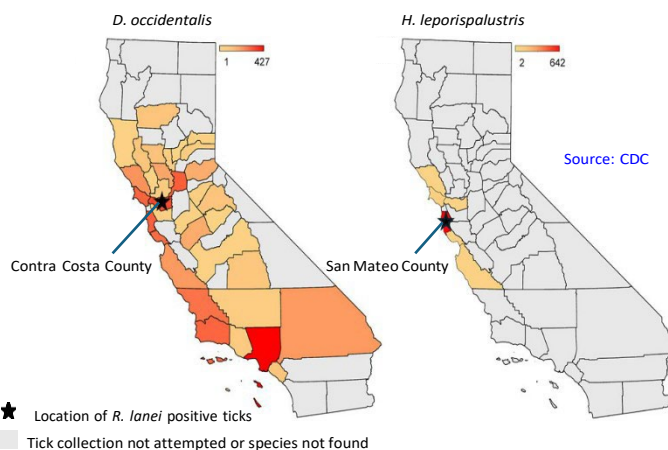
Spotted fever rickettsioses are a group of closely related diseases with various genetic and antigenic characteristics caused by *Rickettsia rickettsii* (the etiologic agent of RMSF), *R. parkeri* (*R. parkeri* rickettsiosis), *Rickettsia* species 364D (Pacific Coast tick fever), and *R. akari* (Rickettsialpox) 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. In 2025, 547 confirmed rickettsiosis cases (227 deaths; CFR: 42%) were reported in Mexico; the states reporting the highest CFR were Coahuila (57%), Nuevo León (54%), Chihuahua (50%), Baja California (43%), and Sonora (38%). 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, Mexico MOH, U.S. CDC, *Clin Med*)

*United States – Rickettsiosis:

As of 10 JUNE, the fourth-ever confirmed human *Rickettsia lanei* infection globally has been reported in California, the third in the state. The case was likely infected while in Northern California and was diagnosed in APRIL. The case was hospitalized, but disease severity was not reported. Experts at the California Department of Health (CDPH) identified *R. lanei* in Pacific Coast ticks during 2026, including one in Contra Costa County, California. Human infectivity was first confirmed in an adult male with symptom onset in JULY 2023 who had golfed in Alameda and Contra Costa counties, California. The case presented to the emergency department with abdominal pain, arthralgias, fever, headache, loss of appetite, myalgias, and non-bloody diarrhea that progressed to acute hypoxic respiratory failure, acute kidney injury needing dialysis, atrial fibrillation, gangrene of multiple fingers, encephalopathy, seizures, septic shock, supraventricular tachycardia, and thrombocytopenia. Treatment with doxycycline began on day three of hospitalization, and the case was discharged after 22 days (11 in the intensive care unit [ICU]). The case was initially diagnosed with RMSF followed by confirmation of *Rickettsia* sp. CA6269 (*R. lanei*) infection. (*Emerg Infect Dis*, SFGATE)

The second case was retrospectively identified in an adult male diagnosed with RMSF in 2004 after camping and visiting parks in Marin and San Mateo counties. He presented with symptoms including confusion, fever, headache, maculopapular rash, neck pain, and photophobia that progressed to coma, chronic leg edema, encephalitis, hypoxemia, and sepsis. Doxycycline was administered on day three of hospitalization, and the case was discharged with a diagnosis of *Rickettsia* encephalitis after 13 days of hospitalization (4 in the ICU). The third case was a male aged >50 years from eastern Oregon who sought emergency care in JULY 2025 after seven days of fever, headache, and myalgias that progressed to altered mental status, delirium, difficulty walking, and intermittent tachypnea following outdoor tick exposure; a rash was discovered on his trunk after admission. The case was treated with intravenous ampicillin, ceftriaxone, and acyclovir and discharged after four days; doxycycline was not administered. All three cases survived despite delayed or absent doxycycline administration which is uncharacteristic of RMSF,

Figure 2. *D. occidentalis* and *H. leporispalustris* Ticks Tested for Spotted Fever *Rickettsia*, California, 2024



suggesting *R. lanei* may vary clinically and may not share all features with classical RMSF. CDPH has urged physicians to administer doxycycline treatment to patients with a history of tick exposure or compatible symptoms, without waiting for confirmatory results. (CDC)

***R. lanei* is a newly recognized spotted fever group rickettsial species that causes severe RMSF-like illness.** The novel genotype was first identified in *Haemaphysali leporispalustris* (rabbit ticks) in Sonoma County, California, in 2018; however, *D. occidentalis* (Pacific Coast ticks) are the likely source of human infection due to their broader geographic range and higher human-contact potential compared to the rabbit tick. See Figure 2 for a heat map display of *D. occidentalis* and *H. leporispalustris* ticks tested for spotted fever group *Rickettsia* in California in 2024. Rickettsiosis is significantly underdiagnosed in the United States due to limited clinical awareness and non-specific or slow diagnostic tests. Reported symptoms of *R. lanei* infection have included arthralgias, fever, headache, left-sided abdominal pain, loss of appetite, myalgias, and non-bloody diarrhea, and in severe cases, acute respiratory failure, cutaneous necrosis and gangrene, and even coma. Rickettsial infections generally respond well to early treatment with antibiotics, most commonly doxycycline, but untreated infections can have a CFR ranging from 20 to 40%. (BEACON, U.S. CDC)

USNORTHCOM – New World Screwworm (NWS) Disease:

***MEXICO** – Through 30 MAY, the Mexico MOH has reported 371 human 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 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 – 30 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

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 and as of 10 JUNE, 1,202 animal cases (+116) have been reported in United States-Mexico border states in Mexico: 827 from Tamaulipas, 311 from Nuevo León, and 64 from Coahuila. Additionally, as of 10 JUNE, there are active animal NWS disease cases in all three 2026 FIFA World Cup Cities: Mexico City (10), Monterrey (5), and Guadalajara (2).** 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. (Infobae, Secretaría de Agricultura y Desarrollo Rural, U.S. Department of Agriculture [USDA] Animal and Plant Health Inspection Service [APHIS])

Table 2. Animal NWS Disease Cases in the U.S. by State and County, 03–15 JUNE

State	County	Cases
New Mexico	Lea	1
	Edwards	3
	Gillespie	1
Texas	Le Salle	2
	Sutton	1
	Tom Green	1
	Zavala	3

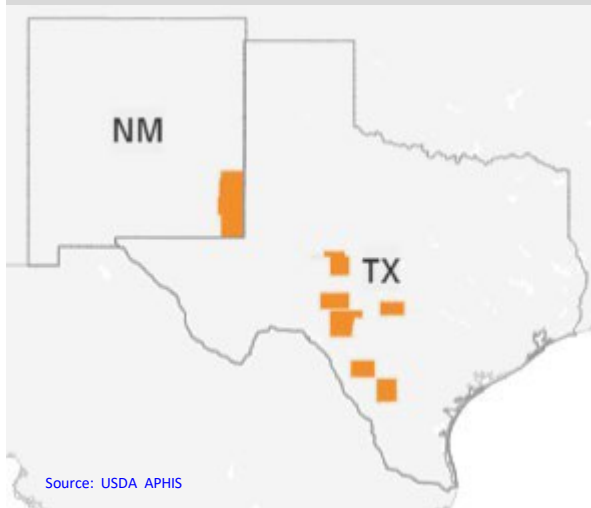
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*2026 FIFA World Cup host or participating country

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Figure 3. Confirmed NWS Disease Animal Detections in the U.S. as of 15 JUNE



***United States – As of 15 JUNE, USDA APHIS has reported 12 (+7) animal NWS disease cases in the United States. See Table 2 for animal NWS disease cases in the United States by county and Figure 3 for a map of animal NWS disease cases in the United States.** 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. 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 13 JUNE, the Texas Animal Health Commission has expanded animal movement restrictions to include parts of the following counties: Coke, Edwards, Gillespie, Kerr, Kimble, La Salle, Schleicher, Sutton, Tom Green, Uvalde, Val Verde, Webb, and Zavala. As of 12 JUNE, U.S. CDC has activated a Level 3 emergency response to NWS, which is the lowest level of the response structure, and is supporting the USDA and Texas Department of State Health Services in their response to the outbreak; no human cases have been detected as of 12 JUNE.**

As of 05 JUNE, USDA 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. **On 11 JUNE, the U.S. FDA issued an Emergency Use Authorization for generic, over-the-counter nitenpyram for the treatment of NWS disease in cats and dogs that weigh at least two pounds and are at least 4 weeks old. 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])

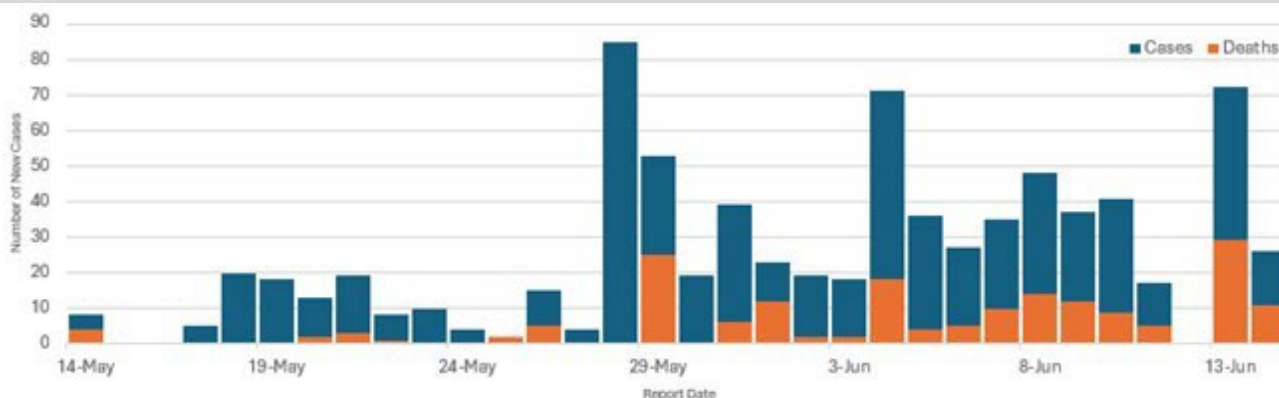
Other Events:

- ***CANADA**, 114 cryptosporidiosis cases in Kingston, Ontario Province, as of 04 JUNE; source under investigation.
- ***MEXICO**, 641 dengue cases in Sonora State as of 12 JUNE.
- ***UNITED STATES**, 111 measles cases in Virginia during 2026; 80% in Piedmont Health District.
- ***UNITED STATES**, Fatal plague case in Santa Fe County, New Mexico, on 22 JUNE.
- ***UNITED STATES**, First West Nile virus (WNV)-positive mosquitoes in Chicago, Illinois, during 2026 as of 12 JUNE.
- ***UNITED STATES**, Measles wastewater level increased from “Not detected” to “Low”; SARS-CoV-2 level decreased from “Medium” to “Low” as of 15 JUNE.
- ***UNITED STATES**, Moderate-to-high heat illness risk across two-thirds of FIFA World Cup matches.
- ***UNITED STATES**, Mpox clade II level increased from “Not detected” to “Low”; mpox clade Ib and WNV decreased from “Low” to “Not detected” as of 15 JUNE.
- ***UNITED STATES**, Three infant botulism cases across three states from APRIL – MAY linked to Nara Organics Whole Milk Organic Infant Formula.
- ***UNITED STATES**, Two leptospirosis cases (one death) in Berkeley, California, in MAY linked to rat-infested recreation vehicle; first human cases in city in >10 years.
- ***UNITED STATES**, WNV detected in Dallas and San Antonio, Texas, in early MAY, month earlier than expected.

USAFRICOM Health Events of Interest**USAFRICOM – Ebola Virus Disease (EVD):**

***Democratic Republic of Congo (DRC) CASE REPORT:** According to the **DRC National Institute of Public Health**, through **14 JUNE** (data last checked **0730** on **16 JUNE**), **808 (+258)** confirmed cases (**192 [+91]** confirmed deaths; **CFR: ~24%; Table 3; Figure 4**) have been reported across at least **31 (+6)** HZs in Ituri, North Kivu, and South Kivu provinces, including Aru, Aungba, Bambu, Beni, Bunia, Butembo, Damas, Gety, Goma, Kalunguta, **Kambala**, Katwa, Kilo, Komanda, Kyondo, Lita, Logo, **Mabalako**, Mambasa, Mangala, **Masereka**, Miti-Murhesa, Mongbwalu, **Nia-Nia**, Nizi, Nyankunde, Oicha, Rimba, and Rwampara, **Tchomia**, and **Vuhovi**. See Figure 5 for the geographical location of the current EVD outbreak in the DRC. Through **14 JUNE**, **6.1k** contacts are under follow-up in Ituri (**4.8k**), North Kivu (**1.2k**), and South Kivu (**80**) provinces, and **48 (+29)** cases have recovered. As of **12 JUNE**, two EVD-related deaths were reported among internally displaced individuals living in the Kpangba Camp, Nizi Health Zone, in eastern DRC. Aid

Figure 4. Weekly EVD Confirmed Cases and Deaths, DRC, as of 11 JUNE



Source: DRC National Institute of Public Health

Text in blue represents a change since the previous report (09 JUNE)

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workers are concerned with further transmission due to the crowded nature and poor hygiene conditions at the camp. (Polity)

2026 FIFA World Cup: The DRC national soccer team played in a behind-closed-doors friendly in Orléans, France, on 09 JUNE, before arriving in Houston, Texas, United States, on 11 JUNE, ahead of their opening game against Portugal on 17 JUNE; the SaberCats Stadium in Houston will be the team's home base. **As of 11 JUNE, WHO advised that the risk of EVD transmission in Europe and World Cup host countries is "Low."** (ABC News, BBC, KHOU, Reuters)

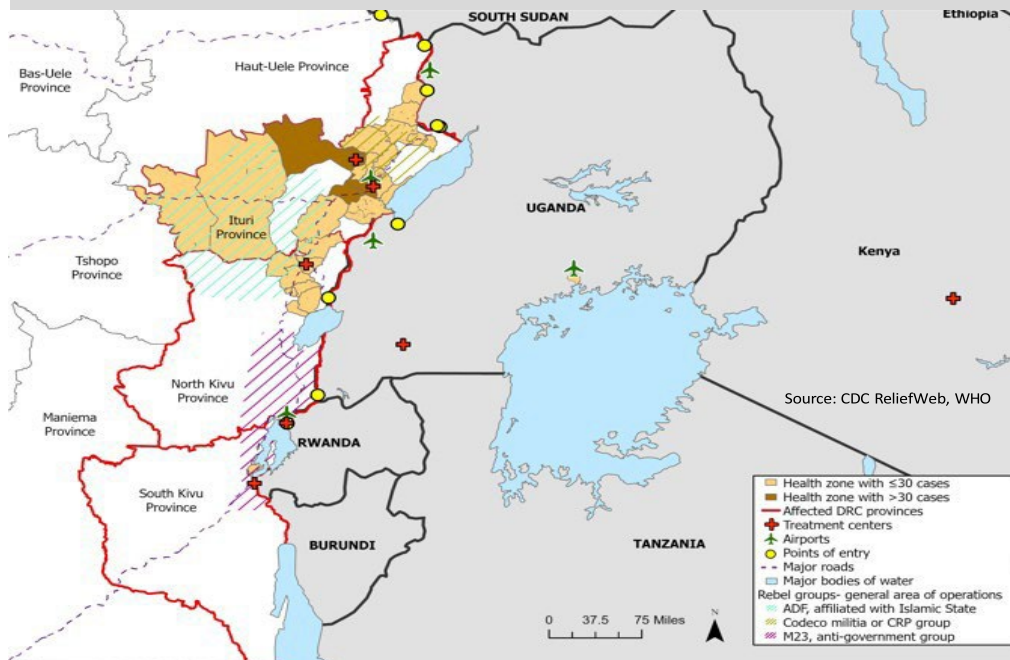
UGANDA CASE REPORT: According to the Uganda MOH, as of **15 JUNE** (data last checked at **0730** on **16 JUNE**), **19 confirmed EVD cases** (14 imported; 5 locally acquired; 2 deaths) have been reported in Uganda (Table 3). The last case was confirmed on 05 JUNE; 192 contacts are under follow-up while 624 have completed follow-up. As of 08 JUNE, 13 suspected EVD cases have been reported among asylum seekers from the DRC quarantined at Nakivale refugee camp in southwestern Uganda. A 11 JUNE case report provided additional details about Uganda's first case. The individual traveled from the DRC to Uganda and was admitted to a private hospital in Kampala on 11 MAY following more than two weeks of diarrhea and vomiting; the case died of multiorgan failure on 14 MAY. (AllAfrica, Nat Med, SOS Media Burundi)

Table 3. 2026 EVD Outbreak Case Counts by Country, as of 16 JUNE at 0730 EST

Country	Area	Number of Health Zones Affected	Confirmed Cases	Confirmed Deaths	Contacts Under Follow up
DRC	Ituri Province	20	738	153	
	North Kivu Province	10	67	38	6,120
	South Kivu Province	1	3	1	
Uganda	Kampala City		19	2	409
	Wakiso District				

Sources: DRC MOH, Uganda MOH

Figure 5. Geographical Location of the 2025 and 2026 EVD Outbreaks, as of 13 JUNE



Text in blue represents a change since the previous report (09 JUNE)

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U.S. CITIZEN CASE REPORT: An American medical missionary was also exposed while treating patients in the DRC was evacuated to Bulovka University Hospital in Prague, Czech Republic; the case did not exhibit symptoms during the incubation period and was released on 10 JUNE. As of 13 JUNE, U.S. troops will assist in building an EVD quarantine unit at Laikipia Air Base in Nanyuki, Kenya, for Americans exposed to the virus, despite protests and court orders to block it. According to the U.S. CDC, as of 12 JUNE, no EVD cases associated with this outbreak have been reported in the United States (Citizen, New York Times, Reuters, Stripes, TVPWorld)

BACKGROUND: EVD is difficult to distinguish from other endemic febrile illnesses such as malaria without laboratory confirmation. Control relies on rapid case identification, isolation and care, contact tracing, safe burials, and strong community engagement. (WHO)

DIAGNOSTICS AND MEDICAL COUNTERMEASURES: Medical countermeasures for non-Zaire species (for example, Bundibugyo or Sudan viruses) remain limited, though several investigational vaccines are in clinical trials. 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. As of 07 JUNE, three laboratories in the DRC have depleted their EVD testing supplies, including in Bukavu and Lwiro in South Kivu Province, and Goma in North Kivu Province. (BEACON, The Straits Times)

RISK ASSESSMENTS: On 06 JUNE, WHO reassessed the overall public health risk posed by the current outbreak as “Very High” in the DRC, “High” in Uganda, “High” for countries with land borders to DRC and Uganda, and “Low” for the rest of the Africa Region and 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 30 MAY, ECDC issued updated risk assessment guidelines for infectious diseases transmitted on aircraft for EVD, finding no published reports of in-flight transmission while providing actions for handling a suspected or confirmed case identified during or after a flight. As of 05 JUNE, the U.S. CDC assesses the overall risk of the EVD outbreak to the U.S. population during the next three months as “Low.”

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. As of 11 JUNE, the U.S. Department of State (DOS) “Level 4 – Do Not Travel” advisories for DRC, South Sudan, and Uganda remain in effect.

Zimbabwe – Malaria:

Through mid-APRIL, 65,399 malaria cases (174 deaths) have been reported in Zimbabwe during 2026, nearly double compared to the same period in 2025 (36k cases; 85 deaths) and a four-fold increase compared to the same period in 2024 (17k; 34). The surge in cases has been reported across multiple districts in Manicaland, Mashonaland Central, Mashonaland East, and Mashonaland West provinces. Additionally, cases have been detected in districts previously on track for malaria elimination, as well as across the broader southern African Region. The increase in cases may be due to heavy rainfall during the 2025 to 2026 season, following El Niño conditions in 2023 to 2024, creating favorable conditions for mosquito proliferation. Elevated temperatures and heavy rainfall have enabled malaria transmission to spread to higher-altitude regions that were previously too cold for mosquito survival. (BEACON)

In 2025, the United States withdrew foreign aid, including programs such as ZAPIM II and ZENTO, which supported entomological surveillance, diagnosis, treatment, and vector control across 11 districts in Central Mashonaland, East Mashonaland, and Matabeleland North provinces. Health workers in rural communities reported an acute shortage of malaria rapid diagnostic test kits and treatment drugs. Some workers did not receive supplies for the majority of 2025, followed by a limited restock in FEBRUARY 2026. Consequently, cases in some areas had to be referred to additional clinics. The delayed diagnosis and limited access to treatment place cases at a higher risk of

severe complications. Nationwide research has been launched to determine whether the resurgence of cases is linked to premature relaxation of elimination strategies, insecticide resistance, or other emerging factors while implementing response measures, including indoor residual spraying, net distribution, and community surveillance in high-risk districts. Zimbabwe aims to eliminate malaria by 2030, in line with the target set by the African Union. (Aljazeera, BEACON)

Malaria risk is “High” in Zimbabwe year-round, with peak transmission occurring NOVEMBER to JUNE, especially in areas <1.2 km. From 2023 to 2024, Zimbabwe reduced malaria cases by ~77%, with sustained investment by international partners being a key factor. Malaria is caused by infection with *Plasmodium* spp. parasites, with *P. falciparum* being the primary species in Zimbabwe (98% of infections). The parasite is transmitted via the bite of infected *Anopheles funestus* s.l. and *An. gambiae* s.l. mosquitoes, with predominance varying by area. Malaria prevention consists of a combination of mosquito deterrence and chemoprophylaxis (throughout elevations <1.2km). U.S. CDC recommends that travelers to the country use malaria chemoprophylaxis before, during, and after travel. (CDC, *Int. J. Enviro. Res. Public Health*, Save the Children, Travel Health Pro)

Other Events:

- **MADAGASCAR**, 3.2k mpox cases (>1.9k confirmed; 7 deaths) since mid-DECEMBER 2025.
- **NIGERIA**, >7.8k cholera cases (74 deaths) in Borno State since early MAY.
- **NIGERIA**, ~50 million food-borne disease cases (>53k deaths) annually; >80% of burden on children aged <5 years.
- **REUNION**, 250 locally acquired dengue and 48 chikungunya cases during 2026.
- **REUNION**, 17 mpox cases (5 locally acquired) and 195 locally acquired leptospirosis cases during 2026.
- **SAINT HELENA, ASCENSION AND TRISTAN DA CUNHA**, Suspected hantavirus infection case from MV Hondius tests positive on 10 JUNE; 13 total cases (12 confirmed) globally.
- **UGANDA**, 30 schistosomiasis cases from Kisima I and Kisima II islands, Southern Division, Jinja City, as of 05 JUNE; further compounded by witchcraft accusations and language barriers.
- **ZAMBIA**, WHO donates critical supplies to strengthen country's EVD preparedness efforts.

USCENTCOM Health Events of Interest

*Iraq – Crimean-Congo Hemorrhagic Fever (CCHF):

As of 11 JUNE, 271 (+185) CCHF cases (262 confirmed; 10 deaths) have been reported in Iraq during 2026. Most cases have been reported in Dhi Qar Province (74 cases; 9 deaths). Additionally, cases have been reported in Al-Muthanna (18), followed by Wasit (13), Maysan (9), Diyala Province (8 cases; 1 death), Babil, and Nineveh, (7 each), Basra (6), Baghdad Al-Rusafa (3), Baghdad Al-Karkh, Karbala, and Saladin (2 each), Al-Anbar, Al-Diwaniyah, Kirkuk and Najaf (1 each). 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 well as Ashura commemorations where millions of pilgrims are expected to gather in Karbala and other religious centers, including Babil, Baghdad, Basar, Maysan, Najaf, Dhi Qar, and Wasit. 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. On 31 MAY, health officials closed the borders of Wasit Province to livestock to limit CCHF transmission. As of 11 JUNE, the MOH has implemented a comprehensive program and awareness campaign across 10 high-risk governorates. (Relief Web, 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 historical patterns, the highest burden of CCHF typically occurs from MAY to JULY in the country. 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, Relief Web, 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:

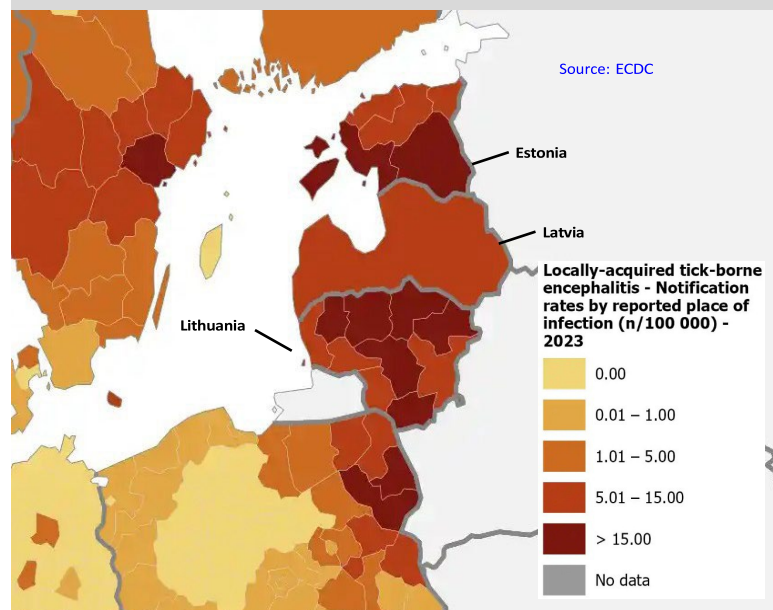
- **AFGHANISTAN**, 16 CCHF cases in Herat Province as of 11 JUNE; 112 total (12 deaths) in the province in 2025.
- **GAZA STRIP**, Increasing acute watery diarrhea and hepatitis A cases due to a breakdown of water and sanitation services as of 09 JUNE.
- **ISRAEL**, 120% increase in syphilis cases since 2022.
- **UNITED ARAB EMIRATES**, Emergency travel restrictions issued for the DRC, South Sudan, and Uganda due to EVD outbreak, as of 07 JUNE.
- **YEMEN**, >1.4k dengue cases (238 confirmed; 14 deaths) in Aden City during 2026.
- **YEMEN**, >4.3k cholera cases (6 deaths) during 2026.
- **YEMEN**, U.S. CDC issues “Level 2 – Practice Enhanced Precautions” travel notice for malaria on 11 JUNE.

USEUCOM Health Events of Interest

Estonia – Tick-borne Encephalitis (TBE):

Through MAY, the Estonia Health Board has reported 8 TBE cases during 2026, a 27% decrease compared to the same period in 2025 (11). However, all 2026 cases were reported in MAY, a two-fold increase compared to MAY 2025 (four cases). In 2025, cases were reported earlier in the year in JANUARY (three), MARCH (one), and APRIL (three). In Estonia, TBE transmission typically occurs from APRIL to NOVEMBER, coinciding with the period of tick activity and peaking in JUNE to AUGUST. In 2025, a total of 143 TBE cases were reported in the country, similar to 2024 (138), but lower than 2023, when 208 cases were reported, the highest annual count since 2011 (250). As of 09 JUNE, a specialist from the Estonia Health Board warned that the risk of tick-borne illness (TBI) may be even higher in towns than in forested areas due to concentrated green areas that are more regularly used. Experts have also noticed increasing TBE cases in recent years due to warmer winters; if winters continue to warm, new tick species may move into Estonia, further expanding TBI risk. (Estonian Public Broadcasting, Global Health Press)

Figure 6. Locally Acquired TBE Cases per 100k Population in the Baltics, 2023



TBE was first identified in Estonia in 1949. According to the U.S. CDC, TBE is highly endemic throughout Estonia. See Figure 6 for a map of locally acquired TBE cases in Estonia in 2023. **Estonia is among the top five countries with the highest TBE incidence in recent years, along with the Czech Republic, Latvia, Lithuania, and Slovenia.** There are three subtypes of TBE virus (TBEV): European (TBEV-Eu), Far Eastern (TBEV-FE), and Siberian (TBEV-Sib). TBEV-Eu is endemic in parts of central, eastern, and northern Europe, and is transmitted by *Ixodes ricinus* ticks. The CFR for this subtype ranges from 0.5–2%, and ≤10% of cases develop severe neurological sequelae. TBEV-FE is mainly endemic in China, Japan, and far-eastern Russia, and is transmitted by *I. persulcatus* ticks. This subtype has the highest CFR, up to 35%, as well as a higher rate of severe neurological sequelae. TBEV-Sib is endemic in Siberia and far-eastern Russia, the Urals region, and some parts of northeastern Europe. The Siberian subtype is also transmitted by *I. persulcatus* and has a mortality rate of 1–3%. **In Europe, most TBE cases are caused by TBEV-Eu; however, all three subtypes are present in Estonia, and both tick vectors (*I. persulcatus* and *I. ricinus*) are distributed throughout the country.** The Encepur and TicoVac TBE vaccines are both available for children and adults but only reimbursed for those with occupational risk. A study of TBE vaccination in the Baltics from 2019 to 2023 estimated that 16% of the general population was fully vaccinated. (ECDC, *Euro Surveill*, Global Health Press, *IJD Reg, Ticks Tick Borne Dis*)

Other Events:

- ***AUSTRIA**, First Alongshan virus detection in ticks as of 09 JUNE; genetic analysis shows virus present in Central Europe for ~20 years.
- **ESTONIA**, 15 hemorrhagic fever with renal syndrome cases during 2026 compared to 5 in same period in 2025.
- **ESTONIA**, 377 rotavirus disease and 145 campylobacteriosis cases during 2026, compared to 182 and 116 in same period in 2025, respectively.
- ***FRANCE**, 102 measles cases during 2026, as of 31 MAY.

- *FRANCE, 145 dengue, 34 chikungunya, and 2 Zika virus disease cases since 01 MAY; all imported.
- *FRANCE, Highly pathogenic avian influenza risk level lowered from “Moderate” to “Negligible” on 03 JUNE.
- HUNGARY, 3.8k rotavirus disease cases during 2026, a 3.5-fold increase from the same period in 2025 (>1.0k).
- LATVIA, 146 salmonellosis cases during APRIL, a 10-fold increase from MARCH (14 cases).
- LATVIA, Monthly rotavirus disease cases increasing, from 26 in JUNE to 207 in APRIL; APRIL cases nearly double same period in 2025 (119).
- *UNITED KINGDOM, 736 measles cases (2 deaths) in England during 2026; 959 total in 2025.
- UKRAINE, 12 botulism cases during 2026.

USINDOPACOM Health Events of Interest

China – Novel Influenza A(H9N2):

As of 02 JUNE, 11 human infections with **avian influenza A(H9N2)** have been reported in China during 2026. On **26 MAY, 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. Additionally, all close contacts identified tested negative. On 20 MAY, China notified WHO of the 10th human A(H9N2) infection. The case was an elderly female with co-morbidities from Guangxi Province who developed symptoms of dizziness, fever, and shortness of breath on 04 MAY. She was hospitalized on 05 MAY and diagnosed with bronchiectasis with infection. On 06 MAY, influenza-like illness was suspected, and samples were collected for testing. On 15 MAY, PCR testing confirmed A(H9N2) at Liuzhou CDC, Guangxi Province. The case did not receive any antiviral treatment, and her symptoms were almost resolved when she was discharged on 12 MAY. An epidemiological investigation revealed the case’s family had purchased live poultry from a market on 02 MAY and kept them at home. Of the environmental samples collected, 1 of 12 were from the case’s home and 9 of 11 were from the relevant live poultry market tested positive for A(H9). Health issues were observed while the live poultry were being reared, and all the poultry were culled around 12 MAY. On 15 MAY, 12 close contacts were identified; all tested negative for influenza and are being monitored with no abnormalities reported. (Hong Kong Centre for Health Protection [HK CHP], WHO)

During 2026, cases have been reported in Guangdong, Guangxi, and Yunnan (three each), and Jiangxi and Sichuan (one each) provinces. Since 2015, a total of 164 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)

Hong Kong – Novel Influenza A(H9N2):

On 12 JUNE, the HK CHP reported a human infection with **avian influenza A(H9N2)** case in a 2-year-old male from Sha Tin District. The case had symptoms of fever and mild diarrhea on 09 JUNE. On 10 JUNE, he was admitted to Prince of Wales Hospital for treatment. As of 15 JUNE, the case is in stable condition and admitted to an isolation ward at Princess Margaret Hospital. Laboratory testing of a respiratory specimen by the Public Health Laboratory Services Branch identified A(H9), with whole genome sequencing confirming A(H9N2) as of 15 JUNE. The strain was identified as low pathogenic avian influenza, showing no significant genetic variation. A preliminary investigation revealed that the case had no travel history during the incubation period and has been classified as a locally acquired case. Additionally, he did not attend school or daycare services. Six household contacts were identified, remain asymptomatic, are under surveillance, and have been provided with preventative medication. The household did not keep poultry, and the case did not consume undercooked poultry or come in contact with any patients. However, in early JUNE, the case visited a fresh provision shop which sells live chickens in Wo Che Market twice. The case watched the poultry and touched the surroundings of the shop. One out of 17 environmental samples collected from the case’s residence and the fresh provision shop tested positive for A(H9); the sample was from a metal tray at the

bottom of a live chicken cage at the fresh provision shop. HK CHP believes the case was likely infected by touching a contaminated surface at the fresh food shop; the shop will be cleaned and disinfected. Since 1999, 11 human infections with avian influenza A(H9N2) cases (5 locally acquired; no deaths) have been reported in HK.

India – Nipah Virus (NiV) Infection:

On 11 JUNE, one confirmed NiV infection case was reported in Ramanattukara Municipality, Kozhikode District, Kerala State. The case is a 43-year-old male who is on a ventilator in critical condition in an isolation ward at the Kozhikode Government Medical College Hospital in Kerala State. As of 12 JUNE, the case is undergoing treatment and has received the first dose of monoclonal antibodies. The source of the infection has not yet been identified; however, the case works as a cleaner and had recently cleaned an old building in Feroke Municipality, where health officials suspect he may have contracted the virus through exposure to bats. On 02 JUNE, the case sought treatment at a private hospital in Feroke Municipality for other health issues prior to returning home, where he later developed severe symptoms including a high fever and encephalitis. Health officials created a route map of the case between 30 MAY and 10 JUNE to assist with the identification of contacts. After the case's initial visit to a private hospital in Feroke Municipality on 02 JUNE, the case visited the same hospital again on 07 JUNE, when he was admitted. On 08 JUNE, the case was transferred from the private hospital in Feroke Municipality to a private hospital in Kozhikode City, where he underwent several tests and was placed in the isolation ward on 09 JUNE. After preliminary tests indicated NiV infection, the case was transferred again on 10 JUNE to the Kozhikode Government Medical College Hospital. Information on the clade of the current case is not available; however, Indian NiV infection outbreaks are primarily attributed to the NiV-Bangladesh clade. (BEACON, ETV Bharat, Government of Kerala, Onmanorama, *Plos Pathogens*, Vartha Bharati)

As of 12 JUNE, 87 contacts have been identified, with 4 in the highest risk category, 16 high-risk, and 67 low-risk. There are currently three individuals in quarantine who have been admitted to the hospital for observation and samples have been sent for testing. As part of the outbreak control measures, health officials have conducted a survey of 286 households in the fifth division of Ramanattukara Municipality, where 12 individuals were identified as having a fever; however, no symptoms related to NiV infection were found. On 11 JUNE, a high-level meeting was held by health officials where restrictions were imposed on the medical college and surrounding areas, and experts from the National Disease Control Center visited the district on 13 JUNE. Although the risk of international propagation is currently assessed as low, the pathogen's extreme lethality requires active tracking. (BEACON, ETV Bharat, Government of Kerala, Onmanorama, Vartha Bharati)

The last NiV infection outbreak in Kerala State occurred from MAY to JULY 2025, with four confirmed cases (two deaths). The cases were in Malappuram and Palakkad districts (two each). NiV infection outbreaks in Kerala State are highly seasonal from MAY to JULY, aligning with fruit-harvesting seasons and increased *Pteropus* fruit bat activity. Two additional confirmed NiV infection cases have been reported in India during 2026 in West Bengal State among

Figure 7. Current and Past NiV Infection Outbreaks, India, 2025 to 2026



Table 4. NiV Infection Cases, India, 2001–2026

Year	Cases	Deaths	State
2026	1	0	Kerala
2026	2	0	West Bengal
2025	4	2	Kerala
2023	6	2	Kerala
2021	1	1	Kerala
2019	1	0	Kerala
2018	19	17	Kerala
2007	5	5	West Bengal
2001	66	45	West Bengal

Source: ETV Bharat, Government of Kerala

nurses working in a private hospital. In India, NiV infections have occurred multiple times since 2001, and since 2018, Kerala State has reported a total of nine NiV outbreaks. Despite Kerala State having a strong healthcare system and improved infection control measures since 2023, it is advisable to maintain strong preparedness and surveillance efforts while ensuring continued care for cases. See Figure 7 and Table 4 for the current and previous NiV infection outbreaks in India. Since 1998, NiV outbreaks have been reported in Bangladesh, India, Malaysia, the Philippines, and Singapore, and the CFR for outbreaks typically ranges from 40% to 75%, depending on local capabilities for early detection and clinical management. Human NiV infection transmission occurs via direct contact with infected animals, primarily *Pteropus* fruit bats, consumption of contaminated foods, or direct contact with infected individuals or bodily fluids. Initial symptoms may include cough, difficulty breathing, fever, headache, and sore throat; severe symptoms may include coma, confusion, drowsiness, and seizures. The virus' incubation period is typically 3 to 14 days, though incubation periods of up to 45 days have been reported in some rare cases. While there are no licensed vaccines or therapeutics for NiV, the University of Oxford launched a Phase II vaccine trial of the ChAdOx1 NipahB vaccine in Bangladesh (306 healthy adults) in DECEMBER 2025. (BEACON, U.S. CDC, CEPI, 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:

- ***AUSTRALIA**, Fatal Murray Valley encephalitis case as of 10 JUNE; case exposed in West Kimberly region of Western Australia State in mid-MAY.
- **HONG KONG**, Five mpox cases linked to same establishment in Mong Kok since 01 MAY.
- **INDIA**, 126 shigellosis cases (1 death) in Kerala State during 2026 through 07 JUNE, mainly from Alappuzha and Aranmula municipalities.
- ***JAPAN**, 105 hepatitis A (recent spike) and 63 mpox cases during 2026, compared to 63 and 1, respectively, during same period in 2025.
- **LAOS**, 269 locally acquired malaria cases in 2025; decline attributed to malaria prevention and control program, particularly in rural communities.
- **MALAYSIA**, >33k dengue cases (23 deaths) during 2026; 21% case increase compared to same period in 2025 (>27k).
- **NEPAL**, >900 dengue cases during 2026 before start of monsoon season.
- ***REPUBLIC OF KOREA**, Increasing trend in suspected hand, foot, and mouth disease cases (4.3 per 1k individuals) over past three weeks as of 05 JUNE.

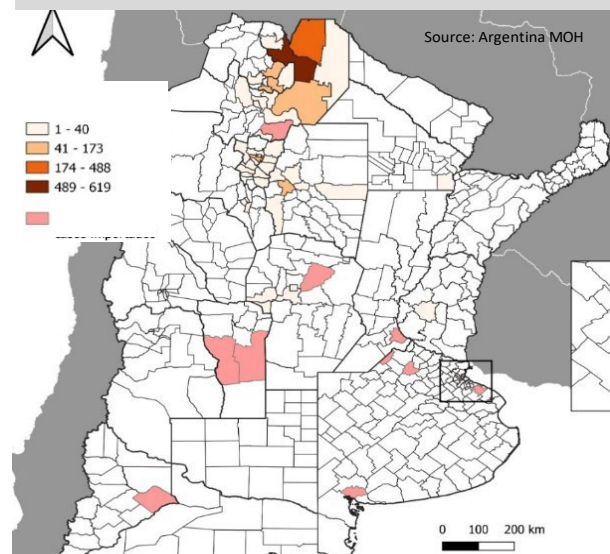
- **SINGAPORE**, 80 dengue cases in the week ending 06 JUN; 8 active clusters as of 08 JUNE.
- **TAIWAN**, First confirmed locally acquired Japanese encephalitis case during 2026, in Minxiong Township, Chiayi Country.
- **TAIWAN**, First locally acquired paratyphoid fever case during 2026.
- **TAIWAN**, Six locally acquired dengue cases during 2026, all in Kaohsiung City; five linked to hospital cluster.
- **VIETNAM**, >50k dengue cases during 2026; 2.5-fold increase from same period in 2025.

USSOUTHCOM Health Events of Interest

*Argentina – Chikungunya:

Through **06 JUNE**, PAHO has reported **11,524 chikungunya cases (+6.0k since IB's last report on 28 APRIL; >2.6k confirmed)** in Argentina during 2026, a **more than three-fold increase compared to the same period in 2025 (>2.5k cases; 33 confirmed)**. During 2026, locally acquired cases were first identified in the week beginning 08 FEB from Salta Province (three cases), and **through 30 MAY, 1.9k confirmed locally acquired cases have been reported in the Argentine Northwest and Center regions**. Most locally acquired cases have been reported from Salta Province (983), followed by Tucumán (565), Santiago del Estero (185), Jujuy (120), and Córdoba (27) provinces. Salta Province, which borders Bolivia and Chile, has also reported the most confirmed travel associated cases (109). Weekly confirmed locally acquired cases peaked in the week beginning 19 APRIL (392 cases) and have since decreased to 55 in the week ending 30 MAY. **Officials believe that Argentina is going through a stage of localized expansion with widespread chikungunya transmission, despite cases remaining predominately in the northwest (Figure 8).** (Argentina MOH, Informed)

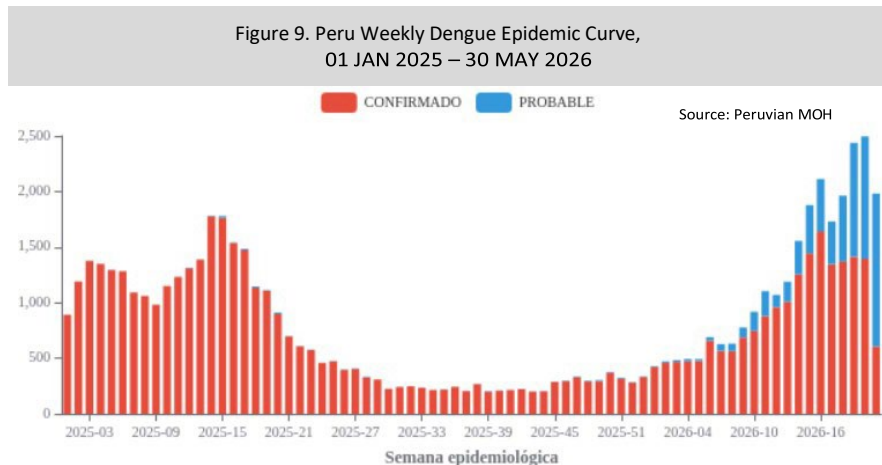
Figure 8. Confirmed and Probable Chikungunya Cases by Department, Argentina, 01 JAN – 06 JUNE



According to genomic surveillance data, the dominant lineage of the Chikungunya virus currently circulating in Argentina is the East-Central-South-African (ESCA) lineage. The displacement of the Asian lineage by the ESCA lineage is primarily attributed to regional human mobility and border dynamics. This shift introduces a novel immunogenic profile to populations that were previously exposed only to the Asian lineage. (*Emerg Micro Infect*)

Peru – Dengue:

Through 30 MAY, 25,529 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 9). 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, dengue virus (DENV) serotypes-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:

- ***ARGENTINA**, 185 confirmed seasonal influenza cases during 2026; 98% A(H3N2).
- ***ARGENTINA**, One confirmed hantavirus infection case in El Galpón, Salta Province, as of 04 JUNE.
- ***ARGENTINA**, Six Argentine hemorrhagic fever cases in Córdoba Province during 2026
- **BOLIVIA**, >39k chikungunya cases (7 deaths) during 2026, 40-times the cases during same period in 2025 (995).
- ***BRAZIL**, 11 yellow fever cases during 2026; 9 in São Paulo and 2 in Pará states.

- ***BRAZIL**, Butantan Institute dengue vaccine temporarily suspended following 42 severe adverse events (2 deaths) among 500k recipients as of 08 JUNE.
- **CUBA**, MOH warns of dengue outbreak potential due to season, garbage accumulation, and water leaks as of 12 JUNE; two confirmed in Matanzas Province.
- **FRENCH GUIANA**, 723 confirmed chikungunya cases since 01 FEB; 68% in West Coast Region.
- **HONDURAS**, >3.8k dengue cases (66 hospitalizations) during 2026; Cortés and Francisco Morazán departments most affected.
- **HONDURAS**, First locally acquired measles case linked to imported case; five total cases (four imported from Guatemala) as of 12 JUNE.
- **HONDURAS**, Third imported measles case as of 06 JUNE; epidemiologically linked to Guatemala outbreak.
- ***HAITI**, 25 leprosy cases during 2026; 72% in Gonaïves since MARCH.
- ***PANAMA**, Eight measles cases (two imported; one related to importation) as of 11 JUNE.
- **PERU**, 308 leptospirosis cases (4 deaths) in Tumbes City during 2026.
- **PERU**, Epidemiologic Alert for measles issued on 06 JUNE; 501 total during 2026
- **SURINAME**, >7.4k chikungunya cases during 2026; none during the same period in 2025.