



**ARMED FORCES HEALTH SURVEILLANCE DIVISION**

# **INTEGRATED BIOSURVEILLANCE BRANCH**

**Health Surveillance Update**  
**14 APR 2026**

**POC:**

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## DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 08–14 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

**Mexico** has reported 162 animal New World screwworm disease cases in states bordering the U.S. since DEC 2025, with the northern most case detected in Neuvo Leon State ~90 miles from the U.S. border as of 10 APR. Twenty-one health districts in **Namibia** have exceeded epidemic thresholds for malaria; ~28k cases have been reported during 2026. **Argentina** has reported >3.3k chikungunya cases during 2026, an 83% increase compared to the same period in 2025 (>1.8k).

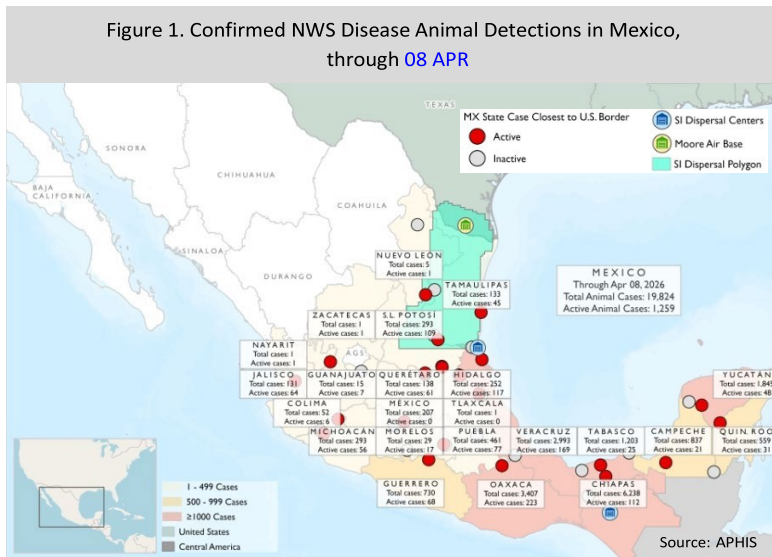
### HSU Health Events

Geographic Combatant Command	Country	Event
<b>USNORTHCOM</b>	Mexico	New World screwworm disease
	Other events	
<b>USAFRICOM</b>	Namibia	Malaria
	Zambia	Tanapox
	Other events	
<b>USCENTCOM</b>	Other events	
<b>USEUCOM</b>	Bulgaria	Measles
	Italy	Novel influenza A(H9N2)
	Ukraine	Lyme disease
	Other events	
<b>USINDOPACOM</b>	Cambodia	Novel influenza A(H5N1)
	Taiwan	Novel influenza A(H7N7)
	Vietnam	Dengue
	Other events	
<b>USSOUTHCOM</b>	Argentina	Chikungunya
	Other events	

## USNORTHCOM Health Events of Interest

### Mexico – New World screwworm (NWS) disease:

Through 28 MAR, the Mexican Ministry of Health (MOH) has reported 221 (+86 since IB's last update on 17 FEB) human NWS disease cases since APR 2025, with most cases from Chiapas (120 cases), Yucatán (23), and Oaxaca (18) states. Through 11 APR, >20k animal cases have been reported across Mexico since 20 NOV 2024, with most cases among cattle (>13k total cases; 684 active cases), followed by dogs (3.4k; 290), pigs (1.4k; 107), horses (1.0k; 56), and sheep (532; 23). Many infected dogs are abandoned animals with untreated injuries, leaving them exposed to the disease. Feral, semi-feral, and pet dogs are at risk of spreading the parasite as they can be in contact with livestock, humans, and wildlife. (La Crónica, Milenio, Secretaría de Agricultura y Desarrollo Rural)



The first animal NWS disease case in a U.S.-Mexico border state was detected on 26 DEC 2025 in a bovine in Tamaulipas State. **Since then, 162 animal cases have been reported in border states: 155 from Tamaulipas and seven from Nuevo Leon; no human cases have been detected in border states as of 28 MAR.** Among these cases, 13 have been among dogs, including 10 from Tamaulipas and three from Nuevo Leon. As of 10 APR, the northernmost animal case was detected in Nuevo Leon State, ~90 miles from the U.S.-Mexico border. See Figure 1 for a map of animal NWS disease cases in Mexico. According to the U.S. Centers for Disease Control (CDC), NWS maggots can infect any warm-blooded animal, including birds; Mexico has reported 30 avian cases, with none active as of 11 APR. Experts have warned that the disease could be transmitted into the U.S. via animals other than cattle, including cats, dogs, or wild birds. As of 08 APR, the U.S. Department of Agriculture's Animal and Plant Health Inspection Service (APHIS) published an updated NWS Response Playbook, which outlines science-based strategies on NWS detection in the U.S. (Ag Alert, La Crónica, Fox San Antonio, Milenio)

### Other events:

- **CANADA**, 155 invasive meningococcal disease cases in 2025; highest in over a decade
- **CANADA**, APR study finds that mpox immunity after vaccination decreases in months 3–7 post vaccination
- **MEXICO**, >16k varicella cases during 2026, compared to average of ~1.1k cases during same period from 2021 to 2025
- **MEXICO**, Ciudad Juárez accounts for 50% of rickettsiosis cases in Chihuahua State during 2026
- **U.S.**, 220 murine typhus cases in Los Angeles, CA, in 2025; highest case count ever recorded and 17% increase compared to 2024 (187)
- **U.S.**, 583 measles cases in UT during 2026; highest active transmission in the country
- **U.S.**, Confirmed plague case in Apache County, AZ, on 07 APR; first case since 2015

- **U.S.**, High levels of rotavirus in wastewater in every region except Midwest since DEC 2025; Bay Area, CA, is a hotspot
- **U.S.**, New COVID-19 Omicron variant BA.3.2 detected across 29 states and Puerto Rico as of 04 APR; data does not show increased severity
- **U.S.**, RSV spreading later into spring than normal as of 06 APR; 48 states extended vaccination window for infants and toddlers through end of APR instead of MAR
- **U.S.**, SARS-CoV-2 wastewater level decreased to “Medium” as of 06 APR
- **U.S.**, Seasonal influenza A wastewater level increased to “High” as of 10 APR

## USAFRICOM Health Events of Interest

### Namibia – Malaria:

As of 14 MAR, ~28k **malaria** cases (21 deaths; CFR: <0.1%) have been reported in Namibia during 2026. Through MAR, >10k confirmed cases (nine deaths) have been reported in Zambezi Region, including >1.7k in the week ending 28 MAR, which indicates sustained high transmission levels in the northeastern part of the country. **Twenty-one health districts have exceeded epidemic thresholds, with five in the Zambezi Region (Andara, Katima Mulilo, Nkurenkuru, Nyangana, and Outapi) accounting for 69% of all cases, signifying substantial geographic clustering.** The surge follows an upward trend observed in 2025, when >95k cases were reported nationwide, representing a greater than ninefold increase compared to 2024 (>10k cases). The current outbreak is driven by above-average rainfall and flooding during the 2025–2026 rainy season, which has created favorable breeding conditions for *Anopheles* spp. mosquitoes across the northern regions. Partial artemisinin-resistance has been suspected and, if confirmed, could lead to more complicated case management and prolonged infections. In response to the outbreak, Namibian health officials have 1) intensified indoor residual spraying campaigns, 2) distributed insecticide-treated nets, and 3) deployed additional rapid diagnostic tests and artemisinin-based combination therapies to affected health facilities. Additionally, surveillance and case management capacities have been increased in high-burden districts, and community health workers have been mobilized to support early case detection and treatment. (BEACON, Malaria Visual Atlas, New Era Live)

Malaria is endemic in Namibia and the transmission season varies by region but is typically DEC to MAY following the rainy season, with seasonal transmission in the central and northwestern regions and year-round transmission with seasonal peaks in the northeast, particularly in Kavango East, Kavango West, Ohangwena, and Zambezi regions. The country's malaria burden is predominantly caused by *Plasmodium falciparum*, which is transmitted primarily by *An. arabiensis* mosquitoes. Chloroquine-resistant species have previously been detected in the country. Namibia had made significant progress in malaria reduction prior to 2022, with cases declining due to sustained vector control interventions and improved case management; however, **a resurgence has been observed in recent years, attributed to 1) climatic variability, 2) cross-border movement from high-burden neighboring countries such as Angola, and 3) challenges in maintaining consistent vector control coverage.** Symptoms of malaria include fever and influenza-like symptoms, such as chills, headache, malaise, and myalgias; severe cases can progress to anemia, coma, mental confusion, kidney injury, respiratory distress, and seizures, which can be fatal if untreated. World Health Organization (WHO) recommends a combination of preventive measures, including chemoprophylaxis and use of insect repellent for travelers, alongside prompt diagnosis and treatment for confirmed cases. (BEACON, U.S. CDC, Malaria Visual Atlas, *PLoS One*, *S Arf Med J*)

### 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 Tanapox virus (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:

- **BOTSWANA**, 115 confirmed malaria cases (one death) in North West District as of 09 APR; increase expected due to water pools across district
- **BURUNDI**, 25 undiagnosed illness cases (five deaths) in Kibuye Village, Bujumbura Province, as of 07 APR
- **BURUNDI**, 38 cholera cases since 01 APR; >3.5k total cases in 2025
- **CAPE VERDE**, Government denies shigellosis outbreak affecting European travelers as of 01 APR; however, *Shigella* bacteria detected in irrigation samples used for fresh produce supplied to hotels
- **DRC**, APR seroprevalence study finds Crimean-Congo hemorrhagic fever actively circulates in domestic animals and periodically transmits to humans
- **DRC**, Five cholera cases (four confirmed) in Boko Kivulu Health Zone, Kongo-Central Province, linked to population movement; outbreak declared 08 APR
- **MALAWI**, 165 confirmed cholera cases (five deaths) since 01 NOV 2025
- **MOZAMBIQUE**, 496 malaria deaths in 2025; 39% increase compared to 2024 (358 deaths)
- **MOZAMBIQUE**, >8.3k cholera cases (83 deaths) since SEP 2025, with most in Nampula (~3.7k) and Tete (2.8k) provinces
- **REUNION**, 114 leptospirosis cases (50 hospitalizations; one death) during 2026; 56% increase compared to 5-year average
- **SENEGAL**, MAR study finds 10% increase in *pf dhps* A581G mutation in *Plasmodium falciparum* samples from 2020 to 2023, resulting in reduced drug susceptibility
- **SUDAN**, 702 suspected measles cases (350 confirmed; 59 deaths) in Labado Town, East Darfur State, as of 06 APR
- **UGANDA**, Three anthrax hospitalizations in Kitagwenda District; 10 suspected cases as of 08 APR

## USCENTCOM Health Events of Interest

### Other events:

- **GAZA STRIP**, Increasing health risks amid spread of rodents and severe environmental deterioration due to debris and untreated waste as of 03 APR
- **IRAQ**, 11 Crimean-Congo hemorrhagic fever cases during 2026, decrease from expected counts due to containment measures
- **PAKISTAN**, Four Crimean-Congo hemorrhagic fever cases during 2026; 82 total during 2025 (20 deaths)
- **PAKISTAN**, Second suspected locally acquired mpox case in Karachi, Sindh Province, as of 10 APR

- **WEST BANK**, One confirmed foot-and-mouth disease serotype SAT1 detected in cattle on 20 MAR in Qalqilya Governorate

## USEUCOM Health Events of Interest

### Bulgaria – Measles:

Through 03 APR, the Bulgarian 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  $\leq 1$  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):

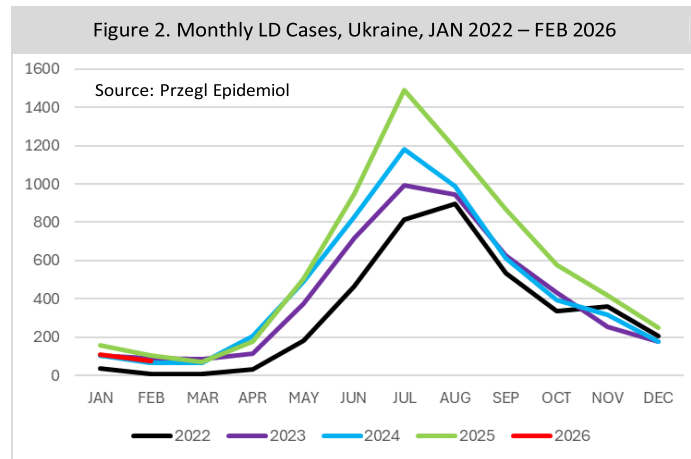
On 25 MAR, the Italian MOH reported the **first ever human avian influenza A(H9N2) infection in Europe** in a male with underlying medical conditions in Lombardy Region who had recently returned from Senegal. The case was admitted to San Gerardo Hospital in Monza City between 19 and 20 MAR and was in 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, WHO)

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). **The case in Senegal was reported in 2020.** 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. **WHO assesses the current likelihood of sustained human-to-human spread of avian influenza A(H9N2) as "Low."** Sporadic human cases following exposure to infected birds or environments are expected, but current evidence indicates that no influenza A(H9N2) viruses characterized so far has acquired the ability for sustained transmission among humans. Cases may be identified in another country following international travel from an affected country; however, further community-level spread is unlikely. (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, 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 2 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 Epidemiol*)



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*)

#### Other events:

- **BULGARIA**, First Mediterranean spotted fever case during 2026
- **FRANCE**, Syndromic surveillance identifies influenza-like illness, bronchitis, and upper respiratory tract infections increased >11% each from 23 to 29 MAR compared to the previous week
- **GERMANY**, Eight paratyphoid fever cases during 2026, compared to three during same period in 2025
- **HUNGARY**, 1.6k rotavirus disease cases during 2026, a 202% increase from the same period in 2025 (521)
- **SPAIN**, ~423 human Q fever cases reported annually from 2016 to 2024; among the highest rates in European Union
- **SWEDEN**, APR study finds long COVID-19 associated with increased risk of cardiovascular disease, particularly cardiac arrhythmias, heart failure, and coronary artery disease
- **SWEDEN**, Respiratory illness outbreak at Queen Silvia's Children Hospital in Gothenburg; 16 staff members ill
- **UK**, 45 clade 1b mpox cases since OCT 2024, with large increase in FEB (11) and into MAR (7)
- **UKRAINE**, Second imported dengue case in Lviv Oblast during 2026; case had travel to the Maldives

## USINDOPACOM Health Events of Interest

### Cambodia – Novel influenza A(H5N1):

As of 01 APR, the Cambodian MOH reported the third human infection with **avian influenza A(H5N1)** during 2026. The case is a 3-year-old child from Tumnap 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 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 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 in 2013 to 2014. (BEACON, TCDC,)

### 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:

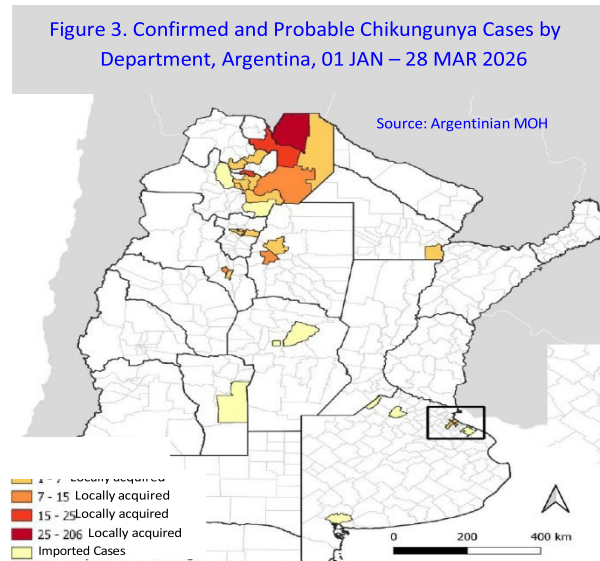
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- **AUSTRALIA**, 13 listeriosis cases in New South Wales State during 2026 through MAR, compared to <5 during same period in 2025
- **AUSTRALIA**, 37 hepatitis A cases in New South Wales State during 2026 through MAR; 19% and 146% increase compared to same period in 2025 and 2024, respectively
- **AUSTRALIA**, 65 vibriosis cases during 2026 through MAR; 3.3-fold increase compared to same period in 2025
- **AUSTRALIA**, Increased risk of Ross River virus disease in Sydney, New South Wales, as of 02 APR, after detection in mosquitoes
- **BANGLADESH**, 63% increase in dengue cases during week ending 05 APR compared to previous week; >2.1k cases during 2026
- **BANGLADESH**, >7.5k measles cases (113 suspected deaths; 17 confirmed deaths) nationwide during 2026; vaccination campaign launched
- **GUAM**, Pertussis outbreak declared; nine cases during 2026
- **HONG KONG**, Five melioidosis cases during 2026; 21 total in 2025
- **INDIA**, 20 undiagnosed acute febrile illness cases (five deaths) among children in Salumbar District, Rajasthan State, as of 07 APR
- **INDIA**, >45% of isolates collected from eye infections were multidrug-resistant, as of 09 APR
- **INDONESIA**, Five confirmed hantavirus infection cases during 2026; compared to three during same period in 2025
- **JAPAN**, 197 measles cases during 2026, ~3.4 times the cases reported during same period in 2025
- **NEW CALEDONIA**, 580 dengue cases during 2026; DENV-1 predominant serotype
- **NEW ZEALAND**, 79 tuberculosis cases during 2026 through FEB; 65% increase compared to same period in 2025
- **NEW ZEALAND**, Boil water notice in several Auckland suburbs after *E. coli* detected in routine water sample testing as of 06 APR
- **PHILIPPINES**, 12 leptospirosis cases (three deaths) in Bacolod City during 2026
- **PHILIPPINES**, 54 suspected scombroid poisoning cases linked to mackerel tuna consumption in Negros Occidental Province, as of 09 APR
- **PHILIPPINES**, Two cobra snake bite cases (one death) in Nueva Vizcaya and Sultan Kudarat provinces as of 09 APR
- **SINGAPORE**, First two locally acquired clade Ib mpox cases as of 03 APR
- **TAIWAN**, 140 food poisoning cases (31 hospitalizations) linked to spring roll shop in Lingya District, Kaohsiung City, as of 06 APR; 12 positive for salmonellosis
- **TAIWAN**, 143 suspected salmonellosis cases (11 confirmed) linked to Chin Liu Cuisine in Xindian District, New Taipei, as of 09 APR
- **TAIWAN**, Increased dengue risk; TCDC urges Baishatun Matsu pilgrims to protect against mosquito bites
- **THAILAND**, PM2.5 concentrations exceed the safety standard in 41 provinces, with hazardous levels in 13, as of 05 APR
- **U.S.**, Fifth travel associated dengue case in HI during 2026; detected on Kaua'i
- **U.S.**, High rates of invasive group A *streptococcus* infections in West Hawai'i, HI, as of 06 APR; investigation underway
- **USINDOPACOM**, Seasonal influenza positivity in Western Pacific Region increased from 8% to 11% in week ending 29 MAR; driven by Singapore and Vietnam

## USSOUTHCOM Health Events of Interest

### Argentina – Chikungunya:

Through 28 MAR, the Pan American Health Organization (PAHO) has reported 3,325 chikungunya cases (427 confirmed) in Argentina during 2026, an 83% increase compared to the same period in 2025 (1.8k cases; 18 confirmed). According to the Argentinian MOH, between 27 JUL 2025 and 28 MAR 2026, 4,425 cases (433 confirmed and probable) have been reported, including 357 confirmed and probable locally acquired cases with no travel history; 17 locally acquired cases were reported during the same period the previous year. The imported cases were linked to travel from Bolivia, Brazil, Cuba, and Paraguay. During 2026, locally acquired cases were first identified in the week beginning 08 FEB from Salta Province (three cases), but cases in the province have since increased to 257 as of 28 MAR. Locally acquired cases have also increased across seven additional provinces, including Jujuy (35 cases), Tucumán (27), Buenos Aires (14), Catamarca and Santiago del Estero (11 each), and Chaco Province the City of Buenos Aires (one each) as of 28 MAR. Córdoba Province has reported the most suspected cases (>1.5k); however, none have been confirmed. The epicenter remains in Salta Province, where 315 confirmed (201) and probable (114) cases have been reported, with the main concentration in Aguas Blancas, Orán, and Salvador Mazza. In Salta Province, 22 cases required short-term hospitalization. **Officials believe that Argentina is going through a stage of localized expansion with widespread chikungunya transmission, despite cases remaining predominately in the northwest (Figure 3).** (Informed)



According to the Argentinian MOH, 21 of 27 chikungunya virus samples obtained were sequenced, and the East-Central-South-Africa (ECSA) genotype was identified in all samples. This is the same genotype that was previously identified in Argentina during the 2023–2024 outbreak (>3.1k cases according to GIDEON) and is the genotype that is currently the predominant strain in the region of the Americas. According to PAHO, zero chikungunya cases were reported in Argentina in 2022, >1.7k in 2023, >1.3k in 2024, and >3.7k in 2025. On 10 FEB, PAHO released an epidemiological alert following a sustained increase in chikungunya cases across several countries in the Americas since late 2025 and into early 2026, highlighting the re-emergence of local transmission in areas that had not reported virus circulation in several years. PAHO stated that co-circulation of ECSA and Asian genotypes in the Americas has raised concerns about increased viral adaptability and possible recombination or genotype changes in the future, a concern for areas with the presence of the *Aedes aegypti* mosquito.

### Other events:

- **ARGENTINA**, Fatal hantavirus infection case in Chubut Province on 07 APR; associated with family cluster (three cases)
- **COLOMBIA**, 357 leptospirosis and 43 Zika virus disease cases during 2026, compared to 49 and three during same period in 2025, respectively

- **CUBA**, Hepatitis outbreaks across several municipalities as of 04 APR; 18 active cases in Matanzas City
- **ECUADOR**, Dengue increasing to 838 weekly cases in week ending 28 MAR; 6.1k total during 2026, a 48% decrease compared to same period in 2025 (>11k)
- **ECUADOR**, First imported clade 1b mpox case as of 02 APR; enhanced surveillance initiated
- **HAITI**, 72 suspected diphtheria cases (60 confirmed) as of 02 APR; at least one case in each department
- **HONDURAS**, ~2.2k suspected dengue cases during 2026; 44% decrease compared to same period in 2025
- **PANAMA**, 537 leishmaniasis cases during 2026; 94% increase compared to same period in 2025
- **PERU**, Dengue increasing to ~2k weekly cases in week ending 14 MAR; total cases (11k) slightly less compared to same period in 2025 (13k)
- **PERU**, Eight confirmed measles cases in Puno Region during 2026; health alert issued 02 APR
- **SURINAME**, >2.7k chikungunya cases during 2026; cases decreasing. Insecticides to arrive mid-APR