Defense Health Agency
PUBLIC HEALTH

ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
07 APR 2026

POC:
AFHSD IB, dha.ncr.health-surv.list.ib-alert-response@health.mil

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

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

Executive Summary

Two human tanapox cases have been reported among wildlife reserve workers in **Zambia**. **Bulgaria** has reported 73 measles cases since 18 MAR, a large increase compared to the total 2025 cases (2). **Ukraine** has experienced increasing annual Lyme disease cases since the onset of the Russian war in 2022, with >6.7k cases in 2025; cases have been lower during 2026. **Taiwan** reported its first locally acquired human novel influenza A(H7N7) infection on 02 APR. **Vietnam** has recorded >31k dengue cases during 2026, a 220% increase compared to the same period in 2025.

HSU Health Events

Geographic Combatant Command	Country	Event
Global		Respiratory illness
USNORTHCOM	Other events	
USAFRICOM	South Sudan	Cholera
	Zambia	Tanapox
	Other events	
USCENTCOM	Other events	
USEUCOM	Bulgaria	Measles
	Italy	Novel influenza A(H9N2)
	Ukraine	Lyme disease
	Other events	
USINDOPACOM	Cambodia	Novel influenza A(H5N1)
	Taiwan	Novel Influenza A(H7N7)
	Vietnam	Dengue
	Other events	
USSOUTHCOM	Bolivia	Dengue
	Other events	

Global Health Events of Interest

Global – Respiratory illness:

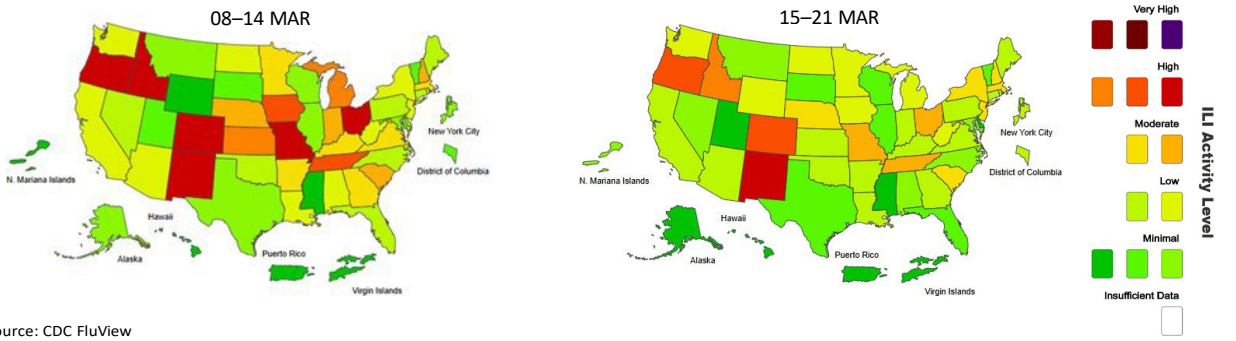
U.S. seasonal influenza – According to CDC FluView's Weekly U.S. Influenza Surveillance Report, from 15 to 21 MAR, **seasonal influenza** activity continued to decrease in most areas of the country. Four states, cities, or territories reported "High" influenza-like illness (ILI) activity, and nine reported "Moderate" ILI activity (Figure 1). The percentage of influenza positive specimens decreased from 13% to 12%. The percentage of outpatient visits for respiratory illnesses decreased from 3.3% in the previous week to 2.9%, dropping below the national baseline (3.1%). See Table 1 for influenza positivity by strain in the U.S. As of 30 MAR, the national seasonal influenza wastewater level was "High". (WastewaterSCAN)

Table 1. Civilian Influenza Specimen Positivity by Strain, 16–22 MAR (EU/EEA), 15–21 MAR (U.S.)

	Strain	EU/EEA (% of total)	U.S. (% of total)
A	(H1N1)pdm09	20	65
	(H3)	22	141
	Not subtyped	20	30
	Total	**62 (95%)**	**236 (49%)**
B	Victoria	0	86
	Not subtyped	3	164
	Total	**3 (5%)**	**250 (51%)**

Sources: CDC, ECDC

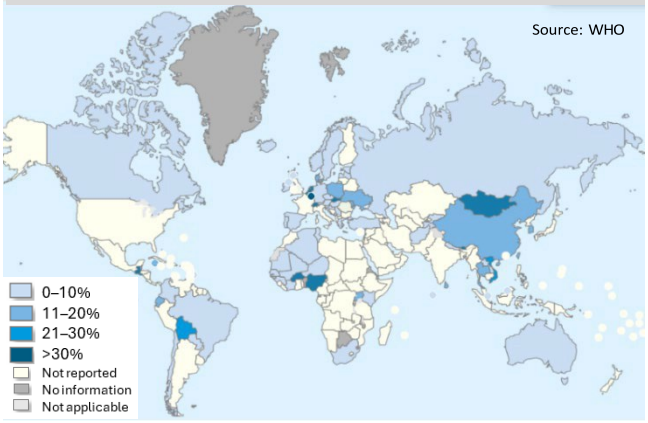
Figure 1. Influenza-like Illness Activity by State, Territory, and Jurisdiction, U.S., 08–21 MAR



Source: CDC FluView

Global seasonal influenza – On 30 MAR, GISAID reported that influenza A(H3) and B(Victoria) were the co-dominant strains **globally** for MAR (40% and 38%, respectively), followed by A(H1) (22%). **During the week of 16–22 MAR, WHO reported that overall positivity was 6.4% (Figure 2), based on data from 77 reporting countries.** Within the **USNORTHCOM** AOR, no countries reported >30% positivity. Within the **USAFRICOM** AOR, Burkina Faso and Nigeria reported >30% positivity. Within the **USCENTCOM** AOR, no countries reported >30% positivity. From 16 to 22 MAR, seasonal influenza circulation continued to decrease in the **European Union/European Economic Area (EU/EEA)**, with subtypes A(H1)pdm09 and A(H3) co-dominant (Table 1). Influenza percent positivity in primary care among EU/EEA countries was 4.7%, based on data from 16 countries; no countries reported >30% positivity. According to WHO, Belgium, Luxembourg, the Netherlands, Slovakia, and Switzerland reported >30% positivity. See Table 1 for influenza positivity and strains in the EU/EEA. Within the **USINDOPACOM** AOR, Bhutan and Mongolia reported >30% positivity. Within the **USSOUTHCOM** AOR, Guatemala reported >30% positivity. (ERVISS, WHO)

Figure 2. Global Seasonal Influenza Percent Positivity, 16–22 MAR



Global COVID-19 – From 15 to 21 MAR, **COVID-19** activity in the **U.S.** was "Low" in most areas of the country; the national SARS-CoV-2 wastewater level was "Medium" as of 30 MAR. **Globally, from 16 to 22 MAR, overall SARS-CoV-2 positivity was 2.3%, based on data from 75 countries**; no countries reported >30% positivity. From 16 to 22 MAR, in the **EU/EEA**, SARS-CoV-2 circulation remained "Low"; the aggregate positivity rate in primary care was 1.8%, based on data from 15 countries. A MAR CDC MMWR highlighted that BA.3.2 ("Cicada"), a new SARS-CoV-2 variant with immune escape potential, had been detected in at least 25 U.S. states and 23 countries, as of 11 FEB. Detections were reported as early as NOV 2024 in South Africa and increased during SEP 2025. Reported symptoms closely resemble existing COVID-19 strains, including congestion, cough, fatigue, fever, headache, muscle aches, and sore throat, with some cases reporting gastrointestinal symptoms or skin rashes, although uncommon; BA.3.2 does not appear to cause more severe illness compared to earlier Omicron variants. (CDC, ERVISS, MMWR, Newsweek, WastewaterSCAN, WHO)

Global RSV – As of 27 MAR, **RSV** activity remained "elevated" in many areas of the **U.S.** and may continue into APR in many regions; the national RSV wastewater level was "High" as of 30 MAR. **Globally, from 16 to 22 MAR, overall RSV positivity was 8.2%, based on data from 56 countries**, with Hungary, Kenya, Luxembourg, Moldova, Slovakia, Tajikistan, Tunisia, and Uganda reporting >30% positivity. In **EU/EEA** countries, from 16 to 22 MAR, RSV activity remained "High"; the aggregate positivity rate in primary care was 8.9%, based on data from 15 countries. (CDC, ERVISS, WastewaterSCAN, WHO)

USNORTHCOM Health Events of Interest

Other events:

- **CANADA**, 650 measles cases (595 confirmed) during 2026, most from Manitoba (392) and Alberta (209) provinces
- **MEXICO**, >200 human New World screwworm disease cases across 12 states as of 14 MAR; 58% in Chiapas State
- **PUERTO RICO**, Study estimates ~15 dengue cases for every one case reported from 2010 to 2023
- **U.S.**, 2023 study found 22% of SC residents sampled carried West Nile virus antibodies, 10 times higher than the national average (2%)
- **U.S.**, Antimicrobial resistance communications toolkit developed by CDC released 24 MAR
- **U.S.**, CDC Health Alert Network issued health advisory for medetomidine in illegal fentanyl supply, increasing risk for overdose and severe withdrawal syndrome on 02 APR
- **U.S.**, CDC pauses diagnostic laboratory testing for multiple infectious diseases as of 30 MAR
- **U.S.**, CDC study finds seasonal influenza and COVID-19 vaccination coverage rates were 76% and 40%, respectively, among healthcare workers during 2024-2025 season
- **U.S.**, First mumps case in Ramsey County, MN, in 5 years as of 31 MAR

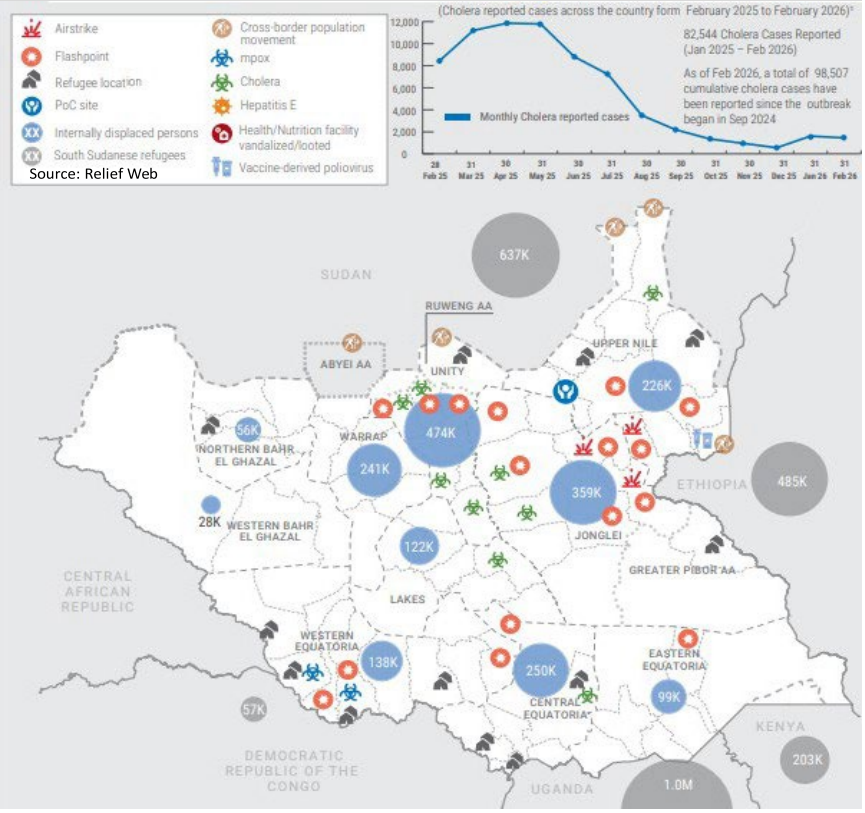
- **U.S.**, Influenza A and mpox clade II wastewater levels decreased to "Medium" and "Not detected," respectively, and SARS-CoV-2 increased to "High" as of 01 APR
- **U.S.**, Influenza A wastewater level increased to "High" as of 03 APR
- **U.S.**, *Listeria monocytogenes* most frequent cause of outbreaks in 2025
- **U.S.**, Powassan virus detected in Winnebago County, IL, ticks for the first time ever as of 25 MAR
- **U.S.**, Two measles cases in Coconino County, AZ as of 30 MAR

USAFRICOM Health Events of Interest

South Sudan – Cholera:

As of 27 MAR, 2,284 **cholera** cases (269 confirmed; 27 deaths) have been reported in South Sudan during 2026. **An increased risk of cholera transmission has been observed in the country and can be attributed to intensified violence and ongoing conflict in northern and central Jonglei State, which has displaced >263k individuals across Central Equatoria, Lakes, Jonglei, Kales, and Upper Nile states as of 28 FEB.** See Figure 3 for a map of refugee displacement and disease hotspots in South Sudan. As of 16 MAR, ~100k individuals have crossed the border seeking refuge in Ethiopia, which according to GIDEON, has recorded 15 cases during 2026, as of 18 FEB. While widespread theft of health, nutrition, and clean water and sanitation supplies have been reported, 80% have occurred in Jonglei State, where 28 health and nutrition facilities have been destroyed, looted, or shut down since JAN. Overcrowded displacement sites in central and northern Jonglei State continue to perpetuate the outbreak, particularly where gaps in water, sanitation, and health services remain severe. UNICEF has delivered 220 tons of supplies to displaced populations across the state since JAN, although access to some areas remains a challenge. From SEP 2024 to FEB 2026, ~99k cholera cases (>1.6k deaths) have been reported in South Sudan across 55 counties, nine states, and all three administrative areas. (Relief Web, WHO)

Figure 3. Refugee Displacement and Disease Hotspots, South Sudan, as of FEB 2026



Zambia – Tanapox:

As of 30 MAR, **two human tanapox cases (one confirmed; one probable) have been reported in Zambia during 2026.** The first case was reported in a wildlife reserve worker from Lake Tanganyika, northern Zambia, who developed two skin lesions that progressed from small papules to painful pox-like lesions, accompanied by a brief acute febrile illness. The case sought treatment at a hospital in Johannesburg, South Africa, where extended courses of oral and intravenous antibiotics were initially administered but later discontinued after proving ineffective. Tanapox virus (TANV) was later confirmed via polymerase chain reaction (PCR) sequencing, histology, and electron microscopy of skin samples. The case reported a history of numerous mosquito bites and recovered following supportive care. The second case occurred in another wildlife reserve worker from the same region, suggesting local transmission. Vector-borne transmission via mosquitoes is presumed, given the cases' exposure to wildlife habitats near Lake Tanganyika. (BEACON)

Tanapox is rare zoonotic disease caused by TANV, a member of the *Poxviridae* family of viruses, which differs from other poxviruses associated with human disease, including mpox. Symptoms include fatigue, fever, headache, malaise, and itchy, painful pox lesions that appear up to seven days following exposure. **There is no vaccine or specific treatment available, and lesions typically heal without intervention; no tanapox-associated deaths have been recorded.** Tanapox is endemic in equatorial Africa, and from 1957 to 2003, sporadic human cases were reported in equatorial and tropical African regions, including the Democratic Republic of the Congo (DRC), Kenya, Republic of Congo, Sierra Leone, and Tanzania. More recently, the first case in South Africa was detected in 2022 in a traveler to the Kruger National Park, followed by 11 additional cases in 2024 among individuals in a subtropical area of the park. These represent the southernmost recorded cases (24˚south of the equator), as previous occurrences were only associated with exposures within 10˚north or south of the equator. Nonhuman primates are the natural reservoir and transmission to humans occurs via the bite of culicine genera mosquitoes, primarily *Culex* and *Mansonia*; human-to-human transmission has not been reported. Increased risk of infection is associated with environmental conditions necessary for mosquito proliferation including high rainfall and warm temperatures; therefore, mosquito prevention in the form of repellants and long-sleeved clothing is recommended. (BEACON, *Emerg Infect Dis*, National Institute for Communicable Diseases)

Other events:

- **GLOBAL**, >18k cholera cases (269 deaths) globally from 17 countries and territories during FEB
- **DRC**, Mpox outbreak declared over; >161k suspected cases (>2.2k deaths) as of 02 APR
- **KENYA**, 78 confirmed mpox cases (four deaths) during 2026; highest fatality rate among 17 African countries with active circulation
- **KENYA**, Five cholera cases in Garissa Country as of 02 APR
- **KENYA**, Several peanut butter brands recalled on 25 MAR after dangerously high levels of aflatoxin detected
- **MADAGASCAR**, 788 confirmed mpox cases (two deaths) since DEC 2025; sustained community transmission across 20 regions
- **MAURITIUS**, 735 chikungunya cases during 2026 through MAR
- **NIGER**, Increased poliomyelitis risk across five states as of 31 MAR
- **NIGERIA**, 582 confirmed Lassa fever cases (38 in healthcare workers; 147 deaths; CFR: 25%) across 21 states during 2026
- **UGANDA**, Increased HIV, malaria, and tuberculosis transmission as of 31 MAR
- **USAFRICOM**, 689 seasonal influenza and 562 COVID-19 cases across 11 countries as of 15 MAR
- **USAFRICOM**, Cholera aid stalled for many African countries due to Iran conflict as of 27 MAR
- **USAFRICOM**, WHO downgrades overall diphtheria regional risk from "High" to "Moderate," as of 16 MAR

USCENTCOM Health Events of Interest

Other events:

- **GLOBAL**, >18k cholera cases (269 deaths) globally from 17 countries and territories during FEB
- **GLOBAL**, UN Food and Agriculture Organization warns conflict in Persian Gulf impacting global food security as of 26 MAR
- **ISRAEL**, Increased infectious disease risk in underground hospitals due to overcrowding amid ongoing conflict as of 01 APR
- **ISRAEL**, One tuberculosis case in Ramat Gan City, Tel Aviv District, between 17 and 22 MAR
- **KAZAKHSTAN**, 5k measles cases during 2026; transmission concentrated in Atyrau Region and Astana and Almaty cities
- **YEMEN**, >1.1k measles cases (two deaths) during 2026, as of 21 MAR

USEUCOM Health Events of Interest

Bulgaria – Measles:

Through 03 APR, the Bulgarian Ministry of Health (MOH) has reported 73 measles cases since the outbreak began on 18 MAR. From 16 to 22 MAR, 11 measles cases were reported, the first cases reported since the week ending 15 FEB; no cases were reported in JAN. The cases are from five districts: Lovech, Pleven, Sofia City, Sofia District, and Vratsa, with 84% of cases reported in Vratsa District. According to initial case investigation data, an epidemiological link with one sick individual has been established in 61 cases. Of the cases, 68 are among children, with the highest incidence among children aged ≤1 year; 28 cases had data on immunizations against measles, mumps, and rubella, with 79% having received only one dose, and 21% having received two doses. Laboratory testing is being conducted on vaccinated individuals to determine the presence of post-vaccination immunity. **According to the MOH, <85% of children nationwide have received both recommended doses, raising concerns from health experts about insufficient population immunity.** (Sofia News Agency)

The Bulgarian MOH reported two measles cases in 2025 and 28 in 2024. Although the measles vaccine is included in the mandatory list of vaccines administered in Bulgaria and data shows vaccination coverage remains relatively stable nationwide, data also shows that there are areas with much lower-than-required vaccine coverage. Bulgaria's first-dose coverage decreased from 96% in 2010 to 88% in 2020. (*J Epidemiol Glob Hea*)

Italy – Novel influenza A(H9N2):

On 25 MAR, the Italian MOH reported the **first ever human avian influenza A(H9N2) infection in Europe** in a male with underlying medical conditions in Lombardy Region who had recently returned from an African country. The case was admitted to San Gerardo Hospital in Monza City between 19 and 20 MAR and was in isolation as of 25 MAR. Health officials activated coordination procedures involving the MOH, the Italian National Institute of Health, and the regional health agency. Molecular analyses were performed at the State University of Milan and confirmed by the Regional Center for Infectious Diseases. Additionally, contact tracing has identified all contacts, with no additional infections found as of 25 MAR. (24 Ore Salute, BEACON, Flu Trackers)

Human A(H9N2) infections have been documented since the 1990s; however, infections have been sporadic and geographically limited to Africa and Asia. **The detection of a human A(H9N2) infection in Europe is a significant event and highlights the role of global mobility in the introduction of novel pathogens to new regions.** Over 90% of all human A(H9N2) infections have been reported in China, while sporadic cases have been reported from Cambodia, India, and Vietnam; additionally, at least six cases have been reported in Africa, including from Egypt (4), and Ghana and Senegal (one each). A 2020 study of avian influenza viruses among domestic and wild birds in Sub-Saharan Africa found that A(H9N2) was the second most detected avian influenza subtype after A(H5N1). A NOV 2025

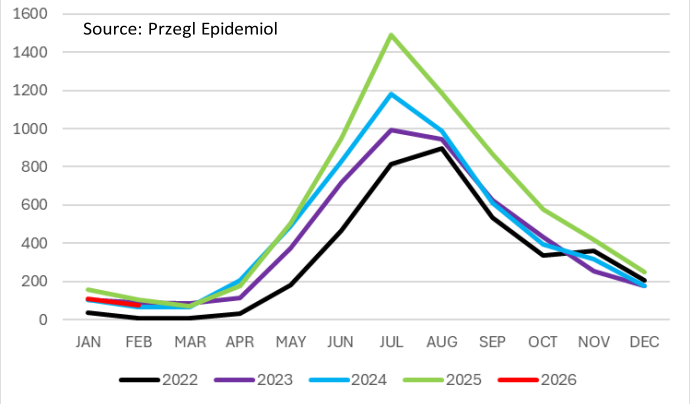
study found that A(H9N2) subtype, particularly G5.5 sublineage, continues to circulate in East, North, and West Africa. (Avian Flu Diary, BEACON, *Can J. Micro*, *Viruses*)

Ukraine – Lyme disease (LD):

During 2025, the Center for Public Health (CPH) of the Ukraine MOH reported 6,748 **LD** cases (+6,417 since IB's last report on 03 JUL 2025), a 24% increase from 2024 and a 3.5-fold increase from the average incidence from 2000 to 2023 (~1.9k). LD was first registered in Ukraine in 2000 and two significant increases were identified in 2015 and 2022, likely linked changes in health services and war-related displacement, respectively. **Since the start of the war in Ukraine in 2022, annual cases have steadily risen, with >3.8k in 2022, 4.9k in 2023, 5.4k in 2024, and 6.7k in 2025.** While cases reported during 2026 through FEB (182 cases) are 30% less compared to the same period in 2025 (261), they remain in line with cases reported during the same period in 2024 (170) and 2023 (195). See Figure 4 for monthly LD cases in Ukraine since 2022. In JAN and FEB 2026, large decreases in cases were seen across many oblasts compared to the same period in 2025; however, cases increased in a few, including Ivano-Frankivsk (8 during 2026 vs 6 in 2025), Kharkiv (14 vs 11), Poltava (12 vs 11), Rivne (15 vs 12), and Zaporizhia (1 vs 0). (*Przegl Epigemiol*)

In Ukraine, most LD cases are reported between MAY and NOV. More than a third of ticks in Kyiv carry *Borrelia* spp. bacteria, which causes LD; in 2025, Kyiv Oblast reported the most LD cases (770). A study of *Ixodidae* ticks in Ivano-Frankivsk, Lviv, and Ternopil Oblasts, from 2018 to 2019 found *Dermacentor reticulatus* and *Ixodes ricinus* ticks, with the highest average density in Lviv Oblast. Additionally, there were nearly twice as many adult ticks detected in the spring than there were in the fall, and tick activity was found to be significantly affected by air temperature. A 2021 study found that the prevalence of *Borrelia burgdorferi* sensu lato among questing and engorged *I. ricinus* in the Chernivtsi, Khmelnytskyi, Kyiv, Ternopil, and Vinnytsia oblasts ranged from 0–27% and 14–44%, respectively, with no statistical difference between the areas. (CHP, In Korr, *Sci Horiz*, *Ticks Tick Borne Dis*)

Figure 4. Monthly LD Cases, Ukraine, JAN 2022 – FEB 2026



Other events:

- **GERMANY**, 9,573 campylobacteriosis cases, a 15% increase compared to same period in 2025; most cases in North Rhine-Westphalia State
- **GERMANY**, Five extensively drug-resistant or multidrug-resistant gonorrhea cases in 2025; all had recent travel to Asia
- **HUNGARY**, 48 legionellosis cases during 2026; 50% increase compared to same period in 2025 (32 cases)
- **LATVIA**, 76 rotavirus disease cases during FEB 2026; 111% increase compared to same period in 2025 (36 cases)
- **LATVIA**, Seasonal influenza activity decreasing while RSV activity increasing as of 02 APR
- **UK**, >2.5k sexually transmitted shigellosis cases in 2025; steady increase from >2k in 2023 and >2.3k in 2024
- **UK**, First Usutu virus detection ever in Scotland in blackbirds as of 01 APR
- **UK**, Two unrelated vaccine-derived poliovirus type 2 wastewater detections in London sewage during 2026

USINDOPACOM Health Events of Interest

Cambodia – Novel influenza A(H5N1):

As of 01 APR, the Cambodian MOH reported the third (+1) human infection with **avian influenza A(H5N1)** during 2026. The case is a 3-year-old child from Tumnup Thmey Village, Beng Commune, Banteay Ampil District, Oddar Meanchey Province. A sample from the case was confirmed positive by the National Institute of Public Health on 29 MAR following the detection of avian influenza A(H5N1) positive poultry in the village where the case resides. The case has been placed on isolation and is being treated with oseltamivir. The first case during 2026 was a male aged 30 years residing in Meanrith Village, Kandol Commune, Teuk Chhou District, Kampot Province. On 14 FEB, A(H5N1) was confirmed by the National Institute of Public Health on and identified as reassortment clade 2.3.2.1e. The second case during 2026 was an asymptomatic female aged 45 years residing in Meanrith Village, Kandol Commune, Teuk Chhou District, Kampot Province. Genomic sequencing on the case was unsuccessful due to low viral load; however, full genome sequencing from chicken samples revealed clade 2.3.2.1e virus. Since a reassortant virus emerged in Cambodia in FEB 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 38 (+1) human A(H5N1) infections (15 deaths) have been reported in the country**. As of 05 JUL 2025, WHO assesses 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)

Taiwan – Novel influenza A(H7N7):

On 02 APR, the Taiwan Centers for Disease Control (TCDC) reported the country's first locally acquired human infection with **avian influenza A(H7)** in a male in his 70s from Central Taiwan who worked in poultry farming and had a history of chronic illness. The case developed symptoms, including body aches, cough, fever, and runny nose on 20 MAR and sought medical care and was admitted to a hospital on 22 MAR. Imaging revealed pneumonia, and based on clinical symptoms, test results, and the case's contact history, the medical provider reported the case as novel influenza A(H7) and administered antiviral treatment. Additional testing and gene sequencing of a specimen collected on 27 MAR confirmed the virus as A(H7N7). Sequence analysis revealed that the A(H7) virus belongs to the Eurasian lineage similar to the A(H7) subtype avian influenza viruses found in wild birds (mainly ducks and waterbirds) in Taiwan. The virus remains sensitive to antiviral medication, and no drug-resistant mutations were detected. On 02 APR, the TCDC convened a meeting with agricultural authorities and relevant medical and veterinary experts to discuss the case, and based on the test results that confirmed it as a human infection with avian influenza A(H7); the case's condition improved, and he was discharged on 03 APR but was monitored until 06 APR. Health and agricultural officials have launched a joint epidemic prevention operation and are carrying out investigations and prevention measures; 33 close contacts have been identified, including three who have been given preventive medication, and six family members who have all tested negative. Movement restrictions were implemented on the poultry farm and animal testing results were negative.

Based on genetic analysis, this virus was identified as a low-pathogenic avian influenza virus without any mutations increasing the risk of avian-to-human transmission, and it remains a common avian virus. TCDC assessed the risk as "Controllable" and that there is no immediate risk of the outbreak expanding. The virus is closely related to a human A(H7N4) infection that was reported in Jiangsu Province, China, in 2018. The human infection does not signify a change in typical A(H7N7) patterns; rather, it indicates a rare spillover event from the established wild bird reservoir. Since 2014, a total of five sporadic novel influenza A infections have been reported in Taiwan: one A(H7N9) infection imported from China in 2017, and one A(H1N2v) infection each in 2021, 2022, and 2023. There were also four confirmed A(H7N9) cases imported from outside China from 2013 to 2014. (BEACON, Taiwan CDC)

Vietnam – Dengue:

As of 27 MAR, 31,927 **dengue** cases (four deaths) have been reported in Vietnam during 2026, a 220% increase compared to the same period in 2025. Ho Chi Minh City has reported the most cases (>13k), followed by Tay Ninh (3.3k), Dong Nai (2.2k), Dong Thap and An Giang (1.9k each), Can Tho (1.8k), and Vinh Long (1.7k) provinces. The MOH warned that cases will continue to increase, particularly during the peak transmission period (MAY – NOV). The rise in cases has been attributed to climate change and rapid urbanization that has led to the proliferation of mosquito breeding grounds in residential areas, construction sites, lodging houses, and production areas. The uptick in severe cases has been linked to complacency in seeking treatment until long after symptoms have arrived, increasing the risk of complications. Health authorities have urged provinces to strengthen surveillance, environmental sanitation, and timely patient care. (Vietnam Government Portal)

In 2025, 190k dengue cases were reported in Vietnam, a 28% increase compared to 2024. Historically, dengue outbreaks in Vietnam were concentrated in the Mekong River Delta and Central Coastal regions. However, in recent years, geographic transmission has expanded to Central Highlands, North-central, and Southeastern areas. Nearly 73% of cases in the south are concentrated in Southeast regional localities. Nearly 70% of cases occur between JUN and NOV; however, **sustained high case counts from DEC 2025 to JAN 2026 indicated prolonged transmission beyond the usual peak, suggesting altered seasonal dynamics, persistent vector abundance, or circulation of highly transmissible dengue virus serotypes.** (BEACON, Vietnam Government Portal, Vietnam Plus, WHO)

Other events:

- **GLOBAL**, >18k cholera cases (269 deaths) globally from 17 countries and territories during FEB
- **BANGLADESH**, 12 human anthrax cases (three hospitalized) in Natore District, Rajshahi Division, as of 12 MAR; evidence of zoonotic transmission
- **BANGLADESH**, 44 measles deaths during 2026; four in past 24 hours, as of 01 APR
- **BANGLADESH**, 450 measles cases (315 confirmed; three deaths) in Mohakhali, Dhaka City, during 2026
- **BANGLADESH**, >1.8k dengue cases (four deaths) during 2026
- **BANGLADESH**, Increased infectious disease risk following vaccine shortage for at least 10 diseases, including measles, as of 31 MAR
- **FIJI**, >9k total HIV cases, nearly 1% of the population, as of 30 MAR
- **GUAM**, One leptospirosis case during 2026
- **MICRONESIA**, 18 norovirus infection cases (two deaths) in Pohnpei State as of 20 MAR since outbreak began in JAN; most cases in Kitti and Sokehs
- **NEW ZEALAND**, Heightened surveillance launched following confirmation of *Aedes aegypti* mosquito larvae in Auckland on 30 MAR; vector not currently established in country
- **PHILIPPINES**, 31 leptospirosis cases (four deaths) in Quezon City during 2026; 72% increase compared to same period in 2025 (18)
- **U..S**, Precautionary environmental sampling of mud and sediment from flood in Kona, HI, detected *E. coli*, *Enterococcus*, and *Salmonella* as of 02 APR; hepatitis A not detected
- **VIETNAM**, >25k hand, foot, and mouth disease cases (four deaths) during 2026; 72% in Southern Region

USSOUTHCOM Health Events of Interest

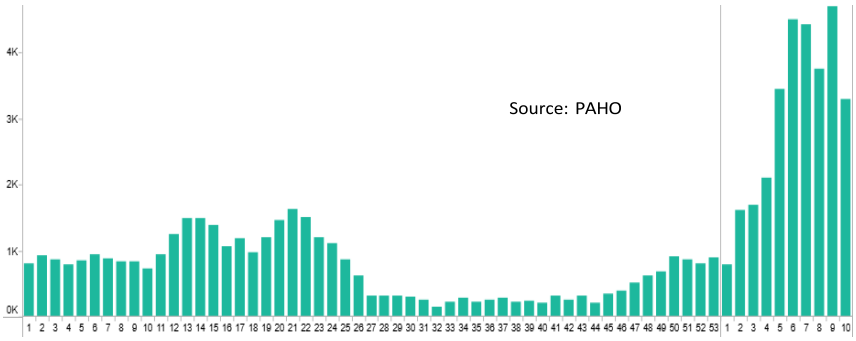
Bolivia – Dengue:

Through 14 MAR, **PAHO has reported 30,183 dengue cases (253 confirmed; one death) in Bolivia during 2026; a 261% increase compared to the same period in 2025 (>8.3k cases).** In 2025, Bolivia reported a total of >38k dengue cases. Weekly cases have increased sharply from a low of 781 cases during the first week ending 10 JAN to >4.6k cases in the week ending 07 MAR, surpassing peak weekly cases in 2024 (~3k cases). Cases in 2025 reached the first peak (~1.6k) later in the year (MAY) and began a second peak near the end of the year into 2026 (Figure 5). During 2026, Santa Cruz Department has reported the most cases (>22k), followed by Cochabamba and Tarija (~2.2k each)

and Beni (1.3k) departments, and DENV-1 and -2 have been identified. On 23 MAR, the U.S. CDC updated a "**Level 1 – Practice Usual Precautions**" travel notice for 16 countries globally, including Bolivia, due to ongoing dengue outbreaks. Health officials have implemented vector control efforts to eliminate *Ae. aegypti* breeding sites and interrupt local vector-borne transmission. (Lanacion)

Dengue has been a significant and persistent public health challenge in Bolivia, particularly in its tropical and subtropical lowlands, with the eastern regions, including Santa Cruz, historically the most affected areas. The disease is transmitted via the bite of infected *Ae. aegypti* mosquitoes, which have been expanding their geographical range to higher altitudes, potentially driven by climate change, leading to outbreaks in previously less impacted areas like Cochabamba Department in 2024 (~2.5km above sea level). In 2025, PAHO, with support from the European Union, implemented a strategy to strengthen clinical care, including diagnosis, classification, and treatment of dengue as well as long-term capacities across five countries, including Bolivia. (PAHO, *Vector Borne Zoonotic Dis*, *Virol J*)

Figure 5. Weekly Dengue Cases, Bolivia, 01 JAN 2025 – 14 MAR 2026



Other events:

- **ARGENTINA**, 23 hepatitis A cases through 14 MAR
- **ARGENTINA**, Health alert issued at international border crossings with Bolivia due to chikungunya as of 01 APR
- **BOLIVIA**, Second fatal hantavirus infection case in Tarija Department as of 26 MAR; linked to farming activities
- **BRAZIL**, Biological materials, including virus samples, stolen from Biosafety Level 3 area at UNICAMP laboratory, São Paulo; no imminent risk to population as of 25 MAR
- **BRAZIL**, First fatal yellow fever case during 2026 in Taubaté, São Paulo State
- **BRAZIL**, Six foodborne Chagas disease cases (two deaths) in Macapá, Amapá State, as of 26 MAR; linked to consumption of contaminated açaí
- **COLOMBIA**, Study finds municipalities with highest tuberculosis cases linked to increased armed conflict from 2008 to 2019
- **FRENCH GUIANA**, 65 chikungunya cases (22 hospitalizations) during 2026; 88% in western coastal sector
- **GUATEMALA**, 3.6k measles cases (two deaths) during 2026
- **GUYANA**, Two chikungunya cases during 2026; six total in 2025