



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
30 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 24–30 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

Eight multistate salmonellosis outbreaks (513 cases; 1 death) linked to backyard poultry, particularly chickens and ducks, have occurred across 43 states in the **United States** during 2026. Fourteen fatal undiagnosed illness cases were reported in Bulungu Territory, Kwilu Province, western **Democratic Republic of the Congo**; laboratory testing confirmed malaria. An isolated fatal Marburg virus disease case has been reported in Kyegegwa District, Western **Uganda**. Through APRIL, ~25k cutaneous leishmaniasis cases were reported across multiple governorates in **Syria**, a 95% increase compared to the same period in 2025. Lyme disease cases in the **United Kingdom** during 2026 (615) have increased 25% compared to the same period in 2025. More than 2k leptospirosis cases have been reported in the **Philippines**, a 6% increase compared to the same period in 2025. **Argentina** has reported 50 hantavirus infection cases during 2026, compared to a median of 29 during the same period from 2022 to 2025.

HSU Health Events

Geographic Combatant Command	Country	Event
USNORTHCOM	*United States	Salmonellosis
	USNORTHCOM	New World screwworm disease
	Other events	
USAFRICOM	*Democratic Republic of the Congo	Malaria
	Uganda	Marburg virus disease
	USAFRICOM	Ebola virus disease
	Other events	
USCENTCOM	Syria	Leishmaniasis
	Yemen	Dengue
	Other events	
USEUCOM	*France	Vector-borne disease
	*United Kingdom	Lyme disease
	Other events	
USPACOM	China	Novel influenza A(H9N2)
	India	Nipah virus infection
	Philippines	Leptospirosis
	Sri Lanka	Dengue
	Vietnam	Dengue
	Other events	
USSOUTHCOM	*Argentina	Hantavirus infection
	Other events	

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*2026 FIFA World Cup host or participating country (as of 29 JUNE)

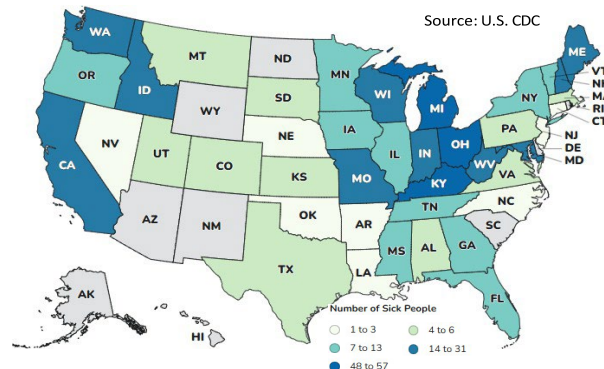
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USNORTHCOM Health Events of Interest

*United States – Salmonellosis:

Eight (+5 since IB's last update on 02 JUNE) multistate **salmonellosis** outbreaks have been reported in the United States, linked to backyard poultry, particularly chickens and ducks. As of 17 JUNE, 513 (+329) cases (25% are children aged <5 years; 134 hospitalizations; 1 death) have been reported across 43 states (Figure 1), with most from Michigan (57), followed by, Kentucky (55), Ohio (48), Wisconsin (31), Washington (24), West Virginia (21), Indiana (19), Maine (18), Idaho (17), and California and Maryland (16 each). Symptom onset dates ranged from 20 JAN to 22 MAY (Figure 1). Of the 391 individuals interviewed, 78% reported contact with backyard poultry, and traceback data showed that 84% of the 165 poultry owners had acquired poultry since 01 JAN across various locations, including agricultural retail stores. The outbreaks involve multiple strains, including *Salmonella* Enteritidis, *S. Indiana*, *S. Infantis*, *S. Mbandaka*, and *S. Saintpaul*, with *Salmonella* Saintpaul being the dominant serotype (157 cases). Out of 157 *S. Saintpaul* cases with exposure information available, 81% reported contact with chickens and 50% reported contact with ducks. *S. Saintpaul* cases have been associated with Pekin ducks, suggesting a strain-specific reservoir or husbandry practice at the hatchery level, which permits targeted investigations. Cases have been traced back to seven hatcheries who supply birds to retailers. According to the U.S. CDC, due to the nature of the illness, the true number of cases linked to the outbreak may be higher than reported because many individuals recover without medical care and are not tested for Salmonellosis. Additionally, whole genome sequencing analysis revealed the *Salmonella* strains involved in the outbreaks have predicted resistance to some antibiotics regularly used for treatment of severe infections, including ampicillin, ceftriaxone, and ciprofloxacin. To minimize the risk of transmission, the U.S. CDC recommends 1) washing hands immediately after contact with backyard poultry, 2) avoiding direct mouth contact with animals or eating and drinking in the same vicinity, 3) supervising children around flocks, 4) handling eggs safely and evaluating for cracks prior to use, and 5) storing supplies such as feed containers and shoes worn in the coop outside houses. Historically, outbreaks linked to backyard poultry have followed the "chick season" cycle. Cases usually start increasing in late spring and peak between JUNE and AUGUST, when juvenile birds mature and shedding remains high in domestic environments. (Biothreats Emergence, Analysis, and Communications Network [BEACON], *Front Public Health*, U.S. CDC)

Figure 1. Salmonellosis Outbreak Linked to Backyard Poultry, U.S., as of 17 JUNE



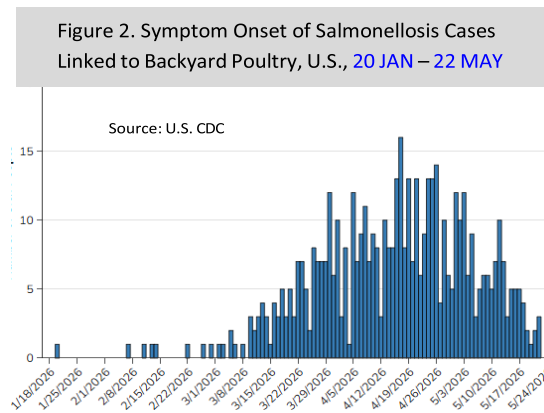
In 2025, 559 salmonellosis cases (125 hospitalizations; 2 deaths) were reported across 48 U.S. states linked to backyard poultry. Laboratory testing confirmed *Salmonella* Anatum, Cerro, Enteritidis, Indiana, Johannesburg, London, Mbandaka, and Thompson. Of the 385 cases with information about animal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

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USNORTHCOM – New World Screwworm (NWS) Disease:

***MEXICO** – Through 06 JUNE, the Mexico Ministry of Health (MOH) has reported 412 human **NWS disease** cases (2 deaths) since APRIL 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)

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 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 Fédération Internationale de Football Association (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 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

***U.S.** – As of 22 JUNE, USDA APHIS has reported 15 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 U.S. On 03 JUNE, USDA APHIS reported the detection of NWS in a 3-week-old bovine in Zavala County,

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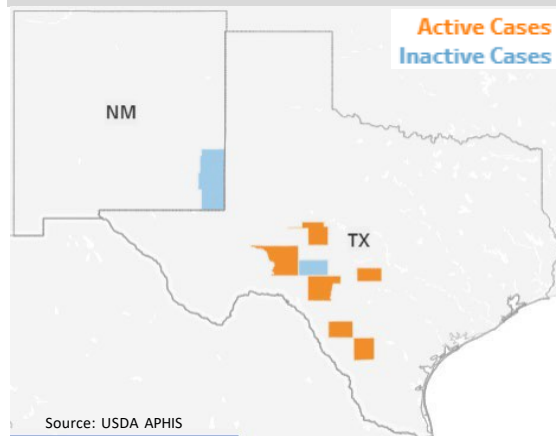
Texas, which does not share a border with Mexico, but is <50 miles from Coahuila State, Mexico. As of 13 JUNE, the Texas Animal Health Commission has expanded animal movement restrictions to include parts of the following counties: Coke, Edwards, Gillespie, Kerr, Kimble, La Salle, Schleicher, Sutton, 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 2 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.”**

Table 2. Animal NWS Disease Cases in the U.S. by State and County, 03–22 JUNE

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

Source: USDA APHIS

Figure 3. Confirmed NWS Disease Animal Detections in the U.S., as of 22 JUNE



Source: USDA APHIS

Other Events:

- **GLOBAL**, >61k confirmed mpox cases (244 deaths) across 103 countries through 31 MAY, since 01 JAN 2025
- **GLOBAL**, >105k cholera cases (1.2k deaths) during 2026, as of 22 JUNE; Angola, the Democratic Republic of the Congo (DRC), and Nigeria reporting highest burden
- **GLOBAL**, El Niño conditions present as of 11 JUNE; may increase risk of gastrointestinal (GI) illness, respiratory illness, and vector-borne disease (VBD) in the Americas through autumn
- ***MEXICO**, >1k snake bite encounters during 2026; 40% increase compared to same period in 2025 (763)
- ***UNITED STATES**, 11 food-borne disease cases (2 hospitalizations) in Louisiana since 23 APRIL linked to raw milk; campylobacteriosis and cryptosporidiosis have been confirmed

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- ***UNITED STATES**, 118 confirmed legionellosis cases (7 deaths) in Harlem, New York, in 2025 linked to two cooling tower systems
- ***UNITED STATES**, ~120 tick bite emergency department visits per 100k population in week ending 13 JUNE, similar to same period in 2025; highest incidence in Northeast
- ***UNITED STATES**, 129 *Candida auris* infections in Oklahoma during 2026; highest concentration in Tulsa Area and southeastern Oklahoma
- ***UNITED STATES**, 145 cyclosporiasis cases (20 hospitalizations) across 17 states between 01 MAY and 16 JUNE
- ***UNITED STATES**, California health officials warn of increasing clade I mpox importations as of 12 JUNE; seven during 2026 compared to five in total from 2024 to 2025
- ***UNITED STATES**, Clade I mpox case reported in Chicago, Illinois, on 23 JUNE; no international travel, potential local transmission
- ***UNITED STATES**, Confirmed human Powassan virus disease case in Penobscot County, Maine, as of 23 JUNE
- ***UNITED STATES**, Confirmed human Powassan virus disease case in Providence County, Rhode Island, symptom onset in MAY
- ***UNITED STATES**, Confirmed human West Nile virus (WNV) disease case in Alachua County, Florida, as of 23 JUNE
- ***UNITED STATES**, First human WNV disease case in Nebraska during 2026 in the North Central District
- ***UNITED STATES**, Fourth measles case in Maryland during 2026 linked to international travel
- ***UNITED STATES**, Heat wave from late JUNE to early JULY to begin Sunday 28 JUNE across the central and eastern United States; increasing heat illness risk
- ***UNITED STATES**, Nine vibriosis cases across seven counties in Florida during 2026, almost twofold increase compared to same period in 2025
- ***UNITED STATES**, Study finds 2025 to 2026 COVID-19 vaccine 50% and 55% effective in reducing emergency department and urgent care encounters and hospitalizations, respectively
- ***UNITED STATES**, Suspected human pneumonic plague case in Yavapai County, Arizona, as of 26 JUNE
- ***UNITED STATES**, Virginia measles outbreak spreads from Buckingham County to Cumberland County; 129 cases statewide during 2026

USAFRICOM Health Events of Interest

* Democratic Republic of the Congo – Malaria:

On 22 JUNE, a local government official reported that 14 fatal undiagnosed illness cases had occurred in Bulungu Territory, Kwilu Province, western DRC, within the past 19 days, with Mukulubiala Village in the Nyadinkara sector of Bulungu the most affected. Some local news sources have reported that 20 additional cases (total 34) are being treated. Samples were sent to the Institut National de Recherche Biomédicale (INRB) in Kinshasa for analysis, and on 25 JUNE, **malaria was confirmed**. However, the health minister for Kwilu Province stated that the 12 initial samples were obtained from individuals lacking appropriate training; a new batch of samples was collected as of 23 JUNE and presumably sent to the INRB for analysis. Reported symptoms include abdominal pain, arthralgia, fever, generalized weakness, headaches, and vomiting. The situation has reportedly triggered widespread panic in residents, resulting in a massive displacement of the local population to the neighboring territory of Idiofa and nearby areas. Bulungu is a rural and largely forested region with limited road infrastructure. (Actualite.cd, Agence Congolaise de Presse, BEACON, Radio Kapi)

The fatalities have reportedly occurred across multiple age groups, and several individuals from the same family have been affected. The Director-General of the INRB indicated that the deaths may have resulted from poorly treated or untreated malaria. Multiple distinct clusters of undiagnosed illness have been reported in the DRC in recent years; an outbreak reported in Panzi Health Zone, Kwango Province, southwest DRC, in late 2024 that totaled nearly 600 cases (37 deaths) was ultimately attributed to a spike in malaria cases and concurrent viral respiratory infections, exacerbated by malnutrition and low vaccination coverage in the area. (BEACON, CDC, Mwinda Congo)

Uganda – Marburg Virus Disease (MVD):

CASE REPORT – As of 01 JULY, a fatal isolated MVD case was confirmed in Kyegegwa District, Western Uganda, in a 1.5-year-old child. No contacts of the case have developed symptoms and there are currently no active cases in the country. (Reuters)

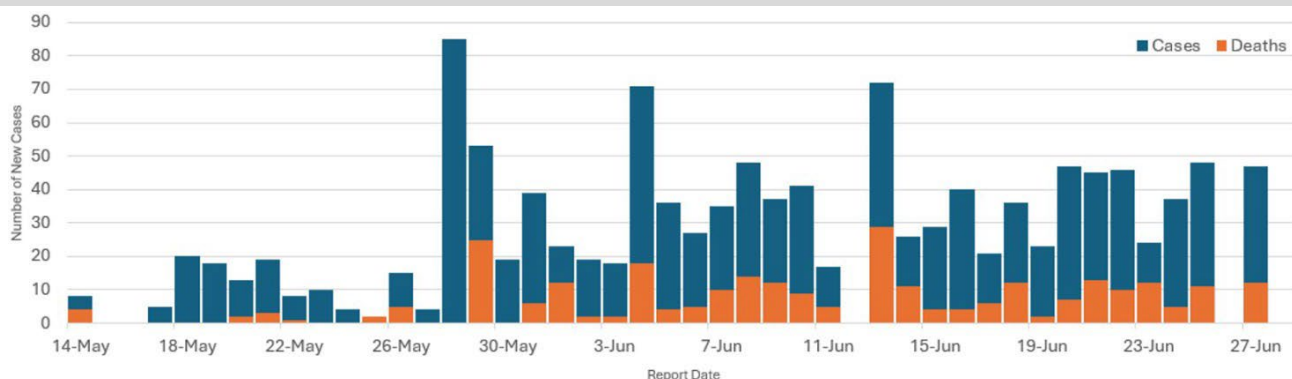
BACKGROUND – MVD is highly virulent and causes hemorrhagic fever with a case fatality rate [CFR] up to 88%. Disease onset is abrupt, with initial symptoms of high fever, severe headache, malaise, and muscle aches, followed by abdominal pain, diarrhea, nausea, and vomiting; cases may develop hemorrhagic symptoms from day five. The virus belongs to the *Filoviridae* family, along with the virus that causes EVD. Transmission to humans occurs via prolonged exposure to areas inhabited by *Rousettus aegyptiacus* (fruit) bats and then spreads among humans via direct contact with bodily fluids from infected individuals, surfaces, and materials. MVD is classified by WHO as a neglected tropical disease due to limited research and funding. An updated WHO 2024 Pathogens Prioritization Report lists *Filoviridae* viruses as high-risk for Public Health Emergency of International Concern (PHEIC) or pandemic potential. Uganda has reported 4 MVD outbreaks since 2007: 1) A sporadic case in Kawenge District in 2007, 2) a multi-district outbreak in 2021 with 26 confirmed and probable cases across Ibanda, Kabale, Kampala, Kamwenge, and Mbarara districts, 3) a sporadic case in Kampala in 2014, and 4) the most recent outbreak in OCTOBER 2017 in Kween District with 3 linked cases (2 confirmed; 1 probable; 3 deaths), all belonging to the same family. (*Health Sci Rep*, WHO)

DIAGNOSTICS AND MEDICAL COUNTERMEASURES – There are currently no approved vaccines or antiviral treatments for MVD; however, Sabin Vaccine Institute has an ongoing Phase 2 Marburg vaccine trial in Kenya, Uganda, and the United States. The Phase 1 trial of the cAd3-Marburg vaccine was safe and well tolerated with no serious adverse events reported among 56 participants. Preclinical data for the International AIDS Vaccine Initiative's (IAVI) MVD intramuscular vaccine showed complete protection in non-human primates. As of 06 APRIL, IAVI began the first-in-human Phase I trial of the single-dose MVD vaccine candidate, IAVI C104, in the United States, with 112 healthy adults and will follow them for six months post vaccination to monitor participant safety and evaluate their immune responses to the vaccine candidate. (IAVI, Sabin)

USAFRICOM – Ebola Virus Disease (EVD):

***DRC CASE REPORT:** According to the DRC Ministry of Communication and Media, through **27 JUNE** (data last checked **0900** on **30 JUNE**), **1,274 (+226)** confirmed EVD cases (**360 [+93]** confirmed deaths; CFR: **28%**; Table 3; Figure 4) have been reported across at least **35 (+1)** health zones (HZs) in Ituri (**23**), North Kivu (**11**), and South Kivu (**1**) provinces. As of 29 JUNE, media reports citing sources at the DRC's National Institute of Biomedical Research claim that the outbreak has spread to a fourth province, Haut-Uele, which is north of Ituri Province. See Figure 5 for the geographical location of the current EVD outbreak in the DRC. Through **27 JUNE**, **9.1k** contacts are under follow-up in Ituri (**7.2k**), North Kivu (**>1.8k**), and South Kivu (**18**) provinces, and **178 (+66)** cases have recovered. As of 19 JUNE, due to an ongoing hunger crisis, **>150** EVD cases have escaped from treatment and isolation facilities

Figure 4. Weekly EVD Confirmed Cases and Deaths, DRC, through 27 JUN



Source: DRC National Institute of Public Health

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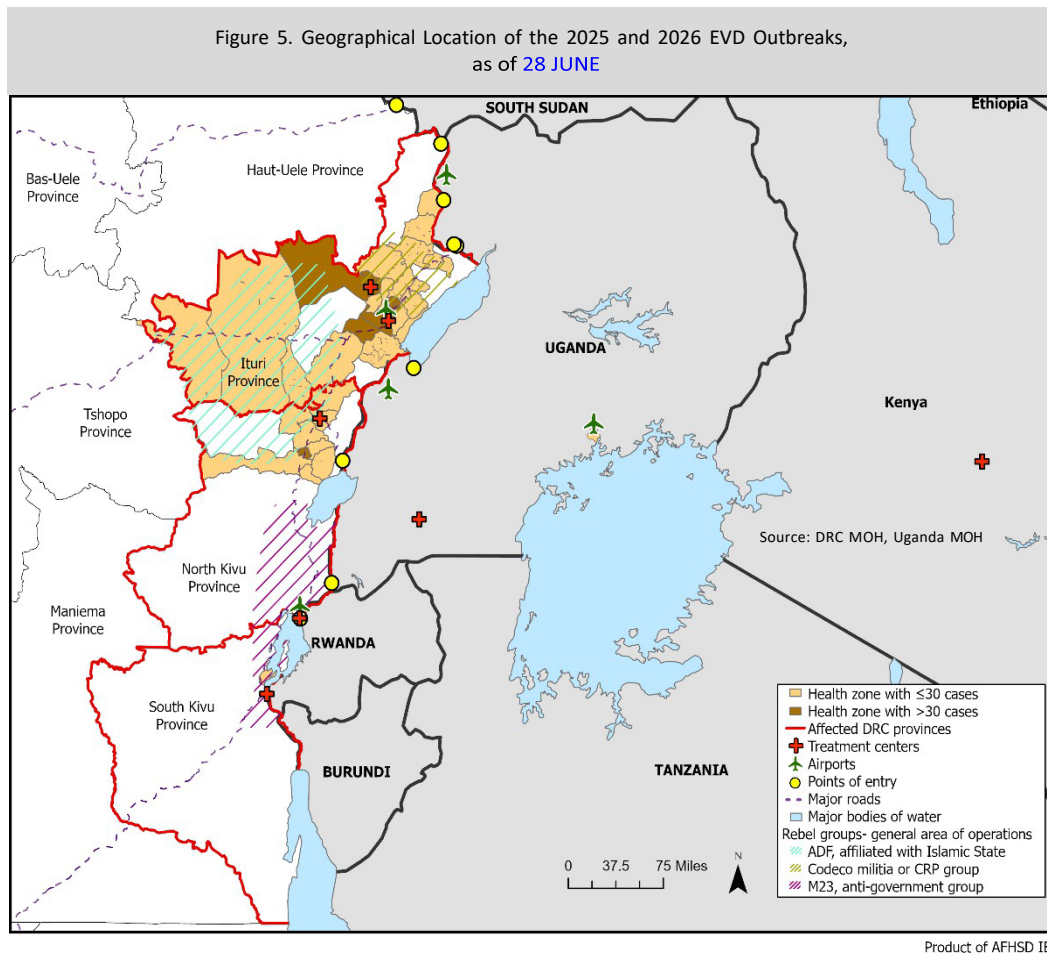
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in the DRC since late MAY in search of food. As of 26 JUNE, the location of ~300 EVD cases is unknown, community spread of the virus has grown, and contact tracing has only achieved a 55% coverage rate; >35k individuals are thought to have had contact with an EVD case. (Africa News, Center for Infectious Disease Research and Policy [CIDRAP], The Guardian, The Strait Times)

***FRANCE CASE REPORT:** On 24 JUNE, the France MOH confirmed an EVD case in the country. This was the first case diagnosed outside of Africa since the current outbreak was declared in MAY, and the first ever case diagnosed in France. The case was a humanitarian physician working at the Rwampara Treatment Centre near Bunia, Ituri Province, from 19 MAY to 19 JUNE. The case departed the DRC on 22 JUNE via the N'djili International Airport in Kinshasa with a headache; however, his condition slightly deteriorated during the flight. Upon arrival in Paris, the case was isolated and transferred under secure conditions to a specialized facility, prior to EVD diagnosis. As of 24 JUNE, health officials advised that the case was in stable condition and had very low viral load. Air France provided a passenger list to authorities, and as of 25 JUNE, five individuals from the flight have been identified as potential contacts and have been isolated. In response to the case in France, the DRC announced heightened preventive measures, including 1) a mandatory 21-day health monitoring period for all individuals departing from Ebola-affected areas in the DRC, 2) reinforced exit screening at Bunia and Kinshasa airports, and 3) mandatory health declaration forms for international flights. (BEACON, Le Monde, The Independent)

UGANDA CASE REPORT: According to the Uganda MOH, as of 30 JUNE (data last checked 0900 on 30 JUNE), 20 confirmed EVD cases (15 imported; 5 locally acquired; 2 deaths) have been reported in Uganda (Table 3). The last case was confirmed on 21 JUNE; no contacts are under follow-up while 821 have completed follow-up.



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Table 3. 2026 EVD Outbreak Case Counts by Country, as of 30 JUNE					
Country	Area	Number of Health Zones Affected	Confirmed Cases	Confirmed Deaths	Contacts Under Follow up
DRC	Ituri Province	23	1,165	301	
	North Kivu Province	11	106	58	9,145
	South Kivu Province	1	3	1	
France	Paris		1	0	5
Uganda	Kampala City		20	2	0
	Wakiso District				

Sources: DRC MOH, *Le Monde*, *The Independent*, Uganda MOH

U.S. CITIZEN CASE REPORT: As of 23 JUNE, the construction of the EVD quarantine unit at Laikipia Air Base in Nanyuki, Kenya, for Americans exposed to the virus, has been halted by the Kenya Health Cabinet Secretary after it was found in contempt of court for allowing construction to continue despite protests and court orders to block it. (CIDRAP, Citizen Digital)

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. (WHO)

DIAGNOSTICS AND MEDICAL COUNTERMEASURES: On 24 JUNE, WHO announced that a clinical trial for two potential antiviral therapeutics for the Bundibugyo EVD strain, MBP134 and remdesivir, will be launched in the DRC beginning the week of 29 JUNE, aimed at evaluating mortality reduction among cases. On 26 JUNE, the U.S. CDC announced that the EVD response has been upgraded to **“Level One,”** the highest level of response at the organization. Due to the scale and complexity of the outbreak, additional resources will be allocated to support the coordination and operational needs of the response. On 26 JUNE, Africa CDC convened a three-day meeting with officials from the DRC, Uganda, and 11 other high-risk countries along with WHO and other key technical partners to improve surveillance and enhance operations at points of entry.

RISK ASSESSMENTS: As of 19 JUNE, WHO assesses 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. As of 26 JUNE, ECDC assesses the likelihood of EVD infection to be **“Low”** for individuals from the European Union/European Economic Area (EU/EEA) living in or travelling to affected areas and **“Very Low”** for individuals living in the EU/EEA. As of 26 JUNE, the U.S. CDC assesses the overall risk of the EVD outbreak to the U.S. population as **“Low.”** On 11 JUNE, WHO advised that the risk of EVD transmission in Europe and World Cup host countries is **“Low.”** As of 18 JUNE, the Pan American Health Organization (PAHO) assesses the overall risk of the EVD outbreak in the Americas Region, particularly in the context of the FIFA World Cup, to be **“Low.”**

FORECASTING: A 25 JUNE modeling study by the WHO Africa Office predicted 8k confirmed EVD cases (1.4k deaths) by mid-SEPTEMBER and a 69% risk of importation to South Sudan. (*The Lancet*)

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

Other Events:

- **GLOBAL**, >61k confirmed mpox cases (244 deaths) across 103 countries through 31 MAY, since 01 JAN 2025
- **GLOBAL**, >105k cholera cases (1.2k deaths) during 2026, as of 22 JUNE; Angola, the DRC, and Nigeria reporting highest burden
- ***ALGERIA**, 60 suspected food-borne disease cases linked to fast food restaurant in Chechar Municipality, Khenchela Province, as of 21 JUNE; source not yet identified

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- **CENTRAL AFRICAN REPUBLIC**, 197 cholera cases (24 deaths; CFR: 12%) in Bimbo and M'baiki districts since 14 JUNE
- **CHAD**, 16 suspected cholera cases (1 death) in Karal Health District, Hadjer-Lamis Province, as of 16 JUNE
- ***DRC**, Cholera outbreak declared in Popokabaka, Kwango Province; 136 cases (3 confirmed; 10 deaths) since 24 MAY
- **LIBYA**, Increased risk of cholera, hepatitis A, and typhoid fever in Ghat Municipality, linked to heavy rainfall as of 22 JUNE
- **NIGERIA**, ~5.7k Lassa fever cases (855 confirmed; 214 deaths; CFR: 25%) through 07 JUNE, across 23 states
- **SUDAN**, 734 cholera cases (105 deaths) in West Kordofan Province since 15 MAY
- **TANZANIA**, Malaria immunization campaign reaches 44k households in Shinyanga Region as of 22 JUNE
- **USAFRICOM**, 48 yellow fever cases (16 confirmed) across 8 countries from JAN to MAY

USCENTCOM Health Events of Interest

Syria – Leishmaniasis:

Through APRIL, Syria has reported ~25k cutaneous leishmaniasis cases across multiple governorates, a 95% increase compared to the same period in 2025. Cases have increased in Al-Raqqa, Aleppo, Deir el-Zor, Hama, and Idlib governorates. The largest increase was recorded in Idlib Governorate (545% compared to 2025), followed by Al-Raqqa (395%) and Deir el-Zor (248%) governorates. Idlib Governorate has experienced an increase in monthly cases, with cases doubling from 2.5k cases to >5k in recent months, including >2.6k cases in Ma'aret Al-Numan and Khan Shaykhun districts in APRIL alone. Al-Raqqa Health Directorate has reported >1.5k cases as of mid-MAY. Through MAY, Hama Health Directorate reported >9.2k cases, double the cases in the same period in 2025. The Syria MOH has attributed the surge in cases to displaced populations returning to areas devastated by war, which lack water and sanitation services, leading to ideal sand fly breeding conditions. The approaching summer sand fly season could further increase transmission. Other factors contributing to the increase in cases include 1) challenges in implementing effective vector control measures, 2) limited access to affected areas, 3) shortages of trained healthcare personnel, and 4) weakened healthcare infrastructure. **The surge across multiple governorates indicates that the increase is a broad resurgence driven by post-conflict population return and collapsed environmental infrastructure, and not a localized flare-up.** In response to the increase in cases, the Syria MOH, along with humanitarian and local partners, have implemented intervention plans, including 1) case management and treatment, 2) community awareness campaigns, 3) deployment of mobile medical units, 4) distribution of long-lasting insecticidal nets in high-risk areas, 5) environmental sanitation activities, such as rubble and waste removal, 6) field monitoring, 7) insecticide spraying and house-to-house fumigation, and 8) strengthening disease surveillance systems. Aleppo Governorate, which typically accounts for 52% of Syria's leishmaniasis cases, has already intensified prevention and control activities in response to the increase in cases. (BEACON, Outbreak News Today)

Leishmaniasis is a parasitic disease, caused by *Leishmania tropica* and *L. major*. Cutaneous leishmaniasis is endemic to Syria and is primarily transmitted via the bite of female *Phlebotomus* sand flies. There are several different forms of leishmaniasis in humans, with the most common forms being cutaneous leishmaniasis, which causes skin sores, and visceral leishmaniasis, which affects several internal organs, including the bone marrow, liver, and spleen. Peak transmission in Syria occurs during sand fly season (MAY – SEPTEMBER), but clinical presentation is typically delayed, with lesions sometimes appearing from OCTOBER to DECEMBER. A 2019 study found that between 2011 and 2018, cutaneous leishmaniasis cases progressively grew from pre-war levels; however, an increasing trend was occurring prior to the onset of the war. According to GIDEON, the country averaged 63k cases from 2020 to 2024. (BEACON, CDC, *PLoS Negl Trop Dis*, WHO)

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)

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
Ile-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

Other Events:

- **GLOBAL**, >61k confirmed mpox cases (244 deaths) across 103 countries through 31 MAY, since 01 JAN 2025
- **GLOBAL**, >105k cholera cases (1.2k deaths) during 2026, as of 22 JUNE; Angola, the DRC, and Nigeria reporting highest burden
- **YEMEN**, >12k measles cases (71 deaths) across multiple governorates during 2026
- **YEMEN**, 135 dengue cases (2 deaths) in Dhubab al-Mandeb, Taiz Governorate, as of 24 JUNE

USEUCOM Health Events of Interest

*France – Vector-borne Disease (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-

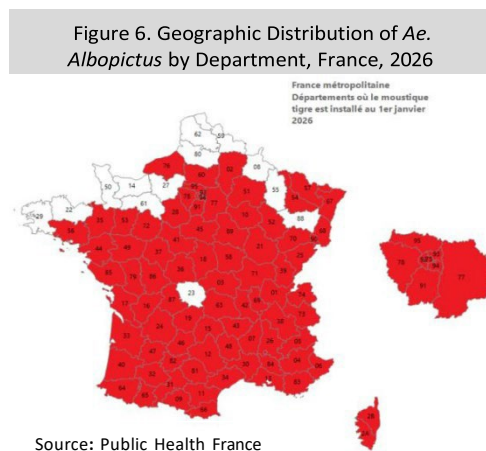
Text in blue represents a change since the previous report (23 JUNE)

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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)

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 JUNE 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)

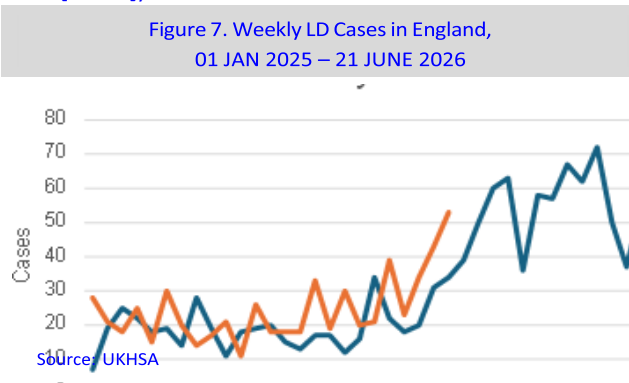


*United Kingdom (U.K.) – Lyme Disease (LD):

Through 21 JUNE, the U.K. Health Security Agency (UKHSA) has reported 615 LD cases in England during 2026, a 26% increase compared to the same period in 2025 (488 cases). Weekly cases have mostly remained higher during 2026 than in 2025 and have already begun the summer increase, two weeks ahead of 2025; weekly cases during 2026 reached 53 in the week ending 21 JUNE. See Figure 7 for weekly LD cases in England. **According to UKHSA, LD cases increased by >20% in England between 2024 (959 cases) and 2025 (>1.1k); however, the 2025 total cases was similar to the total cases in 2023 (>1.1k).** Additionally, 727 cases of “longstanding” LD were also reported in 2025, which may reflect past exposure to, or infection with, the bacteria that cause LD. LD is the most common locally acquired VBD in England, and an increased geographic distribution of *Ixodes ricinus*, the primary vectors of the *Borrelia burgdorferi* bacterium, in the United Kingdom has been observed; however, tick population totals vary from year-to-year due to changes in climate trends, habitat changes, and shifting host populations. The regions that reported the most acute LD cases in 2025 were South East (323 cases), South West (281), and London (244). (BMJ, CIDRAP)

In Europe, LD is caused by *Borrelia burgdorferi sensu lato* (Bbsl) bacteria and transmitted via the bite of infected ticks. The most common vector is *Ixodes ricinus*, with *I. persulcatus* more prevalent in the Baltic countries and Finland. The

most affected areas, mostly located in central Europe, can have tick infection rates >10%, but infected ticks have been geographically expanding northward in recent years. Most LD cases can be treated with antibiotics; however, if left untreated, the infection can spread to the heart, joints, and nervous system. In ~10% of cases, a serious complication called Lyme neuroborreliosis may occur, which affects the central nervous system. According to a 2019 study, the incidence rate of LD in the United Kingdom was found to be 12 cases per 100k population per year. Tick bites can occur year-round in the United Kingdom, but typically follow a seasonal distribution, increasing in late spring and peaking in JUNE; LD follows a similar trend, with cases peaking during late summer, but health officials expect case rates to vary year by year depending on awareness, testing rates, and weather. (*BMJ*, European Centre for Disease Prevention and Control [ECDC])



Other Events:

- **GLOBAL**, >61k confirmed mpox cases (244 deaths) across 103 countries through 31 MAY, since 01 JAN 2025
- **GLOBAL**, >105k cholera cases (1.2k deaths) during 2026, as of 22 JUNE; Angola, the DRC, and Nigeria reporting highest burden
- **DENMARK**, 25 salmonellosis cases as of 22 JUNE; source currently unknown
- ***FRANCE**, 95 shigellosis cases (15 confirmed) in Bouches-du-Rhône Department, as of 19 JUNE; linked to an educational farm in Auriol
- ***GERMANY**, >21k campylobacteriosis cases during 2026; 17% increase compared to same period in 2025
- ***HUNGARY**, 13 leptospirosis cases during 2026; 92% higher than median of one from 2020 to 2024
- ***NETHERLANDS**, ~3k locations in North Brabant Province with potential PFAS contamination, as of 24 JUNE
- **NORTH MACEDONIA**, First Zika virus disease case in traveler returning from Maldives as of 24 MAY
- **NORWAY**, 15 yersiniosis cases (9 confirmed) across 7 counties as of 25 JUNE
- **RUSSIA**, One imported melioidosis case in traveler returning from Thailand as of 23 JUNE
- ***SWITZERLAND**, Hantavirus infection contact, linked to the MV Hondius cruise ship, successfully completes monitoring period as of 22 JUNE
- ***UNITED KINGDOM**, 2k salmonellosis cases in England from JANUARY to MARCH; 27% increase compared to same period in 2025
- **UKRAINE**, 14 hemorrhagic fever with renal syndrome cases in MAY; 93 total during 2026 compared to one in same period in 2025
- **UKRAINE**, 109 measles cases in MAY compared to 69 in APRIL; 310 total during 2026, decrease compared to same period in 2025 (955)
- **USEUCOM**, 109 confirmed salmonellosis (*Salmonella* Bovismorbificans) cases (1 death) from JANUARY to MAY across 10 countries linked to alfalfa sprouted seeds
- **USEUCOM**, Echinococcosis parasites found on 12–17% of strawberries tested from Estonia, Latvia, and Netherlands; highest in Estonia (17%)
- **USEUCOM**, European CDC warns of seasonal increase in vibriosis risk as of 11 JUNE, particularly in Baltic, Black, and North seas
- **USEUCOM**, Increase in heat illness cases due to heat dome intensifying temperatures across multiple European countries

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USPACOM Health Events of Interest

China – Novel Influenza A(H9N2):

On 23 JUNE, the Hong Kong (HK) Centre for Health Protection (CHP) reported the 12th human novel influenza A(H9N2) infection. The case is a 2-year-old female from Guangxi Zhuang Autonomous Region who developed symptoms on 31 MAY. The case had documented regular exposure to backyard poultry and to a live poultry wholesale market, identifying two distinct animal-interface risk settings. (BEACON, Hong Kong Centre for Health Protection [HK CHP])

During 2026, cases have been reported in Guangxi (four), Guangdong and Yunnan (three each), and Jiangxi and Sichuan (one each) provinces (Figure 9). U.S. CDC considers A(H9) a “low pathogenic avian influenza” (LPAI). LPAI A(H9N2) infections have been reported sporadically in >100 individuals since 1998 from Bangladesh, Cambodia, China, Egypt, Ghana, Hong Kong, India, Oman, Pakistan, and Senegal. Most cases have occurred in children and have caused mild upper respiratory tract illness; however, lower respiratory tract diseases, including pneumonia and respiratory failure, have also been documented. (U.S. CDC, WHO)

India – 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 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 8 and Table 5 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 40–75%, 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)

Figure 8. Current and Past NiV Infection Outbreaks, India, 2025–2026

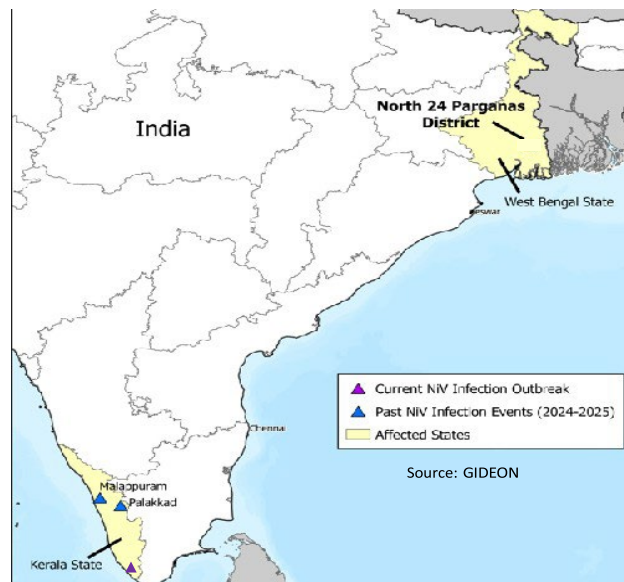


Table 5. NiV Infection Cases, India, 2001–2026

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

Philippines – Leptospirosis:

Through 06 JUNE, 2,177 **leptospirosis** cases have been reported in the Philippines, a 6% increase compared to the same period in 2025 (2.0k cases). However, this growth has declined from the 15% increase reported for cases through 14 MARCH (1.2k cases) compared to the same period in 2025. Total cases in 2025 (>9.8k according to GIDEON) were the highest since at least 2012. During 2026, farmers who worked in muddy or flooded areas of Central Luzon and Bicol regions have been the most affected. Anyone walking in flooded areas is recommended to wear boots for protection and wash body parts exposed to flood water. (Inquirer.net; Philippines DOH)

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Leptospirosis is highly endemic to the Philippines and outbreaks often occur during the typhoon season (JULY – OCTOBER). **According to GIDEON, there has been an increasing trend in leptospirosis cases in the Philippines over the past five years**, with >1.6k cases in 2021, >2.7k in 2022, >3.7k in 2023, >6.9k in 2024, and >9.8k in 2025. Leptospirosis is caused by bacteria of the genus *Leptospira* and is transmitted to humans via the urine of infected animals, including dogs, livestock, rodents, and wildlife. Transmission has been associated with urine-contaminated floodwater, rivers, soil, and streams. [A recent policy review found that structural challenges in flood control, urban sanitation, and rodent management hinder long-term leptospirosis prevention, and concluded that the country needed to switch from reactive control measures to proactive, community-driven interventions, including drain clearing, grassroots surveillance, and rodent control. A JANUARY 2026 study found challenges in diagnosing leptospirosis cases in the Philippines due to lack of rapid and accurate diagnostic tools, with clinical judgement demonstrating a high sensitivity \(76%\) but low specificity \(34%\) and rapid test kits exhibiting low sensitivity \(43%\) and higher specificity \(83%\); the reliance on these tools alone could lead to underdiagnosis and an underestimation of leptospirosis incidence in the country. \(Emerg Infect Dis, Infect Dis Poverty, U.S. CDC\)](#)

Sri Lanka – Dengue:

As of 17 JUNE, **Sri Lanka's National Dengue Control Unit has reported 42,232 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 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 JUN, 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 DECEMBER 2025 study found that the Sri Lankan 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 (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)

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

Source: GIDEON

*Through MAY

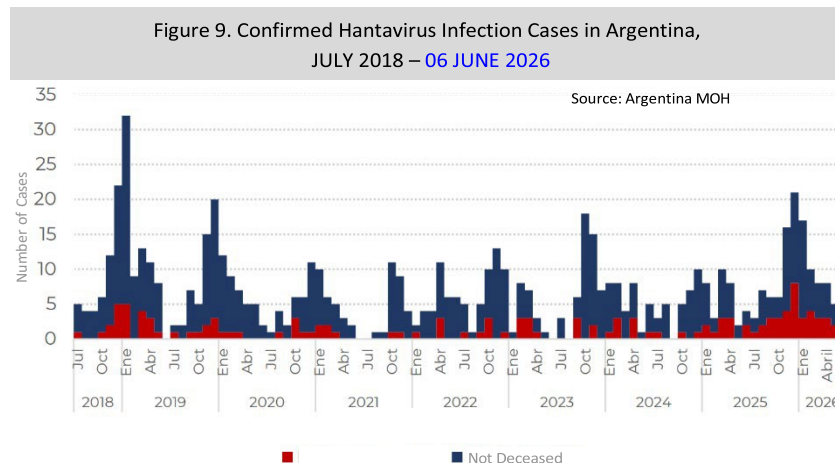
In 2025, 190k dengue cases were reported in Vietnam, a 28% increase compared to 2024. See Table 5 for the number of dengue cases in Vietnam since 2021. Transmission patterns in the country appear to be changing and are no longer limited to certain regions, seasons, or age groups. Historically, dengue 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:

- **GLOBAL**, >61k confirmed mpox cases (244 deaths) across 103 countries through 31 MAY, since 01 JAN 2025
- **GLOBAL**, >105k cholera cases (1.2k deaths) during 2026, as of 22 JUNE; Angola, the DRC, and Nigeria reporting highest burden
- **BANGLADESH**, >5.6k dengue cases (13 deaths) during 2026, as of 20 JUNE
- **CAMBODIA**, >12k dengue cases during 2026; 47% increase compared to same period in 2025
- **INDIA**, 43 suspected measles cases (21 confirmed; 1 death) in Maihar District, Madhya Pradesh State, since 11 JUNE
- **INDIA**, ~450 acute encephalitis syndrome and 56 Japanese encephalitis cases (60 and 15 deaths, respectively) in Assam State during 2026
- **MONGOLIA**, One confirmed human anthrax case in Uvs Province as of 22 JUNE; linked to sheep exposure
- **MYANMAR**, 130 confirmed malaria cases in Bawlakhe and Phruso townships, Karenni State, during JUNE
- **NEPAL**, 861 GI illness, 442 influenza-like illness, and 413 severe acute respiratory infection, and 55 dengue cases over past week, as of 18 JUNE
- **REPUBLIC OF KOREA**, Nationwide malaria advisory issued on 22 JUNE after the density of malaria vector mosquitoes reached issuance threshold; 74 locally acquired cases during 2026
- **TAIWAN**, First locally acquired cholera case since 2023 as of 23 JUNE
- **TAIWAN**, One imported malaria case in northern region; recurring infection following 2025 diagnosis in Pakistan
- **VANUATU**, 23 confirmed dengue cases on South Efate Island, Shefa Province, as of 25 JUNE; outbreak declared as local transmission reported
- **VIETNAM**, >19k dengue cases in Ho Chi Minh City during 2026; 29% increase in week ending 21 JUNE compared to previous four-week average
- **VIETNAM**, 26 meningitis cases in the southern region during 2026 through 07 JUNE

USSOUTHCOM Health Events of Interest**Argentina – Hantavirus Infection:**

Through 13 JUNE, the Argentina MOH has reported 50 hantavirus infection cases during 2026, compared to a median of 29 in the same period from 2022 to 2025. During the current season (JULY 2025 to JUNE 2026), monthly cases peaked in DECEMBER 2025 (21 cases), the highest since the 2018–19 season, when an outbreak involving human-to-human transmission occurred in Epuyén, Chubut Province (Figure 9). During the current season, 108 cases (36 deaths; CFR: 33%) have been reported through 06 JUNE. **The CFR is the highest reported among the seasons analyzed** (2018–19 to 2025–26). Buenos Aires Province has reported the most cases (44 cases; 18 deaths), followed by Salta Province (32; 12), Jujuy and Santa Fe (7 each; 0 deaths in Jujuy and 1 in Santa Fe), Río Negro (6; 2), Chubut and Entre Ríos (5 each; 1 death each), and Formosa and Neuquén (1 each; 0 deaths in Formosa and 1 in Neuquén) provinces. As of 10 JAN 2026, 28 hantavirus infection cases (4 deaths) were reported in Buenos Aires Province,



Text in blue represents a change since the previous report (23 JUNE)

*2026 FIFA World Cup host or participating country (as of 29 JUNE)

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exceeding historical early-JANUARY averages for the area. (BEACON)

During the 2025–26 season, the Argentina MOH has reported three cases in a familial cluster in Cerro Centinela, Chubut Province. The cases lived together and had sequential symptom onset dates; although, exact dates have not been reported. Genomic analysis identified Andes virus and a >99% similarity between the three cases, compatible with a human transmission chain. However, zoonotic transmission cannot be ruled out due to a positive hantavirus result from a rodent sample captured near the household; sequencing is pending on the rodent sample. Media have also reported a potential instance of human-to-human transmission in San Carlos de Bariloche, Río Negro Province. On 21 JUNE, a confirmed case was reported in an adult female who is the partner of a previous case who was hospitalized for hantavirus infection ~45 days earlier. The incubation period for Andes virus (ANDV) is up to eight weeks, so human-to-human transmission cannot be ruled out; however, a separate environmental spillover event is also possible. (BEACON)

In 2025, 86 confirmed hantavirus infection cases (28 deaths; CFR: 33%) were reported in Argentina, with no cases of human-to-human transmission identified. Cases vary seasonally in the country, with the majority occurring during the summer months. From 2018 to 2025, 90% of cases were reported from SEPTEMBER to APRIL, with 50% reported between NOVEMBER and JANUARY (Figure 11). Transmission to humans occurs primarily via inhalation of aerosols contaminated with viral particles present in rodent feces, saliva, and urine. However, ANDV, a hantavirus present in Argentina, is associated with human-to-human transmission and caused an outbreak resulting in 34 confirmed cases (11 deaths) from NOVEMBER 2018 to FEBRUARY 2019. [The hantavirus infection outbreak linked to the MV Hondius cruise ship was also caused by ANDV; the ship departed Argentina before the first case was identified.](#) In the Region of the Americas, the most common clinical presentation of hantavirus infection is hantavirus cardiopulmonary syndrome, in which an individual presents with fever, GI symptoms, and malaise, followed by hypotension and respiratory distress. The CFR of hantavirus infection in Argentina typically ranges from 10–30%, making the 2025–26 season CFR (33%) concerning to health authorities. This may be due to underreporting of mild cases, and genomic sequencing is being performed to assess potential viral evolution. (Argentina MOH, *N Engl J Med*, BEACON)

Other Events:

- **GLOBAL**, >61k confirmed mpox cases (244 deaths) across 103 countries through 31 MAY, since 01 JAN 2025
- **GLOBAL**, >105k cholera cases (1.2k deaths) during 2026, as of 22 JUN; Angola, the DRC, and Nigeria reporting highest burden
- **GLOBAL**, El Niño conditions present as of 11 JUNE; may increase risk of GI illness, respiratory illness, and VBD in the Americas through autumn
- ***BRAZIL**, >15k dengue cases in Tocantins State from JANUARY – MAY, compared to 1.5k in same period in 2025; nationwide cases lower during 2026
- ***BRAZIL**, 80 confirmed meningococcal disease cases (20 deaths) in Goiás State, as of 22 JUNE
- ***BRAZIL**, 474 Zika virus disease cases in MAY, a 38% increase from APRIL (343)
- ***BRAZIL**, Increasing respiratory illness cases as of 25 JUNE, mainly associated with RSV; COVID-19 increasing in some states
- ***COLOMBIA**, >52k dengue cases (31 deaths; 20k hospitalizations) during 2026, as of 20 JUNE; El Niño forecast increasing risk
- **COSTA RICA**, 101 confirmed dengue cases in Orotina Canton, Alajuela Province, during 2026; compared to only five in same period in 2025
- **DOMINICAN REPUBLIC**, 314 leptospirosis cases (179 confirmed; 14 deaths) during 2026; 47% increase from same period in 2025
- **EL SALVADOR**, 23 imported measles cases during 2026 through 07 JUNE
- **HONDURAS**, 175 pertussis cases (14 deaths) during 2026, surpassing 2025 total
- ***PARAGUAY**, 274 dengue and 17 chikungunya cases during 2026