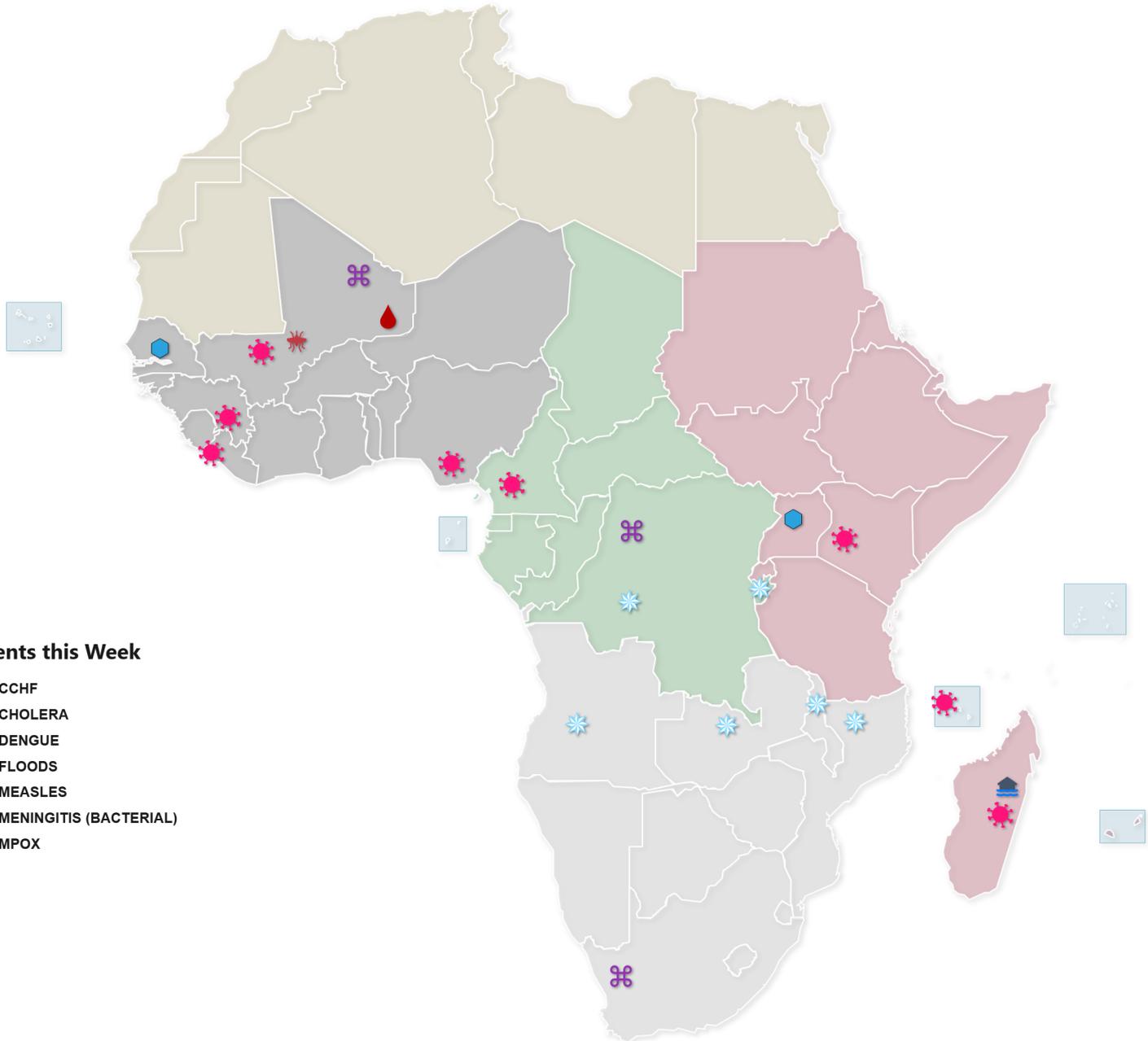


Africa CDC Epidemic Intelligence Report

Date of Issue: 18 Feb 2026

Active Events	New Events reported in 2026	Events highlighted this week	New events since last issue
69	11	22	2



*  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	0	10 (1)	10 (1)
Animal	0	0	0
Environment	0	1	0

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Suspected	Probable	Confirmed	Deaths
 CCHF	Senegal	Moderate	Low		0	0	1	0
	Uganda	High	Low		0	0	1	0

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		198 (17)	0 (0)	0 (0)	6 (0)
	Burundi	Moderate	N/A		405 (56)	0 (0)	0 (0)	2 (0)
	Democratic Republic of the Congo	Moderate	N/A		9,325 (1,403)	0 (0)	0 (0)	219 (38)
	Malawi	High	N/A		0 (0)	0 (0)	65 (17)	2 (0)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	3,163 (1,001)	37 (7)
	Zambia	Moderate	N/A		231 (89)	0 (0)	5 (0)	7 (2)
 Dengue	Mali	Moderate	N/A		258 (60)	0 (0)	40 (10)	0 (0)
 Floods	Madagascar	High	N/A				47,428 (27,720)	71 (64)
 Measles	Democratic Republic of the Congo	Moderate	N/A		15,655 (3,076)			179 (38)
	Mali	High	N/A		65 (14)	0 (0)	16 (11)	0 (0)
	South Africa	Moderate	N/A		0 (0)	0 (0)	307 (94)	0 (0)
 Meningitis (Bacterial)	Mali	Moderate	N/A		39 (5)	0 (0)	13 (4)	0 (0)
 mpox	Cameroon	High	N/A		108 (9)	0 (0)	15 (2)	0 (0)
	Comoros	High	N/A		22 (4)	0 (0)	13 (3)	0 (0)
	Guinea	High	N/A		221 (22)	0 (0)	119 (13)	0 (0)
	Kenya	Moderate	N/A		187 (23)	0 (0)	61 (7)	1 (0)
	Liberia	High	N/A		259 (46)	0 (0)	108 (19)	0 (0)
	Madagascar	High	N/A		563 (81)	0 (0)	257 (28)	0 (0)
	Mali	High	N/A		22 (5)	0 (0)	7 (2)	2 (0)
	Nigeria	High	N/A		107 (25)	0 (0)	10 (2)	0 (0)

High Risk Events

Human Event AC10839

Crimean Congo Haemorrhagic fever in Uganda

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

Agent/Pathogen	Crimean Congo Haemorrhagic fever	First Reported	11-Feb-2026	Previous Report Update	11-Feb-2026
First Occurred	17-Jan-2026	Country	Uganda	Location	1 district
Source	Ministry of Health	GeoScope	LOW	Human Risk Assessment	HIGH
		Animal Risk Assessment	LOW		

Description:

On 11 February 2026, the Ministry of Health (MoH) reported an outbreak of Crimean Congo haemorrhagic fever (CCHF) in Kyankwanzi district, central Uganda. The index case is a 21-year-old male nurse who developed headache, fever, loss of appetite, and malaise on 17 January 2026. The symptoms progressed into non-bloody diarrhoea, vomiting, loss of appetite, joint pains, conjunctivitis, epigastric burning pain, chest pain, jaundice and bleeding from the nose and gums. On 1 February 2026, a blood sample sent to the Uganda Virus Research Institute tested positive for CCHF by polymerase chain reaction (PCR). This is the first case of CCHF reported in Uganda this year.

CCHF is a zoonotic viral hemorrhagic fever that can spread through bites of infected ticks. It can also be transmitted from animals to humans through contact with blood, body fluids, or tissues of infected animals, mainly livestock such as cattle, sheep, goats, buffalo, and camels. The most common symptoms in humans are headache, joint pain, vomiting, a flushed face, a red throat, and petechiae (red spots) on the palate. The case fatality rate in hospitalised patients ranges from 9% to 50%. Sporadic CCHF outbreaks are reported in Uganda annually. In 2025, 17 cases (11 confirmed; 1 probable; 5 suspected) and two deaths (case fatality rate [CFR]: 11.7%) were reported from 10 districts.

Response by MS/partner/Africa CDC:

The MoH activated the national and regional public health emergency operations centers and deployed a rapid response team to conduct further epidemiological investigations. In addition, case management, active case search and risk communication activities are ongoing in the affected district.

Human Event AC96286

CCHF in Senegal

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

Agent/Pathogen	CCHF	First Reported	12-Feb-2026	First Occurred	7-Jan-2026
Country	Senegal	Location	Tambacounda region	Source	Ministry of Health
GeoScope	LOW	Human Risk Assessment	MODERATE	Animal Risk Assessment	LOW

Description:

On 10 February 2026, the MoH reported an outbreak of CCHF with one confirmed case and no deaths in a seven year old male child from Tambacounda region of Senegal. On 7 January 2026, the case developed symptoms of fever, headache, muscle and joint pains on and sought for consultation the regional healthcare facility on the same day. On 23 January 2026, a blood sample sent to the Institut Pasteur, in Dakar tested positive for CCHF by PCR 24 January 2026. The case had no travel history in the last 15 days prior to onset of symptoms.

CCHF is a zoonotic viral hemorrhagic fever that can spread through bites of infected ticks. It can also be transmitted from animals to humans through contact with blood, body fluids, or tissues of infected animals, mainly livestock such as cattle, sheep, goats, buffalo, and camels. The most common symptoms in humans are headache, joint pain, vomiting, a flushed face, a red throat, and petechiae (red spots) on the palate. The case fatality rate in hospitalised patients ranges from 9% to 50%. Sporadic CCHF outbreaks are reported in Uganda annually. In 2025, eight cases (2 confirmed; 6 suspected) and one death (CFR:50%) of CCHF were reported from Birkelane district in Kafferine region of Senegal.

Response by MS/partner/Africa CDC:

The MoH deployed a multisectoral rapid response team to the affected area to conduct outbreak investigation and coordinate response activities.

Moderate Risk Events

Human Event AC53748

Mpox in Africa

951 confirmed case(s) **6,838** Total case(s)
43 Total deaths (**CFR: 0.63%**)

Agent/Pathogen	Mpox	First Reported	1-Jan-2026	Previous Report Update	10-Feb-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	22 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 6,838 cases of mpox, of which 951 (13.9%) were laboratory-confirmed, have been reported from 15 African Union (AU) Member States (MS). In addition, a total of 43 deaths [case fatality rate (CFR: 0.63%)] among all cases and five deaths (CFR: 0.53%) among confirmed cases have been reported. The distribution of confirmed cases and deaths by MS is as follows: Burundi (23 confirmed cases; 0 deaths), Cameroon* (15; 0), Central Africa Republic (CAR) (1; 0) Comoros (16; 0), Congo (16; 0) Democratic Republic of Congo (DRC) (195; 0), Ghana** (26; 0), Guinea*** (119; 1), Kenya**** (61; 1), Liberia (108; 0), Malawi (3; 0), Mali (7; 2), Madagascar***** (257; 0), Mozambique (2; 0), Nigeria (10; 0), Rwanda (3; 0) Senegal***** (1; 0), South Africa (2; 0), South Sudan (4; 1), Tanzania (15; 0), Uganda***** (46; 0) and Zambia***** (21; 0).

In epidemiological week 6, a total of 221 cases (76 laboratory-confirmed), and no death of mpox were reported from eight AU MS: Cameroon, Comoros, Guinea, Kenya, Liberia, Madagascar, Mali, and Nigeria.

Cameroon: In epidemiological week 6, the MoH reported nine new cases (two laboratory-confirmed) and no new deaths from two regions. This year, 108 cases (15 laboratory-confirmed), and no deaths of mpox have been reported from seven of the ten regions. Since the start of this outbreak (February 2024), a cumulative of 354 cases (36 laboratory-confirmed) and two deaths (CFR: 5.56%) among confirmed cases of mpox have been reported from nine of the ten regions in Cameroon. In comparison to epidemiological week 1 to 6 of 2025, a total of two cases of which none was laboratory confirmed and no deaths of mpox were reported in Cameroon. Clade Ia and II were isolated from sequenced samples.

Comoros: Since the last update (10 February 2026), the MoH reported three new laboratory-confirmed cases from two regions. This is a 48% average increase in the number of new cases in the last four weeks. Cumulatively, 13 laboratory-confirmed cases and no deaths of mpox have been reported from two of three regions in Comoros; Ngazidja (12 cases; 0 deaths) and Ndzuwani (1; 0). A total of 22 samples were tested resulting in a 100% testing rate and 59% positivity rate. Clade Ib was isolated from sequenced samples.

Kenya: Since the last update (10 February 2025), the MoH reported seven new laboratory-confirmed cases and no new deaths of mpox from multiple counties. This is a 10% average increase in confirmed cases in the last four weeks. This year, 61 laboratory-confirmed cases and one death (CFR: 0.02%) of mpox have been reported from four of forty-seven counties in Kenya. Since the beginning of this outbreak (July 2024), a cumulative of 1,007 laboratory-confirmed cases and 13 deaths (CFR: 1.29%) of mpox have been reported from 38 of 47 counties in Kenya. Since July 2024, a total of 2,617 samples were tested resulting in a 38% positivity rate. Clade Ib was isolated from 94 sequenced samples.

Guinea: Since the last update (4 February 2026), the MoH reported 22 new cases (13 laboratory confirmed) and no deaths of mpox from multiple districts. This year, a total of 221 cases of which 119 were laboratory confirmed and no deaths of mpox were reported from Guinea. Since the start of the outbreak (March 2024), a cumulative of 3,833 cases (2,159 laboratory-confirmed), and seven deaths (CFR: 0.32%) of mpox have been reported from 18 of 38 districts in Guinea. Clade IIb was isolated from sequenced samples.

Liberia: Since the last update (10 February 2026), the Liberia Public Health Institute reported 46 new cases (19 laboratory confirmed) and no deaths of mpox from six counties. This year, a total of 259 cases (108 laboratory confirmed) and no deaths of mpox were reported from Liberia. Since the start of the outbreak (March 2024), a cumulative of 3,089 cases (1,622 laboratory-confirmed), and eight deaths (CFR: 0.49%) of mpox have been reported from all 15 counties in Liberia. A total of 2,908 samples were tested, resulting in a 94% testing rate and a 53% positivity rate. Clade IIb was isolated from sequenced samples.

Madagascar: Since the last update (10 February 2026), the MoH reported 28 new laboratory-confirmed cases and no deaths of mpox from multiple regions. This is a 551% average increase in the number of new cases in the last four weeks. This year, 257 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 270 laboratory-confirmed cases and no deaths of mpox have been reported from 21/114 health districts in Madagascar. A total of 611 samples have been tested, resulting in a 44% positivity rate. Clade Ib was isolated from the sequenced samples.

Mali: Since the last update (4 February 2025), the MoH reported five new cases, (two laboratory confirmed) and no deaths of mpox from Bamako region. This year, a total of 22 cases (7 laboratory confirmed) and two deaths (CFR: 29%) of mpox were reported from Mali. Since the beginning of this outbreak (November 2025), a total of 52 cases (18 laboratory confirmed) and two deaths (CFR: 11%) have been reported from six of eleven regions Mali. A total of 52 samples were tested resulting in a 100% testing rate and 34.6% positivity rate. Clade IIb was isolated from the confirmed cases.

Nigeria: Since the last update (10 February 2026), the Nigeria CDC reported 25 new cases (two laboratory confirmed) and no deaths of mpox from five states. This year, a total of 107 cases (10 laboratory confirmed) and no deaths of mpox were reported in Nigeria. Nigeria is endemic for mpox, since 2017, a cumulative of 7,647 cases of which 1,720 were laboratory confirmed and 23 deaths (CFR: 1.3%) of mpox were reported in Nigeria.

***Between epidemiological weeks 1 and 5, a backlog of 99 cases of mpox, of which 13 laboratory-confirmed cases were reported from Cameroon.**

****In epidemiological week 5, a backlog of five laboratory-confirmed of mpox were reported from Ghana.**

*****In epidemiological week 5, a backlog of 11 laboratory-confirmed of mpox were reported from Guinea.**

******Following data harmonization, the number of laboratory-confirmed reported for epidemiological week 5 from Kenya revised from 37 to six.**

*******In epidemiological week 5, a backlog of 13 laboratory-confirmed cases were reported from Madagascar.**

*******In epidemiological week 5, a backlog of one laboratory-confirmed cases were reported from Senegal.**

*******Between epidemiological week 2-5, a backlog of nine laboratory-confirmed cases were reported from Uganda.**

*******In epidemiological week 5, a backlog of 11 laboratory-confirmed cases were reported from Zambia.**

Note: In 2025, a total of 142,050 cases of mpox, of which 41,916 laboratory-confirmed have been reported from 29 AU MS. In addition, a total of 825 deaths (CFR: 0.58%) among all cases and 254 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* (104; 1), Côte d'Ivoire (79; 1), Democratic Republic of Congo (DRC) (20,532; 99), Ethiopia (48; 1), Gambia (1; 0), Ghana* (973; 7), Guinea (2,038; 6), Kenya (915; 11), Liberia** (1,451; 8), 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** (38; 0), Tanzania (265; 0), Togo (90; 0), Uganda (7,055; 44), and Zambia*** (370; 3).

***In epidemiological week 52 of 2025 backlog of one confirmed cases of mpox was reported from Ghana.**

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

3,329 confirmed human case(s), **10,677** suspected human case(s)
272 human deaths (CFR: **1.94%**)

Agent/Pathogen	Cholera	First Reported	1-Jan-2026	Previous Report Update	10-Feb-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	11 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 14,006 cases (3,329 confirmed; 10,677 suspected) and 277 deaths (CFR: 1.95%) of cholera have been reported from 11 AU MS: Angola (198 cases; 6 deaths), Burundi (405; 2), DRC (9,325; 219), Ethiopia (15; 0), Malawi (65; 2), Mozambique (3,163; 37), Namibia (20; 0), Nigeria (251; 3), Somalia (323; 0), Zambia (236; 7) and Zimbabwe (5; 1).

In epidemiological week 6, a total of 2,515 new cases and 42 new deaths were reported from six AU MS: Angola, Burundi, DRC, Malawi, Mozambique, and Zambia.

Angola: Since the last update (11 February 2026), the MoH reported 17 new suspected cases and no new deaths of cholera from five provinces. This is a 25% average increase in the number of new cases in the last four weeks. This year, a total of 198 suspected cases and six deaths (CFR: 3.03%) were reported from Angola. Since the beginning of this outbreak (January 2025), a total of 36,491 cases (937 confirmed; 35,554 suspected) and 901 deaths (CFR: 2.47%) 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 6), 3,147 cases and 108 deaths (CFR: 3.43%), which is an 94% decrease in the number of cases and 94% decrease in the number of deaths of cholera were reported in Angola.

Burundi: Since the last update (10 February 2026), the MoH reported 56 new confirmed cases and no new death of cholera from multiple provinces. This is a 1.4% average increase in the number of new cases in the past four weeks. This year, a total of 405 confirmed cases and two deaths (CR: 0.49%) of cholera were reported from four of eighteen provinces in Burundi. Males accounted for 51% and children <5 years accounted for 20.3% of all cases. In comparison to the same period in 2025 (epidemiological week 1 to 6), a total of 57 confirmed cases and no deaths of cholera were reported in Burundi, which is a 6-fold increase in the number of cases and a 2-fold increase in the number of deaths.

DRC: Since the last update (10 February 2026), the MoH reported 1,403 new suspected cases and 38 new deaths (CER: 2.71%) of cholera from 12 provinces. This is a 2% average decrease in the number of cases in the past four weeks. This year, a total of 9,325 suspected cases and 219 deaths (CR: 2.35%) of cholera have been reported from 12 of 26 provinces in DRC. In comparison to epidemiological week 1 to 6 of 2025, a total of 6,216 cases and 120 deaths (CFR: 1.93%) of cholera were reported in DRC, which is a 50% increase in the number of cases and 83% increase in the number of deaths in the same period.

Malawi: Since the last update (10 February 2026), the MoH reported 17 new confirmed cases and no new deaths of cholera from three of twenty-nine districts. This year, 65 confirmed cases and two deaths (CFR: 3.08%) of cholera have been reported from 12 of 29 districts in Malawi. Since the beginning of this outbreak (December 2025), a cumulative of 86 confirmed cases [Lilongwe (2), Balaka (1), Chitipa (1), Mzimba North (1), Neno (3), Kasungu (5), Blantyre (37), Karonga (1), Dowa (1), Chiradzulu (5) Mulanje (11) and Chikwawa (1) districts and two deaths (CFR: 2.33%) of cholera have been reported from 12 of 29 districts in Malawi. In comparison to epidemiological week 1 to 6 of 2025, a total of 83 confirmed cases and two deaths (CFR: 2.41%) of cholera were reported in Malawi, which is a 22% decrease in the number of cases and a 100% decrease in the number of deaths.

Mozambique: Since the last update (10 February 2026), the MoH reported 1,001 new confirmed cases and seven new deaths (CFR: 0.70%) of cholera from five provinces. This is a 98% average increase in the number of new cases in the last four weeks. This year, a total of 3,163 cases and 37 deaths (CFR: 1.17%) of cholera were reported from five provinces. Since the beginning of this outbreak (September 2025), a total of 4,726 confirmed cases and 62 deaths (CFR: 1.31%) of cholera have been reported from five of ten provinces in Mozambique. Additionally, 71% of all deaths occurred in communities. In comparison to the same period in 2025 (epidemiological week 1 to 6), no confirmed cases and deaths of cholera were reported in Mozambique.

Zambia: Since the last update (10 February 2026), the MoH reported 89 new suspected cases and two new deaths (CFR: 2.25%) of cholera from multiple provinces. This year, 236 cases (5 confirmed; 231 suspected) and seven deaths (CFR: 2.97%) of cholera have been reported from eight of ten provinces in Zambia. This outbreak started in August 2025. Cumulatively, 861 cases (205 confirmed; 656 suspected) and 16 deaths (CFR: 2.44%) of cholera have been reported from eight of ten provinces in Zambia. In comparison to the same period in 2025 (epidemiological week 1 to 6), a total of 224 cases and nine deaths (CFR: 4.02%) of cholera were reported in Zambia, which is a 5% increase in the number of cases and a 22% decrease in the number of deaths.

Note: 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

548 confirmed human case(s), **17,334** suspected human case(s)
179 human deaths (CFR: **1%**)

Agent/Pathogen	Measles	First Reported	1-Jan-2026	Previous Report Update	10-Feb-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	8 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 17,788 cases (548 confirmed; 17,334 suspected) and 179 deaths (CFR: 2.01%) of measles have been reported from eight AU MS: DRC (15,655; 179), Guinea (71 cases; 0 deaths), Liberia (46; 0), Mali (81; 0), Mozambique (46; 0), Senegal* (11; 0), Somalia (1,665; 0), and South Africa** (307; 0).

In epidemiological week 6 of 2026, a total of 3,101 and 38 deaths of measles have been reported from DRC, Mali and South Africa.

DRC: Since the last update (10 February 2026), the MoH reported 3,076 new suspected cases and 38 new deaths (CFR: 1.24%) of measles from 26 provinces. This year, a total of 15,655 new suspected cases and 179 deaths (CFR: 1.14%) of measles have been reported from all 26 provinces in DRC. This is a protracted outbreak that started in January 2022. In comparison to epidemiological weeks 1 to 6 of 2025, a total of 7,491 cases and 93 deaths (CFR: 1.24%) of measles were reported in DRC, which is a 109% increase in the number of cases and a 92% increase in the number of deaths in the same period. In 2018, the national measles vaccination coverage among children <5 years in DRC was 57%.

Mali: Since the last update (10 February 2026), the MoH reported 25 new cases (11 confirmed; 14 suspected) and no new deaths of measles from Bamako (6 cases; 0 deaths), Koulikoro (1; 0) and Sikasso (2; 0) regions. This year, 81 cases (16 confirmed; 65 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 1,526 cases (621 confirmed; 905 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%.

South africa: In epidemiological week 6 of 2026, the MoH reported 94 new confirmed cases and no new deaths from eight provinces. This year, 307 confirmed cases and no deaths of measles were reported from all eight provinces in South Africa. Since the beginning of the outbreak (January 2025), a cumulative of 2,756 confirmed cases and no deaths of measles have been reported from all nine provinces in South Africa. Of the confirmed cases, persons <15 years and above accounted for 69.5% and 19.3% respectively. All the cases were not vaccinated against measles. In 2024, the national measles vaccination coverage of children <5 years in South Africa was 82%.

***In epidemiological week 5, a backlog of three confirmed measles cases were reported from Senegal.**

****Between epidemiological weeks 3 and 5, a backlog of 74 confirmed cases of measles were reported from South Africa.**

Note: In 2025, a total of 195,778 cases (33,048 confirmed; 162,730 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* (27,433; 153), Rwanda (218; 0), Senegal (123; 0), Somalia (12,378; 14), South Africa (2,448; 0), Sudan (3,275; 22), Uganda (77; 1) and Zambia (1,082; 0).

Between epidemiological week 50 - 52, a backlog of 555 suspected cases and 12 confirmed cases of measles were reported from Nigeria.

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

99 confirmed human case(s), **258** suspected human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Dengue	First Reported	1-Jan-2026	Previous Report Update	10-Feb-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	3 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 357 cases (99 confirmed; 258 suspected) and no deaths of dengue fever have been reported from three AU MS: Mali* (298 cases; 0 deaths), Mauritania (33; 0) and Senegal (26; 0).

In epidemiological week 6 of 2026, a total of 70 cases and no deaths of dengue have been reported from Mali.

Mali: Since the last update (10 February 2026), the MoH reported 70 cases (10 confirmed; 60 suspected) and no new deaths of dengue fever from Bamako (68 cases; 0 deaths) and Koulikoro (2; 0) regions. This year, a total of 298 cases (40 confirmed; 258 suspected) and no deaths of dengue fever were reported in Mali. Since the beginning of this outbreak (September 2023), a cumulative of 19,735 cases (2,635 confirmed; 17,100 suspected) and 74 deaths (CFR: 0.37%) of dengue fever have been reported from all 11 regions in Mali.

In epidemiological week 5, a backlog of four confirmed cases and no deaths of dengue fever were reported from Senegal.

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

Meningitis (Bacterial) in Mali

13 confirmed human case(s), **39** suspected human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	4-Jan-2026	Previous Report Update	10-Feb-2026
First Occurred	4-Jan-2026	Country	Mali	Location	Multiple regions
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

Update to Event:

Since the last update (10 February 2026), the MoH reported nine new cases (4 confirmed; 5 suspected) and no new deaths of bacterial meningitis from three regions. This year, a total of 52 cases (13 confirmed; 39 suspected) and no deaths of bacterial meningitis were reported from Mali. Since the start of the outbreak (January 2025), a cumulative of 767 cases (143 confirmed; 709 suspected) and no deaths of bacterial meningitis have been reported from all 11 regions in Mali this year. The bacteria isolated from the confirmed cases include; *Streptococcus pneumoniae* (9), *Neisseria meningitidis* W135 (1), *Haemophilus influenzae* (2) and *Haemophilus influenzae non-b* (1). In 2023, the national meningitis vaccination coverage among children <5 years in Mali was 94%.

Response by MS/partner/Africa CDC:

The MoH continues to coordinate the response activities including enhanced surveillance, case management and vaccination.

Moderate Risk Events

Environmental Event AC74027

Floods in Africa

874,842 displaced persons
253 human deaths

Agent/Pathogen	Floods	First Reported	22-Jan-2026	Previous Report Update	10-Feb-2026
First Occurred	24-Dec-2025	Country	Multiple Countries	Location	7 MS
Source	EIOS	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of 2026, a total of 874,842 displaced persons and 253 deaths due to floods have been reported from seven AU MS: Malawi (163,274 displaced; 40 deaths), Madagascar (47,428; 66), Morocco (50,000; 0), Mozambique (610,000; 43), South Africa (0; 30), Zambia (4,140; 4) and Zimbabwe (0; 70).

Madagascar: Since the last update (10 February 2025), the National Office for Risk and Disaster Management of Madagascar reported landfall of tropical cyclone Gezani on 10 February 2026. The cyclone affected 25 districts across five regions leading to 59 deaths, and leaving an estimated 16,428 persons displaced. The cyclone also made considerable damage to infrastructure, damaging over 563 schools, 76 of which were completely destroyed and leaving damages on two university hospitals. Similarly, an additional five deaths and 11,292 displaced persons due to cyclone Fytia were reported.

Response by MS/partner/Africa CDC:

Madagascar: The National Bureau for Risk and Disaster Management (BNGRC) continues to coordinate response interventions, with preparedness and response meetings held prior to the landfall of the cyclone. In addition, distribution of food and non-food items, provision of temporary shelter sites for evacuation of the displaced persons and activation of local food procurement mechanisms to rapidly support displaced persons are ongoing.

- Epidemiological week 6 covers the period from 2 February to 7 February 2026.

- Between epidemiological week 1 -5, a backlog of 754 cases (165 confirmed; 589 suspected) and 31 deaths of Lassa fever has been reported from Nigeria.

- Between epidemiological week 1 -3, a backlog of 18 cases (4 confirmed; 14 suspected) and one death of Lassa fever has been reported from Liberia.

- Between epidemiological week 1 -3, a backlog of 360 cases (42 confirmed; 318 suspected) and eight deaths of diphtheria has been reported from Nigeria.
- 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.

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