



ARMED FORCES HEALTH SURVEILLANCE DIVISION

INTEGRATED BIOSURVEILLANCE BRANCH

Health Surveillance Update
21 JULY 2026

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DHA Public Health AFHSD – Integrated Biosurveillance (IB) Branch Health Surveillance Update 15–21 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

Nigeria has reported >6.1k Lassa fever cases during 2026, a 17% increase compared to the same period in 2025. Lyme disease cases in the **Czech Republic** have increased four-fold during 2026 (5.3k) compared to the same period in 2025, which has been attributed to a longer tick season and a new reporting system. Chikungunya cases in Samar Province, **Philippines**, spiked in JUNE and early JULY, with 259 suspected cases across 3 municipalities during 2026.

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	Nigeria	Lassa fever
	USAFRICOM	Ebola virus disease
	Other events	
USCENTCOM	Other events	
USEUCOM	Czech Republic	Lyme disease
	Finland	Tick-borne encephalitis
	Other events	
USPACOM	Cambodia	Novel influenza A(H5N1)
	Philippines	Chikungunya
	Other events	
USSOUTHCOM	Peru	Leptospirosis
	Other events	

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USNORTHCOM Health Events of Interest

Mexico – New World Screwworm (NWS) Disease:

MEXICO – Through 04 JULY, the Mexico Ministry of Health (MOH) has reported 489 (+28) human NWS disease cases (3 deaths) since APRIL 2025, with most cases from Chiapas (146 cases), Veracruz (92), and Oaxaca (43) states (Table 1). As of 10 JULY, the first human case in Zacatecas State has been reported; however, media have reported a second confirmed case as of 15 JULY. Human cases during 2026 (372) are more than triple the 2025 total (117). Since the week ending 18 APRIL, five human cases have been reported in United States (U.S.) border states, including Nuevo León and Tamaulipas (two cases each) and Coahuila (one). (Meganoticias, Posta)

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 17 JULY, 1,937 animal cases have been reported in United States-Mexico border states in Mexico: 1,167 from Tamaulipas, 603 from Nuevo León, 166 from Coahuila, and 1 from Chihuahua. On 14 JULY, the first animal NWS disease case was reported in Chihuahua State. The case is in Parral, southern Chihuahua, near the border with Durango State. (ABC7, Secretaría de Agricultura y Desarrollo Rural, U.S. Department of Agriculture Animal and Plant Health Inspection Service)

Table 1. Mexican States with the Most Human NWS Disease Cases, APRIL 2025 – 04 JULY 2026

State	Cases
Chiapas	146
Veracruz	92
Oaxaca	43
Puebla	38
Yucatán	37
Guerrero	29
Quintana Roo	21
San Luis Potosí	16
Hidalgo	13
Tabasco	12

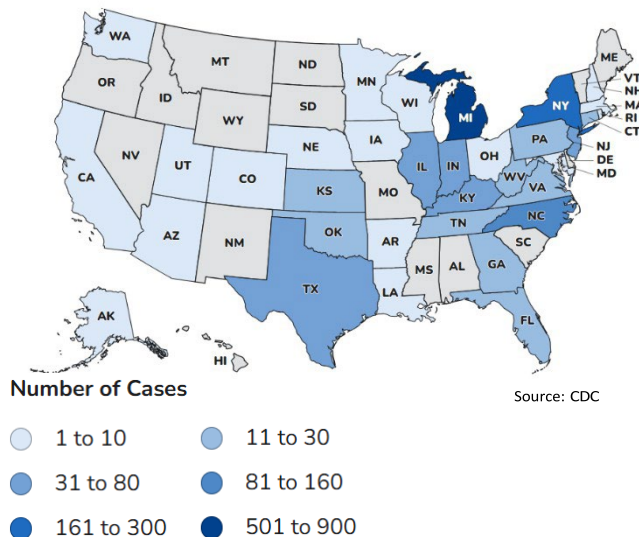
Source: Mexico MOH

United States – Cyclosporiasis:

As of 18 JULY, the U.S. Centers for Disease Control and Prevention (CDC) has reported 1,644 confirmed locally acquired cyclosporiasis cases (+801; 94 hospitalizations; no deaths) that have been initially linked to shredded iceberg lettuce from Taylor Farms de Mexico. On 17 JULY, Taylor Farms de Mexico announced they were voluntarily removing iceberg lettuce sourced from Central Mexico from the U.S. market. This includes Taco Bell locations in at least five states, including Indiana, Kentucky, Michigan, Ohio, and West Virginia; Taco Bell is no longer using the contaminated lettuce. Additionally, shredded iceberg lettuce products distributed from Taylor Fresh Foods from 29 JUNE to 16 JULY have been recalled from 26 states, and Marketside-brand iceberg lettuce products have been recalled from select Walmart stores in 15 states. On 19 JULY, the U.S. Food and Drug Administration (FDA) reported that the sample of lettuce supplied by Taylor Farms de Mexico, which initially tested positive for Cyclospora on 18 JULY, was found to be a false positive and that there are currently no confirmed positive sample results for Cyclospora for product testing. FDA continues to work with Taylor Farms to ensure products implicated in the outbreak have been removed from the market. As of 17 JULY, Sysco®, the largest food distributor in the United States, also announced they were removing iceberg lettuce sources from Mexico. On 18 JULY, Mexican health officials announced that there is an interagency technical working group investigating the source of the outbreak and adopting preventive measures. As of 15 JULY, CDC has reported 1.6k confirmed locally acquired cyclosporiasis cases in the United States and at least >5.1k additional cases that require further analysis to determine where the disease was acquired (Figure 1). Michigan has reported the most cases followed by New York and North Carolina. Symptom onset ranged between 01 MAY and 13 JULY. More cases are expected as there is an assumed six-week lag between illness onset and reporting. On 14 JULY, U.S. CDC issued a Health Alert Network health advisory to notify clinicians of the outbreak, reporting that current numbers far exceed the 249 cases reported

nationally during the same period in 2025. Clinicians are recommended to consider cyclosporiasis in patients presenting with prolonged or relapsing acute watery diarrhea (AWD), particularly between MAY and AUGUST (annual cyclosporiasis season), even without a history of international travel. As of 17 JULY, FDA is investigating five cyclosporiasis outbreaks in the United States, with one linked to the iceberg lettuce. (FDA, U.S. CDC, U.S. News)

Figure 1. Locally Acquired Cyclosporiasis Cases by U.S. State, 01 MAY – 13 JULY



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.** (U.S. CDC)

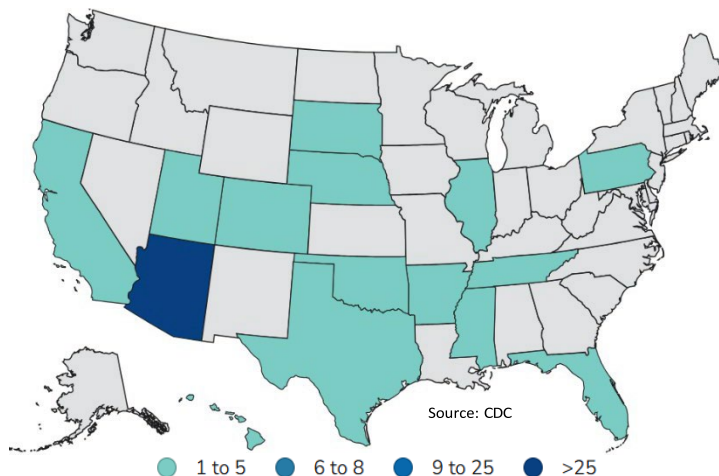
United States – West Nile Virus (WNV) Disease:

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 2]. **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 United States; 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)

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)

Figure 2. Human WNV Disease Cases in U.S. During 2026, as of 07 JULY



Other Events:

- **MEXICO**, 400 leishmaniasis cases during 2026; 296% increase compared to same period in 2025 (101 cases)
- **MEXICO**, Volcanic ash alert in Mexico City as of 14 JULY
- **PUERTO RICO**, One cyclosporiasis case in traveler returning from abroad, as of 14 JULY
- **UNITED STATES**, 74 legionellosis cases (59 hospitalizations; 3 deaths) in the Upper East Side, New York City, New York, as of 19 JULY
- **UNITED STATES**, 81 WNV disease cases across 18 states as of 14 JULY; earliest and most widespread surge since 2004
- **UNITED STATES**, 126 syphilis cases in North Dakota during 2026; 309% increase from 2020 to 2024
- **UNITED STATES**, At least 14 states reporting “hazardous” and “very unhealthy” air quality due to Canadian wildfires as of 17 JULY; 37 military medical treatment facilities across Delaware, District of Columbia, Maryland, New Jersey, New York, Ohio, Pennsylvania, Virginia, and Wisconsin affected
- **UNITED STATES**, FDA issues emergency use authorization for Ivermectin Liquid for prevention and treatment of NWS disease in horses on 15 JULY
- **UNITED STATES**, First WNV detection in Wisconsin during 2026 in mosquitoes in Milwaukee as of 14 JULY
- **UNITED STATES**, First WNV disease case in Denton County, Texas, and the Dallas-Fort Worth health agency during 2026
- **UNITED STATES**, Five listeriosis cases in Tampa, Florida, linked to a Chinese restaurant, between MARCH and JUNE
- **UNITED STATES**, Mpox clade II wastewater level decreased to “Not Detected” as of 13 JULY
- **UNITED STATES**, Norovirus wastewater level decreased to “Low” as of 15 JULY
- **UNITED STATES**, SARS-CoV-2 wastewater level increased from “Medium” to “High” as of 20 JULY

USAFRICOM Health Events of Interest

Nigeria – Lassa Fever (LF):

Through 28 JUNE, 6,165 (+4.7k since IB’s last report on 03 MAR) LF cases (922 [+604] confirmed; 221 [+151] deaths; case fatality rate [CFR]: 24%) have been reported across 23 states (111 local government areas [LGAs]) in Nigeria during 2026, **a 17% and 49% increase in confirmed cases and deaths, respectively, compared to the same period in 2025**. The CFR has also increased from ~19% reported last year. Five states account for 85% of confirmed cases:

Ondo (30%), Bauchi (26%), Taraba (14%), Edo (9%), and Benue (6%). See Figure 3 for confirmed LF cases by state and Figure 4 for confirmed cases by epidemiological week from 2022 to 2026. The Nigeria Centre for Disease Control and Prevention (NCDC) has acknowledged challenges in managing the endemic, including 1) late case presentation contributing to an increase in CFR, 2) poor health-seeking behavior due to the high cost of treatment and clinical management of the disease, 3) poor environmental sanitation conditions in high-burden communities, 4) poor awareness in high-burden communities, and 5) increasing infection in healthcare workers (HCWs). Through 28 JUNE, 50 (+35) cases have been reported among HCWs during 2026. The national LF multi-partner, multi-sectoral Incident Management System is in effect to coordinate the response at all levels. As of 28 JUNE, National Rapid Response

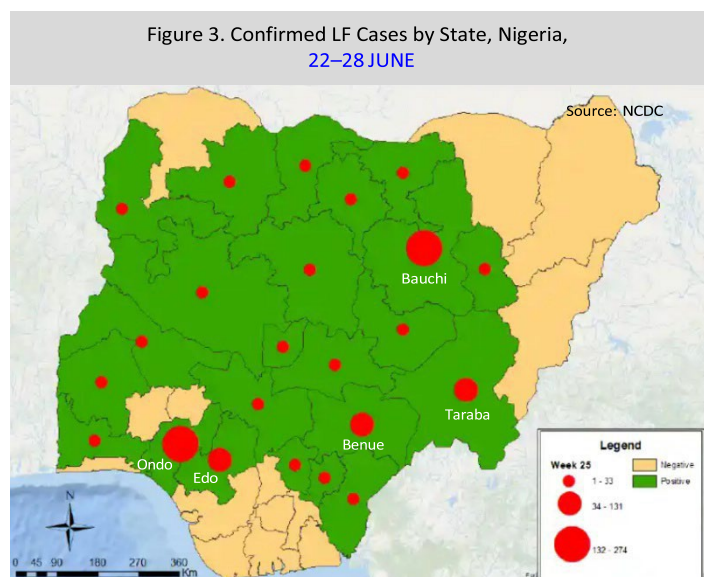
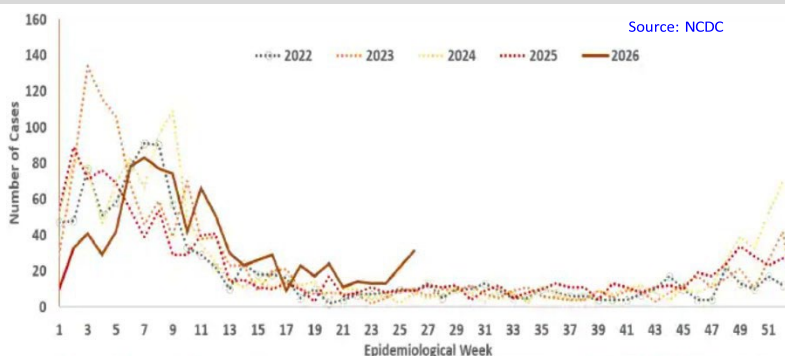


Figure 4. Confirmed LF cases by Epidemiological Week, 2022–2026



Teams have been deployed to five states: Benue, Gombe, Kebbi, Kano, and Plateau. In 2025, >9.3k suspected cases (>1.1k confirmed; 215 deaths; CFR: 19%) were reported, with confirmed cases in 107 LGAs across 22 states, primarily from Ondo (35%), Bauchi (26%), Edo (16%), and Taraba (12%) states. (NCDC)

LF transmission primarily occurs via direct contact with infected *Mastomys* spp. rodents or contact with food or household items that are contaminated by rat urine or droppings; human-to-human transmission is rare but could occur following direct contact with the blood, feces, or urine of an infected individual, primarily in healthcare settings. Transmission occurs year-round, peaking in the dry season from DECEMBER to APRIL. An AUGUST 2025 study found that LF risk in Ondo State is impacted by human factors such as built settlement, roads, population density, poverty, and climatic/altitude variables, particularly in the northern and elevated regions. An OCTOBER 2025 preprint study concluded that climate-driven rodent population and infection dynamics in the *Mastomys natalensis* reservoir align with the seasonal timing of human outbreaks, concluding that rodent birth surges that accompany increased rainfall drive spillover risk to humans. (Int J Biometeorol, medRxiv, World Health Organization [WHO])

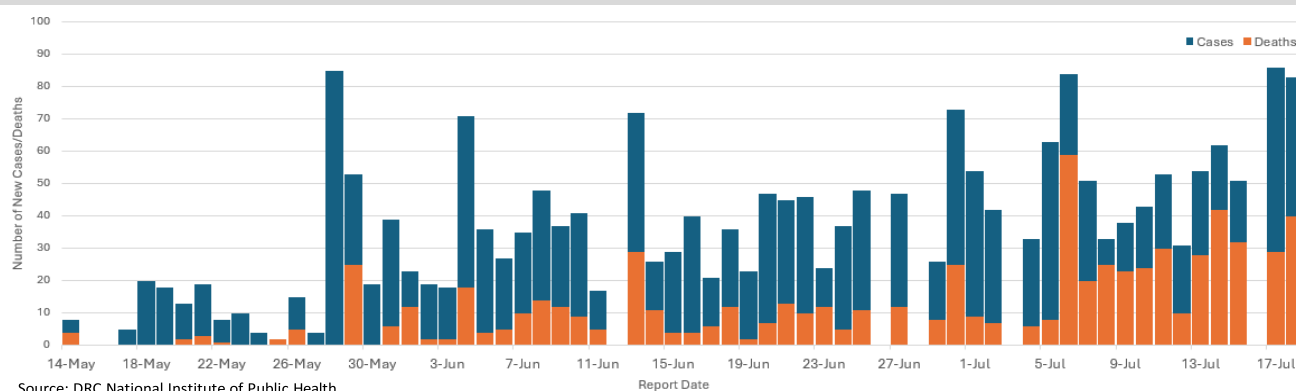
About 80% of individuals who become infected with LF are asymptomatic or have mild symptoms; however, 20% of infections develop into severe disease, resulting in the virus affecting several organs such as the liver,

kidneys, and spleen. There is currently no antiviral drug approved for LF, and treatment primarily consists of supportive care including fluid management. Although the antiviral drug ribavirin has been administered, there are concerns regarding its efficacy on the outcome of patients and optimal dosing regimens. According to a MAY 2026 study, a phase II trial for an alternative antiviral, favipiravir, found it to be safe and well tolerated with a reported mortality roughly half that of the ribavirin group. The most advanced LF vaccine candidate, rVSVΔG-LASV-GPC, has an ongoing Phase II trial that is now fully active across Ghana, Liberia, and Nigeria, following the publication of positive Phase I results (no serious adverse events and strong immune response) in NOVEMBER 2025; the primary completion for this trial is estimated for DECEMBER 2026. Several other candidates have also entered human trials, including the University of Oxford's ChAdOx1 Lassa vaccine, which began a first-in-human trial in the United Kingdom in DECEMBER 2025, and LASSARAB, a candidate developed by Thomas Jefferson University and the National Institutes of Health (NIH), which started a Phase I trial in the United States in MARCH 2025. These candidates follow an APRIL 2023 review that identified multiple vaccines entering the clinical phase, including Themis Bioscience's MV-LASV, which completed a Phase I trial with results published in MARCH 2023, and Inovio Pharmaceuticals' INO-4500 candidate, which was discontinued in 2022. (CIDRAP, ClinicalTrials.gov, *Lancet*, *Nat Med*, NIH, Oxford Vaccine Group, *Trop Med Int Health*, Vax Before Travel, WHO)

USAFRICOM – Ebola Virus Disease (EVD):

Democratic Republic of Congo (DRC) CASE REPORT: According to the DRC Ministry of Communication and Media, through 19 JULY (data last checked 0830 EST on 21 JULY), 2,423 (+497) confirmed EVD cases (967 [+265] confirmed deaths; CFR: 40%; Table 2; Figure 5) have been reported across at least 47 (+5) health zones (HZs) in Ituri (28), North Kivu (11), Haut-Uélé (4), Tshopo (3), and South Kivu (1) provinces. See Figure 6 for the geographical location of the current EVD outbreak in the DRC. Through 19 JULY, >10k contacts are under follow-up in Ituri (>7.5k), North Kivu (2.6k), and Haut-Uélé (310) provinces, and 469 (+151) cases have recovered. Most (80%) of the new EVD cases in eastern DRC are emerging from unknown chains of transmission, prompting concerns that the outbreak is spreading faster than health officials can respond. The true number of cases may be at least double, possibly four times, the official count. As of 13 JULY, the International Rescue Committee warned of an increased risk of cross-border spread into South Sudan due to accelerated transmission in affected areas and spread to new locations in the DRC. As of 13 JULY, dozens of HCWs, including case investigators, drivers, epidemiologists, and gravediggers, at Rwampara General Hospital, Ituri Province, have gone on strike due to unpaid wages. The protesting staff shut the hospital down and have blocked its primary road. Further, as of 15 JULY, HCWs at Bunia General Hospital have also gone on strike due to lack of compensation, despite working under difficult conditions. (Africa News, The Associated Press, NBC News, STAT News)

Figure 5. Daily EVD Confirmed Cases and Deaths, DRC, through 19 JULY



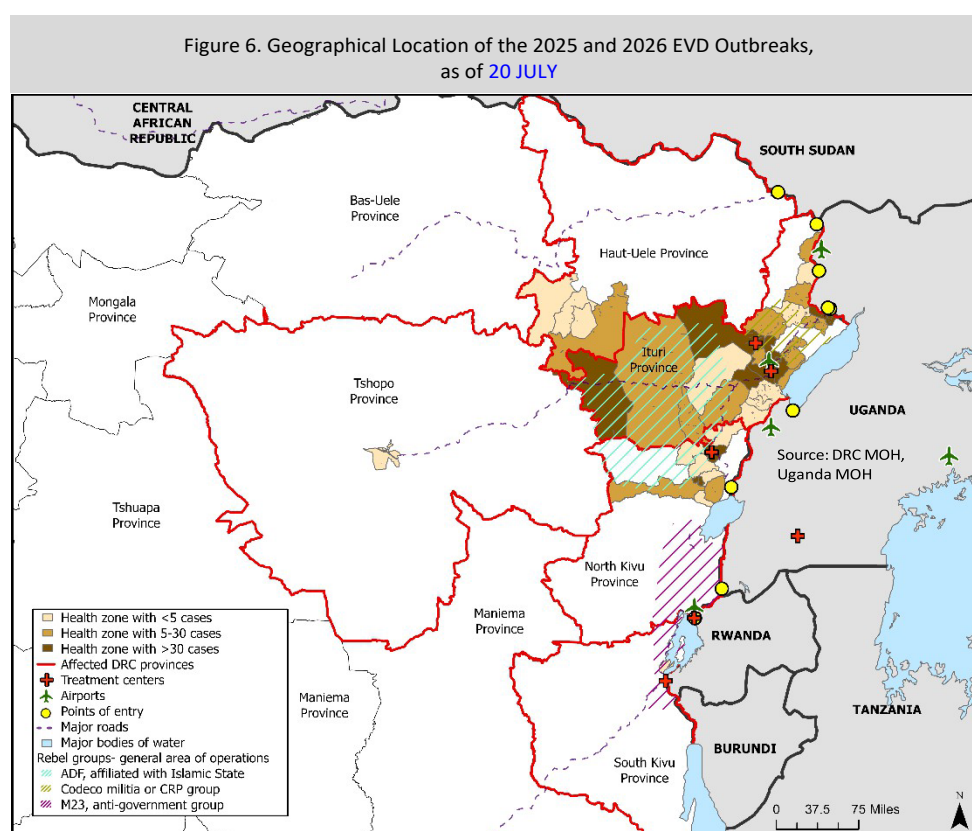
FRANCE CASE REPORT: On 24 JUNE, the France MOH confirmed an EVD case in the country; the case recovered and was discharged from the hospital as of 04 JULY. No additional cases have been reported in France, and as of 14 JULY, the five low-risk flight contacts have completed their follow-up period. (France24, WHO)

UGANDA CASE REPORT: According to the Uganda MOH, as of 20 JULY (data last checked 0830 EST on 21 JULY) 20 confirmed EVD cases (15 imported; 5 locally acquired; 2 deaths) have been reported in Uganda (Table 2). The last case, confirmed on 21 JUNE, was discharged on 16 JULY; no contacts are under follow-up, while 821 have

completed follow-up. **Uganda has started the 42-day countdown (twice the maximum incubation period) to declare the end of the outbreak (~27 AUG).** (WHO)

Country	Area	Number of Health Zones Affected	Confirmed Cases	Confirmed Deaths	Contacts Under Follow up
DRC	Ituri Province	28	2,160	811	
	North Kivu Province	11	239	141	
	Haut-Uélé Province	4	16	10	10,519
	Tshopo Province	3	5	4	
	South Kivu Province	1	3	1	
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 second U.S. citizen has contracted EVD. The case was on a humanitarian mission in the DRC and got infected 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 an EVD treatment center in Ituri Province before being evacuated to University Hospital Frankfurt in Germany for treatment on 13 JUNE; the case remains in stable condition as of 17 JULY.** (BEACON, CBC News, WHO)

DIAGNOSTICS AND MEDICAL COUNTERMEASURES: On 14 JULY, the National Institute for Biomedical Research in Kinshasa, DRC, launched EBO-PEP, the first clinical trial to assess the efficacy of post-exposure prophylaxis with the antiviral obeldesivir against Bundibugyo virus disease (BVD); participants will be recruited from Ituri Province. As of 14 JULY, Oxford University in the United Kingdom has begun recruiting volunteers to test the BVD vaccine ChAdOx1, which has been produced with similar technology used to develop the Oxford-AstraZeneca COVID-19 vaccine. (Africa CDC, BMJ)

RISK ASSESSMENTS: As of [17 JULY](#), WHO assessed 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 [17 JULY](#), the European Centre for Disease Prevention and Control (ECDC) assessed 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 [17 JULY](#), the U.S. CDC assesses the overall risk of the EVD outbreak to the U.S. population and travelers is “**Very 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 “**Level 4 – Do Not Travel**” advisories for DRC, South Sudan, and Uganda remain in effect. As of [16 JULY](#), the U.S. Embassy in the DRC announced new travel restrictions which prevent U.S. citizens and nationals who have been in the DRC within a 21-day period from entering the United States via commercial aviation.

Other Events:

- [CAMEROON](#), 331 cholera cases (12 deaths) across 4 health districts in Far North Region as of 09 JULY
- [CENTRAL AFRICAN REPUBLIC](#), 436 cholera cases (36 deaths) across 3 health districts as of 09 JULY; outbreak declared on 26 JUNE
- [DRC](#), 52 gastrointestinal (GI) illness cases (11 deaths) from 23 JUNE to 07 JULY in Shabunda Territory, South Kivu Province
- [DRC](#), 95 cholera cases (13 deaths) since JUNE in Bandundu Health Zone, Kwilu Province
- [DRC](#), 99k measles cases during 2026; 192% increase compared to same period in 2025 (34k cases)
- [MOZAMBIQUE](#), 7.2k cholera cases (61 deaths) across 9 provinces during 2026; two-fold increase compared to same period in 2025 (>3.9k cases)
- [SOMALIA](#), >2.1k cholera cases across all 6 states during 2026
- [SOMALIA](#), Heavy rain in Ethiopian highlands and local Deyr season rains could quickly rise water levels in two main waterways, increasing risk of AWD and cholera as of 13 JULY
- [SOUTH SUDAN](#), 1.5k cholera cases in North and West Kordofan states as of 15 JULY
- [SUDAN](#), Cholera outbreak may get worse due to conflict and onset of rainy season according to WHO; >1.3k cases (114 deaths) since JUNE
- [UGANDA](#), 14 GI anthrax cases (9 hospitalizations; 5 deaths) in Kashozi Division, Sheema Municipality, as of 15 JULY; linked to cattle carcass consumption
- [UGANDA](#), Three human Rift Valley fever deaths in Kabale District, Western Region, as of 11 JULY
- [USAFRICOM](#), Increasing artemisinin resistance in East Africa, endangering malaria control as of 07 JULY
- [ZAMBIA](#), 447 measles cases (5 deaths) since early MAY

USCENTCOM Health Events of Interest

Other Events:

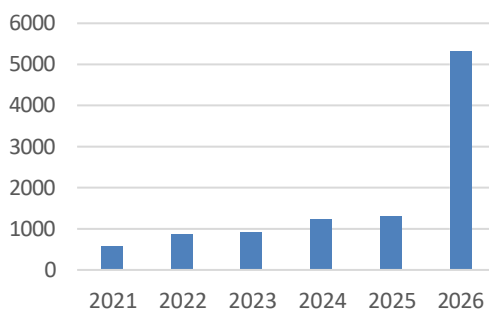
- [AFGHANISTAN](#), 11 poliomyelitis cases during 2026
- [GAZA STRIP](#), 64% of households report dermatologic infection or scabies as of 08 JULY
- [ISRAEL](#), First human WNV disease case during 2026
- [PAKISTAN](#), Eight dengue cases in Faisalabad, Punjab Province, during 2026
- [SYRIA](#), 620 AWD cases in Masyaf City, Hama Governorate, as of 15 JULY
- [UNITED ARAB EMIRATES](#), Study found widespread distribution of *Aedes aegypti* mosquitoes in Dubai between JUNE 2024 and JUNE 2025; dengue virus (DENV) serotype-1 and -2 detected from two urban sample locations
- [YEMEN](#), 600 rabies cases during 2026; 481 total in 2025

USEUCOM Health Events of Interest

Czech Republic – Lyme Disease (LD):

Through **JUNE**, the Czech Republic State Institute of Health has reported **5,320** (+>3.9k since IB's last update on **28 APRIL**) LD cases during 2026, a **305% increase compared to the same period in 2025 (1.3k cases)** and a **442% increase over the previous five-year average (981)**. See Figure 7 for LD cases between JANUARY and **JUNE** from 2021 to 2026. Health officials are attributing the rise to a longer tick season and a new reporting system. LD was added to the Czech early warning system in 2025, and since **JULY 2025**, healthcare providers have been automatically reporting relevant diagnoses; the previous reporting procedure was more complicated and per the National Institute of Public Health, resulted in underreporting. Additionally, the tick season in the Czech Republic now begins earlier in the spring and lasts later into the fall compared to the historical average. Climate change has been partly attributed to the change in tick season. The country reported higher than usual LD cases in the beginning of 2026, with 488 cases in JANUARY, more than double the cases from JANUARY 2025 (208), and 959% higher than the previous five-year average (125). Monthly cases have remained elevated compared to previous years. LD risk is particularly high in urban areas, with studies reporting that 25–30% of ticks in Czech cities carried the *Borrelia* spp. bacterium compared to ~10% of ticks in forests. Tick-borne diseases (TBD) have been increasing in the Czech Republic in recent years, reaching a 10-year high by the end of **JULY 2025**. Over 11k LD cases and >700 tick-borne encephalitis (TBE) cases were reported in 2025. **The Czech Republic is among the European countries with the highest incidence of TBD.** Additionally, Poland has reported an increase in LD cases during 2026 (>19k cases), a 16% increase compared to the same period in 2025 (16k). (Czech Radio, Czech Republic State Institute of Health, Poland Department of Epidemiology of Infectious Diseases and Surveillance)

Figure 7. JANUARY – **JUNE** LD Cases, Czech Republic, 2021–2026



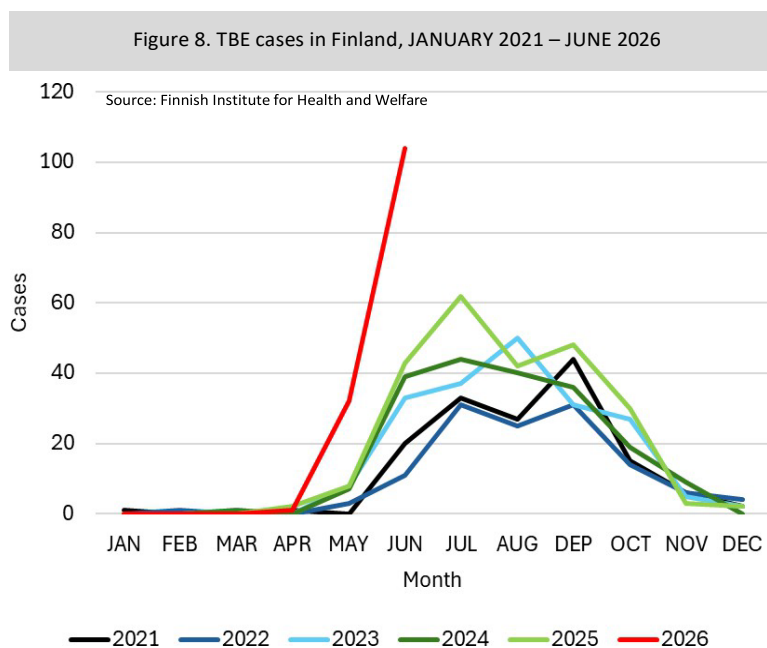
Source: Czech Republic State Institute of Health

In Europe, LD is caused by *Borrelia burgdorferi* sensu lato (Bbsl) bacteria and transmitted via the bite of infected ticks. The most common vector is *Ixodes ricinus*, with *I. persulcatus* more prevalent in the Baltic countries and Finland. The most affected areas, mostly located in central Europe, can have tick infection rates >10%, but infected ticks have been geographically expanding northward in recent years. Most LD cases can be treated with antibiotics; however, if left untreated, the infection can spread to the heart, joints, and nervous system. In ~10% of cases, a serious complication called Lyme neuroborreliosis may occur, which affects the central nervous system. A MARCH 2025 study found that the prevalence of anti-Bbsl antibodies was 9.5% among adults in the Czech Republic, using sera collected from 2011 to 2012. (European Centre for Disease Prevention and Control [ECDC], *Int J Med Microbiol*)

Finland – 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 5-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 8). 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:

- **ESTONIA**, 60 salmonellosis cases through JUNE compared to 37 during same period in 2025
- **FRANCE**, First locally acquired human WNV disease case during 2026 in Pyrénées-Orientales Department, as of 17 JULY
- **GERMANY**, 186 chikungunya cases during 2026; 102% increase compared to same period in 2025 (92)
- **GERMANY**, Chili's restaurant on Ramstein Air Base closed as of 13 JULY; *Escherichia coli* found in kitchen and mold found in basement
- **GERMANY**, Four malaria cases among Frankfurt Airport employees with no travel history as of 16 JULY; imported mosquito suspected
- **GREECE**, Salmonellosis outbreak (~30 cases) in Lamia, Central Greece Administrative Region, as of 14 JULY; source currently unknown
- **HUNGARY**, 14 tularemia cases as of 12 JULY; 56% increase compared to same period in 2025 (9 cases)
- **HUNGARY**, 36 listeriosis cases as of 12 JULY; 89% increase compared to same period in 2025 (19 cases)
- **HUNGARY**, 42 Q fever cases during 2026; 20% increase compared to same period in 2025
- **HUNGARY**, 104 legionellosis cases as of 12 JULY; 32% increase compared to same period in 2025 (79 cases)
- **HUNGARY**, 308 *E. coli* infection cases during 2026, 14% increase compared to same period in 2025; annual cases increasing for several years
- **HUNGARY**, >4.3k rotavirus disease cases during 2026; 256% increase compared to same period in 2025 (1.2k cases)

- **ITALY**, Two Toscana virus cases (both hospitalized) in Citta di Castello, Perugia Province, northern Umbria, as of 14 JULY.
- **ITALY**, WNV-positive samples detected in Ravenna Province, Emilia-Romagna Region, as of 15 JULY.
- **NORTH MACEDONIA**, 1.5k GI illness cases near Skopje as of 20 JULY; suspected link to polluted drinking water.
- **POLAND**, 16 hantavirus infection cases during 2026 compared to 19 total in 2025; 4 cases between 16 and 30 JUNE.
- **POLAND**, 1.3k hepatitis A cases during 2026, surpassing total 2025 (>1.0k); began increasing late AUGUST 2025.
- **PORTUGAL**, 122 norovirus infection cases in Caldas da Rainha, Leiria District, linked to an international youth football tournament as of 13 JULY.
- **RUSSIA**, 80 salmonellosis cases in Novoselitsky District, Stavropol Krai, as of 18 JULY, linked to fish cakes from Mikhailovsky grocery store.
- **SLOVENIA**, Two locally acquired human *B. miyamotoi* infection cases in 2025.
- **SPAIN**, First confirmed WNV disease case nationwide during 2026 in Alicante Province as of 11 JULY.
- **UNITED KINGDOM**, 557 imported malaria, 287 typhoid fever and paratyphoid fever, 137 dengue, 59 chikungunya, and 8 Zika virus disease cases in England, Northern Ireland, and Wales during 2026.
- **USEUCOM**, 34 locally acquired human WNV disease cases across 5 countries during 2026; Italy (21), Greece (7), and North Macedonia, Romania, and Spain (2 each).
- **USEUCOM**, Increasing ceftriaxone-resistant gonorrhea cases since 2022, including multidrug and extensively drug-resistant strains.

USPACOM Health Events of Interest

Cambodia – Novel Influenza A(H5N1):

As of 12 JULY, the Cambodia MOH reported the fifth human infection with **avian influenza A(H5N1)** 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)

Philippines – Chikungunya:

As of 14 JULY, 259 suspected chikungunya cases have been reported across 3 municipalities in Samar Province during 2026, with cases in Basey (159), Gandara (97), and Paranas (3) municipalities. To confirm the outbreak, the Provincial Health Office of Samar sent 12 blood samples, 6 each from Basey and Gandara, to the Research Institute for Tropical Medicine for laboratory testing. The two villages most affected during this outbreak are Barangay Mabini in Basey Municipality (128 cases) and Barangay Ngoso in Gandara Municipality (51). Catorse de Agosto in Gandara Municipality also has reported cases. Earlier data from the Gandara Rural Health Unit reported 84 cases in 2 villages, which had been under Code Red since 30 JUNE. As of 11 JULY, Samar Province had not reported any deaths among the cases. Health officials reported an increase in cases in recent weeks, with 9 cases in FEBRUARY and 6 in MAY prior to spiking to 190 cases in JUNE and 54 during the first half of JULY. **Despite the recent case increase, health officials noted that the attack rates remain relatively low, with 28 cases per 100k individuals in Basey and 27 per 100k in Gandara**. Health officials are conducting active surveillance throughout the province, including

monitoring 67 additional villages for suspected cases, and are urging residents to eliminate stagnant water and other mosquito breeding sites around their homes. Coordination with provincial and regional epidemiology and surveillance units have also been enacted, and the implementation of prevention and control activities in affected communities and intensified efforts to eliminate mosquito breeding sites through environmental cleaning, drainage maintenance, the removal of stagnant water, and proper waste disposal are ongoing. (BEACON, Daily Tribune, Inquirer.net, Outbreak News Today)

Chikungunya has been reported in the Philippines through recurrent locally acquired cases and outbreaks since the first reported event in 1968. *Ae. aegypti* mosquitoes, the vector for chikungunya transmission, are found in the Philippines and therefore support the potential for recurrent local transmission. National case reporting has fluctuated over recent years, with 600 cases in 2022 according to GIDEON, >2.8k in 2023, 383 in 2024, and 653 in 2025, underscoring the importance of subnational surveillance for detecting sustained or expanding transmission. A 2019 study found that the Philippines, along with India, Indonesia, and Thailand, are among the Asia-Pacific countries that most frequently report chikungunya outbreaks or epidemics, and that the East-Central-South African genotype is the predominant strain. (BEACON, *Emerge Microbes Infect*, Outbreak News Today, WHO)

Other Events:

- **AUSTRALIA**, 36 mpox cases in Western Australia State as of 20 JULY; 28 total in 2025
- **AUSTRALIA**, 163 vibriosis cases through JUNE, more than three-fold increase from same period in 2025 (50 cases)
- **AUSTRALIA**, Second confirmed avian influenza A(H5) detection in New South Wales State during 2026; 15 total confirmed among wild seabirds
- **BANGLADESH**, >8.6k dengue cases (27 deaths) during 2026; most cases in Dhaka (>3.0k) and Barishal (2.2k) divisions
- **BANGLADESH**, >128k measles cases (771 deaths) across all 8 divisions during 2026; Dhaka Division most affected (60k)
- **BANGLADESH**, Increase in cholera and dengue cases due to heavy rains, landslides, and severe flooding
- **HONG KONG**, Two rat hepatitis E virus infection cases during 2026
- **INDIA**, >3.6k malaria and 938 dengue cases in Mumbai, Maharashtra State, during 2026; 18% and 28% increase, respectively, compared to same period in 2025
- **INDIA**, Increased risk of chikungunya and dengue in Jharkhand State due to monsoon season as of 11 JULY
- **INDIA**, Six total Chandipura virus disease cases (three deaths) in Gujarat State as of 12 JULY
- **JAPAN**, >1.4k *E. coli* infection and 40 shigellosis cases during 2026 compared to 1.0k and 25, respectively, in same period in 2025
- **MYANMAR**, ~100 dengue and malaria cases (2 deaths) in Mrauk-U Township, Rakhine State, as of 11 JULY
- **NEPAL**, Four Japanese encephalitis cases (one death) as of 14 JULY; seasonal increase with monsoon
- **NEW CALEDONIA**, >1.9k dengue cases during 2026, compared to 21 during the same period in 2025
- **NEW ZEALAND**, Country's first avian influenza A(H5) case in bird on Petone Beach, Wellington Region, as of 15 JULY
- **REPUBLIC OF KOREA**, 51 Q fever cases during 2026, a 70% increase compared to same period in 2025 (30)
- **REPUBLIC OF KOREA**, 981 hepatitis A and 399 legionellosis cases during 2026; a 54% and 34% increase from same period in 2025, respectively
- **REPUBLIC OF KOREA**, Malaria advisory issued nationwide due to recent heavy rains as of 11 JULY
- **TAIWAN**, First imported Zika virus disease case during 2026; linked to travel to Thailand
- **TAIWAN**, Five Japanese encephalitis cases during 2026
- **TAIWAN**, Increasing COVID-19 activity; 2.8k emergency and outpatient visits in week ending 11 JULY
- **UNITED STATES**, Additional imported dengue case in O'ahu, Hawaii, as of 11 JULY; six total imported cases during 2026
- **VIETNAM**, One *Streptococcus suis* infection case in Bac Ninh Province as of 14 JULY; linked to raw pig blood soup consumption

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 JUN). 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

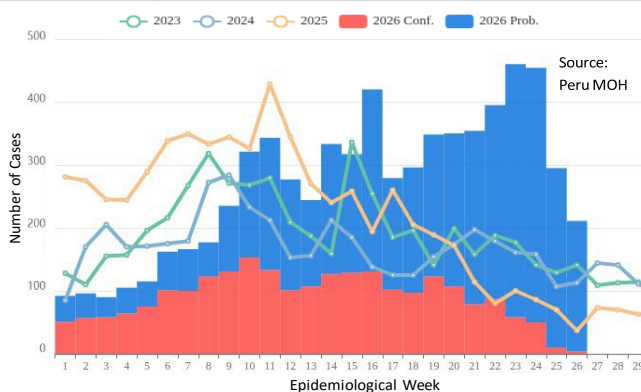
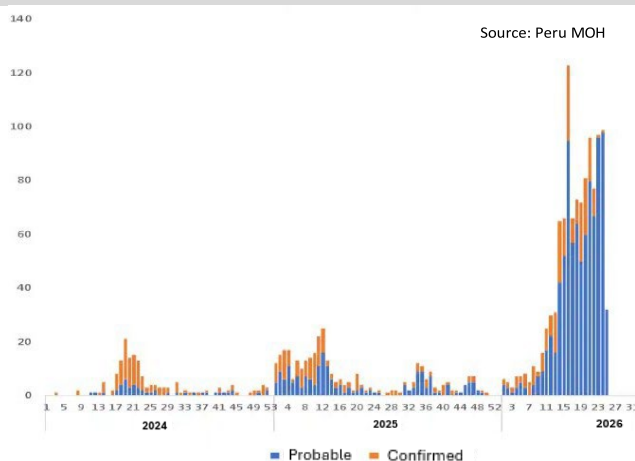


Figure 10. Confirmed and Probable Leptospirosis Cases by EW, Piura Region, Peru, 2024–2026



Text in blue represents a change since the previous report (14 JULY)

For information/assistance requests, contact AFHSD-IB at: dha.ncr.health-surv.list.ib-alert-response@health.mil

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)

Other Events:

- **ARGENTINA**, Two leptospirosis cases in San Carolos de Bariloche Municipal Landfill, Bariloche City, as of 17 JULY
- **BRAZIL**, 64k dengue cases (>36k confirmed; 32 deaths) and >13k chikungunya cases (>10k; 3) in Minas Gerais State during 2026
- **CAYMAN ISLANDS**, Country's first locally acquired legionellosis case as of 17 JUNE in George Town hospital.
- **COLOMBIA**, 53 confirmed yellow fever cases (26 deaths) during 2026
- **COSTA RICA**, U.S. CDC issues "Level 2 – Practice Enhanced Precautions" travel notice for chikungunya on 16 JULY
- **DOMINICAN REPUBLIC**, 171 dengue cases during 2026, cases increasing since MAY
- **DOMINICAN REPUBLIC**, 203 confirmed leptospirosis cases during 2026; 250% increase compared to same period in 2025 (58)
- **EL SALVADOR**, Country declared trachoma-free as of 13 JULY
- **EL SALVADOR**, First fatal dengue case during 2026; 21 total confirmed
- **FRENCH GUIANA**, Three Oropouche virus disease cases during 2026; first local transmission since 2020
- **HONDURAS**, >5k dengue cases (89 severe) during 2026, with 24% in Central District
- **PANAMA**, >4.5k malaria, >3.5k dengue, and 57 NWS disease cases during 2026
- **PERU**, 33k dengue cases during 2026, 14% increase compared to same period in 2025 (29k); cases increasing
- **VENEZUELA**, 12 Venezuelan hemorrhagic fever cases (7 deaths) during 2026; 32 total in 2025
- **VENEZUELA**, 52k malaria cases during 2026; similar to same period in 2025