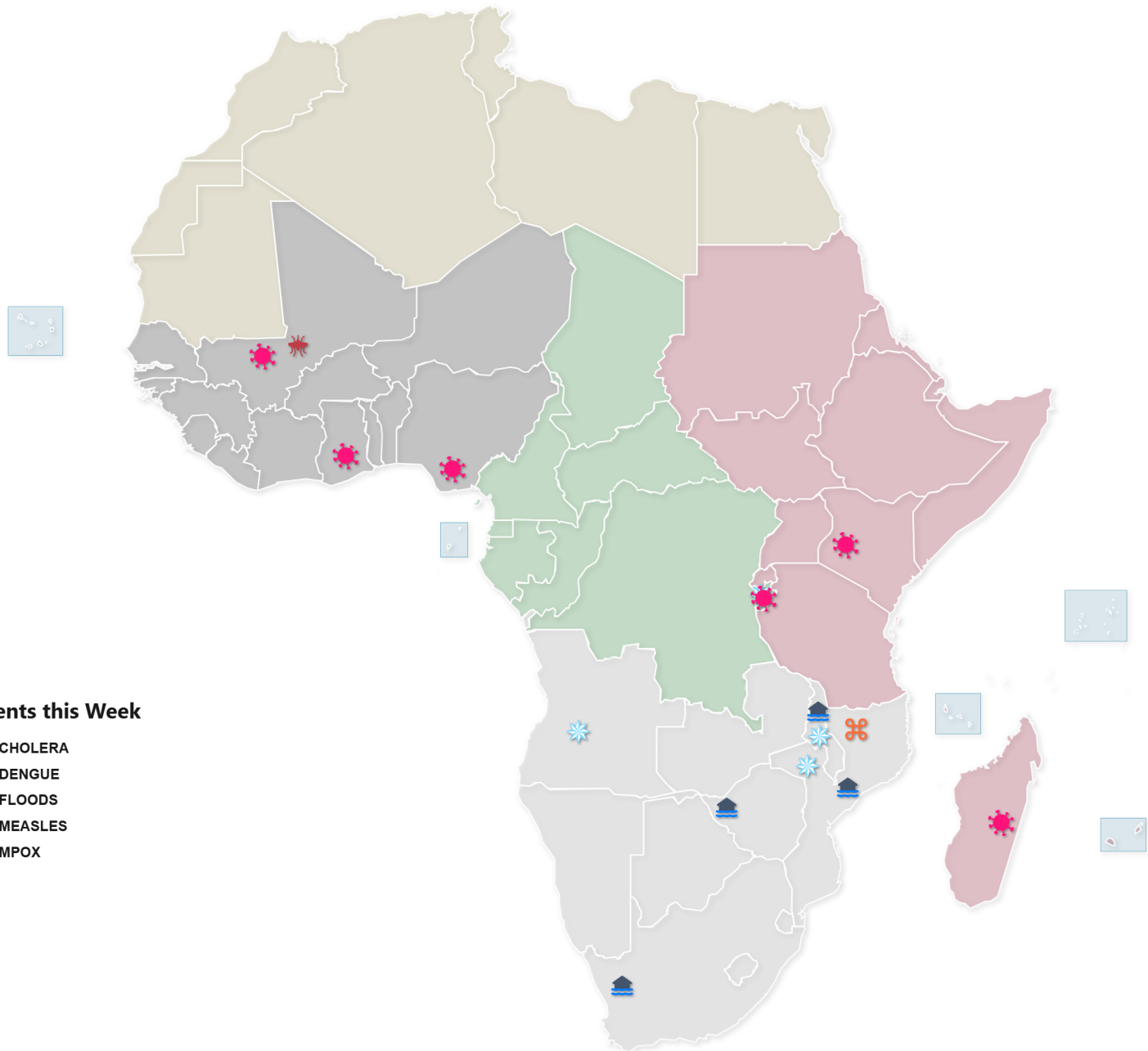



# Africa CDC Epidemic Intelligence Report

Date of Issue: 28 Jan 2026

Active Events	New Events reported in 2026	Events highlighted this week	New events since last issue
<b>56</b>	<b>4</b>	<b>16</b>	<b>3</b>







\*  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



















Event Type	Risk Level		
	Very High (New)	High (New)	Moderate (New)
Human	<b>0</b>	<b>6</b>	<b>6</b>
Animal	<b>0</b>	<b>0</b>	<b>0</b>
Environment	<b>0</b>	<b>0</b>	<b>4 (3)</b>

# Event Summary

## New events since last issue

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Confirmed	Deaths
 Floods	Mozambique	Moderate	N/A		610,000	43
	South Africa	Moderate	N/A			30
	Zimbabwe	Moderate	N/A			70

## Events Highlighted this week

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Cholera	Angola	High	N/A		152 (36)	0 (0)	0 (0)	3 (1)
	Burundi	Moderate	N/A				23 (12)	0 (0)
	Malawi	High	N/A		0 (0)	0 (0)	12 (11)	2 (2)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	896 (597)	3 (0)
 Dengue	Mali	Moderate	N/A		103 (42)	0 (0)	28 (10)	0 (0)
 Floods	Malawi	Moderate	N/A					40 (36)
 Measles	Mozambique	Moderate	N/A		0 (0)	0 (0)	30 (15)	0 (0)
 Mpox	Burundi	Moderate	N/A		57 (14)		15 (3)	0 (0)
	Ghana	High	N/A		83 (39)	0 (0)	11 (4)	0 (0)
	Kenya	Moderate	N/A		117 (18)	0 (0)	32 (7)	1 (0)
	Madagascar	High	N/A		146 (81)	0 (0)	81 (66)	0 (0)
	Mali	High	N/A		11 (6)	0 (0)	4 (3)	2 (2)
	Nigeria	High	N/A		29 (13)	0 (0)	4 (4)	0 (0)

## Moderate Risk Events

Environmental Event AC74027

### Floods in Africa

**183** human deaths

Agent/Pathogen	Floods	First Occurred	24-Dec-2025	Country	Multiple Countries
Location	4 MS	Source	EIOS	GeoScope	MODERATE
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A		

### Description:

Since the beginning of 2026, a total of 773,274 displaced persons and 183 deaths due to floods have been reported from four African Union Member State (AUMS): Malawi (163,274 displaced; 40 deaths), Mozambique (610,000; 43), South Africa (0; 30) and Zimbabwe (0; 70)

**Malawi:** Since the last update (8 January 2026), the Department of Disaster Management Affairs (DODMA) officially raised the national alert level to its highest point to manage the severe flash floods struck Malawi. As of 22 January 2025, at least 40 people have died, 209 people have been injured as well, while a total of 163,274 people were displaced across all 29 districts. Additionally, the floods have caused significant damage to homes, infrastructures, and agriculture destroyed in all 29 districts.

**Mozambique (Initial report):** On 24 December 2025, the National Disasters Management Institute (INGD) officially raised the national alert level to its highest point to manage the severe flash floods struck Mozambique. As of 19 January 2025, at least 43 people have died, 28 people have been injured as well, while a total of 610,000 people were displaced across four of eleven provinces. Additionally, the floods have caused significant damage to homes, infrastructures, and agriculture destroyed in four of eleven provinces.

**South Africa:** On 28 December 2025, the National Disaster Management Centre (NDMC) officially raised the national alert level to its highest point to manage the severe flash floods struck South Africa. As of 19 January 2025, at least 30 people have died, 631 people have been evacuated across two of nine provinces. Additionally, the floods have caused significant damage to homes, infrastructure, and agriculture, destroyed in two of nine provinces.

**Zimbabwe:** On 29 December 2025, the Department of Civil Protection (DCP) officially raised the national alert level to its highest point to manage the severe flash floods struck Zimbabwe. As of 19 January 2025, at least 70 people have died. Additionally, the floods have caused significant damage to homes, infrastructure, and agriculture, destroyed in four of ten provinces.

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

The ministries of affairs of the affected MS in collaboration with humanitarian agencies are intensifying public awareness campaigns, activating the emergency operation centers, pre-positioning relief supplies, standing by search-and-rescue teams, and setting up temporary shelters.

## Moderate Risk Events

Human Event AC53748

### Mpox in Africa

**331** confirmed case(s) **2,626** Total case(s)  
**28** Total deaths (**CFR: 1.07%**)

Agent/Pathogen	Mpox	First Reported	1-Jan-2026	Previous Report Update	17-Jan-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	12 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

#### Update to Event:

Since the beginning of 2026, a total of 2,626 cases of mpox, of which 331 (12.6%) were laboratory-confirmed, have been reported from 12 African Union (AU) Member States (MS). In addition, a total of 28 deaths [case fatality rate (CFR: 1.07%)] among all cases and two deaths (CFR: 0.62%) among confirmed cases have been reported. The distribution of confirmed cases and deaths by MS is as follows: Burundi (15; 0), Democratic Republic of Congo (DRC) (76 confirmed cases; 0 deaths), Ghana (11; 0), Guinea (70; 0), Kenya (32; 1), Liberia (27; 0), Mali (4; 0), Madagascar (81; 0), Mozambique (2; 0), Nigeria (4; 0), South Africa (1; 0) and Tanzania (8; 0).

In epidemiological week 3, a total of 198 cases, from which 87 cases laboratory confirmed, and one death were reported from six AUMS: Burundi, Ghana, Madagascar, Mali and Nigeria.

**Burundi:** In epidemiological week 3, the Ministry of Health (MoH) reported 14 new mpox cases, of which three were laboratory-confirmed and no new deaths of mpox from four districts. This year, a total of 57 cases, of which 15 cases were laboratory-confirmed and no deaths were reported from five of 49 health districts in Burundi. Since the start of this outbreak (July 2024), a total of 10,983 cases, of which 15 were laboratory confirmed and one death were reported (CFR: 0.2/1000) from 46 districts in Burundi. Clade Ib was identified in the sequenced samples.

**Ghana:** Since the last update (4 January 2026), the Ghana Health Services reported 39 new cases, of which four cases were laboratory-confirmed and no deaths of mpox from all the 16 regions. This year, a total of 83 cases of which 11 were laboratory-confirmed and no deaths of mpox were reported from Ghana. Since the start of this outbreak (October 2024), a total of 4,652 cases, of which 967 were laboratory-confirmed, and seven deaths (CFR: 0.73%) of mpox have been reported from all 16 regions in Ghana. A total of 4,652 samples were tested resulting in a 100% testing rate and 21% positivity rate. Clade II was isolated from the sequenced samples.

**Kenya:** Since the last update (15 January 2025), the MoH reported seven new laboratory-confirmed cases and no new deaths of mpox from multiple counties. This is a 24% average increase in confirmed cases in the last four weeks. This year, 32 laboratory-confirmed cases and one death (CFR: 3.13%) of mpox have been reported from four of forty-seven counties in Kenya. Since the start of this outbreak (July 2024), a total of 978 laboratory-confirmed and 13 deaths (CFR: 1.33%) of mpox have been reported from 37 of 47 counties in Kenya. Since July 2024, a total of 2,547 samples were tested resulting in a 38% positivity rate. Clade Ib was isolated from 94 sequenced samples.

**Madagascar:** Since the last update (17 January 2026), the MoH reported 66 new laboratory-confirmed case and no deaths of mpox from multiple regions. This is a 534% average increase in the number of new cases in the last four weeks. This year, 81 laboratory-confirmed cases and no deaths of mpox have been reported from multiple regions. Since the start of this outbreak (December 2025), a total of 94 laboratory-confirmed cases and no deaths of mpox have been reported from one of twenty-four regions in Madagascar. A total of 222 samples have been tested, resulting in a 42% positivity rate.

**Mali:** Since the last update (17 January 2025), the MoH reported six new cases, of which three cases were laboratory-confirmed and one death (CFR: 33.3%) of mpox from Bamako region. This year, a total of 11 cases of which four were laboratory-confirmed and no deaths of mpox were reported in Nigeria. Since the beginning of this outbreak (November 2025), a total of 42 cases, of which 15 cases were laboratory confirmed and two deaths (CFR:13.3%) have been reported from six of twelve regions in Mali. A total of 42 samples were tested resulting in a 100% testing rate and 36% positivity rate. Clade IIb was isolated from the confirmed cases.

**Nigeria:** Since the last update (17 January 2025), the Nigeria Centre for Disease Control (CDC) reported 13 new cases, of which four cases were laboratory-confirmed and no deaths of mpox were reported from 12 states. This year, a total of four confirmed cases and no deaths of mpox were reported from Nigeria. Nigeria is endemic for mpox, since 2017, a cumulative of 7,569 cases, of which 1,714 were laboratory-confirmed and 23 deaths (CFR:1.3%) of mpox were reported in Nigeria.

**Between epidemiological week 1 and 2 of 2026, a backlog of 43 cases of which 12 were laboratory confirmed and no deaths of mpox were reported from Burundi**

**In epidemiological week 2 of 2026, a backlog of 934 cases of which 17 were laboratory confirmed and no deaths of mpox were reported from DRC**

**In epidemiological week 1 of 2026, The cumulative number of mpox cases reported in 2025 from Ghana was reported was 949 instead of 951. This has been corrected.**

**In epidemiological week 2 of 2026, a backlog of 27 cases of which six were laboratory confirmed and no deaths of mpox were reported from Ghana**

**Between epidemiological week 1 and 2 of 2026, a backlog of 105 cases of which 70 were laboratory confirmed and no deaths of mpox were reported from Guinea**

**In epidemiological week 2 of 2026, a backlog of 12 laboratory-confirmed cases and no death sof mpox were reported from Kenya.**

**In epidemiological week 2 of 2026, a backlog of 46 cases of which 23 were laboratory confirmed and no deaths of mpox were reported from Liberia**

**Following data harmonization, the number of samples tested has been revised from 250 to 222.**

**In epidemiological week 1, a backlog of one confirmed death of mpox was reported from Mali.**

**Between epidemiological week 1 and 2 of 2026, a backlog of 16 cases of which none were laboratory confirmed and no deaths of mpox were reported from Nigeria**

**Between epidemiological week 1-2, a backlog of eight laboratory-confirmed cases were reported from Tanzania.**

**In epidemiological week 2 of 2026, a backlog of one laboratory-confirmed case and no deaths of mpox was reported from South Africa**

**Note:** In 2025, a total of **141,972 cases of mpox, of which 41,868 (29%)** laboratory-confirmed have been reported from 29 AU MS. In addition, a total of 825 deaths (CFR: 0.58%) among all cases and 251 deaths (CFR: 0.60%) 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 (1,662; 0), Cameroon (12; 0), Central African Republic (CAR) (65; 5), Congo (78; 1), Côte d'Ivoire (79; 1), Democratic Republic of Congo (DRC) (20,532; 99), Ethiopia (48; 1), Gambia (1; 0), Ghana\* (961; 7), Guinea (2,038; 6), Kenya (915; 11), Liberia (1,451; 6), Madagascar (13; 0), Malawi (144; 1), Mali (11; 0), Morocco (2; 0), Mozambique (91; 0), Namibia (2; 0), Nigeria (435; 6), Rwanda (47; 0), Senegal (9; 0), Sierra Leone (5,442; 60), South Africa (14; 0), South Sudan (37; 0), Tanzania (265; 0), Togo (90; 0), Uganda (7,055; 44), and Zambia (361; 3).

**In epidemiological week 1 of 2026, the total number of confirmed mpox cases from Ghana reported in 2025 was erroneously captured as 949 instead of 951. This has been corrected.**

#### **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.

In August 2024, Africa CDC declared mpox as a Public Health Emergency of Continental Security (PHECS). The decision was driven by a sharp escalation of mpox transmission across the continent. On 22 January 2026, Africa CDC has officially lifted mpox as a PHECS following recommendations from the Africa CDC Emergency Consultative Group. This decision reflects Africa's growing capacity to lead complex public health responses, grounded in strong political leadership, regional solidarity, and effective international partnerships.

## Cholera in Africa

**1,112** confirmed human case(s), **102** suspected human case(s)  
**10** human deaths (**CFR: 0.82%**)

Agent/Pathogen	Cholera	First Reported	1-Jan-2026	Previous Report Update	17-Jan-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	8 MS
Source	Ministry of Health	GeoScope	HIGH	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

### Update to Event:

Since the beginning of 2026, a total of 1,214 cases (1,112 confirmed; 102 suspected) and 10 deaths (CFR: 0.67%) of cholera have been reported from eight AU MS: Angola (152 cases; 3 deaths), Burundi (23; 0), Ethiopia (15; 0), Malawi (12; 0), Mozambique (896; 3), Namibia (18; 0), Somalia (82; 0) and Zambia (5; 0).

In epidemiological week 3, a total of 671 new cases and three new death were reported from four AU MS: Angola, Burundi, Malawi and Mozambique.

**Angola:** Since the last update (17 January 2026), the MoH reported 36 new suspected cases and one new death (CFR: 2.78%) of cholera from five provinces. This is a 13% average decrease in the number of new cases in the last four weeks. This year, a total of 152 suspected cases and three deaths (CFR: 1.97%) were reported from Angola. Since the beginning of this outbreak (January 2025), a total of 36,445 cases (937 confirmed; 35,508 suspected) and 898 deaths (CFR: 2.46%) of cholera have been reported from 18 of 21 provinces in Angola. Males accounted for 54% of all cases and 63% of all deaths. Children <15 years accounted for 37% of all cases and 32% of all deaths. Additionally, 55% of all deaths occurred at the health facilities. In comparison to the same period in 2025 (epidemiological week 3), 311 cases and 10 deaths (CFR: 3.22%), which is an 88% decrease in the number of cases and 90% decrease in the number of deaths of cholera were reported in Angola.

**Burundi:** In epidemiological week 3, the MoH reported 12 new cases and no new deaths of cholera from four districts. This year, a total of 23 confirmed cases and no deaths of cholera have been reported across four of eighteen provinces in Burundi. Of the total cases, males account for 50.3% of cases, and children under five account for 17.7%. Since the beginning of this outbreak (December 2022), a total of 6,016 cases (4,670 confirmed; 88 suspected) and 27 deaths (CFR: 0.57%) of cholera have been reported from 14 of 18 provinces in Burundi. In comparison to the same period in 2025 (epidemiological week 1 to 3), Burundi reported 33 confirmed cases and no deaths, indicating a 30% decrease in cases.

**Malawi:** Since the last update (15 January 2026), the MoH reported 11 new confirmed cases and two new deaths (CFR: 18.18%) of cholera from four of twenty-nine districts. This year, 12 confirmed cases and two deaths (CFR: 16.67%) of cholera have been reported from 11 of 29 districts in Malawi. Since the beginning of this outbreak (December 2025), a cumulative of 33 confirmed cases [Balaka (1), Chitipa(1), Kasungu (5), Neno (3), Mzimba North (1), Blantyre (16), Karonga (1), Dowa (1), Chiradzulu (1), Mulanje (1) and Lilongwe (2) districts and two deaths(CFR: 6.06%) of cholera have been reported from 11 of 29 districts in Malawi. In comparison to epidemiological week 1 to 3 of 2025, a total of 67 confirmed cases and 2 deaths (CFR: 2.99%) of cholera were reported in Malawi. which is a 82% decrease in the number of cases and a 100% decrease in the number of deaths.

**Mozambique:** Since the last update (17 January 2026), the MoH reported 597 new confirmed cases and no new deaths of cholera from three provinces. This is a 69% average increase in the number of new cases in the last four weeks. This year, a total of 896 cases and three deaths (CFR: 0.33%) of cholera were reported from three provinces. Since the beginning of this outbreak (September 2025), a total of 2,459 confirmed cases and 28 deaths (CFR: 1.14%) of cholera have been reported from three of ten provinces in Mozambique. Additionally, 61% of all deaths occurred in communities. In comparison to the same period in 2025 (epidemiological week 1 to 3), no confirmed cases and deaths of cholera were reported in Mozambique.

**Between epidemiological week 1-2, a backlog of 11 cases and no deaths were reported from Burundi.**

**Between epidemiological week 1-2, a backlog of 15 cases were reported from Ethiopia.**

In 2025, a total of 323,395 cases (12,297 confirmed; 47 probable; 311,051 suspected) and 7,352 deaths (CFR: 2.28%) of cholera have been reported from 24 AU MS: Angola (36,293; 895 deaths), Burundi (3,353; 14), Cameroon (11; 0), Chad (3,091; 167), Comoros (40; 0), Congo (815; 67), Côte d'Ivoire (556; 24), DRC (71,646; 2,028), Ethiopia (8,503; 84), Ghana (2,870; 14), Kenya (686; 26), Malawi (102; 3), Mozambique (5,787; 68), Namibia (75; 1), Nigeria (22,196; 505), Rwanda (325; 0), Somalia (8,915; 9), South Sudan (79,633; 1,277), Sudan (72,057; 2,077), Tanzania (4,063; 45), Togo (165; 4), Uganda (136; 3), Zambia (1,103; 18), and Zimbabwe (601; 23).

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

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

## Measles in Africa

**30** confirmed human case(s), **46** suspected human case(s)  
**0** human deaths (**CFR: 0%**)

Agent/Pathogen	Measles	First Reported	1-Jan-2026	Previous Report Update	17-Jan-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	2 AU MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

### Update to Event:

Since the beginning of 2026, a total of 76 cases (30 confirmed; 46 suspected) and no deaths of measles have been reported from two AU MS: Liberia\* (46 cases; 0 deaths) and Mozambique (30; 0).

In epidemiological week 3 of 2026, a total of 15 confirmed cases and no deaths of measles have been reported from Mozambique.

**Mozambique:** Since the last update (17 January 2026), the MoH reported 15 new confirmed cases and no new deaths of measles from six provinces. This is a 32% average increase in the number of confirmed cases in the last four weeks. This year, a total of 30 confirmed cases and no deaths of measles were reported from six provinces. Since the beginning of this outbreak (July 2025), a total of 601 confirmed cases and one death (CFR: 0.17%) of measles have been reported from six of ten provinces in Mozambique: Niassa (104; 0), Nampula (179; 1), Manica (37; 0), Maputo (7; 0), Zambezia (96; 0) and Sofala (178; 0). In 2024, the national measles vaccination coverage (MCV1) was 44%.

**\*In epidemiological week 1 of 2026, a backlog of 46 suspected measles cases were reported from Liberia.**

**Note:** In 2025, a total of 194,566 cases (32,715 confirmed; 161,851 suspected) and 1,512 deaths (CFR: 0.77%) of measles have been reported from 21 AU MS: Cameroon (2,883 cases; 4 deaths), Chad (926; 1), DRC (85,210; 1,188), Ethiopia (4,429; 22), Guinea (6,640; 9), Kenya (61; 0), Liberia (1,559; 0), Malawi (167; 0), Mali (666; 0), Mauritania (102; 0), Morocco (44,372; 95), Mozambique (571; 1), Namibia (850; 2), Nigeria (26,866; 153), Rwanda (218; 0), Senegal\* (123; 0), Somalia (12,041; 14), South Africa (2,448; 0), Sudan (3,275; 22), Uganda (77; 1) and Zambia (1,082; 0).

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

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

## Dengue in Africa

**84** confirmed human case(s), **63** suspected human case(s)  
**0** human deaths (**CFR: 0%**)

Agent/Pathogen	Dengue	First Reported	1-Jan-2026	Previous Report Update	17-Jan-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	2 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

### Update to Event:

Since the beginning of 2026, a total of 147 cases (84 confirmed; 63 suspected) and no deaths of dengue fever have been reported from two AU MS: Mali (131 cases; 0 deaths), Mauritania (13; 0) and Senegal (3; 0).

In epidemiological week 2 of 2026, a total of 52 new confirmed cases and no new deaths of dengue have been reported from Mali.

**Mali:** Since the last update (17 January 2026), the MoH reported 52 new cases (10 confirmed; 42 suspected) and no new deaths of dengue fever from Bamako (49 cases; 0 deaths), Kayes (1; 0) and Sikasso (2; 0) regions. This year, a total of 131 cases (28 confirmed; 103 suspected) and no deaths of dengue fever were reported in Mali. Since the beginning of this outbreak (September 2025), a total of 19,568 cases (2,623 confirmed; 16,945 suspected) and 74 deaths (CFR: 0.38%) of dengue fever have been reported from all 11 regions in Mali.

**In epidemiological week 1, a backlog of three confirmed cases and no new deaths of dengue fever were reported from Senegal.**

**Note:** In 2025, a total of 62,315 cases (12,909 confirmed; 156 probable; 49,250 suspected) and 139 deaths (CFR: 0.22%) 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 (2; 0), Kenya (1; 0), Mali\* (4,344; 0), Mauritania (4,547; 1), Mauritius (59; 0), Nigeria (178; 11), Senegal (6,668; 0), and Sudan (43,995; 126).

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

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

- Epidemiological week 3 covers a period from 12 - 18 January 2026.

\*Between epidemiological weeks 51 and 52 (2025), a backlog of 308 confirmed cases of measles were reported from South Africa.

\*\*Between epidemiological week 1 to 2, a backlog of two new Laboratory-confirmed toxigenic respiratory diphtheria cases and one death were reported from South Africa.

-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 among confirmed cases 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.

Analysts	Reviewers
Ms. Dativa Aliddeki	Dr. Merawi Aragaw
Chika Collette Ukenedo	Dr Mercy Kyeng
Dr. Fatma Osman	Ms. Leocadia W. Kwagonza
Dr Maryam Buba	Dr Hyacinthe Zabre
Dr Amadou Cisse	