

TABLE. Reportable Medical Events, Military Health System Facilities, December 2025^a

Reportable Medical Event ^b	Active Component ^c					MHS Beneficiaries ^d
	December 2025	November 2025	YTD 2025	YTD 2024	Total 2024	December 2025
	No.	No.	No.	No.	No.	No.
Amebiasis	0	1	15	15	15	1
Arboviral diseases, neuroinvasive, non-neuroinvasive	0	0	3	4	4	0
Babesiosis	0	0	1	0	0	0
Brucellosis	0	0	0	1	1	0
COVID-19-associated hospitalization, death	1	1	33	41	41	7
Campylobacteriosis	16	30	337	326	326	13
Chikungunya virus disease	0	0	0	1	1	0
<i>Chlamydia trachomatis</i> infection	848	1,020	14,478	16,097	16,097	127
Cholera O1, O139	0	0	0	3	3	0
Coccidioidomycosis	1	2	23	53	53	1
Cold weather injury ^{e,f}	116	17	425	174	174	N/A
Cryptosporidiosis	3	3	65	82	82	2
Cyclosporiasis	0	0	22	11	11	0
Dengue virus infection	0	0	9	12	12	0
<i>E. coli</i> , Shiga toxin-producing	1	2	62	93	93	3
Ehrlichiosis, anaplasmosis	0	0	2	1	1	1
Giardiasis	2	8	100	98	98	2
Gonorrhea	146	166	2,278	2,823	2,823	11
<i>H. influenzae</i> , invasive	0	0	2	3	3	0
Heat illness ^e	15	25	1,408	1,276	1,276	N/A
Hepatitis A	0	0	2	7	7	0
Hepatitis B, acute, chronic ^g	6	2	79	108	108	5
Hepatitis C, acute, chronic	1	2	27	35	35	4
Influenza-associated hospitalization ^h	13	4	66	54	54	40
Lead poisoning, pediatric ⁱ	N/A	N/A	N/A	N/A	N/A	4
Legionellosis	0	1	2	5	5	0
Leishmaniasis	0	0	1	0	0	0
Leprosy	0	0	0	2	2	0
Listeriosis	0	0	1	0	0	0
Lyme disease	1	4	97	101	101	0
Malaria	1	0	31	21	21	0
Meningococcal disease	0	0	2	2	2	0
Mpox	0	1	10	14	14	1
Mumps	0	0	2	0	0	0
Norovirus infection ^j	46	51	1,053	654	654	70
Pertussis	3	1	42	39	39	6
Q fever	0	0	1	3	3	0
Rabies post-exposure prophylaxis (PEP)	31	48	631	637	637	25
Salmonellosis	4	8	160	160	160	7
Schistosomiasis	0	0	0	1	1	0
Shigellosis	2	4	41	53	53	2
Spotted fever rickettsiosis	3	2	40	22	22	2
Syphilis ^k	17	21	439	588	588	7
Toxic shock syndrome	0	0	0	2	2	0
Trypanosomiasis	0	0	2	5	5	0
Tuberculosis	0	0	9	6	6	0
Tularemia	0	0	2	1	1	0
Typhoid fever	0	0	0	1	1	0
Typhus fever	1	1	10	2	2	0
Varicella	1	0	15	18	18	1
Zika virus infection	0	0	0	1	1	0
Total case counts	1,279	1,425	22,028	23,656	23,656	342

Abbreviations: MHS, Military Health System; YTD, year-to-date; No., number; N/A, not applicable; *E.*, *Escherichia*; *H.*, *Haemophilus*; PEP, post-exposure prophylaxis; DRSi, Disease Reporting System internet; DCPH-A, Defense Centers for Public Health—Aberdeen.

^a RMEs submitted to DRSi as of Mar. 10, 2026. RMEs were classified by date of diagnosis or, where unavailable, date of onset. Monthly comparisons are displayed for the periods Nov. 1, 2025–Nov. 30, 2025 and Dec. 1, 2025–Dec. 31, 2025. YTD comparison is displayed for the period Jan. 1, 2025–Dec. 31, 2025 for MHS facilities. Previous year counts are provided as: previous YTD, Jan. 1, 2024–Dec. 31, 2024; total 2024, Jan. 1, 2024–Dec. 31, 2024.

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

^c 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.

^d Beneficiaries included the following: 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.

^e Only reportable for service members.

^f There was a 144% increase in DRSi reports for cold weather injury in YTD 2025 (n=425) compared to YTD 2024 (n=174).

^g The observed decrease in hepatitis B cases from 2024 to 2025 may be, in part, attributed to updated case validation process.

^h Influenza-associated hospitalization is reportable only for individuals under age 65 years.

ⁱ Pediatric lead poisoning is reportable only for children ages 6 years or younger.

^j DCPH-A is closely monitoring norovirus, due to a 61% increase in DRSi reports for norovirus in YTD 2025 (n=1,053) compared to YTD 2024 (n=654).

^k The observed drop in syphilis cases from 2024 to 2025 may be, in part, attributed to updated case validation process that began Jan. 2024.