

Africa CDC Epidemic Intelligence Report

Date of Issue: 5 Mar 2026

Active Events

71

New Events reported
in 2026

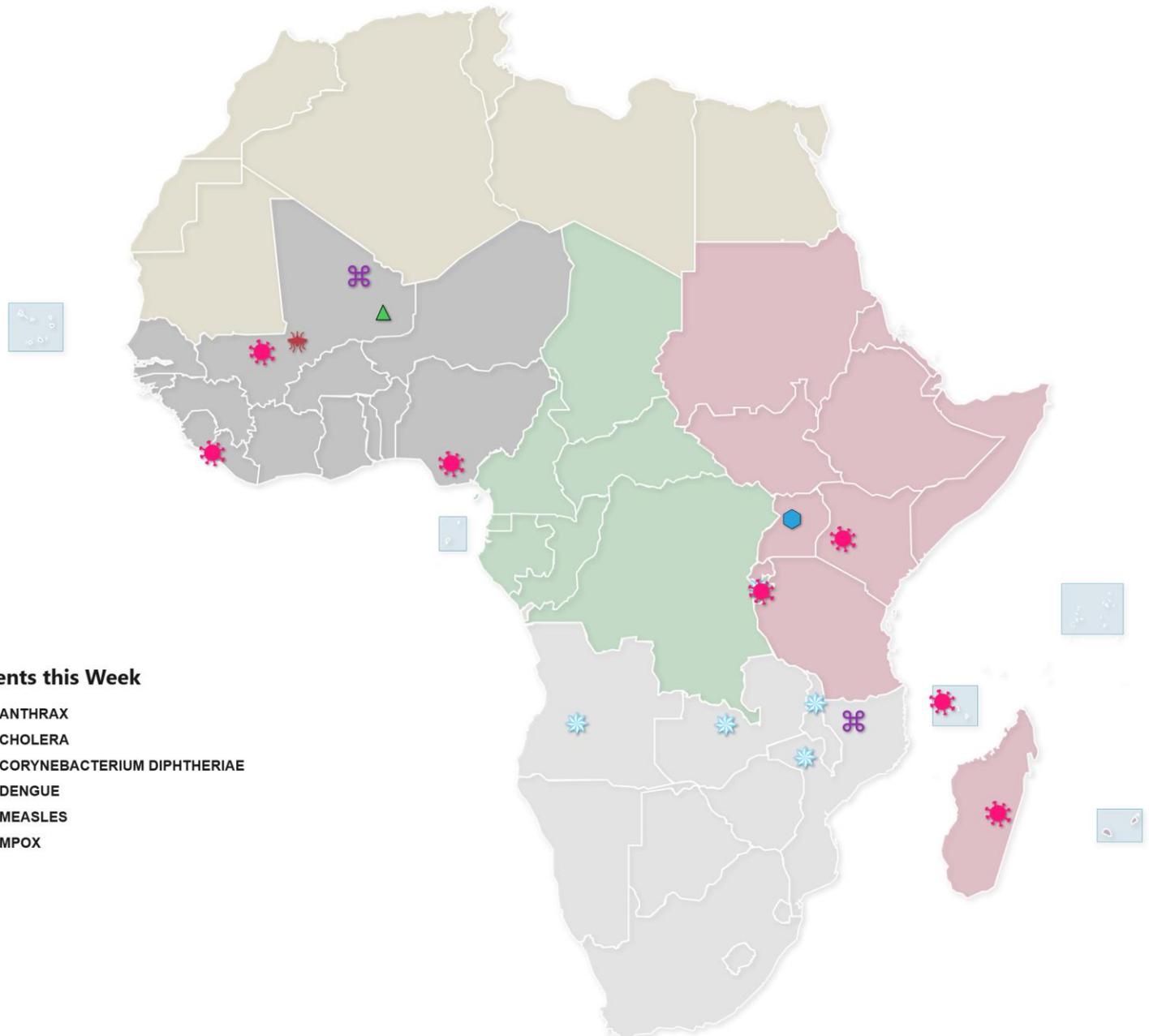
13

Events highlighted
this week

17

New events since
last issue

0



* represent AU Member States that are islands

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the African Union

Event Type	Risk Level		
	Very High (New)	High (New)	Moderate (New)
Human	0	8	9
Animal	0	0	0
Environment	0	0	0

Event Summary

Events Highlighted this week

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Anthrax	Uganda	Moderate	Moderate		9 (0)	0 (0)	6 (3)	3 (1)
 Cholera	Angola	High	N/A		291 (56)	0 (0)	0 (0)	9 (1)
	Burundi	Moderate	N/A		491 (36)	0 (0)	0 (0)	2 (0)
	Malawi	High	N/A		0 (0)	0 (0)	76 (6)	2 (0)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	4,436 (610)	47 (2)
	Zambia	Moderate	N/A		316 (32)	0 (0)	5 (0)	9 (2)
 Corynebacterium diphtheriae	Mali	Moderate	N/A		50 (3)	0 (0)	8 (0)	2 (0)
 Dengue	Mali	Moderate	N/A		384 (88)	0 (0)	99 (49)	0 (0)
 Measles	Mali	High	N/A		90 (7)	0 (0)	33 (12)	0 (0)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	85 (23)	0 (0)
 mpox	Burundi	Moderate	N/A		118 (9)	0 (0)	46 (9)	0 (0)
	Comoros	High	N/A		51 (6)	0 (0)	20 (1)	0 (0)
	Kenya	Moderate	N/A		254 (28)	0 (0)	99 (11)	1 (0)
	Liberia	High	N/A		340 (24)	0 (0)	115 (3)	0 (0)
	Madagascar	High	N/A		773 (111)	0 (0)	374 (55)	0 (0)
	Mali	High	N/A		34 (7)	0 (0)	13 (6)	2 (0)
	Nigeria	High	N/A		148 (30)	0 (0)	12 (2)	0 (0)

High Risk Events

Human Event AC98595

Corynebacterium diphtheriae in Africa

20 confirmed human case(s)
808 suspected human case(s)
1 human deaths (**CFR: 5%**)

Agent/Pathogen	Corynebacterium diphtheriae	First Reported	1-Jan-2026	Previous Report Update	12-Feb-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 828 cases (20 confirmed; 808 suspected) and 26 deaths with one death reported among confirmed cases [case fatality rate (CFR): 5%] of toxigenic respiratory diphtheria have been reported from five African Union (AU) Member States (MS): Guinea (28 cases; 3 deaths), Mali* (58; 2), Mauritania (71; 1), Somalia**(666; 19) and South Africa (5; 1).

In epidemiological week 8, a total of three new cases and no new deaths of toxigenic respiratory diphtheria were reported from Mali

Mali: Since the last update (12 February 2026), the MoH reported three new suspected cases and no deaths of diphtheria from Bamako region. This year, a total of 58 cases (8 confirmed; 50 suspected) and two deaths (CFR: 25%) of diphtheria was reported in Mali. Since the beginning of this outbreak (2025), a cumulative of 690 cases (66 confirmed; 624 suspected) and 35 deaths (CFR: 53.03%) were reported from eight regions in Mali.

***Between epidemiological week 5 - 7, a backlog of 11 suspected cases of diphtheria were reported from Mali.**

****In epidemiological week 7, a backlog of 128 cases and four deaths of diphtheria were reported from Somalia.**

In epidemiological week 7, a backlog of one new laboratory-confirmed toxigenic respiratory diphtheria case and no deaths were reported from South Africa.

Response by MS/partner/Africa CDC:

Mali: The MoH continues to enhance surveillance, ensure adherence to infection, prevention and control measures, support isolation and risk communication and community engagement. In addition, the MoH is conducting ring vaccination campaigns.

Moderate Risk Events

Human Event AC53748

Mpox in Africa

1,480 confirmed case(s) **9,158** Total case(s)
9 Total deaths (CFR: **0.10%**)

Agent/Pathogen	Mpox	First Reported	1-Jan-2026	Previous Report Update	25-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 9,158 cases of mpox, of which 1,480 (16.2%) were laboratory-confirmed, have been reported from 22 African Union (AU) Member States (MS). In addition, a total of 53 deaths (CFR: 0.6%) among all cases and eight deaths (CFR: 0.10%) among confirmed cases have been reported. The distribution of confirmed cases and deaths by MS is as follows: Burundi*(46 confirmed cases; 0 deaths) Cameroon (15; 0), Central Africa Republic (CAR) (3; 0)**, Comoros***(20; 0), Congo (19; 0), Democratic Republic of Congo (DRC)**** (501; 1), Ghana (26; 0), Guinea (119; 1), Kenya (99; 4), Liberia (115; 0), Malawi (3; 0), Mali (13; 2), Madagascar (374; 0), Mozambique (2; 0), Nigeria (12; 0), Rwanda (3; 0) Senegal (1; 0), South Africa (2; 0), South Sudan (4; 1), Tanzania***** (36; 0), Uganda (46; 0) and Zambia (21; 0).

In epidemiological week 8, a total of 87 laboratory-confirmed cases and no new deaths among confirmed cases of mpox were reported from seven AU MS: Burundi, Comoros, Kenya, Liberia, Madagascar, Mali and Nigeria.

Burundi: Since the last update (11 February 2026), the MoH reported nine new cases (nine laboratory-confirmed) and no new deaths of mpox from three health districts. This year, 118 cases, of which 46 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, 11,044 cases, of which 4,654 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: Since the last update (18 February 2026), the MoH reported one new laboratory-confirmed case and no deaths from Ngazidja region. This is a 23% average decrease in the number of new cases over the last four weeks. Cumulatively, 20 laboratory-confirmed mpox cases and no deaths have been reported from two of three regions in Comoros: Ngazidja (19 cases; 0 deaths) and Ndzuwani (1; 0). A total of 51 samples were tested, resulting in a 100% testing rate and 39% positivity rate. Clade Ib was isolated from sequenced samples.

Kenya: Since the last update (25 February 2025), the MoH reported 11 new laboratory-confirmed cases and no new deaths of mpox from multiple counties. This is a 45% average increase in confirmed cases in the last four weeks. This year, 99 laboratory-confirmed cases and four deaths (CFR: 4.04%) of mpox have been reported from seven of forty-seven counties in Kenya. Since the beginning of this outbreak (July 2024), a total of 1,045 laboratory-confirmed cases and 16 deaths (CFR: 1.53%) of mpox have been reported from 38 of 47 counties in Kenya. Since July 2024, a total of 2,684 samples were tested resulting in a 39% positivity rate. Clade Ib was isolated from 94 sequenced samples.

Liberia: Since the last update (25 February 2026), the Liberia Public Health Institute reported 24 cases (3 laboratory confirmed) and no deaths of mpox from seven counties. This year, a total of 340 cases (115 laboratory confirmed) and no deaths of mpox were reported from Liberia. Since the start of the outbreak (March 2024), a cumulative of 3,170 cases (1,629 laboratory-confirmed), and eight deaths (CFR: 0.49%) of mpox have been reported from all 15 counties in Liberia. A total of 2,966 samples were tested, resulting in a 94% testing rate and a 55% positivity rate. Clade IIb was isolated from sequenced samples.

Madagascar: Since the last update (25 February 2026), the MoH reported 55 new laboratory-confirmed mpox cases and no deaths from multiple regions. This is a 5% average decrease in new cases over the last four weeks. This year, 374 laboratory-confirmed mpox cases and no deaths have been reported from multiple regions. Since the start of this outbreak (December 2025), a total of 387 laboratory-confirmed mpox cases and no deaths have been reported from 27/114 health districts in Madagascar. A total of 821 samples have been tested, resulting in a 47% positivity rate. Clade Ib was isolated from the sequenced samples.

Mali: Since the last update (25 February 2025), the MoH reported seven new cases, (six laboratory confirmed) and no deaths of mpox from two region. This year, a total of 34 (13 confirmed) cases and two deaths (CFR: 15%) of mpox were reported from Mali. Since the beginning of this outbreak (November 2025), a total of 65 cases, of which 24 were laboratory confirmed cases and two deaths (CFR: 8%) have been reported from six of twelve regions Mali. A total of 65 samples were tested resulting in a 100% testing rate and 36.9% positivity rate. Clade IIb was isolated from the confirmed cases.

Nigeria: Since the last update (19 February 2025), the Nigeria CDC reported 30 new cases (two laboratory confirmed) and no deaths of mpox from five states. This year, a total of 148 cases (12 laboratory confirmed) and no deaths of mpox were reported in Nigeria. Nigeria is endemic for mpox, since 2017, a cumulative of 7,688 cases of which 1,722 were laboratory confirmed and 23 deaths (CFR: 1.3%) of mpox were reported in Nigeria.

***Between epidemiological weeks 6-7, a backlog of 14 laboratory-confirmed cases was reported from Burundi**

****Between epidemiological weeks 2-3, a backlog of two laboratory-confirmed cases were reported from CAR**

*****Between epidemiological weeks 3-7, a backlog of three laboratory-confirmed cases was reported from Comoros**

******In epidemiological week 7, a backlog of 17 laboratory-confirmed cases were reported from DRC**

*******Between epidemiological weeks 3-6, a backlog of 21 laboratory-confirmed cases were reported from Tanzania**

Note: In 2025, a total of 141,999 cases of mpox, of which 43,041 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) (72; 6), Congo (104; 1), Côte d'Ivoire (79; 1), Democratic Republic of Congo (DRC) (21,629; 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 (147; 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 (7,073; 44), and Zambia (370; 3).

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

4,555 confirmed human case(s), **12,873** suspected human case(s)
349 human deaths (CFR: **2%**)

Agent/Pathogen	Cholera	First Reported	1-Jan-2026	Previous Report Update	25-Feb-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	14 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 17,957 cases (4,555 confirmed; 12,873 suspected) and 349 deaths (CFR: 2.00%) of cholera have been reported from 14 AU MS Angola (291 cases; 9 deaths), Burundi (491; 2), DRC (10,883; 268), Ethiopia (15; 0), Malawi (76; 2), Mozambique (4,436; 47), Namibia*(49; 0), Nigeria (251; 3), Rwanda (16; 0), Somalia**(555; 0), South Sudan (455; 6), Tanzania (113; 2), Zambia (321; 9) and Zimbabwe (5; 1).

In epidemiological week 8, a total of 740 new cases and six new deaths of cholera were reported from five AU MS: Angola, Burundi, Malawi, Mozambique, and Zambia,

Angola: Since the last update (25 February 2026), the MoH reported 56 new suspected cases and one new death (CFR: 1.79%) of cholera from five provinces. This is a 5% average increase in the number of new cases in the last four weeks. This year, a total of 291 suspected cases and nine deaths (CFR: 3.10%) were reported from Angola. Since the beginning of this outbreak (January 2025), a total of 36,584 cases (937 confirmed; 35,647 suspected) and 904 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 1 to 8), 4,914 cases and 147 deaths (CFR: 2.99%), which is a 94% decrease in the number of cases and 93% decrease in the number of deaths due to cholera were reported from Angola.

Burundi: Since the last update (25 February 2026), the MoH reported 36 new confirmed cases and no new deaths of cholera from multiple provinces. This is a 14% average decrease in the number of new cases in the past four weeks. This year, a total of 491 confirmed cases and two deaths (CR: 0.41%) of cholera were reported from four of eighteen provinces in Burundi. Males accounted for 50.4% and children <5 years accounted for 20.6% of all cases. In comparison to the same period in 2025 (epidemiological week 1 to 8), a total of 69 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.

Malawi: Since the last update (25 February 2026), the MoH reported six new confirmed cases and no new deaths of cholera from Chikwawa district. This year, 76 confirmed cases and two deaths (CFR: 2.63%) of cholera have been reported from 12 of 29 districts in Malawi. Since the beginning of this outbreak (December 2025), a cumulative of 97 confirmed cases and two deaths (CFR: 2.06%) of cholera have been reported from 13 of 29 districts in Malawi. In comparison to epidemiological week 1 to 8 of 2025, a total of 90 confirmed cases and three deaths (CFR: 3.33%) of cholera were reported in Malawi, which is a 16% decrease in the number of cases and a 33% decrease in the number of deaths.

Mozambique: Since the last update (25 February 2026), the MoH reported 610 new confirmed cases and two new deaths (CFR: 0.33%) of cholera from five provinces. This is a 23% average increase in the number of new cases in the last four weeks. This year, a total of 4,436 cases and 47 deaths (CFR: 1.10%) of cholera were reported from five provinces. Since the beginning of this outbreak (September 2025), a total of 5,999 confirmed cases and 72 deaths (CFR: 1.20%) of cholera have been reported from five of ten provinces in Mozambique. Additionally, 73% of all deaths occurred in communities. In comparison to the same period in 2025 (epidemiological week 1 to 8), a total of 321 confirmed cases and eight deaths (CFR: 2.50%) of cholera were reported in Mozambique, which is a 13.8-fold increase in the number of cases and a 5.9-fold increase in the number of deaths.

Zambia: Since the last update (25 February 2026), the MoH reported 32 new suspected cases and three new deaths (CFR: 9.38%) of cholera from multiple provinces. This year, 321 cases (5 confirmed; 316 suspected) and nine deaths (CFR: 2.80%) of cholera have been reported from eight of ten provinces in Zambia. This outbreak started in August 2025. Cumulatively, 946 cases (205 confirmed; 741 suspected) and 19 deaths (CFR: 2.01%) of cholera have been reported from eight of ten provinces in Zambia. In comparison to the same period in 2025 (epidemiological week 1 to 8), a total of 277 cases and nine deaths (CFR: 3.25%) of cholera were reported in Zambia, which is a 16% increase in the number of cases and no change in the number of deaths.

***Between epidemiological week 1-4, a backlog of 29 cases were reported from Namibia.**

****Between epidemiological week 5-7, a backlog of 153 cases and no deaths of cholera were reported from Somalia.**

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

692 confirmed human case(s), **23,151** suspected human case(s)
238 human deaths (**CFR: 1%**)

Agent/Pathogen	Measles	First Reported	1-Jan-2026	Previous Report Update	25-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 23,843 cases (692 confirmed; 23,151 suspected) and 238 deaths (1.00%) of measles have been reported from eight AU MS: DRC (20,231 cases; 238 deaths), Guinea (71; 0), Liberia (46; 0), Mali (123; 0), Mozambique (85; 0), Senegal (11; 0), Somalia*(2,920; 0), and South Africa**(356; 0).

In epidemiological week 8, of 2026, a total of 42 cases and no deaths of measles have been reported from Mali and Mozambique.

Mali: Mali: Since the last update (25 February 2026), the MoH reported 19 cases (12 confirmed; 7 suspected) and no new deaths of measles from four regions. This is a 27% increase in the number of new cases in the last four weeks. This year, 123 cases (33 confirmed; 90 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 1,568 cases (638 confirmed; 930 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 (25 February 2026), the MoH reported 23 new confirmed cases and no new deaths of measles from Sofala province. This is a 97% average increase in the number of confirmed cases in the last four weeks. This year, a total of 85 confirmed cases and no deaths of measles were reported from six provinces. Since the beginning of this outbreak (July 2025), a total of 656 confirmed cases and one death (CFR: 0.15%) of measles have been reported from six of ten provinces in Mozambique: Niassa (104; 0), Nampula (195; 1), Manica (37; 0), Maputo (7; 0), Zambezia (96; 0) and Sofala (214; 0). In 2024, the national measles vaccination coverage (MCV1) was 44%.

*In epidemiological week 6-7, a backlog of 843 cases and no deaths of measles were reported from Somalia.

**In epidemiological week 7, a backlog of 49 cases of measles were reported from South Africa.

Note: 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

154 confirmed human case(s), **384** suspected human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Dengue	First Reported	1-Jan-2026	Previous Report Update	25-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 542 cases (158 confirmed; 384 suspected) and no deaths of dengue fever have been reported from three AU MS: Mali (483 cases; 0 deaths), Mauritania (33; 0) and Senegal (26; 0).

In epidemiological week 8 of 2026, a total of 137 cases and no deaths of dengue fever have been reported from Mali.

Mali: Since the last update (25 February 2026), the MoH reported 137 cases (49 confirmed; 88 suspected) and no new deaths of dengue fever from Bamako and (52 cases; 0 deaths) and Mopti (36 cases; 0 deaths) regions. This is a 53% average increase in the number of new cases in the last four weeks. This year, a total of 483 cases (99 confirmed; 384 suspected) and no deaths of dengue fever were reported in Mali. Since the beginning of this outbreak (September 2023), a cumulative of 19,920 cases (2,694 confirmed; 17,226 suspected) and 74 deaths (CFR: 0.4%) of dengue fever have been reported from all 11 regions in Mali.

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

Anthrax in Uganda

6 confirmed human case(s)
9 suspected human case(s)
3 human deaths (**CFR: 50%**)

Agent/Pathogen	Anthrax	First Reported	19-Feb-2026	Previous Report Update	25-Feb-2026
First Occurred	5-Jan-2026	Country	Uganda	Location	1 district
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	MODERATE		

Update to Event:

Since the last update (25 February 2026), the MoH reported three new confirmed cases and one new death (CFR: 33.33%) of anthrax from Kanungu district. This is a 75% decrease in the number of new cases compared to the last update. Cumulatively, 15 cases (6 confirmed; 9 suspected) and three deaths (case fatality rate[CFR]: 40.00%) have been reported from two of 146 districts; Kanungu (3 cases; 1 death) and Lyantonde (12; 2). Concurrent deaths have been reported among animals, although pending laboratory confirmation.

Response by MS/partner/Africa CDC:

The MoH activated the national and regional level public health emergency operation centers to coordinate the response. In addition, the MoH in collaboration with the Ministry of Agriculture continues to enhance surveillance, risk communication, environmental sanitation, safe burial of dead animals and animal vaccination. As of 20 February, 2,507 cattle and 50 goats have been vaccinated in Kanungu district.

- Epidemiological week 8 covers the period from 16 to 22 February 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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