



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
28 APR 2026

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DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 22–28 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

Kenya has reported an outbreak of undiagnosed illness cases across six villages in the Boni Forest area, Lamu County, since early MARCH. Over 7.1k measles cases (36 deaths) have been reported in government-controlled areas of **Yemen** during 2026. **Cambodia** reported its fourth human novel influenza A(H5N1) case during 2026, in Svay Rieng Province. Leptospirosis cases are increasing across the **Philippines** during 2026, with a sharp year-over-year increase. **Thailand** has reported 975 melioidosis cases (46 deaths) during 2026, primarily in northeastern provinces.

HSU Health Events

Geographic Combatant Command	Country	Event
<u>USNORTHCOM</u>	Other events	--
<u>USAFRICOM</u>	Kenya	Undiagnosed illness
	Senegal	Crimean-Congo hemorrhagic fever
	Other events	
<u>USCENTCOM</u>	Iraq	Crimean-Congo hemorrhagic fever
	Yemen	Measles
	Other events	
<u>USEUCOM</u>	Czech Republic	Lyme disease
	USEUCOM	Hantavirus infection
	Other events	
<u>USINDOPACOM</u>	Cambodia	Novel influenza A(H5N1)
	China	Novel influenza A(H9N2)
	Japan	Measles
	Philippines	Leptospirosis
	Thailand	Melioidosis
	Other events	
<u>USSOUTHCOM</u>	USSOUTHCOM	Chikungunya
	Other events	

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USNORTHCOM Health Events of Interest

Other events:

- **GLOBAL**, >2.7k confirmed mpox cases (8 deaths) during 2026 as of 28 FEBRUARY; declining cases in Africa and Americas regions
- **CANADA**, 44 salmonellosis cases (13 confirmed, 6 hospitalizations) in Hamilton, Ontario Province, as of 19 APRIL; linked to Piper Arms Stoney Creek
- **CANADA**, Health officials warn early start to tick season during 2026
- **MEXICO**, 13 animal New World screwworm disease cases in Nuevo León State as of 23 APRIL; 9 cases in APRIL alone
- **MEXICO**, 102 active animal New World screwworm disease cases in Tamaulipas State as of 22 APRIL; 24 new cases in 3 days
- **MEXICO**, One animal New World screwworm disease case (calf) in Marin, Nuevo Leon State, as of 19 APRIL; ~62 miles from U.S.-Mexico border
- **U.S.**, 32 imported chikungunya cases in FL during 2026, as of 21 APRIL; 97% report travel to Cuba
- **U.S.**, 34 salmonellosis cases (13 hospitalizations) across 13 states linked to backyard poultry as of 23 APRIL
- **U.S.**, 58% increase in late latent syphilis cases in AL from 2022–2025
- **U.S.**, 246 Lyme disease cases in MI during 2026; ~3.4k cases in 2025, 47% increase compared to prior 3 years (<2.3k cases)
- **U.S.**, 310 legionellosis cases in NC in 2025; 54% increase compared to 2024 total
- **U.S.**, EPA alerts “unhealthy” and “very unhealthy” air quality in Taylor County, FL, and Houston and Peach counties, GA, as of 22 APRIL
- **U.S.**, FDA issues emergency use authorization for F10 Antiseptic Barrier Ointment with Insecticide for prevention and treatment of New World screwworm disease in multiple animal species
- **U.S.**, First measles case in LA during 2026 as of 22 APRIL; linked to international travel
- **U.S.**, First measles case in MD (Baltimore area) during 2026; linked to international travel
- **U.S.**, First measles case in NJ during 2026 as of 22 APRIL; linked to international travel
- **U.S.**, First ever animal chronic wasting disease case in DE in wild white-tailed deer as of 21 APRIL
- **U.S.**, Increase in tick bite-related emergency department visits across all regions except the South Central U.S. as of 23 APRIL; highest weekly rates since 2017
- **U.S.**, SARS-CoV-2 wastewater level decreased to “Low” as of 23 APRIL
- **U.S.**, SC declares end to measles outbreak as of 27 APRIL; 997 confirmed cases since OCTOBER 2025
- **U.S.**, Two confirmed mpox cases in Washoe County, NV, as of 24 APRIL; first since 2022
- **U.S.**, Two new confirmed measles cases in MD as of 24 APRIL; three total during 2026

USAFRICOM Health Events of Interest

Kenya – Undiagnosed illness:

On 20 APRIL, health officials in Lamu County, Kenya, reported an outbreak of an **undiagnosed influenza-like febrile illness** (one death) across six villages in the Boni Forest area, Basuba Ward since early MARCH. The fatality occurred on 18 APRIL in a 5-year-old child 1 week after symptom onset from Kiangwe Village, where there has reportedly been at least 1 case in each of the 600 households. Other villages reporting cases include Mangai (>30 of 200 households affected), Basuba (15 of >90), and Bodhei, Mararani, and Milimani, all located within Boni Forest. Children aged <5 years and the elderly have been the most affected, with symptoms including coughing, fatigue, high fever, influenza-like-illness (ILI) with mucus discharge, joint and muscle pain, loss of appetite, and vomiting. **The clustering of cases within households coupled with ILI symptoms suggests the disease may involve person-to-person transmission, possibly via respiratory droplets; however, close proximity of the affected villages to a heavily**

forested area with high mosquito density could also indicate possible vector-borne transmission. Preliminary testing has ruled out malaria as the etiologic agent, and samples were provided to the Kenya Medical Research Institute for further analysis. **According to a Spot Report issued by the Lamu County Government Health Department on 21 APRIL, findings from an investigation of the outbreak via both community- and facility-based surveillance systems, including active case-finding, have “consistently indicate[d] that the situation on the ground remains stable, with no evidence of increased morbidity, clustering of cases, or any epidemiological pattern suggestive of an outbreak.”** While official findings differ from initial media reporting on this situation, the limited capacity for routine surveillance and severely compromised healthcare infrastructure in the region are complicating factors. (BEACON, Daily Nation, Lamu County Government)

Boni Forest is in a highly remote region of northeastern Kenya bordering Somalia. The geographic isolation of the villages in the forest creates challenges for control measures, including limited surveillance capacity that delays pathogen identification and outbreak characterization. Health infrastructure in the region collapsed following attacks by Al-Shabaab, a terrorist group, in 2014, with only two operational health clinics (Kiangwe and Mangai) among all affected villages. The security in the region is compromised due to ongoing military operations led by the Kenyan Defense Forces against Al-Shabaab militants suspected to be sheltering in Boni Forest, restricting civilian movement and creating difficulties surrounding healthcare delivery and outbreak response efforts. (BEACON)

Senegal – Crimean-Congo hemorrhagic fever (CCHF):

As of 13 APRIL, 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 MARCH. The case had symptom onset on 25 FEBRUARY, 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 MARCH. The first case was reported in a male aged 7 years from the Tambacounda Region on 10 FEBRUARY. The case had symptom onset on 07 JANUARY, 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 JANUARY. Neither case had history of travel in the 15 days prior to symptom onset. Following detection of the second case, the Senegal Ministry of Health (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 5 cases in 2024, 11 in 2023, and 6 in 2022. Transmission typically occurs between FEBRUARY and NOVEMBER, 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 (case fatality rate [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 Centres for Disease Control and Prevention, BEACON)

Other events:

- **GLOBAL**, >2.7k confirmed mpox cases (8 deaths) during 2026 as of 28 FEBRUARY; declining cases in Africa and Americas regions
- **GLOBAL**, WHO prequalifies artemether-lumefantrine malaria treatment for newborns and young infants

- **ALGERIA**, 63 food-borne disease cases linked to restaurant in Ali Mendjeli District, Constantine Province, as of 18 APRIL
- **BURUNDI**, Increasing weekly cholera cases; 163 in week beginning 06 APRIL
- **CHAD**, 161 measles and 101 meningitis cases during first 2 weeks of APRIL; increase tied to refugees from Sudan
- **GHANA**, Global health experts push to improve wastewater disease surveillance system nationwide as of 20 APRIL
- **LIBERIA**, 108 measles cases (32 confirmed) in Bomi County during 2026; outbreak confirmed
- **MAURITIUS**, 16 active leptospirosis cases (4 deaths) as of 23 APRIL
- **MAURITIUS**, 1,474 chikungunya cases during 2026; majority of new cases in Quatre-Bornes Town and surrounding areas
- **MAURITIUS**, Suspected mpox case in traveler returning from Madagascar; first case since 2024 if confirmed
- **NIGERIA**, 18 poliomyelitis cases during 2026; 8 in Zamfara State
- **SOUTH SUDAN**, Undiagnosed illness cases (two) in Kapoeta East County discharged as of 27 APRIL; confirmatory tests ongoing
- **SUDAN**, 994 measles cases in North Kordofan State as of 22 APRIL; 91% in Sheikan District
- **SUDAN**, 70% of healthcare facilities in conflict zones non-functional as of 24 APRIL; >113k cholera cases (3k deaths) across 18 states since 2024
- **USAFRICOM**, 21 countries with measles outbreaks as of 23 APRIL; >64k suspected cases (~2k confirmed; 493 deaths), majority in DRC followed by Somalia
- **ZIMBABWE**, >65k malaria cases (174 deaths) during 2026; nearly double the cases compared to same period in 2025

USCENTCOM Health Events of Interest

Iraq – CCHF:

As of 12 APRIL, 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 APRIL, officials are calling for urgent intervention by the Iraq MOH and local health authorities before the situation escalates further. (Shafaq News)

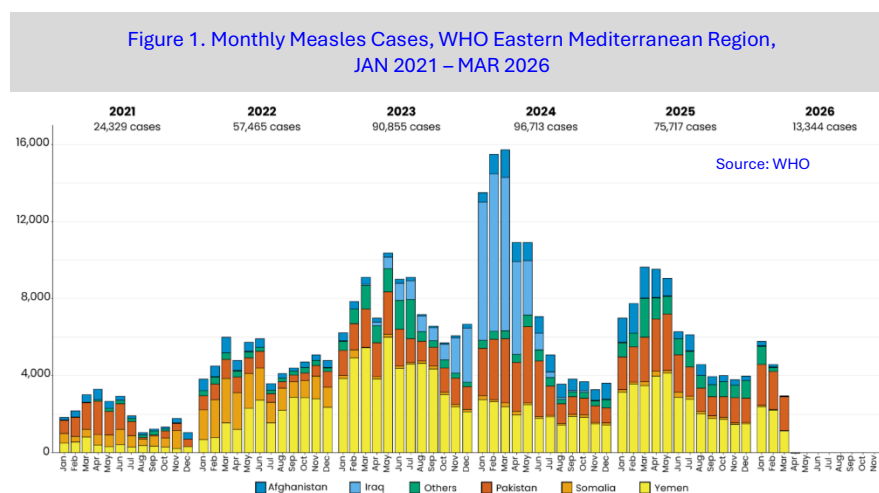
Between 2020 and 2021, Iraq experienced its largest CCHF outbreak to-date, with >300 confirmed cases by early 2022, exacerbated by unregulated livestock movement, intensified farming practices, and the impact of the COVID-19 pandemic on health care resources. According to GIDEON, the country has reported 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, the World Health Organization (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. (U.S. CDC, Outbreak News Today)

Yemen – Measles:

As of 21 APRIL, 7,140 confirmed **measles** cases (36 deaths) have been reported in the government-controlled areas of Yemen during 2026. Infections in Taiz Governorate have been increasing in recent weeks, with 1,541 cases (21 deaths) in the first half of APRIL, exceeding the cases recorded during JANUARY and FEBRUARY. However, WHO data showed decreasing case counts in Yemen from JANUARY to MARCH (Figure 1). **In addition to the increase in cases in government-controlled areas, health officials have stated that the largest number of cases is concentrated in Houthi-controlled areas (northwestern Yemen) due to discontinuation of the national immunization program and prevention of vaccination campaigns by the militia.** Immunization efforts remain underway in government-controlled areas. From SEPTEMBER 2025 to FEBRUARY 2026, the U.S. Centers for Disease Control and Prevention (CDC) reported 11,085 measles cases in Yemen, coming in second on its list of the top 10 countries with measles



outbreaks. (Aden Al-Ghad)

In 2025, 16k measles cases (106 deaths) were reported in Yemen, indicating that >7.1k cases from JANUARY to mid-APRIL during 2026 could represent an increase compared to last year. In the free areas of the country, >8.4k measles cases were reported in 2024 through mid-SEPTEMBER, >20k total cases were reported in 2023, >9.1k in 2022, and >1.5k in 2021. A recent study of suspected measles cases in Yemen from JANUARY 2020 to AUGUST 2024 found that the highest number of cases occurred in the spring (32%) and summer (29%), and the largest percentage of cases was observed in Aden Governorate (21%). Over 90% of cases occurred in unvaccinated (82%) or under-vaccinated (one dose; 10%) individuals. (Aden Al-Ghad, *Int J Gen Med*, Yemen Ministry of Public Health and Population)

Other events:

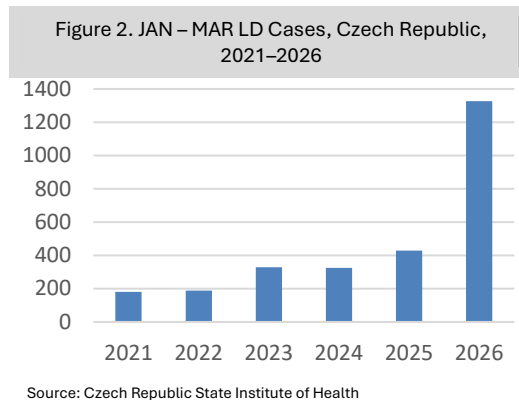
- **KAZAKHSTAN**, 93 tick bite cases during 2026; early tick activity and twofold increase compared to same period in 2025
- **LEBANON**, Increased infectious disease risk linked to large-scale displacement, overcrowding in shelters, and widespread disruption of essential services as of 23 APRIL
- **PAKISTAN**, 16 dengue cases in Punjab Province during 2026; warnings of potential rise in coming months
- **PAKISTAN**, >4.5k confirmed measles cases (71 deaths) during 2026; most in Sindh Province (40)
- **PAKISTAN**, 1.8M confirmed malaria cases in 2025; resurgence risk despite 10% decrease from 2024
- **PAKISTAN**, Country's first fatal Crimean-Congo hemorrhagic fever case during 2026, in Karachi, Sindh Province
- **SYRIA**, 29 confirmed hepatitis A cases in Mahajjah Town, Izraa District, northern Daraa Governorate, as of 23 APRIL
- **SYRIA**, ~80 hepatitis A cases in Nebul al-Khatib Town, Hama Province, as of FEBRUARY
- **SYRIA**, ~1k confirmed leishmaniasis cases in Al-Haisha Village, Al-Raqqa Governorate, as of 23 APRIL

- **UZBEKISTAN**, Increasing meningitis cases in Tashkent City as of 20 APRIL

USEUCOM Health Events of Interest

Czech Republic – Lyme disease (LD):

Through MARCH, 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 JANUARY and MARCH from 2021 to 2026. The country has reported higher than usual LD cases in the beginning of 2026, with 488 cases in JANUARY, more than double the cases from JANUARY 2025 (208), and 959% higher than the previous 5-year average (125). Cases remained elevated compared to previous years in FEBRUARY (424) and MARCH (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 JULY 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 MARCH 2025 study found that the prevalence of anti-Bbsl antibodies was 9.5% among adults in the Czech Republic, using sera collected from 2011 to 2012. (European Centre for Disease Prevention and Control [ECDC], *Int J Med Microbiol*)

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 MARCH compared to 4 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).

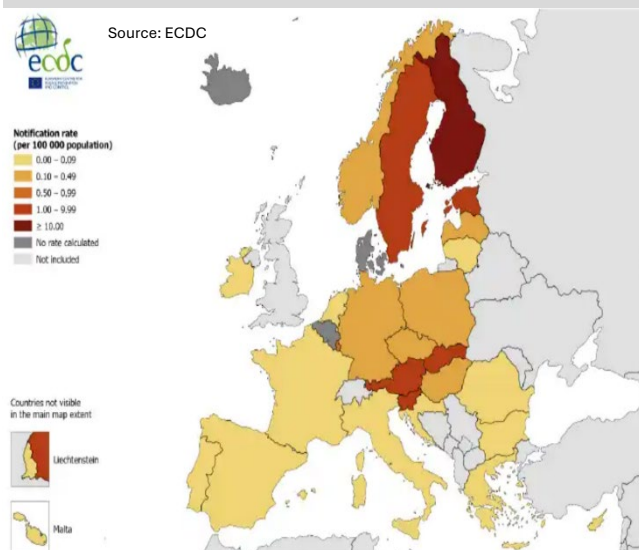
Finland – Through MARCH, the Finland National Institute for Health and Welfare has reported 317 hantavirus infection cases caused by Puumala virus (PUUV) during 2026, a 92% increase compared to the same period in 2025 (154). Most cases have been reported from North Savo (19%), North Ostrobothnia (15%), 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 JANUARY 2026 (171) were more than double those in JANUARY 2025 (80), and 20 cases have been reported during APRIL, approaching the APRIL 2025 total (23).

Sweden – Through MARCH, 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 MARCH (5) compared to the same period in 2025 (9) and 2024 (7). While Lithuania reported an increase in cases in NOVEMBER (2) and DECEMBER (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 FEBRUARY. 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 U.K., and is found in bank voles and yellow-necked mice (Figure 3). The incubation period is two to six weeks, and infections range from asymptomatic to severe. PUUV infections are usually moderate compared to some other hantaviruses and have a CFR of ≤0.4%. (ECDC, *Front Immunol*, Lithuania MOH, Norway Ministry of Health and Care Services, U.S. CDC)

Figure 3. Hantavirus Infection Rates per 100k Population, EU/EEA Countries, 2023



Other events:

- **GLOBAL**, >2.7k confirmed mpox cases (8 deaths) during 2026 as of 28 FEBRUARY; declining cases in Africa and Americas regions
- **BULGARIA**, Anthrax outbreak on a buffalo farm in Chernogor, Silistra Province, as of 20 APRIL; farm linked to illegal meat processing
- **CZECH REPUBLIC**, 354 pertussis cases from JANUARY to MARCH 2026
- **FRANCE**, 11 imported Zika virus disease cases with travel to Indonesia between JULY 2025 and MARCH 2026; no large outbreaks reported in country
- **FRANCE**, 44 measles cases during 2026 with 14 new cases in MARCH alone; 87% decrease compared to same period in 2025 (341 cases)
- **FRANCE**, 750 GI illness cases since 13 APRIL in Rousset, Bouches-du-Rhône Department, Provence-Alpes-Côte d'Azur Region; suspected drinking water contamination

- **GERMANY**, 40 salmonellosis (*Salmonella* Bochum) cases (1 death) since 08 SEPTEMBER 2025; linked to chocolate-hazelnut spread
- **GERMANY**, 515 African swine fever cases in wild boar in North Rhine-Westphalia State as of 16 APRIL
- **GREECE**, Increasing leptospirosis cases on Zakynthos Island as of 21 APRIL
- **POLAND**, Avian influenza A(H5N1) detected at 36 poultry farms during APRIL; majority of outbreaks in Masovia Province
- **ROMANIA**, Analysis of samples from 2023–2025 finds carbapenem-resistant *Klebsiella pneumoniae* clone ST383 may be endemic in country
- **SPAIN**, 43 chikungunya cases during 2026, sevenfold increase compared to same period in 2025 (6 cases); 65% in Catalonia Region (all imported)
- **SWITZERLAND**, 29 mpox cases (16 clade 1b cases) during 2026
- **UKRAINE**, 12 Lyme disease cases in Kyiv City through MARCH; 649 total in 2025
- **UKRAINE**, First case of COVID-19 Omicron variant BA.3.2, as of 22 APRIL
- **USEUCOM**, 48 salmonellosis (*Salmonella* Bovismorbificans) cases from JANUARY – APRIL across Finland, Ireland, and the U.K.; linked to sprouted seeds

USINDOPACOM Health Events of Interest

Cambodia – Novel influenza A(H5N1):

As of 21 APRIL, the Cambodian MOH reported the fourth (+1 since IB's last update on 14 APRIL) human infection with **avian influenza A(H5N1)** during 2026. The case is a 66-year-old female from Trapaing Thkov Village, Pong Teuk Commune, Romduol District, Svay Rieng Province. The case was confirmed by the National Institute of Public Health and has been hospitalized in isolation while receiving intensive medical care. At least six human cases of A(H5N1) have been reported in Svay Rieng Province, the first case occurred in OCTOBER 2023. Epidemiological investigation revealed that from 02 to 13 APRIL, there were sick and dead chickens in the village and the case's home, which were used for cooking. Health officials are 1) actively investigating the outbreak to identify sources of transmission in both animals and humans, 2) searching for suspected cases and contacts to prevent further transmission, 3) distributing Tamiflu to close contacts, and 4) conducting health education campaigns for citizens in the affected village. (Avian Flu Diary, NETEC)

The first case during 2026 was a male aged 30 years residing in Meanrith Village, Kandol Commune, Teuk Chhou District, Kampot Province. On 14 FEBRUARY, A(H5N1) was confirmed by the National Institute of Public Health and identified as reassortment clade 2.3.2.1e. Since a reassortant virus emerged in Cambodia in FEBRUARY 2023 (a genetic mix of the older, locally circulating A(H5N1) virus [clade 2.3.2.1e] and the newer, globally dominant variant [clade 2.3.4.4b] that has caused widespread outbreaks in animals), **a total of 39 (+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)

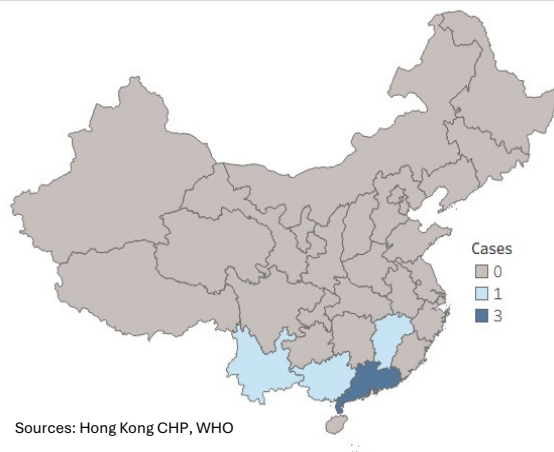
China – Novel influenza A(H9N2):

As of 18 APRIL, six human infections with **avian influenza A(H9N2)** have been reported in China during 2026. **On 21 APRIL, China reported three additional human A(H9N2) infections, diagnosed in MARCH.** 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 FEBRUARY; the case was admitted to the hospital the same day with severe pneumonia. He was discharged on 25 MARCH. The case had direct contact with poultry. The second case was a female from Yunnan Province who developed symptoms on 03 MARCH; the case had direct contact with poultry. The third case was a male from Jiangxi Province; with symptom onset of 20 MARCH. 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)

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)

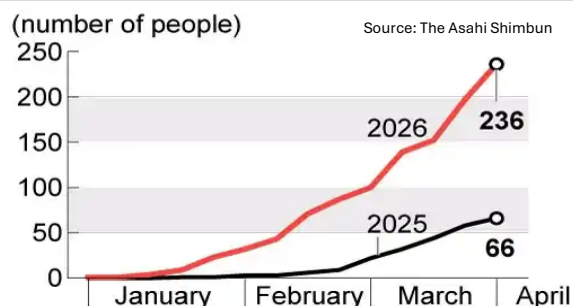
Figure 4. 2026 Human Novel Influenza A(H9N2) Infections, China, as of 07 APR



Japan – Measles:

Through 05 APRIL, 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 MARCH, 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 APRIL, 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 MARCH, ~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

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



Text in blue represents a change since the previous report (21 APR)

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

Philippines – Leptospirosis:

Leptospirosis cases are increasing across multiple regions in the Philippines during 2026, with local health officials reporting sharp year-over-year surges.

National Capital Region: Through 26 MARCH, 31 leptospirosis cases (4 deaths) have been reported in Quezon City during 2026, a 72% increase compared to the same period in 2025 (18). District 2 has reported the most cases (12; 1 death), followed by District 4 (8; 1), District 3 (6; 2), District 6 (4; 0), and District 5 (1; 0); no cases have been reported in District 1. Nineteen of the cases (61%) have occurred among individuals aged ≥31 years and males are most affected (84% of cases). Health officials have urged the public to wear ample protection when traveling through floodwater and advised individuals that accidentally come across dirty water to coordinate with local health centers. (Daily Tribune, Outbreak News Today)

Negros Island Region: Through 11 APRIL, health officials in Bacolod City have reported 13 leptospirosis cases (3 deaths) during 2026, a 225% increase compared to the same period in 2025 (4 cases; 1 death). Cases have been reported across 12 barangays, with Barangay Estefania recording the highest number (2), followed by Barangays 10, 16, 33, 39, Banago, Felisa, Mandalagan, Singcang-Airport, Sum-ag, Taculing, and Vista Alegre (1 each). The City Health Office noted that complications and fatalities have been attributed to health-seeking behavior and denial of leptospirosis exposure. The public has been urged to 1) obtain prophylaxis if they have a history of wading in or contact with contaminated water, 2) manage waste effectively, 3) avoid contact with damp, dirty soil, and 4) assist with the prevention and control of the rat population by reporting potential breeding places to their respective barangays. (SunStar)

Western Visayas Region: Through 04 APRIL, 39 leptospirosis cases (5 deaths) have been reported in Iloilo Province during 2026, a 30% increase compared to the same period in 2025 (30 cases; 1 death). Twenty-seven of the province's 42 municipalities have reported cases, indicating widespread transmission. The fatalities were reported in Dingle (two), and Barotac Nuevo Concepcion, and Oton (one each) municipalities. Farmers, emergency responders, and rescuers have the highest risk of exposure. Health officials have recommended the use of personal protective equipment such as gloves and rubber boots, immediately washing with soap and clean water following exposure, and early intake of prophylactic antibiotics. (Panay News)

Leptospirosis is highly endemic to the Philippines and outbreaks often occur during the typhoon season, from JULY to OCTOBER. According to GIDEON, there has been an increasing trend in leptospirosis cases in the Philippines in the last 5 years, with >1.6k cases in 2021, >2.7k in 2022, >3.7k in 2023, >6.9k in 2024, and >9.8k in 2025. Leptospirosis is caused by bacteria of the genus *Leptospira* and is transmitted to humans via the urine of infected animals, including dogs, livestock, rodents, and wildlife. Transmission has been associated with urine-contaminated floodwater, rivers, soil, and streams. (U.S. CDC, *Emerg Infect Dis*)

Thailand – Melioidosis:

As of 26 APRIL, 975 **melioidosis** cases (46 deaths) have been reported in Thailand during 2026. The epicenter of the outbreak is in northeastern Thailand, with Khon Kaen Jurisdiction reporting 68 cases (2 deaths) encompassing Kalasin, Khon Kaen, Maha Sarakham, and Roi Et provinces. **During 2026, weekly cases increased by 379% between epidemiological weeks 1 and 2 (14 cases vs. 67 cases), and remained elevated until the week ending 18 APRIL.** As of 24 APRIL, cases have decreased by 45% during the past week (31 cases). High risk groups include individuals aged ≥50 years, agricultural workers, rice cultivators, and individuals with chronic diseases such as diabetes, immunocompromised individuals, kidney disease, and thalassemia. In response to the rise cases, health officials are calling for strict adherence to safety protocols, including early intervention for individuals experiencing a high fever for ≥2 days or showing signs of respiratory fatigue, and protective equipment for agricultural workers. **The outbreak is expected to intensify as the country enters the rainy season (MAY to DECEMBER).** (BEACON, National Thailand, Thailand Ministry of Public Health)

Melioidosis is a bacterial infection caused by *Burkholderia pseudomallei* and is transmitted to individuals and animals via direct contact with bacteria-contaminated soil, water, or air. Cases typically increase after hurricanes, heavy rain, and other severe weather events. Thailand is endemic for melioidosis, reporting an incidence rate of 4

cases per 100k individuals annually. Northeast Thailand diagnoses ~2k confirmed melioidosis cases annually, with a CFR of 40%; most cases occur during the rainy season. **The high incidence occurring between JANUARY and APRIL 2026 (dry season), suggests an atypical early-year increase that may reflect a combination of environmental variability, heightened clinical awareness, and improved case detection following the strengthening of national surveillance and reporting systems in recent years.** In 2025, Thailand reported a significant melioidosis outbreak, with >2k cases reported (92 deaths) through 29 2025, primarily in northeastern Thailand, with most cases among males involved in agricultural or general labor. According to GIDEON, >3.9k cases were reported in Thailand in 2024 and ~3k in 2020. (BEACON, CDC, Dove Press, *Nat Microbiol*)

Other events:

- **BANGLADESH**, Study finds measles in-hospital CFR at 4.7% in MARCH; 38 total deaths during 2026 (32 in MARCH alone) as of 20 APRIL
- **BANGLADESH**, WHO Disease Outbreak Notification for measles; >19k cases (>2.8k confirmed; 166 deaths) since 15 MARCH as of 14 APRIL
- **CAMBODIA**, Study finds 33% of pig samples collected from MARCH 2020 to JULY 2022 (>4k total samples) were seropositive for influenza A virus and highest for pandemic H1N1/pdm09
- **FRENCH POLYNESIA**, 67 leptospirosis cases during 2026
- **HONG KONG**, 13 dengue cases (1 locally acquired) during 2026; dengue transmission risk “Moderate”
- **HONG KONG**, 31 legionellosis cases as of 18 APRIL; 167 total in 2025
- **INDIA**, Nine malaria cases (one death) in CoBRA police unit in Saranda Forest, Jharkhand State, since 14 APRIL
- **INDIA**, >250 GI illness cases at VIT Bhopal University in Sehore District, Madhya Pradesh State, as of 22 APRIL; *Salmonella* Typhi identified in 23 samples
- **INDIA**, Suspected West Nile virus disease cases in Ernakulam District, Kerala State, as of 27 APRIL
- **INDONESIA**, >30k dengue cases (79 deaths) during 2026 across 29 provinces
- **MALDIVES**, >1.9k dengue cases across all Atolls during 2026; increase compared to same period in previous years
- **PHILIPPINES**, “Danger” level peak heat indices recorded in four areas as of 23 APRIL
- **PHILIPPINES**, Drought conditions reported across 15 Luzon provinces since 19 APRIL; >60% reduction in rainfall for 3 consecutive months
- **PHILIPPINES**, Level 3 volcano alert issued for Mayon Volcano, Albay Province, as of 23 APRIL
- **PHILIPPINES**, Ongoing degraded air quality in National Capital Region 13 days after Navotas City landfill fire; smoldering conditions persist as of 23 APRIL
- **R.O.K.**, First severe fever with thrombocytopenia syndrome case during 2026 confirmed 21 APRIL in Ulsan Metropolitan City
- **R.O.K.**, First vibriosis case during 2026 diagnosed 23 APRIL
- **SINGAPORE**, 501 dengue cases through 18 APRIL; 29% decrease in first quarter compared to same period in 2025
- **THAILAND**, 672 hepatitis A cases during 2026; increase in eastern provinces
- **TONGA**, 28 dengue cases during 2026
- **VIETNAM**, 24 meningococcal disease cases (4 deaths) during 2026; ~50% increase compared to same period in 2025
- **WALLIS AND FUTUNA**, First locally acquired dengue case confirmed in Futuna during 2026 on 22 APRIL

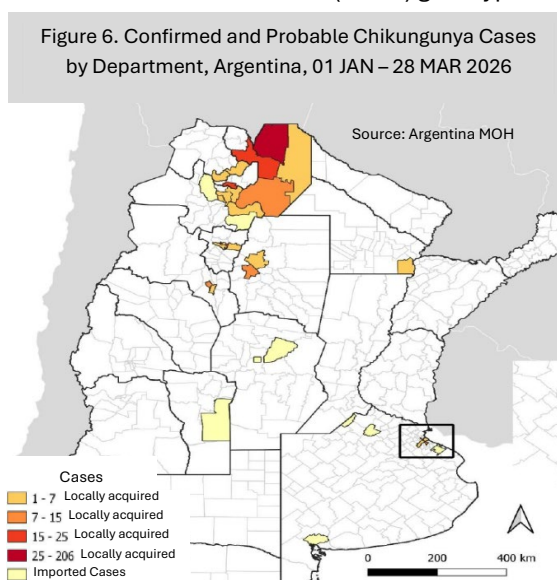
USSOUTHCOM Health Events of Interest

USSOUTHCOM – Chikungunya:

Several countries in the USSOUTHCOM AOR have reported increased chikungunya cases during 2026. On 10 FEBRUARY, 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 APRIL, PAHO has reported 5,506 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 FEBRUARY from Salta Province (3 confirmed cases), but cases in the province have since increased to 308 (confirmed and probable) through 04 APRIL. Locally acquired cases have also increased across 6 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 APRIL. 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.



Bolivia – Through 28 MARCH, 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 MARCH, **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 APRIL, 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 APRIL in a resident of Guanacaste Province and was also considered imported. However, the previous two cases (21 and 29 JANUARY) 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 JANUARY, suggesting ongoing transmission. (BEACON, PAHO)

French Guiana – On 27 JANUARY, French Guiana reported its first locally acquired chikungunya case since the 2014–2015 outbreak (16k cases). Between 27 JANUARY and 12 APRIL, 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 (five; three), 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 FEBRUARY, 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 nine years in Guyana (six), starting the week beginning 12 OCT 2025. The cases were all considered locally acquired from Region 4. Through 28 FEBRUARY, Guyana has reported two confirmed cases, both locally acquired, during 2026.

Saint Lucia – On 05 MARCH, 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 MARCH, 2,579 chikungunya cases (1,354 confirmed; 1 death) have been reported in Suriname during 2026. As of 27 FEBRUARY, a second death was under investigation. **The country reported the first locally acquired case since 2016 in the week ending 20 DEC 2025.** Since JANUARY 2026, one European Union member state observed an increase in chikungunya cases imported from Suriname, particularly from Paramaribo District. As of MARCH, 8 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**, >2.7k confirmed mpox cases (8 deaths) during 2026 as of 28 FEBRUARY; declining cases in Africa and Americas regions
- **GLOBAL**, >624k dengue cases in the Americas during 2026; 64% decrease compared to same period in 2025
- **BOLIVIA**, Five yellow fever cases during 2026; three deaths in Eiti Town, Santa Cruz Department
- **BRAZIL**, >227k dengue cases as of 11 APRIL; 75% decrease compared to same period in 2025
- **CHILE**, Six hantavirus infection cases in Los Lagos Region as of 19 APRIL
- **CHILE**, Two hantavirus infection cases (one death) in Aysén Region during APRIL; cases were aquaculture service divers
- **COLOMBIA**, 27 confirmed Chagas disease cases in Santander Department during 2026
- **CUBA**, Increase in hepatitis A cases in Camagüey Province; majority in Camagüey Municipality
- **GUATEMALA**, 6k dengue cases during 2026; decrease in cases compared to same period in 2024 and 2023
- **EL SALVADOR**, Increase in suspected dengue, and acute GI illness and respiratory illness cases during the first quarter of 2026 compared to same period in 2025
- **PARAGUAY**, Country's first dengue virus serotype 3 case since 2016 in traveler returning from Brazil