



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
21 APR 2026

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

For more information about the IB Branch, visit: health.mil/ib





DHA Public Health

AFHSD – Integrated Biosurveillance (IB) Branch

Health Surveillance Update

15–21 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

Senegal has reported two Crimean-Congo hemorrhagic fever (CCHF) cases. Similarly, nine CCHF cases (two deaths) have been reported in Dhi Qar Province, **Iraq**. The **Czech Republic** has experienced a 209% increase in Lyme disease cases during 2026 (>1.3k) compared to the same period in 2025 (429). An increase in **hantavirus infection** cases has been noted across several countries in **northern Europe**, including Estonia, Finland, and Sweden, compared to 2025. **Japan** has reported 236 measles cases during 2026, approaching the 2025 total (265). Several countries in the **USSOUTHCOM Area of Responsibility** have recorded increased chikungunya cases in late 2025 and during 2026, including Argentina, Bolivia, Costa Rica, Cuba, French Guiana, Guatemala, Guyana, Saint Lucia, and Suriname.

HSU Health Events

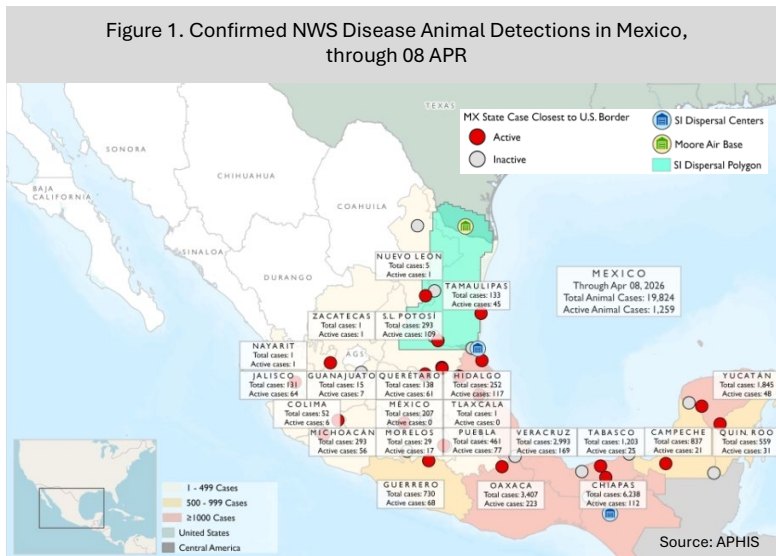
Geographic Combatant Command	Country	Event
USNORTHCOM	Mexico Other events	New World screwworm disease
USAFRICOM	Namibia Senegal Other events	Malaria Crimean-Congo hemorrhagic fever
USCENTCOM	Iraq Other events	Crimean-Congo hemorrhagic fever
USEUCOM	Czech Republic Italy USEUCOM Other events	Lyme disease Novel influenza A(H9N2) Hantavirus infection
USINDOPACOM	China Japan Other events	Novel influenza A(H9N2) Measles
USSOUTHCOM	USSOUTHCOM Other events	Chikungunya

The mention of any non-federal entity and/or its products is for informational purposes only, and is not to be construed or interpreted, in any manner, as federal endorsement of that non-federal entity or its products.

USNORTHCOM Health Events of Interest

Mexico – New World screwworm (NWS) disease:

Through 28 MAR, the Mexico Ministry of Health (MOH) has reported 221 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:

- **GLOBAL**, >15k confirmed measles cases in the Americas Region during 2026 through 11 APR, surpassing 2025 total (14k cases)
- **GLOBAL**, U.S. CDC issues updated "Level 1 – Practice Usual Precautions" travel health notice for dengue on 16 APR
- **CANADA**, 189 salmonellosis cases (26 hospitalizations) since MAR 2025 in outbreak linked to pistachios; dozens of products recalled
- **MEXICO**, Cluster of locally acquired Oropouche virus disease cases in Chiapas and Tabasco states during 2026
- **U.S.**, 11 measles cases in Sacramento County, CA, during 2026; linked to pediatric care setting
- **U.S.**, 17 measles cases in VA during 2026 through 04 APR, surpassing total of previous 4 years (9)
- **U.S.**, 36 legionellosis cases in VA during 2026 through 04 APR; 50% increase compared to 5 year average for same period (24)
- **U.S.**, >2.7k coccidiomycosis cases in AZ during 2026
- **U.S.**, Increase in gastrointestinal (GI) illness in VA during 2026 compared to 5-year average for same period, including 453 campylobacteriosis, 216 salmonellosis, 93 Shiga toxin-producing *E. coli* infection, 90 shigellosis, 71 giardiasis, and 22 vibriosis cases
- **U.S.**, Increasing *Candida auris* infections in PA; 511 total since MAR 2020

- **U.S.**, Seasonal influenza A wastewater level decreased to “Low” as of 17 APR
- **U.S.**, U.S. FDA advises not to consume, sell, or serve shellfish from a portion of Hammersley Inlet, WA, harvested by Gomez Shellfish, LLC, due to potential norovirus contamination as of 17 APR

USAFRICOM Health Events of Interest

Namibia – Malaria:

As of 14 MAR, ~28k **malaria** cases (21 deaths; case fatality rate [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*)

Senegal – Crimean-Congo hemorrhagic fever (CCHF):

As of 13 APR, two **CCHF** cases have been reported in Senegal during 2026. The most recent case was reported in a female aged 28 years in Dioffor Town, Fatick Region, in the week beginning 30 MAR. The case had symptom onset on 25 FEB, including bleeding, fever, meningoencephalitis, muscle and body pain, and vomiting. CCHF was confirmed by polymerase chain reaction (PCR) and enzyme-linked immunosorbent assay by the Institut Pasteur in Dakar on 19 MAR. The first case was reported in a male aged 7 years from the Tambacounda Region on 10 FEB. The case had symptom onset on 07 JAN, including fever, headache, and muscle and joint pain, and sought care at a regional health facility the same day. A blood sample was confirmed positive for CCHF via PCR by the Institut Pasteur in Dakar on 24 JAN. Neither case had history of travel in the 15 days prior to symptom onset. Following detection of the second case, the Senegal MOH deployed a multisectoral rapid response team to Dioffor Town, Fatick Region, to conduct an outbreak investigation and coordinate response activities. **Two CCHF cases reported across geographically distinct regions indicate active viral circulation across multiple ecological zones, suggesting widespread tick-vector populations and livestock exposure pathways.** The geographic expansion from traditional northern risk zones to southeastern areas may also suggest improved testing capabilities. The absence of travel history of the case

in the Fatick Region confirms local zoonotic transmission cycles, likely driven by contact with infected livestock or tick bites in pastoral communities where there are sustained human-animal interactions. (BEACON, Outbreak News Today)

In 2025, eight CCHF cases (one death) were reported in Birkelane District, Kaffrine Region, Senegal. According to GIDEON, CCHF has been reported across multiple locations in Senegal, including five cases in 2024, 11 in 2023, and six in 2022. Transmission typically occurs between FEB and NOV, particularly during dry seasons when livestock movement intensifies and tick populations concentrate around water sources. CCHF is a viral infection transmitted via the bite of infected ticks or contact with body fluids from an infected animal or human and can cause sudden onset illness, potentially leading to severe symptoms and death (CFR: 40%). Early symptoms include agitation, diarrhea, dizziness, fever, headache, muscle pain, neck stiffness, photosensitivity, sore eyes, and vomiting. The incubation period varies depending on the mode of transmission and ranges from 1 to 13 days. There is no vaccine available for humans or animals. Treatment includes general supportive care; while there is no specific treatment approved, the antiviral ribavirin has been used as an off-label option. (Africa CDC, BEACON)

Other events:

- **GLOBAL**, U.S. CDC issues updated “Level 1 – Practice Usual Precautions” travel health notice for dengue on 16 APR
- **BURKINA FASO**, Rapid increase of measles cases compared to previous years; 646 suspected cases in 2025
- **DEMOCRATIC REPUBLIC OF CONGO**, >4.6k cholera cases (67 deaths) in South Kivu during 2026
- **GHANA**, >5.3 million malaria cases in 2025
- **KENYA**, 10 suspected anthrax cases in Meru County and two (one death) from Vihiga County; both associated with contaminated meat consumption
- **MAYOTTE**, 86 malaria cases during 2026, with five suspected to be locally acquired
- **NIGERIA**, 663 confirmed Lassa fever cases (167 deaths) across 22 states as of 29 MAR
- **NIGERIA**, Cholera alert issued for 10 states due to forecasted heavy rainfall and flooding between 13 and 17 APR
- **NIGERIA**, One fatal Lassa fever case in Oyo State as of 16 APR; emergency response activated
- **REPUBLIC OF CONGO**, >1k cholera cases since JUL 2025, with high CFR (8.5%); second surge of cases began in FEB
- **SOUTH AFRICA**, 414 malaria cases (11 deaths) during 2026 through MAR, exceeding 2025 total deaths (666 cases; seven deaths)
- **SUDAN**, 222 measles and pertussis cases (23 deaths) in Kabkabiya District, North Darfur State, as of 13 APR
- **ZIMBABWE**, >5k malaria cases (20 deaths) in Mashonaland West Province during 2026

USCENTCOM Health Events of Interest

Iraq – CCHF:

As of 12 APR, Iraq health authorities have reported nine **CCHF** cases (two deaths) during 2026 in Dhi Qar Province, southern Iraq. **Most recorded cases involve urban residents who had direct contact with slaughtered animals outside official health regulations, despite ongoing monitoring of slaughterhouses and butcher shops. Health officials have warned of increasing CCHF cases, attributing the spread to the continued presence of livestock within urban areas and weak enforcement of a government ban on livestock grazing inside cities.** Officials also state that social factors, including tribal customs and the lack of proper slaughterhouses for livestock, have also restricted efforts to control the RISE in cases. Additionally, an accumulation of waste in residential neighborhoods, which attracts livestock into urban areas in search of food, further increases the risk of infection. As of 16 APR, officials are calling for urgent intervention by the Iraq MOH and local health authorities before the situation escalates further. (Shafaq News)

Between 2020 and 2021, Iraq experienced its largest CCHF outbreak to-date, with >300 confirmed cases by early 2022, exacerbated by unregulated livestock movement, intensified farming practices, and the impact of the COVID-

19 pandemic on health care resources. According to GIDEON, the country has reported hundreds of CCHF cases in recent years, including 389 cases in 2022, 587 in 2023, 211 in 2024, and 247 since the beginning of 2025, with 96 cases in Dhi Qar Province alone. In 2025, WHO, in collaboration with the ministries of health and agriculture and the Iraq Red Crescent Society, implemented a comprehensive risk communication and community engagement campaign, aimed to reduce CCHF transmission. (U.S. CDC, Outbreak News Today, Shafaq News, WHO)

CCHF is a viral infection transmitted via tick bites from an infected *Ixodid* spp. tick or contact with body fluids from an infected animal or human, and can cause severe viral hemorrhagic fever outbreaks, with a CFR of 10–40%. CCHF is endemic in the Middle East, and sporadic cases have been reported in Iraq since 1979, **with an increase in recent years attributed to changes in agricultural practices, climate change, and increased human-animal interactions**. WHO noted that CCHF outbreaks in the region often peak during the spring or summer due to heightened agricultural and animal movement activities.

Other events:

- **GLOBAL**, U.S. CDC issues updated “Level 1 – Practice Usual Precautions” travel health notice for dengue on 16 APR
- **AFGHANISTAN**, 138 CCHF cases (CFR: 10%) during 2026 through MAR; 103% increase compared to same period in 2025
- **AFGHANISTAN**, 1.9k malaria cases during 2026 through MAR; 25% increase in MAR compared to FEB cases
- **GAZA STRIP**, Increased infectious disease risk due to overcrowding, deteriorating wastewater systems, hygiene supply shortage, and limited pesticide access, as of 14 APR
- **PAKISTAN**, At least 331 pediatric human immunodeficiency virus cases at THQ Hospital in Taunsa, Punjab Province, from NOV 2024 to OCT 2025 linked to serious breaches of basic infection control
- **YEMEN**, Increased infectious disease risk, including cholera, diphtheria, and measles, amid funding shortages, as of 19 APR

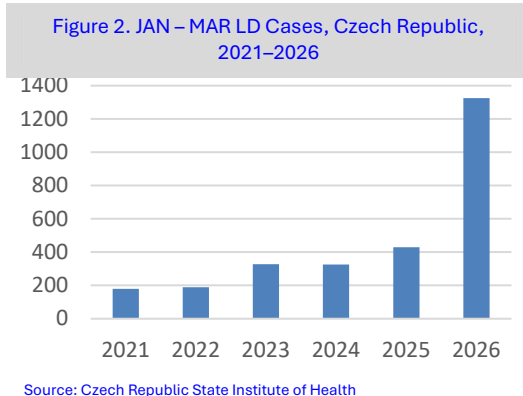
USEUCOM Health Events of Interest

Czech Republic – Lyme disease (LD):

Through MAR, the Czech Republic State Institute of Health has reported 1,326 LD cases during 2026, a **209% increase compared to the same period in 2025 (429 cases) and a 357% increase over the previous 5-year average (290)**. See Figure 2 for LD cases between JAN and MAR from 2021 to 2026. The country has reported higher than usual LD cases in the beginning of 2026, with 488 cases in JAN, more than double the cases from JAN 2025 (208), and 959% higher than the previous 5-year average (125). Cases remained elevated compared to previous years in FEB (424) and MAR (414). Additionally, tick-borne diseases (TBD) have been increasing in the Czech Republic in recent years, reaching a 10-year high by the end of JUL 2025. Over 11k 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. The increase in cases is partly attributed to climate change, with tick populations remaining active for longer periods and spreading to higher altitudes. (Czech Radio, 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 MAR 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. (European Centre for Disease Prevention and Control [ECDC], *Int J Med Microbiol*)

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 aged 26–30 years with underlying medical conditions in Milan, Lombardy Region. The case traveled to Senegal from AUG 2025 to MAR 2026, returning from Dakar City on 13 MAR. After arriving in Milan on 14 MAR, the case presented to an emergency department with cough and fever which had been present since mid-JAN. On 16 MAR, a bronchoalveolar lavage specimen was positive for tuberculosis and un-subtyped influenza A; the case was admitted to a hospital in a negative pressure isolation room under air-borne precautions. On 17 MAR, the case was treated with antitubercular therapy, followed by oseltamivir on 19 MAR. As of 24 MAR, the case was clinically stable and improving. The regional reference laboratory confirmed influenza A(H9) subtype on 20 MAR; A(H9N2) clade G5.5 was confirmed by Next-Generation Sequencing on 21 MAR. The detection of clade G5.5 supports viral acquisition from a Senegal-related avian lineage. Samples have been sent to the National Influenza Center in Italy, and virus isolation in cell culture is currently ongoing. An epidemiological investigation determined that the case had no exposure to animals, rural areas, sick individuals, or wildlife while in Senegal. The case was staying with a friend in Dakar during the trip and reported making trips to restaurants, supermarkets, local vendors, and 1 day at the beach. Contacts identified in Senegal have been asymptomatic. Contact tracing in Italy identified 14 contacts, including a taxi driver, two ambulance workers, one hospital roommate, one emergency room healthcare worker, two household contacts, and seven aircraft contacts. Seven of the contacts identified have all tested negative, are under active surveillance, and have been administered Oseltamivir. (24 Ore Salute, 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*)

USEUCOM – Hantavirus infection:

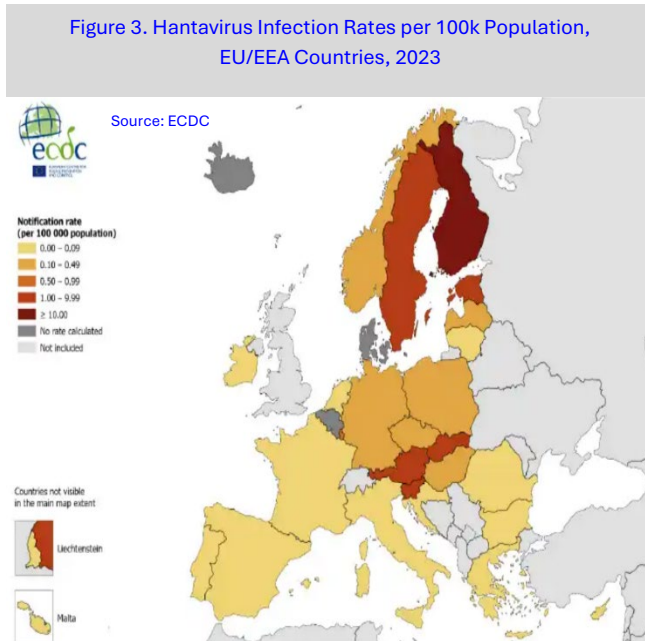
During 2026, an increase in **hantavirus infection** cases has been noted across several northern European countries, including Estonia, Finland, and Sweden, compared to 2025.

Estonia – The Estonia Health Board has noted an increase in HFRS cases during 2026, with 11 through MAR compared to four during the same period in 2025. **Most cases have been from Pärnu and Järva (two each) counties; Järva County has only reported two other cases in the past decade (one each in 2017 and 2024).** Cases reached a low of 11 in 2021 and increased to 13 in 2022, 19 in 2023, and 30 in 2024, with a slight decrease in 2025 (26).

Finland – Through MAR, the Finland National Institute for Health and Welfare has reported 317 hantavirus infection cases caused by Puumala virus (PUUV) during 2026, a 92% increase compared to the same period in 2025 (154). Most cases have been reported from North Savo (19%), North Ostrobothnia (15%), and Central Ostrobothnia (11%) wellbeing services counties. **Cases in the country began to increase in 2025 (1k cases), following a declining trend in annual cases after a high in 2021 (1.4k cases), to 1.3k in 2022, 812 in 2023, and 586 in 2024.** Cases in JAN 2026 (171) were more than double those in JAN 2025 (80), and 20 cases have been reported during APR, approaching the APR 2025 total (23).

Sweden – Through MAR, the Sweden Ministry of Health and Social Affairs has reported 83 nephropathia epidemica cases (a mild form of HFRS caused by PUUV), a fourfold increase compared to the same period in 2025 (20 cases) and more than total 2024 cases (84). Cases in Sweden appear to be cyclical, with the last peak at 459 cases in 2021. During 2026, most cases have been from Vasterbotten (35%), Borthbotten (22%), and Västernorrland (20%). (ECDC)

Among neighboring countries, Norway has seen a decrease in nephropathia epidemica cases during 2026 through MAR (5) compared to the same period in 2025 (9) and 2024 (7). While Lithuania reported an increase in cases in NOV (2) and DEC (3) 2025 compared to 0–1 cases per month during the same period over the previous 5 years, no hantavirus infection cases have been reported during 2026 through FEB. In Europe, PUUV is the most common cause of hantavirus infections (>98% of cases); however, the most severe Dobrava-Belgrade virus is established in Southeast Europe, with recent laboratory-confirmed cases in Hungary in 2025. The virus is widespread across the continent, aside from the coastal Mediterranean, northernmost areas, and the United Kingdom (U.K.), and is found in bank voles and yellow-necked mice (Figure 3). The incubation period is 2 to 6 weeks, and infections range from asymptomatic to severe. PUUV infections are usually moderate compared to some other hantaviruses and have a CFR of $\leq 0.4\%$. (ECDC, *Front Immunol*, Lithuania MOH, Norway Ministry of Health and Care Services, U.S. CDC)



Other events:

- **GLOBAL**, U.S. CDC issues updated “Level 1 – Practice Usual Precautions” travel health notice for dengue on 16 APR
- **BULGARIA**, 101 measles cases during 2026 across five regions
- **CZECH REPUBLIC**, 899 hepatitis A and 909 unspecified GI illness cases during 2026 through MAR, a 179% and 384% increase, respectively, from the same period in 2025
- **ESTONIA**, 526 norovirus infection cases during 2026, compared to 331 during same period in 2025; monthly cases increasing
- **ESTONIA**, Study between APR and OCT 2025 finds LD and TBE risk highest in Lääne-Viru and Saare counties, respectively
- **FINLAND**, 1.8k norovirus infection and 607 rotavirus disease cases during 2026 through MAR, a 52% and 1,114% increase, respectively, compared to the same period in 2025
- **FRANCE**, Tap water ban in Bouches-du Rhône Commune, Provence-Alpes-Côte d'Azur Region, as of 17 APR, due to GI illness outbreak (~50 cases)
- **GERMANY**, >11k campylobacteriosis, 911 shigellosis, and 295 hepatitis A cases during 2026; 14%, 43%, and 57% increase, respectively, compared to same period in 2025
- **ITALY**, 113 imported dengue cases during 2026; 83% acquired from the Maldives. Twofold increase compared to cases from JAN to MAY 2025 (60)
- **POLAND**, 12 measles cases during 2026 through MAR
- **RUSSIA**, 375 norovirus infection cases linked to contaminated drinking water in Murom, Vladimir Region, between 07 and 10 APR
- **SWITZERLAND**, Surge in LD (>200) and TBE (6) cases in JAN and FEB; ~18k tick bites in 2025, highest since 2020
- **U.K.**, Eight legionellosis cases in London as of 23 MAR; possible link to common environmental exposure in northwest and southwest London

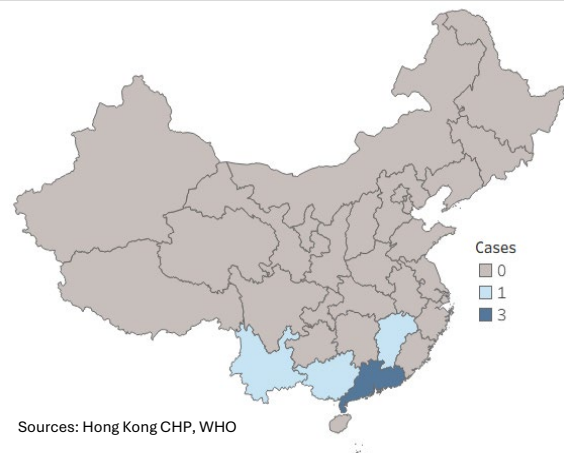
- **U.K.**, Three meningococcal disease cases between 20 MAR and 15 APR in Weymouth, Dorest District, affecting two schools; all MenB strain subtype; distinct from Canterbury outbreak

USINDOPACOM Health Events of Interest

China – Novel influenza A(H9N2):

As of 18 APR, six human infections with **avian influenza A(H9N2)** have been reported in China during 2026. **On 21 APR, China reported three additional human A(H9N2) infections, diagnosed in MAR.** All cases are aged <10 years and no family clusters were associated with the cases. The first case is a male with co-morbidities from Guangdong Province with symptom onset on 23 FEB; the case was admitted to the hospital the same day with severe pneumonia. He was discharged on 25 MAR. The case had direct contact with poultry. The second case was a female from Yunnan Province who developed symptoms on 03 MAR; the case had direct contact with poultry. The third case was a male from Jiangxi Province; with symptom onset of 20 MAR. No direct poultry exposure was reported; however, environmental samples collected from poultry stalls in the market where his family visits tested positive for influenza A(H9). Both the second and third cases had mild symptoms and did not require hospitalization. No additional cases have been reported from any close contacts. (Avian Flu Diary, Hong Kong CHP)

Figure 4. 2026 Human Novel Influenza A(H9N2) Infections, China, as of 07 APR

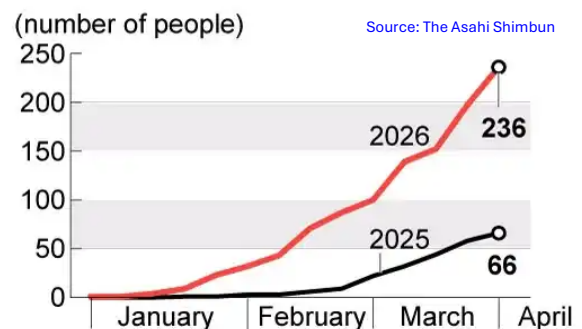


During 2026, cases have been reported in Guangdong (3) and Guangxi, Jiangxi, and Yunnan (1 each) provinces (Figure 4). A total of 159 A(H9N2) infections have been reported in China since 2015. U.S. CDC considers A(H9) a “low pathogenic avian influenza” (LPAI). LPAI A(H9N2) infections have been reported sporadically in >100 individuals since 1998 from Bangladesh, Cambodia, China, Egypt, Ghana, Hong Kong, India, Oman, Pakistan, and Senegal. Most cases have occurred in children and have caused mild upper respiratory tract illness; however, lower respiratory tract diseases, including pneumonia and respiratory failure, have also been documented. (CDC, WHO)

Japan – Measles:

Through 05 APR, the Japan Institute for Health Security (JIHS) has reported 236 measles cases during 2026, 3.5 times higher than the same period in 2025 (66 cases; Figure 5). Most cases have been reported in Tokyo Prefecture (31%), followed by Kagoshima (11%), Aichi (10%), and Chiba and Kanagawa (8% each) prefectures. High population density and reliance on public transit in these areas have facilitated rapid secondary transmission. **Cases are rapidly approaching the post-COVID-19 pandemic high reported in 2025 (265 cases).** As of 11 MAR, surveillance identified genotype B3 as the dominant strain (~79% of cases), which is consistent with global circulating strains. The highest case count in the past decade was recorded in 2019 (744). About a quarter of cases (24%) are aged 10 to 19 years and 28% are in their 20s. Half of all cases are not fully vaccinated or have no known history of vaccination. On 17 APR, the Japanese Society for Vaccinology issued a document recommending that children be vaccinated against measles. In 2015, Japan was certified as being free of locally acquired measles cases, but measles continues to be introduced via imported cases. Through 29 MAR, ~14% of measles cases in Japan were believed to be travel associated, with exposures in countries such as Indonesia and New Zealand. JIHS is urging overseas travelers to exercise caution and

Figure 5. Preliminary 2026 Measles Cases, Japan, as of 15 APR



check their vaccination records when traveling to regions where measles is prevalent. (The Japan Times, NHK One, NHK World Japan)

Other events:

- **GLOBAL**, U.S. CDC issues updated “Level 1 – Practice Usual Precautions” travel health notice for dengue on 16 APR
- **BANGLADESH**, >20k measles cases (>3k confirmed) across 58 districts since outbreak began on 15 MAR
- **CAMBODIA**, Weekly dengue cases surpassed the 3-year average during the week ending 04 APR
- **CHINA**, 348 malaria and 94 dengue through FEB, a 64% and 84% increase, respectively, from the same period in 2025
- **HONG KONG**, Five invasive meningococcal disease cases as of 10 APR; 11 total in 2025
- **INDIA**, 56 chikungunya cases in Ernakulam District, Kerala State, during 2026; outbreak alert issued
- **INDIA**, >1.4k suspected viral encephalitis cases (eight deaths) in Rajasthan State, since 01 APR
- **MALAYSIA**, >1.2k dengue cases during the week ending 04 APR, a 25% increase from previous week (1k); ~16k cases (14 deaths) during 2026
- **MALDIVES**, 535 dengue cases in MAR, a ninefold increase compared to same period in 2025 (60)
- **MONGOLIA**, 11 brucellosis cases during 2026 through MAR, compared to three during the same period in 2025
- **MONGOLIA**, 686 measles cases during 2026 through MAR, a 140% increase compared to the same period in 2025 (286)
- **NEPAL**, 456 dengue cases across 15 local areas during 2026; 40% decrease from same period last year (765)
- **SINGAPORE**, 27 measles cases during 2026; will likely surpass total 2025 cases (27)
- **TAIWAN**, 113 GI illness clusters from 15 MAR to 11 APR; 64 cases positive for pathogens, with norovirus most common (88%)
- **TAIWAN**, Fifth meningococcal disease case during 2026
- **THAILAND**, Spike in melioidosis cases, with 732 during 2026; warning issued 18 APR
- **VIETNAM**, Three suspected meningococcal meningitis cases (one death) in Ca Mau Province as of 11 APR

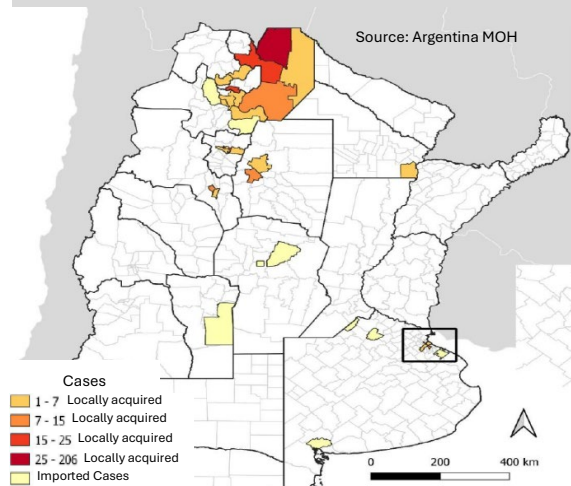
USSOUTHCOM Health Events of Interest

USSOUTHCOM – Chikungunya:

Several countries in the USSOUTHCOM AOR have reported increased chikungunya cases during 2026. On 10 FEB, the Pan American Health Organization (PAHO) released an epidemiological alert regarding chikungunya in the Americas, noting a sustained increase in cases since late 2025 and a resumption of local transmission in areas that had not reported circulation in several years.

Argentina – Through 11 APR, PAHO has reported 5,506 (+2,181) chikungunya cases (831 confirmed) in Argentina during 2026, a 180% increase compared to the same period in 2025 (>1.9k cases; 24 confirmed). According to the Argentine MOH, between 27 JUL 2025 and 04 APR 2026, 5,432 cases (569 confirmed and probable) have been reported, including 488 confirmed and probable locally acquired cases; 24 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 confirmed cases), but cases in the province have since increased to 308 (confirmed and probable) through 04 APR. Locally acquired cases have also increased across six additional provinces compared to the previous season, including Tucumán (75 cases), Jujuy (45), Santiago del Estero (25), Buenos Aires (16), Catamarca (15), and the City of Buenos Aires (2), through 04 APR. The epicenter remains in Salta Province, where 372 confirmed (233) and probable (139) cases (imported and locally acquired) have been reported. **Officials believe that Argentina is going through a stage of localized expansion with widespread chikungunya transmission, despite cases remaining predominately in the northwest (Figure 6).** According to the Argentine MOH, 21 of 27 chikungunya virus samples obtained were sequenced, and the East-Central-South-Africa (ECSA) genotype was identified in all samples.

Figure 6. Confirmed and Probable Chikungunya Cases by Department, Argentina, 01 JAN – 28 MAR 2026



Bolivia – Through 28 MAR, 23,145 chikungunya cases (7,817 confirmed) have been reported in Bolivia during 2026, an >11-fold increase compared to the same period in 2025 (285 cases; 45 confirmed). As of MAR, **the epicenter of the outbreak was Santa Cruz Department**, accounting for 93% of the cases in the country, with a particular focus on Santa Cruz de la Sierra City, whose environment provided ideal conditions for *Aedes* spp. mosquito breeding. In 2025, the ECSA genotype was identified in Bolivia. (BEACON, PAHO)

Costa Rica – As of 14 APR, four confirmed chikungunya cases (two locally acquired) have been reported during 2026. The most recent case was a resident of Heredia Province and was likely imported due to a history of travel to Nicaragua. The third case was reported on 10 APR in a resident of Guanacaste Province and was also considered imported. However, the previous two cases (21 and 29 JAN) were locally acquired in Esparza Canton, Puntarenas Province. Prior to these cases, Costa Rica had not reported chikungunya circulation since 2017. An investigation concluded that the cases could have been infected around the same time. (Costa Rica MOH)

Cuba – According to media reports, on 25 JUL 2025, the Cuba MOH reported a chikungunya outbreak in Perico Municipality, Matanzas Province, northwestern Cuba. No official case count is available; however, >51k cases were reported in 2025 from all 15 provinces and 1,457 cases were reported during 2026 through JAN, suggesting ongoing transmission. (BEACON, PAHO)

French Guiana – On 27 JAN, French Guiana reported its first locally acquired chikungunya case since the 2014–2015 outbreak (16k cases). Between 27 JAN and 12 APR, 108 confirmed cases have been reported. Three cases either resided outside French Guiana or had addresses that could not be determined and therefore, are not considered locally acquired. Of the additional 105 cases, the majority have been reported from the West Coast Region (89 cases). Cayenne Island (six confirmed cases; two locally acquired cases), Savanes (5; 3), and Maroni (five confirmed) regions, **suggesting an expansion of the virus across the country.** Hospital-based surveillance identify 30 hospitalized

cases. (BEACON, Santé Publique France)

Guatemala – In the week ending 28 FEB, the first confirmed chikungunya case since 2016 was reported in Guatemala from Catarina, San Marcos Department, which borders Chiapas State, Mexico, where chikungunya cases have been reported during 2026. Four suspected cases have also been reported across Chiquimula, Escuintla, and Guatemala departments. (BEACON)

Guyana – In 2025, PAHO reported the first chikungunya cases in 9 years in Guyana (6), starting the week beginning 12 OCT 2025. The cases were all considered locally acquired from Region 4. Through 28 FEB, Guyana has reported two confirmed cases, both locally acquired, during 2026.

Saint Lucia – On 05 MAR, the Saint Lucia MOH reported the country’s first confirmed chikungunya case since 2021. Information on whether the case was considered imported or locally acquired was not released. Health officials noted that enhanced surveillance was in effect, and the country remains at risk for additional cases due to the regional increase in cases and the presence of *Aedes* spp. mosquitoes on the island.

Suriname – Through 14 MAR, 2,579 chikungunya cases (1,354 confirmed; one death) have been reported in Suriname during 2026. As of 27 FEB, a second death was under investigation. **The country reported the first locally acquired case since 2016 in the week ending 20 DEC 2025.** Since JAN 2026, one European Union member state observed an increase in chikungunya cases imported from Suriname, particularly from Paramaribo District. As of MAR, eight of Suriname’s 10 districts were classified as high-risk areas, including Commewijne, Coronie, Marowijne, Nickerie, Para, Paramaribo, Saramacca, and Wanica. (Dutch National Institute for Public Health and the Environment, ECDC, International Federation of Red Cross and Red Crescent Societies, PAHO)

Other events:

- **GLOBAL**, >15k confirmed measles cases in the Americas Region during 2026 through 11 APR, surpassing 2025 total (14k cases)
- **GLOBAL**, U.S. CDC issues updated “Level 1 – Practice Usual Precautions” travel health notice for dengue on 16 APR
- **ARGENTINA**, Hantavirus infection cases at “Outbreak” level since late DEC 2025; 92 cases since 29 JUN 2025
- **CAYMAN ISLANDS**, One cholera case detected on 15 APR; no evidence of community transmission
- **HONDURAS**, 99 human New World screwworm disease cases since FEB 2025; first death during 2026 reported
- **JAMAICA**, Increase in GI illness cases in Westmoreland Parish, Cornwall County, as of 14 APR
- **PARAGUAY**, ~320 human Chagas disease cases reported annually in last 5 years; 25% from Central Department
- **PARAGUAY**, Recent increase in dengue cases as of 12 APR (126 during 2026); DENV-1, and -2 serotypes circulating
- **VENEZUELA**, >1.1k malaria cases in week ending 28 MAR, with 81% in Bolívar State; >25k cases as of 28 MAR, increase compared to same period in 2025