



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
12 MAY 2026

POC:

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

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





DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 06–12 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

An increase in emergency department visits for tick bites has been recorded in most regions of the **United States** during 2026. An increase in tick-borne encephalitis cases has been reported in **Lithuania** since APRIL, with incidence exceeding the national average in the capital city. One fatal human infection with avian influenza A(H5N6) has been reported in Chongqing Municipality, **China**. The **Dominican Republic** has recorded 140 leptospirosis cases (85 confirmed; 5 deaths) during 2026, a 77% increase compared to the same period in 2025. **Venezuela** has reported 21 chikungunya cases during 2026.

HSU Health Events

Geographic Combatant Command	Country	Event
USNORTHCOM	Mexico	New World screwworm disease
	United States	Blastomycosis
	United States	Salmonellosis
	United States	Tick bite
	Other events	
USAFRICOM	Other events	--
USCENTCOM	Syria	Hepatitis A
	Other events	
USEUCOM	Lithuania	Tick-borne encephalitis
	Other events	
USINDOPACOM	Cambodia	Novel influenza A(H5N1)
	China	Novel influenza A(H5N6)
	Republic of Korea	Severe fever with thrombocytopenia syndrome
	Other events	
USSOUTHCOM	Dominican Republic	Leptospirosis
	Ecuador	Yellow fever
	Venezuela	Chikungunya
	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 (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 United States-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)

Figure 1. Confirmed NWS Disease Animal Detections in Mexico, through 29 APRIL



The first animal NWS disease case in a United States-Mexico border state was confirmed on 21 SEP 2025 in Nuevo León State. **Since then, 328 animal cases 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 United States-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 Department of Agriculture, Vanguardia)

U.S. – Blastomycosis:

A MARCH 2026 study found 54 **blastomycosis** cases in Albany, upstate New York, United States, from 2000 to 2024. **The disease had not been considered endemic to upstate New York, 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 and Mississippi 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 New York, 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 New York, 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 United States, blastomycosis is only reportable in five states, including Arkansas, Louisiana, Michigan, Minnesota, and Wisconsin. 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 three 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, U.S. Centers for Disease Control and Prevention [CDC])

U.S. – Salmonellosis:

As of 23 APRIL, a multistate **salmonellosis** outbreak has been reported in the United States, 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 Michigan (6), followed by Ohio and Wisconsin (5 each), Indiana, Kentucky, and Maine (3 each), Maryland and West Virginia (2 each), and Florida, Illinois, Mississippi, New Hampshire, and Tennessee (1 each). Symptom onset dates range from 26 FEB 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 JAN across various places, including agricultural retail stores.** Children aged <5 years accounted for 41% of cases. Laboratory data have confirmed the strain to be *Salmonella* Saintpaul (SSa). Investigators in Ohio 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 APRIL

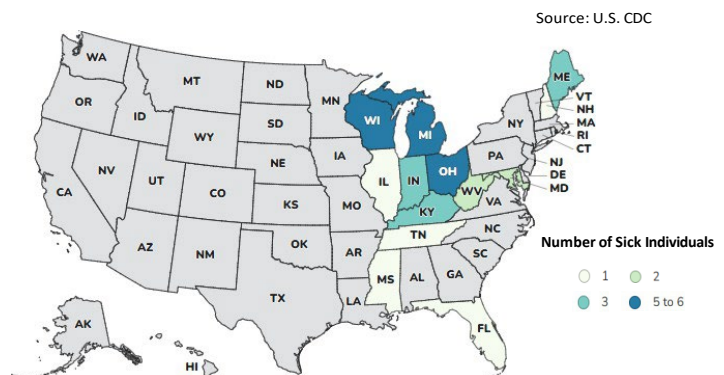
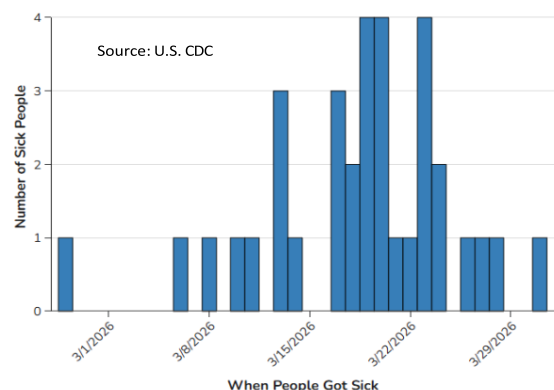


Figure 3. Symptom Onset of Salmonellosis Cases Linked to Backyard Poultry, U.S., 26 FEB – 31 MARCH



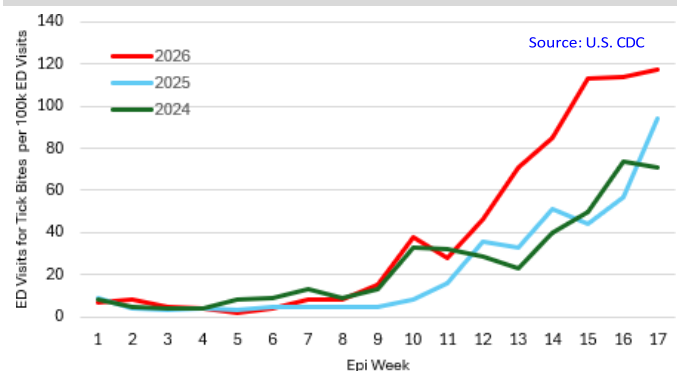
In 2025, 559 salmonellosis cases (125 hospitalizations; 2 deaths) were reported across 48 U.S. states linked to backyard poultry. Laboratory testing confirmed *Salmonella* Anatum, Cerro, Enteritidis, Indiana, Johannesburg, London, Mbandaka, and Thompson. Of the 385 cases with information about animal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

SSa ranks as one of the top 10 most frequently detected *Salmonella* serovars in humans and animals globally, accounting for ~1.6% of severe salmonellosis cases. In the United States, 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*)

U.S. – Tick bite:

On 23 APRIL, the U.S. CDC issued an advisory regarding an increase in emergency department (ED) visits for tick bites for this time of the year in every region except South Central, raising concerns about increased exposure to tick-borne diseases. During APRIL, weekly ED tick bite visits were at their highest level since 2017, at 104 per 100k visits. In the week ending 02 MAY (Epidemiological Week [EW] 17), there were 117 ED visits for tick bites per 100k ED visits across the United States, a 24% increase compared to the 94 visits per 100k in the same period in 2025. See Figure 4 for tick bite ED visit incidence by week since 2024 for EWs 1-17. The Northeast Region has reported the highest incidence (66 ED visits for tick bites per 100k ED visits), followed by the Midwest (48 per 100k), Southeast (23 per 100k), West (18 per 100k), and South Central (seven per 100k) regions. From 04 JAN (EW 1) to 28 FEB (EW 8) there was an average of 5.8 ED visits for tick bites per 100k ED visits before tick bite visits began increasing earlier than usual in spring, surging 680% from the week ending 07 MARCH (15 ED visits for tick bites per 100k ED visits; EW 9) through 02 MAY (117 per 100k; EW 17). Additionally, the actual number of cases is likely higher due to underreporting. (Bloomberg School of Public Health, U.S. CDC)

Figure 4. Weekly Incidence of ED Visits for Tick Bites, EWs 1–17, 2024–2026



In the United States, tick season typically peaks during warmer months (APRIL to SEPTEMBER) but exposure can occur year-round. **The current increase in tick activity is being attributed to warmer temperatures due to changing climate trends, allowing ticks to become active earlier and remain for longer periods.** Multiple tick species are present across the United States, including the blacklegged tick (*Ixodes scapularis*) in the Northeast and Upper Midwest, the western blacklegged tick (*I. pacificus*) along the Pacific Coast, and the lone star tick (*Amblyomma americanum*) expanding in geographic range throughout the eastern and central states. Ticks can transmit a range of pathogens, including *Anaplasma phagocytophilum* (anaplasmosis), *Babesia microti* (babesiosis), *Borrelia burgdorferi* (Lyme disease [LD]), and *Borrelia miyamotoi* (hard tick relapsing fever), as well as viruses such as Powassan virus and tick-borne encephalitis (TBE). Health providers in endemic areas are also reporting concern about alpha-gal syndrome, an allergic condition linked to lone star tick bites that can cause delayed allergic reactions to red meat and, in some cases, severe anaphylaxis. A 2024 study found that across >31 million individuals in the U.S., nearly 1 in 10 may experience a tick bite annually. The U.S. CDC recommends that the public use Environmental Protection Agency-registered insect repellents, perform tick checks after outdoor activities, promptly remove attached ticks, and seek medical care if they develop fever, rash, or other compatible symptoms following a tick bite. (U.S. CDC, Healthbeat, Newsweek, *Ticks Tick Borne Dis*)

Other events:

- **GLOBAL**, Eight hantavirus infection cases (three confirmed; three deaths) on MV Hondius cruise ship, as of 06 MAY; Andes virus confirmed
- **GLOBAL**, Iran conflict disrupting global condom supply, raising concern for sexually transmitted infection (STI) prevention

- **GLOBAL**, Two evacuated MV Hondius cruise ship passengers, American and French, test positive for Andes strain hantavirus infection, as of 11 MAY; an additional American has mild symptoms
- **CANADA**, Five cryptosporidiosis cases in Calgary, Alberta Province, linked to petting zoo visits on or after 09 APRIL
- **CANADA**, Nine legionellosis cases in Toronto, Ontario Province, as of 06 MAY; source unknown
- **CANADA**, Sharp increase in HIV cases in Manitoba Province over the last few years; public health emergency declared as of 07 MAY
- **MEXICO**, 57 animal New World screwworm (NWS) disease cases (22 confirmed; 29 cases in cattle) in Nuevo León State during 2026; 26 detected between 02 and 05 MAY
- **MEXICO**, >17k measles cases (37 deaths) during 2026
- **MEXICO**, First human NWS disease case in Querétaro State; Cadereyta de Montes municipality
- **U.S.**, 18 legionellosis cases linked to Kaiser Permanente hospital, Santa Clara County, California, as of 06 MAY
- **U.S.**, 23 salmonellosis cases at St. Joseph County Jail in South Bend, Indiana, on 29 APRIL
- **U.S.**, >100 norovirus infection cases on Caribbean Princess cruise ship, as of 07 MAY
- **U.S.**, 248 tuberculosis cases (7 active; 241 latent) in outbreak at high school in San Francisco County, California; 18% of students tested positive
- **U.S.**, >3.7k alpha-gal syndrome cases in Arkansas in 2025, 45% increase compared to 2024
- **U.S.**, Arizona, California, Georgia, and Virginia monitoring returned individuals from MV Hondius cruise ship for symptoms of hantavirus infection, as of 07 MAY
- **U.S.**, First measles case in Nassau County, New York, since 2024 as of 05 MAY; child <5 years and unvaccinated
- **U.S.**, First measles case in Wyoming during 2026; Fremont County
- **U.S.**, First reported feline-to-human transmission of novel influenza A(H5N1) in Los Angeles County, California, in 2025; veterinarian was seropositive but asymptomatic
- **U.S.**, First West Nile virus (WNV) detection during 2026 in two crows from Alameda and Santa Clara counties; no human infections as of 01 MAY
- **U.S.**, Measles wastewater level increased from “Not Detected” to “Low,” while RSV decreased to “Medium” as of 08 MAY
- **U.S.**, Pseudorabies virus detected in boars at commercial swine facility in Hardin County, Iowa; boars originated in Texas. First detection since 2004
- **U.S.**, Salmonellosis outbreak (five cases; two hospitalizations) linked to pet veiled chameleons across four states as of 07 MAY; all cases aged ≤2 years
- **U.S.**, U.S. CDC assesses the risk of hantavirus infection to the American public to be “Very Low” as of 06 MAY
- **U.S.**, Venomous Asian needle ants detected across 20 states as of 06 MAY

USAFRICOM Health Events of Interest

Other events:

- **GLOBAL**, Eight hantavirus infection cases (three confirmed; three deaths) on MV Hondius cruise ship, as of 06 MAY; Andes virus confirmed
- **GLOBAL**, Iran conflict disrupting global condom supply, raising concern for STI prevention
- **MALI**, Health authorities urge population to take precautions due to increase in dengue cases, as of 07 MAY
- **NIGERIA**, ~254 suspected meningitis cases (34 deaths) across nine local government areas in Sokoto State since early APRIL
- **REPUBLIC OF CONGO**, 206 cholera cases during 2026 in Congo-Oubangui and Likouala departments
- **SOMALIA**, Increased infectious disease risk due to drought and malnutrition
- **SUDAN**, >75k dengue cases (169 deaths) across 15 states, as of 24 APRIL
- **ZAMBIA**, Nationwide poliomyelitis vaccine campaign launched on 20 APRIL; targeting children <5 years

USCENTCOM Health Events of Interest

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 two-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 (for example, 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*)

Other events:

- **GLOBAL**, Eight hantavirus infection cases (three confirmed; three deaths) on MV Hondius cruise ship, as of 06 MAY; Andes virus confirmed
- **GLOBAL**, Iran conflict disrupting global condom supply, raising concern for STI prevention
- **IRAQ**, First Crimean-Congo hemorrhagic fever (CCHF) cases in Kirkuk Province during 2026; 10 cases nationwide
- **IRAQ**, Three clusters of wild mushroom poisoning in multiple locations in Kurdistan Region between FEB and APRIL
- **ISRAEL**, Hantavirus infection case linked to travel to Eastern Europe as of 08 MAY; first case nationwide during 2026
- **KAZAKHSTAN**, First CCHF case in Zhambyl Region during 2026
- **SYRIA**, 109 confirmed hepatitis A cases in Mahajjah Town, Izraa District, Daraa Governorate, as of 27 APRIL
- **YEMEN**, >3.1k cholera cases (three deaths) from JANUARY to MARCH

- **YEMEN**, Malaria cases increasing, with surges in Al Hudaydah, Al Mahwit, Hajjah, and Ibb provinces from JAN to MAR

USEUCOM Health Events of Interest

Lithuania – Tick-borne encephalitis (TBE):

On 11 MAY, Lithuania's National Public Health Center (NVSC) issued a warning to the public regarding substantially elevated tick activity in the country linked to an unusually mild winter and warm spring. **Health officials have observed the emergence of ticks about two to three weeks earlier than usual this year**, with warm and humid conditions creating a hospitable environment for population growth, resulting in high concentrations of ticks in forested areas, parks, and even urban green spaces. **Concomitantly, there has been a sharp increase in TBE cases, with incidence far exceeding the national average in Vilnius (southeast Lithuania; "Very High" risk of TBE according to the NVSC) and Kaunas (south-central; "High" risk of TBE and LD) counties, which contain the two most populated cities in the country; other risk areas include Panevėžys (northeast Lithuania; "Medium" risk of TBE) and Šiauliai (north-central; "Medium" risk of LD) counties.** Officials have cautioned residents and visitors engaging in outdoor activities in parks or forests to take immediate precautions, including 1) wearing light-colored clothing so ticks are more visible, tucking pant legs into socks, and wearing shirts with sleeves that are tight around the wrists, 2) using tick repellents such as DEET, picaridin, or IR3535, 3) completing thorough body checks after spending time outdoors, and 4) avoiding consumption of unpasteurized goat or cow milk. TBE vaccination is also strongly recommended and is offered by the state at no charge for residents aged 50 to 80 years. (Infoerdve)

Lithuania is among the countries with the highest TBE incidence in Europe. The primary vector of TBE in the country is *Ixodes ricinus* ticks. A 2024 study found TBE virus in 0.4% of 7.2k *I. ricinus* and 0.4% of 1.7k *Dermacentor reticulatus* ticks collected from locations throughout Lithuania from 2017 to 2019; all belonged to the European subtype, which is endemic in parts of central, eastern, and northern Europe. The case fatality rate (CFR) for this subtype ranges from 0.5 to 2%, and ≤10% of cases develop severe neurological sequelae. TBE incidence has been increasing in Europe for several years, including expansion of the geographical range to the northwest. This is likely due to improvements in awareness and diagnostic practices, changes in human behavior, and ecological and environmental factors. (*Infect Dis Now, Parasit Vectors, PLoS One*)

Other events:

- **GLOBAL**, Eight hantavirus infection cases (three confirmed; three deaths) on MV Hondius cruise ship, as of 06 MAY; Andes virus confirmed
- **GLOBAL**, Iran conflict disrupting global condom supply, raising concern for STI prevention
- **GLOBAL**, Two evacuated MV Hondius cruise ship passengers, American and French, test positive for Andes strain hantavirus infection, as of 11 MAY; an additional American has mild symptoms
- **BULGARIA**, 225 measles cases across 7 regions as of 04 MAY
- **BULGARIA**, Seven Q fever cases in week beginning 20 APRIL; 19 total during 2026
- **BULGARIA**, Suspected campylobacteriosis outbreak among teams at the Giro d'Italia cycling race as of 07 MAY, linked to contaminated cow manure
- **CZECH REPUBLIC**, 23 invasive meningococcal disease cases (3 deaths) during 2025, 53% increase compared to 2024
- **HUNGARY**, >2.8k rotavirus disease cases during 2026; >200% increase compared to same period last year (866)
- **KOSOVO**, Eight measles cases across five municipalities as of 03 MAY; most in Ferizaj City (three cases)
- **MOLDOVA**, African swine fever outbreak in Costești, Argeș County, as of 05 MAY
- **POLAND**, Accelerated avian influenza A(H5N1) transmission across commercial poultry flocks; 117 infected flocks during 2026
- **PORTUGAL**, 200 pertussis cases during 2026; nearly 10-fold increase compared to 2025 total (22)
- **SPAIN**, Nine dermatophilosis cases linked to sexual transmission in Barcelona between DECEMBER 2025 and MARCH 2026

- **SWEDEN**, >300 gastrointestinal (GI) illness cases linked to two Gobi Sushi restaurants in Floda and Lerum municipalities as of 05 MAY; suspected norovirus contamination
- **UKRAINE**, 106 LD cases in MARCH; 51% increase from MARCH 2025 (70)
- **UKRAINE**, 206 syphilis cases in MARCH; highest MARCH total in 3 years
- **UNITED KINGDOM**, 477 measles cases during 2026
- **USEUCOM**, European Commission authorizes marketing of combined COVID-19 and seasonal influenza vaccine, mCombiarix, for individuals aged >50 years, on 22 APRIL

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 FEB, 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(H5N6):

On 08 MAY, WHO reported one fatal human infection with avian influenza A(H5N6) in Chongqing Municipality during 2026. The case was a 55-year-old female with symptom onset beginning 16 APRIL. On 23 APRIL, the case was hospitalized with severe pneumonia and subsequently died on 03 MAY. The case had previously purchased, slaughtered, and consumed poultry. Samples collected from a cutting board tested positive for influenza A(H5). Contact tracing was conducted and all close contacts tested negative and developed no symptoms. (WHO)

U.S. CDC considers A(H5N6) a "highly pathogenic avian influenza" (HPAI). WHO reported 93 total confirmed human infection with A(H5N6) cases (58 deaths; CFR: 62%) in the Western Pacific Region since 2014. No influenza A(H5N6) cases were reported in 2025; however, three were reported in 2024 and six in 2023. U.S. CDC's Influenza Risk Assessment Tool has assessed one HPAI A(H5N6) virus [A/Sichuan/06681/2021], identifying a "**Moderate**" risk of the virus having a significant public health impact if sustained human-to-human transmission occurs. (Avian Flu Diary, Canada.ca)

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 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)

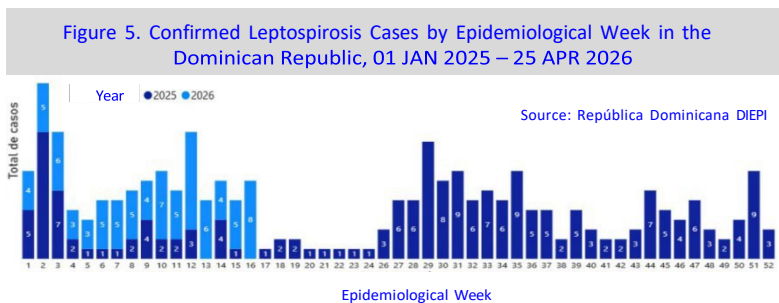
Other events:

- **GLOBAL**, Eight hantavirus infection cases (three confirmed; three deaths) on MV Hondius cruise ship, as of 06 MAY; Andes virus confirmed
- **GLOBAL**, Iran conflict disrupting global condom supply, raising concern for STI prevention
- **CHINA**, Hantavirus infection in Chaohu, Anhui Province, as of 02 MAY
- **FRENCH POLYNESIA**, 22 salmonellosis cases from 20 to 26 APRIL; 15 linked to consumption of raw dishes by an establishment
- **FRENCH POLYNESIA**, 82 leptospirosis cases during 2026; 13 cases between 20 and 26 APRIL
- **INDONESIA**, 706k malaria cases in 2025; 30% and 71% increase from 2024 (543k) and 2023 (418k), respectively
- **JAPAN**, 436 measles cases during 2026; 70% imported
- **PHILIPPINES**, >7 million hepatitis B cases as of 05 MAY
- **PHILIPPINES**, 5.6-magnitude earthquake in Caraga, Davao Oriental Province, Davao Region, on 06 MAY
- **PHILIPPINES**, 136 dengue (one death), 132 typhoid and paratyphoid fever, and 33 leptospirosis (3 deaths) cases in Aklan Province, Western Visayas Region, during 2026
- **PHILIPPINES**, >2.1k dengue cases (12 deaths) in Quezon City during 2026, as of 05 MAY
- **ROK**, Country's first locally acquired human Oz virus infection case as of 07 MAY; last detection in imported case from Japan in JULY 2023
- **SAMOA**, 159 dengue cases in week ending 26 APRIL; >18k total cases (9 deaths) since JANUARY 2025
- **SINGAPORE**, 13 tuberculosis cases across three genetically similar clusters in Bedok Central, East Region, as of 01 MAY
- **TAIWAN**, Seven meningitis cases during 2026, exceeding annual 2017 to 2025 range of zero to six cases
- **TONGA**, 53 confirmed dengue cases during 2026; DENV-2 serotype circulating
- **USINDOPACOM**, Seasonal influenza positivity in the Western Pacific Region increased from 9% in the week ending 04 APRIL to 11% in the week ending 18 APRIL; influenza B(Victoria) predominate subtype
- **VANUATU**, U.S. CDC issues "Level 1 – Practice Usual Precautions" travel notice for ciguatera fish poisoning

USSOUTHCOM Health Events of Interest

Dominican Republic (DR) – Leptospirosis:

As of 25 APRIL, the DR's Ministry of Public Health reported 140 leptospirosis cases (85 confirmed; 5 deaths) during 2026, a 77% increase in confirmed cases compared to the same period in 2025 (48 cases; Figure 5). The cumulative incidence rate in suspected cases is 4.13 per 100k individuals. Cases have been reported across 25 provinces during 2026, with most cases from Santo Domingo Province (17 suspected cases; 11 confirmed), followed by Santiago (13; 9), Espaillat (10; 10), Monte Cristo (10; 2), Peravia (10; 7), and La Vega (9; 6) provinces. Health officials are attributing the increase in cases to persistent, erratic rainfall and flooding, particularly affecting Duarte, Espaillat, the National District, Puerto Plata, Samaná, San Jaun, Santo Domingo, and Valverde provinces. Health officials issued an urgent public health warning, emphasizing the importance of avoiding stagnant water, improving household hygiene, controlling rodents, and seeking immediate medical attention for symptoms such as headache, high fever, jaundice, muscle pain, and vomiting. **The impacted provinces include both densely populated urban areas and agricultural regions, suggesting that exposure pathways encompass urban flooding and occupational risks in rural settings. The current 2026 trajectory suggests the potential for a higher annual total if environmental conditions remain favorable for transmission.** (BEACON, República Dominicana Dirección de Epidemiología [DIEPI])



The first leptospirosis outbreak (~2.3k cases) in the DR was reported from NOVEMBER to DECEMBER 2007 and was linked to Tropical Storm Noel. Since then, the country has experienced recurring outbreaks following tropical storms and hurricanes, and 305 total cases were reported in 2021, 334 in 2022, 585 in 2023, 578 in 2024, and 549 in 2025. The true burden of disease is unknown due to limited diagnostic capacity and under-reporting. (*Int J Infect Dis, PLoS Negl Trop Dis, República Dominicana Dirección de Epidemiología*)

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 3 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 2,300m, 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]*)

Venezuela – Chikungunya:

Through 11 APRIL, 21 chikungunya cases (3 confirmed) have been reported in Venezuela during 2026. Suspected cases have been reported in Aragua State (17) and Capital District (4). All three confirmed cases have been reported from Libertador Municipality, Capital District, in Sucre (2) and San Agustín (1) parishes. Suspected cases during 2026 represent a 17% increase compared to the same period in 2025 (18). There was one confirmed case in 2025, in Ayacucho Parish, Sucre Municipality, Sucre State, but it occurred towards the end of the year (from EW 49, ending 06 DEC 2025). No deaths due to chikungunya have been reported in 2025 or during 2026. (Venezuela MOH)

The first official imported chikungunya case in Venezuela was reported in JUNE 2014, with local transmission quickly following in JULY 2014. Phylogenetic characterization of early locally acquired cases confirmed presence of the Asian genotype. Chikungunya has been considered endemic in Venezuela since 2014, but the country had not released official data since the same year. Venezuela also had not reported chikungunya cases to PAHO since EW 21 2023 (ending 27 MAY 2023), when 173 cases (12 confirmed) were reported for the year. There were 189 cases (3 confirmed) in 2022, 57 (0) in 2021, 67 (2) in 2020, 180 (9) in 2019, and 295 (11) in 2018. (*Acta Trop*, *eldiario*, *Emerg Infect Dis*)

Other events:

- **GLOBAL**, Eight hantavirus infection cases (3 confirmed; 3 deaths) on MV Hondius cruise ship, as of 06 MAY; Andes virus confirmed
- **GLOBAL**, Iran conflict disrupting global condom supply, raising concern for STI prevention
- **BRAZIL**, >37k chikungunya (21 deaths), >1.1k Zika virus disease, and 10 Oropouche virus disease cases during 2026
- **CAYMAN ISLANDS**, Health advisories issued for pertussis and GI illness in Grand Cayman and Cayman Brac, respectively, as of 05 MAY
- **HONDURAS**, 141 human screwworm myiasis cases (2 confirmed deaths) during 2026
- **PANAMA**, >3k dengue cases during 2026
- **PARAGUAY**, Three confirmed hantavirus infection cases during 2026; two in Boquerón and one from Presidente Hayes departments
- **VENEZUELA**, ~27k malaria cases during 2026, compared to 25k during the same period in 2025; most *Plasmodium vivax* (19k)
- **VENEZUELA**, Six yellow fever and four Venezuelan hemorrhagic fever cases during 2026