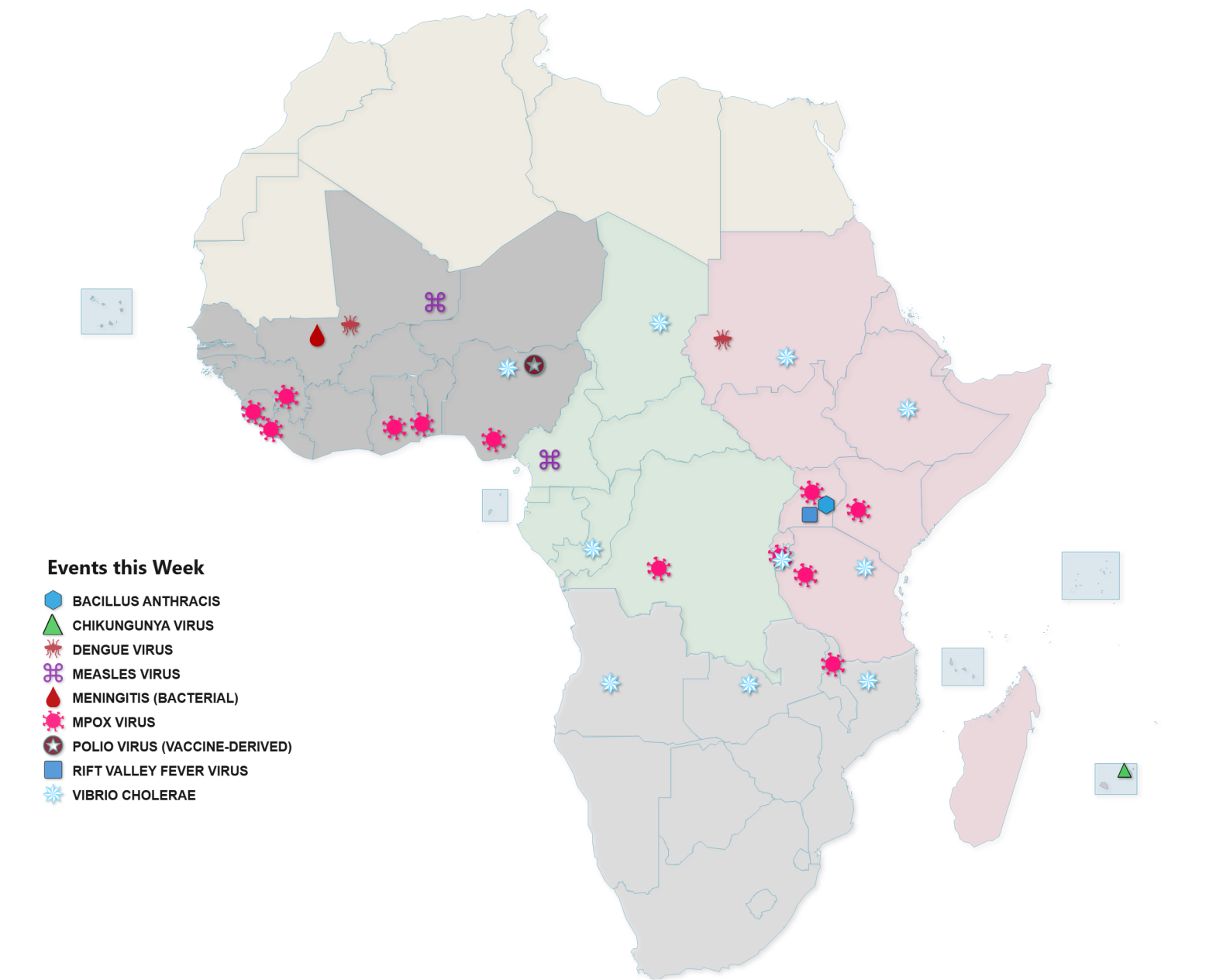


# Africa CDC Epidemic Intelligence Report

Date of Issue: 20 Aug 2025

Active Events	New Events reported in 2025	Events highlighted this week	New events since last issue
158	93	31	3









\*  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	0	10	20 (3)
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
 Bacillus anthracis	Uganda	Moderate	Moderate		7	0	1	1
 Rift Valley Fever virus	Uganda	Moderate	Low		0	0	1	1
 Vibrio cholerae	Zambia	Moderate	N/A		10		12	0

## Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Chikungunya virus	Mauritius	Moderate	N/A		0 (0)	0 (0)	1,661 (8)	0 (0)
 Dengue virus	Mali	Moderate	N/A		2,002 (69)	0 (0)	496 (18)	0 (0)
	Sudan	Moderate	N/A		5,008 (49)	0 (0)	0 (0)	7 (0)
 Measles virus	Cameroon	Moderate	N/A		528 (8)	0 (0)	1,712 (13)	4 (0)
	Mali	Moderate	N/A		391 (3)	0 (0)	145 (2)	0 (0)
 Meningitis (Bacterial)	Mali	Moderate	N/A		367 (14)	0 (0)	91 (2)	0 (0)
 Mpox virus	Burundi	High	N/A		4,107 (109)	0 (0)	1,377 (45)	0 (0)
	Democratic Republic of the Congo	High	N/A		65,799 (1,378)	0 (0)	14,702 (93)	700 (14)
	Ghana	Moderate	N/A		2,015 (167)	0 (0)	372 (44)	1 (0)
	Guinea	Moderate	N/A		1,115 (97)	0 (0)	549 (78)	0 (0)
	Kenya	Moderate	N/A		643 (90)	0 (0)	316 (36)	6 (1)
	Liberia	High	N/A		967 (31)	0 (0)	449 (19)	0 (0)
	Malawi	Moderate	N/A		353 (330)	0 (0)	68 (1)	1 (1)
	Nigeria	High	N/A		1,118 (41)	0 (0)	270 (13)	4 (0)
	Sierra Leone	High	Low		6,516 (80)	0 (0)	5,115 (43)	50 (3)
	Tanzania	High	N/A		516 (31)	0 (0)	124 (6)	0 (0)
	Togo	Moderate	N/A		305 (33)	0 (0)	59 (2)	0 (0)
	Uganda	Moderate	N/A		11,546 (71)	0 (0)	6,536 (71)	41 (0)
 Polio virus (vaccine-derived)	Nigeria	Moderate	N/A		0 (0)	0 (0)	23 (1)	0 (0)
 Vibrio cholerae	Angola	Moderate	N/A		27,786 (58)	0 (0)	937 (0)	776 (0)
	Burundi	Moderate	N/A		0 (0)	0 (0)	551 (60)	5 (1)
	Chad	Moderate	N/A		422 (235)	0 (0)	25 (12)	27 (17)
	Congo Republic	Moderate	N/A		425 (90)	21 (0)	14 (6)	35 (6)
	Ethiopia	High	N/A		6,156 (82)	0 (0)	0 (0)	58 (2)
	Mozambique	High	N/A		0 (0)	0 (0)	4,221 (25)	43 (0)
	Nigeria	High	N/A		4,799 (90)	0 (0)	0 (0)	114 (1)

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
	Sudan	High	N/A		48,597 (262)	0 (0)	0 (0)	1,094 (67)
	Tanzania	High	N/A		4,063 (171)	0 (0)	0 (0)	45 (5)

Moderate Risk Events

Rift Valley Fever in Uganda

1 confirmed human case(s)  
1 human deaths (CFR: 100%)

Agent/Pathogen	Rift Valley Fever virus	First Reported	14-Aug-2025	Previous Report Update	14-Aug-2025	First Occurred	28-Jul-2025
Country	Uganda	Location	1 district	Source	Ministry of Health	GeoScope	LOW
Human Risk Assessment	MODERATE	Animal Risk Assessment	LOW				

Description:

On 8 August 2025, the Ministry of Health (MoH) reported a confirmed fatal case of Rift Valley fever (RVF) in Mbale district, eastern Uganda. The index case is a 67-year-old male who developed difficulty in breathing on 28 July 2025. He was referred to Mbale Regional Referral Hospital, where he died on arrival. A post-mortem sample tested at the Uganda Virus Research Institute tested positive for RVF by polymerase chain reaction.

Rift Valley fever is a zoonotic virus that causes acute viral haemorrhagic fever with an average case fatality rate (CFR) of 1%. The RVF virus can be transmitted to humans through contact with blood, body fluids, or tissues of infected animals, mainly livestock such as cattle, sheep, goats, buffalo, and camels. It can also be transmitted through bites from infected mosquitoes and rarely, from other biting insects. There is currently no treatment available for humans, but outbreaks of RVF can be prevented by vaccinating at-risk human and animal populations. Since 2016, sporadic outbreaks of RVF have been reported in Uganda annually. In 2024, eight cases and five deaths (CFR: 62.50%) were reported from seven of 146 districts in Uganda.

Response by MS/partner/Africa CDC:

The Mbale district health office deployed a rapid response team to initiate epidemiological investigations. In addition, the district response team continues to conduct community sensitization through radio talk shows to raise community awareness about RVF.

# Anthrax in Uganda

1 confirmed human case(s)  
7 suspected human case(s)  
1 human deaths (CFR: 100%)

Agent/Pathogen	Bacillus anthracis	First Reported	14-Aug-2025	Previous Report Update	14-Aug-2025	First Occurred	15-Jul-2025
Country	Uganda	Location	1 district	Source	Ministry of Health	GeoScope	MODERATE
Human Risk Assessment	MODERATE	Animal Risk Assessment	MODERATE				

## Description:

On 8 August 2025, the MOH reported an outbreak of anthrax in Kyaka II refuge settlement, Kyegegwa district, western Uganda. The index case was a 26-year-old male butcher, who developed fever, headache, general body weakness and chest pain which progressed into difficulty in breathing. He sought care at a herbalist and passed away at home. A post mortem sample tested at the Uganda Virus Research Institute tested positive for anthrax. The confirmatory test was not specified.

Anthrax is a zoonotic bacterial infection and can spread to humans through inhalation, handling, eating and drinking foods contaminated with bacterial spores. Clinical presentations may vary from cutaneous, inhalation, gastrointestinal and injection types of anthrax. The average CFR ranges from 20%-30% in cutaneous anthrax without antibiotic treatment and 25 - 75% for gastrointestinal anthrax, 80% or higher in inhalation anthrax. Uganda reports outbreaks of anthrax annually. In 2024, a total of 277 cases (32 confirmed; 4 probable; 241 suspected) and six deaths among confirmed cases (CFR: 18.75%) of anthrax were reported from 12 of 146 districts in Uganda. In addition, an estimated 645 suspected animal deaths of anthrax were reported from the affected districts.

## Response by MS/partner/Africa CDC:

The Uganda MoH activated the Emergency Operation Centre (EOC) to Level-2 to coordinate the response. In addition, the MoH continues to enhance surveillance, risk communication, environmental sanitation, safe burial of dead animals and animal vaccination.

# Human Event Updates

## Moderate Risk Events

### Mpox in Africa

**30,404** confirmed human case(s), **99,840** suspected human case(s)  
**607** human deaths (**CFR: 0.61%**)

Agent/Pathogen	Mpox virus	First Reported	3-Jan-2025	Previous Report Update	8-Aug-2025	First Occurred	1-Jan-2025
Country	Multiple Countries	Location	25 MS	Source	Ministry of Health	GeoScope	MODERATE
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

#### Update to Event:

Since the beginning of 2025, a total of 99,840 cases of mpox, of which 30,404 (30.5%) laboratory-confirmed have been reported from 25 African Union Member States (AU MS). In addition, a total of 607 deaths [Case Fatality Rate (CFR: 0.61%)] among suspected cases and 202 deaths (CFR: 0.61%) among confirmed cases have been reported. The distribution of cases and deaths by MS is as follows: Angola (4 confirmed cases; 0 deaths), Burundi (1,377; 0), Cameroon (5; 0), *Central African Republic*\* (CAR) (21; 0), Congo (67; 1), Côte d'Ivoire (23; 0), Democratic Republic of Congo\*\* (DRC) (14,702; 700), Ethiopia (26;1), Gambia (1; 0), Ghana (372; 1), Guinea (549; 0), Kenya (316; 6), Liberia\*\*\* (449; 0), Malawi (68;1), Morocco (2; 0), Mozambique (38; 0), Nigeria (270; 4), Rwanda(42; 0), Sierra Leone (5,115; 50), South Africa (11; 0), South Sudan\*\*\*\* (20; 0), Tanzania (124; 0), Togo (59; 0), Uganda (6,536; 41), and Zambia (208; 3).

In epidemiological week 32, a total of 2,474 new cases, with 479 (19.4%) laboratory-confirmed cases, and five new deaths among confirmed cases were reported from 14 AU MS: Burundi, DRC, Ghana, Guinea, Kenya, Liberia, Malawi, Mozambique, Nigeria, Sierra Leone, Tanzania, Togo, Uganda and Zambia

**Burundi:** Since the last update (8 August 2025) the Ministry of Health (MoH) reported 109 new cases, of which 45 were laboratory-confirmed and no new deaths of mpox from 40 health districts. This is a 6% average increase in the number of confirmed cases reported in the last four weeks. This year, 4,107 cases, of which 1,377 were laboratory confirmed and no deaths of mpox were reported from 46 of 49 health districts in Burundi. This outbreak started in July 2024. Cumulatively, 9,898 cases, of which 4,323 were laboratory confirmed and one death (CFR: 0.01%) of mpox have been reported from 46 of 49 health districts in Burundi. Clade Ib was isolated from the sequenced samples.

**DRC:** Since the last update (1 August 2025), the MoH reported 1,378 new cases, of which 93 were laboratory-confirmed, and 14 new deaths of mpox (CRF: 1.02%) from 21 provinces. Since the beginning of this year, 65,799 cases, of which 14,702 were laboratory-confirmed, and 700 deaths (CFR: 1.1%) of mpox have been reported from all 26 provinces in DRC. Cumulatively, 125,321 cases, of which 29,501 were laboratory-confirmed, and 2,067 deaths (CFR: 1.6%) of mpox were reported from all 26 provinces in DRC. The clade Ia and Ib mpox strains were isolated from the confirmed cases.

**Ghana:** Since the last update (8 August 2025), the Ghana Health Services reported 167 cases of which 44 were laboratory-confirmed and no new death of mpox from all 16 regions. This represents an 15% average increase in the number of confirmed cases in the last four weeks. This year, 2,015 cases of which 372 were laboratory-confirmed, and one death (CFR: 0.26%) of mpox were reported from all 16 regions in Ghana. This outbreak stated in October 2024, cumulatively of 2,443 cases, of which 377 were laboratory-confirmed, and one death (CFR: 0.26%) of mpox have been reported from all 16 regions in Ghana. A total of 2,015 samples were tested resulting in a 100% testing rate and 18.7% positivity rate. Clade II was isolated from undefined number of sequenced samples.

**Guinea:** Since the last update (8 August 2025), the MoH reported 97 new cases of which 78 were new laboratory-confirmed and no new deaths of mpox from multiple locations. This represents a 64% average increase in the number of confirmed cases in the last four weeks. This year, 1,115 cases of which 549 were laboratory-confirmed and no deaths of mpox have been reported from Guinea. Since the start of this outbreak (March 2024), a cumulative of 1,185 cases, of which 551 were laboratory-confirmed, and no deaths of mpox have been reported in Guinea. A total of 1,185 samples were tested resulting in a 100% testing rate and 46% positivity rate. Clade II was isolated from undefined number of sequenced samples. Clade IIb mpox was isolated from confirmed cases.

**Kenya:** Since the last update (8 August 2025), the MoH reported 36 new laboratory-confirmed case and one new death (CFR: 2.78%) of mpox from multiple districts. This is a 20% average increase in the number of confirmed cases in the past four weeks. This year, 316 laboratory-confirmed cases and six deaths (CFR: 1.90%) of mpox were reported from 24 of 47 counties in Kenya. This outbreak started in July 2024. Cumulatively, 347 laboratory-confirmed and seven deaths (CFR: 2.02%) of mpox have been reported from 24 of 47 counties in Kenya. A total of 998 samples were tested resulting in a 100% testing rate and 34.77% positivity rate. Clade Ib was isolated from 94 sequenced samples.

**Liberia:** Since the last update (8 August 2025), the MoH reported 31 new cases of which 19 were laboratory-confirmed, and no new deaths of mpox from multiple counties. This is a 6% average increase in the number of confirmed cases in the last four weeks. This year, 967 cases of which 449 were laboratory-confirmed and no deaths of mpox have been reported from all the 15 counties in Liberia. Since the start of the outbreak (March 2024) a cumulative of 1,378 cases, of which 512 were laboratory-confirmed, and no deaths of mpox have been reported from all 15 counties in Liberia. A total of 1,378 samples were tested resulting in a 100% testing rate and 37% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

**Malawi:** Since the last update (8 August 2025), the MoH reported six new laboratory confirmed cases and one new death (CFR: 16.67%) of mpox in Malawi. Since the beginning of this year, 353 suspected cases of which 68 were laboratory confirmed cases and one death of mpox have been reported from ten of twenty-eight health districts in Malawi; Lilongwe (54 confirmed cases) Mangochi (3), Salima (2), Ntcheu (1), Nkhatabay (1), Blantyre (3), Likoma (1), Mzimba South (1), Ntchisi (1) and Karonga (1). Forty-one (60%) of the confirmed cases were males within the age range of 2 to 75 years.

**Mozambique:** Since the last update (8 August 2025), the MoH reported 170 new cases, of which nine were laboratory-confirmed and no new deaths of mpox. Since the start of this outbreak (10 July 2025), a cumulative of 340 suspected cases, of which 38 were laboratory confirmed and no deaths of mpox have been reported from one of eleven provinces. The circulating clade has not been confirmed. The last outbreak of mpox in Mozambique occurred in 2022 with one confirmed case and one death (CFR: 100.00%) in Maputo city.

**Nigeria:** Since the last update (8 August 2025), the Nigeria Center for Disease Control (NCDC) reported 41 new cases, of which 13 were laboratory-confirmed, and no new deaths of mpox from 13 states. This is a 66% average increase in the number of confirmed cases in the last four weeks. This year, 1,118 cases, of which 270 were laboratory-confirmed, and four deaths (CFR: 1.48%) of mpox were reported from 36 states and the federal capital territory. Nigeria is endemic for mpox, and cases have been reported since 2017. Cumulatively, 6,882 cases, of which 1,545 were laboratory-confirmed, and 21 deaths (CFR: 1.37%) of mpox have been reported from all 36 states and the federal capital territory in Nigeria. A total of 6,882 samples were tested resulting in a 100% testing rate and 22.4% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

**Sierra Leone:** Since the last update (8 August 2025), the MoH reported 80 new cases, of which 43 were laboratory-confirmed, and three new deaths (CFR: 6.98%) of mpox from multiple districts. Since the start of the outbreak in January 2025, a cumulative of 6,516 cases, of which 5,115 were laboratory-confirmed, and 50 deaths (CFR: 0.98%) of mpox have been reported from all the 16 districts in Sierra Leone. Of the confirmed cases, children <15 years accounted for 5% and 52% were males. A total of 6,516 samples were tested resulting in a 100% testing rate and 78.4% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

**Tanzania:** Since the last update (8 August 2025), the MoH has reported six new laboratory-confirmed cases and no deaths of mpox from Tanzania mainland and Zanzibar. This is a 12% average increase in the number of confirmed cases in the last four weeks. Since the start of the outbreak in March 2025, a cumulative of 124 laboratory-confirmed cases, and no deaths of mpox have been reported from Tanzania mainland and Zanzibar. Clade Ib was isolated from sequenced samples.

**Togo:** Since the last update (8 August 2025) the MoH reported 33 new cases, of which two were laboratory-confirmed and no new deaths of mpox from 10 health districts. This is an 5% average increase in the number of confirmed cases in the last four weeks. Since the start of the outbreak (May 2025) a cumulative of 305 cases, of which 59 were laboratory-confirmed, and no deaths of mpox were reported from 10 health districts in Togo. A total of 305 samples were tested resulting in a 100% testing rate and 19.30% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

**Uganda:** Since the last update (8 August 2025), the MoH reported 71 new laboratory-confirmed cases and no new deaths of mpox from multiple districts. This is a 3% average decrease in the number of confirmed cases in the past four weeks. This year, 6,536 laboratory-confirmed cases and 41 deaths (CFR: 0.63%) of mpox were reported in Uganda. This outbreak started in July 2024. Cumulatively, 7,864 laboratory-confirmed cases, and 48 deaths (CFR: 0.61%) of mpox have been reported from 120 of 146 districts in Uganda. A total of 16,045 cases were tested resulting in a 100% testing rate and 49.01% test positivity rate. Clade Ib was isolated from all sequenced samples.

**Zambia:** Since the last update ( 1 August 2025), the MoH reported 82 new cases of which 15 were laboratory-confirmed, and no deaths of mpox from six districts of five provinces. Since the beginning of this year, 886 suspected cases, of which 208 were laboratory-confirmed, and three deaths (CFR: 1.44%) of mpox were reported. This outbreak started in October 2024. Cumulatively, 1017 suspected cases, of which 210 were laboratory-confirmed, and three deaths (CFR: 1.43%) of mpox have been reported from all ten provinces in Zambia. Clade Ib was isolated from sequenced samples.

**\*Between epidemiological week 29 and 31, a backlog of 16 new cases of which one was laboratory confirmed and no death were reported from CAR**

**\*\*In epidemiological week 31, a backlog of 331 laboratory confirmed cases and 13 new deaths were reported from DRC**

**\*\*\*In epidemiological week 31, a backlog of 124 new cases of which 77 were laboratory-confirmed, and no new deaths were reported from Liberia.**

**\*\*\*\*In epidemiological week 32, a total of 7 suspected mpox cases were reported from South Sudan.**

**Note:** In 2024, a total of 77,945 cases of mpox, of which 16,780 were laboratory confirmed, and 1,321 deaths (CFR: 1. 78%) of mpox were reported from 20 AU MS: Angola (4 laboratory-confirmed cases; 0 deaths), Burundi (2,946; 1), Cameroon (9; 2), Central Africa Republic (CAR) (90; 3), Congo (24; 0), Côte d'Ivoire (107; 1), DRC (11 ,834; 1,304), Gabon (2; 0), Ghana (13; 0), Guinea (1; 0), Liberia (63; 0), Kenya (31; 1), Mauritius (1; 0), Morocco (2; 0) Nigeria (184; 0), Rwanda (82; 0), Sierra Leone (4; 0), South Africa (25; 3), Uganda (1,353; 7), Zambia (3; 0), and Zimbabwe (2; 0).

#### **Response by MS/partner/Africa CDC:**

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



# Cholera in Africa

**7,433** confirmed human case(s), **68** probable human case(s), **216,387** suspected human case(s)  
**4,740** human deaths (**CFR: 2.12%**)

Agent/Pathogen	Vibrio cholerae	First Reported	3-Jan-2025	Previous Report Update	8-Aug-2025	First Occurred	1-Jan-2025
Country	Multiple Countries	Location	23 MS	Source	Ministry of Health	GeoScope	HIGH
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

## Update to Event:

Since the beginning of 2025, a total of 223,888 cases (7,433 confirmed; 68 probable; 216,387 suspected) and 4,740 deaths (CFR: 2.12%) of cholera have been reported from 23 AU MS: Angola (27,786 cases; 776 deaths), Burundi\* (551; 5), Chad (447; 27), Comoros (40; 0), Congo (460; 35) Côte d'Ivoire (453; 19), DRC\*\* (44,173; 1,277), Ethiopia\*\*\* (6,156; 58), Ghana (2,780; 14), Kenya (426; 20), Malawi (91; 3), Mozambique (4,221; 43), Namibia (18; 1), Nigeria (4,799; 114), Rwanda(311; 0), Somalia\*\*\*\* (7,028; 9), South Sudan\*\*\*\*\* (70,081; 1,187), Sudan\*\*\*\*\* (48,597; 1,094), Tanzania (4,063; 45), Togo (165; 4), Uganda\*\*\*\*\* (136; 3), Zambia (505; 10), and Zimbabwe (601; 23).

In epidemiological week 32, a total of 1,410 new cases and 104 new deaths of cholera were reported from 11 AU MS: Angola, Burundi ,Chad, Congo, Ethiopia, Mozambique ,Nigeria, South Sudan, Sudan, Tanzania and Zambia.

**Angola:** Since the last update (8 August 2025), the MoH reported 58 new suspected cases and no new deaths of cholera from seven provinces. This is a 26% average decrease in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 27,786 cases (937 confirmed; 26,849 suspected) and 776 deaths (CFR: 2.79%) 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 38% of all cases and 33% of all deaths. Additionally, 56% of all deaths occurred at the health facilities.

**Burundi:** Since the last update (25 July 2025), the MoH reported 60 new cases and one death (CFR: 1.67%) of cholera from multiple provinces. This year, a total of 551 cases and five deaths (CFR: 0.91%) of cholera have been reported from seven of eighteen provinces in Burundi. Males accounted for 52.8% and children <5 years accounted for 16.2% of all cases. Since the beginning of the outbreak (December 2022), a cumulative of 2,767 cases (2,758 confirmed; 9 suspected) and 17 deaths (CFR: 0.61%) of cholera have been reported from 14 of 18 provinces in Burundi. In comparison to the same period in 2024 (epidemiological week 1 to 32), a total of 732 confirmed cases and four deaths (CFR:0.55%) of cholera were reported in Burundi, which is a 75% decrease in the number of cases and a 1.25 fold increase in the number of deaths.

**Chad:** Since the last update (8 August 2025), the MoH reported 247 new cases (12 confirmed; 235 suspected) and 17 new deaths (CFR: 6.88%) in three health districts . Since the beginning of this outbreak (13 July 2025), a cumulative of 447 cases (25 confirmed; 422 suspected) and 27 deaths (CFR: 6.04%) of cholera have been reported from one of twenty-three provinces in Chad. Of the total cases, females accounted for 64.00%, and age groups 5-44 years accounted for 66.05%.

**Congo:** Since the last update (8 August 2025), the MoH reported 96 new cases (6 confirmed; 90 suspected) and six new deaths (CFR: 6.25%) from six health districts. Since the beginning of this outbreak (21 July 2025), a cumulative of 460 cases (14 confirmed; 21 probable; 425 suspected) and 35 deaths (CFR: 7.61%) of cholera have been reported. Of the total cases, males accounted for 60.10% of cases and 68.06% of deaths. The most affected age group is 15 to 44 years old, representing 48.52% of all the cases. Cholera serotype O1 was isolated from the confirmed cases.

**Ethiopia:** Since the last update (8 August 2025), the Ethiopia Public Health Institute reported 82 new suspected cases and two new deaths (CFR: 2.43%) of cholera from four regions. This is a 3% average increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 6,156 suspected cases and 58 deaths (CFR: 0.94%) of cholera have been reported from five of twelve regions in Ethiopia: Afar (120 cases; 0 deaths), Amhara (2,921; 20), Gambella (2,593; 33), Oromia (471; 3) and Tigray (51; 2).

**Mozambique:** Since the last update (8 August 2025), the MoH reported 25 new confirmed cases and no deaths of cholera from Manica, Nampula, Sofala, Tete and Zambezia provinces. This is a 21% average decrease in the number of new cases in the past four weeks. This year, 4,221 confirmed cases and 43 deaths (CFR: 1.02%) of cholera were reported from five of ten provinces in Mozambique. Since the beginning of the outbreak (October 2024), a cumulative of 4,524 confirmed cases and 64 deaths (CFR:1.41%) of cholera have been reported from five of ten provinces in Mozambique. In comparison to the same period in 2024 (epidemiological week 1 to 32), a total of 8,183 confirmed cases and 17 deaths (CFR: 0.21%) of cholera were reported in Mozambique, which is a 52% decrease in the number of cases and a 2.5-fold increase in the number of deaths.

**Nigeria:** Since the last update (25 July 2025), the Nigeria CDC reported 90 new suspected cases and one new deaths (CFR:1.11%) of cholera from seven states (Zamfara, 44; Bauchi, 19; Katsina 11; Plateau 7, Sokoto 6, Niger 2, Oyo 1). This year, 4,799 suspected cases and 114 deaths (CFR: 2.4%) have been reported from all the 36 states and federal capital territory. Nigeria is endemic for cholera with cases reported all year round.

**South Sudan:** Since the last update (8 August 2025), the MoH reported 297 new cases (7 confirmed; 290 suspected) and four new deaths (CFR: 1.34%) of cholera from nine states. This is a 35% average decrease in the number of cases in the past four weeks. This year, 70,081 cases (325 confirmed; 69,756 suspected) and 1,187 deaths (CFR: 1.69%) of cholera were reported from nine of ten states in South Sudan. Since the beginning of this outbreak (September 2024), a cumulative of 86,098 cases and 1,516 deaths (CFR: 1.76%) of cholera have been reported from nine of ten states in South Sudan.

**Sudan:** Since the last update (8 August 2025), the MoH reported 262 new suspected cases and 67 new deaths (CFR: 25.57%) of cholera from 12 states. This is a 10% average decrease in the number of new cases in the past four weeks. This year, 48,597 suspected cases and 1,094 deaths (CFR: 2.25%) of cholera were reported from 12 states in Sudan. Since the beginning of this outbreak (July 2024), a cumulative of 99,756 cases and 2,475 deaths (CFR: 2.48%) of cholera have been reported from 12 states in Sudan. The outbreak is occurring amidst a sustained complex humanitarian crisis.

**Tanzania:** Since the last update (18 July 2024), the MoH reported 171 new suspected cases and five new deaths (CFR: 2.92%) of cholera from Rukwa region. This year, 4,063 suspected cases and 45 deaths (CFR: 1.10%) of cholera were reported from seven of 31 regions in Tanzania. Since the beginning of this outbreak (September 2023), a cumulative of 16,211 cases and 190 deaths (CFR: 1.17%) of cholera have been reported from 23 of 31 regions in Tanzania.

#### **In epidemiological week 33, a new cholera outbreak was reported in Zambia**

**Zambia (Initial report):** On 13 August 2025, the MoH reported a new outbreak of cholera with 22 cases (12 confirmed; 10 suspected) and one death (CFR: 5%) of cholera. On 5 August 2025, Chipwa health post notified Mpulungu district health office of seven suspected cholera cases. The cases presented with acute watery diarrhea and vomiting at Chirwa health post. The index case was a 2-year old female child who presented with sudden onset of acute watery diarrhea, vomiting and dehydration on 4 August 2025. The index case is a citizen of a neighboring country who crossed the boarder to seek medical treatment in Zambia at Chipwa health post. Cumulatively, 20 suspected cases and one death have been reported from three border villages along the shore of Lake Tanganyika. Last outbreak of cholera was reported from from December 2024 to July 2025 with 483 cases and 9 deaths from 10 provinces.

**\*Between epidemiological week 30 and 31, a backlog of 83 cholera cases and 4 deaths were reported from Burundi.**

**\*\*In epidemiological week 30 and 31, a backlog of 1,826 cholera cases and 84 deaths respectively were reported from DRC.**

**\*\*\*Between epidemiological week 6 and 31, a backlog of 177 cases were reported from Ethiopia.**

**\*\*\*\*In epidemiological week 31, a backlog of 218 cases (5 confirmed; 213 suspected) were reported from Somalia.**

**\*\*\*\*\*Between epidemiological week 2 and 31, a backlog of 1,927 cases and 41 deaths were reported from South Sudan.**

**\*\*\*\*\*Between epidemiological week 1 and 31, a backlog of 2,770 cases were reported from Sudan.**

\*\*\*\*\*In Epidemiological week 26, a backlog of 37 cases and 2 deaths were reported from Uganda

**Note:** In 2024, a total of 236,874 cases (30,597 confirmed; 689 probable; 205,588 suspected) and 4,182 deaths (CFR: 1.78%) of cholera were reported from 20 AU MS: Burundi (2,216 cases; 12 deaths), Cameroon (287; 0), Comoros (10,540; 152), DRC (30,373; 415), Ethiopia (26,052; 255), Ghana (5,653; 37), Kenya (300; 3), Malawi (476; 15), Mozambique (8,486; 38), Niger (273; 10), Nigeria (10,837; 35), Somalia (21,739; 138), South Africa (150; 1), South Sudan (16,017; 329), Sudan (52,896; 1,359), Tanzania (12,148; 145), Togo (604; 37), Uganda (58; 3), Zambia (20,076; 612), and Zimbabwe (19,646; 388).

#### Response by MS/partner/Africa CDC:

The ministries of health of the affected AU MS activated cholera emergence operations centres and deployed one health rapid response team to conduct enhanced surveillance, risk communication and environmental sanitation in the affected communities.

# Polio (vaccine-derived) in Africa

83 confirmed human case(s)  
0 human deaths (CFR: 0%)

Agent/Pathogen	Polio virus (vaccine-derived)	First Reported	1-Jan-2025	Previous Report Update	8-Aug-2025	First Occurred	1-Jan-2025
Country	Multiple Countries	Location	8 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, 83 confirmed cases and no deaths of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported from seven AU MS: Angola (5 cases), Chad (14), Djibouti (1), Ethiopia (37), Niger (1), Nigeria (23) and Sudan (2). One confirmed case and no death of cVDPV3 was reported from Guinea (1; 0). However, no confirmed cases and no deaths of circulating vaccine-derived poliovirus type 1 (cVDPV1) have been reported from Africa.

In epidemiological week 32, one new confirmed case of cVDPV2 was reported from Nigeria.

**Nigeria:** Since the last update (7 August 2025), the GPEI reported one confirmed case and no death of cVDPV2 from Sokoto State. Cumulatively, 23 confirmed cases and no deaths of cVDPV2 have been reported from Nigeria. In 2023, the national oral polio vaccination (OPV3) coverage among children <1 year in Nigeria was 84%.

**Note:** In 2024, a total of 10 confirmed cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported from two AU MS: DRC (9 cases), Mozambique (1). Additionally, 227 cases of cVDPV2 were reported from 16 AU MS: Angola (9 cases), Benin (1), Chad (22), DRC (10), Ethiopia (44), Guinea (5), Kenya (1), Liberia (1), Mali (1), Niger (16), Nigeria (98), Senegal (1), Somalia (7), South Sudan (10), and Zimbabwe (1).

## Response by MS/partner/Africa CDC:

The ministry of health continue to strengthen acute flaccid paralysis surveillance and polio supplemental vaccination campaigns in the affected areas.

# Dengue fever in Africa

**1,235** confirmed human case(s), **156** probable human case(s), **8,907** suspected human case(s)  
**19** human deaths (**CFR: 0.18%**)

Agent/Pathogen	Dengue virus	First Reported	1-Jan-2025	Previous Report Update	8-Aug-2025	First Occurred	1-Jan-2025
Country	Multiple Countries	Location	10 MS	Source	Ministry of Health	GeoScope	MODERATE
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

## Update to Event:

Since the beginning of 2025, a total of 10,298 cases (1,235 confirmed; 156 probable; 8,907 suspected) and 19 deaths (CFR: 0.18%) of dengue fever have been reported from ten AU MS: Burkina Faso (866 cases; 0 deaths), Cabo Verde (335; 0), Comoros (1,320; 1), Guinea (1; 0), Kenya (1; 0), Mali (2,498; 0), Mauritius (59; 0), Nigeria (178;11), Senegal (32; 0), and Sudan\* (5,008; 7).

In epidemiological week 32, a total of 136 new suspected cases and no new deaths of dengue fever were reported from two AU MS: Mali and Sudan.

**Mali:** Since the last update (8 August 2025), the MoH reported 87 cases (18 confirmed; 69 suspected) and no new deaths of dengue fever from Bamako (80 cases; 0 deaths) and Sikasso (7; 0) regions. This is a 29% average increase in the number of new cases in the last four weeks. This year, a total of 2,498 cases (496 confirmed; 2,002 suspected) and no deaths of dengue fever were reported in all 11 regions in Mali. Since the start of this outbreak (September 2023), a cumulative of 17,590 cases (2,104 confirmed; 15,486 suspected) and 74 deaths (CFR: 0.42%) of dengue fever have been reported from all 11 regions in Mali.

**Sudan:** Since the last update (8 August 2025), the MoH reported 49 new suspected cases and no new deaths of dengue fever from multiple states. This is a 132% average increase in the number of new cases in the past four weeks. This year, 5,008 suspected cases and seven deaths (CFR: 0.14%) of dengue fever were reported from ten of twelve states in Sudan. Since the start of this outbreak (July 2024), a total of 14,103 suspected cases and 23 deaths (CFR: 0.16%) of dengue fever have been reported from ten of twelve states in Sudan.

**\*In epidemiological week 31, a backlog of 311 cases of dengue were reported from Sudan.**

**Note:** In 2024, a total of 191,717 cases (30,465 confirmed; 25,249 probable; 121,102 suspected) and 152 deaths (CFR: 0.08%) of dengue fever were reported from 15 AU MS: Burkina Faso (110,257 cases; 102 deaths), Cameroon (1; 0), Cabo Verde (43,597; 8), CAR (430; 1), Chad (983; 0), Côte d'Ivoire (39; 0), Ethiopia (3,463; 0), Ghana (1,713; 2), Kenya (88; 0), Mali (9,541; 13), Mauritius (9,166; 8), Sao Tome and Principe (9; 0), Senegal (902; 0), Sudan (8,683; 15), and Togo (2,205; 3).

## Response by MS/partner/Africa CDC:

The ministries of health in the affected MS continue to conduct enhanced surveillance, case management, vector control, and risk communication activities in the affected communities.

# Measles in Africa

**8,488** confirmed human case(s), **105,318** suspected human case(s)  
**837** human deaths (**CFR: 0.74%**)

Agent/Pathogen	Measles virus	First Reported	8-Jan-2025	Previous Report Update	8-Aug-2025	First Occurred	30-Dec-2024
Country	Multiple Countries	Location	18 MS	Source	Ministry of Health	GeoScope	HIGH
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

## Update to Event:

Since the beginning of 2025, a total of 113,806 cases (8,488 confirmed; 105,318 suspected) and 837 deaths (CFR:0.74%) of measles have been reported from 18 AU MS: Cameroon (2,240 cases; 4 deaths), Chad (926; 1), DRC\*\* (43,648; 686), Ethiopia (4,429; 22), Guinea (6,228; 6), Kenya (61; 0), Malawi (167; 0), Mali (536; 0), Mauritania (189; 0), Morocco (44,372; 95), Nigeria (739; 0), Rwanda (182; 0), Senegal (94; 0), Somalia\*\*\* (6,238; 14), South Africa (108; 0), Sudan\*\*\*\* (2,716; 8), Uganda (77; 1) and Zambia (856; 0).

In epidemiological week 32, a total of 26 new cases and no new deaths of measles were reported from two AU MS: Cameroon and Mali.

**Cameroon:** Since the last update (8 August 2025) the MoH reported 21 new cases (13 confirmed; 8 suspected) and no new deaths of measles from all ten regions. This is a 249% average increase in the number of confirmed cases in the last four weeks. Since the beginning of this year, 2,240 cases (1,712 confirmed; 528 suspected) and four deaths (CFR: 0.18%) of measles have been reported from all ten regions in Cameroon. Of the confirmed cases, 64% were unvaccinated against measles and children <5 years accounted for 55%. In 2023, the national measles vaccination coverage among children <2 years in Cameroon was 56%.

**Mali:** Since the last update (8 August 2025), the MoH reported five new cases (2 confirmed; 3 suspected) and no new deaths of measles from three regions. This is a 30% average increase in the number of new cases in the last four weeks. This year, 536 cases (145 confirmed; 391 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 1,246 cases (490 confirmed; 756 suspected) and no deaths of measles have been reported from all 11 regions in Mali. In 2023, the national measles vaccination coverage among children <1 year in Mali was 98%.

**\*In epidemiological week 31, a backlog of 1,994 cases and 37 deaths of measles were reported from DRC.**

**\*\*In epidemiological week 31, a backlog of 185 cases (9 confirmed; 176 suspected) and no deaths of measles were reported from Somalia.**

**\*\*\*Between epidemiological week 31 and 32, a backlog of 22 cases were reported from Sudan.**

**Note:** In 2024, a total of 260,752 cases (26,432 confirmed; 234,320 suspected) and 3,220 deaths (CFR: 1.23%) of measles have been reported from 30 AU MS: Burkina Faso (10,639 cases; 46 deaths), Burundi (15,003; 149), Cameroon (2,507; 69), Central African Republic [CAR (4,550; 4)], Côte d'Ivoire (7,856; 169), Chad (8,712; 27), Congo (546; 4), DRC (95,126; 2,178), Ethiopia (28,421; 220), Gabon (347; 1), Ghana (1,398; 0), Kenya (1,953; 13), Liberia (2,891; 0), Mali (681; 0), Malawi (937; 1), Mauritania (2,881; 4), Morocco (20,435; 111), Mozambique (1,183; 31 ), Namibia (105; 0), Nigeria (27,517; 73), Niger(2,226; 13), Senegal (484; 0), Sierra Leone (67; 1), Somalia (12,277; 40), South Africa (626; 0), South Sudan (3,200; 41 ), Sudan (777; 10), Togo (628; 2), Uganda (2,011; 13), and Zambia (4,946; 0).

## Response by MS/partner/Africa CDC:

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

# Bacterial Meningitis in Africa

**152** confirmed human case(s), **875** suspected human case(s)  
**27** human deaths (**CFR: 2.63%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	3-Jan-2025	Previous Report Update	25-Jul-2025	First Occurred	3-Jan-2025
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 2025, a total of 1,027 cases (152 confirmed; 875 suspected) and 27 deaths (CFR: 2.63%) of bacterial meningitis have been reported from four AU MS: Ghana (439 cases; 20 deaths), Mali (458; 0), Togo (47; 7) and Zambia (83; 0).

In epidemiological week 32, a total of sixteen new cases and no new deaths of bacterial meningitis were reported from Mali.

**Mali:** Since the last update (8 August 2025), the MoH reported 16 new cases (2 confirmed; 14 suspected) and no new deaths of bacterial meningitis from four regions. This is a 33% decrease in the number of new cases compared to last update. Cumulatively, 458 cases (91 confirmed; 367 suspected) and no deaths of bacterial meningitis have been reported from all eleven regions in Mali this year. The bacteria isolated from the confirmed cases include; *Streptococcus pneumoniae* (37), *Neisseria meningitidis W135* (24), *Haemophilus influenzae non-b* (20), *Haemophilus influenzae b* (7) and *Haemophilus influenzae untyped* (3). In 2023, the national meningitis vaccination coverage among children <5 years in Mali was 94%.

**Note:** In 2024, a total of 7,118 cases (1,473 confirmed; 5,645 suspected) and 492 deaths (CFR: 7.07%) of bacterial meningitis have been reported from four AU MS: CAR (296 cases; 25 deaths), Mali (735; 0), Niger (2,781; 202), and Nigeria (3,302; 265)

## Response by MS/partner/Africa CDC:

The MoH continues to conduct enhance surveillance, case management, Cerebro-Spinal Fluid sample collection, as well as risk communication and community engagement activities in the affected districts.



# Chikungunya in Africa

**1,764** confirmed human case(s), **520** suspected human case(s)  
**0** human deaths (**CFR: 0%**)

Agent/Pathogen	Chikungunya virus	First Reported	1-Jan-2025	Previous Report Update	1-Aug-2025	First Occurred	1-Jan-2025
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 2025, a total of 2,284 cases (1,764 confirmed; 520 suspected) and no deaths of chikungunya have been reported from four AU MS: Comoros (4 cases; 0 deaths), Kenya (612; 0), Mauritius (1,661; 0), and Senegal (7; 0).

In epidemiological week 32, a total of eight new cases and no new deaths of chikungunya were reported from Mauritius.

**Mauritius:** Since the last update (8 August 2025), the MoH reported eight new confirmed cases and no deaths of chikungunya from two islands. This is a 27% average decrease in the number of new cases in the past four weeks. Since the beginning of 2025, a total 1,661 confirmed cases (46 imported cases; 1,615 local cases) and no deaths of chikungunya have been reported from the two Islands; Mauritius (1,590 cases; 0 deaths) and Rodrigues (71; 0). Fifty-six percent of the cases are males and persons aged 40-59 years account for 35% of the cases.

## Response by MS/partner/Africa CDC:

The MoH continues to conduct active case search at public and private health facilities, case management and to intensify vector control activities.



-Between Epidemiological week 1 and 31, a backlog of 1,566 cases and 86 deaths of Diphtheria were reported from Somalia

-Between Epidemiological week 1 and 28, a backlog of 112 cases of Diphtheria were reported from Sudan

- In epidemiological week 31, a backlog of 27 new cases (7 confirmed; 20 suspected) and three new deaths of Lassa fever were reported from Liberia.

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

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

- CFR are calculated using confirmed cases and deaths only, except for bacterial meningitis, cholera, measles, mpox, dengue, and yellow fever where CFR is 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: morbidity and mortality of the disease, probability of spread within and to the other MSs, and availability of effective treatments, vaccines, or other control measures. An event risk level can be classified as low, moderate, high or very high depending on how they score on the above criteria.