

Africa CDC Epidemic Intelligence Report

Date of Issue: 4 Feb 2026

Active Events

59

New Events reported
in 2026

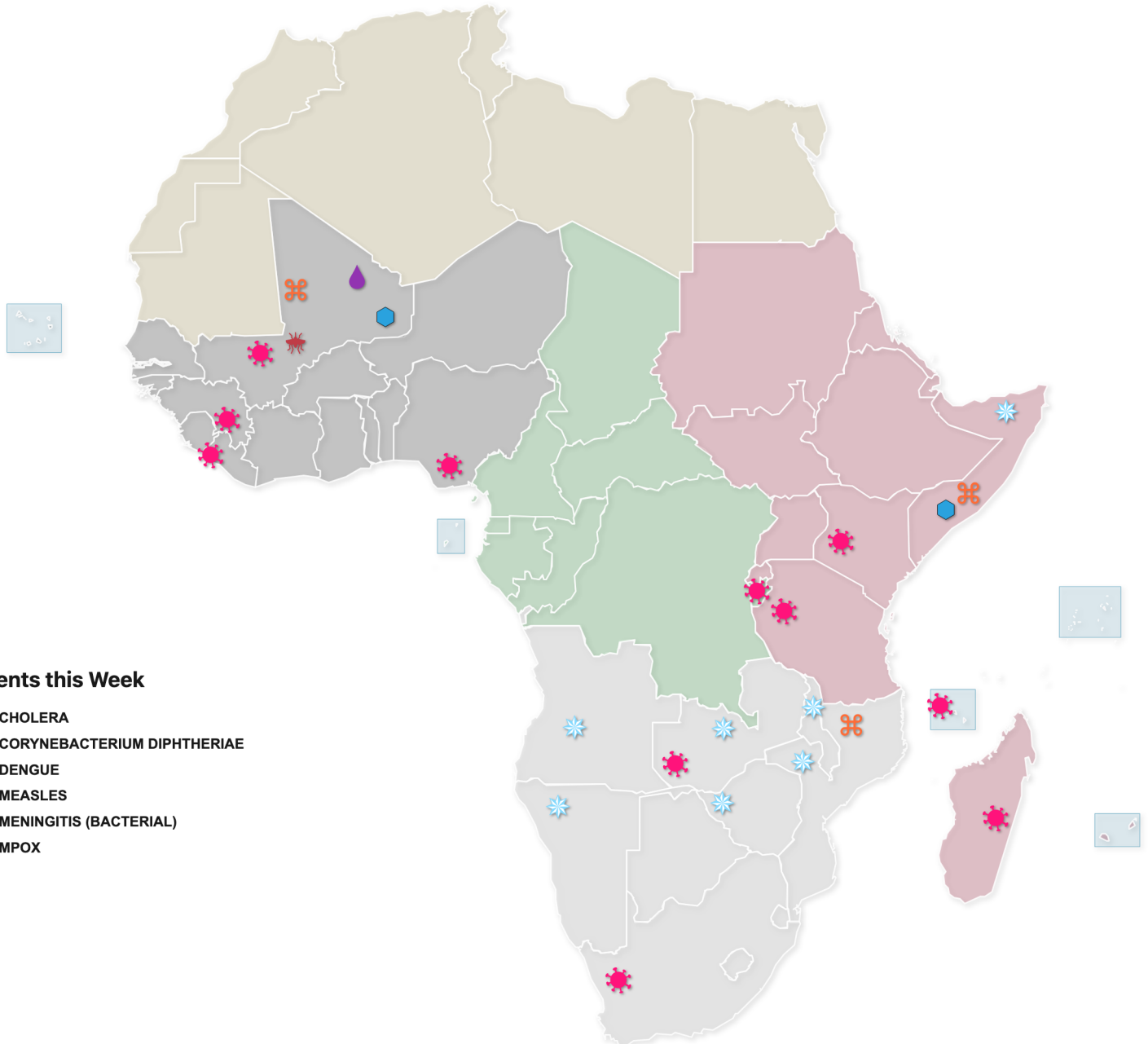
6


Events highlighted
this week

25

New events since
last issue

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	12 (1)	13 (1)
Animal	0	0	0
Environment	0	0	0

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Suspected	Probable	Confirmed	Deaths
 Cholera	Zimbabwe	Moderate	N/A		0	0	5	1
 mpox	Comoros	High	N/A		7	0	7	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		175 (23)	0 (0)	0 (0)	6 (3)
	Malawi	High	N/A		0 (0)	0 (0)	23 (11)	2 (0)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	1,292 (396)	8 (5)
	Namibia	Moderate	N/A		19 (10)	0 (0)	1 (1)	0 (0)
	Somalia	High	N/A		312 (88)	0 (0)	11 (2)	0 (0)
	Zambia	Moderate	N/A		74 (74)	0 (0)	5 (0)	1 (1)
 Corynebacterium diphtheriae	Mali	Moderate	N/A		39 (2)	0 (0)	8 (0)	2 (0)
	Somalia	Moderate	N/A		371 (77)	0 (0)	0 (0)	11 (1)
 Dengue	Mali	Moderate	N/A		163 (60)	0 (0)	30 (2)	0 (0)
 Measles	Mali	High	N/A		25 (10)	0 (0)	5 (1)	0 (0)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	43 (13)	0 (0)
	Somalia	Moderate	N/A		1,559 (394)	0 (0)	106 (21)	0 (0)
 Meningitis (Bacterial)	Mali	Moderate	N/A		26 (5)	0 (0)	5 (1)	0 (0)
 mpox	Burundi	Moderate	N/A		73 (16)		21 (6)	0 (0)
	Guinea	High	N/A		185 (31)	0 (0)	95 (4)	0 (0)
	Kenya	Moderate	N/A		154 (37)	0 (0)	48 (16)	1 (0)
	Liberia	High	N/A		160 (77)	0 (0)	76 (40)	0 (0)
	Madagascar	High	N/A		419 (187)	0 (0)	169 (88)	0 (0)
	Mali	High	N/A		14 (3)	0 (0)	5 (1)	2 (0)
	Nigeria	High	N/A		65 (31)	0 (0)	8 (3)	0 (0)
	South Africa	High	N/A		2 (1)	0 (0)	2 (1)	0 (0)
	Tanzania	High	N/A		5 (5)	0 (0)	15 (4)	0 (0)
	Zambia	Moderate	N/A		79 (25)	0 (0)	10 (3)	0 (0)

High Risk Events

Human Event
AC98595

Corynebacterium diphtheriae in Africa

19 confirmed human case(s)
453 suspected human case(s)
1 human deaths (**CFR: 5.26%**)

Agent/Pathogen	Corynebacterium diphtheriae	First Reported	1-Jan-2026	Previous Report Update	28-Jan-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	5 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	HIGH
		Animal Risk Assessment	N/A		

Update to Event:

Since the beginning of the year, a total of 472 cases (19 confirmed; 0 probable; 453 suspected) and 18 deaths with one death reported among confirmed cases [case fatality rate (CFR): 4.76%] of toxigenic respiratory diphtheria have been reported from five African Union (AU) Member States (MS): Guinea* (28 cases; 3 deaths), Mali** (47; 2), Mauritania (22; 1), Somalia*** (371; 11) and South Africa**** (4; 1).

In epidemiological week 4, a total of 79 new cases and one new death were reported from two AU MS: Mali and Somalia.

Mali: In epidemiological week 4, the Ministry of Health (MoH) reported two new suspected cases and no deaths of diphtheria from Bamako region. This year, a total of 47 cases (8 confirmed; 39 suspected) and two deaths (among suspected cases) of diphtheria were reported in Mali. Since the start of the outbreak (January 2025), a cumulative of 679 cases (66 confirmed; 613 suspected) and 35 deaths (CFR: 5.2%) were reported from eight regions in Mali.

Somalia: Since the last update (15 January 2026), the MoH reported 77 new suspected cases and one new death (among suspected cases) of diphtheria from multiple states. This year, 371 suspected cases and 11 deaths of diphtheria have been reported from all six states in Somalia. Since the beginning of this outbreak (January 2025), a cumulative of 4,026 suspected cases and 154 deaths of diphtheria were reported from all six states in Somalia.

***Between epidemiological week 1 – 3, a backlog of 28 cases (7 confirmed; 21 suspected) and three deaths of diphtheria were reported from Guinea.**

****Between epidemiological week 1 – 3, a backlog of 45 cases (8 confirmed; 37 suspected) and two deaths of diphtheria was reported in Mali.**

*****In epidemiological week 3, a backlog of 86 suspected cases and three deaths were reported from Somalia.**

******Between epidemiological week 2 - 3, a backlog of two new Laboratory-confirmed toxigenic respiratory diphtheria cases and no deaths were reported from South Africa.**

Note: In 2025, a total of 24,836 cases (7,014 confirmed; 2 probable; 17,820 suspected) and 1,085 deaths among confirmed cases (CFR: 4.36%) of toxigenic respiratory diphtheria have been reported from 10 AU MS: Algeria (837 cases; 93 deaths), Chad (6,506; 52), Guinea (604; 206), Mali (632; 9), Mauritania (1,299; 48), Niger (939; 0), Nigeria (10,166; 561), Somalia (3,655; 143), Sudan (112; 0) and South Africa (86; 17).

Response by MS/partner/Africa CDC:

The ministries of health in the affected MS continue to enhance surveillance, ensure adherence to infection prevention and control measures, support isolation and swabbing of contacts, conduct risk communication and community engagement and ring vaccination campaigns.

Moderate Risk Events

Human Event AC53748

Mpox in Africa

612 confirmed case(s) **4,147** Total case(s)
32 Total deaths (**CFR: 0.77%**)

Agent/Pathogen	Mpox	First Reported	1-Jan-2026	Previous Report Update	28-Jan-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	15 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 4,147 cases of mpox, of which 612 (14.8%) were laboratory-confirmed, have been reported from 15 African Union (AU) Member States (MS). In addition, a total of 32 deaths [case fatality rate (CFR: 0.77%)] among all cases and four deaths (CFR: 0.65%) among confirmed cases have been reported. The distribution of confirmed cases and deaths by MS is as follows: Burundi (21 confirmed cases; 0 deaths), Comoros (7; 0), Democratic Republic of Congo* (DRC), (141; 0), Ghana (11; 0), Guinea** (95; 1), Kenya (48; 1), Liberia*** (76; 0), Mali**** (5; 2), Madagascar (169; 0), Mozambique (2; 0), Nigeria***** (8; 0), South Africa (2; 0), South Sudan***** (2; 0), Tanzania***** (15; 0) and Zambia (10; 0).

In epidemiological week 4, a total of 421 cases, of which 173 were laboratory confirmed cases, and no death of mpox were reported from 11 AU MS: Burundi, Comoros, Guinea, Kenya, Liberia, Madagascar, Mali, Nigeria, Tanzania, South Africa and Zambia.

Burundi: In epidemiological week 4, the MoH reported 16 new cases (six laboratory-confirmed) and no new deaths of mpox from three health districts. This year, 73 cases, of which 21 were laboratory confirmed, and no deaths of mpox were reported from 46 of 49 health districts in Burundi. This outbreak started in July 2024, cumulatively, 11,653 cases, of which 4,629 were laboratory confirmed, and one death (CFR: 0.01%) of mpox have been reported from 46 of 49 health districts in Burundi. Clade Ib was isolated from the sequenced samples.

Comoros (Initial report): On 27 January 2026, the MoH declared an outbreak of mpox, following laboratory-confirmation, by polymerase chain reaction, of seven cases from Ngazidja region. All cases were males, ranging between 16-39 years. Five of the seven cases were imported. This is the first outbreak of mpox reported in Comoros. Clade Ib was isolated from sequenced samples.

Guinea: Since the last update (28 January 2026) the MoH reported 31 cases (four were laboratory confirmed) and no new deaths of mpox from three regions. This year, a total of 185 cases of which 95 were laboratory confirmed and one death (CFR: 1.1%) of mpox were reported from Guinea. Since the start of the outbreak (August 2024) a cumulative of 3,647 cases (1,989 laboratory-confirmed), and five deaths (CFR: 0.53%) of mpox have been reported from all eight regions in Guinea. A total of 3,647 samples were tested, resulting in an 100% testing rate and a 55% positivity rate. Clade IIb was isolated from sequenced samples.

Kenya: Since the last update (28 January 2025), the MoH reported 16 new laboratory-confirmed cases and no new deaths of mpox from multiple counties. This is a 76% average increase in confirmed cases in the last four weeks. This year, 48 laboratory-confirmed cases and one death (CFR: 2.08%) of mpox have been reported from four of forty-seven counties in Kenya. Since the beginning of this outbreak (July 2024), a cumulative of 994 laboratory-confirmed and 13 deaths (CFR: 1.31%) of mpox have been reported from 38 of 47 counties in Kenya. Since July 2024, a total of 2,584 samples were tested resulting in a 38% positivity rate. Clade Ib was isolated from 94 sequenced samples.

Liberia: Since the last update (28 January 2026), the Liberia Public Health Institute reported 77 cases (40 laboratory confirmed) and no deaths of mpox from seven counties. This year, a total of 160 cases of which 76 were laboratory confirmed and no deaths of mpox were reported from Liberia. Since the start of the outbreak (March 2024), a cumulative of 2,990 cases (1,590 laboratory-confirmed), and eight deaths (CFR: 0.50%) of mpox have been reported from all 15 counties in Liberia. A total of 2,820 samples were tested, resulting in an 94% testing rate and a 57% positivity rate. Clade IIb was isolated from sequenced samples.

Madagascar: Since the last update (28 January 2026), the MoH reported 88 new laboratory-confirmed cases and no deaths of mpox from multiple regions. This is a 527% average increase in the number of new cases in the last four weeks. This year, 182 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 195 laboratory-confirmed cases and no deaths of mpox have been reported from one of twenty-four regions in Madagascar. A total of 495 samples have been tested, resulting in a 39% positivity rate.

Mali: Since the last update (28 January 2025), the MoH reported three new cases (one laboratory confirmed case) and no deaths of mpox from Bamako region. Since the beginning of this outbreak (November 2025), a total of 45 cases (16 laboratory confirmed cases) and two deaths have been reported from six of twelve regions in Mali. A total of 45 samples were tested resulting in a 100% testing rate and 12.5% positivity rate. Clade IIb was isolated from the confirmed cases.

Nigeria: Since the last update (28 January 2025), the Nigeria CDC reported 31 new cases (three laboratory confirmed) and no deaths of mpox were reported. This year, a total of 65 cases of which, eight were laboratory confirmed and no deaths of mpox were reported in Nigeria. Nigeria is endemic for mpox, since 2017, a cumulative of 7,605 cases (1,718 laboratory confirmed) and 23 deaths of mpox were reported in Nigeria.

Tanzania: In epidemiological week 4, the MoH reported four new laboratory-confirmed cases and no deaths of mpox from multiple counties. This year, 15 laboratory- confirmed cases and no deaths of mpox have been reported from four of eighteen regions in Tanzania. Since the beginning of this outbreak (March 2025), a cumulative of 280 laboratory-confirmed cases and no deaths of mpox have been reported from 18 of 31 regions in Tanzania.

South Africa: Since the last update (28 January 2026), the National Department of Health reported one new laboratory-confirmed case and no deaths of mpox from KwaZulu-Natal province. This year, a total of two laboratory-confirmed cases and no deaths of mpox were reported from South Africa. Since the beginning of this outbreak (May 2024). Cumulatively, 41 laboratory-confirmed cases and three deaths (CFR: 7.32%) have been reported from four of nine provinces in South Africa.

Zambia: In epidemiological week 4, the MoH reported 25 new cases (3 laboratory confirmed cases), and no deaths of mpox from five of ten provinces. This year, a total of 79 cases (10 laboratory confirmed cases) and no deaths of mpox were reported from Zambia. Since the beginning of this outbreak (October 2024). Cumulatively, 2,158 suspected cases, of which 380 were laboratory-confirmed, and three deaths (CFR: 0.79%) of mpox have been reported from all ten provinces in Zambia. Clade Ib was isolated from sequenced samples.

***In epidemiological week 3, a backlog of 65 confirmed cases were reported from DRC.**

****Between epidemiological week 2 – 3, a backlog of 49 cases of which 21 were laboratory confirmed and one death of mpox was reported from Guinea.**

*****In epidemiological week 3, a backlog of 13 cases of which nine were laboratory confirmed was reported from Liberia.**

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

*******In epidemiological week 3, a backlog of five cases of which one was laboratory confirmed of mpox was reported from Nigeria.**

*******In epidemiological week 3, a backlog of two confirmed cases were reported from South Sudan.**

*******In epidemiological week 3, a backlog of three laboratory-confirmed cases were reported from Tanzania.**

*******Between epidemiological week 1 - 3, a backlog of 54 cases of which seven were laboratory confirmed of mpox was reported from Zambia.**

Note: In 2025, a total of 142,048 cases of mpox, of which 41,904 (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* (104; 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** (38; 0), Tanzania (265; 0), Togo (90; 0), Uganda (7,055; 44), and Zambia*** (370; 3).

***Between epidemiological week 1 – 52, a backlog of 26 were laboratory confirmed and no deaths of mpox was reported from Congo.**

****In epidemiological week 49, a backlog of one laboratory confirmed case of mpox was reported from South Sudan.**

*****Between epidemiological week 50 - 52, a backlog of nine were laboratory confirmed of mpox was reported from Zambia.**

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

1,360 confirmed human case(s), **846** suspected human case(s)
21 human deaths (CFR: **0.95%**)

Agent/Pathogen	Cholera	First Reported	1-Jan-2026	Previous Report Update	28-Jan-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	10 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 2,206 cases (1,360 confirmed; 846 suspected) and 21 deaths (CFR: 0.95%) of cholera have been reported from 10 AU MS: Angola (175 cases; 6 deaths), Burundi (23; 0), Ethiopia (S15; 0), Malawi (23; 2), Mozambique (1,292; 8), Namibia (20; 0), Nigeria* (251; 3), Somalia** (323; 0), Zambia (79; 1) and Zimbabwe (5; 1).

In epidemiological week 4, a total of 610 new cases and 10 new deaths were reported from seven AU MS: Angola, Malawi, Mozambique, Namibia, Somalia, Zambia and Zimbabwe.

Angola: Since the last update (28 January 2026), the MoH reported 23 new suspected cases and three new deaths (CFR: 13.04%) of cholera from five provinces. This is a 20% average decrease in the number of new cases in the last four weeks. This year, a total of 175 suspected cases and six deaths (CFR: 3.43%) were reported from Angola. Since the beginning of this outbreak (January 2025), a total of 36,468 cases (937 confirmed; 35,531 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 4), 1,081 cases and 45 deaths (CFR: 4.16%), which is an 84% decrease in the number of cases and 87% decrease in the number of deaths of cholera were reported in Angola.

Malawi: Since the last update (28 January 2026), the MoH reported 11 new confirmed cases and no new deaths of cholera from three of twenty-nine districts. This year, 23 confirmed cases and two deaths (CFR: 8.69%) of cholera have been reported from 12 of 29 districts in Malawi. Since the beginning of this outbreak (December 2025), a cumulative of 44 confirmed cases [Balaka (1), Chitipa(1), Kasungu (5), Neno (3), Mzimba North (1), Blantyre (24), Karonga (1), Dowa (1), Chiradzulu (1), Chikwawa (1), Mulanje (3) and Lilongwe (2) districts and two deaths (CFR: 6.06%) of cholera have been reported from 12 of 29 districts in Malawi. In comparison to epidemiological week 1 to 4 of 2025, a total of 70 confirmed cases and 2 deaths (CFR: 2.86%) of cholera were reported in Malawi. which is a 67% decrease in the number of cases and a 100% decrease in the number of deaths.

Mozambique: Since the last update (28 January 2026), the MoH reported 396 new confirmed cases and five new deaths (CFR: 1.26%) of cholera from three provinces. This is a 53% average increase in the number of new cases in the last four weeks. This year, a total of 1,292 cases and eight deaths (CFR: 0.62%) of cholera were reported from three provinces. Since the beginning of this outbreak (September 2025), a total of 2,855 confirmed cases and 33 deaths (CFR: 1.16%) of cholera have been reported from three of ten provinces in Mozambique. Additionally, 67% of all deaths occurred in communities. In comparison to the same period in 2025 (epidemiological week 1 to 4), no confirmed cases and deaths of cholera were reported in Mozambique.

Namibia: Since the last update (8 January 2026), the MoH reported 11 new cases (1 confirmed; 10 suspected) and no new deaths of cholera from Grootfontein District, Otjozondjupa Region. This year, a cumulative of 20 cases (1 confirmed; 19 suspected) and no deaths of cholera have been reported from Grootfontein District, Otjozondjupa Region in Namibia. Since the beginning of this outbreak (November 2025), a cumulative of 118 cases (24 confirmed; 94 suspected) and no deaths of cholera have been reported from Grootfontein District, Otjozondjupa Region.

Somalia: Since the last update (15 January 2026), the MoH reported 90 new cases (2 confirmed; 88 suspected) and no deaths of cholera from two states. This year, a total of 323 cases (11 confirmed; 312 suspected) and no deaths of cholera have been reported from Somalia. In 2025, a total of 9,003 cases (400 confirmed; 8,603 suspected) and nine deaths (CFR: 0.09%) of cholera were reported from all six states in Somalia.

Zambia: Since the last update (8 January 2025), the MoH reported 74 new suspected cases and one new deaths (CFR: 1.35%) of cholera from multiple provinces. This year, 79 cases (5 confirmed; 74 suspected) and one death (CFR: 1.7%) of cholera have been reported from seven of 10 provinces in Zambia. This outbreak started in August 2025. Cumulatively, 704 cases (205 confirmed; 499 suspected) and ten deaths (CFR: 1.42%) of cholera have been reported from seven of ten provinces in Zambia. In comparison to the same period in 2025 (epidemiological week 1 to 4), a total of 68 cases and five deaths (CFR: 7.35%) of cholera were reported in Zambia, which is a 16% increase in the number of cases and a 80% decrease in the number of deaths.

Zimbabwe (Initial report): On 24 January 2026, five confirmed cases and one death (CFR: 20%) of cholera were reported from Rushinga and Mazowe districts in Mashonaland Central province in Zimbabwe. The index case was a 38-year-old male who developed diarrheal and vomiting upon return from the neighbouring country with ongoing cholera outbreak. He was reported to have consumed water from a river. He was managed at home with oral rehydration salts provided by a relative who works as a village health team member and a village headman. The symptoms intensified and the case died in the community. A rectal swab was collected and tested positive for cholera using a rapid diagnostic test (RDT). Following this, two other cases including a 52-year-old female from Kayeruza village and a 9-year-old boy from Kakodzi village in Rushinga district with a history of travel to an neighbouring country with ongoing cholera outbreak, developed similar symptoms and were detected by the village health team and referred promptly to the health facility. Samples were collected and tested positive on both RDT and culture. Cumulatively, five cases and one death (CFR: 20%) of cholera have been reported from Mashonaland Central province (one case has been discharged, three are on admission while one died in the community). The last cholera outbreak was in July 2025. Cumulatively, a total of 778 suspected cases, 154 confirmed cases and 23 deaths were reported from three of ten provinces.

***Between epidemiological week 1 – 3, a backlog of 251 suspected and three deaths of cholera were reported in Nigeria.**

****In epidemiological week 3, a backlog of 73 cases and no deaths of cholera from Somalia.**

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

309 confirmed human case(s), **1,685** suspected human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Measles	First Reported	1-Jan-2026	Previous Report Update	25-Jan-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	6 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 1,994 cases (309 confirmed; 1,685 suspected) and no deaths of measles have been reported from six AU MS: Guinea* (71 cases; 0 deaths), Liberia (46; 0), Mali** (30; 0), Mozambique (43; 0), Somalia*** (1,665; 0), and South Africa**** (139; 0).

In epidemiological week 4 of 2026, a total of 439 cases and no deaths of measles have been reported from Mali, Mozambique and Somalia.

Mali: In epidemiological week 4, the MoH reported 11 new cases (1 confirmed; 10 suspected) and no new death of measles from five regions. This year, 30 cases (5 confirmed; 25 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 1,475 cases (610 confirmed; 865 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 (28 January 2026), the MoH reported 13 new confirmed cases and no new deaths of measles from six provinces. This is a 51% average increase in the number of confirmed cases in the last four weeks. This year, a total of 43 confirmed cases and no deaths of measles were reported from six provinces. Since the beginning of this outbreak (July 2025), a total of 614 confirmed cases and one death (CFR: 0.16%) of measles have been reported from six of ten provinces in Mozambique: Niassa (104; 0), Nampula (192; 1), Manica (37; 0), Maputo (7; 0), Zambezia (96; 0) and Sofala (178; 0). In 2024, the national measles vaccination coverage (MCV1) was 44%.

Somalia: In epidemiological week 4, the MoH reported 415 new cases (21 confirmed; 394 suspected) and no deaths of measles from multiple states. This year, a total of 1,665 cases (106 confirmed; 1,559 suspected) and no deaths of measles have been reported from all six states in Somalia. This is a protracted outbreak. In 2025, a total of 12,378 cases and 14 deaths of measles were reported from all six states in Somalia. In 2024, the national measles vaccination coverage (MCV1) was 64%.

***Between epidemiological week 1 – 3, a backlog of 71 cases (16 confirmed; 55 suspected) and no deaths of measles were reported in Guinea.**

****Between epidemiological week 1 – 3, a backlog of 19 cases (4 confirmed; 15 suspected) and no deaths of measles were reported in Mali.**

*****Between epidemiological weeks 1-3, a backlog of 1,250 cases (85 confirmed; 1,165 suspected) cases and no deaths of measles were reported from Somalia.**

******Between epidemiological weeks 1 and 2, a backlog of 139 confirmed cases of measles were reported from South Africa.**

In 2025, a total of 195,211 cases (33,036 confirmed; 162,175 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 (12,378; 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

86 confirmed human case(s), **123** suspected human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Dengue	First Reported	1-Jan-2026	Previous Report Update	28-Jan-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 209 cases (86 confirmed; 123 suspected) and no deaths of dengue fever have been reported from three AU MS: Mali (193 cases; 0 deaths), Mauritania (13; 0) and Senegal (3; 0).

In epidemiological week 4 of 2026, a total of 62 cases and no new deaths of dengue have been reported from Mali.

Mali: Since the last update (28 January 2026), the MoH reported 62 new cases (2 confirmed; 60 suspected) and no new deaths of dengue fever from five regions. This year, a total of 193 cases (30 confirmed; 163 suspected) and no deaths of dengue were reported in Mali. Since the beginning of this outbreak (September 2023), a cumulative of 19,630 cases (2,625 confirmed; 17,005 suspected) and 74 deaths (CFR: 0.38%) of dengue fever have been reported from all 11 regions in Mali.

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

5 confirmed human case(s), **26** suspected human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	4-Jan-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:

In epidemiological week 4, the MoH reported six new cases (1 confirmed; 5 suspected) and no new deaths of bacterial meningitis were reported from four regions. This year, a total of 31 cases (5 confirmed; 26 suspected) and no deaths of bacterial meningitis were reported from Mali. Since the start of the outbreak (January 2025), A cumulative, 767 cases (135 confirmed; 662 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* (3), *Neisseria meningitidis* (1), and *Haemophilus influenzae* (1). In 2023, the national meningitis vaccination coverage among children <5 years in Mali was 94%.

Between epidemiological week 1 – 3, a backlog of 25 cases (4 confirmed; 21 suspected) and no deaths of bacterial meningitis were reported in Mali.

Response by MS/partner/Africa CDC:

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

- Epidemiological week 4 covers a period from 19 - 25 January 2026.

-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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