

Africa CDC Epidemic Intelligence Report

Date of Issue: 2026-09-20

Active Events

134

New Events reported
in 2026

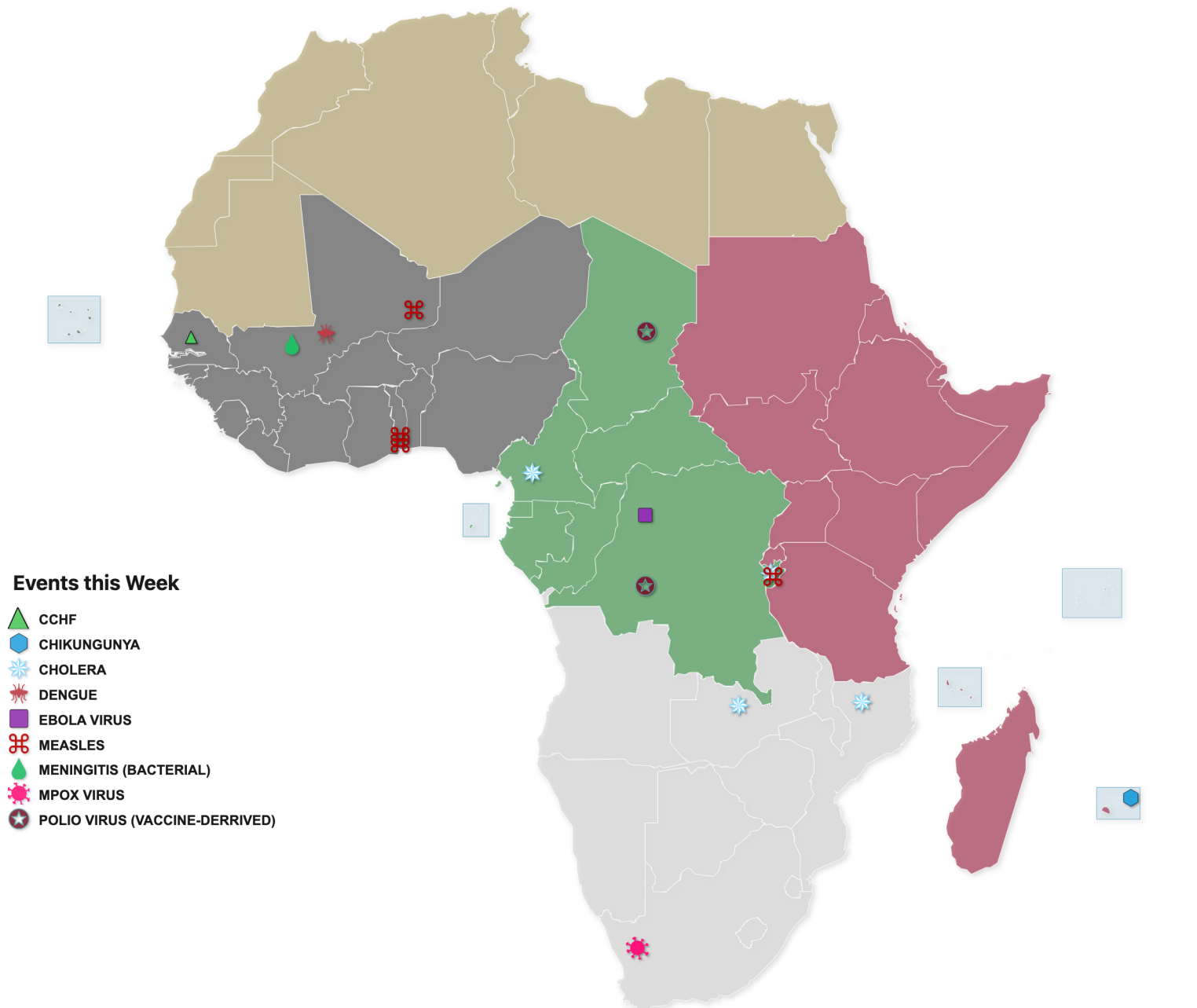
55

Events highlighted
this week

16

New events since
last issue

1



*  represent AU Member States that are islands

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the African Union

	Risk Level		
	Very High (New)	High (New)	Moderate (New)
Human	1	2	13 (1)
Animal	0	0	0
Environment	0	0	0

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Suspected	Probable	Confirmed	Deaths
 Measles	Togo	Moderate	N/A		0	0	19	0

Events Highlighted this week

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 CCHF	Senegal	Moderate	Low		0 (0)	0 (0)	8 (1)	0 (0)
 Chikungunya	Mauritius	Moderate	N/A		0 (0)	0 (0)	6,929 (1)	0 (0)
 Cholera	Burundi	Moderate	N/A		2,044 (39)	0 (0)	0 (0)	5 (1)
	Cameroon	Moderate	N/A		2,708 (2,381)	0 (0)	4 (0)	79 (67)
	Mozambique	Moderate	N/A		7,822 (8)	0 (0)	0 (0)	66 (0)
	Zambia	Moderate	N/A		118 (59)	0 (0)	33 (15)	4 (1)
 Dengue	Mali	Moderate	N/A		1,877 (35)	0 (0)	555 (29)	1 (0)
 Ebola virus	Democratic Republic of the Congo	Very High	N/A		0 (0)	0 (0)	7,733 (388)	3,732 (189)
 Measles	Burundi	Moderate	N/A		1,411 (14)	0 (0)	0 (4)	13 (0)
	Mali	High	N/A		506 (19)	0 (0)	296 (4)	0 (0)
	Togo	Moderate	N/A		388 (0)	0 (0)	177 (0)	0 (0)
 Meningitis (Bacterial)	Mali	Moderate	N/A		508 (11)	0 (0)	90 (5)	1 (0)
 Mpox virus	South Africa	High	N/A		2 (0)	0 (0)	19 (2)	0 (0)
 Polio virus (Vaccine-derived)	Chad	Moderate	N/A		0 (0)	0 (0)	9 (1)	0 (0)
	Democratic Republic of the Congo	Moderate	N/A		0 (0)	0 (0)	55 (3)	0 (0)

Very High Risk Events

Human Event AC58064

Bundibugyo Virus Disease in Africa

7,753 confirmed human case(s)
3,734 human deaths (**CFR: 48.16%**)

Agent/Pathogen	Bundibugyo Virus Disease	First Reported	15-May-2026	Previous Report Update	13-Sep-2026
First Occurred	15-May-2026	Country	Multiple Countries	Location	2 MS
Source	Ministry of Health	GeoScope	HIGH	Human Risk Assessment	VERY HIGH
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of this year, 7,753 confirmed cases and 3,734* deaths among confirmed cases [case fatality rate (CFR): 48.16%] of Bundibugyo virus disease (BVD) have been reported from two African Union (AU) Member States (MS): Democratic Republic of Congo [DRC] (7,733 confirmed; 3,732 deaths) and Uganda (20; 2).

Since the last update (13 September 2026), a total of 388 new cases and 187 new deaths of BVD were reported from DRC.

DRC: In epidemiological week 38, the MoH reported 388 new confirmed cases and 187 new deaths (CFR: 48.19%) of BVD from across Ituri, Haute Uele, North Kivu, and Tshopo provinces. Overall, 7,733 confirmed cases, 3,732 deaths (overall CFR: 48.24%), and 1,902 (24.5%) recoveries have been reported seven provinces: Bas Uele (7 cases; 4 deaths), Haut Uele (311; 128), Ituri (5,947; 2,722), North Kivu (1,425; 862), South Kivu (3; 1), South Ubongi (1; 1), and Tshopo (39; 14). A total of 821 confirmed patients remain hospitalized. Ituri remains the epicenter, accounting for 77% of DRC cumulative cases and 73% of cumulative deaths reported.

**In epidemiological week 37, Africa CDC erroneously under-reported two BVD deaths on the event summary table. This has been rectified.*

Response by MS/partner/Africa CDC:

DRC: Response activities continue across surveillance, laboratory, IPC, risk communication, case management and vaccination pillars. The response continues to face major operational challenges, including insecurity in affected areas, weak contact tracing systems, shortages of IPC materials and essential medicines, limited diagnostic capacity outside Bunia, community resistance to post-mortem sampling, misinformation, and logistical difficulties in transporting samples to laboratories in Goma and Kinshasa. High population mobility, particularly along the Ugandan border and within artisanal mining corridors, continues to increase the risk of further spread within eastern DRC and neighboring countries. The DRC Government is implementing a Village-Centered Response approach places communities at the center of the BVD response by mobilizing and supporting trained community health workers and local leaders to strengthen early detection, contact identification and follow-up, referral, community engagement, safe and dignified burials, and timely reporting of alerts at village level.

Uganda: On 28 July 2026, the MoH declared the end of the BVD outbreak in Uganda, based on the country's epidemiological assessment that 42 days had elapsed since the last confirmed locally transmitted BVD case was discharged from care on 16 June 2026, with no documented onward local transmission. The MoH continues to strengthen surveillance and implement readiness activities across the high and moderate-risk districts. On 26 August 2026, the World Health Organization (WHO) declared the end of BVD outbreak and certified Uganda as BVD free, following a 42-day period since the last confirmed case was discharged, with no new cases of BVD.

High Risk Events

Human Event AC98595

Corynebacterium diphtheriae in Africa

13,211 confirmed human case(s)
7,383 suspected human case(s)
523 human deaths (**CFR: 3.96%**)

Agent/Pathogen	Corynebacterium diphtheriae	First Reported	1-Jan-2026	Previous Report Update	13-Sep-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	8 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	HIGH
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of the year, 20,594 cases (13,211 confirmed; 7,383 suspected) and 523 deaths (CFR: 3.96%) of toxigenic respiratory diphtheria have been reported across eight African Union (AU) Member States (MS). Among confirmed cases, 381 deaths were reported from Nigeria, Senegal and South Africa, resulting in a CFR of 2.88%. The affected MS include: Guinea (28 cases; 3 deaths), Mali (111; 4), Mauritania (366; 16), Niger (78; 6), Nigeria (16,184; 365), Senegal (114; 11), Somalia (3,669; 110), and South Africa (44; 8).

Since the last update (13 September, 2026), a total of 101 new cases and two new deaths of toxigenic respiratory diphtheria were reported from three AU MS: Senegal, Somalia and South Africa.

Senegal: Between epidemiological week 35-37, the MoH reported 37 new confirmed cases and one new death of diphtheria (CFR: 15.7%) from 27 districts in Senegal. Since the start of this outbreak (August 2026) a total of 114 confirmed cases and 11 deaths (CFR: 9.64%) of diphtheria have been reported from 27 districts. Of the confirmed cases, the age group 5-15-years accounted for 54%, females accounted for 54% and Kedougou district accounts for 20%. In 2025, the DPT3 national vaccination coverage in children less than one year in Senegal was 91%.

Somalia: In epidemiological week 37, the MoH reported 63 new suspected cases and one new death of diphtheria across all six states. This year, a total of 3,669 suspected cases and 110 deaths of diphtheria have been reported from all six states in Somalia. Thirty percent of the cases are children under five years.

South Africa: In epidemiological week 37, the National Institute for Communicable Diseases reported one new laboratory-confirmed case and no new deaths of toxigenic respiratory diphtheria from Western Cape province. This year, a total of 44 cases (39 confirmed; 5 probable) and eight deaths (CFR: 18.18%) of diphtheria were reported in South Africa. Since the beginning of this outbreak (January 2024), a cumulative total of 183 cases (176 confirmed; 7 probable) and 26 deaths (CFR: 14.21%) of toxigenic respiratory and cutaneous diphtheria were reported from five provinces: Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga and Western Cape. Of the total cases reported, 69 laboratory-confirmed cases were asymptomatic carriers of toxigenic C. diphtheriae, and 176 laboratory-confirmed cases were laboratory-confirmed toxigenic cutaneous diphtheria identified during contact tracing.

Note: In 2025, a total of 24,838 cases (7,016 confirmed; 2 probable; 19,075 suspected) and 1,176 deaths among confirmed cases (CFR: 4.36%) of toxigenic respiratory diphtheria have been reported from 10 AU MS: Algeria (837 cases; 93 deaths), Chad (6,506; 52), Guinea (604; 206), Mali (632; 9), Mauritania (1,299; 48), Niger (2,194; 149), Nigeria (10,166; 561), Somalia (3,655; 143), Sudan (112; 0) and South Africa (88; 18).

Response by MS/partner/Africa CDC:

The ministries of health in the affected MS continue to enhance surveillance and vaccination, ensure adherence to infection prevention and control measures, support isolation and to conduct risk communication and community engagement activities.

Moderate Risk Events

Human Event AC55927

Meningitis (Bacterial) in Africa

92 confirmed human case(s), **3,174** suspected human case(s)
190 human deaths (CFR: **5.82%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	2-Jan-2026	Previous Report Update	6-Sep-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	4 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of the year, 3,266 cases (92 confirmed; 3,174 suspected) and 190 deaths (CFR: 5.82%) of bacterial meningitis have been reported from four AU MS: CAR (34 cases; 6 deaths), DRC (2,613; 183), Mali (598; 1), and Senegal (21; 0). The deaths were reported among suspected cases.

Since the last update (6 September 2026), a total of 47 new cases and no new deaths of bacterial meningitis were reported from Mali.

Mali: Between epidemiological weeks 37-38, the MoH reported 47 new cases (7 confirmed; 40 suspected) and no new deaths of bacterial meningitis from nine regions. This year, a total of 598 cases (90 confirmed; 508 suspected) and one death (0.16%) of bacterial meningitis have been reported from all 11 regions in Mali.

Note: In 2025, a total of 1,341 cases (192 confirmed; 1,149 suspected) and 27 deaths among confirmed cases (CFR: 2.01%) of bacterial meningitis have been reported from four AU MS: Ghana (439; 20), Mali (772 cases; 0 deaths), Togo (47;7) and Zambia (83; 0).

Response by MS/partner/Africa CDC:

Mali: The MoH continues to strengthen active case finding, rapid case management, laboratory confirmation, and preparedness for targeted response in affected health zones.

Mpox in Africa

8,144 confirmed case(s)
41,916 suspected human case(s)
48 Total deaths (**CFR: 0.59%**)

Agent/Pathogen	Mpox	First Reported	1-Jan-2026	Previous Report Update	13-Sep-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	26 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of 2026, a total of 41,916 mpox cases, of which 8,144 (19.42%) were laboratory-confirmed, have been reported from 26 African Union (AU) Member States (MS). In addition, a total of 333 deaths (CFR: 0.79%) among all cases and 48 deaths (CFR: 0.59%) among confirmed cases have been reported. The distribution of confirmed cases and deaths by MS is as follows: Angola (548 confirmed cases; 4 death), Burundi (119; 0), Cameroon (114; 0), CAR (37; 0), Congo Republic (123; 1), Comoros (46; 0), DRC (2,249; 1), Ghana (27; 0), Guinea (374; 1), Guinea Bissau (19; 0), Kenya (373; 7), Liberia (174; 2), Madagascar (3,576; 23), Malawi (13; 0), Mali (26; 2), Mauritius (2; 0), Mozambique (2; 0), Nigeria (79; 0), Rwanda (3; 0), Senegal (3; 0), South Africa (19; 0), South Sudan (91; 2), Tanzania (36; 1), Togo (3; 0), Uganda (67; 1) and Zambia (21; 0).

Since the last update (13 September 2026), a total of 154 new laboratory-confirmed cases and no new deaths of mpox were reported from four AU MS: Cameroon, Congo Republic, Kenya, and South Africa.

Cameroon: From epidemiological weeks 33-37, the MoH reported 19 new laboratory-confirmed cases and no new deaths of mpox. This year, a total of 114 confirmed cases and no deaths of mpox were reported from Cameroon.

Congo Republic: From epidemiological weeks 23-37, the MoH reported 78 cases, of which 37 were laboratory-confirmed, and no deaths of mpox from multiple districts. This year, a total of 358 cases, of which 123 were laboratory-confirmed, and no deaths of mpox were reported from Congo.

Kenya: Between epidemiological weeks 32-35, the MoH reported 73 new laboratory-confirmed cases and no new deaths from mpox across six counties. This year, 373 laboratory-confirmed cases and seven deaths (CFR: 1.87%) of mpox have been reported from twelve of the forty-seven counties in Kenya. Since the beginning of this outbreak (July 2024), a total of 1,319 laboratory-confirmed mpox cases and 19 deaths (CFR: 1.44%) have been reported from 39 of 47 counties in Kenya. Since July 2024, a total of 3,225 samples have been tested, resulting in a 41% positivity rate. Clade Ib was isolated from 257 sequenced samples.

South Africa: In epidemiological week 38, the National Department of Health reported two new laboratory-confirmed cases and no deaths of mpox from KwaZulu-Natal and Western Cape provinces. This year, a total of 19 confirmed cases and no deaths were reported from South Africa. Since the beginning of this outbreak (May 2024), cumulatively, 58 laboratory-confirmed cases and three deaths (CFR: 5.17%) have been reported from four of nine provinces in South Africa. This outbreak started in May 2024.

South Sudan: Between epidemiological week 25-33, the MoH reported 23 new laboratory-confirmed cases and no new deaths of mpox from multiple states. This is a 10% increase in the number of new cases in the last four weeks. This year, 91 laboratory-confirmed cases and two deaths (CFR: 2.19%) of mpox were reported from multiple states in South Sudan. Since the start of this outbreak (February 2025), a total of 129 laboratory confirmed mpox cases and two deaths (CFR: 1.55%) have been reported from multiple states in South Sudan. A total of 727 samples have been tested, resulting in an 18% positivity rate. Clade Ib was isolated from the sequenced samples.

Note: In 2025, a total of 141,999 cases of mpox, of which 43,041 were laboratory-confirmed, were reported from 29 AU MS. In addition, a total of 825 deaths (CFR: 0.58%) among all cases and 254 deaths (CFR: 0.60%) among confirmed cases were reported. The distribution of confirmed cases and deaths by MS is as follows: Angola (8 confirmed cases; 0 deaths), Burundi (1,662; 0), Cameroon (12; 0), Central African Republic (CAR) (72; 6), Congo (104; 1), Côte d'Ivoire (79; 1), Democratic Republic of Congo (DRC) (21,629; 99), Ethiopia (48; 1), Gambia (1; 0), Ghana (973; 7), Guinea (2,038; 6), Kenya (915; 11), Liberia (1,451; 8), Madagascar (13; 0), Malawi (147; 1), Mali (11; 0), Morocco (2; 0), Mozambique (91; 0), Namibia (2; 0), Nigeria (435; 6), Rwanda (47; 0), Senegal (9; 0), Sierra Leone (5,442; 60), South Africa (14; 0), South Sudan (38; 0), Tanzania (265; 0), Togo (90; 0), Uganda (7,073; 44), and Zambia (370; 3).

Response by MS/partner/Africa CDC:

The ministries of health in the affected MS continue to intensify surveillance, risk communication, conduct mpox vaccination campaigns and community engagement activities in the affected communities.

Polio (Vaccine-derived) in Africa

156 confirmed human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Polio (Vaccine-derived)	First Reported	1-Mar-2026	Previous Report Update	13-Sep-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	14 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of this year, 21 confirmed cases and no deaths of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported from Ethiopia (9 cases; 0 deaths), Madagascar (2; 0), and South Sudan (10; 0). A total of 122 confirmed cases and no deaths of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported from 11 AU MS: Angola (1; 0), CAR (4; 0), Chad (8; 0), (55; 0), Mali (3; 0), Malawi (1; 0), Nigeria (36; 0), Somalia (5; 0), South Sudan (3; 0), Sudan (4; 0), and Togo (2; 0). A total of 13 confirmed cases of cVDPV3 were reported from Chad (1; 0), Niger (1; 0), and Nigeria (11; 0).

Since the last update (13 September 2026), a total of new four cases and no deaths of cVDPV2 were reported from two AU MS: Chad, and DRC

Chad: In epidemiological week 30, the Global Polio Eradication Initiative (GPEI) reported one new cVDPV2 case from Tandjile region, with onset of paralysis on 26 July 2026. This year, a total of eight cVDPV2 cases and one cVDPV3 case have been reported from three of 23 provinces in Chad.

DRC: In epidemiological week 38, GPEI reported three new cases of cVDPV2 from Haut-Lomami, Kinshasa, and Tanganyika provinces, with onsets of paralysis in June and August 2026. This year, 55 cases of cVDPV2 have been reported from five of 26 provinces in DRC.

Note: In 2025, three confirmed cases and no deaths of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported from Algeria (1; 0), DRC (1; 0), and Niger (1; 0). A total of 185 confirmed cases and no deaths of cVDPV2 were reported from 11 AU MS: Angola (19 cases; 0 deaths), Benin (3; 0), Burkina Faso (1; 0), CAR (2; 0), Chad (31; 0), Djibouti (1; 0), DRC (7; 0), Ethiopia (42; 0), Mali (1; 0), Niger (3; 0), Nigeria (66; 0), Somalia (2; 0), and Sudan (7; 0). A total of 14 confirmed cases and no deaths of cVDPV3 have been reported from Cameroon (1; 0), Chad (4; 0), and Guinea (2; 0). Nigeria (7; 0).

Response by MS/partner/Africa CDC:

The MoH continues to conduct enhanced surveillance and enhanced routine vaccination activities.

Cholera in Africa

1,230 confirmed human case(s), **121,137** suspected human case(s)
1,894 human deaths (CFR: **1.55%**)

Agent/Pathogen	Cholera	First Reported	1-Jan-2026	Previous Report Update	13-Sep-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	20 MS
Source	Ministry of Health	GeoScope	HIGH	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of 2026, a total of 122,367 cases (1,230 confirmed; 121,137 suspected) and 1,894 deaths (CFR: 1.58%) of cholera have been reported from 20 AU MS: Angola (6,767 cases; 127 deaths), Burundi (2,044; 4), Cameroon (2,712; 12), Chad (167; 13), CAR (447; 36), Congo (988; 65), DRC (41,687; 1,050), Ethiopia (15; 0), Kenya (39; 0), Malawi (2,998; 5), Mozambique (7,826; 66), Namibia (49; 0), Nigeria (50,290; 338), Rwanda (295; 0), Somalia (2,778; 1), South Sudan (457; 0), Sudan (1,511, 153), Tanzania (113; 2), Zambia (1,148; 20), and Zimbabwe (36; 2).

Since the last update (13 September, 2026), a total of 3,315 new cases and one new deaths of cholera were reported from five AU MS: Angola, Burundi, Mozambique, Rwanda and Zambia.

Angola: In epidemiological week 37, the MoH reported 116 new suspected cases and no new deaths of cholera from five provinces. This is a 7% average increase in the number of new cases in the last four weeks. This year, a total of 6,767 suspected cases and 127 deaths (CFR: 1.88%) of cholera were reported from 18 provinces. Since the beginning of this outbreak (January 2025), a total of 43,049 cases (937 confirmed; 42,112 suspected) and 1,022 deaths (CFR: 2.37%) of cholera have been reported from 18 of 21 provinces in Angola. Males accounted for 54% of all cases and 62% of all deaths. Children <15 years accounted for 37% of all cases and 32% of all deaths. Additionally, 47% of all deaths occurred in the community. Compared with the same period in 2025 (epidemiological week 1 to 37), 28,773 cases and 799 deaths (CFR: 2.78%) were reported from Angola, representing an 80% decrease in cases and an 85% decrease in deaths due to cholera.

Burundi: Between epidemiological week 29-38, the MoH reported 466 new suspected cases and no new deaths of cholera from 13 districts. This is a 29% average increase in cases in the last four weeks. This year, a total of 2,044 suspected cases and four deaths (CFR: 0.19%) have been reported from 13 of 42 health districts in Burundi. Males account for 52% of all cases, while children under 10 years account for 29% of all cases. Since the beginning of the outbreak (December 2022), a cumulative of 8,054 cases and 29 deaths (CFR: 0.38%) have been reported in all of the 42 districts.

Cameroon: Between epidemiological week 29-37, the MoH reported 2,381 new suspected cases and 67 new deaths (CFR: 1.90%) of cholera from 16 districts. This year, a total of 2,712 suspected cases and 79 deaths (CFR: 3.63%), had been reported from four affected health districts, with Mada accounting for 71% of all cases and recording the highest attack rate (40.2 per 100,000 population).

Mozambique: In epidemiological week 38, the MoH reported 12 new suspected cases and no new deaths of cholera in multiple provinces. This is a 12% average increase in the number of new cases in the last four weeks. This year, a total of 7,826 suspected cases and 66 deaths (CFR: 0.84%) of cholera were reported from nine of ten provinces. Cabo Delgado, Nampula, and Tete provinces accounted for 91% of the reported cases. Additionally, 75% of all deaths occurred in communities. Of the total cases, 51% were males. Since the beginning of this outbreak (September 2025), a total of 9,773 cases and 91 deaths (CFR: 0.93%) of cholera have been reported from nine of the ten provinces in Mozambique. Compared with the same period in 2025 (epidemiological week 1 to 38), a total of 4,260 cases and 43 deaths (CFR: 1.01%) of cholera were reported in Mozambique, representing a 2-fold increase in cases and deaths.

Rwanda: Between epidemiological week 18-30, the Rwanda Biomedical Center (RBC) reported 266 confirmed cases and no deaths of cholera from five districts. This year, a total of 295 cases (281 confirmed; 14 suspected) and no deaths of cholera have been reported from six of thirty districts in Rwanda.

Zambia: In epidemiological week 38, the MoH reported 74 cases (15 confirmed; 59 suspected) new cases and one new death (CFR: 1.35%) of cholera from Central, Luapula and Lusaka provinces. This year, 1,148 cases (44 confirmed; 1,104 suspected) and 20 deaths (CFR: 1.74%) of cholera have been reported from nine of the ten provinces in Zambia. Lusaka province accounted for 89% of the reported cases.

Note: In 2025, a total of 323,395 cases (12,297 confirmed; 47 probable; 311,051 suspected) and 7,352 deaths (CFR: 2.28%) of cholera were reported from 24 AU MS: Angola (36,293; 895 deaths), Burundi (3,353; 14), Cameroon (11; 0), Chad (3,091; 167), Comoros (40; 0), Congo (815; 67), Côte d'Ivoire (556; 24), DRC (71,646; 2,028), Ethiopia (8,503; 84), Ghana (2,870; 14), Kenya (686; 26), Malawi (102; 3), Mozambique (5,787; 68), Namibia (75; 1), Nigeria (22,196; 505), Rwanda (325; 0), Somalia (8,915; 9), South Sudan (79,633; 1,277), Sudan (72,057; 2,077), Tanzania (4,063; 45), Togo (165; 4), Uganda (136; 3), Zambia (1,103; 18), and Zimbabwe (601; 23).

Response by MS/partner/Africa CDC:

The ministries of health of the affected MS activated the emergency operation centers and continues to conduct enhanced surveillance, risk communication, and environmental sanitation in the affected communities.

Measles in Africa

10,472 confirmed human case(s), **163,209** suspected human case(s)
1,718 human deaths (CFR: **0.99%**)

Agent/Pathogen	Measles	First Reported	1-Jan-2026	Previous Report Update	13-Sep-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	23 AU MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of 2026, a total of 173,681 cases (10,472 confirmed; 163,209 suspected) and 1,718 deaths (CFR: 0.99%) of measles have been reported from 23 AU MS: Burkina Faso (10,471 cases; 31 deaths), Burundi (1,411; 13), Cameroon (105; 1), CAR (6,010; 8), Chad (1,887; 0), Congo (558; 6), DRC (121,138; 1,583), Gabon (10; 0), Guinea (71; 0), Kenya (435; 0), Liberia (5,314; 21), Malawi (2,385; 0), Mali (802; 0), Mozambique (2,842; 3), Namibia (29; 0), Nigeria (1,229; 0), Rwanda (462; 0), Senegal (111; 1), Sierra Leone (41; 0), Somalia (12,438; 51), South Africa (4,188; 0), Togo (584; 0) and Zambia (1,160; 0).

Since the last update (13 September, 2026), a total of 887 new cases and 11 new deaths of measles have been reported from five AU MS: Burundi, Mali, Rwanda, Somalia and Togo.

Burundi: From epidemiological week 25-38, MoH reported 396 new suspected cases and 11 new deaths (CFR: 2.8%) of measles were reported from multiple provinces. This year, a total of 1,411 suspected cases and 13 deaths (CFR: 0.92%) of measles have been reported from four of five provinces in Burundi this year. Since the beginning of this outbreak (January 2025), a total of 1,169 cases and 13 deaths (CFR: 0.11%) of measles have been reported from all five regions in Burundi. In 2023, the national measles vaccination coverage among children <1 year (MCV 1) in Burundi was 82%.

Mali: In epidemiological week 38, the MoH reported 23 new cases (4 confirmed; 19 suspected) and no new deaths of measles from eight regions. This is a 13% average increase in the number of new cases in the last four weeks. This year, a total of 802 cases (296 confirmed; 506 suspected) and no deaths of measles were reported from all 11 regions in Mali. Since the beginning of this outbreak (March 2024), a cumulative of 2,633 cases (897 confirmed; 1,736 suspected) and no deaths of measles have been reported from all 11 regions in Mali. In 2025, the national measles vaccination coverage among children <1 year in Mali was 52%.

Rwanda: Between epidemiological week 17-35, the RBC reported 251 new confirmed cases of measles from three provinces. Since the start of this outbreak (1 January 2026), 462 confirmed cases and no deaths of measles have been reported from four of five provinces in Rwanda. In 2025, the national measles vaccination coverage among children <2 year in Rwanda was 90%.

Somalia: In epidemiological week 37, a total of 198 new cases (8 confirmed; 190 suspected) and no new deaths of measles were reported across all six states in Somalia. This is a 8% average decrease in the number of new cases in the last four weeks. This year, 12,438 cases (774 confirmed; 11,664 suspected) and 51 deaths (CFR: 0.41%) of measles have been reported from five of six states in Somalia. In 2025, the national measles vaccination coverage among children <1 year in Somalia was 61%.

Togo: In epidemiological week 37, the MoH reported a new outbreak of measles with 19 confirmed cases and no deaths from Central and Plateaux regions in Togo. This is the second measles outbreak reported in Togo this year. The first outbreak was reported between January to June 2026, with a total of 565 cases (177 confirmed; 388 suspected) and no deaths of measles. Cumulatively, 584 cases (196 confirmed; 388 suspected) and no deaths of measles were reported from Togo in 2026.

Note: In 2025, a total of 195,211 cases (33,036 confirmed; 162,175 suspected) and 1,512 deaths (CFR: 0.77%) of measles were reported from 21 AU MS: Cameroon (2,883 cases; 4 deaths), Chad (926; 1), DRC (85,210; 1,188), Ethiopia (4,429; 22), Guinea (6,640; 9), Kenya (61; 0), Liberia (1,559; 0), Malawi (167; 0), Mali (666; 0), Mauritania (102; 0), Morocco (44,372; 95), Mozambique (571; 1), Namibia (850; 2), Nigeria (26,866; 153), Rwanda (218; 0), Senegal (123; 0), Somalia (12,378; 14), South Africa (2,448; 0), Sudan (3,275; 22), Uganda (77; 1) and Zambia (1,082; 0).

Response by MS/partner/Africa CDC:

The ministries of health in the affected MS continue to strengthen measles surveillance and supplemental immunization activities in the affected communities.

Dengue in Africa

748 confirmed human case(s), **3,546** suspected human case(s)
7 human deaths (**CFR: 0.16%**)

Agent/Pathogen	Dengue	First Reported	1-Jan-2026	Previous Report Update	6-Sep-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	6 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of 2026, a total of 4,294 cases (748 confirmed; 3,546 suspected) and seven deaths (CFR: 0.16%) of dengue fever have been reported from six AU MS: CAR (1 case; 1 death), Kenya (1,583; 5), Mali (2,432; 1), Mauritania (110; 0), Nigeria (95; 0), and Senegal (73; 0).

Since the last update (6 September 2026), a total of 113 new cases and no new deaths of dengue fever were reported from one AU MS: Mali.

Mali: Between epidemiological week 37-38, the MoH reported 113 new cases (59 confirmed; 54 suspected) and no new deaths of dengue fever from Bamako (98 cases; 0 deaths), Bandiagara (13; 0) and Koulikoro (2; 0) regions. This year, a total of 2,432 cases (555 confirmed; 1,877 suspected) and one death (CFR: 0.04%) of dengue fever were reported from all 11 regions in Mali. Since the beginning of this outbreak (September 2023), a cumulative of 22,322 cases (3,147 confirmed; 19,175 suspected) and 75 deaths (CFR: 0.34%) of dengue fever have been reported from all 11 regions in Mali.

Note: In 2025, a total of 62,315 cases (12,909 confirmed; 156 probable; 49,250 suspected) and 139 deaths (CFR: 0.22%) of dengue fever have been reported from 11 AU MS: Burkina Faso (866 cases; 0 deaths), Cabo Verde (335; 0), Comoros (1,320; 1), Guinea (2; 0), Kenya (1; 0), Mali (4,344; 0), Mauritania (4,547; 1), Mauritius (59; 0), Nigeria (178; 11), Senegal (6,668; 0), and Sudan (43,995; 126).

Response by MS/partner/Africa CDC:

Mali: The Government of Mali is implementing a new public health strategy for pathogen identification and characterization in the context of climate change, with a case study in the surveillance of dengue fever.

Chikungunya in Mauritius

6,929 confirmed human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Chikungunya	First Reported	5-Jan-2026	Previous Report Update	13-Sep-2026
First Occurred	5-Jan-2026	Country	Mauritius	Location	Mauritius Island
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

Update to Event:

In epidemiological week 38, the MoH reported one new confirmed case and no deaths of chikungunya from Mauritius. Since the start of this outbreak (5 January 2026), a total of 6,929 confirmed chikungunya cases and no deaths have been reported from two islands in Mauritius: Mauritius (6,827 cases; 0 deaths) and Rodrigues (102; 0).

Response by MS/partner/Africa CDC:

The MoH continues to conduct enhanced surveillance, case management, daily mapping of chikungunya hotspots, larviciding, and risk communication and community engagement activities.

CCHf in Africa

18 confirmed human case(s)
4 human deaths (**CFR: 22.22%**)

Agent/Pathogen	CCHf	First Reported	20-Feb-2026	Previous Report Update	23-Aug-2026
First Occurred	10-Feb-2026	Country	Multiple Countries	Location	2 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of 2026, a total of 18 confirmed cases and four deaths (CFR: 22.22%) of Crimean-Congo hemorrhagic fever (CCHf) have been reported from three AU MS: Mauritania (1 case; 0 deaths), Senegal (8; 0) and Uganda (9; 4).

Since the last update (23 August 2026), one new confirmed case and no new deaths of CCHf were been reported from Senegal.

Senegal: In epidemiological week 38, the MoH reported one new confirmed case and no deaths of Crimean Congo hemorrhagic fever (CCHf) from Dakar region in Senegal. This year, a total of eight confirmed cases and no deaths of CCHf were reported from Dakar (1 case; 0 death), Fatick (1; 0), Kafferine (1; 0), Kaolack (1, 0), Matam (2; 0), Thies (1; 0) and Tambacounda (1; 0) regions in Senegal. Of the confirmed cases, males accounted for 88% and the age groups 5-10, 25-30 and 35-40 years accounted for 25% respectively.

Response by MS/partner/Africa CDC:

The MoH deployed a multisectoral rapid response team to the affected area to conduct outbreak investigation and coordinate response activities.

- Epidemiological week 38 covers the period from 14 to 20 September 2026.

- The cases in this report include confirmed, probable, and suspected cases.

- Deaths among mpox suspected cases are all reported from DRC.

-CFRs are calculated using confirmed cases and deaths among confirmed cases only, except for bacterial meningitis, cholera, measles, dengue, and yellow fever, where CFRs are calculated using all cases and deaths.

- The GeoScope level is determined by where the event is currently occurring on the continent. Low: the event is limited to sub-national areas within one MS; Moderate: The event is affecting multiple countries within an AU region or has been imported from/exported to 1-2 countries from another global region; High: The event is affecting several multinational AU regions, or have been imported from/exported to >2 countries from another global region; Very High: Event is considered a pandemic, affecting multiple continents or worldwide. The risk level is determined by evaluating the following criteria: disease morbidity and mortality, the probability of spread within and to other MSs, and the availability of effective treatments, vaccines, or other control measures. An event risk level can be classified as low, moderate, high, or very high based on its score on the above criteria.

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