



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
07 JULY 2026

POC:
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DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 01–07 JULY 2026



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

Executive Summary

The **United States** is experiencing a notable rise in locally acquired cyclosporiasis cases nationally (145 cases as of 01 JULY) and a localized surge of 572 cases in Michigan (as of 04 JULY) and 286 cases in Ohio (in JUNE). **Mayotte** is facing its highest annual malaria total since 2010 with 244 confirmed cases, driven primarily by imported cases from Comoros and a five-fold increase in locally acquired cases. **Cambodia** has reported a 47% increase in dengue cases (>12k cases; 16 deaths) compared to the same period in 2025, with weekly case counts tracking above the historic epidemic threshold.

HSU Health Events

Geographic Combatant Command	Country	Event
<u>USNORTHCOM</u>	*Mexico	New World screwworm disease
	*United States	Cyclosporiasis
	*United States	Salmonellosis
	Other events	
<u>USAFRICOM</u>	Democratic Republic of the Congo	Malaria
	Mayotte	Malaria
	Uganda	Marburg virus disease
	USAFRICOM	Ebola virus disease
<u>USCENTCOM</u>	Syria	Leishmaniasis
	Other events	
<u>USEUCOM</u>	*United Kingdom	Lyme disease
	Other events	
<u>USPACOM</u>	Cambodia	Dengue
	China	Novel influenza A(H9N2)
	Philippines	Leptospirosis
	Other events	
<u>USSOUTHCOM</u>	*Argentina	Hantavirus infection
	Other events	

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*2026 FIFA World Cup host or participating country (as of 06 JULY)

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USNORTHCOM Health Events of Interest

*Mexico – New World Screwworm (NWS) Disease:

***MEXICO** – Through **20 JUNE**, the Mexico Ministry of Health (MOH) has reported **461** human **NWS disease** cases (**+49**; 2 deaths) since **APRIL 2025**, with most cases from Chiapas (**145** cases), Veracruz (**84**), and Oaxaca (**43**) states (Table 1). Human cases during 2026 (**344**) are **nearly triple** the 2025 total (117). The first human NWS disease case in a United States (U.S.)-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. In the week ending 06 **JUNE**, a second human NWS disease case was reported in Nuevo León State. **In the week ending 20 JUNE, one human case was reported in Coahuila State.** According to the Coahuila State MOH, the case is an 84-year-old male from Saltillo Municipality, ~90km west of Monterrey, which is a host city for the 2026 Fédération Internationale de Football Association (FIFA) World Cup, and <200km (124 miles) from the U.S. border.

Table 1. Mexican States with the Most Human NWS Disease Cases, **APRIL 2025 – 20 JUNE 2026**

State	Cases
Chiapas	145
Veracruz	84
Oaxaca	43
Yucatán	34
Puebla	31
Guerrero	27
Quintana Roo	20
San Luis Potosí	14
Hidalgo	13
Tabasco	12

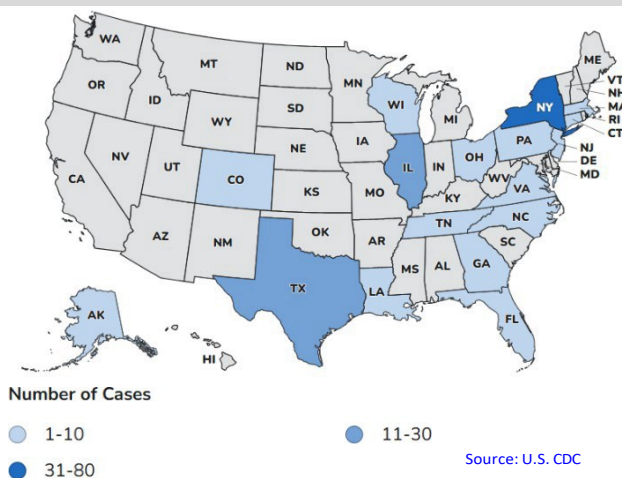
Source: Mexico MOH

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 **03 JULY**, **1,635** (**+290**) animal cases have been reported in United States-Mexico border states in Mexico: **1,047** from Tamaulipas, **475** from Nuevo León, and **113** from Coahuila. Additionally, **as of 03 JULY**, there are active animal NWS disease cases in **three 2026 FIFA World Cup Cities: Mexico City (seven) and Guadalajara and Monterrey (one each).** The Texas Department of Agriculture has created an interactive map to track the spread of NWS. (KENS5, Secretaría de Agricultura y Desarrollo Rural, U.S. Department of Agriculture [USDA] Animal and Plant Health Inspection Service [APHIS])

*United States – Cyclosporiasis:

As of 01 **JULY**, the U.S. Centers for Disease Control and Prevention (CDC) has reported **145 confirmed locally acquired cyclosporiasis cases (20 hospitalizations; no deaths) across 17 states.** New York, Illinois, and Texas have reported the most cases (Figure 1). Symptom onset ranged between 01 **MAY** and 06 **JUNE**. Cases are likely to be underreported due to individuals recovering without the need for medical care. Additionally, the disease is only reportable in 47 states, the District of Columbia, and New York City. *Cyclospora* parasites can be difficult to detect via laboratory tests; cases may need to submit several stool samples from different days to identify the parasite. As of 17 **JUNE**, the U.S. Food and Drug Administration is investigating two outbreaks, one with eight cases and a second with two cases; neither have been linked to a product yet. Through 20 **JUNE**, 589 cyclosporiasis cases have been reported in the United States, a 20% increase compared to the same period last year. Most cases have been reported from New York City (76), followed by Texas (61), North Carolina (56), Illinois (53), and Colorado (36).

Figure 1. Locally Acquired Cyclosporiasis Cases by U.S. State,
01 MAY – 16 JUNE



Michigan and Ohio outbreak: As of 04 JULY, the Michigan Department of Health and Human Services (DHHS) has reported 572 cyclosporiasis cases, >11 times the annual average number of cases identified in the state (~50). This is also triple the cases reported on 30 JUNE (>170 cases), which had occurred over the previous 9 days. Cases in Michigan are the highest in Jackson, Lenawee, Livingston, Monroe, Oakland, Shiawassee, Washtenaw, and Wayne counties. Through 20 JUNE, CDC recorded only 7 cyclosporiasis cases in Michigan during 2026, which increased to 56 in the following week. **Additionally, the Ross County Department of Health in OH has reported 286 suspected cyclosporiasis cases in JUNE**, compared to 10 cases in JUNE 2025. Many cases have occurred in Lucas County, which borders Michigan. As of 06 JULY, the source of the outbreak has not been determined.

Cyclosporiasis is caused by an intestinal parasite, *Cyclospora*, which is spread via the ingestion of contaminated food or water; person-to-person transmission is unlikely. The illness often causes watery diarrhea that usually lasts two days to two weeks but can last for more than a month. Individuals are at an increased risk of infection when traveling to tropical or subtropical regions where cyclosporiasis is endemic. **In the United States, cases increase during the summer (01 MAY to 31 AUG) and outbreaks have been linked to imported fresh produce, including basil, cilantro, mesclun lettuce, raspberries, and snow peas.** (CDC)

***United States – Salmonellosis:**

Eight multistate *Salmonellosis* outbreaks have been reported in the United States, linked to backyard poultry, particularly chickens and ducks. As of 17 JUNE, 513 cases (25% are children aged <5 years; 134 hospitalizations; 1 death) have been reported across 43 states (Figure 2), 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 3). **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 2. Salmonellosis Outbreak Linked to Backyard Poultry, U.S., as of 17 JUNE

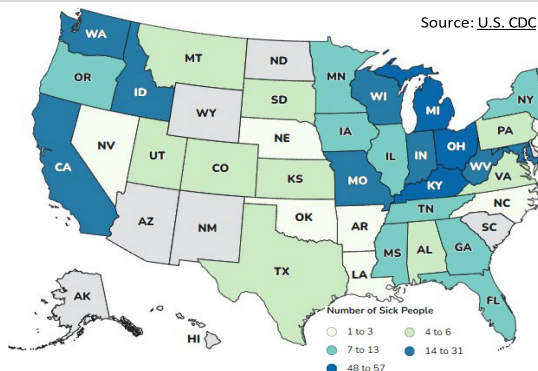
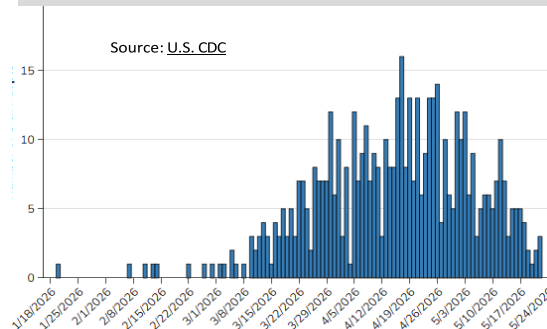


Figure 3. Symptom Onset of Salmonellosis Cases Linked to Backyard Poultry, U.S., 20 JAN – 22 MAY



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

Other Events:

- **GLOBAL**, ~23k confirmed measles cases across 17 countries and territories in the Americas through 27 JUNE; almost half (>11k) in *Mexico
- **GLOBAL**, >29k cholera and acute watery diarrhea (AWD) cases across 16 countries in MAY; 43% increase compared to APRIL
- **GLOBAL**, The Pan American Health Organization (PAHO) report forecasts El Niño conditions in the equatorial Pacific Ocean during 2026 into early 2027; may increase food-, vector-, water-borne diseases, and heat illness risk in the Americas, as of 26 JUNE
- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius no longer poses public health risk as of 02 JULY
- ***MEXICO**, 730 dengue cases in Sonora State through 13 JUNE across 23 of 72 municipalities
- ***MEXICO**, Two scorpion sting cases at FIFA fan fest in Guadalajara City, Jalisco State, as of 29 JUNE
- ***UNITED STATES**, 12 confirmed *E. coli* infection cases linked to frozen blueberries sold at Publix from MAY to JUNE
- ***UNITED STATES**, 48 West Nile virus (WNV) disease cases through JUNE, the most during the same period since 2004; most cases in Arizona (32)
- ***UNITED STATES**, 76 Powassan virus disease cases in 2025, a 986% increase compared to 2015 (7 cases); 7 cases during 2026 as of 29 JUNE
- ***UNITED STATES**, 6.4k tick-borne illness cases in Illinois from 2004 to 2022 with cases reported every month of the year and in every county
- ***UNITED STATES**, First human WNV disease case in California during 2026 in Long Beach, Los Angeles County, as of 28 JUNE

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- ***UNITED STATES**, First human WNV disease case in Montgomery County, Texas, and Larimer County, Colorado, during 2026
- ***UNITED STATES**, First WNV-positive mosquitoes identified in Minnesota during 2026, as of 27 JUNE
- ***UNITED STATES**, Jamestown Canyon virus detected in mosquitoes in Augusta, Maine, as of 02 JULY
- ***UNITED STATES**, Mpox clade II level increased from “Not detected” to “Low” as of 30 JUNE
- ***UNITED STATES**, SARS-CoV-2 wastewater level increased from “Low” to “Medium” as of 02 JULY
- ***UNITED STATES**, Second measles case in Connecticut during 2026 in Hartford County in vaccinated adult
- ***UNITED STATES**, Study estimates 24% alpha-gal IgE seroprevalence from 2024 to 2025 across Arkansas, Kentucky, Missouri, Tennessee, and Virginia

USAFRICOM Health Events of Interest

Democratic Republic of the Congo (DRC) – 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, Mwindi Congo, U.S. CDC)

Mayotte – Malaria:

As of 21 JUNE, **244 confirmed malaria cases have been reported in Mayotte during 2026, the highest annual total since 2010 (433 cases)** and more than double the total cases reported in 2025 (111). Of the 244 cases, 161 are imported, mainly from Comoros (~96%), and 25 are locally acquired. The locally acquired cases represent a five-fold increase compared to the total reported in 2025 (5). Locally acquired cases have been detected across six municipalities, including three high-risk southern zones (Chirongui 40%, Bandrélé 28%, Dombéni 16%) and three low-risk zones (Kani-Kéli, Mamoudzou, and Mtsangamouji). Additionally, 41 of 46 cases under investigation are located in 3 high-risk anopheline breeding areas (Bandrélé, Hajangoua/Dombéni, Mirereni/Chirongui). There has been an average of 5 cases per week between 01 JAN and 02 MAY, followed by a surge peaking at 30 cases from 03 to 09 MAY and remaining elevated through 27 JUNE. Despite no reported deaths, 71 cases required hospitalization; however, no severe cases have been reported in over a month. *Plasmodium falciparum* has been the only species identified during 2026. The Agence Régionale de Santé Vector Control Service has identified 23 productive anopheline larval habitats across the territory, primarily associated with *Anopheles gambiae* s.l. and *A. funestus*. Mayotte has been in the malaria elimination phase since 2014. On 02 JUNE, U.S. CDC issued a **“Level 2 – Practice Enhanced Precautions”** travel health notice for malaria in Mayotte. (BEACON, Santé Publique France)

Between 2006 and 2010, malaria remained endemic in Mayotte, with >300 cases reported annually and sustained local transmission accounting for 45% of cases. Between 2010 and 2011, sustained vector control, improved diagnostics, and changes to the therapeutic regimen reduced the number of cases by 77%. Prior to 2025, Mayotte reported ~100 imported cases annually, with no documented local transmission since JULY 2020. **The increase in**

cases may be attributed to imported cases primarily from countries in the Indian Ocean region, specifically Comoros and Madagascar, where malaria remains endemic and highly prevalent. Additionally, the tropical climate combined with the current season and the detection of local transmission elevates transmission risk. The situation remains challenging to manage without coordinated cross-border surveillance and response. Artemisinin-based combination therapies are available; however, the absence of a widely deployed malaria vaccine indicates that vector control and case management remain the primary public health tools, both of which require sustained resource investment. (BEACON, Santé Publique France)

Uganda – Marburg Virus Disease (MVD):

CASE REPORT: As of 01 JULY, the Uganda MOH has confirmed an isolated MVD case. According to Africa CDC, no contacts of the case had developed symptoms and there is currently no active case in the country. (Reuters)

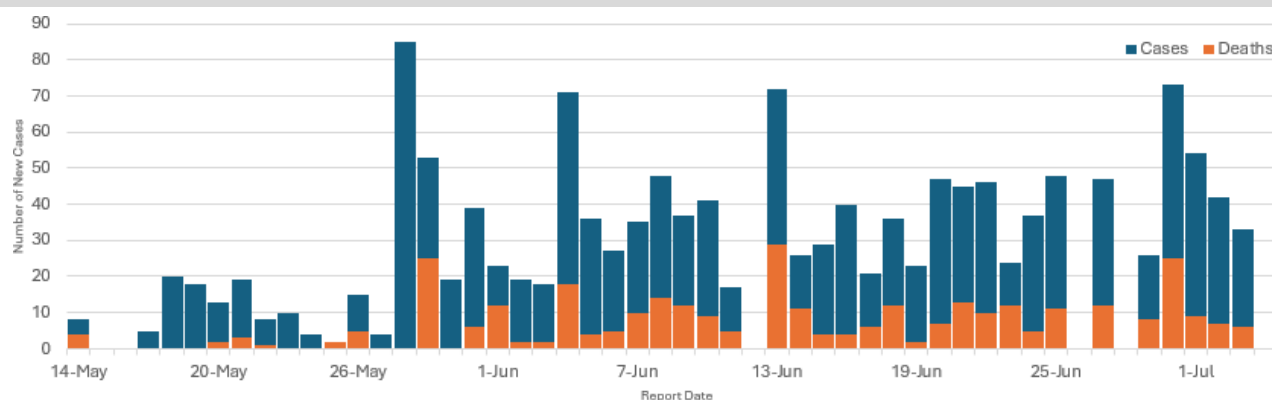
BACKGROUND: MVD is highly virulent and causes hemorrhagic fever with a case fatality rate (CFR) up to 88%. Disease onset is abrupt, with initial symptoms of high fever, severe headache, malaise, and muscle aches, followed by abdominal pain, diarrhea, nausea, and vomiting; cases may develop hemorrhagic 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 U.S. 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. Human-to-human transmission of MVD is primarily associated with direct contact with the blood and/or bodily fluids of infected persons. WHO recommends that health-care workers caring for MVD cases should apply standard and transmission-based infection prevention and control precautions to prevent exposure to blood, bodily fluids, and potentially contaminated environments. Surveillance activities should be strengthened in all affected areas, and risk communication and community engagement should be implemented to reduce transmission and mortality. Additionally, during outbreaks, all animal products (blood and meat) should be thoroughly cooked before consumption. (IAVI, Sabin, WHO)

USAFRICOM – Ebola Virus Disease (EVD):

DRC CASE REPORT: According to the DRC Ministry of Communication and Media, through 04 JULY (data last checked 0730 on 07 JULY), 1,561 (+287) confirmed EVD cases (506 [+146] confirmed deaths; CFR: 32%; Table 2; Figure 4) have been reported across at least 36 (+1) health zones (HZs) in Ituri (24), North Kivu (11), and South Kivu (1) provinces. See Figure 5 for the geographical location of the current EVD outbreak in the DRC. Through 04 JULY, >10k contacts are under follow-up in Ituri (7.4k), and North Kivu (2.6k) provinces, and 254 (+76) cases have recovered. As of 01 JULY, media reported that authorities apprehended two EVD contacts who had been isolated during testing in Ituri and had fled to Haut-Uele Province, which borders South Sudan and the Central African Republic. One of the two contacts tested positive, the other is pending test results. They were returned to Ituri Province, and healthcare teams are conducting contact tracing. As of 06 JULY, the DRC has opened a second EVD treatment center in North Kivu Province. (Africa News, Center for Infectious Disease Research & Policy [CIDRAP])

Figure 4. Weekly EVD Confirmed Cases and Deaths, DRC, through 04 JULY



Source: DRC National Institute of Public Health

***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. As of 04 JULY, media citing France's Health Ministry reported that the case has recovered and has been discharged from the hospital. (BEACON, France24, Le Monde, The Independent)

UGANDA CASE REPORT: According to the Uganda MOH, as of 07 JULY (data last checked 0730 EST on 07 JULY) 20 confirmed EVD cases (15 imported; 5 locally acquired; 2 deaths) have been reported in Uganda (Table 2). The last case was confirmed on 21 JUNE; no contacts are under follow-up while 821 have completed follow-up.

Table 2. 2026 EVD Outbreak Case Counts by Country, as of 07 JULY

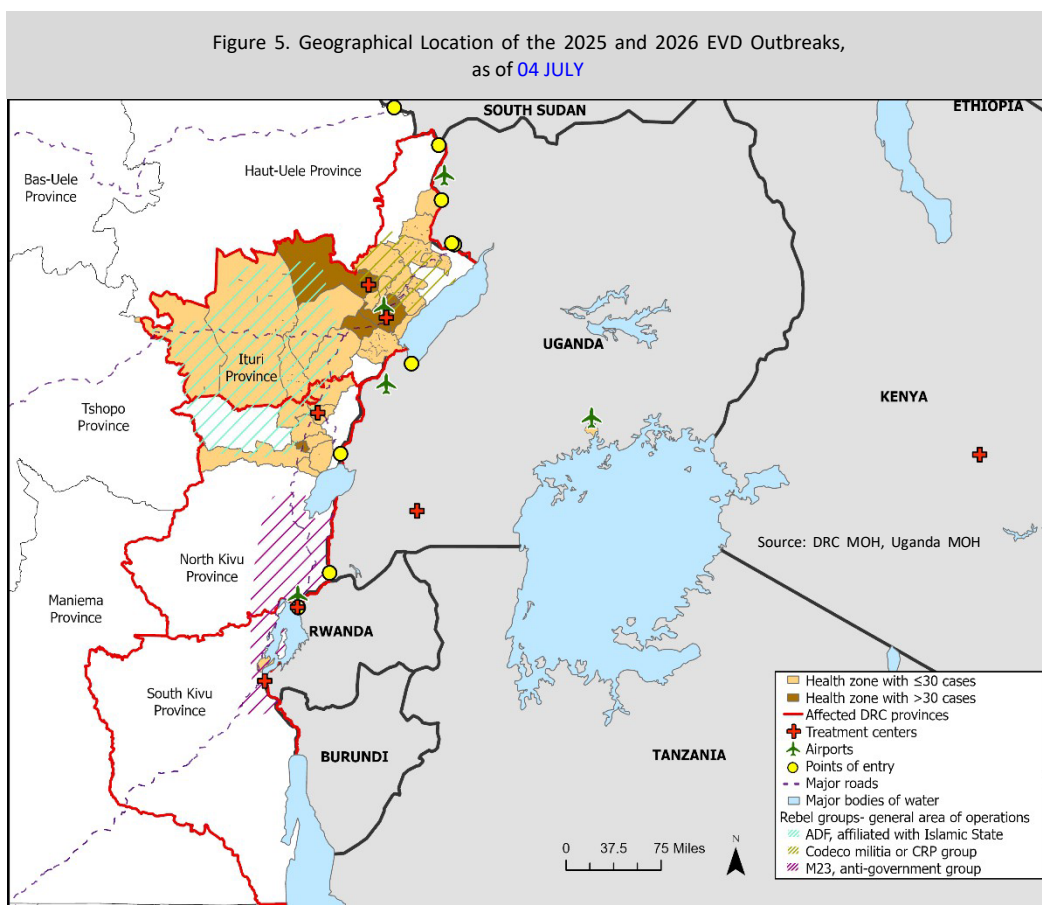
Country	Area	Number of Health Zones Affected	Confirmed Cases	Confirmed Deaths	Contacts Under Follow up
DRC	Ituri Province	24	1,417	424	
	North Kivu Province	11	141	81	10,079
	South Kivu Province	1	3	1	
France	Paris		1	0	5
Uganda	Kampala City		20	2	0
	Wakiso District				

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

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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 27 JUNE, a joint Africa CDC–WHO AFRO Continental Incident Management Support Team was launched to coordinate response efforts including operational planning, surveillance, case management, logistics, risk communication, information management and partner engagement, while supporting rapid decision-making and resource deployment, and will be fully operational from 29 JUNE. On 02 JULY, WHO announced that the PARTNERS (Platform Adaptive Randomised Trial for New and Repurposed Filovirus Treatments) clinical trial has opened enrollment for two potential antiviral therapeutics for BVD, a monoclonal antibody (MBP134) and remdesivir, to assess if either can improve survivability among cases individually or combined. As of 02 JULY, a global diagnostics alliance has narrowed the field to five potential manufacturers based in the Republic of Korea, West Africa, and the United States who could begin field-testing a rapid antigen test for the BVD strain within weeks. (Reuters, WHO)

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 03 JULY, 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 03 JULY, 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, 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.**”

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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 **06 JULY**, 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**, >29k cholera and AWD cases across 16 countries in MAY; 43% increase compared to APRIL
- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius no longer poses public health risk as of 02 JULY
- **DRC**, Nine undiagnosed illness fatalities in Lubero, North Kivu Province, since 25 JUNE; symptoms include diarrhea, fever, and headaches
- **GUINEA-BISSAU**, One confirmed mpox case as of 04 JULY
- **KENYA**, >1.5k suspected dengue cases (5 deaths) in Garissa County during 2026
- **LIBERIA**, One yellow fever case in Gbao Health District, Grand Gedeh County, as of 16 JUNE; two cases in country in 2025
- **SENEGAL**, Two additional Crimean-Congo hemorrhagic fever (CCHF) cases (six total) during 2026
- **SOMALIA**, Four active outbreaks, including AWD/cholera, dengue, diphtheria, and measles, as of week ending 20 JUNE
- **SUDAN**, 1.1k suspected cholera cases (120 deaths) since MAY in isolated war zones
- **UGANDA**, Increased risk of human African trypanosomiasis in Kayunga District due to rising tsetse fly population as of 03 JULY

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 the Global Infectious Disease and Epidemiology Online Network (GIDEON) the country averaged 63k cases from 2020 to 2024. (BEACON, CDC, *PLoS Negl Trop Dis*, WHO)

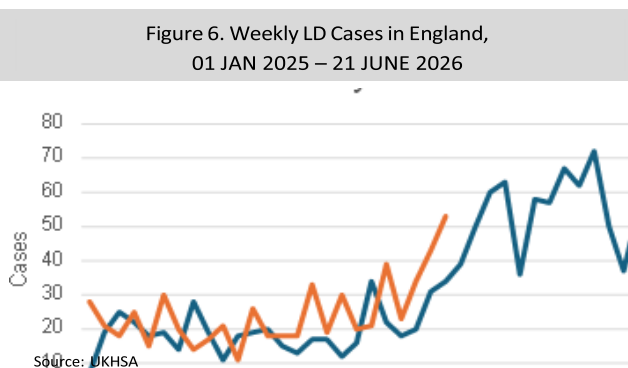
Other Events:

- **GLOBAL**, >29k cholera and AWD cases across 16 countries in MAY; 43% increase compared to APRIL
- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius no longer poses public health risk as of 02 JULY
- **AFGHANISTAN**, >56k AWD cases during 2026; cases increasing but similar to 2025
- **KAZAKHSTAN**, 22 CCHF cases during 2026
- **KAZAKHSTAN**, 24 tick-borne encephalitis cases during 2026
- **IRAN**, Dengue outbreak spreading in southern Sistan and Baluchistan Province due to lack of services; ~1.0k cases through MARCH
- **IRAN**, One CCHF case in Ardabil Province as of 02 JULY; cases expected with onset of warm weather
- **IRAQ**, 219 confirmed CCHF cases (16 deaths) during 2026; most cases in Dhi Qar Province (101 cases; 8 deaths)

USEUCOM Health Events of Interest

*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 6 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 were 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:

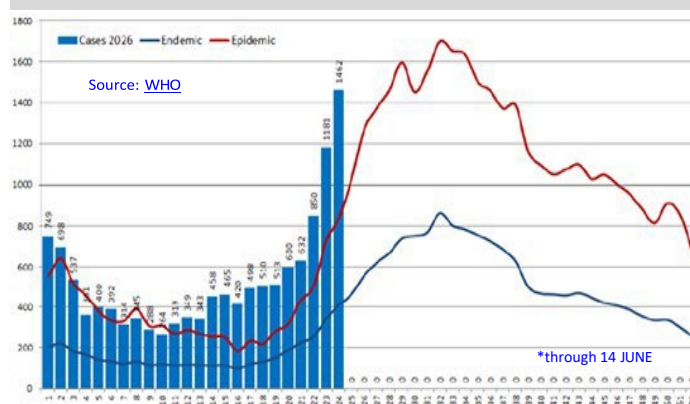
- **GLOBAL**, >29k cholera and AWD cases across 16 countries in MAY; 43% increase compared to APRIL
- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius no longer poses public health risk as of 02 JULY
- **BULGARIA**, 248 campylobacteriosis and 12 yersiniosis cases during 2026; 49% and 140% increase compared to same period in 2025, respectively
- **BULGARIA**, One CCHF case during 2026 in week ending 14 JUNE
- **CANARY ISLANDS**, Study finds first ever confirmed locally acquired *Leishmania infantum* transmission nationwide among dogs as of 29 JUNE
- **GERMANY**, Seven Borna disease cases during 2026; four total in 2025
- **RUSSIA**, 35 salmonellosis cases (26 confirmed; 1 death) in Astrakhan City since 24 JUNE; linked to fish cakes from Mikhailovsky grocery store
- ***SPAIN**, First ever *Aedes albopictus* (tiger) mosquito detection in northern Galicia Autonomous Community as of 02 JULY
- **TURKEY**, 18 CCHF cases (9 confirmed) in Erzincan City as of 30 JUNE
- ***UNITED KINGDOM**, Study finds one tuberculosis death per week in England; rates at 10-year high
- **UKRAINE**, Cholera bacteria (group non-O1) detected in water sample from Bashtanka, Mykolaiv Oblast, as of 01 JULY
- **USEUCOM**, 166 chikungunya cases across 13 countries linked to travel to the Seychelles since NOVEMBER 2025
- **USEUCOM**, Six confirmed locally acquired dengue cases during 2026 from Italy (three), Romania (two), and North Macedonia (one)

USPACOM Health Events of Interest

Cambodia – Dengue:

As of 14 JUNE, **Cambodia has reported 12,948 dengue cases (16 deaths; CFR: 0.1%) during 2026, a 47% increase compared to the same period in 2025 (8.8k)**. Weekly cases decreased in early 2026 and an upward trend started in early-APRIL that continued through mid-JUNE. Weekly cases have been above the epidemic threshold for most of 2026, with a large upward deviation from the epidemic trendline starting in the week ending 12 APRIL (Figure 7). The Global Dengue Observatory estimated that Cambodia has experienced 2.6 times more cases during 2026 than historically reported in an average year. Health officials have called on the public to remain vigilant against the disease. Dengue cases surged in 2025 with >65k cases, a 233% increase compared to 2024 (>19k cases). The increase in cases was attributed to the rainy season and increased stagnant rainwater, creating favorable breeding conditions for mosquitoes. (Khmer Times, The Star, WHO)

Figure 7. Weekly Dengue Cases in Cambodia during 2026*



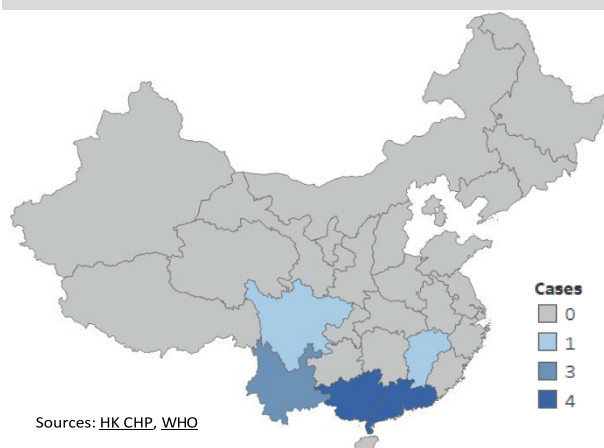
Dengue was first reported in Cambodia in 1963 and is currently one of the most critical mosquito-borne diseases in the country, with cases typically peaking during the rainy season from MAY to OCTOBER. Dengue epidemics occur every five to seven years, with the last major epidemic reported in 2019 (>68k cases). According to WHO, Cambodia reported >65k cases in 2025 and >19k in 2024; GIDEON reports 35k in 2023, >12k in 2022, and 431 in 2021. **Annually, all four-dengue virus (DENV) serotypes have been detected; however, the predominant serotypes have previously alternated between DENV-1, -2, and -3.** A genomic analysis of circulating strains from 2019 to 2022 revealed the emergence of DENV-2 Cosmopolitan Genotype-II in Cambodia, an antigenically distinct lineage that may have posed immunological challenges for the population and contributed to the country's large dengue epidemic in 2019. A 2024 review of dengue vectors identified 11 *Aedes* mosquito species in Cambodia, 4 of which were associated with dengue transmission. The primary vectors, *Ae. aegypti* and *Ae. albopictus*, were present in all provinces, and predominant during the rainy season. Additionally, they were found to be highly resistant to the insecticides used in the country, including temephos for larvae and deltamethrin and permethrin for adult mosquito control. (Lokmat Times, *Parasit Vectors*, *Proc Natl Acad Sci U S A*)

China – Novel Influenza A(H9N2):

As of 29 JUNE, 13 human infections with **avian influenza A(H9N2)** have been reported in China during 2026. **On 23 JUNE, China notified WHO of one additional human A(H9N2) infection.** The case is a 1-year-old female from Guangdong Province who developed symptoms on 12 JUNE. The case had exposure to a live poultry market, and no additional cases were reported from close contacts. On 23 JUNE, the Hong Kong (HK) Centre for Health Protection (CHP) reported the twelfth 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. (Hong Kong Centre for Health Protection [HK CHP], WHO)

During 2026, cases have been reported in Guangdong and Guangxi (four each), Yunnan (three), and Jiangxi and Sichuan (one each) provinces (Figure 8). Since 2015, a total of 166 A(H9N2) infections have been reported in China, suggesting an endemic circulation of A(H9N2) in Chinese poultry ecosystems. U.S. CDC considers A(H9) a "low pathogenic avian influenza" (LPAI). LPAI A(H9N2) infections have been reported sporadically in >100 individuals since 1998 from Bangladesh, Cambodia, China, Egypt, Ghana, Hong Kong, India, Oman, Pakistan, and Senegal. Most cases have occurred in children and have caused mild upper respiratory tract illness; however, lower respiratory tract diseases, including pneumonia and respiratory failure, have also been documented. (U.S. CDC, WHO)

Figure 8. 2026 Human Novel Influenza A(H9N2) Infections, China, as of 23 JUNE



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)

Leptospirosis is highly endemic to the Philippines and outbreaks often occur during the typhoon season (JULY to 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)

Other Events:

- **GLOBAL**, >29k cholera and AWD cases across 16 countries in MAY; 43% increase compared to APRIL
- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius no longer poses public health risk as of 02 JULY
- **BANGLADESH**, 100k measles cases (>11k confirmed; 716 deaths) during 2026; 1k cases on 28 JUNE
- **BANGLADESH**, Dengue cases expected to at least double in JULY from JUNE levels, and rise three- to four-fold by AUGUST
- **FRENCH POLYNESIA**, 30 confirmed dengue cases during 2026
- **HONG KONG**, 82 legionellosis cases as of 29 JUNE; 167 total in 2025
- **INDIA**, 273 confirmed shigellosis cases (7 deaths) in Kerala State during 2026; 197 cases in JUNE
- **INDIA**, 12k malaria cases across 5 districts in Jharkhand State through MAY
- **INDONESIA**, >47k dengue cases (117 deaths) during 2026

Text in blue represents a change since the previous report (30 JUNE)

*2026 FIFA World Cup host or participating country (as of 06 JULY)

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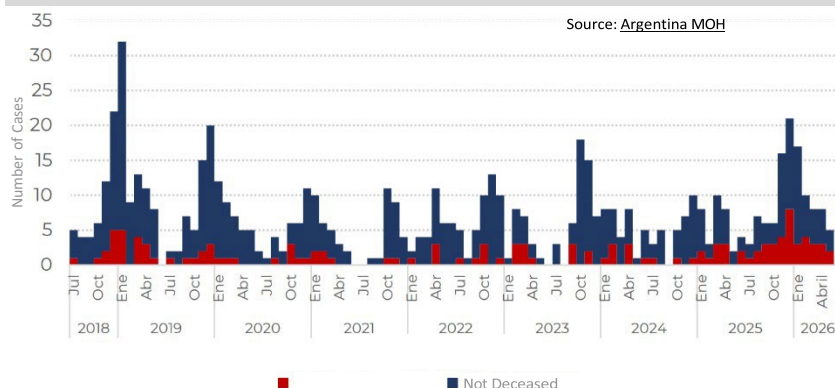
- **MALDIVES**, Dengue incidence ~five-fold higher than 2025 from JANUARY to APRIL; 400 to 600 cases per month
- **MYANMAR**, Hepatitis A outbreak spreading across areas of Arakan State controlled by the Arakan Army as of 19 JUNE
- **NEPAL**, Avian influenza A(H5N1) outbreak among birds in Kathmandu since MARCH; 600k birds culled as of 30 JUNE
- **NEPAL**, Increasing snake bite encounters in mountain districts, including Solukhumbu, linked to climate change, as of 30 JUNE
- **NEW ZEALAND**, One probable Ross River virus disease case with travel to Australia as of 26 JUNE
- **PALAU**, 12 active tuberculosis cases in 2026 through JUNE, compared to 13 cases in all of 2025
- **PHILIPPINES**, 55 mpox cases during 2026; 79% lower than the same period in 2025 (205 cases)
- **PHILIPPINES**, 600 snake bite encounters in Davao Region; a three-fold increase from annual average (200)
- **PHILIPPINES**, 1.3k malaria cases in Southwestern Tagalog Region as of 29 JUNE, a 21% increase from 2025; most cases in Palawan Province (1.3k)
- **REPUBLIC OF KOREA**, 1.1k carbapenem-resistant Enterobacterales infection cases during week ending 27 JUNE; 46% increase compared to 5-year weekly average
- **SOLOMON ISLANDS**, 104 HIV cases since 1994, as of 31 MAY; 25 (24%) since DECEMBER 2025
- **SRI LANKA**, 56k dengue cases during 2026, with >21k cases in JUNE
- **THAILAND**, >10k dengue cases (151 deaths) during 2026
- **TONGA**, 76 confirmed dengue cases during 2026; DENV-2 in circulation
- **USPACOM**, COVID-19 cases increasing in Bangladesh, India, Sri Lanka, and Thailand and seasonal influenza cases increasing in Bhutan, India, and Sri Lanka as of 29 JUNE
- **VIETNAM**, >9k hand, foot, and mouth disease cases between 18 MAY and 18 JULY

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

Figure 9. Confirmed Hantavirus Infection Cases in Argentina,
JULY 2018 – 06 JUNE 2026



Text in blue represents a change since the previous report (30 JUNE)

*2026 FIFA World Cup host or participating country (as of 06 JULY)

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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 9). 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**, ~23k confirmed measles cases across 17 countries and territories in the Americas through 27 JUNE; almost half (>11k) in *Mexico
- **GLOBAL**, >29k cholera and AWD cases across 16 countries in MAY; 43% increase compared to APRIL
- **GLOBAL**, PAHO report forecasts El Niño conditions in the equatorial Pacific Ocean during 2026 into early 2027; may increase food-, vector-, water-borne diseases, and heat related illness risk in the Americas, as of 26 JUNE
- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius no longer poses public health risk as of 02 JULY
- **BRAZIL**, Seven measles cases in São Paulo State as of 30 JUNE
- **BRAZIL**, Three spotted fever rickettsiosis cases at Army school in Três Corações, southern Minas Gerais State, as of 30 JUNE
- **COSTA RICA**, 21 chikungunya cases (4 confirmed) in Playa Langosta, Guanacaste Province, as of 01 JULY
- **COSTA RICA**, Weekly dengue cases over twofold higher in JUNE than same period in 2025; 1.4k cases during 2026, similar to same period in 2025
- **HAITI**, U.S. CDC issues “Level 1 – Practice Enhanced Precautions” travel notice for diphtheria on 25 JUNE
- **PANAMA**, 450 GI illness cases in David District, Chiriquí Province since 29 JUNE; suspected norovirus infection
- **PANAMA**, 1,295 leishmaniasis cases during 2026, surpassing 2025 total (1,208)
- **PANAMA**, >2.5k norovirus infection cases in Chiriquí Province as of 03 JULY; cases declining since 30 JUNE peak
- **PANAMA**, One Zika virus disease case during 2026 in week beginning 31 MAY
- **USSOUTHCOM**, PAHO issued Epidemiological Alert on 01 JULY, warning of the co-circulation of seasonal influenza and respiratory syncytial virus in the Southern Hemisphere
- **VENEZUELA**, Increased infectious disease risk, including vector- and water-borne diseases, due to 24 JUNE earthquakes