

# Africa CDC Epidemic Intelligence Report

Date of Issue: 30 Sep 2025

Active Events

174

New Events reported  
in 2025

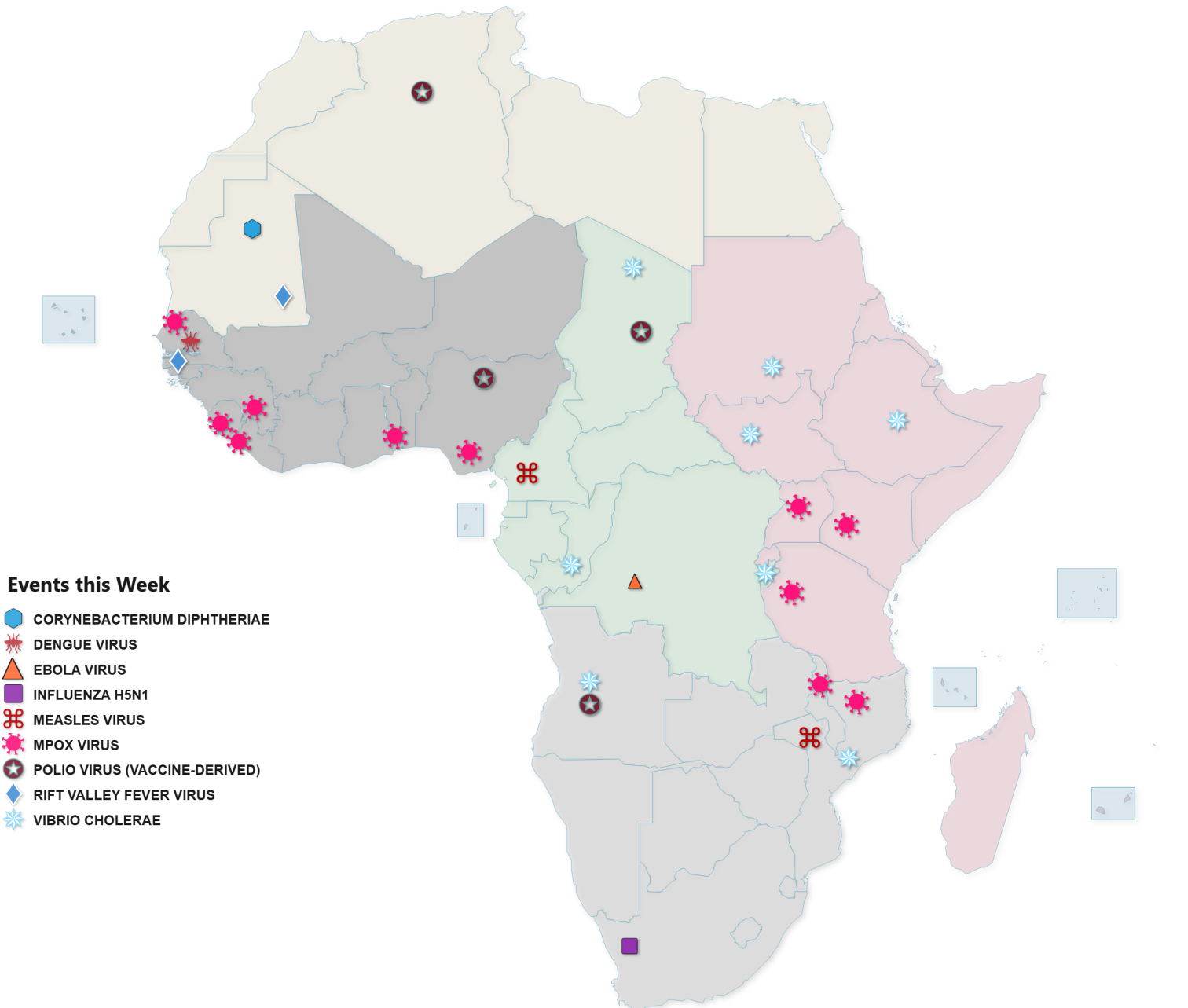
108

Events highlighted  
this week

31

New events since  
last issue

5













\* 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	9 (1)	20 (3)
Animal	0	0	1 (1)
Environment	0	0	0




# Event Summary

## New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected	Probable	Susceptible	Confirmed	Deaths
 Corynebacterium diphtheriae	Mauritania	Moderate	N/A		67	0		12	11
 Influenza H5N1	South Africa	N/A	Moderate				151,930	71,563	26,563
 Polio virus (vaccine-derived)	Algeria	Moderate	N/A					1	
 Rift Valley Fever virus	Mauritania	Moderate	N/A					1	1
 Vibrio cholerae	Mozambique	High	N/A		0	0		36	0

## Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Dengue virus	Senegal	Moderate	N/A		0 (0)	0 (0)	65 (11)	0 (0)
 Ebola virus	Democratic Republic of the Congo	Very High	N/A		105 (0)	0 (0)	48 (10)	27 (3)
 Measles virus	Cameroon	Moderate	N/A		579 (23)	0 (0)	1,851 (6)	4 (0)
	Mozambique	Moderate	N/A			0 (0)	173 (35)	0 (0)
 Mpox virus	Guinea	Moderate	N/A		2,384 (155)	0 (0)	978 (327)	1 (3)
	Kenya	Moderate	N/A		1,210 (82)	0 (0)	532 (60)	8 (0)
	Liberia	High	N/A		1,383 (47)	0 (0)	785 (40)	0 (0)
	Malawi	Moderate	N/A		538 (26)	0 (0)	113 (3)	1 (0)
	Mozambique	Moderate	N/A		1,347 (36)	0 (0)	82 (3)	0 (0)
	Nigeria	High	N/A		1,312 (26)	0 (0)	343 (7)	4 (0)
	Senegal	High	N/A		0 (0)	0 (0)	2 (1)	0 (0)
	Sierra Leone	High	Low		6,904 (41)	0 (0)	5,315 (23)	56 (0)
	Tanzania	High	N/A		734 (30)	0 (0)	163 (1)	0 (0)
	Togo	Moderate	N/A		404 (26)	0 (0)	79 (2)	0 (0)
	Uganda	Moderate	N/A		12,404 (50)	0 (0)	6,781 (50)	43 (0)
 Polio virus (vaccine-derived)	Angola	Moderate	N/A		0 (0)	0 (0)	20 (5)	0 (0)
	Chad	Moderate	N/A		18 (18)	0 (0)	16 (2)	0 (0)
	Nigeria	Moderate	N/A		0 (0)	0 (0)	32 (9)	0 (0)
 Rift Valley Fever virus	Senegal	Moderate	N/A		0 (0)	0 (0)	3 (2)	2 (2)
 Vibrio cholerae	Angola	Moderate	N/A		28,773 (444)	0 (0)	937 (0)	799 (8)
	Burundi	Moderate	N/A		0 (0)	0 (0)	1,108 (200)	6 (1)
	Chad	Moderate	N/A		1,384 (410)	0 (0)	49 (7)	92 (24)
	Congo Republic	Moderate	N/A		628 (177)	0 (0)	41 (1)	62 (27)

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
	Ethiopia	High	N/A		7,134 (88)	0 (0)	0 (0)	71 (7)
	South Sudan	High	N/A		74,615 (149)	0 (0)	322 (0)	1,237 (1)
	Sudan	High	N/A		62,412 (127)	0 (0)	0 (0)	1,568 (2)

# Initial Reports

## High Risk Events

### Rift Valley Fever in Africa

**5** confirmed human case(s)  
**4** human deaths (**CFR: 80%**)

Agent/Pathogen	Rift Valley Fever virus	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		

#### Description:

Since the beginning of 2025, a total of five confirmed cases and four deaths [case fatality ratio (CFR: 80.0%)] of Rift Valley fever (RVF) have been reported from three AU MS: Mauritania (1 case; 1 death), Uganda (1; 1) and Senegal (3: 2).

In epidemiological week 38, three confirmed cases and two deaths of RVF was reported from Mauritania and Senegal.

**Mauritania (initial report):** On 26 September 2025, the Ministry of Health (MoH) reported one new confirmed fatal case of RVF from Rosso city sharing border with Senegal. The case was a male of unknown age arrived from a neighboring country with advanced hemorrhagic fever symptoms. Confirmation was done at the Institut National de Recherches en Sante Publique in Nouakchott using enzyme-linked immunosorbent assay (ELISA) and polymerase chain reaction (PCR). RVF is a vector-borne, viral zoonotic disease. It can be transmitted to humans through contact with blood or organs of infected animals or bites from infected mosquitoes. Infected persons often present with mild symptoms including joint pain, flu-like fever, muscle pain, loss of appetite, and headache. Severe infections can result in deaths; however, the case fatality rate is generally below 1%. Last outbreak of RVF reported in Mauritania was in 2022; with 47 cases and 23 deaths.

**Senegal:** Since the last update (4 April 2025), the MoH reported two new confirmed cases of RVF with 100% mortality from Saint Louis region in Senegal. The cases were males aged 21 and 22 years respectively. Confirmation was at Institut Pasteur Dakar using enzyme-linked immuno sorbent assay and polymerase chain reaction tested positive for RVF. Cumulatively, a total of three confirmed cases and two deaths (CFR: 66.67%) of RVF were reported from two regions; Diourel (1 confirmed; 0 deaths) and Saint Louis (2; 2) Senegal in 2025.

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

The ministries of health continue to enhance surveillance, contact tracing and community sensitization in the affected areas.

H5N1 in South Africa

71,563 animal case(s)  
151,930 susceptible case(s)  
26,563 animal deaths (CFR: 37.12%)

Agent/Pathogen	Influenza H5N1	First Reported	26-Sep-2025	First Occurred	21-Jun-2025
Country	South Africa	Location	North West and Mpumalanga provinces	Source	WOAH
GeoScope	MODERATE	Human Risk Assessment	N/A	Animal Risk Assessment	MODERATE

Description:

On 21 June 2025, the World Organization for Animal Health reported an outbreak of H5N1 in North West and Mpumalanga provinces, as well as in wild seabirds such as Hartlaub's gulls in the coastal region, and on the sub-Antarctic Marion Island. Since the beginning of this year (21 June 2025), South Africa reported new outbreaks of highly pathogenic avian influenza (HPAI) H5N1 in domestic and wild birds, a cumulative of 71,563 cases, and 26,563 deaths of poultry have been reported from North West and Mpumalanga provinces. Previous outbreaks in 2023 occurred in the Western Cape and KwaZulu-Natal provinces.

Response by MS/partner/Africa CDC:

The provincial veterinary authorities are culling and disposing off sick birds in affected farms.

# Human Event Updates

## Very High Risk Events

### Ebola virus in Democratic Republic of the Congo

**48** confirmed human case(s)  
**105** suspected human case(s)  
**27** human deaths (**CFR: 56.25%**)

Agent/Pathogen	<b>Ebola virus</b>	First Reported	<b>5-Sep-2025</b>	Previous Report Update	<b>19-Sep-2025</b>
First Occurred	<b>20-Aug-2025</b>	Country	<b>Democratic Republic of the Congo</b>	Location	<b>Bulape Health Zone, Kasai Province</b>
Source	<b>Ministry of Health</b>	GeoScope	<b>HIGH</b>	Human Risk Assessment	<b>VERY HIGH</b>
Animal Risk Assessment	<b>N/A</b>				

#### Update to Event:

Since the last update (19 September 2025), the MoH has reported ten new confirmed cases and three new deaths (CFR): 30.00% of Ebola virus disease (EVD) in the Bulape health zone, Kasai province. Since the beginning of this outbreak (4 September 2025), a cumulative of 153 cases (48 confirmed; 105 suspected) and 27 deaths (CFR: 56.25%) of EVD have been reported in Kasai province. Among the total confirmed cases, men accounted for 40% and children under 15 years old accounted for 10%. The new Ebola virus genome isolated among the confirmed cases using nanopore sequencing platform suggests a new zoonotic spillover; it is not directly related to the EVD outbreaks in Luebo (2007) and Mweka (2008-2009). The 2008–2009 Mweka outbreak recorded 32 cases and 15 deaths (CFR: 46.87%).

**\*The CFR has been revised and calculated by confirmed cases and deaths.**

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

The MoH continues to enhance surveillance, case management, Ebola vaccination campaigns, 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 (97.22%). Additionally, a total of 3,838 people were screened at points of entry. The MoH continues to conduct Ebola vaccination targeting most at risk populations, including health care workers and contacts of confirmed cases. A total of 1,740 people have been vaccinated against Ebola.

Africa CDC supports the digitalization of EVD data through training of health care workers on data capture and management. This effort was supported with the configuration of 251 tablets programmed for vaccination and surveillance data entry offered by the WHO.

# Human Event Updates

## Moderate Risk Events

### Mpox in Africa

**34,111** confirmed human case(s), **114,784** suspected human case(s)  
**690** human deaths (**CFR: 0.60%**)

Agent/Pathogen	Mpox virus	First Reported	3-Jan-2025	Previous Report Update	19-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 114,784 cases of mpox, of which 34,111 (29.72%) laboratory-confirmed have been reported from 26 African Union Member States (AU MS). In addition, a total of 690 deaths [Case Fatality Rate (CFR: 0.60%)] among suspected cases and 217 (deaths (CFR: 0.63%) 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 (1,503; 0), Cameroon (5; 0), Central African Republic (CAR) (30; 1), Congo (69; 1), Côte d'Ivoire (79; 1), Democratic Republic of Congo (DRC) (16,295; 95), Ethiopia (28; 1), Gambia (1; 0), Ghana (583; 2), Guinea (978; 1), Kenya (532; 8), Liberia (785; 0), Malawi (113; 1), Morocco (2; 0), Mozambique (82; 0), Nigeria (343; 4), Rwanda (45; 0), Senegal (2; 0), Sierra Leone (5,315; 56), South Africa (11; 0), South Sudan (21; 0), Tanzania (163; 0), Togo (79; 0), Uganda\*(6,781; 43), and \*\*Zambia (258; 3).

In epidemiological week 38, 2,690 new cases, with 557 (20.70%) laboratory-confirmed cases, and 14 new deaths among confirmed cases were reported from 12 AU MS: Ghana, Guinea, Kenya, Liberia, Malawi, Mozambique, Nigeria, Senegal, Sierra Leone, Tanzania, Togo and Uganda.

**Ghana:** Since the last update (19 September 2025), the Ghana Health Services reported 344 cases of which 71 were laboratory-confirmed and one new death (CFR: 1.8%) of mpox from all 16 regions. This year, 3,069 cases of which 583 were laboratory-confirmed, and two deaths (CFR: 0.35%) of mpox were reported from all 16 regions in Ghana. This outbreak started in October 2024, cumulatively of 3,496 cases, of which 570 were laboratory-confirmed, and two deaths (CFR: 0.35%) of mpox have been reported from all 16 regions in Ghana. A total of 3,496 samples were tested resulting in a 100% testing rate and 16% positivity rate. Clade II was isolated from undefined number of sequenced samples.

**Guinea:** Since the last update (19 September 2025), the MoH reported 155 new cases of which 15 were new laboratory-confirmed and no new deaths of mpox from 14 health districts. This is an 8% average decrease in the confirmed cases in the past four weeks. This year, 2,384 cases of which 978 were laboratory-confirmed and one death (CFR: 0.1%) of mpox have been reported from Guinea. Since the start of this outbreak (March 2024), a cumulative of 2,384 cases, of which 980 were laboratory-confirmed, and no deaths of mpox have been reported in Guinea. A total of 2,384 samples were tested resulting in a 100% testing rate and 43% 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 (19 September 2025), the MoH reported 60 new laboratory-confirmed cases and no deaths of mpox from multiple districts. This is a 29% average increase in confirmed cases in the last four weeks. This year, 532 laboratory-confirmed cases and eight deaths (CFR: 1.50%) of mpox were reported from 28 of 47 counties in Kenya. This outbreak started in July 2024. Cumulatively, 563 laboratory-confirmed and nine deaths (CFR: 1.60%) of mpox have been reported from 28 of 47 counties in Kenya. A total of 1,565 samples were tested resulting in a 100% testing rate and 35.97% positivity rate. Clade Ib was isolated from 94 sequenced samples.



**Liberia:** Since the last update (19 September 2025), the MoH reported 47 new cases of which 40 were laboratory-confirmed, and no new deaths of mpox from multiple counties. This is a 40% average increase in the confirmed cases in the last four weeks. This year, 1,383 cases of which 785 were laboratory-confirmed and no deaths of mpox have been reported from all the 15 counties in Liberia. Since the start of the outbreak (March 2024) a cumulative of 1,794 cases, of which 848 were laboratory-confirmed, and no deaths of mpox have been reported from all 15 counties in Liberia. A total of 1,794 samples were tested resulting in a 100% testing rate and 47% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

**Malawi:** Since the last update (19 September 2025) the MoH reported one new laboratory confirmed cases and no new death of mpox in Malawi. Since the beginning of this year, 517 suspected cases of which 113 were laboratory confirmed cases and one death (CFR:0.88 %) 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 57% of the cases. The age range for male cases is 2 to 75 years.

**Mozambique:** Since the last update (19 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 1,347 suspected cases, of which 82 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 (19 September 2025), the Nigeria Center for Disease Control (NCDC) reported 26 new cases, of which seven were laboratory-confirmed, and no new deaths of mpox from nine states and the federal capital territory. This is an 28% average increase in the confirmed cases in the last four weeks. This year, 1,312 cases of which, 343 were laboratory-confirmed, and four deaths (CFR: 1.17%) 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, 7,076 cases, of which 1,618 were laboratory-confirmed, and 21 deaths (CFR: 1.6%) of mpox have been reported from all 36 states and the federal capital territory in Nigeria. A total of 7,076 samples were tested resulting in a 100% testing rate and 22.9% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

**Senegal:** Since the last update (29 August 2025), the MoH reported one new confirmed case and no deaths of mpox from West district in Dakar. The new case was a 43-year-old Senegalese resident with no history of travel or epidemiological linkage with the first confirmed case. Cumulatively, two confirmed cases and no deaths of mpox have been reported from Dakar in Senegal in 2025.

**Sierra Leone:** Since the last update (19 September 2025), the MoH reported 41 new cases, of which 23 were laboratory-confirmed, and no 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 in January 2025, a cumulative of 6,904 cases, of which 5,315 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 6,904 samples were tested resulting in a 100% testing rate and 78% positivity rate. Clade IIb was isolated from undefined number of sequenced samples.

**Tanzania:** Since the last update (12 September 2025), the MoH has reported one new laboratory-confirmed case and no deaths of mpox from Zanzibar. This is an 73% average increase in the confirmed cases in the last four weeks. Since the start of the outbreak in March 2025, a cumulative of 163 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 (12 September 2025) the MoH reported 26 new cases, of which two were laboratory-confirmed and no new deaths of mpox from 10 health districts. This is 10% average increase in the new confirmed cases in the last four weeks. Since the start of the outbreak (May 2025) a cumulative of 404 cases, of which 79 were laboratory-confirmed, and no deaths of mpox were reported from 10 health districts in Togo. A total of 404 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 (19 September 2025), the MoH reported 50 new laboratory-confirmed cases and no new deaths of mpox from multiple districts. This is a 45% average increase in confirmed cases in the last four weeks. This year, 6,781 laboratory-confirmed cases and 43 deaths (CFR: 0.63%) of mpox were reported in Uganda. This outbreak started in July 2024. Cumulatively, 8,109 laboratory-confirmed cases, and 50 deaths (CFR: 0.62%) of mpox have been reported from 120 of 146 districts in Uganda. A total of 16,903 cases were tested resulting in a 100% testing rate and 47.97% test positivity rate. Clade Ib was isolated from all sequenced samples. In epidemiological week 37, 11 new confirmed cases of mpox were reported in Tanzania.



**\*In epidemiological week 35, a backlog of 2 deaths were reported and in epidemiological week 37, 47 confirmed cases were reported in Uganda.**

**\*\*In epidemiological week 37, a backlog of 123 suspected cases with 25 laboratory confirmed cases was recorded from Zambia.**

**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

**7,905** confirmed human case(s), **47** probable human case(s), **254,371** suspected human case(s)  
**5,896** human deaths (**CFR: 2.25%**)

Agent/Pathogen	Vibrio cholerae	First Reported	1-Jan-2025	Previous Report Update	19-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 262,323 cases (7,905 confirmed; 47 probable; 254,371 suspected) and 5,896 deaths (CFR: 2.25%) of cholera have been reported from 23 AU MS: Angola (28,773 cases; 799 deaths), Burundi (1,108; 6), Chad (2,397; 139), Comoros (40; 0), Congo\* (747; 65), Côte d'Ivoire (538; 21), DRC\*\* (53,153; 1,580), Ethiopia\*\*\* (7,134; 71), Ghana (2,870; 14), Kenya (426; 20), Malawi (91; 3), Mozambique (4,260; 43), Namibia (18; 1), Nigeria (9,929; 235), Rwanda (324; 0), Somalia\*\*\*\* (7,696; 9), South Sudan\*\*\*\*\* (74,937; 1,237), Sudan\*\*\*\*\* (62,412; 1,568), Tanzania (4,063; 45), Togo (165; 4), Uganda (136; 3), Zambia (505; 10), and Zimbabwe (601; 23).

In epidemiological week 38, a total of 1,327 new cases and 25 new deaths of cholera were reported from eight AU MS: Angola, Burundi, Chad, Congo, Ethiopia, Mozambique, South Sudan and Sudan.

**Angola:** Since the last update (19 September 2025), the MoH reported 444 new suspected cases and eight new deaths (CFR: 1.80%) of cholera from seven provinces. This is a 56% average increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 28,773 cases (937 confirmed; 27,836 suspected) and 799 deaths (CFR: 2.77%) 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 the health facilities.

**Burundi:** Since the last update (19 September 2025), the MoH reported 200 new cases and no new deaths of cholera from multiple provinces. This is a 69% average increase in the number of new cases in the past four weeks. This year, a total of 1,108 cases and six deaths (CFR: 0.54%) of cholera were reported from three of eighteen provinces in Burundi. Females accounted for 53.50% and children <5 years accounted for 8.03% of all cases. Since the beginning of the outbreak (December 2022), a cumulative of 3,324 cases (3,259 confirmed; 65 suspected) and 18 deaths (CFR: 0.54%) of cholera have been reported from 14 of 18 provinces in Burundi. In comparison to the same period in 2024 (epidemiological week 1 to 38), 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 (19 September 2025), the MoH reported 252 new cases (12 confirmed; 240 suspected) and four new deaths (CFR: 1.58%) in nine districts. This is a 3% 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 2,397 cases (76 confirmed; 2,321 suspected) and 139 deaths (CFR: 5.79%) 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 63.60%.

**Congo:** Since the last update (12 September 2025), the MoH reported 31 new suspected cases and three new deaths (CFR: 7.31%) of cholera from six health districts. This is a 7% average increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (21 July 2025), a cumulative of 747 cases (62 confirmed; 685 suspected) and 65 deaths (CFR: 8.70%) of cholera have been reported. Of the total cases, males accounted for 61% of cases and 71% of deaths and age groups 15-24 years accounted for 18%.

**Ethiopia:** Since the last update (19 September 2025), the Ethiopia Public Health Institute reported 88 new suspected cases and seven new deaths (CFR: 7.95%) of cholera from five regions. This is a 13% average decrease in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 7,134 suspected cases and 71 deaths (CFR: 0.99%) of cholera have been reported from five of twelve regions in Ethiopia: Afar (120 cases; 0 deaths), Amhara (3,604; 24), Gambella (2,617; 33), Oromia (471; 3) and Tigray (385; 11).

**Mozambique (*new outbreak*):** On 23 September 2025, the MoH reported a new outbreak in Nampula province with 36 new confirmed cases and no deaths of cholera. The previous outbreak was declared over by the MoH on 21 September 2025 after 28 consecutive days with no new cases reported. The provinces affected were seven with 4,224 confirmed cases and 43 deaths of cholera (CFR:1.02% ). Since the beginning of this year, a cumulative of 4,260 confirmed cases and 43 deaths (CFR:1.00%) of cholera have been reported from Mozambique.

**South Sudan:** Since the last update (19 September 2025), the MoH reported 149 new suspected cases and one new death (CFR: 0.67%) of cholera from multiple states. This is a 25% average decrease in the number of cases in the past four weeks. This year, 74,937 cases (322 confirmed; 74,615 suspected) and 1,237 deaths (CFR: 1.65%) of cholera were reported from nine of ten states in South Sudan. Since the beginning of this outbreak (September 2024), a cumulative of 90,954 cases and 1,891 deaths (CFR: 2.07%) of cholera have been reported from all ten states in South Sudan.

**Sudan:** Since the last update (19 September 2025), the MoH reported 127 new suspected cases and two new deaths (CFR: 1.57%) of cholera from all 18 states in Sudan. This is a 33% average decrease in the cases in the past four weeks. This year, 62,412 suspected cases and 1,568 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 2,927 deaths (CFR: 2.57%) of cholera have been reported from 18 states in Sudan. The outbreak is occurring amidst a sustained complex humanitarian crisis.

**\*In epidemiological week 37 and 38, a backlog of 200 suspected cases were reported from Burundi.**

**\*\*In epidemiological week 37, a backlog of 10 suspected cases were reported from Congo.**

**\*\*\*In epidemiological week 37, a backlog of 1,206 cases (20 confirmed; 1,186 suspected) were reported from DRC.**

**\*\*\*\*Between epi-week 34-37, a backlog of 112 cases were reported from Ethiopia.**

**\*\*\*\*\*In epidemiological week 37, a backlog of 108 cases (5 confirmed; 103 suspected) were reported from Somalia.**

**\*\*\*\*\*Between epi-week 1-37, a backlog of 868 cases and three deaths were reported from South Sudan.**

**\*\*\*\*\*Between epi-week 1-37, a backlog of 1,599 cases and 40 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

**121** confirmed human case(s)

**0** human deaths (**CFR: 0%**)

Agent/Pathogen	Polio virus (vaccine-derived)	First Reported	1-Jan-2025	Previous Report Update	29-Aug-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, 114 confirmed cases and no deaths of circulating vaccine-derived poliovirus type 2 (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 (32; 0) and Sudan (2; 0). Five confirmed cases and no deaths of cVDPV3 have been reported from Cameroon (1; 0), Chad (2; 0) and Guinea (2; 0). Two confirmed cases and no deaths of cVDPV1 have been reported from Algeria (1; 0) and DRC (1; 0). In epidemiological week 38, one new confirmed case of cVDPV1 was reported from Algeria and 15 cases of cVDPV2 from Angola, Chad and Nigeria.

**Algeria (initial report):** On 17 September 2025, the Global Polio Eradication Initiative (GPEI) reported one new confirmed case and no new deaths of cVDPV1, with onset of paralysis on 25 January 2025, from El Tarf city. A genetically-linked cVDPV1 was also isolated from an environmental surveillance sample, collected on 17 March, from Oran city. It is a new emergence.

**Angola:** Since the last update (3 August 2025), the GPEI reported five confirmed cases and no deaths of cVDPV2 from Benguela. Cumulatively, 11 confirmed cases and no deaths of cVDPV2 have been reported from Angola in 2025. Angola launched the first round of its National Polio Vaccination Campaign in August 2025, targeting about 7million children under the age of five across all 326 municipalities

**Chad:** Since the last update (5 September 2025), the GPEI reported one confirmed case and no deaths of cVDPV2 from Tandjile. Cumulatively, 18 confirmed cases of cVDPV2 and two cVDPV3 case have been reported from four of the twenty-three provinces and N'Djamena capital city in Chad this year. In 2022, the national oral polio vaccination (OPV3) coverage among children <1 year in Chad was 88%.

**Nigeria:** Since the last update (15 August 2025), the GPEI reported nine confirmed case and no death of cVDPV2 from multiple states. Cumulatively, a total of 32 confirmed cases and no deaths of cVDPV2 have been reported from Nigeria. In 2023, the national oral polio vaccination (OPV3) coverage among children <1 year in Nigeria was 84%.

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

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

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

## Dengue fever in Africa

**1,520** confirmed human case(s), **156** probable human case(s), **18,018** suspected human case(s)  
**34** human deaths (CFR: **0.17%**)

Agent/Pathogen	Dengue virus	First Reported	1-Jan-2025	Previous Report Update	19-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 19,694 cases (1,520 confirmed; 156 probable; 18,018 suspected) and 34 deaths (CFR: 0.17%) 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 (2,986; 0), Mauritania\*(148; 0), Mauritius (59; 0), Nigeria (178; 11), Senegal (65; 0), and Sudan\*\*(13,735; 22).

In epidemiological week 38, a total of 1,494 new cases and no new deaths of dengue fever were reported from Mali, Senegal and Sudan.

**Mali:** Since the last update (19 September 2025), the MoH reported 56 cases (18 confirmed; 38 suspected) and no new deaths of dengue fever from Bamako (55 cases; 0 deaths), and Koulikoro (1; 0) regions. This is an 11% average decrease in the number of new cases in the past four weeks. This year, a total of 2,986 cases (600 confirmed; 2,386 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 18,078 cases (2,208 confirmed; 15,870 suspected) and 74 deaths (CFR: 0.40%) of dengue fever have been reported from all 11 regions in Mali. **Senegal:** Since the last update (19 September 2025), the MoH reported 11 new confirmed case and no deaths of dengue fever from four districts. This is a 135% average increase in the number of new cases in the last four weeks. This year, a cumulative of 65 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 51% and persons aged 15 years and above accounted for 94%. Since the start of this outbreak started (February 2024), a cumulatively, 958 confirmed cases and no deaths of dengue fever have been reported from 28 of 47 districts in Senegal.

**Senegal:** Since the last update (19 September 2025), the MoH reported 11 new confirmed case and no deaths of dengue fever from four districts. This year, a cumulative of 65 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 started (February 2024), a cumulatively, 958 confirmed cases and no deaths of dengue fever have been reported from 28 of 47 districts in Senegal.

**Sudan:** Since the last update (22 August 2025), the MoH reported 1,427 new suspected cases and no new deaths of dengue fever from multiple states. This is a 21% average increase in the number of new cases in the past four weeks. This year, 13,735 suspected cases and 22 deaths (CFR: 0.16%) of dengue fever were reported from ten of twelve states in Sudan. Since the start of this outbreak (July 2024), a total of 22,418 suspected cases and 37 deaths (CFR: 0.16%) of dengue fever have been reported from ten of twelve states in Sudan.

**\*Last week, the overall total of dengue cases misses 148 cases reported from Mauritania and these cases have been incorporated in this weekly report.**

**\*\*Between epi-week 11-37, a backlog of 6,658 cases and 12 deaths 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 member states continue to conduct enhanced surveillance, case management, vector control, and risk communication activities in the affected communities.

## Measles in Africa

**9,537** confirmed human case(s), **116,966** suspected human case(s)  
**956** human deaths (**CFR: 0.76%**)

Agent/Pathogen	Measles virus	First Reported	8-Jan-2025	Previous Report Update	19-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 126,503 cases (9,537 confirmed; 116,966 suspected) and 956 deaths (CFR: 0.76%) 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 (589; 0), Mauritania (189; 0), Morocco (44,372; 95), Mozambique (173; 0), Namibia (24; 0) Nigeria (739; 0), Rwanda (182; 0), Senegal (96; 0), Somalia\*(7,605; 14), South Africa (741; 0), Sudan (2,887; 9), Uganda (77; 1) and Zambia (856; 0).

In epidemiological week 38, a total of 84 new cases and no new deaths of measles were reported from three AU MS: Cameroon, Mali and Mozambique.

**Cameroon:** Since the last update (19 September 2025) the MoH reported 29 new cases (6 confirmed; 23 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, 2,430 cases (1,851 confirmed; 579 suspected) and four deaths (CFR: 0.16%) of measles have been reported from all 10 regions in Cameroon. Of the confirmed cases, 65% were unvaccinated against measles and children <5 years accounted for 57%. In 2023, the national measles vaccination coverage among children <2 years in Cameroon was 56%.

**Mali:** Since the last update (12 September 2025), the MoH reported 20 new cases (6 confirmed; 14 suspected) and no new deaths of measles from five regions. This year, 589 cases (163 confirmed; 426 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 1,297 cases (506 confirmed; 791 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 (19 September 2025) the MoH reported 35 new confirmed cases and no new deaths of measles from four districts. This is a 150% average increase in the number of confirmed cases in the last four weeks. Since the beginning of the outbreak (July 2025), 173 confirmed cases and no deaths of measles have been reported from six of 129 districts in Mozambique. Between 2022 and 2023, the national measles vaccination coverage MCV1 was 65%, with considerable geographic differences.

**\*In epidemiological week 37, a backlog of 213 cases (14 confirmed; 199 suspected) and no deaths of measles were reported from Somalia.**

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



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

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

## Corynebacterium diphtheriae in Africa

**4,679** confirmed human case(s)  
**10,436** suspected human case(s)  
**1** probable human case(s)  
**530** human deaths (**CFR: 11.33%**)

Agent/Pathogen	Corynebacterium diphtheriae	First Reported	3-Jan-2025	Previous Report Update	27-Jun-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 15,116 cases (4,679 confirmed; 1 probable; 10,436 suspected) and 530 deaths (CFR: 11.33) of toxigenic respiratory diphtheria have been reported from three AU MS: Chad (1,779 cases; 0 deaths), Guinea (330; 71), Mauritania (79; 11), Nigeria (11,220; 350), Somalia (1,566; 86), Sudan (112; 0) and South Africa (61; 12).

In epidemiological week 38, 79 new case and 11 new deaths of toxigenic respiratory diphtheria were reported from Mauritania.

**Mauritania (Initial report):** On 26 September 2025, the MoH declared an outbreak of diphtheria with 75 new cases and 7 new deaths (CFR: 9.33 %) in Hodh el Gharbi (44 cases; 7 deaths) and Hodh el Gharbi (31; 0) provinces. *Corynebacterium diphtheriae* was isolated from 12 out of 25 samples at the Institut National de Recherches en Sante Publique by bacterial culture. Since the beginning of this year, a cumulative of 79 cases (12 confirmed; 67 suspected) and 11 deaths (CFR: 13.92%) of cholera have been reported from Mauritania.

Diphtheria is a bacterial infection caused by *Corynebacterium diphtheriae*, a toxin-producing bacteria. Diphtheria manifests in two forms: respiratory (most commonly seen) and cutaneous. Person-to-person transmission is usually through respiratory droplets (respiratory form) and contact with infected sores and ulcers on the skin (cutaneous form). Symptoms for the respiratory form include weakness, sore throat, fever, swollen lymph nodes, difficulty breathing, and death in more severe cases. The toxin produced by the bacteria destroys healthy respiratory tissues forming a thick gray coating on the throat, tonsils and nose making it difficult to breathe and swallow. The toxin can also affect the heart, nervous system, and kidneys if the infection is systemic. The overall case fatality rate for the respiratory form of diphtheria is between 5 to 10%, with higher death rates (up to 20%) among persons less than five or older than 40 years old. Laboratory diagnosis is made via bacterial culture, Elek test or PCR. Treatment includes anti-toxins and antibiotic therapy. Vaccines are available to protect against infection and typically given in four doses as part of routine immunization programs. Last outbreak of diphtheria occurred in Mauritania late 2023 - mid 2024 with 20 suspected cases and 6 deaths.

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

**Mauritania:** The National Department of Health has intensified contact tracing, diphtheria vaccination campaigns, enhanced surveillance, case management, laboratory testing and risk communication activities in the affected areas.

Epidemiological week 38 covers a period from 15 - 21 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.