

**TABLE.** Reportable Medical Events, Military Health System Facilities, October 2025<sup>a</sup>

Reportable Medical Event <sup>b</sup>	Active Component <sup>c</sup>					MHS Beneficiaries <sup>d</sup>
	October 2025	September 2025	YTD 2025	YTD 2024	Total 2024	October 2025
	No.	No.	No.	No.	No.	No.
Amebiasis	0	0	13	11	15	0
Arboviral diseases, neuroinvasive, non-neuroinvasive	1	0	3	4	4	0
Babesiosis	0	0	1	0	0	0
Bruceellosis	0	0	0	1	1	0
COVID-19-associated hospitalization, death	0	1	31	38	41	8
Campylobacteriosis	33	33	287	277	326	22
Chikungunya virus disease	0	0	0	0	1	0
<i>Chlamydia trachomatis</i> infection	1,204	1,185	12,517	13,769	16,097	149
Cholera, O1, O139	0	0	0	3	3	0
Coccidioidomycosis	1	4	20	43	53	0
Cold weather injury <sup>e</sup>	6	4	290	139	174	N/A
Cryptosporidiosis	3	8	59	78	82	2
Cyclosporiasis	0	0	22	11	11	0
Dengue virus infection	0	0	8	11	12	1
<i>E. coli</i> , Shiga toxin-producing	4	6	59	70	93	0
Ehrlichiosis, anaplasmosis	0	0	1	1	1	0
Giardiasis	5	11	90	90	98	3
Gonorrhea	205	199	1,950	2,415	2,823	18
<i>H. influenzae</i> , invasive	0	0	2	3	3	0
Heat illness <sup>e</sup>	46	138	1,358	1,244	1,276	N/A
Hepatitis A	1	0	2	7	7	0
Hepatitis B, acute, chronic <sup>f</sup>	5	11	69	93	108	7
Hepatitis C, acute, chronic	2	4	22	33	35	4
Influenza-associated hospitalization <sup>g</sup>	0	0	49	45	54	5
Lead poisoning, pediatric <sup>h</sup>	N/A	N/A	N/A	N/A	N/A	5
Legionellosis	0	0	1	4	5	0
Leishmaniasis	0	0	1	0	0	0
Leprosy	0	0	0	1	2	0
Listeriosis	0	0	1	0	0	0
Lyme disease	5	8	89	92	101	9
Malaria	1	5	30	18	21	1
Meningococcal disease	0	1	2	2	2	0
Mpox	2	1	9	13	14	0
Mumps	0	0	2	0	0	1
Norovirus infection <sup>i</sup>	58	45	951	467	654	64
Pertussis	1	1	38	25	39	5
Q fever	0	0	1	2	3	0
Rabies post-exposure prophylaxis (PEP)	54	54	534	524	637	36
Salmonellosis	17	26	148	134	160	20
Schistosomiasis	0	0	0	0	1	0
Shigellosis	3	1	33	46	53	1
Spotted fever rickettsiosis	6	4	35	22	22	0
Syphilis <sup>j</sup>	29	35	386	510	587	6
Toxic shock syndrome	0	0	0	2	2	0
Trypanosomiasis	0	1	2	3	5	0
Tuberculosis	0	0	8	4	6	1
Tularemia	0	0	2	1	1	0
Typhoid fever	0	0	0	1	1	0
Typhus fever	0	1	7	1	2	0
Varicella	1	3	14	12	18	6
Zika virus infection	0	0	0	1	1	0
Total case counts	1,693	1,790	19,147	20,271	23,655	374

Abbreviations: MHS, Military Health System; YTD, year-to-date; no., number; *E. Escherichia*; H., Haemophilus; N/A, not applicable; PEP, post-exposure prophylaxis; DRSi Disease Reporting System internet; RMEs, reportable medical events.

<sup>a</sup> RMEs submitted to DRSi as of Jan. 6, 2026. RMEs were classified by date of diagnosis or, where unavailable, date of onset. Monthly comparisons are displayed for periods Sep. 1, 2025–Sep. 30, 2025 and Oct. 1, 2025–Oct. 31, 2025. YTD comparison is displayed for period Jan. 1, 2025–Oct. 31, 2025 for MHS facilities. Previous year counts are provided as previous YTD, Jan. 1, 2024–Oct. 31, 2024 and Total 2024, Jan. 1, 2024–Dec. 31, 2024.

<sup>b</sup> RME categories with 0 reported cases among active component service members and MHS beneficiaries for periods covered were not included in this report.

<sup>c</sup> Services included in this report include the Army, Navy, Air Force, Marine Corps, Coast Guard, and Space Force, including personnel classified as active duty, cadet, midshipman, or recruit in DRSi.

<sup>d</sup> Beneficiaries include individuals classified as retired and family members (including spouse, child, other, and unknown). National Guard, reservists, civilians, contractors, and foreign nationals were excluded from these counts.

<sup>e</sup> Only reportable for service members.

<sup>f</sup> Observed decline in hepatitis B cases from 2024 to 2025 may be attributed, in part, to updated case validation process.

<sup>g</sup> Influenza-associated hospitalization is reportable only for individuals younger than age 65 years.

<sup>h</sup> Pediatric lead poisoning is reportable only for children aged 6 years or younger.

<sup>i</sup> DCPH-A is closely monitoring norovirus due to 104% increase in DRSi reports for norovirus YTD 2025 (n=951) compared to YTD 2024 (n=467).

<sup>j</sup> Observed decline in syphilis cases from 2024 to 2025 may be attributed, in part, to updated case validation process that began Jan. 2024.