



ARME D FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
14 JULY 2026

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



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DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 08–14 JULY 2026



The IB Health Surveillance Update (HSU) is a weekly report of health events and disease outbreaks monitored by the IB Branch.

Executive Summary

The **United States** has reported 56 West Nile virus disease cases across 15 states during 2026; 79% were neuroinvasive compared to the previous five-year average of 62%. Tick-borne encephalitis cases in **Finland** in 2026 through JUNE (137) nearly tripled compared to the same period in 2025 (53). **Cambodia** reported its fifth human novel influenza A(H5N1) case during 2026 in Phnom Penh Province. **Peru** has reported 6,935 leptospirosis cases during 2026, a 14% increase compared to the same period in 2025.

HSU Health Events

Geographic Combatant Command	Country	Event
USNORTHCOM	*Mexico	New World screwworm disease
	*United States	Cyclosporiasis
	*United States	West Nile virus disease
	Other events	
USAFRICOM	Mayotte	Malaria
	Uganda	Marburg virus disease
	USAFRICOM	Ebola virus disease
	Other events	
USCENTCOM	Other events	
USEUCOM	Finland	Tick-borne encephalitis
	Other events	
USPACOM	Cambodia	Dengue
	Cambodia	Novel influenza A(H5N1)
	Other events	
USSOUTHCOM	Peru	Leptospirosis
	Other events	

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Text in blue represents a change since the previous report (07 JULY)

*2026 FIFA World Cup host or participating country (as of 13 JULY)

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USNORTHCOM Health Events of Interest

*Mexico – New World Screwworm (NWS) Disease:

***MEXICO** – Through 20 JUNE, the Mexico Ministry of Health (MOH) has reported 461 human **NWS disease** cases (2 deaths) since APRIL 2025, with most cases from Chiapas (145 cases), Veracruz (84), and Oaxaca (43) states (Table 1). Human cases during 2026 (344) are nearly triple the 2025 total (117). The first human NWS disease case in a United States (U.S.)-Mexico border state (Tamaulipas) was reported in the week ending 18 APRIL, and a second case was reported in the week ending 23 MAY in Nuevo León State. In the week ending 06 JUNE, a second human NWS disease case was reported in Nuevo León State. **In the week ending 20 JUNE, one human case was reported in Coahuila State.** According to the Coahuila State MOH, the case is an 84-year-old male from Saltillo Municipality, ~90km west of Monterrey, which is a host city for the 2026 Fédération Internationale de Football Association (FIFA) World Cup, and <200km (124 miles) from the U.S. border.

Table 1. Mexican States with the Most Human NWS Disease Cases, APRIL 2025 – 20 JUNE 2026

State	Cases
Chiapas	145
Veracruz	84
Oaxaca	43
Yucatán	34
Puebla	31
Guerrero	27
Quintana Roo	20
San Luis Potosí	14
Hidalgo	13
Tabasco	12

Source: Mexico MOH

The first animal NWS disease case in a United States-Mexico border state was confirmed on 21 SEP 2025 in Nuevo León State, Mexico. Since then and as of 03 JULY, 1,635 animal cases have been reported in United States-Mexico border states in Mexico: 1,047 from Tamaulipas, 475 from Nuevo León, and 113 from Coahuila. Additionally, **as of 03 JULY, there are active animal NWS disease cases in two 2026 FIFA World Cup Cities: Mexico City (seven) and Guadalajara and Monterrey (one each).** The Texas Department of Agriculture has created an interactive map to track the spread of NWS. (KENS5, Secretaría de Agricultura y Desarrollo Rural, U.S. Department of Agriculture [USDA] Animal and Plant Health Inspection Service [APHIS])

*United States – Cyclosporiasis:

As of **09 JULY**, the U.S. Centers for Disease Control and Prevention (CDC) has reported **843 confirmed locally acquired cyclosporiasis cases (+698; 86 hospitalizations; no deaths) across 31 (+14) states (Figure 1)**. Michigan has reported the most cases followed by New York and Illinois, Kentucky, New Jersey, and North Carolina. Symptom onset ranged between 01 MAY and 05 JULY. **More than 1.5k additional cases are pending confirmation as locally acquired. The Michigan Department of Health and Human services have reported >1.2k cases (22 hospitalizations) as of 09 JULY which is 25 times the annual average number of cases in the state (~50). Media has reported 394 cases in New York as of 09 JULY, with 69% in New York City. As of 02 JULY, the Ohio Department of Health has reported 177 cases, with 97% occurring in JUNE, mostly since 20 JUNE. See Figure 2 for a graph of cumulative cryptosporidiosis cases in the United States.** Cases are likely to be underreported due to individuals recovering without the need for medical care. Additionally, the disease is only reportable in 47 states, the District of Columbia, and NYC. *Cyclospora* parasites can be difficult to detect via laboratory tests; cases may need to submit several stool samples from different days to identify the parasite. As of **08 JULY**, the U.S. Food and Drug Administration is investigating **four** cyclosporiasis outbreaks in the U.S.; none have been linked to a product yet. (**Food Safety News**).

Text in blue represents a change since the previous report (07 JULY)

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Figure 1. Locally Acquired Cyclosporiasis Cases by U.S. State,
01 MAY – 09 JULY

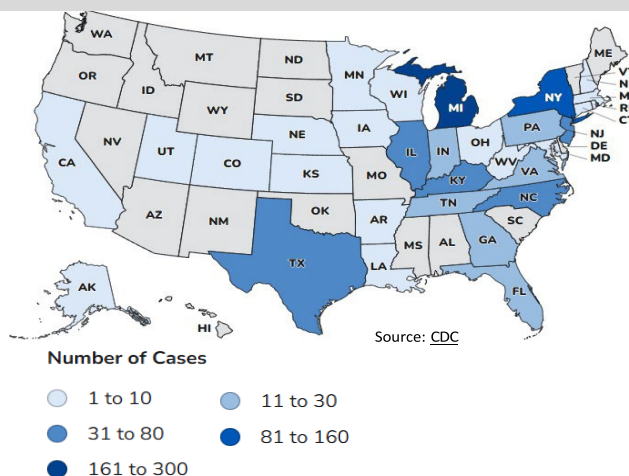
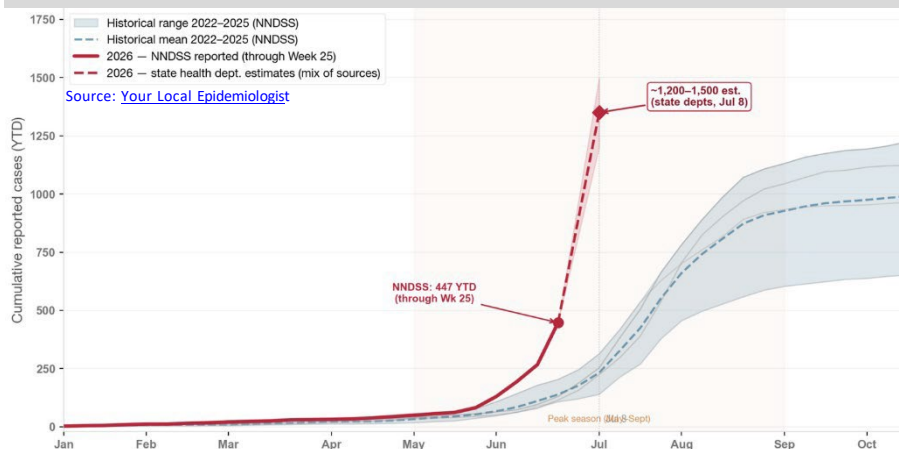


Figure 2. Cumulative Cryptosporidiosis Cases in the U.S., 01 JAN 2022 – 08 JULY 2026



Cyclosporiasis is caused by an intestinal parasite, *Cyclospora*, which is spread via the ingestion of contaminated food or water; person-to-person transmission is unlikely. The illness often causes watery diarrhea that usually lasts two days to two weeks but can last for more than a month. Individuals are at an increased risk of infection when traveling to tropical or subtropical regions where cyclosporiasis is endemic. **In the United States, cases increase during the summer (01 MAY to 31 AUG) and outbreaks have been linked to imported fresh produce, including basil, cilantro, mesclun lettuce, raspberries, and snow peas.** (CDC)

United States – West Nile Virus (WNV) Disease:

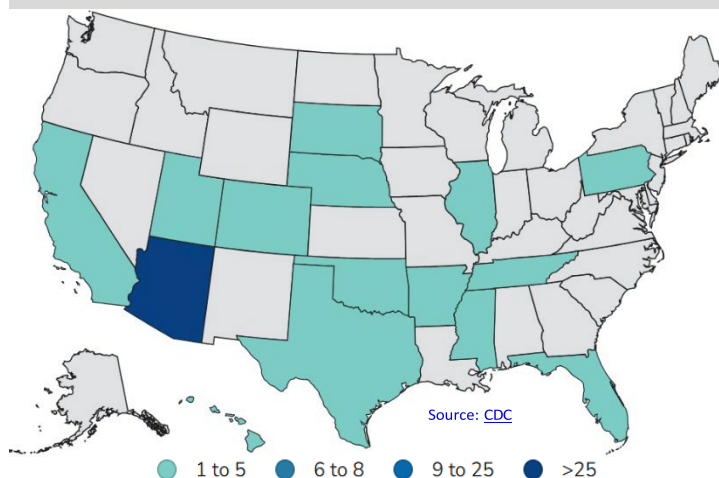
As of 07 JULY, U.S. CDC has reported 56 human **WNV disease** cases (44 neuroinvasive) across 15 states during 2026. Cases are led by Arizona (35), followed by Texas (5), Colorado, Oklahoma, and Tennessee (2 each) (Figure 3). **While the number of human cases through JUNE remains lower than the average during the same period since 2021 (five-year average of 77 cases), the rate of neuroinvasive infections during 2026 through 07 JULY (79%) is higher compared to the previous five-year average (62%) from JANUARY to JUNE.** As of 02 JULY, WNV activity in mosquito pools has been detected in 23 states, with warmer weather and flooding creating ideal mosquito breeding conditions. Arizona has reported the most human cases (62%), with Maricopa County alone accounting for 83% (29 cases); Arizona's 35 cases during 2026, which is still prior to the start of peak transmission season, is over half of the 2025 total (65). In 2025, >2.1k human WNV disease cases (>1.4k neuroinvasive; 172 deaths) were reported in the U.S.; CDC officials attributed the rising cases to a higher proportion of infected mosquitoes rather than a higher overall volume of mosquitoes in the country. (Streamline Feed, U.S. News and World Report)

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Figure 3. Human WNV Disease Cases in U.S. during 2026, as of 07 JULY



WNV is the most common cause of arboviral disease in the United States, with an average of 2.1k human cases annually since 2021. WNV was first detected in the United States in 1999, and the highest reported rates occurred in 2003 (>9.8k cases), 2012 (>5.6k), 2006 (>4.2k), and 2022 (>4.1k). WNV is caused by a *Flavivirus* and is transmitted to humans via the bite of infected *Culex* spp. mosquitoes. Peak transmission season typically occurs from JUNE to OCTOBER, while the number of reported infections peaks AUGUST to SEPTEMBER. The true number of cases is likely under reported since many are asymptomatic or do not develop severe enough symptoms to seek medical care. Neuroinvasive WNV disease typically presents as meningitis, encephalitis, or acute flaccid myelitis. Climate change has been increasing transmission of vector-borne diseases like WNV, with changes in temperature, precipitation, and relative humidity leading to rising cases since 2002. Prior to this, <100 annual cases had been reported between 1999 and 2001. Drought has been associated with increased transmission dynamics, particularly in the southeast with dry and hot spring/summers followed by increased late-season rainfall and temperatures, which has led to a longer WNV transmission season. Additionally, WNV incidence is predicted to increase geographically in the northeast moving forward. (*Ann Neurol, bioRxiv, U.S. CDC*)

Other Events:

- **GLOBAL**, World Health Organization (WHO) declares hantavirus infection outbreak linked to MV Hondius cruise ship over as of 02 JULY; 13 total cases (3 deaths)
- ***MEXICO**, First animal New World screwworm (NWS) disease case in Escuinapa Municipality, Sinaloa State, as of 02 JULY
- ***MEXICO**, 3 fatal human NWS disease cases in Oaxaca, Querétaro, and Yucatán states during 2026; 361 total cases
- **PUERTO RICO**, 783 dengue cases during 2026; dengue virus (DENV) serotype-3 accounts for 100% of cases after being absent for 20 years
- ***UNITED STATES**, 23 legionellosis cases (17 hospitalizations) in New York City, New York's Upper East Side, as of 06 JULY
- ***UNITED STATES**, Animal NWS disease cases detected in 13 Texas counties since 03 JUNE
- ***UNITED STATES**, At least 10 undiagnosed illness cases linked to river rafting trips through the Grand Canyon, Arizona, as of 04 JULY
- ***UNITED STATES**, Avian influenza A(H5) wastewater level increased from "Not detected" to "Low" as of 08 JULY
- ***UNITED STATES**, FDA investigating one new outbreak of salmonellosis as of 08 JULY; no source identified
- ***UNITED STATES**, First confirmed measles case in Polk County, Iowa, during 2026 in vaccinated resident with recent international travel
- ***UNITED STATES**, First locally acquired chagas disease case in San Diego County, California, as of 06 JULY; identified during blood donation screening
- ***UNITED STATES**, Influenza-like illness outbreak affecting Colombia FIFA World Cup team as of 05 JULY

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- ***UNITED STATES**, Jamestown Canyon virus-positive mosquitoes detected in Lincoln, Nebraska, as of 01 JULY
- ***UNITED STATES**, WNV-positive mosquitoes in Milford, New Haven County, Connecticut, as of 07 JULY

USAFRICOM Health Events of Interest

Mayotte – Malaria:

As of 21 JUNE, **244 confirmed malaria cases have been reported in Mayotte during 2026, the highest annual total since 2010 (433 cases)** and more than double the total cases reported in 2025 (111). Of the 244 cases, 161 are imported, mainly from Comoros (~96%), and 25 are locally acquired. The locally acquired cases represent a five-fold increase compared to the total reported in 2025 (five). Locally acquired cases have been detected across six municipalities, including three high-risk southern zones (Chirongui 40%, Bandréle 28%, Dombéni 16%) and three low-risk zones (Kani-Kéli, Mamoudzou, and Mtsangamouji). Additionally, 41 of 46 cases under investigation are located in three high-risk anopheline breeding areas (Bandréle, Hajangoua/Dombéni, Mirereni/Chirongui). There has been an average of 5 cases per week between 01 JAN and 02 MAY, followed by a surge peaking at 30 cases from 03 to 09 MAY and remaining elevated through 27 JUNE. Despite no reported deaths, 71 cases required hospitalization; however, no severe cases have been reported in over a month. *Plasmodium falciparum* has been the only species identified during 2026. The Agence Régionale de Santé Vector Control Service has identified 23 productive anopheline larval habitats across the territory, primarily associated with *Anopheles gambiae* s.l. and *A. funestus*. Mayotte has been in the malaria elimination phase since 2014. On 02 JUNE, U.S. CDC issued a “**Level 2 – Practice Enhanced Precautions**” travel health notice for malaria in Mayotte. (Biothreats Emergence, Analysis and Communications Network [BEACON], Santé Publique France)

Between 2006 and 2010, malaria remained endemic in Mayotte, with >300 cases reported annually and sustained local transmission accounting for 45% of cases. Between 2010 and 2011, sustained vector control, improved diagnostics, and changes to the therapeutic regimen reduced the number of cases by 77%. Prior to 2025, Mayotte reported ~100 imported cases annually, with no documented local transmission since JULY 2020. **The increase in cases may be attributed to imported cases primarily from countries in the Indian Ocean region, specifically Comoros and Madagascar, where malaria remains endemic and highly prevalent.** Additionally, the tropical climate combined with the current season and the detection of local transmission elevates transmission risk. The situation remains challenging to manage without coordinated cross-border surveillance and response. Artemisinin-based combination therapies are available; however, the absence of a widely deployed malaria vaccine indicates that vector control and case management remain the primary public health tools, both of which require sustained resource investment. (BEACON, Santé Publique France)

Uganda – Marburg Virus Disease (MVD):

CASE REPORT: As of 01 JULY, the Uganda MOH has confirmed an isolated MVD case. According to Africa CDC, no contacts of the case had developed symptoms and there is currently no active case in the country. (Reuters)

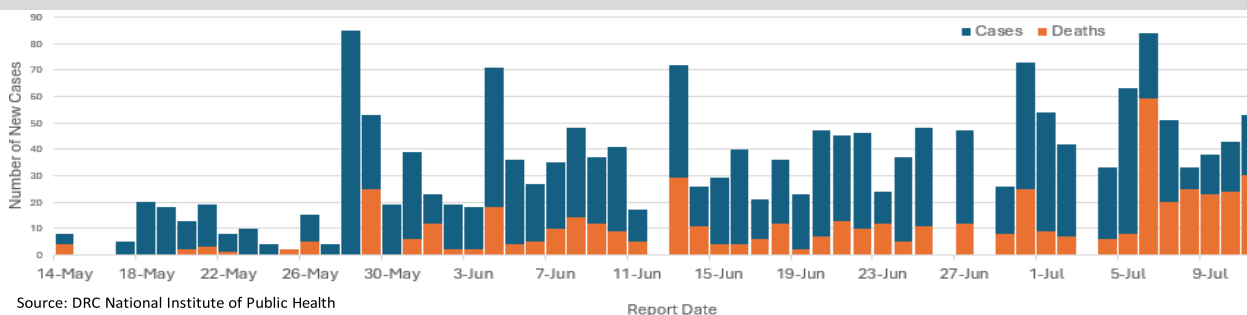
BACKGROUND: MVD is highly virulent and causes hemorrhagic fever with a case fatality rate (CFR) up to 88%. Disease onset is abrupt, with initial symptoms of high fever, severe headache, malaise, and muscle aches, followed by abdominal pain, diarrhea, nausea, and vomiting; cases may develop hemorrhagic symptoms from day five. The virus belongs to the *Filoviridae* family, along with the virus that causes EVD. Transmission to humans occurs via prolonged exposure to areas inhabited by *Rousettus aegyptiacus* (fruit) bats and then spreads among humans via direct contact with bodily fluids from infected individuals, surfaces, and materials. MVD is classified by WHO as a neglected tropical disease due to limited research and funding. An updated WHO 2024 Pathogens Prioritization Report lists *Filoviridae* viruses as high-risk for Public Health Emergency of International Concern (PHEIC) or pandemic potential. Uganda has reported 4 MVD outbreaks since 2007: 1) A sporadic case in Kawenge District in 2007, 2) a multi-district outbreak in 2021 with 26 confirmed and probable cases across Ibanda, Kabale, Kampala, Kamwenge, and Mbarara districts, 3) a sporadic case in Kampala in 2014, and 4) the most recent outbreak in OCTOBER 2017 in Kween District with 3 linked cases (2 confirmed; 1 probable; 3 deaths), all belonging to the same family. (*Health Sci Rep*, WHO)

DIAGNOSTICS AND MEDICAL COUNTERMEASURES: There are currently no approved vaccines or antiviral treatments for MVD; however, Sabin Vaccine Institute has an ongoing Phase 2 Marburg vaccine trial in Kenya, Uganda, and the U.S. The Phase 1 trial of the cAd3-Marburg vaccine was safe and well tolerated with no serious adverse events reported among 56 participants. Preclinical data for the International AIDS Vaccine Initiative's (IAVI) MVD intramuscular vaccine showed complete protection in non-human primates. As of 06 APRIL, IAVI began the first-in-human Phase I trial of the single-dose MVD vaccine candidate, IAVI C104, in the United States, with 112 healthy adults and will follow them for six months post vaccination to monitor participant safety and evaluate their immune responses to the vaccine candidate. Human-to-human transmission of MVD is primarily associated with direct contact with the blood and/or bodily fluids of infected persons. WHO recommends that health-care workers caring for MVD cases should apply standard and transmission-based infection prevention and control precautions to prevent exposure to blood, bodily fluids, and potentially contaminated environments. Surveillance activities should be strengthened in all affected areas, and risk communication and community engagement should be implemented to reduce transmission and mortality. Additionally, during outbreaks, all animal products (blood and meat) should be thoroughly cooked before consumption. (IAVI, Sabin, WHO)

USAFRICOM – Ebola Virus Disease (EVD):

DRC CASE REPORT: According to the DRC Ministry of Communication and Media, through **11 JULY** (data last checked **0730 EST on 13 JULY**), **1,926 (+365)** confirmed EVD cases (**702 [+196]** confirmed deaths; CFR: **36%**; Table 2; Figure 4) have been reported across at least **42 (+6)** health zones (HZs) in Ituri (**26**), North Kivu (**11**), **Tshopo (3)**, and **Haut-Uélé** and South Kivu (**1 each**) provinces. See Figure 5 for the geographical location of the current EVD outbreak in the DRC and Figure 6 for the cumulative EVD cases of current and previous large-scale outbreaks since the declaration date. Through **11 JULY**, **>12k** contacts are under follow-up in Ituri (**10k**) and North Kivu (**>2.2k**) provinces, and **318 (+64)** cases have recovered. **As of 08 JULY, some healthcare workers in the DRC have gone on strike due to limited personal protective equipment and nonpayment since the EVD outbreak was declared. (The Associated Press)**

Figure 4. Daily EVD Confirmed Cases and Deaths, DRC, through **12 JULY**



***FRANCE CASE REPORT:** On **24 JUNE**, the France MOH confirmed an EVD case in the country. As of 04 JULY, media citing France's Health Ministry reported that the case recovered and was discharged from the hospital. (France24)

UGANDA CASE REPORT: According to the Uganda MOH, as of **13 JULY** (data last checked **0730 EST on 13 JUL**) **20** confirmed EVD cases (**15 imported; 5 locally acquired; 2 deaths**) have been reported in Uganda (Table 2). The last case was confirmed on 21 JUNE; no contacts are under follow-up while 821 have completed follow-up.

Table 2. 2026 EVD Outbreak Case Counts by Country, as of 13 JULY

Country	Area	Number of Health Zones Affected	Confirmed Cases	Confirmed Deaths	Contacts Under Follow up
DRC	Haut-Uélé Province	1	1	1	
	Ituri Province	26	1,745	601	
	North Kivu Province	11	173	97	12,735
	South Kivu Province	1	3	1	
	Tshopo Province	3	4	2	
France	Paris		1	0	5
Uganda	Kampala City		20	2	0
	Wakiso District				

Sources: DRC MOH, Le Monde, The Independent, Uganda MOH

U.S. CITIZEN CASE REPORT: As of 11 JULY, a U.S. citizen on a humanitarian mission in the DRC has contracted EVD after assisting with logistics in the regional capital, Bunia, for the past month; he was not directly involved in patient care. The case was initially being treated at one of the EVD treatment centers in Ituri Province before being evacuated to University Hospital Frankfurt in Germany for treatment on 13 JUNE; the case is in stable condition. (BEACON, CBC News)

Figure 5. Geographical Location of the 2025 and 2026 EVD Outbreaks, as of 11 JULY

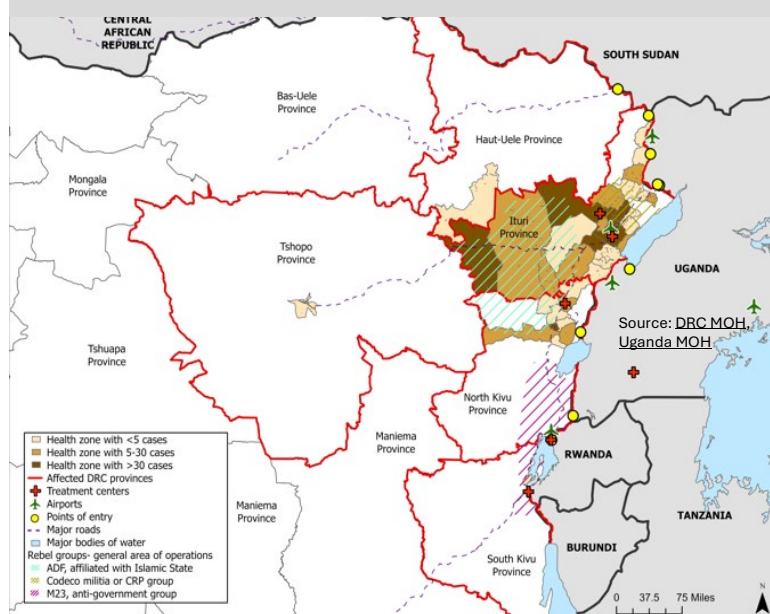
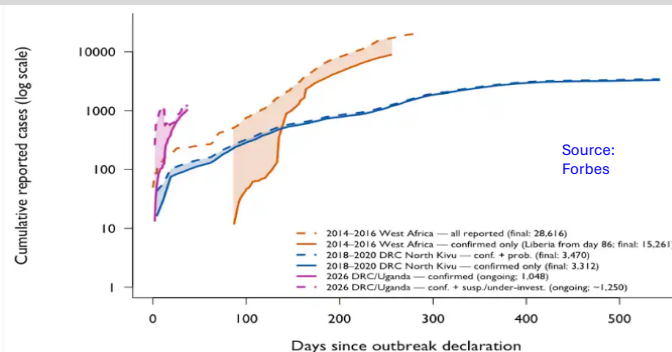


Figure 6. Cumulative EVD Cases of Current and Previous Large-Scale Outbreaks, Since Declaration Date, through 24 JUNE



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DIAGNOSTICS AND MEDICAL COUNTERMEASURES: As of 02 JULY, WHO added the first molecular diagnostic test for Bundibugyo virus disease (BVD), the Ebola Virus Real Time RT-PCR Kit made by Shanghai ZJ Bio-Tech Co., Ltd. Additionally, WHO released operational guidance for BVD that outlines a five-step, community-led engagement framework, including 1) community mapping, 2) community listening, 3) co-developed messaging, 4) community outreach, and 5) community-lead delivery. As of 13 JULY, the University of Oxford's Oxford Vaccine Group has launched the world's first Phase I clinical vaccine trial against Bundibugyo strain, BD-Ebov.

RISK ASSESSMENTS: As of 03 JULY, WHO assesses the overall public health risk posed by the current outbreak as "Very High" in the DRC, "High" in Uganda, "High" for countries with land borders to DRC and Uganda, and "Low" for the rest of the Africa Region and at the global level. As of 10 JULY, the European Centre for Disease Prevention and Control (ECDC) assesses the likelihood of EVD infection to be "Low" for individuals from the European Union/European Economic Area (EU/EEA) living in or travelling to affected areas and "Very Low" for individuals living in the EU/EEA. As of 09 JULY, the U.S. CDC assesses the overall risk of the EVD outbreak to the U.S. population and travelers remains "Low." On 11 JUNE, WHO advised that the risk of EVD transmission in Europe and World Cup host countries is "Low." As of 18 JUNE, The Pan American Health Organization (PAHO) assesses the overall risk of the EVD outbreak in the Americas Region, particularly in the context of the FIFA World Cup, to be "Low."

TRAVEL ADVISORIES: On 15 JUNE, the U.S. CDC updated the "Level 3 – Reconsider Nonessential Travel" travel health notice for the BVD outbreak in the DRC, and on 15 JUNE, updated the "Level 2 – Practice Enhanced Precautions" travel health notice for the BVD outbreak in the DRC and Uganda. As of 13 JULY, the U.S. Department of State (DOS) "Level 4 – Do Not Travel" advisories for DRC, South Sudan, and Uganda remain in effect.

Other Events:

- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius cruise ship over as of 02 JULY; 13 total cases (3 deaths)
- **CAMEROON**, 166 cholera cases (10 deaths) in Far North Region as of 04 JULY
- **CHAD**, 129 cholera cases (4 deaths) in Hadjer-Lamis Province since JUNE
- **NIGERIA**, >65k diphtheria cases (2.2k deaths) since outbreak began in 2022
- **REUNION**, Five angiostrongyliasis cases (two locally acquired) in adults during 2026
- **UGANDA**, Three fatal pediatric measles cases in Katakwi District, Teso Sub-Region, as of 06 JULY
- **USAFRICOM**, Malaria artemisinin resistance now more established across Rwanda, Uganda, and the Ethiopia-Eritrea-Sudan border, as of 10 JULY
- **ZIMBABWE**, 99 cholera cases (28 confirmed; 3 deaths) as of 03 JULY

USCENTCOM Health Events of Interest

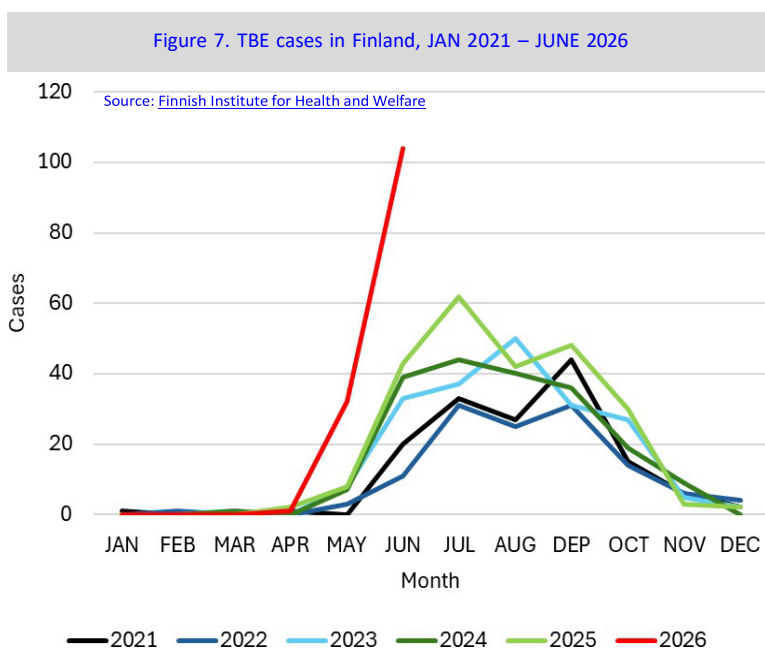
Other Events:

- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius cruise ship over as of 02 JULY; 13 total cases (3 deaths)
- **GAZA STRIP**, >9k varicella cases in two weeks, as of 07 JULY; most in Khan Yunis Governorate
- **IRAQ**, Four Crimean-Congo hemorrhagic fever (CCHF) cases in Kirkuk Province during 2026
- **IRAQ**, Two pediatric CCHF cases in Nineveh Province as of 07 JULY; 14 total during 2026
- **KYRGYZSTAN**, 5.7k hepatitis C cases treated and recovered as of 06 JULY
- **YEMEN**, >153 diphtheria cases (10 deaths) in government-controlled areas during 2026
- **YEMEN**, >5.7k dengue cases (30 deaths) in government-controlled areas through JUNE; most cases in Taiz Governorate (4.2k)

USEUCOM Health Events of Interest

Finland – Tick-borne Encephalitis (TBE):

Through JUNE, the Finnish Institute for Health and Welfare has reported 137 TBE cases during 2026, nearly triple the cases reported in the same period in 2025 (53). While cases began their normal annual increase in MAY, 32 cases were reported in the month, a six-fold increase compared to the previous five-year average in the same period (5 cases). The increase has persisted in JUNE, with 104 cases reported, a three-fold increase from the previous five-year average during the same period (29 cases). Areas reporting the most cases during JUNE included North Savo Region (19 cases), followed by North Ostrobothnia (17), the city of Helsinki and West Uusimaa Region (14 each), and North Karelia Region (10). U.S. CDC has reported that, historically, most cases have been in some archipelagos and coastal areas, mainly in southern Finland. However, during 2026, increases have been seen outside this region, including the inland North Savo Region (three cases in JUNE 2025), and northern North Ostrobothnia Region (seven).



A similar increase has been seen in Sweden, with 122 cases through JUNE; nearly double the previous five-year average in the same period (70 cases). Additionally, more cases have been reported in JUNE alone than during the first six months of any of the previous five years (Figure 7). However, the same trend has not been identified in Estonia, which has recorded 28 cases through JUNE during 2026 and in 2025. (Estonia Health Board, Sweden Public Health Agency)

There are three subtypes of TBE virus (TBEV): European (TBEV-Eu), Far Eastern (TBEV-FE), and Siberian (TBEV-Sib). TBEV-Eu is endemic in parts of central, eastern, and northern Europe, and is transmitted by *Ixodes ricinus* ticks. The CFR for this subtype ranges from 0.5 to 2%, and ≤10% of cases develop severe neurological sequelae. In Europe, most TBE cases are caused by TBEV-Eu. (ECDC, *Euro Surveill*)

Other Events:

- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius cruise ship over as of 02 JULY; 13 total cases (3 deaths)
- **BULGARIA**, 446 measles cases across 11 regions as of 06 JULY
- **BULGARIA**, 900 viral hepatitis cases during 2026; 52% increase compared to same period in 2025
- ***FRANCE**, 16 salmonellosis (*Salmonella* Enteritidis) cases as of 07 JULY; linked to eggs from Poland
- **GERMANY**, 77 tularemia cases during 2026; 17% increase compared to same period in 2025

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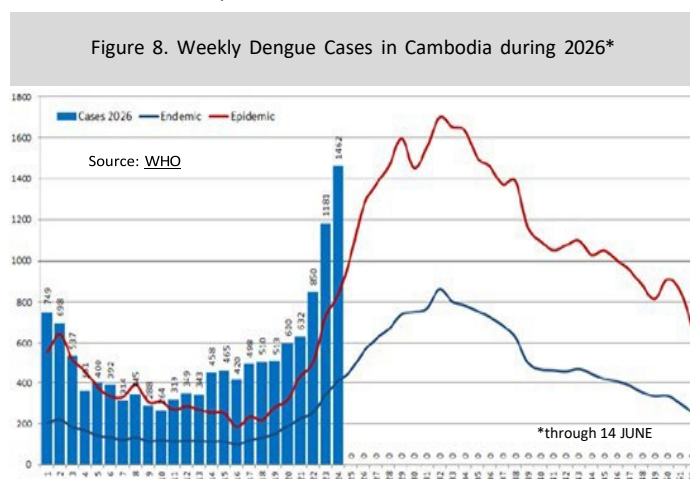
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- **GERMANY**, 405 *Acinetobacter baumannii* infection cases and colonization during 2026, a 19% increase compared to same period in 2025 (339); most in Nordrhein-Westfalen State (97)
- **GERMANY**, Fatal vibriosis case in tourist who swam in Baltic Sea near Rostock, Mecklenburg-Western Pomerania State, as of 02 JULY
- **GREECE**, Country's first human WNV disease case during 2026 in Agia Paraskevi Municipality, North Athens Regional Unit
- **HUNGARY**, One infectious encephalitis case in Borsod-Abaúj-Zemplén County between 22 to 28 JUNE
- **LATVIA**, 539 Lyme disease cases in 2025; highest since 2012
- ***SPAIN**, Second CCHF case during 2026 in Salamanca Province
- **TURKEY**, One fatal CCHF case in Sulusaray District, Tokat Province, as of 08 JULY
- **UKRAINE**, 49 rotavirus disease cases in Stryi District, Lviv Region, as of 07 JULY; linked to swimming at Zadurozhnoe Lake between 26 JUNE and 01 JULY
- **UKRAINE**, 884 Lyme disease and 32 leptospirosis cases during 2026
- **USEUCOM**, PAHO issues Epidemiological Alert for dermatologic infection *Dermatophilus congolensis* on 09 JULY; possible new route of exposure (human-to-human via sexual contact)

USPACOM Health Events of Interest

Cambodia – Dengue:

As of 14 JUNE, **Cambodia has reported 12,948 dengue cases (16 deaths; CFR: 0.1%) during 2026, a 47% increase compared to the same period in 2025 (8.8k)**. Weekly cases decreased in early 2026 and an upward trend started in early-APRIL that continued through mid-JUNE. Weekly cases have been above the epidemic threshold for most of 2026, with a large upward deviation from the epidemic trendline starting in the week ending 12 APRIL (Figure 8). The Global Dengue Observatory estimated that Cambodia has experienced 2.6 times more cases during 2026 than historically reported in an average year. Health officials have called on the public to remain vigilant against the disease. Dengue cases surged in 2025 with >65k cases, a 233% increase compared to 2024 (>19k cases). The increase in cases was attributed to the rainy season and increased stagnant rainwater, creating favorable breeding conditions for mosquitoes. (Khmer Times, The Star, WHO)



Dengue was first reported in Cambodia in 1963 and is currently one of the most critical mosquito-borne diseases in the country, with cases typically peaking during the rainy season from MAY to OCTOBER. Dengue epidemics occur every five to seven years, with the last major epidemic reported in 2019 (>68k cases). According to WHO, Cambodia reported >65k cases in 2025 and >19k in 2024; GIDEON reported 35k in 2023, >12k in 2022, and 431 in 2021. **Annually, all four DENV serotypes have been detected; however, the predominant serotypes have previously alternated between DENV-1, -2, and -3.** A genomic analysis of circulating strains from 2019 to 2022 revealed the emergence of DENV-2 Cosmopolitan Genotype-II in Cambodia, an antigenically distinct lineage that may have posed immunological challenges for the population and contributed to the country's large dengue epidemic in 2019. A 2024

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review of dengue vectors identified 11 *Aedes* mosquito species in Cambodia, 4 of which were associated with dengue transmission. The primary vectors, *Ae. aegypti* and *Ae. albopictus*, were present in all provinces, and predominant during the rainy season. Additionally, they were found to be highly resistant to the insecticides used in the country, including temephos for larvae and deltamethrin and permethrin for adult mosquito control. (Lokmat Times, *Parasit Vectors*, *Proc Natl Acad Sci U S A*)

Cambodia – Novel Influenza A(H5N1):

As of 12 JULY, the Cambodia MOH reported the fifth human infection with **avian influenza A(H5N1) (+1 since IB's last report on 12 MAY)** during 2026. The case is a 9-month-old female from Prek Ta Kong Village, Phnom Penh Province. The case has been hospitalized, in isolation, and is receiving intensive medical care. The National Institute of Public Health and the Pasteur Institute of Cambodia confirmed the case was positive for A(H5N1) on 09 JULY. 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. 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 40 (+1) human A(H5N1) infections (15 deaths) have been reported in the country**. As of 05 JULY 2025, WHO assessed 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)

Other Events:

- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius cruise ship over as of 02 JULY; 13 total cases (3 deaths)
- **AUSTRALIA**, 413 diphtheria cases (1 death) as of 29 JUNE
- **AUSTRALIA**, JULY study found that meningococcal B vaccine 4CMenB did not prevent gonorrhea in men who have sex with men
- **CHINA**, 900 snakes, including venomous snakes, escaped from a snake farm due to flooding in Guangxi Zhuang Autonomous Region, as of 08 JULY
- **HONG KONG**, Seven melioidosis cases as of 02 JULY; 21 total in 2025
- **INDIA**, 148 Japanese encephalitis and acute encephalitis syndrome cases (10 deaths) in Assam State during 2026
- **INDIA**, Three fatal Chandipura virus disease cases among children in Gujarat State as of 09 JULY
- **INDONESIA**, 178 malaria cases (142 hospitalizations) in Bintan District, Riau Islands, during 2026; significantly exceeding 2025 total (14 cases)
- **JAPAN**, 133 hepatitis A cases during 2026; 133 total in 2025
- **JAPAN**, 29k hand, foot, and mouth disease cases during 2026
- **JAPAN**, Nine multi drug-resistant *Acinetobacter* infections during 2026; nine total in 2025
- **MALAYSIA**, >39k dengue cases during 2026; DENV-3 shifts to most prevalent serotype
- **MALDIVES**, 121 measles cases since MAY; cases have tripled over three weeks
- **PHILIPPINES**, 84 chikungunya cases in Samar Town, Samar Province, as of 09 JULY; 2 villages under red code alert
- **PHILIPPINES**, 125 COVID-19 cases during 2026; 68% decrease compared to same period in 2025
- **ROK**, First severe fever with thrombocytopenia syndrome case in Jeonnam-Gwangju during 2026
- **SAMOA**, Weekly dengue cases increase almost 50% from 53 to 101 in the week beginning 22 JUNE; DENV-1 and -2 co-circulate
- **SRI LANKA**, 66k dengue cases during 2026, with >10k in JULY, as of 09 JULY
- **TAIWAN**, 19 confirmed mpox cases (4 imported) during 2026
- **THAILAND**, >4.0k students in Maha Sarakham Province screen positive for liver fluke *Opisthorchis viverrine* as of 08 JULY

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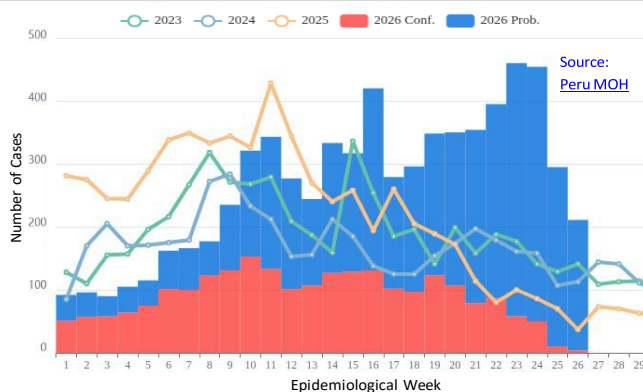
- **THAILAND**, >21k hand, foot, and mouth disease cases during 2026.
- **USPACOM**, U.S. Department of Health and Human Services declares public health emergency for Guam and Northern Mariana Islands following Super Typhoon Bavi as of 10 JULY.
- **VANUATU**, Country's first-ever HIV case linked to injecting drug use as of 07 JULY.
- **VIETNAM**, 555 dengue cases in Hanoi Province through 03 JUNE; 68% increase compared to same period in 2025.
- **VIETNAM**, >3k dengue cases in Can Tho City during 2026; 300% increase compared to same period in 2025.

USSOUTHCOM Health Events of Interest

Peru – Leptospirosis:

Through 04 JULY, 6,935 leptospirosis cases (2,358 confirmed; 903 hospitalizations; 31 deaths) have been reported in Peru during 2026, a 14% increase compared to the same period in 2025 (6k cases). See Figure 9 for weekly leptospirosis cases in Peru from 2023 to 2026. Of the cases reported during 2026, 24% have been reported from Loreto Department (1.9k cases; 1 death), followed by Piura (1.2k; 6), Tumbes (676; 4), and Ucayali (564; 3) departments, all of which are reporting higher cases totals than the same period in 2025. Loreto Department experienced a surge in cases in epidemiological week (EW) 23 (ending 20 JUNE), with 209 cases reported before declining to <100 in EW 24 (ending 27 JUNE). San Juan Bautista District has reported the most cases (478), followed by Yurimaguas (414) and Belén (266) districts. In Piura Region, weekly incidence increased to >60 new cases during EW 14 (ending 11 APRIL) and surged to >120 cases in EW 16 (ending 25 APRIL); newly reported cases remained >60 per week before declining to <40 in EW 25 (ending 20 JUNE). Cases in the region during 2026 have already exceeded the totals for 2021 (177 cases; 175 confirmed), 2022 (393; 180), 2023 (198; 115), 2024 (162; 116), and 2025 (341; 150). See Figure 10 for the confirmed and probable leptospirosis cases in the Piura Region by EW from 2024 to 2026. Sullana District has reported the most cases (401), followed by Morropón (212) and Chulucanas (124) districts. The concentration of cases suggests localized environmental or occupational exposures related to waterlogged agricultural land and inadequate sanitation infrastructure. On 20 MARCH, the MOH issued an epidemiological alert for elevated leptospirosis risk associated with heavy rains and flooding across multiple regions in the country. On 02 JULY, a public state of emergency was declared across 796 districts due to heavy rainfall, attributed to the El Niño phenomenon, that can continue to increase transmission risk. (BEACON, Peru MOH)

Figure 9. Weekly Leptospirosis Cases, Peru, 2023–2026



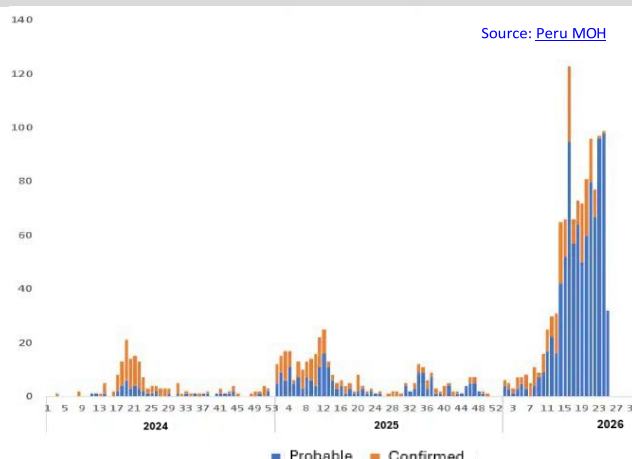
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Leptospirosis is caused by bacteria of the genus *Leptospira* and is transmitted to humans via the urine of infected animals, including dogs, livestock, rodents, and wildlife. Transmission has been associated with urine-contaminated floodwater, rivers, soil, and streams. Leptospirosis is endemic in Peru, with cases typically surging following rainfall and flooding. Peru has experienced a rise in national leptospirosis cases with 4.9k in 2022, 7.9k in 2023, 8.8k in 2024, and 8.0k in 2025. (Peru MOH, *medRxiv*, U.S. CDC)

Figure 10. Confirmed and Probable Leptospirosis Cases by EW, Piura Region, Peru, 2024-2026



Other Events:

- **GLOBAL**, WHO declares hantavirus infection outbreak linked to MV Hondius cruise ship over as of 02 JULY; 13 total cases (3 deaths)
- ***ARGENTINA**, 165 leptospirosis and 72 brucellosis cases during 2026; 36% and 38% increase, respectively, compared to same period in 2025
- ***ARGENTINA**, >2k confirmed locally acquired chikungunya cases and six St. Louis Encephalitis during 2026 compared to none in 2025
- **COSTA RICA**, 45 chikungunya cases in Playa Langosta, Santa Cruz Canton, Guanacaste Province as of 07 JULY
- **COSTA RICA**, Two mpox cases in San José Province as of 09 JULY, first cases detected during 2026
- **EL SALVADOR**, 39 imported measles cases during 2026, with 12 during JUNE; no local transmission has been identified
- **GUATEMALA**, >25k measles cases (24 deaths) during 2026
- **URUGUAY**, 3.6k syphilis cases during 2026; 40% increase compared to same period in 2025