

TABLE. Reportable Medical Events, Military Health System Facilities, September 2025^a

Reportable Medical Event ^b	Active Component ^c					MHS Beneficiaries ^d
	September 2025	August 2025	YTD 2025	YTD 2024	Total 2024	September 2025
	No.	No.	No.	No.	No.	No.
Amebiasis	0	0	13	9	15	0
Arboviral diseases, neuroinvasive, non-neuroinvasive	0	0	1	4	4	1
Babesiosis	0	1	1	0	0	0
Brucellosis	0	0	0	1	1	0
COVID-19-associated hospitalization, death	1	7	31	38	41	17
Campylobacteriosis	29	29	249	260	326	23
Chikungunya virus disease	0	0	0	0	1	0
Chlamydia trachomatis infection	1,145	1,321	11,263	12,375	16,097	141
Cholera, O1, O139	0	0	0	2	3	0
Coccidioidomycosis	3	3	18	43	53	0
Cold weather injury ^e	4	1	284	136	174	N/A
Cryptosporidiosis	8	5	56	70	82	2
Cyclosporiasis	0	8	22	10	11	1
Dengue virus infection	0	2	8	11	12	0
<i>E. coli</i> , Shiga toxin-producing	5	8	54	67	93	3
Ehrlichiosis, anaplasmosis	0	0	1	1	1	0
Giardiasis	11	12	84	79	98	3
Gonorrhea	191	197	1,735	2,195	2,823	21
<i>H. influenzae</i> , invasive	0	0	2	3	3	0
Heat illness ^e	134	307	1,305	1,188	1,276	N/A
Hepatitis A	0	0	1	6	7	0
Hepatitis B, acute, chronic ^f	9	7	61	87	108	3
Hepatitis C, acute, chronic	4	1	20	32	35	1
Influenza-associated hospitalization ^g	0	1	49	40	54	2
Lead poisoning, pediatric ^h	N/A	N/A	N/A	N/A	N/A	8
Legionellosis	0	0	1	4	5	3
Leishmaniasis	0	0	1	0	0	0
Leprosy	0	0	0	1	2	0
Listeriosis	0	0	1	0	0	0
Lyme disease	8	10	84	86	101	11
Malaria	5	11	29	16	21	1
Meningococcal disease	1	0	2	0	2	0
Mpox	1	2	7	12	14	0
Mumps	0	0	2	0	0	0
Norovirus infection ⁱ	41	46	886	380	654	50
Pertussis	1	3	37	20	39	12
Rabies post-exposure prophylaxis (PEP)	49	68	471	477	637	56
Q fever	0	0	1	2	3	0
Salmonellosis	24	17	129	116	160	28
Schistosomiasis	0	0	0	0	1	0
Shigellosis	1	8	30	42	53	3
Spotted fever rickettsiosis	4	3	28	19	22	3
Syphilis ^j	33	45	355	475	587	7
Toxic shock syndrome	0	0	0	2	2	0
Trypanosomiasis	1	0	2	3	5	0
Tuberculosis	0	1	7	4	6	1
Tularemia	0	0	2	1	1	0
Typhoid fever	0	0	0	1	1	0
Typhus fever	1	1	7	1	2	0
Varicella	2	0	12	12	18	8
Zika virus infection	0	0	0	1	1	0
Total case counts	1,716	2,125	17,352	18,332	23,655	409

Abbreviations: MHS, Military Health System; YTD, year-to-date; No., number; N/A, not applicable; *E. Escherichia*; *H.*, *Haemophilus*; RMEs, reportable medical events; DRSi, disease reporting system internet; DCPH-A, Defense Centers for Public Health, Aberdeen.

^aRMEs submitted to DRSi as of Dec. 11, 2025. RMEs were classified by date of diagnosis or, where unavailable, date of onset. Monthly comparisons are displayed for the periods Aug. 1, 2025–Aug. 31, 2025 and Sep. 1, 2025–Sep. 30, 2025. YTD comparison is displayed for the period Jan. 1, 2025–Sep. 30, 2025 for MHS facilities. Previous year counts are provided as: previous YTD, Jan. 1, 2024–Sep. 30, 2024; total 2024, Jan. 1, 2024–Dec. 31, 2024.

^bRME categories with 0 reported cases among active component service members and MHS beneficiaries for the periods covered were not included in this report.

^cServices included in this report include the Army, Navy, Air Force, Marine Corps, Coast Guard, and Space Force, including personnel classified as active duty, cadet, midshipman, or recruit in DRSi.

^dBeneficiaries included individuals classified as retired and family members (including spouse, child, other, unknown). National Guard, reservists, civilians, contractors, and foreign nationals were excluded from these counts.

^eOnly reportable for service members.

^fObserved decrease in hepatitis B cases from 2024 to 2025 may be attributed, in part, to updated case validation process.

^gInfluenza-associated hospitalization is reportable only for individuals younger than age 65 years.

^hPediatric lead poisoning is reportable only for children ages 6 years or younger.

ⁱDCPH-A is closely monitoring norovirus, due to 133% increase in DRSi reports for norovirus YTD 2025 (n=886) versus YTD 2024 (n=380).

^jObserved decrease in syphilis cases from 2024 to 2025 may be attributed, in part, to updated case validation process that began Jan. 2024.