






























Event Summary

New events since last issue

| Agent/Syndrome | Country | Risk Human | Risk Animal | Type | Suspected | Probable | Confirmed | Deaths |
|---|----------|------------|-------------|---|-----------|----------|-----------|--------|
|  Cholera | Cameroon | Moderate | N/A |  | 1 | 0 | 1 | 0 |
|  Marburg virus | Ethiopia | Very High | N/A |  | 0 | 3 | 3 | 6 |

Events Highlighted this week

| Agent/Syndrome | Country | Risk Human | Risk Animal | Type | Suspected (New) | Probable (New) | Susceptible (New) | Confirmed (New) | Deaths (New) |
|--|------------|------------|-------------|---|-----------------|----------------|-------------------|-----------------|--------------|
|  Bacterial meningitis | Mali | Moderate | N/A |  | 558 (15) | 0 (0) | | 117 (0) | 0 (0) |
|  Cholera | Burundi | Moderate | N/A |  | 0 (0) | 0 (0) | | 2,519 (139) | 11 (1) |
| | Chad | Moderate | N/A |  | 2,915 (81) | 0 (0) | | 111 (5) | 164 (7) |
| | Ethiopia | High | N/A |  | 7,991 (11) | 0 (0) | | 0 (0) | 76 (0) |
| | Kenya | High | N/A |  | 209 (41) | 0 (0) | | 27 (0) | 6 (1) |
| | Sudan | High | N/A |  | 71,876 (19) | 0 (0) | | 0 (0) | 2,015 (1) |
|  Dengue | Mali | Moderate | N/A |  | 2,730 (65) | 0 (0) | | 804 (61) | 0 (0) |
| | Sudan | Moderate | N/A |  | 39,803 (413) | 0 (0) | | 0 (0) | 108 (2) |
|  diphtheria | Mauritania | Moderate | N/A |  | 836 (54) | 0 (0) | | 12 (0) | 36 (5) |
|  Landslides | Kenya | Moderate | N/A |  | | | | | 35 (7) |
|  Measles | Mali | Moderate | N/A |  | 452 (8) | 0 (0) | | 168 (5) | 0 (0) |
|  Mpox | Burundi | High | N/A |  | 4,915 (29) | 0 (0) | | 1,623 (17) | 0 (0) |
| | Kenya | Moderate | N/A |  | 1,767 (87) | 0 (0) | | 786 (44) | 11 (0) |
| | Liberia | High | N/A |  | 2,099 (63) | 0 (0) | | 1,289 (44) | 6 (0) |
|  Rift valley fever | Mauritania | Moderate | High |  | 218 (29) | 0 (0) | | 52 (4) | 15 (0) |
| | Senegal | High | High |  | 6,132 (3,021) | 0 (0) | | 391 (40) | 29 (1) |
| | Senegal | High | High |  | | | 0 (0) | 176 (119) | 0 (0) |

Very High Risk Events

Marburg virus in Ethiopia

3 confirmed human case(s), **3** probable human case(s)
6 human deaths (**CFR: 100%**)

| | | | | | |
|----------------|---------------|------------------------|-------------|------------------------|-----------------|
| Agent/Pathogen | Marburg virus | First Reported | 14-Nov-2025 | Previous Report Update | 14-Nov-2025 |
| First Occurred | 12-Nov-2025 | Country | Ethiopia | Location | Southern region |
| Source | Ethiopian PHI | GeoScope | LOW | Human Risk Assessment | VERY HIGH |
| | | Animal Risk Assessment | N/A | | |

Description:

On 14 November 2025, the Ministry of Health (MoH) and Ethiopia Public Health Institute (EPHI) declared an outbreak of Marburg virus disease (MVD), in Jinka, Southern Region, Ethiopia. The cases presented with headache, fever, vomiting, abdominal pain. Of the 17 samples tested at the National Reference Laboratory, three were positive for Marburg virus. Genomic sequencing found that the strain is similar to that isolated in previous marburg outbreaks within the Eastern Africa region. As of 17 November, six cases (3 confirmed; 3 probable) and six deaths (CFR: 100%) of marburg have been reported from one of the twelve regions in Ethiopia.

MVD is a zoonotic viral disease related to Ebola virus, causing hemorrhagic fever that affects both humans and non-human primates. The African fruit bat, *Rousettus aegyptiacus*, is a known reservoir of the virus. Transmission occurs through direct contact with blood or other bodily fluids of infected people, and contaminated surfaces or materials. Treatment is only supportive and the published CFR is up to 88%. This is the first outbreak of Marburg virus reported in Ethiopia.

Response by MS/partner/Africa CDC:

The MoH and the EPHI issued a press release informing the general public of the suspected viral hemorrhagic fever. In addition, the MoH deployed a multidisciplinary team of experts to the affected area to conduct detailed investigations on potential sources of infection, strengthen surveillance and infection prevention and control at health facility and community level, risk communication and community awareness activities, in collaboration with regional health authorities and partners. A total of 129 contacts have been identified and isolated and are under active follow-up. A mobile laboratory has been deployed in Jinka town to reduce the turnaround time for laboratory testing and confirmation.

The Africa CDC in-country team is working with the MoH and the EPHI to support the response interventions. In addition, Africa CDC Director General held a meeting with the Health Ministers of Kenya and South Sudan to discuss preparedness interventions, including cross-border coordination and collaboration.

High Risk Events

Rift Valley Fever in Africa

486 confirmed human case(s)
9,371 suspected human case(s)
46 human deaths (**CFR: 0.47%**)

| | | | | | |
|----------------|--------------------|------------------------|--------------------|------------------------|------------|
| Agent/Pathogen | Rift Valley Fever | First Reported | 26-Sep-2025 | Previous Report Update | 2-Nov-2025 |
| First Occurred | 26-Sep-2025 | Country | Multiple Countries | Location | 3 AU MS |
| Source | Ministry of Health | GeoScope | MODERATE | Human Risk Assessment | HIGH |
| | | Animal Risk Assessment | N/A | | |

Update to Event:

Since the beginning of 2025, a total of 9,857 cases (486 confirmed; 9,371 suspected) and 46 deaths (CFR: 0.47 %) of Rift Valley fever (RVF) have been reported from three African Union (AU) Member States (MS): Mauritania (270 cases; 15 deaths), Uganda (3; 1) and Senegal (9,584; 30).

In epidemiological week 45, a total of 3,094 new cases and one new death of RVF were reported from Mauritania and Senegal.

Mauritania: Since the last update (7 November 2025), the Ministry of Health (MoH) reported 33 new cases (4 confirmed; 29 suspected) and no new deaths of RVF from Trarza region. This is a 23% decrease in the number of new cases compared to the last update. This year, a total of 270 cases (52 confirmed; 218 suspected) and 15 deaths (CFR: 5.56%) of RVF have been reported from 14 of 15 regions in Mauritania. Of the confirmed cases, Trarza and Brakna regions accounted for 23%, males accounted for 77% and age group ≥ 10 years accounted for 94%. Additionally, 200 confirmed animal cases were reported from eight of fifteen regions in Mauritania.

Senegal: Since the last update (7 November 2025), the MoH reported 3,061 new cases (40 confirmed; 3,021 suspected) and one new death (CFR: 0.03%) of RVF from eight regions. This is a 6% decrease in the number of new confirmed cases compared to the last update. This year, a total of 9,584 cases (431 confirmed; 9,153 suspected) and 30 deaths (CFR: 0.31%) of RVF were reported from eight regions in Senegal. Of the confirmed cases, males accounted for 67% and age group 20 - 25 years accounted for 18% of cases. Saint Louis region is the epicenter of this outbreak accounting for 77% of all confirmed cases and 66% of confirmed deaths. Additionally, a total of 305 confirmed animal RVF cases were reported in Senegal.

Response by MS/partner/Africa CDC:

Mauritania: The MoH continues to enhance surveillance, case management, community sensitization and vector control measures in the affected areas.

Senegal: The MoH in collaboration with other One Health relevant sectors is conducting enhanced surveillance and community engagement and risk communication in the affected and neighboring districts. Vaccination among animal populations is currently ongoing.

Africa CDC: Deployed technical experts to the affected member states who supported coordination of RVF response activities, development and implementation of RVF response plan and Africa CDC support plan, capacity building of frontline healthcare workers, risk and need assessments among others.

Moderate Risk Events

Mpox in Africa

39,653 confirmed human case(s), **128,264** suspected human case(s)
773 human deaths (**CFR: 0.60%**)

| | | | | | |
|----------------|--------------------|------------------------|--------------------|------------------------|------------|
| Agent/Pathogen | Mpox | First Reported | 3-Jan-2025 | Previous Report Update | 7-Nov-2025 |
| First Occurred | 1-Jan-2025 | Country | Multiple Countries | Location | 28 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 128,264 cases of mpox, of which 39,653 (31%) laboratory-confirmed have been reported from 27 African Union Member States (AU MS). In addition, a total of 773 deaths (CFR: 0.60%) among suspected cases and 241 deaths (CFR: 0.61%) among confirmed cases have been reported. The distribution of confirmed cases and deaths by MS is as follows: Angola (8 confirmed cases; 0 deaths), Burundi (1,623; 0), Cameroon (5; 0), Central African Republic (CAR) (60; 4), Congo (78; 1), Côte d'Ivoire (79; 1), Democratic Republic of Congo (DRC)* (20,111; 97), Ethiopia (48; 1), Gambia (1; 0), Ghana (808; 3), Guinea (1,079; 5), Kenya (786; 11), Liberia (1,289; 6), Malawi (138; 1), Morocco (2; 0), Mozambique (90; 0), Namibia (2; 0), Nigeria (383; 5), Rwanda (47; 0), Senegal (7; 0), Sierra Leone (5,442; 60), South Africa (12; 0), South Sudan (21; 0), Tanzania (201; 0), Togo (87; 0), Uganda (6,988; 43), and Zambia (258; 3).

In epidemiological week 45, a total of 201 new cases, of which 105 (52%) were laboratory-confirmed cases, and no new deaths were reported from four AU MS: Burundi, Ghana, Kenya, and Liberia.

Burundi: Since the last update (7 November 2025) the MoH reported 29 new cases, of which 17 were laboratory-confirmed and no new deaths of mpox from 10 health districts. This is almost a 4-fold average increase in confirmed cases reported in the last four weeks. This year, 4,915 cases, of which 1,623 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, 10,706 cases, of which 4,569 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.

Ghana: Since the last update (31 October 2025), the Ghana Health Services reported 78 cases of which 13 were laboratory-confirmed and no new death of mpox from all 16 regions. This is a 77.56% average increase in the confirmed cases in the past four weeks. This year, 3,822 cases of which 808 were laboratory-confirmed, and three deaths (CFR: 0.37%) of mpox were reported from all 16 regions in Ghana. This outbreak started in October 2024, cumulatively of 4,253 cases, of which 813 were laboratory-confirmed, and three deaths (CFR: 0.38%) of mpox have been reported from all 16 regions in Ghana. A total of 4,253 samples were tested resulting in a 100% testing rate and 19.1% positivity rate. Clade II was isolated from undefined number of sequenced samples.

Kenya: Since the last update (7 November 2025), the MoH reported 44 new laboratory-confirmed cases and two no new deaths of mpox from multiple counties. This is an 68% average decrease in confirmed cases in the last four weeks. This year, 786 laboratory-confirmed cases and eleven deaths (CFR: 1.39%) of mpox were reported from 33 of 47 counties in Kenya. This outbreak started in July 2024. Cumulatively, 817 laboratory-confirmed and 12 deaths (CFR: 1.46%) of mpox have been reported from 33 of 47 counties in Kenya. A total of 2,122 samples were tested resulting in a 100% testing rate and 38.5% positivity rate. Clade Ib was isolated from 94 sequenced samples.

Liberia: Since the last update (7 Nov 2025), the MoH reported 63 new cases of which 40 were laboratory-confirmed, and no new deaths of mpox from nine counties. This is a six percent average decrease in the confirmed cases in the last four weeks. This year, 2,099 cases of which 1,289 were laboratory-confirmed and six deaths (CFR: 0.48%) of mpox have been reported from all the 15 counties in Liberia. Since the start of the outbreak (March 2024) a cumulative of 2,510 cases, of which 1,348 were laboratory-confirmed, and six deaths (CFR: 0.44) of mpox have been reported from all 15 counties in Liberia. A total of 2,099 samples were tested resulting in an 83.6% testing rate and 64.2% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

****In epidemiological week 44, a backlog of 1,147 cases of which 51 were laboratory-confirmed mpox cases were reported from DRC.***

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 in the affected communities

Cholera in Africa

9,860 confirmed human case(s), **47** probable human case(s), **294,940** suspected human case(s)
7,022 human deaths (**CFR: 2.30%**)

| | | | | | |
|----------------|--------------------|-----------------------|------------|------------------------|--------------------|
| Agent/Pathogen | Cholera | First Reported | 1-Jan-2025 | Previous Report Update | 2-Nov-2025 |
| Country | Multiple Countries | Location | 24 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 303,953 cases (9,860 confirmed; 47 probable; 294,940 suspected) and 7,013 deaths (CFR: 2.30%) have been reported from 24 AU MS: Angola (34,060 cases; 870 deaths), Burundi (2,519; 11), Cameroon (2; 0), Chad (3,026; 164), Comoros (40; 0), Congo (815; 67), Côte d'Ivoire (556; 24), Democratic Republic of Congo (DRC)* (61,874; 1,833), Ethiopia (7,991; 76), Ghana (2,870; 14), Kenya (662; 26), Malawi (91; 3), Mozambique (4,684; 46), Namibia (18; 1), Nigeria (21,302; 496), Rwanda (325; 0), Somalia (8,285; 9), South Sudan (77,449; 1,273), Sudan** (71,876; 2,015), Tanzania (4,063; 45), Togo (165; 4), Uganda (136; 3), Zambia (505; 10), and Zimbabwe (601; 23).

In epidemiological week 45, a total of 890 new cases and 15 new deaths of cholera were reported from seven AU MS: Angola, Burundi, Chad, Ethiopia, Kenya, Mozambique and Sudan.

Angola: Since the last update (7 November 2025), the MoH reported 500 new suspected cases and four new deaths (CFR: 0.80%) of cholera from five provinces. This is a 7% average decrease in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 34,060 cases (937 confirmed; 33,123 suspected) and 870 deaths (CFR: 2.55%) of cholera have been reported from 18 of 21 provinces in Angola. Males accounted for 54% of all cases and 63% of all deaths. Children <15 years accounted for 37% of all cases and 32% of all deaths. Additionally, 55% of all deaths occurred at the health facilities.

Burundi: Since the last update (7 November 2025), the MoH reported 139 new cases and one new death (CFR: 0.72%) of cholera from multiple provinces. This is a 11% average decrease in the number of new cases in the past four weeks. This year, a total of 2,519 confirmed cases and 11 deaths (CFR: 0.44%) of cholera were reported from four of eighteen provinces in Burundi. Males accounted for 50.3% and children <5 years accounted for 17.7% of all cases. Since the beginning of the outbreak (December 2022), a cumulative of 4,735 cases (4,670 confirmed; 65 suspected) and 23 deaths (CFR: 0.48%) of cholera have been reported from 14 of 18 provinces in Burundi. In comparison to the same period in 2024 (epidemiological week 1 to 45), a total of 834 confirmed cases and four deaths (CFR: 0.48%) of cholera were reported in Burundi, which is a 2-fold increase in the number of cases and a 1.75-fold increase in the number of deaths.

Chad: Since the last update (7 November 2025), the MoH reported 86 new cases (5 confirmed; 81 suspected) and seven new deaths (CFR: 8.14%) from eight districts. This is a 37 average increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (July 2025), a cumulative of 3,026 cases (111 confirmed; 2,915 suspected) and 164 deaths (CFR: 5.42%) of cholera have been reported from five of twenty-three provinces in Chad. Of the total cases, females accounted for 62%, and age groups 5 - 44 years accounted for 64.1%.

Ethiopia: Since the last update (7 November 2025), the EPHI reported 11 new suspected cases and no new deaths of cholera from six regions. This is a 35% average decrease in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 7,991 suspected cases and 76 deaths (CFR: 0.95%) of cholera have been reported from six of twelve regions in Ethiopia. In comparison to the same period in 2024 (epidemiological week 1 to 45), a total of 26,936 suspected cases and 255 deaths (CFR: 0.95%) of cholera were reported in Ethiopia, which is a 70% decrease in the number of cases and a 70% decrease in the number of deaths.

Kenya: Since the last update (7 November 2025), the MoH reported 41 new suspected cases and one new death (CFR: 2.40%) of cholera from multiple counties. This is a 103% increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (October 2025), a cumulative of 236 cases (27 confirmed; 209 suspected) and six deaths (CFR: 2.54%) of cholera have been reported from three of forty-seven counties in Kenya; Nairobi (1 case; 0 deaths), Narok (231; 6) and Migori (4; 0). Since the beginning of this year, a cumulative of 662 cases (76 confirmed; 586 suspected) and 26 deaths (CFR: 3.92%) of cholera have been reported from five of forty-seven counties in Kenya.

Mozambique: Since the last update (7 November 2025), the MoH reported 94 new confirmed cases and one new death (CFR: 1.06%) of cholera from Nampula province. This is a one-fold average increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (September 2025), a cumulative of 460 confirmed cases and three deaths (CFR: 0.65%) of cholera have been reported from one of ten provinces in Mozambique. This year, 4,684 confirmed cases and 46 deaths (CFR: 0.98%) of cholera were reported from eight of ten provinces in Mozambique. In comparison to the same period in 2024 (epidemiological week 1 to 45), a total of 8,183 confirmed cases and 17 deaths (CFR: 0.21%) of cholera were reported in Mozambique, which is a 44% decrease in the number of cases and a 40% increase in the number of deaths.

Sudan: Since the last update (7 November 2025), the MoH reported 19 new suspected cases and one new death (CFR: 5.26%) of cholera from multiple states in Sudan. This is a 45% average decrease in the number of cases in the past four weeks. This year, 71,876 suspected cases and 2,015 deaths (CFR: 2.80%) of cholera were reported from all 18 states in Sudan. Since the beginning of this outbreak (July 2024), a cumulative of 124,624 cases and 3,374 deaths (CFR: 2.70%) of cholera have been reported from all 18 states in Sudan. The outbreak is occurring amidst a sustained complex humanitarian crisis.

in epidemiological week 46, a total of two new cases and no deaths of cholera were reported from Cameroon

Cameroon (Initial Report): On 9 November 2025, the MoH announced an outbreak of cholera from Mayo Oulo district, North Region, following confirmation of one case by culture at Institute Pasteur Laboratory. On 5 November 2025, the Nigeria authorities issued a cross border cholera alert to Mayo Oulo district, North Region of Cameroon. On 7 November 2025, a suspected cholera case was notified at Doumo health area of Mayo Oulo district. The index case is a female of 65 years, and housewife. Cumulatively, two cases (1 confirmed; 1 suspected) and no deaths have been reported. The affected area is inaccessible due to rugged, rocky mountain terrain. The last cholera outbreak in Cameroon occurred in November 2024 where a total of 127 cases and two deaths were reported.

****In epidemiological week 44, a backlog of 816 suspected cases and 18 deaths were reported from DRC***

*****Sudan Between epidemiological week 42-44, a backlog of 129 cases and two deaths were reported from Sudan.***

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 MoH of the affected MS activated the emergency operation centers and deployed one health rapid response teams to conduct enhanced surveillance, risk communication, and environmental sanitation in the affected communities.

Dengue fever in Africa

4,444 confirmed human case(s), **156** probable human case(s), **44,495** suspected human case(s)
120 human deaths (**CFR: 0.24%**)

| | | | | | |
|----------------|--------------------|------------------------|--------------------|------------------------|------------|
| Agent/Pathogen | Dengue fever | First Reported | 1-Jan-2025 | Previous Report Update | 2-Nov-2025 |
| First Occurred | 1-Jan-2025 | Country | Multiple Countries | Location | 11 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 49,095 cases (4,444 confirmed; 156 probable; 44,495 suspected) and 120 deaths (CFR: 0.24%) 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 (1; 0), Kenya (1; 0), Mali (3,660; 0), Mauritania (2,464; 0), Mauritius (59; 0), Nigeria (178; 11), Senegal (408; 0), and Sudan* (39,803; 108).

In epidemiological week 45, a total of 539 new cases and two new deaths of dengue fever were reported from two AU MS: Mali and Sudan.

Mali: Since the last update (7 November 2025), the MoH reported 126 cases (61 confirmed; 65 suspected) and no new deaths of five regions. This is a 21% average increase in the number of new cases in the past four weeks. This year, a total of 3,660 cases (865 confirmed; 2,795 suspected) and no deaths of dengue fever were reported in all 11 regions in Mali. Since the beginning of this outbreak (September 2023), a cumulative of 18,752 cases (2,473 confirmed; 16,279 suspected) and 74 deaths (CFR: 0.39%) of dengue fever have been reported from all 11 regions in Mali.

Sudan: Since the last update (7 November 2025), the MoH reported 413 new suspected cases and two new deaths (CFR: 0.48%) of dengue fever from multiple states. This is a 30% average decrease in the number of new cases in the past four weeks. This year, 39,803 suspected cases and 108 deaths (CFR: 0.27%) of dengue fever were reported from 12 of 18 states in Sudan. Since the start of this outbreak (July 2024), a total of 48,486 suspected cases and 123 deaths (CFR: 0.25%) of dengue fever have been reported from 13 of 18 states in Sudan.

***Between epidemiological week 39-44, a backlog of 1,906 cases 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 MoH of the affected MS continue to conduct enhanced surveillance, case management, vector control, and risk communication activities in the affected communities.

Measles in Africa

11,235 confirmed human case(s), **132,482** suspected human case(s)
1,149 human deaths (**CFR: 0.80%**)

| | | | | | |
|----------------|--------------------|------------------------|--------------------|------------------------|------------|
| Agent/Pathogen | Measles | First Reported | 8-Jan-2025 | Previous Report Update | 2-Nov-2025 |
| First Occurred | 30-Dec-2024 | 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 2025, a total of 143,717 cases (11,235 confirmed; 132,482 suspected) and 1,149 deaths (CFR: 0.80%) of measles have been reported from 20 AU MS: Cameroon (2,648 Cases ; 4 deaths), Chad (926; 1), DRC* (68,614; 1,029), Ethiopia (4,429; 22), Guinea (6,228; 6), Kenya (61; 0), Malawi (167; 0), Mali (633; 0), Mauritania (189; 0), Morocco (44,372; 95), Mozambique (439; 0), Namibia** (460; 1), Nigeria (739; 0), Rwanda(218; 0), Senegal (97; 0), Somalia (9,269; 14), South Africa*** (1,681; 0), Sudan (3,275; 22), Uganda (77; 1) and Zambia (856; 0).

In epidemiological week 45, a total of 35 new cases and no new deaths of measles were reported from two AU MS: Mali, and Mozambique.

Mali: Since the last update (7 November 2025), the MoH reported 13 new cases (95 confirmed; 8 suspected) and no new deaths of measles from four regions. This is an 86% increase in the number of confirmed cases compared to the last update. This year, 633 cases (173 confirmed; 460 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 1,418 cases (606 confirmed; 825 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%.

Mozambique: Since the last update (7 November 2025), the MoH reported 22 new confirmed cases and no new deaths of measles from four provinces. This is a 54% average increase in the number of confirmed cases in the last four weeks. Since the beginning of the outbreak (July 2025), a cumulative of 439 confirmed cases [Niassa (102), Nampula (107), Manica (13), Zambezia (61), Sofala (156)] and no deaths of measles have been reported from six of 129 districts in Mozambique. In 2024, the national measles vaccination coverage (MCV1) was 44%.

***In epidemiological weeks 44, a backlog of 836 cases and eight deaths were reported from DRC**

****In epidemiological weeks 44, a backlog of 115 cases and no deaths were reported from Namibia.**

*****In epidemiological weeks 44, a backlog of 93 cases and no deaths were reported from South Africa.**

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 MoH in the affected MS continue to strengthen measles surveillance and supplemental immunization activities in the affected communities.

Bacterial Meningitis in Africa

178 confirmed human case(s), **1,066** suspected human case(s)
27 human deaths (**CFR: 2.17%**)

| | | | | | |
|----------------|----------------------|------------------------|--------------------|------------------------|------------|
| Agent/Pathogen | Bacterial Meningitis | First Reported | 3-Jan-2025 | Previous Report Update | 2-Nov-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 1,244 cases (178 confirmed; 1,066 suspected) and 27 deaths (CFR: 2.17%) of bacterial meningitis have been reported from four AU MS: Ghana (439 cases; 20 deaths), Mali (675; 0), Togo (47; 7) and Zambia (83; 0).

In epidemiological week 45, a total of 17 new cases and no new deaths of bacterial meningitis were reported from Mali.

Mali: Since the last update (7 November 2025), the MoH reported 17 new cases (2 confirmed; 15 suspected) and no new deaths of bacterial meningitis from four regions. This is an 11% average increase in the number of cases in the last four weeks. Cumulatively, 675 cases (117 confirmed; 558 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* (54), *Neisseria meningitidis* W135 (24), *Haemophilus influenzae* non-b (25), *Haemophilus influenzae* b (9) and *Haemophilus influenzae* untyped (5). 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:

Mali: The MoH continues to conduct enhanced surveillance, case management, cerebro-spinal fluid sample collection, as well as risk communication and community engagement activities in the affected districts.

Corynebacterium diphtheriae in Africa

6,905 confirmed human case(s)
13,350 suspected human case(s)
1 probable human case(s)
930 human deaths (**CFR: 13.47%**)

| | | | | | |
|----------------|------------------------------------|------------------------|---------------------------|------------------------|-------------------|
| Agent/Pathogen | Corynebacterium diphtheriae | First Reported | 3-Jan-2025 | Previous Report Update | 7-Nov-2025 |
| First Occurred | 2-Jan-2024 | 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 20,256 cases (6,905 confirmed; 1 probable; 13,350 suspected) and 930 deaths (CFR: 13.47%) of toxigenic respiratory diphtheria have been reported from 10 AU MS: Algeria (813 cases; 93 deaths), Chad (1,779; 0), Guinea (330; 71), Mali (404; 29), Mauritania (848; 36), Niger (939; 58), Nigeria (13,384; 540), Somalia (1,566; 86), Sudan (112; 0), and South Africa* (81; 17).

In epidemiological week 45, a total of 54 new cases and five new deaths of toxigenic respiratory diphtheria were reported from Mauritania.

Mauritania: Since the last update (7 November 2025), the MoH reported 54 new suspected cases and five new deaths (CFR: 9.26%) of diphtheria from multiple regions. This is a 50% increase in the number of new cases compared to the last update. Since the beginning of this year, a total of 848 cases (12 confirmed; 836 suspected) and 36 deaths (CFR: 4.25%) of diphtheria have been reported from 8 of 15 regions in Mauritania. Hodh Echargui region accounted for 66% of all cases while Hodh El Gharbi region reported the highest positivity rate of 19.2% and CFR of 6.0%.

***In epidemiological weeks 44, a backlog of one case and no deaths was reported from South Africa.**

Response by MS/partner/Africa CDC:

Mauritania: The MoH deployed RRTs to the affected regions to enhance surveillance, ensure adherence to IPC measures, support isolation and swabbing of contacts, community sensitization, and ring vaccination campaigns.

AFRICA CDC: The Africa Centres for Disease Control and Prevention (Africa CDC) deployed an advance team to Mauritania to assess outbreak response operations and conduct a baseline evaluation of the routine surveillance system, while supporting coordination efforts identified as a gap. The team engaged with the Ministry of Health and technical unit leads (including surveillance, laboratory, vaccination, CHWs, RCCE, veterinary and environmental sectors) and with partners such as World Health Organization (WHO), United Nations Children's Fund (UNICEF), International Organization for Migration (IOM) and the World Bank, developed an Africa CDC short- and long-term support plan, printed surveillance tools via the SLL budget and planned deployment of a multidisciplinary technical support team.

Moderate Risk Events

Landslides in Africa

80 human deaths

| | | | | | |
|----------------|--------------------|------------------------|--------------------|------------------------|------------|
| Agent/Pathogen | Landslides | First Reported | 7-Nov-2025 | Previous Report Update | 7-Nov-2025 |
| First Occurred | 1-Jan-2025 | Country | Multiple Countries | Location | 3 AU 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 80 deaths due to landslides have been reported from three AU MS: Guinea (15 deaths), Kenya (35) and Uganda (30).

In epidemiological week 45, a total of seven deaths due to landslides were reported from Kenya.

Kenya: Since the last update (7 November 2025), the Government of Kenya reported seven additional deaths associated with the landslides that occurred in Elgeyo Marakwet county. In addition, two injuries have been reported while 16 people remain missing. Cumulatively, 35 deaths, 31 injuries and 14,000 affected households, have been reported from one of forty-seven counties in Kenya. Of the injured person, 25 have recovered, while six are still on admission, three of whom are in critical condition.

Response by MS/partner/Africa CDC:

Kenya: The Government of Kenya continues to support response operations including issuance of evacuation advisories to residents in high-risk areas, provision of psychosocial support, medical follow-up for survivors and responders, and risk communication and community engagement activities.

-Epidemiological week 45 covers a period from 3 - 9 November 2025.

-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.