



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
05 MAY 2026

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DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 29 APR – 05 MAY 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 is experiencing a significant surge in both human and animal New World screwworm disease cases, with increased spread into municipalities along the United States (U.S.)-Mexico border. A **U.S.** study indicates that upstate New York is becoming an emerging endemic area for blastomycosis. The **U.S.** Centers for Disease Control and Prevention is tracking a multi-state *Salmonella* Saintpaul outbreak linked to backyard poultry. In **Syria**, health authorities are investigating a hepatitis A outbreak with >220 cases across multiple governorates. The **Republic of Korea** has reported its first severe fever with thrombocytopenia syndrome case during 2026. **Ecuador** has reported its first fatal yellow fever case in nine months, launching an epidemiological response.

HSU Health Events

Geographic Combatant Command	Country	Event
USNORTHCOM	Mexico	New World screwworm disease
	United States	Blastomycosis
	United States	Salmonellosis
	Other events	
USAFRICOM	Kenya	Undiagnosed illness
	Other events	
USCENTCOM	Qatar	Mpox
	Syria	Hepatitis A
	Yemen	Measles
	Other events	
USEUCOM	Other events	--
USINDOPACOM	Cambodia	Novel influenza A(H5N1)
	China	Novel influenza A(H9N2)
	Philippines	Leptospirosis
	Republic of Korea	Severe fever with thrombocytopenia syndrome
	Thailand	Melioidosis
	Other events	
USSOUTHCOM	Ecuador	Yellow fever
	Other events	

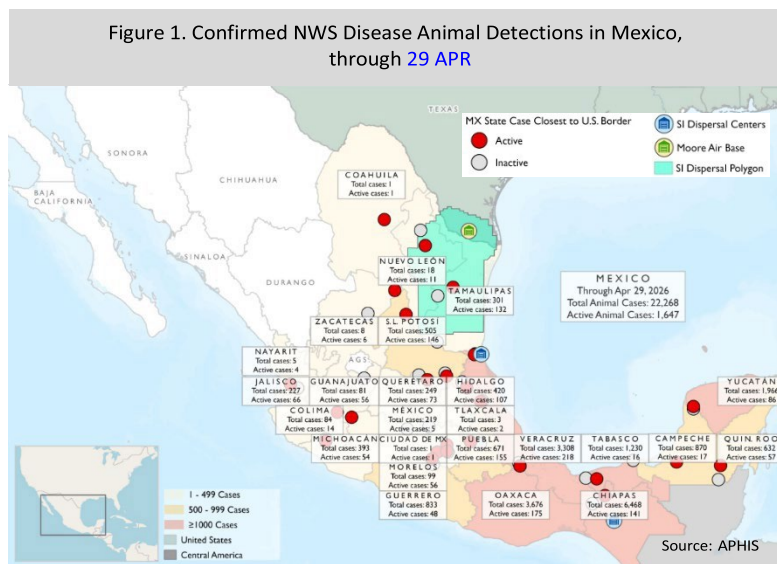
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USNORTHCOM Health Events of Interest

Mexico – New World screwworm (NWS) disease:

Through 18 APRIL, the Mexico Ministry of Health (MOH) has reported 259 human NWS disease cases (+38 since IB's last update on 21 APRIL; 2 deaths) since APRIL 2025, with most cases from Chiapas (122 cases), Veracruz (25), Yucatán (24), and Oaxaca (22) states. Human cases during 2026 (141) have already surpassed the 2025 total (118). The first human NWS disease case in a U.S.-Mexico border state was reported in the week ending 18 APRIL. The case is a 52-year-old male from a rural community in Antiguo Morelos Municipality (~200 miles to the closest U.S. border crossing), Tamaulipas State, and was treated in Ciudad Mante. These municipalities are in southern Tamaulipas, close to the border with San Luis Potosí State, which has reported five human cases during 2026 (none in 2025). Through 01 MAY, >22k animal cases have been reported across Mexico since 20 NOV 2024, with most cases among cattle (~15k total cases; 837 active cases), followed by dogs (4k; 457), pigs (1.5k; 137), horses (1.1k; 79), and sheep (594; 49). (La Verdad de Tamaulipas, Secretaría de Agricultura y Desarrollo Rural)

The first animal NWS disease case in a U.S.-Mexico border state was confirmed on 21 SEP 2025 in Nuevo León State. Since then, 328 animal cases (+166) have been reported in border states: 309 from Tamaulipas, 18 from Nuevo León, and 1 from Coahuila. The Coahuila case was reported on 29 APRIL in a bovine in Castaños Municipality, located ~119 miles from the U.S.-Mexico border. This puts the fly on the doorstep of the Rio Grande Valley. As of 20 APRIL, the northernmost animal case was detected in Nuevo Leon State, ~62 miles from the U.S.-Mexico border. See Figure 1 for a map of animal NWS disease cases in Mexico. (Animal and Plant Health Inspection Service [APHIS], RFDTV, Secretaría de Agricultura y Desarrollo Rural, Texas [TX] Department of Agriculture, Vanguardia)



United States (U.S.) – Blastomycosis:

A MARCH 2026 study found 54 blastomycosis cases in Albany, upstate New York (NY), U.S., from 2000 to 2024. The disease had not been considered endemic to upstate NY, with stable cases from 2000 to 2014; however, an increasing trend in incidence was observed from 2015 to 2024, indicating that the region may represent an emerging endemic area beyond traditional endemic regions surrounding the Ohio (OH) and Mississippi (MS) River Valleys and the Great Lakes. In 2024 alone, 13 cases were reported, representing 24% of the total cases from 2000 to 2024. Among the total cases, 96% were residents of upstate NY, with 85% living in counties within the Capital District around Albany, and none reported a history of travel to known endemic areas. Geographic distribution revealed a higher concentration of cases in regions near Mohawk River Valley, where proximity to waterways creates favorable conditions for fungal growth and sporulation. Nearly all cases were initially misdiagnosed, most commonly as community-acquired pneumonia or malignancy. The majority of cases (87%) required hospitalization. Among symptomatic cases, disseminated infection was present in 54% of cases and isolated pulmonary involvement in

46%. No underlying conditions were identified in 57% of cases, indicating that the exposure risk affects the general population and not only immuno-compromised individuals. The most common diagnostic test utilized was real-time polymerase chain reaction (PCR; 78% of cases), followed by culture (58%) and cytopathology/histopathology (26%). Biopsies were collected in 82% of cases, most commonly from the lung (56%), followed by skin (25%) and bone (17%). Blastomycosis is not reportable in NY, suggesting potential underreporting and mis/underdiagnosis of cases across the region and limiting public health efforts to characterize the full extent of geographic spread. The increase in cases may be attributed to urbanization and climate change, with rising temperatures and increased precipitation creating favorable conditions for *Blastomyces* spp. growth in moist, warm soil. (Biothreats Emergence, Analysis, and Communications Network [BEACON], *Emerg Infect Dis*)

In the U.S., blastomycosis is only reportable in five states, including Arkansas, Louisiana, Michigan (MI), Minnesota (MN), and Wisconsin (WI). Blastomycosis is a serious lung infection caused by the fungus *Blastomyces* and is transmitted via inhalation of fungal spores with no person-to-person transmission documented. *Blastomyces* spp. fungi exist as mold in the environment and convert to yeast at body temperature. Activities that disturb soil, including construction, excavation, outdoor recreation, and occupational exposures, increase the risk of transmission. The incubation period typically ranges from 30 to 45 days; however, it can extend to over 3 months. Delayed symptom onset may complicate epidemiological investigation and source identification. Blastomycosis prevention is focused on reducing exposure to spore-containing soil in endemic areas, and treatment includes prescribed antifungal medication, including itraconazole for mild-to-moderate infections, with Amphotericin B usually recommended for severe infections. (BEACON, Centers for Disease Control and Prevention [CDC])

U.S. – Salmonellosis:

As of 23 APRIL, a multistate **salmonellosis** outbreak has been reported in the U.S., linked to backyard poultry, particularly chicken and ducks. Thirty-four cases (40% are children under 5 years old; 13 hospitalizations; no deaths) have been reported across 13 states (Figure 2), with most cases reported from MI (6), followed by OH and WI (5 each), Indiana, Kentucky, and Maine (3 each), Maryland and West Virginia (2 each), and Florida, Illinois, MS, New Hampshire, and Tennessee. Symptom onset dates range from 26 FEBRUARY to 31 MARCH (Figure 3). **Of the 29 individuals interviewed, 79% reported contact with backyard poultry, and traceback data showed that 93% of the 14 poultry owners acquired poultry since 01 JANUARY across various places, including agricultural retail stores.** Children aged <5 years accounted for 41% of cases. Laboratory data has confirmed the strain to be *Salmonella* Saintpaul (SSa). Investigators in OH collected samples from backyard poultry and whole genome sequencing (WGS) revealed that the SSa strain found in these samples was the same as those found in the cases. WGS also found that samples from eight cases predicted resistance to one or more of the following antibiotics: chloramphenicol, streptomycin, sulfisoxazole, and tetracycline. According to the U.S. CDC, **due to the nature of the illness, the true number of cases linked to the outbreak may be higher than reported because many individuals recover without medical care and are not tested for *Salmonella*.** Additionally, recent illnesses may not yet be reported as it usually takes three to four weeks to determine if a sick individual is linked to an outbreak. To minimize the risk of transmission, the U.S. CDC recommends 1) washing hands immediately after contact with backyard poultry, 2) avoiding direct mouth contact with animals or eating and drinking in the same vicinity, 3) supervising children around flocks, 4) handling eggs safely and evaluating for cracks prior to use, and 5) storing supplies such as feed containers and shoes worn in the coop outside houses. Historically, outbreaks linked to backyard poultry have followed the "chick season" cycle. Cases usually start increasing in late spring and peak between JUNE and AUGUST, when juvenile birds mature and shedding remains high in domestic environments. (*Front Public Health*, U.S. CDC)

Figure 2. Salmonellosis Outbreak Linked to Backyard Poultry, U.S., as of 23 APR

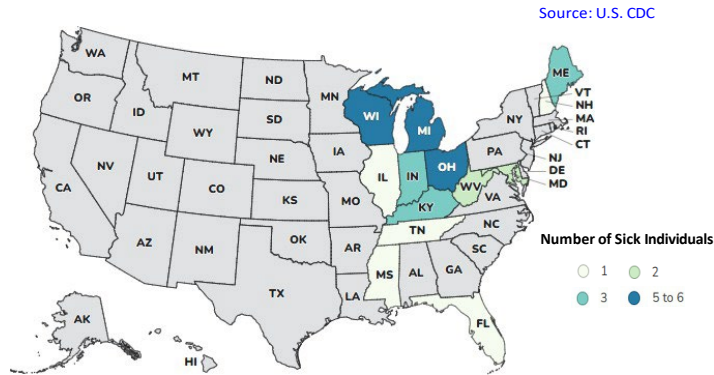
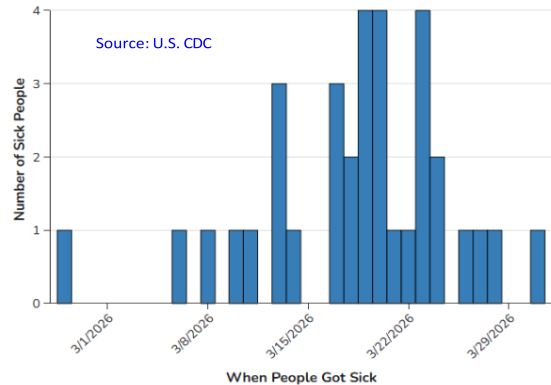


Figure 3. Symptom Onset of Salmonellosis Cases Linked to Backyard Poultry, U.S., 26 FEB – 31 MAR



In 2025, 559 salmonellosis cases (125 hospitalizations; 2 deaths) were reported across 48 U.S. states linked to backyard poultry. Laboratory testing confirmed *Salmonella* Anatum, Cerro, Enteritidis, Indiana, Johannesburg, London, Mbandaka, and Thompson. Of the 385 cases with information about animal contact, 69% reported contact with backyard poultry prior to illness onset. (U.S. CDC)

SSa ranks as 1 of the top 10 most frequently detected *Salmonella* serovars in humans and animals globally, accounting for ~1.6% of severe salmonellosis cases. In the U.S., SSa has caused notable outbreaks in 2008, 2009, and 2013, linked to alfalfa sprouts, contaminated peppers, and cucumbers. Symptoms of salmonellosis typically include diarrhea, fever, and stomach cramps, usually appearing within six hours to six days of exposure; individuals typically recover without treatment within one week. (U.S. CDC, *Genes*)

Other events:

- **MEXICO**, 15 rickettsiosis cases (6 deaths) in Baja California State during 2026
- **MEXICO**, 30 rickettsiosis cases (12 deaths) in Sonora State during 2026
- **U.S.**, ~1.8k measles cases across 37 states, with 22 new outbreaks, during 2026, as of 23 APRIL; risk of U.S. losing measles elimination status
- **U.S.**, Cryptosporidiosis outbreak linked to live animal yoga class in Washoe County, Nevada (NV), as of 01 MAY
- **U.S.**, Washington D.C. Health releases Health Alert Notice on 30 APRIL due to confirmed measles case linked to international travel; transmission risk "Low"
- **U.S.**, U.S. FDA finds majority of >300 infant formula samples tested to have undetectable or very low levels of contaminants, affirming formula supply is safe as of 29 APRIL
- **U.S.**, U.S. FDA issues emergency use authorization for Negasunt Powder for prevention and treatment of New World screwworm disease in multiple animal species
- **U.S.**, First measles case in Wyoming during 2026 as of 01 MAY, in Fremont County
- **U.S.**, Increase in tick-borne illness in Ontario County, NY, from 2020 to 2025
- **U.S.**, Increased rotavirus disease cases in Virginia during 2026; similar to trends in 2024
- **U.S.**, Measles wastewater level decreased to "Not Detected," while mpox clade II level increased to "Low" as of 04 MAY
- **U.S.**, Pertussis outbreak (four cases) at school in Pasadena, Los Angeles County, California, as of 30 APRIL
- **U.S.**, Study finds coccidiomycosis incidence tripled in El Paso, TX, between 2013 and 2022 due to extreme weather conditions
- **U.S.**, One hantavirus infection case in Quad-County region, NV, on 27 APRIL

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)

Other events:

- **GLOBAL**, >16k cholera and acute watery diarrhea (AWD) cases in MARCH across 16 countries, territories, and areas; Africa Region reported highest, followed by Eastern Mediterranean and South-East Asia regions
- **ANGOLA**, Malaria vaccine to be introduced nationwide during 2026
- **CAMEROON**, First mpox case in the western region in Bafang Health District on 29 APRIL
- **Democratic Republic of the Congo (DRC)**, >10k measles cases (72 deaths) in South Kivu Province during 2026
- **DRC**, Undiagnosed illness outbreak among children aged ≤6 years in Bagira, Bukavu City, South Kivu Province
- **GHANA**, 52 malaria deaths in 2025; 98% decrease compared to 2011 (>3.2k deaths)
- **KENYA**, *Anopheles stephensi* mosquito emerging as a public health concern, as of 01 MAY; new malaria vector for country
- **MAURITIUS**, Two confirmed imported clade 1b mpox cases as of 30 APRIL; both cases had recent travel to Madagascar
- **NIGERIA**, Suspected meningitis outbreak (15 deaths) in Kurawa Village, Sokoto State as of 28 APRIL
- **SOUTH SUDAN**, Undiagnosed illness cases in Kapoeta East County, Eastern Equatoria State, confirmed negative for viral hemorrhagic fevers, as of 30 APRIL
- **UGANDA**, >1M malaria cases (181 deaths) in Busoga Region since JULY 2025

- **USAFRICOM**, Nigeria (30%), DRC (11%), Niger (6%), and Tanzania (4%) account for highest malaria-related deaths in 2024 globally
- **ZAMBIA**, 883 cholera cases (5 confirmed; 13 deaths) during 2026; 47% increase compared to same period in 2025

USCENTCOM Health Events of Interest

Qatar – Mpox:

On 24 MARCH, Qatar reported to World Health Organization (WHO) one confirmed **mpox** case, which was **identified as an infection with an inter-clade recombinant mpox virus (MPXV) with genomic elements of clade Ib and IIb MPXV**. The case is an adult male who is a resident of Qatar but reported travel to the Kingdom of Saudi Arabia (KSA) during the incubation period. On 10 MARCH, the case developed general and genital mpox symptoms. On 21 MARCH, samples tested positive for MPXV; on 02 APRIL, genomic sequencing confirmed recombinant clade Ib/IIb MPXV. The case denied sexual and other high-risk exposures during the incubation period in either the KSA or Qatar. **The source of the infection remains unknown**. The case was isolated following diagnosis and has fully recovered. Contact tracing was completed and no known secondary cases have been identified. **This case is the third known detection of this recombinant clade Ib/IIb MPXV strain**. No apparent differences in clinical presentation compared to non-recombinant viruses have been observed, which is consistent with previous detections.

In 13 JANUARY, India's NFP reported an mpox infection with an inter-clade recombinant MPXV, which was found to have genetic elements of clades Ib and IIb MPXV via whole-genome sequencing. This case was detected in SEPTEMBER 2025, in an adult male who reported recent travel a country in the Arabian Peninsula, where he resided as an overseas worker. The case had symptom onset on 01 SEP 2025 and represents the earliest known detection of the recombinant clade Ib/IIb strain. The United Kingdom (U.K.) case was detected in DECEMBER 2025 and was first reported as a confirmed case of mpox due to clade Ib MPXV infection; however, whole genome sequencing subsequently identified elements from both clade Ib and IIb, indicating it was an inter-clade recombinant MPXV. The case was a traveler who had returned from a country in the Asia Pacific region in OCTOBER 2025. Phylogenetic analysis of the samples from India and the U.K. showed almost 100% similarity between the viruses. WHO assesses the public health risk associated with the event in Qatar as "**Low**," but notes a potential for undetected spread of this recombinant strain due to the continued co-circulation of different MPXV clades. (WHO)

Syria – Hepatitis A:

As of 27 APRIL, >220 **hepatitis A** cases have been reported across multiple governorates in Syria during 2026, including Daraa (109 cases), Hama (~80), and Lattakia (35). **The most recent outbreak was detected when health authorities noticed an unusual increase in cases on 14 APRIL in Mahajjah Town, Izraa District, Daraa Governorate. Cases peaked between 19 and 20 APRIL, with 58 suspect cases reported on 21 APRIL alone.** As of 27 APRIL, laboratory testing has confirmed 109 hepatitis A cases. Investigation suggested a common source of infection, household transmission, and a high incidence of symptomatic infections occurring among pediatric cases. The cases were geographically concentrated in specific neighborhoods of Mahajjah Town, with 14 detected through schools and 13 cases at the Family Medicine Center. All cases were reported as stable, with no severe cases documented. **Epidemiological investigations revealed bacterial contamination in multiple water sources, with contributing factors including the proximity of residential areas and livestock to wells, weak chlorination, water network leaks, and the use of wastewater for crop irrigation.** Additionally, hepatitis A transmission has been reported across other Syrian governorates during 2026, particularly in FEBRUARY, including 35 cases reported in Ras-al-Ain Town, Lattakia Governorate, and ~80 cases reported over a 2-week span in Nebul al-Khatib Town, Hama Governorate. The eastern countryside of Daraa Governorate also reported suspected cases in several towns in FEBRUARY, hinting at persistent, low-level transmission preceding the current surge in Daraa Governorate. (BEACON, Epi-Eye, Syrian Arab News Agency)

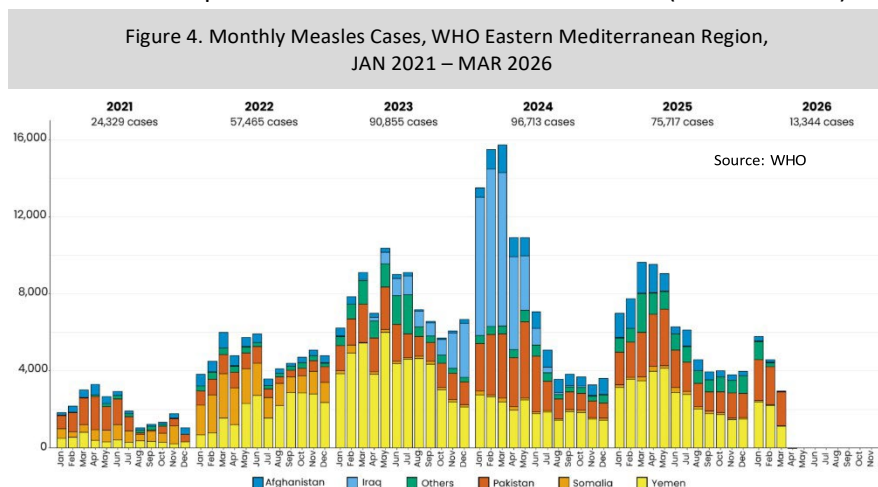
Syria is currently having its worst drought in 36 years. This extreme water scarcity is projected to force rural and displaced populations towards unsafe, unregulated water sources (e.g., untreated trucked water). The Syria MOH has increased preventative measures, including epidemiological investigations, laboratory testing, water quality

monitoring, and public awareness efforts aimed at limiting transmission. The Syria MOH has also issued recommendations aimed at preventing further transmission, including 1) ensuring water safety through proper cleaning and disinfection of wells, 2) maintaining adequate distance between wells and populated or livestock areas, 3) ensuring continuous chlorination, 4) repairing infrastructure, and 5) banning the use of wastewater in agriculture. (Syrian Arab News Agency, WHO)

Hepatitis A is endemic to Syria, and the country has exhibited a high seroprevalence for the virus. A seroprevalence study in 2000 found that 89% of the Syrian population carried the hepatitis A IgG antibody. In endemic countries, hepatitis A is typically acquired in childhood and results in mild-to-no symptoms. The detection of outbreaks among children may indicate declining natural immunity, which is declining globally, due to improved sanitation practices in some areas, or could reflect a breakdown of Water, Sanitation, and Hygiene infrastructure, creating new exposure pathways. According to GIDEON, other recent hepatitis A outbreaks in Syria include 21 cases in Tartus Governorate in 2025, 964 cases in Dayr az Zawar Governorate in 2024, and 16 cases in Idlib Governorate in 2023. (BEACON, *Hum Vaccin Immunother, Trop Doct*)

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 4). **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. 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:

- **GLOBAL**, >16k cholera and AWD cases in MARCH across 16 countries, territories, and areas; Africa Region reported highest, followed by Eastern Mediterranean and South-East Asia regions

- **GAZA STRIP**, Rodent infestation and parasites spreading through tent camps as of 30 APRIL; increase expected during summer months
- **LEBANON**, >250 food-borne disease cases linked to catering company in Beirut City as of 28 APRIL
- **PAKISTAN**, ~255 leishmaniasis cases in South Waziristan District, Khyber Pakhtunkhwa Province, as of 28 APRIL
- **PAKISTAN**, Three poliomyelitis cases in Khyber Pakhtunkhwa Province during 2026
- **YEMEN**, 20% increase in pediatric hospitalizations in 2025 (4.3k cases) compared to 2024 (3.5k) due to ongoing humanitarian crisis

USEUCOM Health Events of Interest

Other events:

- **GLOBAL**, >16k cholera and AWD cases in MARCH across 16 countries, territories, and areas; Africa Region reported highest, followed by Eastern Mediterranean and South-East Asia regions
- **BULGARIA**, One imported typhoid fever case in traveler from southeast Asia as of 26 APRIL
- **DENMARK**, Country's first locally acquired clade Ib mpox case; four total confirmed as of 27 APRIL
- **GERMANY**, One fatal Borna disease virus one case in Unterallgäu District, Bavaria State, as of 30 APRIL
- **ITALY**, *Legionella* detected in water at U.S. Naval Hospital Naples; no reported legionellosis cases as of 20 APRIL
- **LATVIA**, Seven dengue cases from JANUARY to FEBRUARY; eight total in 2025
- **LUXEMBOURG**, One mpox clade I case since MAY 2025; first clade I case in country
- **POLAND**, First confirmed clade I mpox case in traveler from Slovakia as of 13 APRIL
- **PORTUGAL**, *Aedes albopictus* mosquitoes detected in 28 districts in 2025; 55% increase compared to 2024
- **SPAIN**, Two locally acquired Toscana virus infection cases in Vila-real as of 27 APRIL
- **TURKEY**, Fatal Crimean-Congo hemorrhagic fever case in Zile District, Tokat Province, as of 30 APRIL
- **USEUCOM**, 33 mpox cases (23 clade I, 10 clade II) in APRIL; majority in Germany

USINDOPACOM Health Events of Interest

Cambodia – Novel influenza A(H5N1):

As of 21 APRIL, the Cambodian MOH reported the fourth 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 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, National Emerging Special Pathogens Training and Education Center)

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 on 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 human A(H5N1) infections (15**

deaths) have been reported in the country. As of 05 JULY 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 01 MAY, seven human infections with **avian influenza A(H9N2)** have been reported in China during 2026. **On 20 APRIL, China reported to WHO one additional human A(H9N2) infection, diagnosed in APRIL.** The case is a male child from Guangxi Province with symptom onset of fever and nasal congestion on 12 APR. The case sought medical care on 13 APRIL and a nasal sample was collected. The sample was processed by the Municipal Centre for Disease Control and Prevention and tested positive for A(H9N2) on 16 APRIL. An investigation of the home revealed that the case’s household keeps chickens and parrots; the child does not usually have contact with live poultry, but he does play in the vicinity. Two environmental samples were collected from the chickens and parrots, both of which were negative for A(H9N2). Five samples were collected from a live poultry market near the case’s home; all were positive for A(H9N2). Five close contacts were identified and tested; no additional infections were detected. With approximately 1 billion poultry slaughtered annually, Guangxi is a major player in poultry breeding and provides a significant environment for virus mutation and circulation of A(H9N2). (*Microorganisms*, WHO)

During 2026, cases have been reported in Guangdong (three), Guangxi (two), and Jiangxi and Yunnan (one each) provinces (Figure 5). A total of 160 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. (U.S. CDC,

Figure 5. 2026 Human Novel Influenza A(H9N2) Infections, China, as of 01 MAY



Sources: Hong Kong CHP, WHO

WHO)

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 (2), 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*)

Republic of Korea (ROK) – Severe fever with thrombocytopenia syndrome (SFTS):

On 23 APRIL, the Korea Disease Control and Prevention Agency (KDCA) reported the first SFTS case during 2026 in a resident of Ulsan Metropolitan City, southeast ROK, marking the typical seasonal start to tick activity and SFTS transmission. The case was a male in his 70s who sought medical care after symptom onset, including anorexia, chills, fever, and myalgia, on 14 APRIL. He had worked in a vegetable garden in Ulju County and engaged in gardening and hiking in Nam District prior to symptom onset; an epidemiological investigation is ongoing to determine the source of exposure. As of 23 APRIL, the case was hospitalized with a mild fever. KDCA has activated nationwide tick surveillance for 2026, which will be conducted across 26 regions from 13 APRIL to NOVEMBER. (BEACON)

In 2025, 280 SFTS cases were reported nationwide, a new single-year record for the country; North Gyeongsang Province accounted for the most cases (16%; 45 cases), followed by Gyeonggi (15%; 42) and Gangwon (11%; 31) provinces. From 2020 to 2024, average annual incidence in the country was 195. SFTS has a high case fatality rate (CFR: 18% cumulative in the ROK), and there is no vaccine or specific antiviral treatment for the disease. Incidence is typically highest from APRIL to NOVEMBER (peak transmission from JUNE to OCTOBER), coinciding with the seasonal life cycle of the vector and increased human outdoor activity. In 2025, activities most associated with infection included agriculture, gardening, and weeding. (KDCA)

SFTS virus is primarily transmitted via the bite of infected ticks, predominantly *Haemaphysalis longicornis* ticks, which are native to East Asia. Approximately 92% of all SFTS cases occur between JUNE and OCTOBER, as temperatures rise and tick populations reach adult stages. Person-to-person transmission can also occur via exposure to blood or bodily fluids, especially from severely ill or deceased cases who are expected to secrete high concentrations of the virus. A 2024 tick population surveillance report revealed that the density of *H. longicornis* increased by 30% from 2023 to 2024 due to climate change and rising temperatures creating favorable conditions for tick populations. SFTS first emerged in China in 2010, followed by Japan and the ROK in 2013; it is now endemic in all three countries. **For U.S. service members stationed in the ROK, the SFTS risk is an operational readiness concern.** Many USFK installations and training sites, including Camp Humphreys and Rodriguez Live Fire Range, are located within Gyeonggi and Gangwon provinces, the two highest-risk regions for SFTS outside the southern coast. (*Emerg Infect Dis*, Outbreak News Today, Public Health Weekly Report)

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 JULY 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:

- **GLOBAL**, >16k cholera and AWD cases in MARCH across 16 countries, territories, and areas; Africa Region reported highest, followed by Eastern Mediterranean and South-East Asia regions
- **AUSTRALIA**, 30th country to eliminate trachoma as of 29 APRIL
- **AUSTRALIA**, Country's first detection of vaccine-derived poliovirus in wastewater in Western Australia State as of 01 MAY
- **AUSTRALIA**, Surge in respiratory diphtheria cases in Northern Territory, 18 cases during 2026; 14 since late MARCH
- **BANGLADESH**, >37k measles cases (>5k confirmed; 276 deaths) since 15 MARCH, as of 30 APRIL
- **CHINA**, 33 pediatric gastrointestinal illness cases in Ma'anshan City, Anhui Province, linked to boxed lunches; *Clostridium perfringens* detected as of 27 APRIL
- **CHINA**, One novel influenza A(H1N1v) and one novel influenza A(H1N2v) case in Yunnan Province in JANUARY
- **GUAM**, 23 pertussis cases (21 confirmed) as of 29 APRIL
- **INDIA**, 21 hepatitis A cases in Srinagar District, Kashmir Region, as of 03 MAY
- **INDIA**, 96 confirmed amebic meningoencephalitis cases (17 deaths) in Kerala State during 2026
- **INDIA**, One of 10 countries that accounted for 69% of hepatitis B deaths in 2024
- **INDIA**, Two confirmed Japanese encephalitis cases in Malappuram, Kerala State, as of 03 MAY; health alert issued
- **MALAYSIA**, 357 *Plasmodium knowlesi* malaria cases (1 death) in Sabah State as of 03 MAY
- **MYANMAR**, Increase in malaria cases exceeds alert threshold in Southern Chin and Tanintharyi regions as of 01 MAY
- **PHILIPPINES**, 4.8 magnitude earthquake in Eastern Samar Province, Eastern Visayas Region, on 29 APRIL

- **PHILIPPINES**, Ammonia leak from ice plant in Barangay 168, National Capital Region, as of 29 APR; residents urged to take precautionary measures
- **PHILIPPINES**, "Danger" level heat indices increase to 13 areas as of 27 APRIL; highest in Sangley Point, Cavite Province
- **PHILIPPINES**, Evacuations in Albay Province due to Mayon Volcano eruption as of 03 MAY
- **PHILIPPINES**, Nitrogen dioxide levels in National Capital Region fall below pre-Navotas City fire levels as of 28 APRIL
- **SRI LANKA**, >25k dengue cases (12 deaths) during 2026; 51k total in 2025
- **TAIWAN**, 14 leptospirosis cases (2 imported) during 2026
- **TAIWAN**, 18 melioidosis cases during 2026; 79 total in 2025
- **TAIWAN**, 115 food-borne disease cases linked to restaurant in Neili, Taoyuan City, as of 30 APRIL; Staphylococcus aureus detected in food and human samples
- **TAIWAN**, 371 hepatitis A cases during 2026; 485 total in 2025
- **TAIWAN**, First imported measles case since 2019 as of 28 APRIL in traveler returning from Japan
- **TAIWAN**, One hantavirus infection case in New Taipei City as of 03 MAY; second nationally during 2026
- **U.S.**, Mpox clade I detected in wastewater in O'ahu, HI, as of 27 APRIL; first clade I detection in state

USSOUTHCOM Health Events of Interest

Ecuador – Yellow fever (YF):

On 25 APRIL, the Ecuador Ministry of Public Health (MOPH) announced the country's first detected YF case in nine months in an 11-year-old male from Joya de los Sachas Canton, Orellana Province. After three days of symptoms, the case went to neighboring Sucumbíos Province to seek medical attention. His family requested he be discharged from the medical center, and he later presented to a private clinic, was transferred to a hospital in critical condition, and died. His vaccination status is under investigation. In response, the MOPH is 1) conducting epidemiological field investigations in Orellana and Sucumbíos provinces, 2) searching for suspected cases, 3) verifying and strengthening vaccination coverage, and 4) intensifying vector control activities. The MOPH also recommends YF vaccination for people who live in or travel to at-risk areas, such as the Amazon and sub-tropical regions. Orellana Province is in the Ecuadorian Amazon.

Ecuador reported 11 YF cases (8 deaths) in 2025 from Zamora Chinchipe (5), Sucumbíos (3), Morona Santiago (2), and Tungurahua (1) provinces; none were reported in Orellana Province. Prior to 2025, the most recent YF cases occurred in 2017 (3). Risk remains highest in the provinces east of the Andes (Amazonia) below 2,300 m, Orellana, Sucumbios, Napo, Pastaza, Morona-Santiago, and Zamora-Chinchipe, as well as Esmeraldas in the northeast. The YF vaccine has been part of the national schedule since 2009, with administration at 1 year of age. In 2024, the official YF vaccination coverage in Ecuador was 83%; however, WHO estimated 70%. As of 2026, the MOPH has claimed that YF vaccination coverage is >95%. On 21 APRIL, Colombia declared a "state of maximum alert" due to YF circulation; in response, the Ecuador MOPH is reinforcing prevention measures. In 2024, one YF case was imported from Colombia to Ecuador despite the requirement for travelers from Bolivia, Brazil, Colombia, and Peru to present proof of YF vaccination. (*Clin Microbiol Infect*, *Expreso*, International Federation of Red Cross and Red Crescent Societies, Pan American Health Organization [PAHO])

Other events:

- **GLOBAL**, PAHO issues alert for start of 2026 seasonal influenza and other respiratory viruses season in Southern Hemisphere
- **ARGENTINA**, >8.1k chikungunya cases (>1.5k confirmed; 1 death) during 2026; third highest in the Americas

- **BELIZE**, One confirmed imported measles case in Toledo District resident with recent travel to Guatemala as of 24 APRIL
- **BOLIVIA**, 1.3k Zika virus disease cases during 2026, surpassing 2025 total (1.2k)
- **BRAZIL**, >51k dengue cases (>19k confirmed, 12 deaths), >8.9k chikungunya cases (>5.1k confirmed, 1 death), 40 Zika virus disease cases (8 confirmed) in Minas Gerais State as of 28 APRIL
- **BRAZIL**, First locally acquired Oropouche virus disease case in Goiás State, as of 29 APRIL
- **BRAZIL**, Five yellow fever cases (two deaths) during 2026 from São Paulo (four) and Pará (one) states
- **BRAZIL**, One novel influenza A(H3N2v) case in Mato Grosso do Sul State in SEPTEMBER 2025
- **CUBA**, Active hepatitis cases in Matanzas Province in MARCH and APRIL
- **CUBA**, Limited access to medications and healthcare; 25% decrease in healthcare workers from 2021 to 2024
- **DOMINICAN REPUBLIC**, 74 leptospirosis cases during 2026
- **EL SALVADOR**, 60 typhoid fever cases through 18 APRIL
- **FRENCH GUIANA**, 143 confirmed chikungunya cases during 2026; most in western region and along Suriname border
- **GUATEMALA**, >5k measles cases (four deaths) since outbreak began in DECEMBER 2025
- **PERU**, 82 confirmed measles cases in Puno Region as of 28 APRIL
- **VENEZUELA**, Three confirmed chikungunya cases in Caracas during 2026, as of 11 APRIL, and one in Sucre State in 2025