



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
28 JULY 2026

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**DHA Public Health
AFHSD – Integrated Biosurveillance (IB) Branch
Health Surveillance Update
22-28 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** has reported >2.3k measles cases during 2026, already surpassing the 2025 total (>2.2k). Through JUNE, >8.0k dengue cases (20 deaths) have been reported in **Kenya** during 2026. Borno State, **Nigeria** has reported >35k cholera cases (198 deaths) since 01 MAY. **Venezuela** has reported three confirmed fatal hantavirus infection cases in Anzoátegui State; other fatal undiagnosed illness cases in Barinas State are currently under investigation.

HSU Health Events

Geographic Combatant Command	Country	Event
<u>USNORTHCOM</u>	Mexico	New World screwworm disease
	United States	Cyclosporiasis
	United States	Measles
	Other events	
<u>USAFRICOM</u>	Kenya	Dengue
	Nigeria	Cholera
	Nigeria	Lassa fever
	USAFRICOM	Ebola virus disease
	Other events	
<u>USCENTCOM</u>	Other events	
<u>USEUCOM</u>	Czech Republic	Lyme disease
	Other events	
<u>USPACOM</u>	Cambodia	Novel influenza A(H5N1)
	Philippines	Chikungunya
	Other events	
<u>USSOUTHCOM</u>	Venezuela	Hantavirus infection
	Other events	

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USNORTHCOM Health Events of Interest

Mexico – New World Screwworm (NWS) Disease:

MEXICO – Through 04 JULY, the Mexico Ministry of Health (MOH) has reported 489 human **NWS disease** cases (3 deaths) since APRIL 2025, with most cases from Chiapas (146 cases), Veracruz (92), and Oaxaca (43) states (Table 1). As of 10 JULY, the first human case in Zacatecas State has been reported; however, media have reported a second confirmed case as of 15 JULY. Human cases during 2026 (372) are more than triple the 2025 total (117). Since the week ending 18 APRIL, **five human cases have been reported in U.S. border states, including Nuevo León and Tamaulipas (two cases each) and Coahuila (one).** (Meganoticias, Posta)

Table 1. Mexican States with the Most Human NWS Disease Cases, APRIL 2025 to 04 JULY 2026	
State	Cases
Chiapas	146
Veracruz	92
Oaxaca	43
Puebla	38
Yucatán	37
Guerrero	29
Quintana Roo	21
San Luis Potosí	16
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 17 JULY, 1,937 animal cases have been reported in United States-Mexico border states in Mexico: 1,167 from Tamaulipas, 603 from Nuevo León, 166 from Coahuila, and 1 from Chihuahua. **On 20 JULY, the second animal NWS disease case was reported in Chihuahua State.** The case is in Parral, southern Chihuahua, near the border with Durango State. (ABC7, Secretaría de Agricultura y Desarrollo Rural, U.S. Department of Agriculture Animal and Plant Health Inspection Service)

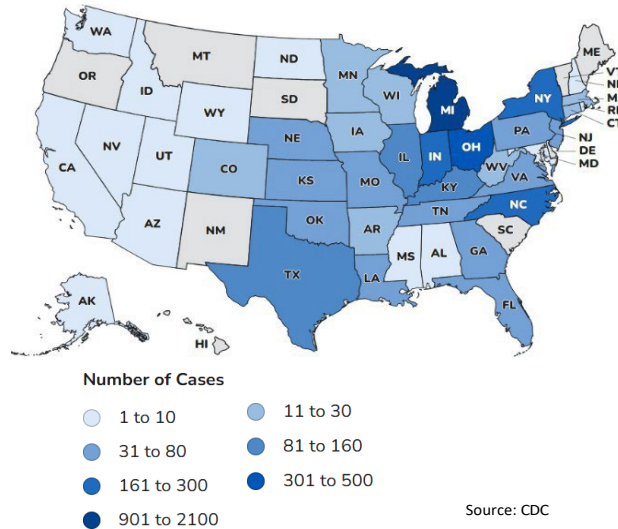
United States – Cyclosporiasis:

Between 01 MAY and 20 JULY, the U.S. Centers for Disease Control and Prevention (CDC) has reported **4,173 (+2.5k)** locally acquired **cyclosporiasis** cases in the United States, with **>7.4k** additional cases that need laboratory confirmation and further analysis to determine where the disease was acquired (Figure 1). Michigan has reported the most cases, followed by **Ohio, Indiana**, New York, and North Carolina. Symptom onset ranged between 01 MAY and 16 JULY. As of 22 JULY, the U.S. Food and Drug Administration (FDA) is investigating **six (+1)** cyclosporiasis outbreaks in the **United States** with one linked to iceberg lettuce.

As of 24 JULY, the U.S. Centers for Disease Control and Prevention (CDC) has reported **1,947 confirmed locally acquired cyclosporiasis cases (+303; 98 hospitalizations; no deaths)** that have been linked to iceberg lettuce served at Taco Bell in **9 states, including Illinois, Indiana, Kansas, Kentucky, Michigan, Ohio, Oklahoma, Pennsylvania, and West Virginia.** More cases are expected as there is an assumed six-week reporting lag between onset and reporting. On 17 JULY, Taylor Farms de Mexico announced they were voluntarily removing iceberg lettuce sourced from Central Mexico from the U.S. market. This includes Taco Bell locations in at least nine states; Taco Bell is no longer using the contaminated lettuce. Additionally, iceberg lettuce products distributed from Taylor Fresh Foods from 29 JUNE to 16 JULY have been recalled from 27 states and Marketside-brand iceberg lettuce products have been recalled from select Walmart stores from 15 states. On 19 JULY, the Federal Department of Agriculture (FDA) reported that the positive cyclosporiasis test on from the sample of lettuce supplied by Taylor Farms de Mexico that had been reported as positive on 18 JULY was found to be a false positive and that there are no confirmed positive samples for product testing for *Cyclospora*. **On 23 JULY, the Mexico MOH confirmed negative testing for Cyclospora**

cayetanensis and fecal coliforms from lettuce and water at Taylor Farms de Mexico. FDA continues to work with Taylor Farms to ensure that the product implicated in the outbreak has been removed from the market. **As of 24 JULY, FDA has clarified that despite negative testing, overwhelming epidemiological data supports the current voluntary recall by Talyor Farms and encourages individuals to avoid the products listed in the recall.** As of 14 JULY, the U.S. CDC issued a Health Alert Network health advisory to notify clinicians of the outbreak, reporting that are well beyond the 249 cases reported nationally during the same period in 2025. Clinicians are recommended to consider cyclosporiasis in patients presenting with prolonged, or relapsing watery diarrhea, particularly from MAY to AUGUST, even without a history of international travel.

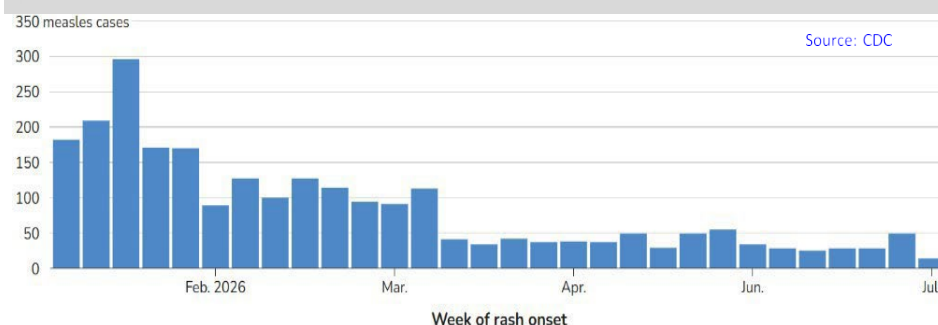
Figure 1. Locally Acquired Cyclosporiasis Cases by U.S. State, 01 MAY to 20 JULY



United States – Measles:

Through 23 JULY, 2,318 confirmed **measles** cases have been reported in the United States during 2026, including 2,302 cases reported from 45 jurisdictions and 16 cases among international visitors. **Cases reported this year have already exceeded the 2025 total (>2.2k).** During 2026, 35 new outbreaks have been recorded and 93% of cases have been associated with an outbreak. Weekly measles cases in the country peaked in mid-JANUARY (296 cases) and have trended downward since, with 49 cases during the week beginning 12 JULY (Figure 2). Most cases have been reported in South Carolina (670), followed by Utah (522), Texas (188), Virginia (176), and Florida (141). As of 22 JULY, over the past two weeks, most cases have been reported in Central Region, Virginia (32 cases), Lancaster County, Pennsylvania (18), and Maricopa County, Arizona (8). Thirty-eight states, Washington D.C. (District of Colombia), and Houston and San Antonio, Texas, have vaccination rates <95%, which is necessary to maintain herd immunity. (U.S. CDC, Johns Hopkins University)

Figure 2. 2026 Weekly Measles Cases in the United States, as of 23 JULY



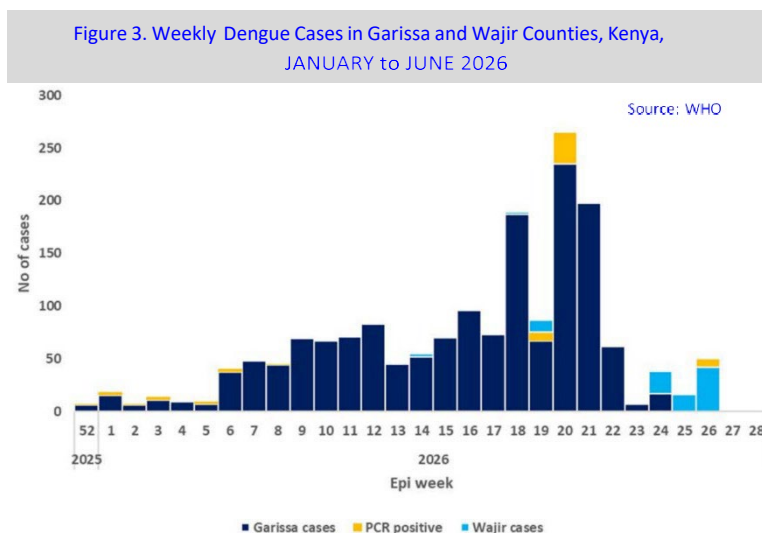
Other Events:

- **CANADA**, 651 Lyme disease, 89 anaplasmosis, and 1 Powassan virus disease cases in Ontario Province as of 12 JULY
- **MEXICO**, Three cyclosporiasis cases as of 21 JULY, linked to United States outbreak
- **UNITED STATES**, 98 salmonellosis cases linked to shell eggs as of 24 JULY
- **UNITED STATES**, Avian influenza A(H5) wastewater level increased from “Not Detected” to “Low” as of 27 JULY
- **UNITED STATES**, First fatal vibriosis case in Florida during 2026 in Palm Beach County; 11 total cases
- **UNITED STATES**, First mpox clade Ib case in Arizona linked to international travel as of 24 JULY; risk to general public remains “Low”
- **UNITED STATES**, First locally acquired mpox clade Ib case in Chicago, Illinois, as of 23 JUNE; second clade Ib case in Chicago, first case occurred in 2025 linked international travel
- **UNITED STATES**, First NWS disease case in a calf from Starr County, Rio Grade Valley, Texas, as of 19 JULY
- **UNITED STATES**, Five human West Nile virus (WNV) disease cases in California during 2026; at least two in southern California
- **UNITED STATES**, FDA investigating three new outbreaks as of 22 JULY: cyclosporiasis, listeriosis, and salmonellosis; no sources identified yet
- **UNITED STATES**, Increase in murine typhus cases across Texas as of 19 JULY
- **UNITED STATES**, Mpox clade II wastewater level decreased to “Not detected” as of 24 JULY
- **UNITED STATES**, Powassan virus disease case in Lincoln County, Maine, as of 21 JULY; state’s third case during 2026
- **UNITED STATES**, Seasonal influenza outbreak (284 confirmed cases) at Lackland Air Force Base, San Antonio, Texas, officially declared over as of 23 JULY
- **UNITED STATES**, Two human WNV disease cases in New Mexico as of 24 JULY in Bernalillo and Otero counties
- **UNITED STATES**, Two neuroinvasive WNV disease cases in El Paso, Texas, as of 21 JULY
- **UNITED STATES**, WNV-positive mosquitoes detected in Anne Arundel and Prince George’s counties, Maryland, as of 10 and 16 JULY, respectively

USAFRICOM Health Events of Interest**Kenya – Dengue:**

Through JUNE, Kenya has reported 8,057 **dengue** cases (20 deaths) during 2026, surpassing total 2025 cases (6.7k). **An outbreak with 1,679 cases (60 confirmed; 5 suspected deaths) has been reported across 2 neighboring counties in the east of the country, on the border with Somalia.** The increase began in Garissa County, where 1,583 cases (5 deaths) have been reported since APRIL. The most recent case was reported on 09 JUNE and there were no new cases in JULY, indicating that the Garissa County outbreak may be waning. However, Wajir County to the north is now experiencing an ongoing outbreak (96 cases), with active transmission in JULY. The cases have been reported across 5 sub-counties, with the majority (91%) from Wajir East. See Figure 3 for dengue cases in Garissa and Wajir counties during 2026. (World Health Organization [WHO]) Dengue is endemic in Kenya, and all four dengue virus (DENV) serotypes have been reported in the country; DENV-4 is rarer, while DENV-1, -2, and -3 are widely distributed in the region. Earlier in the year, Kenya experienced widespread flooding across at least 20 counties with the onset of the long rains beginning in MARCH. Flooded environments and stagnant water increase the risk of vector-borne diseases (VBD) and may have contributed to the increased incidence during 2026. However, a recent study of dengue in Kenya found that heavy rainfall can disrupt mosquito breeding and reduce cases. **As a result of El Niño conditions, which are expected to last into 2027, Kenya is projected to experience flooding from SEPTEMBER to DECEMBER and increased VBDs from OCTOBER to DECEMBER.** WHO reported 4.4k dengue cases in Kenya in 2024 and,

according to GIDEON, there were outbreaks in 2022 and 2021, each with >2.3k cases. (*J Public Health Afr, PLoS Negl Trop Dis, ReliefWeb*)



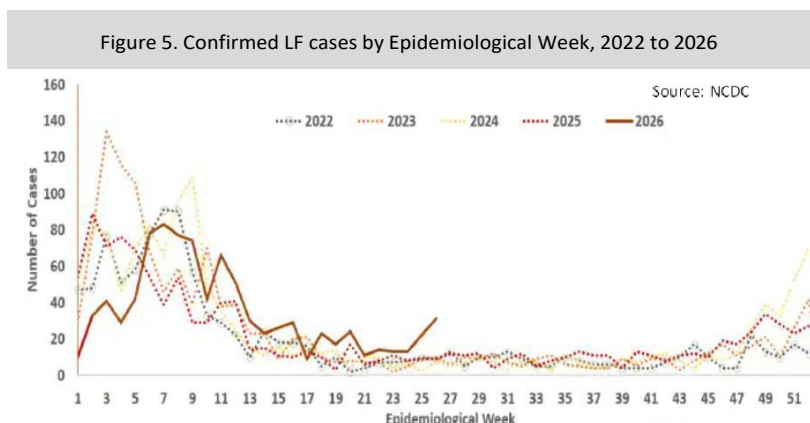
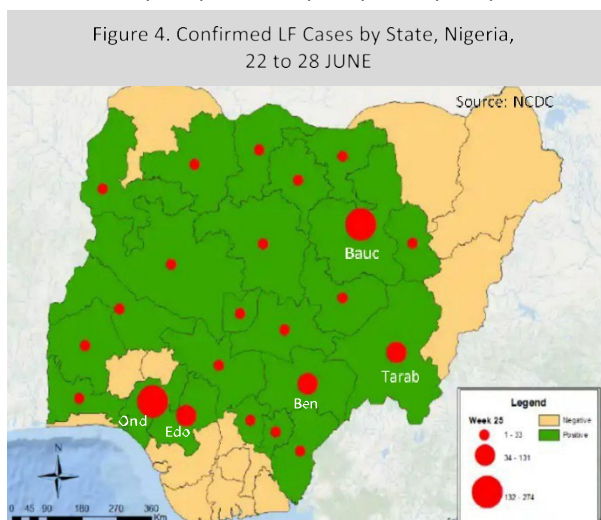
Nigeria – Cholera:

Through 12 JULY, Nigeria has reported >35k **cholera** cases (198 deaths) in Borno State since 01 MAY. From 01 MAY to 07 JUNE, the Borno MOH reported >8.4k cases (85 deaths; case fatality rate [CFR]: 1.0%) with 8 affected local government areas, including Jere, Konduga, Kwaya Kusa, Mafa, Magumeri, Maiduguri, Monguno, and Ngala. Suspected cases have also been reported in Bama, Banki, Gwoza, and Mobbar. The pathogen associated with the outbreak is *Vibrio cholerae* serogroup O1, serotype Ogawa. Since cases were first detected, the outbreak has spread rapidly through overcrowded informal settlements with limited access to safe drinking water, poor sanitation, and inadequate waste management. Healthcare facilities and workers have been overwhelmed by the surge in cases. Additionally, northeast Nigeria is facing an escalating humanitarian crisis driven by prolonged conflict, climate-related shocks and widespread displacement and attacks from armed groups in Borno State resulting in the destruction of health facilities, medical supplies, and vaccines. Doctors Without Borders (MSF) have treated >24k suspected cholera cases, with 1 in 4 presenting with severe symptoms. MSF has expanded its emergency response by supporting 17 oral rehydration points, 5 cholera treatment units, and 2 cholera treatment centers across Borno State. Additionally, MSF has 1) intensified community awareness campaigns, 2) trained healthcare workers in cholera management, and 3) supported water, sanitation, and hygiene interventions, including chlorinating water at key collection points. During early JULY, an oral cholera vaccination campaign was conducted, reaching >2.6 million individuals; however, many communities, particularly in informal settlements, continue to lack access to safe water, sanitation, and healthcare, allowing continued disease transmission. **As of 27 JULY, the outbreak has spread beyond Borno State into neighboring Plateau State (26 confirmed cases, 441 suspected cases and 14 deaths).** (Action Against Hunger, AllAfrica, Outbreak News today, Premium Times, United Nations Children's Fund)

Nigeria – Lassa Fever (LF):

Through 28 JUNE, 6,165 **LF** cases (922 confirmed; 221 deaths; CFR: 24%) have been reported across 23 states (111 local government areas [LGAs]) in Nigeria during 2026, **a 17% and 49% increase in confirmed cases and deaths, respectively, compared to the same period in 2025.** The CFR has also increased from ~19% reported last year. Five states account for 85% of confirmed cases: Ondo (30%), Bauchi (26%), Taraba (14%), Edo (9%), and Benue (6%). See Figure 4 for confirmed LF cases by state and Figure 5 for confirmed cases by epidemiological week from 2022 to 2026. The Nigeria Centre for Disease Control and Prevention (NCDC) has acknowledged challenges in managing the endemic, including 1) late case presentation contributing to an increase in CFR, 2) poor health-seeking behavior due to the high cost of treatment and clinical management of the disease, 3) poor environmental sanitation conditions in high-burden communities, 4) poor awareness in high-burden communities, and 5) increasing infection in healthcare workers (HCWs). Through 28 JUNE, 50 cases have been reported among HCWs during 2026. The national LF multi-partner, multi-sectoral Incident Management System is in effect to coordinate the response at all levels. As of 28

JUNE, National Rapid Response Teams have been deployed to five states: Benue, Gombe, Kebbi, Kano, and Plateau. In 2025, >9.3k suspected cases (>1.1k confirmed; 215 deaths; CFR: 19%) were reported, with confirmed cases in 107 LGAs across 22 states, primarily from Ondo (35%), Bauchi (26%), Edo (16%), and Taraba (12%) states. (NCDC)



LF transmission primarily occurs via direct contact with infected *Mastomys* spp. rodents or contact with food or household items that are contaminated by rat urine or droppings; human-to-human transmission is rare but could occur following direct contact with the blood, feces, or urine of an infected individual, primarily in healthcare settings. Transmission occurs year-round, peaking in the dry season from DECEMBER to APRIL. An AUGUST 2025 study found that LF risk in Ondo State is impacted by human factors such as built settlement, roads, population density, poverty, and climatic/altitude variables, particularly in the northern and elevated regions. **An OCTOBER 2025 preprint study concluded that climate-driven rodent population and infection dynamics in the *Mastomys natalensis* reservoir align with the seasonal timing of human outbreaks, concluding that rodent birth surges that accompany increased rainfall drive spillover risk to humans.** (*Int J Biometeorol*, medRxiv, WHO)

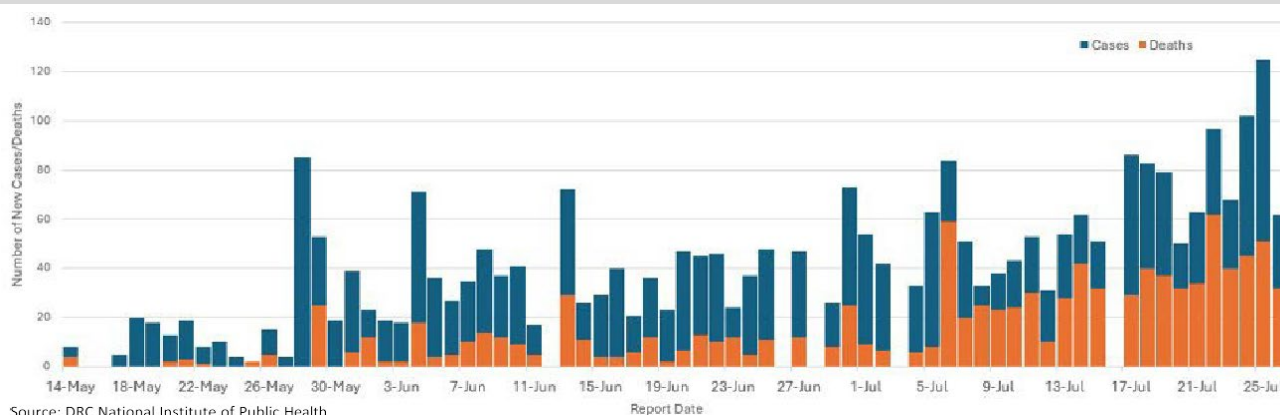
About 80% of individuals who become infected with LF are asymptomatic or have mild symptoms; however, 20% of infections develop into severe disease, resulting in the virus affecting several organs such as the liver, kidneys, and spleen. There is currently no antiviral drug approved for LF, and treatment primarily consists of supportive care including fluid management. Although the antiviral drug ribavirin has been administered, there are concerns regarding its efficacy on the outcome of patients and optimal dosing regimens. According to a MAY 2026 study, a phase II trial for an alternative antiviral, favipiravir, found it to be safe and well tolerated with a reported mortality roughly half that of the ribavirin group. The most advanced LF vaccine candidate, rVSVΔG-LASV-GPC, has an ongoing Phase II trial that is now fully active across Ghana, Liberia, and Nigeria, following the publication of positive Phase I results (no serious adverse events and strong immune response) in NOVEMBER 2025; the primary completion for this trial is estimated for DECEMBER 2026. Several other candidates have also entered human trials, including the University of Oxford's ChAdOx1 Lassa vaccine, which began a first-in-human trial in the United Kingdom (U.K.) in DECEMBER 2025, and LASSARAB, a candidate developed by Thomas Jefferson University and the National

Institutes of Health (NIH), which started a Phase I trial in the United States in MARCH 2025. These candidates follow an APRIL 2023 review that identified multiple vaccines entering the clinical phase, including Themis Bioscience's MV-LASV, which completed a Phase I trial with results published in MARCH 2023, and Inovio Pharmaceuticals' INO-4500 candidate, which was discontinued in 2022. (CIDRAP, ClinicalTrials.gov, *Lancet*, *Nat Med*, NIH, Oxford Vaccine Group, *Trop Med Int Health*, Vax Before Travel, WHO)

USAFRICOM – Ebola Virus Disease (EVD):

DRC CASE REPORT: According to the DRC Ministry of Communication and Media, through **25 JULY** (data last checked **0830 EST on 28 JULY**), **3,262 (+839)** confirmed EVD cases (**1,437 [+470]** confirmed deaths; CFR: **44%**; Table 2; Figure 6) have been reported across at least **48 (+1)** health zones (HZs) in Ituri (28), North Kivu (11), Haut-Uélé (5), Tshopo (3), and South Kivu (1) provinces. See Figure 7 for the geographical location of the current EVD outbreak in the DRC. Through **25 JULY**, **>15k** contacts are under follow-up in Ituri (**>10k**), North Kivu (**4.3k**), Haut-Uélé (**199**), and Tshopo (**33**) provinces, and **583 (+114)** cases have recovered. Most (80%) of the new EVD cases in eastern DRC are emerging from unknown chains of transmission, prompting concerns that the outbreak is spreading faster than health officials can respond. The true number of cases may be at least double, possibly four times, the official count. **This rapid transmission is particularly acute in overcrowded displacement camps across Ituri Province, which house over one million displaced individuals; a critical shortage of clean water, compounded by foreign aid cuts to sanitation funding, has left individuals unable to practice basic hand-washing and hygiene measures to halt spread.** As of 21 JULY, the DRC has imposed a mandatory 21-day health surveillance measure on healthcare providers, response agents, and any other individuals returning from EVD affected areas. (Actualite.cd, New York Times, STAT News)

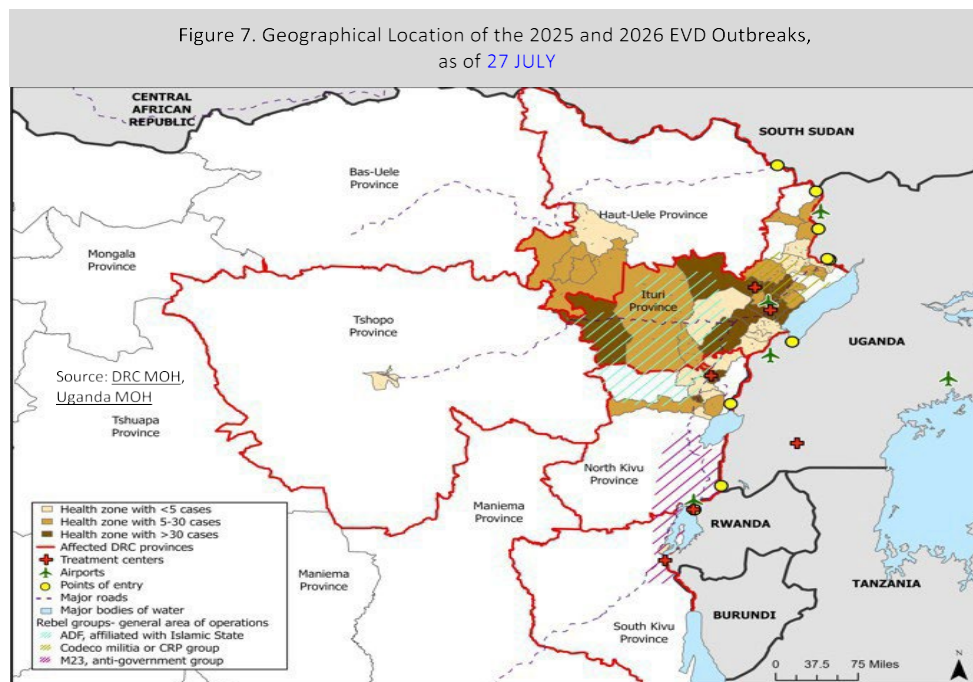
Figure 6. Daily EVD Confirmed Cases and Deaths, DRC, through 26 JULY



UGANDA CASE REPORT: According to the Uganda MOH, as of **28 JULY** (data last checked **0830 EST on 28 JULY**) **20 confirmed EVD cases (15 imported; 5 locally acquired; 2 deaths)** have been reported in Uganda (Table 2). The last case, confirmed on 21 JUNE, was discharged on 16 JULY; no contacts are under follow-up, while 821 have completed follow-up. **The Uganda MOH announced that the country is EVD free as of 28 JULY, following 42 days from the last Ugandan National case (discharged 16 JUNE); however, the last imported case in Uganda was discharged 16 JULY, and the 42-day countdown (twice the maximum incubation period) from that case will end ~27 AUG.** (Reuters, WHO)

Table 2. 2026 EVD Outbreak Case Counts by Country, through 28 JULY					
Country	Area	Number of Health Zones Affected	Confirmed Cases	Confirmed Deaths	Contacts Under Follow up
DRC	Ituri Province	28	2,901	1,207	
	North Kivu Province	11	314	204	
	Haut-Uélé Province	5	38	21	15,498
	Tshopo Province	3	5	4	
	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 11 JULY, a second U.S. citizen has contracted EVD. The case was on a humanitarian mission in the DRC and got infected after assisting with logistics in the regional capital, Bunia, for the past month; he was not directly involved in patient care. **The case was initially being treated at an EVD treatment center in Ituri Province before being evacuated to University Hospital Frankfurt in Germany for treatment on 13 JUNE;** the case remains in stable condition as of 17 JULY. **As of 18 JULY, seven asymptomatic American aid workers were placed under a mandatory 21-day precautionary quarantine at a U.S.-backed facility in Kenya following their deployment to an EVD-affected region in the DRC, in compliance with new travel protocols.** According to media, U.S. health officials quarantined 14 American citizens at the Fort Drum military base, New York, for 4 days following a recent return from the DRC; the travelers were not symptomatic and were released on 20 JULY. (BEACON, CBC News, Medical Daily, Reuters, WHO)

SUSPECTED CASES: On 21 JULY, the United Kingdom MOH reported that a resident who had been treating EVD cases in the DRC was evacuated on a chartered flight and is currently isolated in a London hospital following a potential healthcare related exposure to EVD; the individual is asymptomatic.

DIAGNOSTICS AND MEDICAL COUNTERMEASURES: In JUNE, WHO and Africa CDC launched a \$518 million continental preparedness and response plan to coordinate and scale up multisectoral efforts across African Union Member States to rapidly contain the Bundibugyo virus disease (BVD) outbreak. On 14 JULY, the National Institute for Biomedical Research in Kinshasa, DRC, launched EBO-PEP, the first clinical trial to assess the efficacy of post-exposure prophylaxis with the antiviral obeldesivir against BVD; participants were recruited from Ituri Province. As of 14 JULY, Oxford University in the U.K. begun recruiting volunteers to test the BVD vaccine ChAdOx1, which has been produced with similar technology used to develop the Oxford-AstraZeneca COVID-19 vaccine; **the first volunteer was**

vaccinated on 24 JULY. As of 21 JULY, the U.S. FDA has issued an emergency use authorization for OraSure Technologies OraQuick Ebola 2.0 Rapid Antigen Test for EVD screening; the test detects all four major Ebola virus strains in 30 minutes. A 22 JULY correspondence found that licensed Zaire ebolavirus vaccines, including Ervebo, elicited cross-reactive antibody responses against BVD in PREVAC trial participants. (Africa CDC, *BMJ*, Globe Newswire, *N Engl J Med*)

RISK ASSESSMENTS: As of 17 JULY, WHO assessed 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 24 JULY, the European Centre for Disease Prevention and Control (ECDC) assessed 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 24 JULY, the U.S. CDC assesses the overall risk of the EVD outbreak to the U.S. population and travelers is “**Very Low.**”

TRAVEL ADVISORIES: On 15 JULY, the U.S. CDC updated the “**Level 3 – Reconsider Nonessential Travel**” travel health notice for the BVD outbreak in the DRC, and on 15 JULY, updated the “**Level 2 – Practice Enhanced Precautions**” travel health notice for the BVD outbreak in the DRC and Uganda. As of 27 JULY, the U.S. Department of State “**Level 4 – Do Not Travel**” advisories for DRC, South Sudan, and Uganda remain in effect. As of 16 JULY, the U.S. Embassy in the DRC announced new travel restrictions which prevent United States citizens and nationals who have been in the DRC within a 21-day period from entering the United States via commercial aviation.

Other Events:

- **ANGOLA**, 92 confirmed mpox cases in Cabinda Province since MAY
- **ANGOLA**, 523k malaria cases from JANUARY to JUNE; increase of 36k compared to same period in 2025
- **CAMEROON**, 585 cholera cases (19 deaths; CFR: 3.3%) across 8 health districts as of 22 JULY
- **DRC**, >387k malaria cases (146 deaths) in Kwilu Province in 6 months as of 19 JULY
- **MALAWI**, 188 suspected measles cases (76 confirmed; 1 death) in Nsanje District since SEPTEMBER 2025
- **MAURITIUS**, 6,675 confirmed chikungunya cases since 05 JAN
- **MOROCCO**, Two imported malaria cases following travel from Nigeria as of 20 JULY
- **RWANDA**, 222 Rift Valley fever cases across 34 health facilities during 2026; cases have tripled over past 2 weeks compared to JUNE
- **SUDAN**, ~4k dengue cases in Blue Nile State as of 22 JULY, concentrated in northern districts of Ad-Damazin

USCENTCOM Health Events of Interest

Other Events:

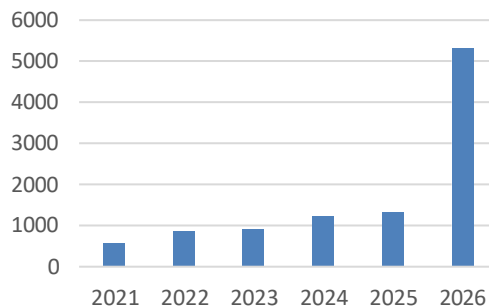
- **AFGHANISTAN**, 174% increase of suspected Crimean-Congo hemorrhagic fever cases in JUNE (482 cases; 21 deaths) compared to MAY (176; 9)
- **GAZA STRIP**, ~5k weekly varicella cases as of 19 JULY; continued increase expected
- **ISRAEL**, 3.2k measles cases (16 deaths) from APRIL 2025 to FEBRUARY 2026

USEUCOM Health Events of Interest

Czech Republic – Lyme Disease (LD):

Through JUNE, the Czech Republic State Institute of Health has reported 5,320 LD cases during 2026, a **305% increase compared to the same period in 2025 (1.3k cases) and a 442% increase over the previous 5-year average (981)**. See Figure 8 for LD cases between JANUARY and JUNE from 2021 to 2026. Health officials are attributing the rise to a longer tick season and a new reporting system. LD was added to the Czech early warning system in 2025, and since JULY 2025, healthcare providers have been automatically reporting relevant diagnoses; the previous reporting procedure was more complicated and per the National Institute of Public Health, resulted in underreporting. Additionally, the tick season in the Czech Republic now begins earlier in the spring and lasts later into the fall compared to the historical average. Climate change has been partly attributed to the change in tick season. The country reported higher than usual LD cases in the beginning of 2026, with 488 cases in JANUARY, more than double the cases from JANUARY 2025 (208), and 959% higher than the previous five-year average (125). Monthly cases have remained elevated compared to previous years. LD risk is particularly high in urban areas, with studies reporting that 25–30% of ticks in Czech cities carried the *Borrelia* spp. bacterium compared to ~10% of ticks in forests. Tick-borne diseases (TBD) have been increasing in the Czech Republic in recent years, reaching a 10-year high by the end of JULY 2025. Over 11k LD cases and >700 tick-borne encephalitis (TBE) cases were reported in 2025. **The Czech Republic is among the European countries with the highest incidence of TBD.** Additionally, Poland has reported an increase in LD cases during 2026 (>19k cases), a 16% increase compared to the same period in 2025 (16k). (Czech Radio, Czech Republic State Institute of Health, Poland Department of Epidemiology of Infectious Diseases and Surveillance)

Figure 8. JAN to JUNE LD Cases, Czech Republic, 2021–2026



Source: Czech Republic State Institute of Health

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. A MARCH 2025 study found that the prevalence of anti-Bbsl antibodies was 9.5% among adults in the Czech Republic, using sera collected from 2011 to 2012. (ECDC, *Int J Med Microbiol*)

Other Events:

- **FRANCE**, First two locally acquired dengue cases during 2026 from Carmaux and Sète, Occitania Region
- **GREECE**, 21 WNV disease cases (13 hospitalizations) as of 22 JULY; 95% cases developed neuroinvasive diseases including encephalitis or meningitis
- **GREECE**, Fifth leptospirosis case (one death) on Zakynthos Island during 2026; first since APRIL
- **ICELAND**, 650 multidrug-resistant *Escherichia coli* and related bacterial infections in 2025, triple reported cases a decade ago
- **ROMANIA**, Eight WNV disease cases (two deaths) since 03 JUNE

- **SERBIA**, African swine fever outbreak in pigs across 7 counties and 52 settlements as of 19 JUNE; state of emergency declared
- **SPAIN**, 2 human WNV disease cases in Seville Province, Andalusia Region, during 2026; 11 Andalusian municipalities declared alert areas
- **SWEDEN**, 93 TBE cases during JUNE 2026, nearly double compared to JUNE 2025 (48)
- **UKRAINE**, One imported malaria case in Odesa Region as of 18 JULY; four total cases (one death) during 2026

USPACOM Health Events of Interest

Cambodia – Novel Influenza A(H5N1):

As of 16 JULY, the Cambodia MOH reported the fifth human infection with avian influenza A(H5N1) during 2026. The case is a 9-month-old female from Prek Ta Kong Village, Phnom Penh Province. Subsequently, the National Institute of Public Health also confirmed the case was positive for A(H5N1). Health officials are 1) actively investigating the outbreak to identify sources of transmission in both animals and humans, 2) searching for suspected cases and contacts to prevent further transmission, 3) distributing Tamiflu to close contacts, and 4) conducting health education campaigns for citizens in the affected village. Since a reassortant virus emerged in Cambodia in FEBRUARY 2023 (a genetic mix of the older, locally circulating A(H5N1) virus [clade 2.3.2.1e] and the newer, globally dominant variant [clade 2.3.4.4b] that has caused widespread outbreaks in animals), **a total of 40 human A(H5N1) infections (15 deaths) have been reported in the country.** As of 05 JULY 2025, WHO assessed the current risk to the general population posed by this virus as “Low,” and the risk of those occupationally exposed, such as farm workers, as “Low” to “Moderate,” depending on the measures in place. From 2003 to 2022, 56 human A(H5N1) infections (37 deaths) were reported in the country, with the last case reported in 2014. (Avian Flu Diary, BEACON, CIDRAP, FluTrackers, WHO)

Philippines – Chikungunya:

As of 14 JULY, 259 suspected chikungunya cases have been reported across 3 municipalities in Samar Province during 2026, with cases in Basey (159), Gandara (97), and Paranas (3) municipalities. To confirm the outbreak, the Provincial Health Office of Samar sent 12 blood samples, 6 each from Basey and Gandara, to the Research Institute for Tropical Medicine for laboratory testing. The two villages most affected during this outbreak are Barangay Mabini in Basey Municipality (128 cases) and Barangay Ngoso in Gandara Municipality (51). Catorse de Agosto in Gandara Municipality also has reported cases. Earlier data from the Gandara Rural Health Unit reported 84 cases in 2 villages, which had been under Code Red since 30 JUNE. As of 11 JULY, Samar Province had not reported any deaths among the cases. Health officials reported an increase in cases in recent weeks, with 9 cases in FEBRUARY and 6 in MAY prior to spiking to 190 cases in JUNE and 54 during the first half of JULY. **Despite the recent case increase, health officials noted that the attack rates remain relatively low, with 28 cases per 100k individuals in Basey and 27 per 100k in Gandara.** Health officials are conducting active surveillance throughout the province, including monitoring 67 additional villages for suspected cases, and are urging residents to eliminate stagnant water and other mosquito breeding sites around their homes. Coordination with provincial and regional epidemiology and surveillance units have also been enacted, and the implementation of prevention and control activities in affected communities and intensified efforts to eliminate mosquito breeding sites through environmental cleaning, drainage maintenance, the removal of stagnant water, and proper waste disposal are ongoing. (BEACON, Daily Tribune, Inquirer.net, Outbreak News Today)

Chikungunya has been reported in the Philippines through recurrent locally acquired cases and outbreaks since the first reported event in 1968. *Ae. aegypti* mosquitoes, the vector for chikungunya transmission, are found in the Philippines and therefore support the potential for recurrent local transmission. National case reporting has fluctuated over recent years, with 600 cases in 2022 according to GIDEON, >2.8k in 2023, 383 in 2024, and 653 in 2025, underscoring the importance of subnational surveillance for detecting sustained or expanding transmission. A 2019 study found that the Philippines, along with India, Indonesia, and Thailand, are among the Asia-Pacific countries that most frequently report chikungunya outbreaks or epidemics, and that the East-Central-South African genotype is the predominant strain. (BEACON, *Emerge Microbes Infect*, Outbreak News Today, WHO)

Other Events:

- **AUSTRALIA**, 1,581 Ross River virus disease cases during 2026; >1.9k total in 2025
- **CAMBODIA**, 28k dengue cases (38 deaths) during 2026; 58% increase compared to same period in 2025 (>17k cases)
- **CHINA**, 222 dengue cases during MAY; 43% increase compared to same period in 2025
- **CHINA**, 1,625 malaria cases through MAY, compared to 1.3k in same period in 2025
- **INDIA**, 12 confirmed Chandipura virus disease cases (8 deaths) from Gujarat (9) and Rajasthan (3) states as of 20 JULY
- **INDIA**, 540 dengue cases (22 confirmed) in Pune, Maharashtra State, during JULY; 209% increase compared to JUNE (175)
- **INDIA**, First dengue vaccine, Qdenga, approved in country for individuals aged 4 to 60 years as of 21 JULY
- **INDONESIA**, >2.1k dengue cases (15 deaths) in South Sumatra Province during 2026
- **JAPAN**, >130 food-borne disease cases (10 hospitalizations) in 2 separate incidents in Gifu Prefecture and Tokyo as of 19 JULY
- **JAPAN**, Elevated weekly hepatitis A cases (12 to 13 weekly cases between 28 JUNE and 18 JULY), compared to 2 to 4 in same period in 2025
- **JAPAN**, Legionellosis cases spike in week beginning 12 JULY (148), up from 95 and 56 in the preceding 2 weeks
- **MALAYSIA**, 2.5k dengue cases in Selangor State through 11 JULY; 25% increase compared to same period in 2025 (2k cases)
- **MONGOLIA**, One confirmed human plague case as of 24 JULY
- **PALAU**, 56 COVID-19 cases (6 hospitalizations) during 2026
- **PHILIPPINES**, Two confirmed Japanese encephalitis cases in Bontoc, Mountain Province, as of 20 JULY
- **SRI LANKA**, >7.3k dengue cases in week ending 19 JULY (76k total), sixfold increase from same period in 2025 (32k); cases decreasing slightly from peak
- **TAIWAN**, >4.7k COVID-19-related outpatient and emergency visits between 12 and 18 JULY; 67% increase compared to preceding week
- **THAILAND**, 139 mpox cases (2 deaths) during 2026; rising since JUNE with increasing clade Ib (88)
- **UNITED STATES**, Three imported cyclosporiasis cases in Hawaii as of 24 JULY
- **WALLIS AND FUTUNA**, 47 dengue cases during 2026; red alert for DENV-1 remains in effect

USSOUTHCOM Health Events of Interest

Venezuela – Hantavirus Infection:

As of 21 JULY, the Venezuelan Medical Federation (VMF) called for an urgent epidemiological investigation following a series of fatal undiagnosed illness cases reported in Anzoátegui and Barinas states. Health officials have stated that the undiagnosed illness rapidly progressed among cases, with three fatal cases in physicians in Barinas State; additional deaths in Barinas State have been reported by residents. There have also been conflicting media reports regarding the number of deaths in HCWs in Barinas State, ranging from two to four fatalities. According to media sources, in addition to the three fatal HCWs, a nurse who presented with similar symptoms died in FEBRUARY in the same medical center; symptoms included fever, low platelet count, kidney involvement, neurological failure, and other organ dysfunction. Local health officials have stated that there is no medical evidence to epidemiologically link these cases to each other and that the hospital maintains active national epidemiological surveillance protocols. Several deaths have also been reported in Anzoátegui State, including three in the same family in Boca del Pao. The fatal cases in Anzoátegui State reported symptoms of fever, severe respiratory complications, and pleural effusion; initial testing ruled out dengue and yellow fever. (Curaço Chronicle, El Impulso, El Pitazo, Ministerio del Poder Popular para la Salud)

On 21 JULY, the three fatal cases reported in Anzoátegui State were confirmed as hantavirus infection and presented with symptoms compatible with hantavirus cardiopulmonary syndrome. The specific etiologic virus and the nature of the diagnostic testing were not provided. Transmission for these fatal cases were attributed to inhalation of particles contaminated with rodent urine, feces, or saliva in rural, agricultural, enclosed, or poorly

ventilated spaces; **the MOH explicitly stated that there is no evidence of person-to-person transmission in the country.** The three deaths in HCWs in Barinas State have been identified as unconnected to the cases in Anzoátegui and have yet to be confirmed. Health officials stated that these two events are unrelated, localized events, that do not represent a risk to the community in general. The VMF is urging the MOH to activate and maintain strict epidemiological surveillance under specific protocols for hemorrhagic and respiratory febrile syndrome, and the National Public Health System has been deployed and is operational, with active surveillance and response protocols in the affected areas. (BEACON, El Impulso, Ministerio del Poder Popular para la Salud)

According to the Pan American Health Organization (PAHO), Venezuela is not among the countries that regularly report hantavirus infection cases but has experienced sporadic events in the past. The most recent prior hantavirus infection cases reported in Venezuela were in Portuguesa State in 2025 and in Delta Amacuro State in 2024. **The current outbreak in Venezuela occurs amid heightened regional hantavirus transmission; PAHO issued an epidemiological alert in DECEMBER 2025 after observing an increase in cases in endemic countries, particularly in the Southern Cone, highlighting the need to strengthen surveillance, preparedness, and response efforts.** From JANUARY to APRIL 2026, 6 countries reported 94 cases (13 deaths) in the Region of the Americas. (BEACON)

Meanwhile, Barinas State, located in western Venezuela, has one of the highest risks of yellow fever outbreaks nationwide and has reported Venezuelan hemorrhagic fever cases in the past, with 3 yellow fever and 10 Venezuelan hemorrhagic fever cases reported during 2026. Media have also reported that in early MARCH, school activities were suspended in the municipalities of Rojas and Sosa due to reports of deaths associated with a suspected hemorrhagic fever transmitted by rodents, which was never confirmed. (El Pitazo, Ministerio del Poder Popular para la Salud)

Other Events:

- **ARGENTINA**, 25 trichinellosis cases in Buenos Aires Province as of 22 JULY; linked to butcher shop in Lincoln Municipality
- **BRAZIL**, >1.9k hepatitis A cases in São Paulo State during 2026, surpassing total 2025 cases (>1.6k)
- **BRAZIL**, ~1.7 million arboviral disease cases forecasted for 2027 due to El Niño
- **CAYMAN ISLANDS**, One imported cyclosporiasis case as of 16 JULY
- **COSTA RICA**, 47 confirmed chikungunya cases during 2026; local transmission in Alajuela and Guanacaste provinces
- **COSTA RICA**, Third mpox case during 2026 in Heredia Province; no international travel
- **CUBA**, 23 suspected dengue cases in Guantánamo Province as of 25 JULY; 2 municipalities with epidemiological alerts
- **EL SALVADOR**, Weekly dengue cases increasing; >2.4k cases during 2026, similar to same period in 2025 (2.5k)
- **FRENCH GUIANA**, 1,157 confirmed chikungunya cases during 2026
- **URUGUAY**, 20 meningitis cases (5 deaths) as of 04 JULY; 33% increase compared to same period in 2025 (15 cases)