

Africa CDC Epidemic Intelligence Report

Date of Issue: 22 Sep 2025

Active Events

169

New Events reported
in 2025

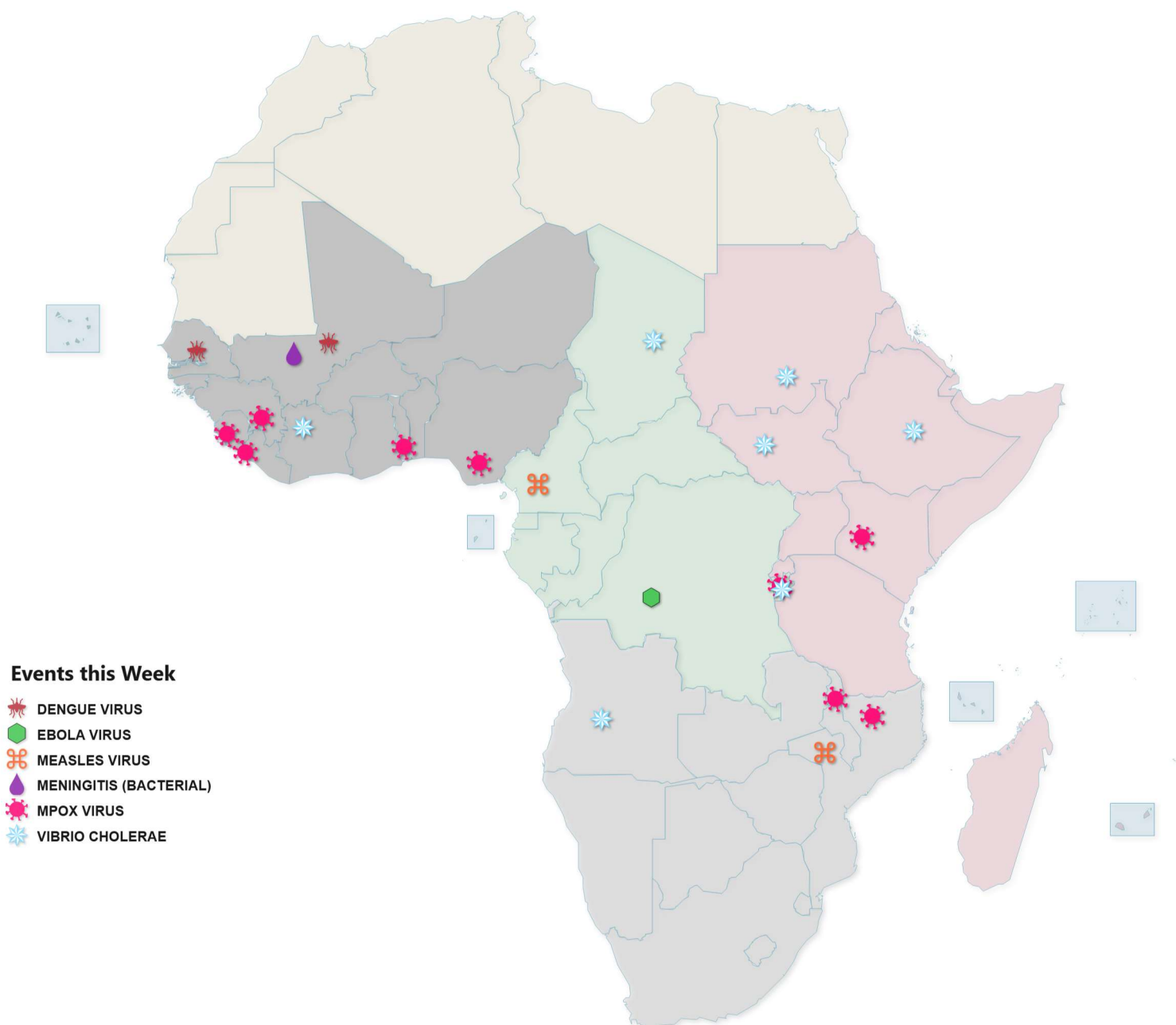
103

Events highlighted
this week

22

New events since
last issue

0































*  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	8	13
Animal	0	0	0
Environment	0	0	0

Event Summary

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Dengue virus	Mali	Moderate	N/A		2,348 (76)	0 (0)	582 (14)	0 (0)
	Senegal	Moderate	N/A		0 (0)	0 (0)	54 (11)	0 (0)
 Ebola virus	Democratic Republic of the Congo	Very High	N/A		105 (65)	0 (0)	38 (13)	24 (0)
 Measles virus	Cameroon	Moderate	N/A		556 (4)	0 (0)	1,845 (62)	4 (0)
	Mozambique	Moderate	N/A			0 (0)	138 (35)	0 (0)
 Meningitis (Bacterial)	Mali	Moderate	N/A		441 (5)	0 (0)	97 (2)	0 (0)
 Mpox virus	Burundi	High	N/A		4,566 (71)	0 (0)	1,503 (22)	0 (0)
	Guinea	Moderate	N/A		2,229 (171)	0 (0)	963 (327)	4 (3)
	Kenya	Moderate	N/A		1,128 (134)	0 (0)	472 (52)	8 (2)
	Liberia	High	N/A		1,336 (123)	0 (0)	745 (81)	0 (0)
	Malawi	Moderate	N/A		512 (55)	0 (0)	110 (16)	1 (0)
	Mozambique	Moderate	N/A		1,311 (338)	0 (0)	79 (3)	0 (0)
	Nigeria	High	N/A		1,286 (24)	0 (0)	336 (7)	4 (0)
	Sierra Leone	High	Low		6,863 (37)	0 (0)	5,292 (26)	56 (0)
	Togo	Moderate	N/A		378 (18)	0 (0)	77 (3)	0 (0)
 Vibrio cholerae	Angola	Moderate	N/A		28,329 (227)	0 (0)	937 (0)	791 (5)
	Burundi	Moderate	N/A		0 (0)	0 (0)	681 (27)	5 (0)
	Chad	Moderate	N/A		1,384 (410)	0 (0)	49 (7)	92 (24)
	Côte d'Ivoire	High	N/A		511 (19)	0 (0)	27 (0)	21 (0)
	Ethiopia	High	N/A		6,934 (4)	0 (0)	0 (0)	64 (2)
	South Sudan	High	N/A		72,888 (161)	0 (0)	322 (0)	1,227 (2)
	Sudan	High	N/A		60,686 (437)	0 (0)	0 (0)	1,526 (21)

Very High Risk Events

Ebola virus in Democratic Republic of the Congo

38 confirmed human case(s), **105** suspected human case(s)
24 human deaths (**CFR: 16.78%**)

Agent/Pathogen	Ebola virus	First Reported	5-Sep-2025	Previous Report Update	12-Sep-2025
First Occurred	20-Aug-2025	Country	Democratic Republic of the Congo	Location	Bulape Health Zone, Kasai Province
Source	Ministry of Health	GeoScope	HIGH	Human Risk Assessment	VERY HIGH
Animal Risk Assessment	N/A				

Update to Event:

Since the last update (12 September 2025), the Ministry of Health (MoH) reported 78 new cases (13 confirmed, 65 suspected) and no new deaths of Ebola virus disease (EVD) from Bulape health zone, Kasai province. Since the beginning of the outbreak (4 September 2025), a cumulative of 143 cases (38 confirmed; 105 suspected) and 24 deaths (CFR: 16.78%) of EVD have been reported from Kasai province. Among the confirmed cases, males accounted for 52%. Of the 1,093 linelisted contacts, 759 (69.44%) had completed the 21 days follow up while 613 (56.08%) persons have been vaccinated, among which are 68 health workers.

Response by MS/partner/Africa CDC:

DRC: The MoH continues to enhance surveillance, case management, Ebola vaccination campaigns, risk communication and community engagement activities in the affected province.

Human Event Updates

Moderate Risk Events

Mpox in Africa

33,573 confirmed human case(s), **112,056** suspected human case(s)
661 human deaths (**CFR: 0.59%**)

Agent/Pathogen	Mpox virus	First Reported	3-Jan-2025	Previous Report Update	12-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 112,056 cases of mpox, of which 33,573 (29.96%) laboratory-confirmed have been reported from 28 African Union Member States (AU MS). In addition, a total of 661 deaths [Case Fatality Rate (CFR: 0.59%)] among suspected cases and 217 (deaths (CFR: 0.65%) among confirmed cases have been reported. The distribution of cases and deaths by MS is as follows: Angola (8 confirmed cases; 0 deaths), Burundi (1,503; 0), Cameroon (5; 0), Central African Republic (CAR) (28; 1), Congo (69; 1), Cote d'Ivoire (79; 1), Democratic Republic of Congo (DRC) (16,113; 95), Ethiopia (28; 1), Gabon (2; 0), Gambia (1; 0), Ghana (512; 1), Guinea (963; 1), Kenya (472; 8), Liberia (745; 0), Malawi (112; 1), Mauritius (1; 0), Morocco (2; 0), Mozambique (79; 0), Nigeria (336; 4), Rwanda (45; 0), Senegal (1; 0), Sierra Leone (5,292; 56), South Africa (11; 0), South Sudan (21; 0), Tanzania (151; 0), Togo (77; 0), Uganda (6,684; 43), and Zambia (233; 3).

In epidemiological week 37, a total of 529 new cases, with 268 (50.66%) laboratory-confirmed cases, and no new deaths among confirmed cases were reported from nine AU MS: Burundi, Guinea, Kenya, Liberia, Malawi, Mozambique, Nigeria, Sierra Leone, and Togo.

Burundi: Since the last update (12 September 2025) the MoH reported 71 new cases, of which 22 were laboratory-confirmed and no new deaths of mpox from 40 health districts. This is a 7% average decrease in confirmed cases in the last four weeks. This year, 4,566 cases, of which 1,503 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, 10,357 cases, of which 4,449 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.

Guinea: Since the last update (12 September 2025), the MoH reported 171 new cases of which 46 were new laboratory-confirmed and no new deaths of mpox from 14 health districts. This is an 8% average decrease in confirmed cases in the past four weeks. This year, 2,229 cases of which 963 were laboratory-confirmed and no deaths of mpox have been reported from Guinea. Since the start of this outbreak (March 2024), a cumulative of 2,229 cases, of which 965 were laboratory-confirmed, and no deaths of mpox have been reported in Guinea. A total of 2,299 samples were tested resulting in a 100% testing rate and 43% positivity rate. Clade IIb was isolated from sequenced samples.

Kenya: Since the last update (12 September 2025), the MoH reported 52 new laboratory-confirmed cases and two new deaths (CFR: 3.85%) of mpox from multiple districts. This is a 39% average increase in confirmed cases in the last four weeks. This year, 472 laboratory-confirmed cases and eight deaths (CFR: 1.69%) of mpox were reported from 28 of 47 counties in Kenya. This outbreak started in July 2024. Cumulatively, 503 laboratory-confirmed and nine deaths (CFR: 1.79%) of mpox have been reported from 27 of 47 counties in Kenya. A total of 1,483 samples were tested resulting in a 100% testing rate and 33.92% positivity rate. Clade Ib was isolated from 94 sequenced samples.

Liberia: Since the last update (12 September 2025), the MoH reported 123 new cases of which 81 were laboratory-confirmed, and no new deaths of mpox from multiple counties. This is a 47% average increase in confirmed cases in the last four weeks. This year, 1,336 cases of which 745 were laboratory-confirmed and no deaths of mpox have been reported from all 15 counties in Liberia. Since the start of the outbreak (March 2024), a cumulative of 1,747 cases, of which 808 were laboratory-confirmed, and no deaths of mpox have been reported from all 15 counties in Liberia. A total of 1,747 samples were tested resulting in a 100% testing rate and 46% positivity rate. Clade IIb was isolated from sequenced samples.

Malawi: Since the last update (12 September 2025), the MoH reported 16 new laboratory confirmed cases and no new deaths of mpox in Malawi. Since the beginning of this year, 512 suspected cases of which 112 were laboratory confirmed cases and one death (CFR: 0.86 %) of mpox have been reported from eleven of twenty-eight health districts in Malawi; Lilongwe, Mangochi, Salima, Ntcheu, Nkhatabay, Blantyre, Likoma, Mzimba South, Ntchisi, Karonga and Zomba. Males account for 56% of the cases. The age range for male cases is 2 to 75 years.

Mozambique: Since the last update (12 September 2025), the MoH reported three new laboratory-confirmed cases and no new deaths of mpox. Since the start of this outbreak (10 July 2025), a cumulative of 1,311 cases, of which 79 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 (12 September 2025), the Nigeria Center for Disease Control (NCDC) reported 24 new cases, of which seven were laboratory-confirmed, and no new deaths of mpox from seven states. This is an 11% average increase in confirmed cases in the last four weeks. This year, 1,286 cases of which, 336 were laboratory-confirmed, and four deaths (CFR: 1.19%) 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, 7,049 cases, of which 1,612 were laboratory-confirmed, and 21 deaths (CFR: 1.30%) of mpox have been reported from all 36 states and the federal capital territory in Nigeria. A total of 7,049 samples were tested resulting in a 100% testing rate and 22.8% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

Sierra Leone: Since the last update (12 September 2025), the MoH reported 37 new cases, of which 26 were laboratory-confirmed, and no deaths of mpox from multiple districts. This is a 9.04% average decrease in confirmed cases, in the last four weeks. Since the start of the outbreak in January 2025, a cumulative of 6,863 cases, of which 5,292 were laboratory-confirmed, and 56 deaths (CFR: 1.0%) of mpox have been reported from all the 16 districts in Sierra Leone. Of the confirmed cases, children <15 years accounted for 6.5% and 51% were males. A total of 6,863 samples were tested resulting in a 100% testing rate and 77.1% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

Togo: Since the last update (12 September 2025) the MoH reported 18 new cases, of which three were laboratory-confirmed and no new deaths of mpox from 10 health districts. This is 60% average increase in the new confirmed cases in the last four weeks. Since the start of the outbreak (May 2025) a cumulative of 378 cases, of which 77 were laboratory-confirmed, and no deaths of mpox were reported from 10 health districts in Togo. A total of 378 samples were tested resulting in a 100% testing rate and 20% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

***In epidemiological week 35, a backlog of 14 cases of which 12 were laboratory confirmed and no new deaths of mpox were reported from Cote d'Ivoire**

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), Cote 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

7,632 confirmed human case(s), **47** probable human case(s), **249,424** suspected human case(s)
5,795 human deaths (**CFR: 2.25%**)

Agent/Pathogen	Vibrio cholerae	First Reported	1-Jan-2025	Previous Report Update	12-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 257,103 cases (7,632 confirmed; 47 probable; 249,424 suspected) and 5,795 deaths (CFR: 2.25%) of cholera have been reported from 23 AU MS: Angola (28,329 cases; 791 deaths), Burundi (908; 6), Chad (2,145; 135), Comoros (40; 0), Congo (706; 62), Cote d Ivoire (538; 21), DRC (51,947; 1,547), Ethiopia (6,934; 64), Ghana (2,870; 14), Kenya (426; 20), Malawi (91; 3), Mozambique (4,224; 43), Namibia (18; 1), Nigeria (9,929; 235), Rwanda (324; 0), Somalia** (7,588; 9), South Sudan (73,920; 1,233), Sudan (60,686; 1,526), Tanzania (4,063; 45), Togo (165; 4), Uganda (136; 3), Zambia (505; 10), and Zimbabwe (601; 23).

In epidemiological week 37, a total of 1,410 new cases and 47 new deaths of cholera were reported from seven AU MS: Angola, Burundi, Chad, Cote d Ivoire, Ethiopia, South Sudan, and Sudan.

Angola: Since the last update (12 September 2025), the MoH reported 227 new suspected cases and five new deaths (CFR: 2.20%) of cholera from seven provinces. This is a 17% average increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 28,329 cases (937 confirmed; 27,392 suspected) and 791 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 8% of all cases and 32% of all deaths. Additionally, 55% of all deaths occurred at the health facilities.

Burundi: Since the last update (12 September 2025), the MoH reported 167 new cases and one new death (CFR: 0.60%) of cholera from multiple provinces. This is a 60 % average increase in the number of new cases in the past four weeks. This year, a total of 908 cases and six deaths (CFR: 0.66%) of cholera were reported from three of eighteen provinces in Burundi. Females accounted for 52.60% and children <5 years accounted for 16.62% of all cases. Since the beginning of the outbreak (December 2022), a cumulative of 3,124 cases (3,059 confirmed; 65 suspected) and 18 deaths (CFR: 0.57%) of cholera have been reported from 14 of 18 provinces in Burundi. In comparison to the same period in 2024 (epidemiological week 1 to 37), 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 (12 September 2025), the MoH reported 287 new cases (8 confirmed; 279 suspected) and 14 new deaths (CFR: 4.87%) in eight health districts. This is a 5.1% average increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (13 July 2025), a cumulative of 2,145 cases (64 confirmed; 2,081 suspected) and 135 deaths (CFR: 6.29%) of cholera have been reported from three of twenty-three provinces in Chad. Of the total cases, females accounted for 67.75%, and age groups 5-44 years accounted for 64.30%. Cholera serotype O1 was isolated from two confirmed cases.

Cote d Ivoire: Since the last update (29 August 2025), the MoH reported 19 new suspected cases and no new deaths of cholera from four districts. Since the beginning of this outbreak (June 2025), a cumulative of 538 cases (27 confirmed; 511 suspected) and 21 deaths (CFR: 3.9%) of cholera have been reported from four districts. Cholera serotype O1 was isolated from the confirmed cases.

Ethiopia*: Since the last update (12 September 2025), the Ethiopia Public Health Institute reported four new suspected cases and two new deaths (CFR: 50.0%) of cholera from five regions. This is a 49% average decrease in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 6,934 suspected cases and 64 deaths (CFR: 0.92%) of cholera have been reported from five of twelve regions in Ethiopia: Afar (120 cases; 0 deaths), Amhara (3,529; 22), Gambella (2,612; 33), Oromia (471; 3) and Tigray (202; 6).

South Sudan*:** Since the last update (12 September 2025), the MoH reported 259 new suspected cases and four new deaths (CFR: 1.54%) of cholera from nine states. This is a 26% average decrease in the number of cases in the past four weeks. This year, 73,920 cases (322 confirmed; 73,598 suspected) and 1,233 deaths (CFR: 1.66%) of cholera were reported from nine of ten states in South Sudan. Since the beginning of this outbreak (September 2024), a cumulative of 89,937 cases and 1,562 deaths (CFR: 1.73%) of cholera have been reported from nine of ten states in South Sudan.

Sudan**:** Since the last update (12 September 2025), the MoH reported 437 new suspected cases and 21 new deaths (CFR: 4.80%) of cholera from all 18 states in Sudan. This is a 28% average decrease in cases in the past four weeks. This year, 60,686 suspected cases and 1,526 deaths (CFR: 2.51%) of cholera were reported from 18 states in Sudan. Since the beginning of this outbreak (July 2024), a cumulative of 113,582 cases and 2,885 deaths (CFR: 2.54%) of cholera have been reported from 12 states in Sudan. The outbreak is occurring amidst a sustained complex humanitarian crisis.

***Between epidemiological week 2-37, a backlog of 51 cases was reported from Ethiopia.**

****In epidemiological week 36, a backlog of 104 cases (5 confirmed; 99 suspected) were reported from Somalia.**

*****Between epidemiological week 2-37, a backlog of 451 cases and four deaths were reported from South Sudan.**

******Between epidemiological week 18-37, a backlog of 2,085 cases and 113 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

Dengue fever in Africa

1,343 confirmed human case(s), **156** probable human case(s), **11,322** suspected human case(s)
22 human deaths (**CFR: 0.17%**)

Agent/Pathogen	Dengue virus	First Reported	1-Jan-2025	Previous Report Update	12-Sep-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 12,821 cases (1,343 confirmed; 156 probable; 11,322 suspected) and 22 deaths (CFR: 0.17%) of dengue fever have been reported from 10 AU MS: Burkina Faso (866 cases; 0 deaths), Cabo Verde (335; 0), Comoros (1,320; 1), Guinea (1; 0), Kenya (1; 0), Mali (2,930; 0), Mauritius (59; 0), Nigeria (178;11), Senegal (54; 0), and Sudan (7,077; 10).

In epidemiological week 37, a total of 101 new cases and no new deaths of dengue fever were reported from Mali and Senegal.

Mali: Since the last update (12 September 2025), the MoH reported 90 new cases (14 confirmed; 76 suspected) and no new deaths of dengue fever from Bamako (84 cases; 0 deaths), Koulikoro (2; 0) and Sikasso (4; 0) regions. This is a 4% average decrease in the number of new cases in the last four weeks. This year, a total of 2,930 cases (582 confirmed; 2,348 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 18,022 cases (2,190 confirmed; 15,832 suspected) and 74 deaths (CFR: 0.41%) of dengue fever have been reported from all 11 regions in Mali.

Senegal: Since the last update (12 September 2025), the MoH reported 11 new confirmed cases and no new deaths of dengue fever from four districts. This is a 11% average increase in the number of new cases in the last four weeks. This year, a cumulative of 54 confirmed cases and no deaths of dengue fever have been reported from 15 of the 47 districts in Senegal. Of the confirmed cases, females accounted for 54% and persons aged 15 years and above accounted for 91%. Since the start of this outbreak (February 2024), a cumulative of 947 confirmed cases and no deaths of dengue fever have been reported from 28 of 47 districts in Senegal.

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 member states continue to conduct enhanced surveillance, case management, vector control, and risk communication activities in the affected communities.

Measles in Africa

9,476 confirmed human case(s), **116,730** suspected human case(s)
956 human deaths (**CFR: 0.76%**)

Agent/Pathogen	Measles virus	First Reported	8-Jan-2025	Previous Report Update	12-Sep-2025
First Occurred	30-Dec-2024	Country	Multiple Countries	Location	19 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 126,206 cases (9,476 confirmed; 116,730 suspected) and 956 deaths (CFR: 0.76%) of measles have been reported from 19 AU MS: Cameroon (2,401 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 (569; 0), Mauritania (189; 0), Morocco (44,372; 95), Mozambique (138; 0), Namibia** (24; 0) Nigeria (739; 0), Rwanda (182; 0), Senegal (96; 0), Somalia (7,392; 14), South Africa (741; 0), Sudan (2,887; 9), Uganda (77; 1) and Zambia (856; 0).

In epidemiological week 37, a total of 101 new cases and no new deaths of measles were reported from two AU MS: Cameroon and Mozambique.

Cameroon*: Since the last update (3 September 2025) the MoH reported 66 new cases (62 confirmed; 4 suspected) and no new deaths of measles from all ten regions. This is a 68% average increase in the number of confirmed cases in the last four weeks. Since the beginning of this year, 2,401 cases (1,845 confirmed; 556 suspected) and four deaths (CFR: 0.17%) 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 56%. In 2023, the national measles vaccination coverage among children <2 years in Cameroon was 56%.

Mozambique: Since the last update (12 September 2025) the MoH reported 35 new confirmed cases and no new deaths of measles from four districts. Three provinces are affected; Niassa (40), Nampula (51) and Zambezia (47). Since the start of the outbreak (July 2025), 138 confirmed cases and no deaths of measles have been reported from 6 of 129 districts, Memba, Chimbonila, Lago, Mocuba, Mogovolas and Mopeia in Mozambique. Between 2022 and 2023, the national measles vaccination coverage for MCV1 was 65%.

***In epidemiological week 37, a backlog of 66 cases and no deaths of measles were reported from Cameroon.**

****In epidemiological week 35, a backlog of 7 cases of which 4 were laboratory confirmed, and no deaths of measles were reported from Namibia.**

Note: In 2024, a total of 260,752 cases (26,432 confirmed; 234,320 suspected) and 3,220 deaths (CFR: 1.23%) of measles were 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

158 confirmed human case(s), **949** suspected human case(s)
27 human deaths (**CFR: 2.44%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	3-Jan-2025	Previous Report Update	12-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 1107 cases (158 confirmed; 949 suspected) and 27 deaths (CFR: 2.44%) of bacterial meningitis have been reported from four AU MS: Ghana (439 cases; 20 deaths), Mali (538; 0), Togo (47; 7) and Zambia (83; 0).

In epidemiological week 37, a total of seven new cases and no new deaths of bacterial meningitis were reported from Mali.

Mali: Since the last update (12 September 2025), the MoH reported seven new cases (2 confirmed; 5 suspected) and no new deaths of bacterial meningitis from seven regions. This is a 19% average increase in the number of new cases compared to last update. Cumulatively, 538 cases (97 confirmed; 441 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* (40), *Neisseria meningitidis* W135 (24), *Haemophilus influenzae* non-b (20), *Haemophilus influenzae* b (8) 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 were 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 enhance surveillance, case management, Cerebro-Spinal Fluid sample collection, as well as risk communication and community engagement activities in the affected districts.

Epidemiological week 37 covers a period from 8 - 14 September 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.