



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
23 JUNE 2026

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DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 17–23 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

France has reported 211 imported vector-borne disease cases (164 dengue; 43 chikungunya; 4 Zika virus disease) since 01 MAY. A 24% increase in dengue cases has been reported across two governorates in **Yemen** compared to the same period in 2025. A modified dengue virus, with several changes compared to previous strains, has been identified in **Sri Lanka**, and may have contributed to the increase in cases during 2026 (41k cases). Dengue cases in **Vietnam** have more than doubled during 2026 (>50k) compared to the same period in 2025.

HSU Health Events

Geographic Combatant Command	Country	Event
USNORTHCOM	*Mexico	Rocky Mountain spotted fever
	*United States	Rickettsiosis
	USNORTHCOM	New World screwworm disease
	Other events	
USAFRICOM	USAFRICOM	Ebola virus disease
	Zimbabwe	Malaria
	Other events	
USCENTCOM	*Iraq	Crimean-Congo hemorrhagic fever
	Yemen	Dengue
	Other events	
USEUCOM	Estonia	Tick-borne encephalitis
	*France	Vector-borne diseases
	Other events	
USPACOM	China	Novel influenza A(H9N2)
	Hong Kong	Novel influenza A(H9N2)
	India	Nipah virus infection
	Sri Lanka	Dengue
	Vietnam	Dengue
	Other events	
USSOUTHCOM	*Argentina	Chikungunya
	Other events	

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USNORTHCOM Health Events of Interest

*Mexico – Rocky Mountain Spotted Fever (RMSF):

Through 30 MAY, the Mexico Ministry of Health (MOH) has reported 142 **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 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), 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 U.S., which have the highest incidence and mortality rates in the country. (*Am J Trop Med Hyg*, Biothreats, Emergence, Analysis, and Communications Network [BEACON], Mexico MOH, U.S. Centers for Disease Control and Prevention [CDC], *Clin Med*)

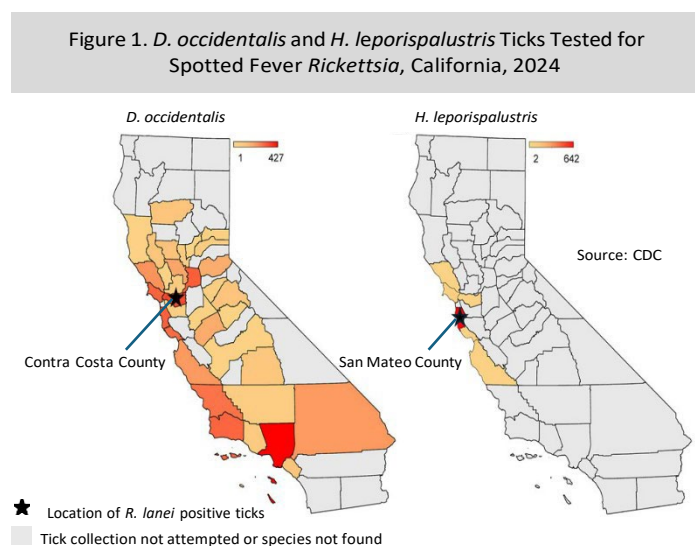
*United States – Rickettsiosis:

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 APR. 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 3 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 JUL 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, 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 1 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 **06 JUNE**, the Mexico MOH has reported **412 (+41)** human **NWS disease** cases (two deaths) since APR 2025, with most cases from Chiapas (139 cases), Veracruz (70), Oaxaca (36), and Yucatán (33) states (Table 1). Human cases during 2026 (295) 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. **In the week ending 06 JUNE, a second human NWS disease case was reported in Nuevo León State.** (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 – 06 JUNE 2026

State	Cases
Chiapas	139
Veracruz	70
Oaxaca	36
Yucatán	33
Guerrero	26
Puebla	19
Quintana Roo	19
Hidalgo	13
San Luis Potosí	13
Tabasco	12

Source: Mexico MOH

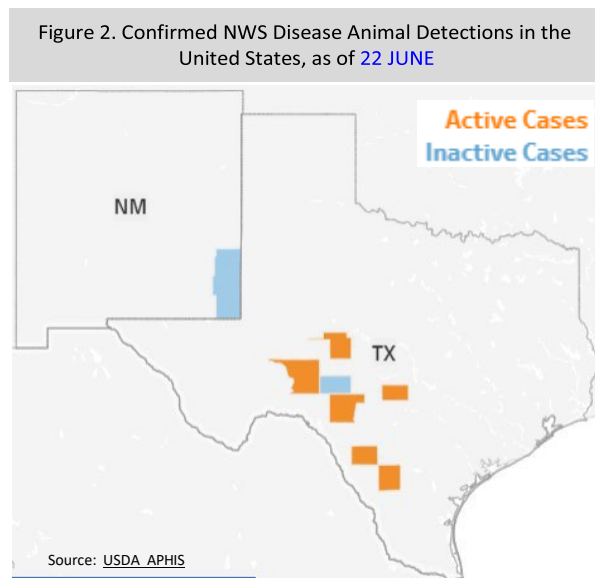
The first animal NWS disease case in a United States-Mexico border state was confirmed on 21 SEP 2025 in Nuevo León State, Mexico. Since then and as of 19 JUNE, 1,345 animal cases (+143) have been reported in United States-Mexico border states in Mexico: 895 from Tamaulipas, 381 from Nuevo León, and 69 from Coahuila. Additionally, as of 19 JUNE, there are active animal NWS disease cases in all three 2026 FIFA World Cup Cities: Mexico City (eight), Monterrey (two), and Guadalajara (one). (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, 03–22 JUNE

State	County	Cases
New Mexico	Lea	1
TX	Crockett	1
	Edwards	5
	Gillespie	1
	Le Salle	2
	Sutton	1
	Tom Green	1
	Zavala	3

Source: USDA APHIS

***United States – As of 22 JUNE, USDA APHIS has reported 15 (+3) animal NWS disease cases in the United States. See Table 2 for animal NWS disease cases in the United States by county and Figure 2 for a map of animal NWS disease cases in the United States.** On 03 JUNE, USDA APHIS reported the detection of NWS in 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. 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. 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. On 16 JUNE, USDA APHIS announced ~\$105 million for 40 breakthrough projects to sharpen NWS detection, accelerate control and eradication tools, and strengthen rapid-response capabilities. According to the U.S. CDC, the risk of infestation in humans remains “Low.”



Other Events:

- *CANADA, 236 Lyme disease cases in Ontario Province as of 07 JUNE
- *MEXICO, >60k gastrointestinal (GI) illness cases in Tamaulipas State as of 02 JUNE linked to heatwave
- *UNITED STATES, 25 locally acquired West Nile virus (WNV) disease cases (2 deaths) in Maricopa County, Arizona, as of 18 JUNE; 150% increase compared to same period in 2025 (10)
- *UNITED STATES, 35 imported chikungunya cases in Hillsborough County, Florida, during 2026
- *UNITED STATES, 513 salmonellosis cases linked to backyard poultry across 43 states since 20 JAN; 8 total concurrent outbreaks
- *UNITED STATES, Fatal WNV disease case in Maricopa County, Arizona, as of 16 JUNE
- *UNITED STATES, First confirmed equine WNV disease case in California during 2026 in San Luis Obispo County
- *UNITED STATES, First measles case in Connecticut during 2026 in Hartford County unvaccinated adult
- *UNITED STATES, First WNV-positive mosquitoes in Brown County, South Dakota, during 2026 as of 15 JUNE
- *UNITED STATES, Norovirus wastewater increased from “Medium” to “High” as of 22 JUNE
- *UNITED STATES, One confirmed locally acquired dengue case in Imperial County, California, as of 08 JUNE; seven total locally acquired in state in 2025
- *UNITED STATES, One Powassan virus disease case in Concord, New Hampshire, as of 11 JUNE
- *UNITED STATES, Suspected norovirus transmission among hikers of the Appalachian Trail in Virginia as of 17 JUNE
- *UNITED STATES, USDA approves first canine combination vaccine for leptospirosis and Lyme disease, TruCan Ultra Lyme-L4, on 15 JUNE

USAFRICOM Health Events of Interest

USAFRICOM – Ebola Virus Disease (EVD):

*DRC CASE REPORT: According to the DRC National Institute of Public Health, through 21 JUNE (data last checked 0800 EST on 23 JUNE), 1,048 (+240) confirmed EVD cases (267 [+75] confirmed deaths; CFR: >25%; Table 3; Figure 3) have been reported across at least 34 (+3) health zones (HZs) in Ituri (22), North Kivu (11), and South Kivu (1) provinces. See Figure 4 for the geographical location of the current EVD outbreak in the DRC. Through 20 JUNE, 8.4k contacts are under follow-up in Ituri (6.2k), North Kivu (2.1k), and South Kivu (58) provinces, and 112 (+64)

Text in blue represents a change since the previous report (16 JUNE)

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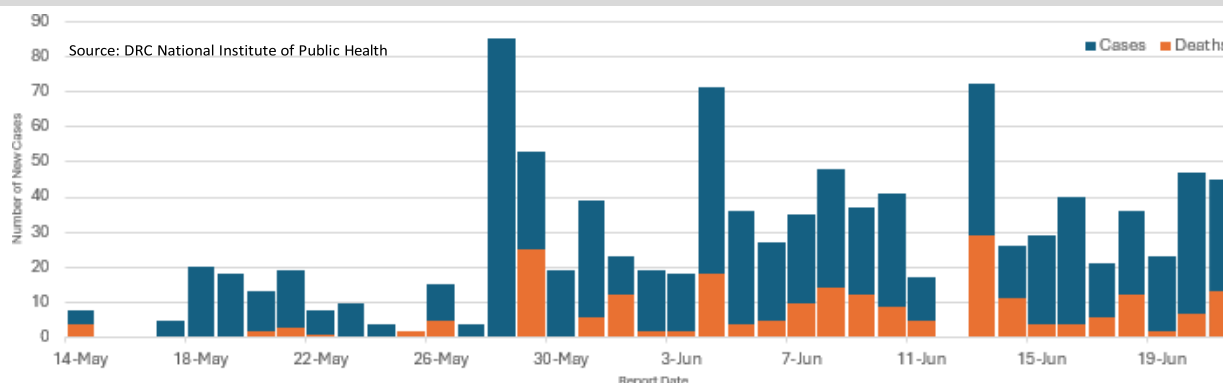
*2026 FIFA World Cup host or participating country

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cases have recovered. As of 14 JUNE, overcrowding, poor sanitation, and water shortages are potentially increasing the risk of EVD transmission at Kigonze Displacement Camp, Ituri Province; >11k individuals live at the camp across ~2.6k households. On 17 JUNE, two EVD cases, a 6-year-old female and her mother, were abducted from a hospital in Butembo, North Kivu Province, by armed men, but arrived back at a treatment center ~11 miles away on 19 JUNE; EVD treatment facilities have been a focal point of attacks during the outbreak. As of 17 JUNE, the European Centre for Disease Prevention and Control (ECDC) has tracked additional hostile incidents, including an attack on a safe and dignified burial team in Mongbwalu HZ, Ituri Province, and reports of five workers taken hostage at points of

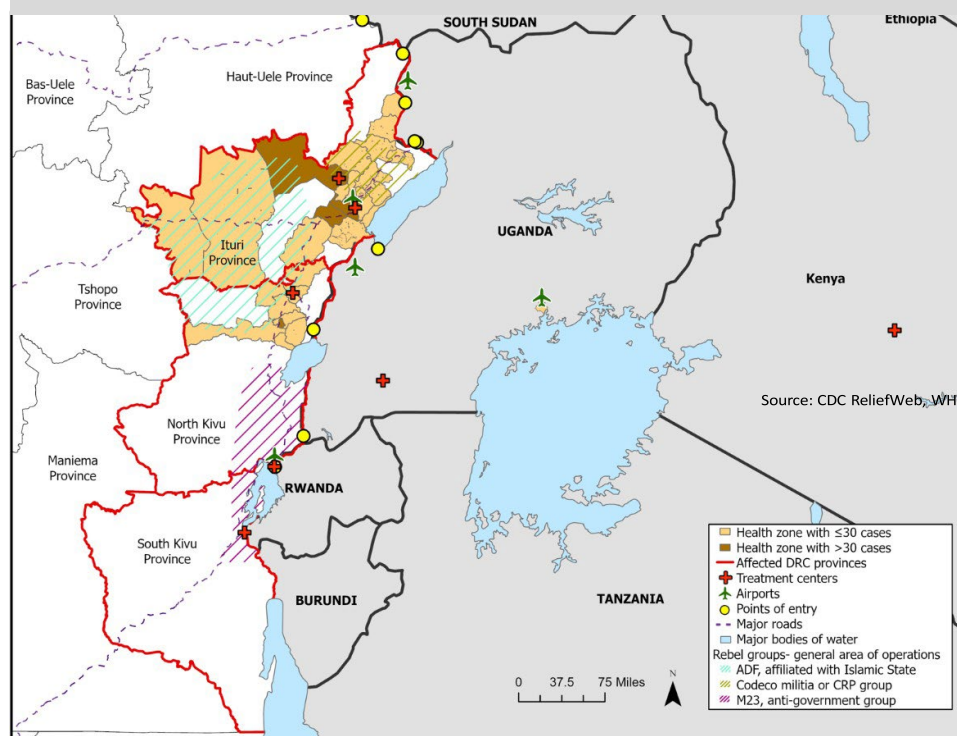
Figure 3. Weekly EVD Confirmed Cases and Deaths, DRC, through 21 JUNE



entry/control after being falsely accused of spreading EVD as part of their work. (AllAfrica, BBC)

UGANDA CASE REPORT: According to the Uganda MOH, as of 23 JUNE (data last checked at 0800 EST on 23 JUNE), 20 (+1) confirmed EVD cases (15 [+1] imported; 5 locally acquired; 2 deaths) have been reported in Uganda (Table 3). The last case was confirmed on 21 JUNE; 9 contacts are under follow-up while 814 have completed follow-up. As of 17 JUNE, health officials in Uganda have continued to rapidly work to increase the capacity of regional

Figure 4. Geographical Location of the 2025 and 2026 EVD Outbreaks, as of 23 JUNE at 0800 EST



Text in blue represents a change since the previous report (16 JUNE)

*2026 FIFA World Cup host or participating country

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response teams and contact tracers in order to strengthen the country's ability to identify suspected cases in high-risk communities. (AllAfrica, *Nat Med*, [ReliefWeb](#), SOS Media Burundi)

Table 3. 2026 EVD Outbreak Case Counts by Country, as of 23 JUNE at 0800 EST					
Country	Area	Number of Health Zones Affected	Confirmed Cases	Confirmed Deaths	Contacts Under Follow up
DRC	Ituri Province	22	954	216	
	North Kivu Province	11	91	50	8,424
	South Kivu Province	1	3	1	
Uganda	Kampala City		20	2	9
	Wakiso District				

Sources: DRC MOH, Uganda MOH

U.S. CITIZEN CASE REPORT: The American medical missionary who contracted EVD while treating cases in the DRC has returned to the U.S. following recovery. (CBS News)

ISRAEL SUSPECT CASE REPORT: On 19 JUNE, the Israel MOH reported suspected EVD in an individual who had recently returned to Israel. The individual had sought medical care after developing symptoms, including fever and headache, and was transferred to Rambam Medical Center, Haifa City. On 21 JUNE, a second suspected case was isolated after developing fever, headache, and diarrhea. As of 23 JUNE, both individuals tested negative but remain under medical care. (Haaretz, Jerusalem News Syndicate)

BACKGROUND: Bundibugyo virus disease (BVD) is a severe and often fatal EVD caused by the Bundibugyo virus. 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. As of 17 JUNE, WHO has expanded isolation capacity for suspected cases, upgraded treatment facilities to include individual isolation rooms that meet infection prevention and control standards, and installed a 10k-liter water tank to support patient care. (United Nations, WHO)

DIAGNOSTICS AND MEDICAL COUNTERMEASURES: On 15 JUNE, WHO released updated clinical guidelines for the management of filovirus diseases, including BVD, EVD, Marburg, Sudan, and Taï Forest, aimed at addressing key clinical interventions to improve outcomes for confirmed or suspected cases. On 18 JUNE, ECDC released an EVD preparedness and response checklist for imported cases.

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, 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." As of 17 JUNE, Epistorm modeling estimated that Kenya, Rwanda, and Tanzania face the highest risk of EVD importation, collectively representing 54% of the overall risk. (ECDC)

TRAVEL ADVISORIES: On 15 JUNE, the U.S. CDC updated the "Level 3 – Reconsider Nonessential Travel" travel health notice for the BVD outbreak in the DRC, and on 15 JUNE, updated the "Level 2 – Practice Enhanced Precautions" travel health notice for the BVD outbreak in the DRC and Uganda. As of 18 JUNE, the U.S. Department of State (DOS) "Level 4 – Do Not Travel" advisories for DRC, South Sudan, and Uganda remain in effect. As of 11 JUNE, WHO advised that the risk of EVD transmission in Europe and World Cup host countries is "Low."

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 fourfold 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 NOV to JUN, 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:

- **ANGOLA**, >87k individuals to receive cholera vaccine in Viana, Luanda Province, from 17 to 22 JUNE
- **MADAGASCAR**, Six suspected botulism cases from Antsirabe (four), Vakinankaratra Region, and Antananarivo (two), Analamanga Region, as of 14 JUNE; linked to deli meat
- **NIGERIA**, >26% decrease in malaria prevalence from 2010 to 2025
- **NIGERIA**, 53 cholera cases (5 deaths) in Plateau State, as of 14 JUNE
- **RWANDA**, JUNE 2026 study finds two sexually transmitted Marburg virus disease cases linked to the 2024 outbreak
- ***SENEGAL**, 6 chikungunya cases across 6 regions as of 13 JUNE; 10 total in 2025
- ***SOUTH AFRICA**, 11 human tanapox cases near Orpen, Kruger National Park, between FEBRUARY and MARCH 2024

USCENTCOM Health Events of Interest

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

As of 11 JUNE, 271 **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 (one 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. (ReliefWeb, 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, ReliefWeb, 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)

Yemen – Dengue:

Through early JUNE, 4,819 **dengue** cases (18 deaths) have been reported across the Aden and Hadhramaut governorates in southern and eastern Yemen, respectively, during 2026. These areas are under government control. **This represents a 24% increase in cases and a 29% increase in deaths compared to the same period in 2025 (~3.9k cases; 14 deaths).** Through 14 JUNE, >1.4k dengue cases (238 confirmed; 14 deaths) have been reported in Aden Governorate during 2026. Most cases have been reported from Dar Saad District (277), followed by Sheikh Othman (270) and Al-Mansoura (211) districts. The districts with the most deaths are Al-Mualla and Sheikh Othman (three each). Cases have also been reported in Khor Maksar (178), Al-Tawahi (128), Al-Buraiqa (93), and Sira (90) districts. Health officials attribute ongoing dengue transmission to the deterioration of environmental and sanitary conditions, leading to the proliferation of the mosquito vector. Officials warned of the urgent need for community awareness campaigns, intensified preventive measures, and strengthened vector control efforts, and urged individuals to tackle mosquito breeding grounds and seek medical attention upon symptom onset. (BEACON, Khabar Agency, Yemen Online)

From 2020 to 2024, >104k dengue cases were reported across Yemen, with the highest annual count reported in 2020 (31% of total cases over the five-year period). In the free areas of Yemen, 6.1k cases were reported in 2024, 22k in 2023, >25k in 2022, >19k in 2021, and 32k in 2020. Taizz Governorate accounted for the highest number of cases annually. All four dengue virus (DENV) serotypes have been documented in Yemen. According to the United Nations Office for the Coordination of Humanitarian Affairs, due to the prolonged conflict in Yemen, almost 40% of health facilities are only partially functional or are non-functional as of APRIL. As of MAY, 76 major hospitals had completely ceased operations within the past year. In addition to the health sector, the conflict has paralyzed water and sanitation systems. (*BMC Infect Dis*, Dengue Visual Atlas, Electronic Integrated Disease Early Warning System,

Khlaasa, ReliefWeb)

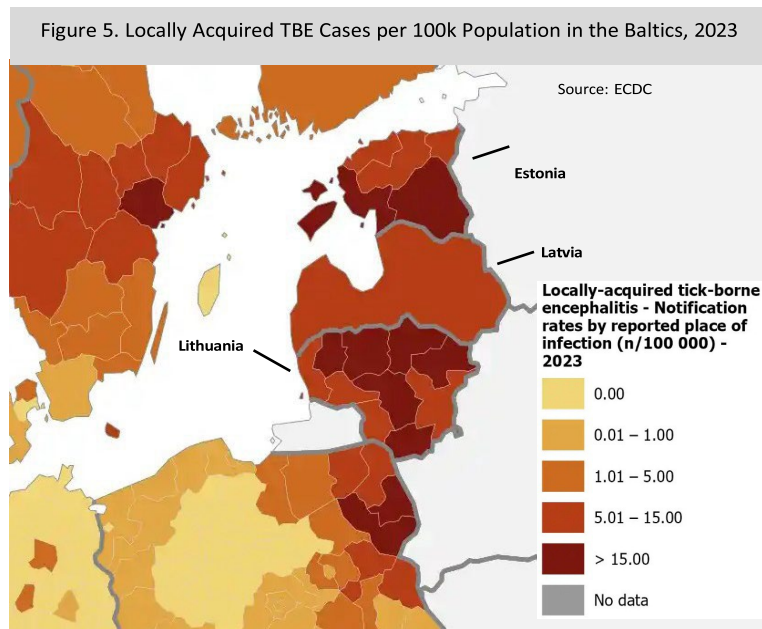
Other Events:

- **AFGHANISTAN**, Six poliomyelitis cases during 2026
- ***IRAQ**, Eight CCHF cases in Nineveh Governorate as of 16 JUNE
- ***IRAQ**, First two CCHF cases in Kurdistan Region, during 2026
- ***IRAQ**, Second CCHF case in Kirkuk Province during 2026
- **PAKISTAN**, >28k measles cases (96 deaths) during 2026
- **SYRIA**, 15 measles cases in Daraa Governorate among displaced individuals from Sweida City as of 16 JUNE
- **SYRIA**, 25k cutaneous leishmaniasis cases during 2026; 95% increase compared to same period in 2025
- **YEMEN**, 671 snake bite encounters in 2025; 83% increase compared to 2024

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 twofold 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)



TBE was first identified in Estonia in 1949. According to the U.S. CDC, TBE is highly endemic throughout Estonia. See Figure 5 for a map of locally acquired TBE cases in Estonia. **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, *IJID Reg*, *Ticks Tick Borne Dis*)

*France – Vector-borne Diseases (VBD):

Through 14 JUNE, 211 imported VBD cases (164 dengue, 43 chikungunya, and 4 Zika virus disease [ZVD]) have been reported in France since 01 MAY. Imported dengue cases are the most prevalent VBD, with most cases reported in the Île-de-France (45), Provence-Alpes-Côte d'Azur (19), Auvergne-Rhône-Alpes (18), and Occitanie (15) regions. The majority of the cases reported travel to Martinique (85), followed by Guadeloupe and Thailand (8 each), and French Polynesia, Sri Lanka, and Togo (6 each). While there is no information on current DENV serotypes in mainland France, DENV-1, DENV-2, and DENV-3 have been identified in previous outbreaks, with DENV-3 first identified in 2022. Most imported chikungunya cases were reported in the Nouvelle-Aquitaine Region (nine), followed by Provence-Alpes-Côte d'Azur (seven), Île-de-France (six), and Bourgogne-Franche-Comté and Occitanie (five each) regions. Most imported cases had travel to Mayotte (12), followed by Mauritius (11), and Madagascar (6). Four imported ZVD cases were reported in Occitanie (two cases), and Grand Est and Pays de la Loire (one each) regions, with travel to Indonesia (two) and Senegal and Togo (one each; Table 4). **No locally acquired chikungunya, dengue, or ZVD cases have been identified in mainland France as of 07 JUNE.** France typically enhances surveillance for VBDs, including chikungunya, dengue, and ZVD, annually from 01 MAY to 30 NOV to control the risk of local transmission. Additionally, ready-to-use tools as part of Operation Zero Mosquito, a community-based mobilization event, are available from MAY to NOVEMBER. Ongoing climate change, urbanization, and intensification of trade facilitate the gradual establishment of mosquito vectors and increase the risk of disease transmission. As of 17 JUNE, a facility in Montpellier, Occitanie Region, owned by Terratis, produces around 1.5 million sterile male *Aedes albopictus* mosquitoes weekly and releases them into urban areas to reduce mosquito populations. (Euro News, *EURO Surveill*, Institut Pasteur de Lille, Public Health France)

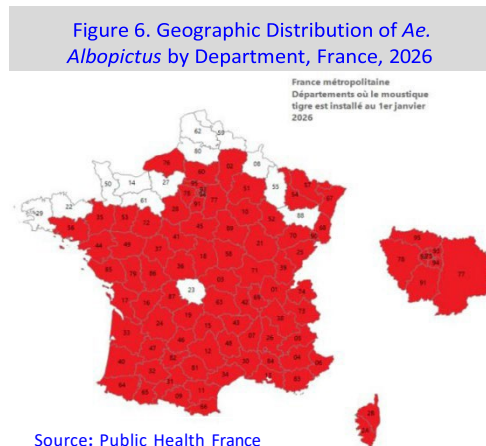
Table 4. 2026 Imported VBDs in France by Region, as of 14 JUNE

Region	Chikungunya	Dengue	ZVD
Auvergne-Rhône-Alpes	4	18	0
Bourgogne-Franche-Comté	5	6	0
Bretagne	3	7	0
Centre-Val de Loire	1	10	0
Grand Est	0	2	1
Hauts-de-France	1	9	0
Île-de-France	6	45	0
Normandie	1	8	0
Nouvelle-Aquitaine	9	14	0
Occitanie	5	15	2
Pays de la Loire	1	11	1
Provence-Alpes-Côte d'Azur	7	19	0

Source: Santé Publique France

In France, VBDs are primarily transmitted by the *Ae. albopictus* (tiger) mosquito, which has established populations across 83 of 96 departments since it was first detected in 2004 (Figure 6). In 2025, 809 imported chikungunya cases (81 locally acquired) were reported in France, the highest since enhanced surveillance was implemented in 2006. A JUN 2025 study found that samples from Réunion collected between AUGUST 2024 and APRIL 2025 were identified as the ECSA genotype and the ECSA-2 lineage and carried a crucial mutation: E1-A226V. This specific adaption

enhances the virus's ability to be transmitted by the tiger mosquito. In 2025, 30 locally acquired dengue cases were reported in mainland France. A 2023 modeling projection suggested that, based on the rate of increasing temperature, by 2030, there could be a 50-fold increase in locally acquired dengue cases reported in France annually. (Airfinity, *EURO Surveill*, Public Health France)



Other Events:

- ***BOSNIA AND HERZEGOVINA**, 51 brucellosis cases during 2026; 155% increase compared to same period in 2025 (20)
- ***CROATIA**, African swine fever outbreak in domestic pigs in Osijek-Baranja County as of 17 JUNE
- **ESTONIA**, 5 salmonellosis (*Salmonella* Stanley) cases linked to Reeve instant noodles from Ukraine; 90 total across 11 countries as of 17 JUNE
- **GREECE**, Increasing hepatitis A and shigellosis cases among men who have sex with men as of 20 JUNE
- **IRELAND**, >18k sexually transmitted infection cases in 2025
- **KOSOVO**, 36 confirmed measles cases since 16 APRIL
- **RUSSIA**, 93 hemorrhagic fever with renal syndrome cases in Udmurtia Republic, Volga District, as of 31 MAY; 86% increase compared to same period in 2025
- **RUSSIA**, >2.4k tick bite cases in Stavropol Krai, North Caucasus Region, as of 15 JUNE
- **RUSSIA**, One confirmed imported typhoid fever case in Novy Urengoy City, Yamalo-Nenets Autonomous Okrug, as of 20 JUNE
- ***SPAIN**, One confirmed CCHF case in Salamanca Province as of 15 JUNE
- ***SPAIN**, Parque del Agua de la Misericordia water park in Carretera de Cádiz District closed due to GI illness cases on 19 JUNE
- **USEUCOM**, >45k syphilis cases in Europe in 2024, highest in past decade

USPACOM Health Events of Interest

China – Novel Influenza A(H9N2):

As of 23 JUNE, 12 (+1) human infections with **avian influenza A(H9N2)** have been reported in China during 2026. **On 23 JUNE, Hong Kong (HK) Centre for Health Protection (CHP) reported one additional human A(H9N2) infection from China.** The case is a 2-year-old female from Guangxi Zhuang Autonomous Region, with symptom onset on 31 MAY. The 11th human A(H9N2) infection was in a male child from Yunnan Province who developed symptoms on 17 MAY. Additionally, all close contacts identified tested negative. (Hong Kong Centre for Health Protection [HK CHP], WHO)

During 2026, cases have been reported in Guangxi (four), Guangdong and Yunnan (three each), and Jiangxi and Sichuan (one each) provinces (Figure 7). 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. (HK CHP)

Figure 7. 2026 Human Novel Influenza A(H9N2) Infections, China, as of 23 JUNE



Hong Kong – Novel Influenza A(H9N2):

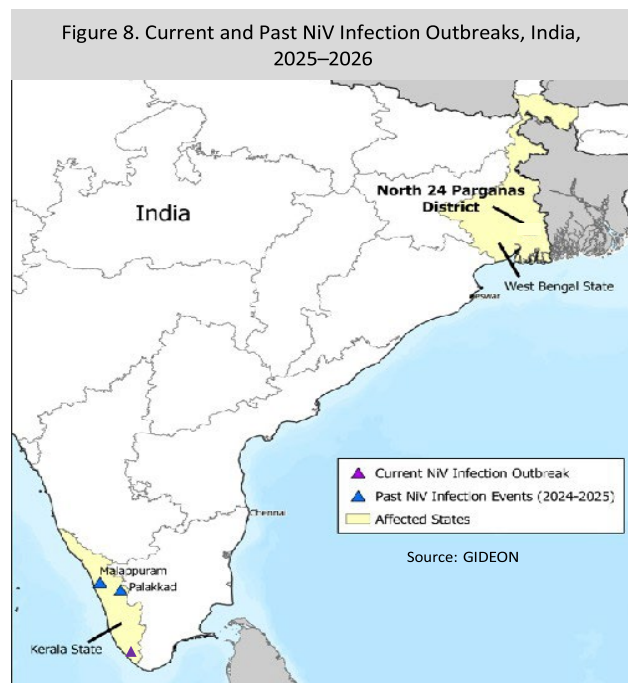
On 12 JUNE, the HK CHP reported a human infection with **avian influenza A(H9N2)** case in a 2-year-old male from Sha Tin District. The case had symptoms of fever and mild diarrhea on 09 JUNE. On 10 JUNE, he was admitted to Prince of Wales Hospital for treatment. As of 15 JUNE, the case is in stable 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. The 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. **The ECDC assessed that the risk of A(H9N2) to the general population in the EU/EEA is “Very Low.”** Since 1999, 11 human infections with avian influenza A(H9N2) cases (5 locally acquired; no deaths) have been reported in Hong Kong.

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 JUL, 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 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 DEC 2025. (BEACON, U.S. CDC, CEPI, WHO)

Year	Cases	Deaths	State
2026	1	0	Kerala
2026	2	0	West Bengal
2025	4a	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

Sri Lanka – Dengue:

As of 17 JUNE, Sri Lanka's National Dengue Control Unit has reported **42,232 (+14k since IB's last update on 26 MAY) dengue cases (24 deaths) during 2026, a 70% increase compared to the same period in 2025 (>24k cases).** Health officials have reported ~600 cases daily, with >8k cases reported within the past month. According to the Sri Lanka MOH, cases have been reported across all 25 districts, with the highest number of cases in the Colombo District (6.9k cases), followed by Gampaha (4.1k), Galle and Matara (2.1k each), Ratnapura (2k), Kalutara (>1.9k), and Kandy (1.3k) districts, as of 24 MAY. The cluster of cases in Colombo and Gampaha districts highlights ongoing vulnerability in densely populated urban regions due to frequent human movement and limited vector control. Additionally, Colombo is a major international transportation hub, with direct flights from cities worldwide (for example, Australia, Singapore, the United Kingdom), increasing disease transmission risk to other regions, domestically and internationally. The increasing number of cases indicates sustained high transmission intensity. As of 15 MAY, Sri Lanka has been experiencing flooding and severe weather in in the Central, Northern, North-Western, Sabaragamuwa, and Western provinces, as well as Anuradhapura, Galle, and Matara districts. Health officials indicate that mosquito breeding has increased particularly around schools, workplaces, religious institutions, and government and private institutions compared to households. Improper waste disposal was identified as a key contributing factor to dengue transmission. Health officials have also stated that the increased population of the *Ae. aegypti* mosquito has contributed significantly to the rise in cases during 2026. In response to the increase in cases, health officials launched a special dengue prevention week from 15 to 20 JUNE, aimed at eliminating mosquito breeding grounds and reducing infections nationwide and was carried out in phases targeting different sectors each day. From 15 to 17 JUNE, health officials also focused on inspecting and cleaning public spaces across the country and shifted efforts to educational institutions attended by children on 18 JUNE. Public and private workplaces were inspected on 19 JUNE, and residential areas and surrounding environments were cleaned on 20 JUNE. Early detection and appropriate supportive care remain the primary interventions for reducing mortality due to lack of specific antiviral treatments and limited vaccine accessibility in the country. (BEACON, Daijiworld, EPID, Lankaweb, News First, Outbreak News Today, ReliefWeb)

Despite dengue cases remaining below the 2017 epidemic peak (>186k cases) in Sri Lanka, there has been an increasing trend in incidence, with 2018, 2019, 2022, and 2025 each recording >50k cases. As of 12 MAY, the U.S. CDC identified Sri Lanka with "frequent or continuous" dengue risk. A 2024 study revealed that all four dengue serotypes co-circulated from 2000 to 2020; however, a shift in predominant serotype is observed annually and by region. **During the current outbreak, health officials have stated that a modified strain of dengue is contributing to the spread of disease, increasing the risk of infection due to a larger number of individuals being more**

susceptible to infection and leading to wider transmission. The circulation of the DENV-2 serotype, which has not been prevalent in recent years, has been identified, in addition to DENV-3. The modified strain appears to be natural mutations rather than intentional modification, as a DEC 2025 study found that the Sri Lanka DENV-2 serotype that was circulating from 2016 through 2023 belonged to genotype II.F.1 lineage, and had multiple mutations that increased viral replication, NS1 secretion, and immune evasion. There is also evidence that DENV-3 has been actively evolving in Sri Lanka as well, and an OCTOBER 2024 study found that during a 2023 dengue outbreak, two DENV-3 genotypes (I and III) were co-circulating; DENV-3 I was not initially detected due to mutations and the co-circulation of genotypes led to an increase in cases. On 11 JUNE 2025, Sri Lanka's Red Cross Society launched the first simplified early action protocol for dengue to provide support across five high-risk districts, including Colombo, Gampaha, Jaffna, Kalutara, and Kandy. Currently, the dengue vaccine is not included in Sri Lanka's National Immunization Program; however, the country has participated in clinical trials of the tetravalent live-attenuated dengue vaccine TAK-003 (Qdenga). (BEACON, *BMC Microbiol*, CDC, *Daijiworld*, *IJID Regions*, *J Infect Dis*, *The Morning*, *News First*, *Outbreak News Today*)

Vietnam – Dengue:

Through MAY, >50k dengue cases (+18k since IB's last update on 14 APR; 4 deaths) have been reported in Vietnam during 2026, ~2.5 times the number of cases reported during the same period in 2025. Ho Chi Minh City has reported the most cases (>17k; four deaths), a 65% increase compared to the same period in 2025 (>10k); cases have been reported across all 168 wards, communes, and special zones. Dengue activity in the country began earlier than usual during 2026, as health officials stated that dengue activity remained elevated through NOVEMBER and DECEMBER 2025 rather than declining towards the end of the year as previously observed. The MOH warned that cases will continue to increase, particularly during the peak transmission period (MAY to NOVEMBER). The rise in cases has been attributed to climate change, high population density, inadequate environmental infrastructure, rainfall, and rapid urbanization that has led to the proliferation of mosquito breeding grounds in residential areas, construction sites, lodging houses, and production areas. The uptick in severe cases has been linked to complacency in seeking treatment until long after symptoms have arrived, increasing the risk of complications. Health authorities have urged provinces to strengthen surveillance, environmental sanitation, and timely patient care. Additionally, preparations for a pilot vaccination program in select localities is underway. (BEACON, Vietnam Government Portal)

Table 6. Dengue Cases, Vietnam, 2021–2026

Year	Cases
2026*	50k
2025	181k
2024	138k
2023	369k
2022	367k
2021	68k

Source: GIDEON *Through MAY

In 2025, 190k dengue cases were reported in Vietnam, a 28% increase compared to 2024. See Table 6 for the number of dengue cases in Vietnam since 2021. Transmission patterns in the country appear to be changing and are no longer limited to certain regions, seasons, or age groups. Historically, dengue outbreaks in Vietnam were concentrated in the Mekong River Delta and Central Coastal regions. However, in recent years, geographic transmission has expanded to Central Highlands, North-central, and Southeastern areas. Nearly 73% of cases in the south are concentrated in Southeast regional localities. Nearly 70% of cases occur between JUNE and NOVEMBER; however, sustained high case counts from DECEMBER 2025 to JANUARY 2026 indicated prolonged transmission beyond the usual peak, suggesting altered seasonal dynamics, persistent vector abundance, or circulation of highly transmissible DENV serotypes. DENV-2 is currently the dominant strain nationwide, which is frequently associated with an increased risk of severe illness such as dengue hemorrhagic fever and dengue shock syndrome. During the 2022 outbreak, a new lineage of DENV-2 emerged in Vietnam, the Cosmopolitan genotype, which may have contributed to the large-scale outbreak by potentially increasing viral diversity and transmission dynamics in a population with varying levels of immunity. Previously, the Cosmopolitan genotype was a minority genotype in

Vietnam, and prior to 2022, it appeared as three separate lineages before an independent lineage from previously identified strains was detected. Further research is required to determine the clinical manifestations of the new lineage of DENV-2. (BEACON, *J Med Virol*, *Trop Med Health*, Vietnam Government Portal, Vietnam Plus, WHO)

Other Events:

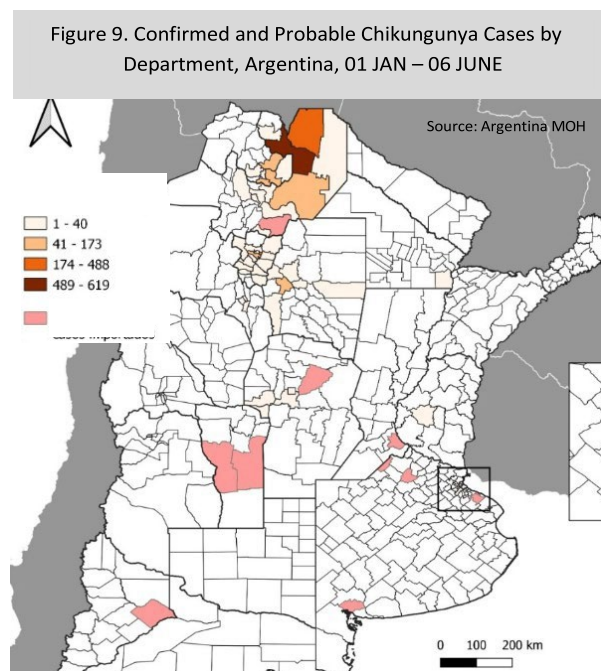
- **INDIA**, 146 shigellosis cases in Kerala state during 2026; 70 since MAY
- **INDIA**, >3k dengue and hepatitis A cases in Kerala State as of 22 JUNE
- **INDIA**, Four Japanese encephalitis cases (two deaths) in Barpeta District as of 19 JUNE
- ***JAPAN**, Five *E. coli* infection cases linked to a Costco Wholesale store in Moriyama, Shiga Prefecture, as of 17 JUNE; consumption of High Roller bacon lettuce tomato wrap suspected
- ***JAPAN**, 72 severe fever with thrombocytopenia syndrome cases during 2026; 6% increase compared to same period in 2025
- **PHILIPPINES**, 23 African swine fever cases in Nueva Vizcaya Province during 2026
- ***ROK**, Health officials issue Japanese encephalitis warning following virus detection in mosquitoes in Daegu City, North Gyeongsang Province, on 17 JUNE
- **SINGAPORE**, 938 dengue cases as of 13 JUNE; 12 active clusters as of 15 JUNE
- **TAIWAN**, Second locally acquired Japanese encephalitis case during 2026; youngest ever recorded case in 3-month-old unvaccinated child with no travel history
- ***UNITED STATES**, One imported dengue case in O'ahu, Hawaii, involving a nonresident; five total cases in residents statewide during 2026
- **VANUATU**, 17 dengue cases as of 15 JUNE, exceeding outbreak alert threshold
- **VIETNAM**, >20k hand, foot, and mouth disease cases during 2026
- **VIETNAM**, 303 salmonellosis cases linked to banh mi from Hong Ngoc 37 bakery in Đồng Tháp Province since 16 JUNE
- **VIETNAM**, First Japanese encephalitis case in Hanoi during 2026 in Hung Dao Commune
- **WALLIS AND FUTUNA**, Four dengue cases on Wallis as of 18 JUNE

USSOUTHCOM Health Events of Interest

*Argentina – Chikungunya:

Through 06 JUNE, PAHO has reported 11,524 chikungunya cases (>2.6k confirmed) in Argentina during 2026, a more than threefold 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 (3 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 imported 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 9).** (Argentina MOH, Informed)

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*)



Other Events:

- ***ARGENTINA**, >46k syphilis cases in 2025; 75% increase compared to 2022
- **COSTA RICA**, 33 malaria cases in Crucitas, Huétar Norte Region, during 2026
- ***HAITI**, 1.6k diphtheria cases (159 confirmed; five deaths) during 2026 from all 10 departments
- **HONDURAS**, First suspected dengue-related death during 2026; 4k total cases
- **NICARAGUA**, 69 dengue and 18 chikungunya cases in the week ending 13 JUNE
- **PERU**, 16 confirmed measles cases (9 locally acquired) in Arequipa Region during 2026
- **PERU**, Two leptospirosis cases in Bagua City, Amazonas Region, as of 20 JUNE