






































Event Summary

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Corynebacterium diphtheriae	Mauritania	Moderate	N/A		153 (86)	0 (0)	12 (0)	12 (1)
 Dengue virus	Mali	Moderate	N/A		2,432 (46)	0 (0)	612 (12)	0 (0)
	Sudan	Moderate	N/A		16,471 (1,026)	0 (0)	0 (0)	22 (0)
 Ebola virus	Democratic Republic of the Congo	High	N/A		105 (0)	0 (0)	53 (5)	31 (4)
 Measles virus	Mali	Moderate	N/A		431 (5)	0 (0)	165 (2)	0 (0)
	Mozambique	Moderate	N/A			0 (0)	193 (20)	0 (0)
	South Africa	Moderate	N/A				1,175 (75)	0 (0)
 Meningitis (Bacterial)	Mali	Moderate	N/A		479 (38)	0 (0)	100 (3)	0 (0)
 Mpox virus	Burundi	High	N/A		4,710 (144)	0 (0)	1,537 (34)	0 (0)
	Ghana	Moderate	N/A		3,138 (69)	0 (0)	621 (38)	3 (1)
	Guinea	Moderate	N/A		2,534 (150)	0 (0)	1,053 (327)	1 (3)
	Kenya	Moderate	N/A		1,311 (101)	0 (0)	593 (61)	9 (1)
	Liberia	High	N/A		1,536 (153)	0 (0)	860 (75)	4 (4)
	Malawi	Moderate	N/A		579 (41)	0 (0)	123 (10)	1 (0)
	Sierra Leone	High	Low		6,949 (45)	0 (0)	5,345 (30)	56 (0)
	Tanzania	High	N/A		824 (90)	0 (0)	177 (14)	0 (0)
	Togo	Moderate	N/A		409 (5)	0 (0)	80 (1)	0 (0)
	Uganda	Moderate	N/A		12,435 (31)	0 (0)	6,812 (31)	43 (0)
 Polio virus (vaccine-derived)	Nigeria	Moderate	N/A		0 (0)	0 (0)	35 (3)	0 (0)
 Rift Valley Fever virus	Mauritania	Moderate	High				8 (7)	6 (5)
	Senegal	Moderate	N/A		0 (0)	0 (0)	56 (53)	8 (6)
 Vibrio cholerae	Angola	Moderate	N/A		29,347 (574)	0 (0)	937 (0)	809 (10)
	Burundi	Moderate	N/A		0 (0)	0 (0)	1,360 (252)	6 (0)
	Chad	Moderate	N/A		1,384 (410)	0 (0)	49 (7)	92 (24)
	Congo Republic	Moderate	N/A		704 (19)	0 (0)	62 (0)	66 (1)
	Ethiopia	High	N/A		7,331 (128)	0 (0)	0 (0)	71 (0)
	Mozambique	High	N/A		0 (0)	0 (0)	41 (5)	0 (0)
	Sudan	High	N/A		68,996 (565)	0 (0)	0 (0)	1,894 (18)

High Risk Events

Ebola virus in Democratic Republic of the Congo

53 confirmed human case(s)
105 suspected human case(s)
31 human deaths (**CFR: 58.49%**)

Agent/Pathogen	Ebola virus	First Reported	5-Sep-2025	Previous Report Update	26-Sep-2025
First Occurred	20-Aug-2025	Country	Democratic Republic of the Congo	Location	Bulape Health Zone, Kasai Province
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	HIGH
Animal Risk Assessment	N/A				

Update to Event:

Since the last update (26 September 2025), the Ministry of Health (MoH) reported five new confirmed cases and four new deaths among confirmed [case fatality rate (CFR: 80.00%)] of Ebola virus disease (EVD) in Bulape health zone, Kasai province. Since the beginning of this outbreak (4 September 2025), a cumulative of 53 confirmed cases and 31 deaths among confirmed cases (CFR: 58.49%) of EVD have been reported in Kasai province. Among the total confirmed cases, men accounted for 40% and children under 15 years accounted for 15%.

Response by MS/partner/Africa CDC:

The MoH continues to conduct enhanced surveillance, case management, risk communication and community engagement activities in the affected province. A total of 1,226 contacts of confirmed cases have been listed, of which 1,192 contacts have been followed up (97%). Additionally, a total of 3,838 people were screened at points of entry. In addition, the MoH continues to conduct Ebola vaccination targeting the most at risk populations, including health care workers and contacts of confirmed cases. A total of 2,013 people have been vaccinated against EVD, including 291 frontline workers and 610 contacts.

Africa CDC deployed a team to Bulape and is supporting the various pillars of EVD management. In addition, Africa CDC continues to support the digitalisation of EVD data by training health professionals in data entry and management.

Rift Valley Fever in Africa

65 confirmed human case(s)
15 human deaths (**CFR: 23.08%**)

Agent/Pathogen	Rift Valley Fever virus	First Reported	26-Sep-2025	Previous Report Update	26-Sep-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 65 confirmed cases and 15 deaths (CFR: 23.08%) of Rift Valley fever (RVF) have been reported from three African Union (AU) Member States (MS): Mauritania (8 case; 6 deaths), Uganda (1; 1) and Senegal (56: 8).

In epidemiological week 39, a total 60 confirmed cases and 11 deaths of RVF were reported from Mauritania and Senegal.

Mauritania: Since the last update (26 September 2025), the MoH reported seven new confirmed cases and five new deaths (CFR: 71.42 %) from three regions. This is a 7-fold increase in the number of new cases compared to the last update. This year, a total of eight confirmed cases and six deaths (CFR: 75.00%) due to RVF was reported from Assaba (2 case; 2), Brakna (4; 2) and Traza (2; 2) regions Mauritania. Currently, there are five suspected cases with pending laboratory results including three hospitalized. On 22 September 2025, the animal health authorities confirmed an outbreak of RVF in camels and goats from Brakna (10 cases; 0 death), Hod-EchChargi (7; 2) and Hod-Gharbi (9; 14) with several abortions reported.

Senegal: Since the last update (26 September 2025), the MoH reported 53 new confirmed cases and six new deaths (CFR: 11.32%) of RVF Saint Louis region in Senegal. This is a more than 1,000% increase in the number of new cases compared to the last update. This year, a total of 56 confirmed cases and eight deaths (CFR: 14.28%) due to RVF was reported from six districts Senegal. Of the confirmed cases, males accounted for 70% and the age group 15 – 35 years accounted for 61% of cases and 75% of deaths.

Response by MS/partner/Africa CDC:

Mauritania: The MoH continues to conduct enhanced surveillance, contact tracing and community sensitization activities in the affected areas.

Senegal: The MoH in collaboration with other One Health relevant sectors are conducting enhanced surveillance and community engagement and risk communication in the affected and neighbouring districts.

Human Event Updates

Moderate Risk Events

Mpox in Africa

34,609 confirmed human case(s), **117,086** suspected human case(s)
711 human deaths (**CFR: 0.61%**)

Agent/Pathogen	Mpox virus	First Reported	3-Jan-2025	Previous Report Update	26-Sep-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 117,086 cases of mpox, of which 34,609 (30%) laboratory-confirmed, have been reported from 28 African Union Member States (AU MS). In addition, a total of 711 deaths (CFR: 0.61%) among suspected cases and 224 deaths (CFR: 0.64%) 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* (1,537; 0), Cameroon (5; 0), Central African Republic (CAR) (41;1), Congo (69; 1), Côte d'Ivoire (79; 1), Democratic Republic of Congo (DRC) (16,412; 96), Ethiopia (28; 1), Gambia (1; 0), Ghana (621; 3), Guinea (1,053; 1), Kenya (593; 9), Liberia (860; 4), Malawi (121; 1), Morocco (2; 0), Mozambique (82; 0), Nigeria (343; 4), Rwanda (45; 0), Senegal (5; 0), Sierra Leone (5,345; 56), South Africa (11; 0), South Sudan (21; 0), Tanzania (177; 0), Togo (80; 0), Uganda (6,812; 43), and Zambia (258; 3).

In epidemiological week 39, a total of 837 new cases, with 357 (43%) laboratory-confirmed cases, and six new deaths among confirmed cases of mpox were reported from 11 AU MS: Burundi, Ghana, Guinea, Kenya, Liberia, Malawi, Senegal, Sierra Leone, Tanzania, Togo and Uganda

Burundi*: Since the last update (19 September 2025) the MoH reported 70 new cases, of which 10 were laboratory-confirmed, and no new deaths of mpox from 40 health districts. This is a 58% average decrease in the confirmed cases reported in the last four weeks. This year, 4,710 cases, of which 1,537 were laboratory confirmed, and no death of mpox were reported from 46 of 49 health districts in Burundi. This outbreak started in July 2024. Cumulatively, 10,501 cases, of which 4,483 were laboratory confirmed, and one death (CFR: 0.02%) 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 (26 September 2025), the Ghana Health Services reported 69 cases, of which 38 were laboratory-confirmed, and one new death (CFR: 2.6%) of mpox from all 16 regions. This is a 2% average decrease in the confirmed cases in the past four weeks. This year, 3,138 cases, of which 621 were laboratory-confirmed, and three deaths (CFR: 0.48%) of mpox were reported from all 16 regions in Ghana. This outbreak started in October 2024. Cumulatively, 3,569 cases, of which 626 were laboratory-confirmed, and three deaths (CFR: 0.47%) of mpox have been reported from all 16 regions in Ghana. A total of 3,566 samples were tested resulting in a 100% testing rate and 18% positivity rate. Clade II was isolated from undefined number of sequenced samples.

Guinea: Since the last update (26 September 2025), the MoH reported 150 new cases, of which 75 were laboratory-confirmed, and no new deaths of mpox from 14 health districts. This is a 79% average increase in the confirmed cases in the past four weeks. This year, 2,534 cases, of which 1,053 were laboratory-confirmed, and one death (CFR: 0.09%) of mpox have been reported from Guinea. Since the start of this outbreak (March 2024), a cumulative of 2,534 cases, of which 1,055 were laboratory-confirmed, and one death (CFR: 0.09%) of mpox have been reported in Guinea. A total of 2,534 samples were tested resulting in a 100% testing rate and 41% 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 (26 September 2025), the MoH reported 61 new laboratory-confirmed cases and one new death (1.61%) of mpox from multiple districts. This is a 30% average increase in confirmed cases in the last four weeks. This year, 593 laboratory-confirmed cases and nine deaths (CFR: 1.52%) of mpox were reported from 30 of 47 counties in Kenya. This outbreak started in July 2024. Cumulatively, 624 laboratory-confirmed and ten deaths (CFR: 1.60%) of mpox have been reported from 30 of 47 counties in Kenya. A total of 1,636 samples were tested resulting in a 100% testing rate and 38% positivity rate. Clade Ib was isolated from 94 sequenced samples.

Liberia: Since the last update (26 September 2025), the MoH reported 153 new cases, of which 75 were laboratory-confirmed, and four new deaths (CFR: 5.3%) of mpox from multiple counties. This is a 27% average increase in the confirmed cases in the last four weeks. This year, 1,536 cases, of which 860 were laboratory-confirmed, and four deaths of mpox have been reported from all the 15 counties in Liberia. Since the start of the outbreak (March 2024) a cumulative of 1,947 cases, of which 923 were laboratory-confirmed, and four deaths (0.43%) of mpox have been reported from all 15 counties in Liberia. A total of 1,846 samples were tested resulting in a 95% testing rate and 50% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

Malawi: Since the last update (26 September 2025) the MoH reported seven new laboratory-confirmed cases and no new death of mpox in Malawi. Since the beginning of this year, 565 suspected cases, of which 121 were laboratory-confirmed, and one death (CFR:0.55 %) of mpox have been reported from eleven of twenty-eight health districts in Malawi. Males account for 55% of the cases. The age range for male cases is 2-75 years.

Senegal: Since the last update (26 September 2025), the MoH reported 35 new cases of which three were laboratory-confirmed cases and no deaths of mpox from Dakar region. This is a 150% increase in the number of new confirmed cases compared to the last update. Since the start of the outbreak (August 2025), a cumulative of 35 cases, of which five were laboratory-confirmed, and no deaths of mpox have been reported from Dakar region in Senegal. Clade Ib was isolated from the first imported case and IIb was isolated from the second case identified within Dakar.

Sierra Leone: Since the last update (26 September 2025), the MoH reported 45 new cases, of which 30 were laboratory-confirmed, and no new deaths of mpox from multiple districts. This is a 12% average decrease in confirmed cases, in the past four weeks. Since the start of the outbreak (January 2025), a cumulative of 6,949 cases, of which 5,345 were laboratory-confirmed, and 56 deaths (CFR: 1.00%) of mpox have been reported from all 16 districts in Sierra Leone. Of the confirmed cases, children <15 years accounted for 6.5% and 51% were males. A total of 6,949 samples were tested resulting in a 100% testing rate and 77% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

Tanzania: Since the last update (26 September 2025), the MoH has reported 14 new laboratory-confirmed cases and no deaths of mpox from Tanzania mainland and Zanzibar. This is a nearly fourfold average increase in the confirmed cases in the last four weeks. Since the start of the outbreak (March 2025), a cumulative of 177 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 (26 September 2025) the MoH reported five new cases, of which one was laboratory-confirmed, and no new deaths of mpox from six health regions. This is 10% average increase in confirmed cases in the last four weeks. Since the start of the outbreak (May 2025) a cumulative of 409 cases, of which 80 were laboratory-confirmed, and no deaths of mpox were reported from six health regions in Togo. A total of 409 samples were tested resulting in a 100% testing rate and 20% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

Uganda: Since the last update (26 September 2025), the MoH reported 31 new laboratory-confirmed cases and no new deaths of mpox from multiple districts. This is a 5% average decrease in confirmed cases in the last four weeks. This year, 6,812 laboratory-confirmed cases and 43 deaths (CFR: 0.63%) of mpox were reported in Uganda. This outbreak started in July 2024. Cumulatively, 8,140 laboratory-confirmed cases, and 50 deaths (CFR: 0.61%) of mpox have been reported from 120 of 146 districts in Uganda. A total of 16,934 cases were tested resulting in a 100% testing rate and 48.06% test positivity rate. Clade Ib was isolated from all sequenced samples.

***In epidemiological week 38, a backlog of 24 laboratory-confirmed cases were reported from Burundi.**

****In epidemiological week 38, a backlog of 117 laboratory-confirmed 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

8,189 confirmed human case(s), **47** probable human case(s), **263,998** suspected human case(s)
6,295 human deaths (**CFR: 2.31%**)

Agent/Pathogen	Vibrio cholerae	First Reported	1-Jan-2025	Previous Report Update	26-Sep-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 265,650 cases (8,189 confirmed; 47 probable; 263,998 suspected) and 6,295 deaths (CFR: 2.31%) of cholera have been reported from 23 AU MS: Angola (29,347 cases; 809 deaths), Burundi (1,360; 6), Chad (2,584; 143), Comoros (40; 0), Congo (766; 66), Côte d'Ivoire (538; 21), DRC* (55,158; 1,638), Ethiopia** (7,331; 71), Ghana (2,870; 14), Kenya (426; 20), Malawi (91; 3), Mozambique (4,265; 43), Namibia (18; 1), Nigeria (9,929; 235), Rwanda (324; 0), Somalia*** (7,784; 9), South Sudan (74,937; 1,237), Sudan**** (68,996; 1,894), Tanzania (4,063; 45), Togo (165; 4), Uganda (136; 3), Zambia (505; 10), and Zimbabwe (601; 23).

In epidemiological week 39, a total of 1,165 new cases and 15 new deaths of cholera were reported from seven AU MS: Angola, Burundi, Chad, Congo, Ethiopia and Mozambique.

Angola: Since the last update (26 September 2025), the MoH reported 574 new suspected cases and 10 new deaths (CFR: 1.74%) of cholera from seven provinces. This is a 29% average increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 29,347 cases (937 confirmed; 28,410 suspected) and 809 deaths (CFR: 2.75%) 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, 55% of all deaths occurred at health facilities.

Burundi: Since the last update (26 September 2025), the MoH reported 252 new cases and no new deaths of cholera from multiple provinces. This is a 26% average increase in the number of new cases in the past four weeks. This year, a total of 1,360 cases and six deaths (CFR: 0.44%) of cholera were reported from three of eighteen provinces in Burundi. Females accounted for 53% and children <5 years accounted for 17% of all cases. Since the beginning of the outbreak (December 2022), a cumulative of 3,576 cases (3,511 confirmed; 65 suspected) and 18 deaths (CFR: 0.50%) of cholera have been reported from 14 of 18 provinces in Burundi. In comparison to the same period in 2024 (epidemiological week 1 to 39), a total of 774 confirmed cases and four deaths (CFR: 0.51%) of cholera were reported in Burundi, which is a 12% decrease in the number of cases and a 1.25-fold increase in the number of deaths.

Chad: Since the last update (26 September 2025), the MoH reported 187 new cases (2 confirmed; 185 suspected) and four new deaths (CFR: 2.13%) in nine districts. This is a 22% average decrease in the number of new cases in the past four weeks. Since the beginning of this outbreak (13 July 2025), a cumulative of 2,584 cases (78 confirmed; 2,506 suspected) and 143 deaths (CFR: 5.53%) of cholera have been reported from three of twenty-three provinces in Chad. Of the total cases, females accounted for 63%, and age groups 5-44 years accounted for 63%.

Congo: Since the last update (26 September 2025), the MoH reported 19 new suspected cases and one new death (CFR: 5.26%) of cholera from six health districts. This is a 20% average decrease in the number of new cases in the past four weeks. Since the beginning of this outbreak (21 July 2025), a cumulative of 766 cases (62 confirmed; 704 suspected) and 66 deaths (CFR: 8.61%) of cholera have been reported from 12 of 52 health districts in Congo. Of the total cases, males accounted for 61% and 71% of deaths, and age groups 15-24 years accounted for 14%.

Ethiopia: Since the last update (26 September 2025), the Ethiopia Public Health Institute reported 128 new suspected cases and no new deaths of cholera from five regions. This is a 6% average increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 7,331 suspected cases and 71 deaths (CFR: 0.96%) of cholera have been reported from five of twelve regions in Ethiopia.

Mozambique: Since the last update (26 September 2025), the MoH reported five new confirmed cases and no new deaths of cholera from Nampula province. This is an 86% decrease in the number of new cases compared to the last update. Since the beginning of this outbreak (23 September 2025), a cumulative of 41 confirmed cases and no deaths of cholera have been reported from one of ten provinces in Mozambique. This year, 4,265 confirmed cases and 43 deaths (CFR:1.01%) of cholera were reported from 8 of 11 provinces in Mozambique. In comparison to the same period in 2024 (epidemiological week 1 to 39), a total of 8183 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 40% increase in the number of deaths.

Sudan: Since the last update (26 September 2025), the MoH reported 565 new suspected cases and 18 new deaths (CFR: 3.18%) of cholera from all 18 states in Sudan. This is a 30% average decrease in the cases in the past four weeks. This year, 68,996 suspected cases and 1,894 deaths (CFR: 2.74%) of cholera were reported from 18 states in Sudan. Since the beginning of this outbreak (July 2024), a cumulative of 121,892 cases and 3,253 deaths (CFR: 2.66%) of cholera have been reported from 18 states in Sudan. The outbreak is occurring amidst a sustained complex humanitarian crisis.

***In epidemiological week 38 , a backlog of 2,005 cases were reported from DRC.**

****Between epidemiological week 33-38, a backlog of 69 cases were reported from Ethiopia.**

*****In epidemiological week 38, a backlog of 88 cases (5 confirmed; 83 suspected) were reported from Somalia.**

******Between epidemiological week 1-38, a backlog of 6,019 cases and 308 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 ministries of health of the affected MS activated the emergence operation centers and deployed one health rapid response team to conduct enhance surveillance, risk communication, and environmental sanitation in the affected communities.

Polio (vaccine-derived) in Africa

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

Agent/Pathogen	Polio virus (vaccine-derived)	First Reported	1-Jan-2025	Previous Report Update	26-Sep-2025
First Occurred	1-Jan-2025	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, two confirmed cases and no deaths of circulating vaccine-derived poliovirus type 1 (cVDPV1) have been reported from Algeria (1; 0) and DRC (1; 0). A total of 117 confirmed cases and no deaths of cVDPV2 have been reported from 11 AU MS: Angola (11 cases; 0 deaths), Benin (3; 0), Burkina Faso (1; 0), CAR (1; 0), Chad (18; 0), DRC (1; 0), Djibouti (1; 0), Ethiopia (41; 0), Niger (3; 0), Nigeria (35; 0) and Sudan (2; 0). Five confirmed cases and no deaths of cVDPV3 have been reported from three AU MS: Cameroon (1; 0), Chad (2; 0) and Guinea (2; 0).

In epidemiological week 39, one new confirmed case of cVDPV2 was reported from Nigeria.

Nigeria: Since the last update (19 September 2025), the Global Polio Eradication Initiative reported three confirmed case and no death of cVDPV2 from multiple states. Cumulatively, a total of 35 confirmed cases and no deaths of cVDPV2 have been reported from Nigeria. In 2024, the national oral polio vaccination (OPV3) coverage among children <1 year in Nigeria was 69%.

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

Dengue fever in Africa

1,532 confirmed human case(s), **156** probable human case(s), **20,800** suspected human case(s)
34 human deaths (**CFR: 0.15%**)

Agent/Pathogen	Dengue virus	First Reported	1-Jan-2025	Previous Report Update	26-Sep-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 22,488 cases (1,532 confirmed; 156 probable; 20,800 suspected) and 34 deaths (CFR: 0.15%) 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 (3,044; 0), Mauritania (148; 0), Mauritius (59; 0), Nigeria (178; 11), Senegal (65; 0), and Sudan* (16,471; 22).

In epidemiological week 39, a total of 1,084 new cases and no new deaths of dengue fever were reported from Mali and Sudan.

Mali: Since the last update (26 September 2025), the MoH reported 58 cases (12 confirmed; 46 suspected) and no new deaths of dengue fever from Bamako (44 cases; 0 deaths), Mopti (2; 0), Kayes, (2; 0) and Sikasso (10; 0) regions. This is a 2% average decrease in the number of new cases in the past four weeks. This year, a total of 3,044 cases (612 confirmed; 2,432 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 18,136 cases (2,220 confirmed; 15,916 suspected) and 74 deaths (CFR: 0.40%) of dengue fever have been reported from all 11 regions in Mali.

Sudan: Since the last update (26 September 2025), the MoH reported 1,026 new suspected cases and no new deaths of dengue fever from multiple states. This is an 8% average increase in the number of new cases in the past four weeks. This year, 16,471 suspected cases and 22 deaths (CFR: 0.13%) of dengue fever were reported from ten of twelve states in Sudan. Since the start of this outbreak (July 2024), a total of 25,154 suspected cases and 37 deaths (CFR: 0.14%) of dengue fever have been reported from ten of twelve states in Sudan.

***Between epidemiological week 35-39, a backlog of 1,710 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 ministries of health of the affected MS continue to conduct enhanced surveillance, case management, vector control, and risk communication activities in the affected communities.

Measles in Africa

10,010 confirmed human case(s), **117,298** suspected human case(s)
956 human deaths (**CFR: 0.75%**)

Agent/Pathogen	Measles virus	First Reported	8-Jan-2025	Previous Report Update	26-Sep-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 127,308 cases (10,010 confirmed; 117,298 suspected) and 956 deaths (CFR: 0.75%) of measles have been reported from 20 AU MS: Cameroon (2,430 cases; 4 deaths), Chad (926; 1), DRC (53,732; 804), Ethiopia (4,429; 22), Guinea (6,228; 6), Kenya (61; 0), Malawi (167; 0), Mali (596; 0), Mauritania (189; 0), Morocco (44,372; 95), Mozambique (193; 0), Namibia (24; 0) Nigeria (739; 0), Rwanda (182; 0), Senegal (96; 0), Somalia* (7,832; 14), South Africa** (1,175; 0), Sudan*** (3,004; 9), Uganda (77; 1) and Zambia (856; 0).

In epidemiological week 39, a total of 102 new cases and no new deaths of measles were reported from three AU MS: Mali, Mozambique and South Africa.

Mali: Since the last update (26 September 2025), the MoH reported seven new cases (2 confirmed; 5 suspected) and no new deaths of measles from five regions. This is a 65% decrease in the number of new cases compared to the last update. This year, 596 cases (165 confirmed; 431 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 1,304 cases (508 confirmed; 796 suspected) and no deaths of measles have been reported from all 11 regions in Mali. In 2024, the national measles vaccination coverage (MCV2) among children 21 year in Mali was 60%.

Mozambique: Since the last update (26 September 2025), the MoH reported 20 new confirmed cases and no new deaths of measles from four districts. This is a 13% average decrease in the number of confirmed cases in the last four weeks. Since the beginning of the outbreak (July 2025), a cumulative of 193 confirmed cases 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%, with considerable geographic differences.

South Africa:** In epidemiological week 39, the MoH reported 75 new confirmed cases and no new deaths from nine provinces. Since the beginning of the outbreak (January 2025), a cumulative of 1,175 confirmed cases and no deaths of measles have been reported from all nine provinces in South Africa. Of the confirmed cases, persons <15 years and above accounted for 69.5% and 19.3% respectively. All the cases were not vaccinated against measles. In 2024, the national measles vaccination coverage of children <5 years in South Africa was 82%.

***In epidemiological week 38, a backlog of 227 cases (17 confirmed; 210 suspected) and no deaths of measles were reported from Somalia.**

****Between epidemiological week 1-38, a backlog of 1,100 confirmed cases of measles were reported from South Africa.**

*****Between epidemiological week 32-38, a backlog of 117 cases of measles 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, and supplemental immunisation activities in the affected communities.

Bacterial Meningitis in Africa

161 confirmed human case(s), **987** suspected human case(s)
27 human deaths (**CFR: 2.35%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	3-Jan-2025	Previous Report Update	19-Sep-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 1,148 cases (161 confirmed; 987 suspected) and 27 deaths (CFR: 2.35%) of bacterial meningitis have been reported from four AU MS: Ghana (439 cases; 20 deaths), Mali (579; 0), Togo (47; 7) and Zambia (83; 0).

In epidemiological week 39, a total of 41 new cases and no new deaths of bacterial meningitis were reported from Mali.

Mali: Since the last update (19 September 2025), the MoH reported 41 new cases (3 confirmed; 38 suspected) and no new deaths of bacterial meningitis from four regions. Cumulatively, 579 cases (100 confirmed; 479 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* (42), *Neisseria meningitidis W135* (24), *Haemophilus influenzae non-b* (20), *Haemophilus influenzae b* (9) and *Haemophilus influenzae untyped* (5). In 2024, the national meningococcal A conjugate vaccine coverage (last dose) in Mali was 84%.

Note: In 2024, a total of 7,118 cases (1,473 confirmed; 5,645 suspected) and 492 deaths (CFR: 6.91%) of bacterial meningitis were reported from four AU MS: CAR (296 cases; 25 deaths), Mali (739; 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.

Corynebacterium diphtheriae in Africa

4,695 confirmed human case(s)
10,553 suspected human case(s)
1 probable human case(s)
535 human deaths (**CFR: 11.40%**)

Agent/Pathogen	Corynebacterium diphtheriae	First Reported	3-Jan-2025	Previous Report Update	26-Sep-2025
First Occurred	2-Jan-2024	Country	Multiple Countries	Location	7 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 15,249 cases (4,695 confirmed; 1 probable; 10,553 suspected) and 535 deaths (CFR: 11.40%) of toxigenic respiratory diphtheria have been reported from seven AU MS: Chad (1,779 cases; 0 deaths), Guinea (330; 71), Mauritania (165; 12), Nigeria (11,220; 350), Somalia (1,566; 86), Sudan (112; 0) and South Africa* (77; 16).

In epidemiological week 39, a total of 86 new cases and one new death of toxigenic respiratory diphtheria were reported from Mauritania.

Mauritania: Since the last update (26 September 2025), the MoH reported 86 new suspected cases and one new death of diphtheria from three provinces. Since the beginning of outbreak (24 September 2025), a total of 161 cases (12 confirmed; 149 suspected) and eight deaths (CFR: 66.67) of diphtheria were reported from Assaba (25 cases; 0 death), Hodh Ech Chargui (76; 2) and Hodh el Gharbi (48; 10) provinces. Since the beginning of this year, a cumulative of 165 cases (12 confirmed; 153 suspected) and 12 deaths (CFR: %) of diphtheria have been reported from three provinces in Mauritania.

***Between epidemiological weeks 25 - 38, South Africa reported a backlog of 20 laboratory-confirmed cases of toxigenic respiratory and four deaths of diphtheria.**

Response by MS/partner/Africa CDC:

The MoH deployed rapid response teams to the affected regions. In addition to enhance surveillance, active case search, isolation and swabbing of contacts, risk communication and community engagement and limited vaccine campaign.

Epidemiological week 39 covers a period from 22 - 28 September 2025.

-In epidemiological week 38, the Nigeria CDC reported 910 new cases (57 confirmed; 853 suspected) and nine deaths of Lassa from Nigeria.

- In epidemiological week 38, the NPHIL reported 23 new cases (1 confirmed; 23 suspected) and no deaths of Lassa 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.