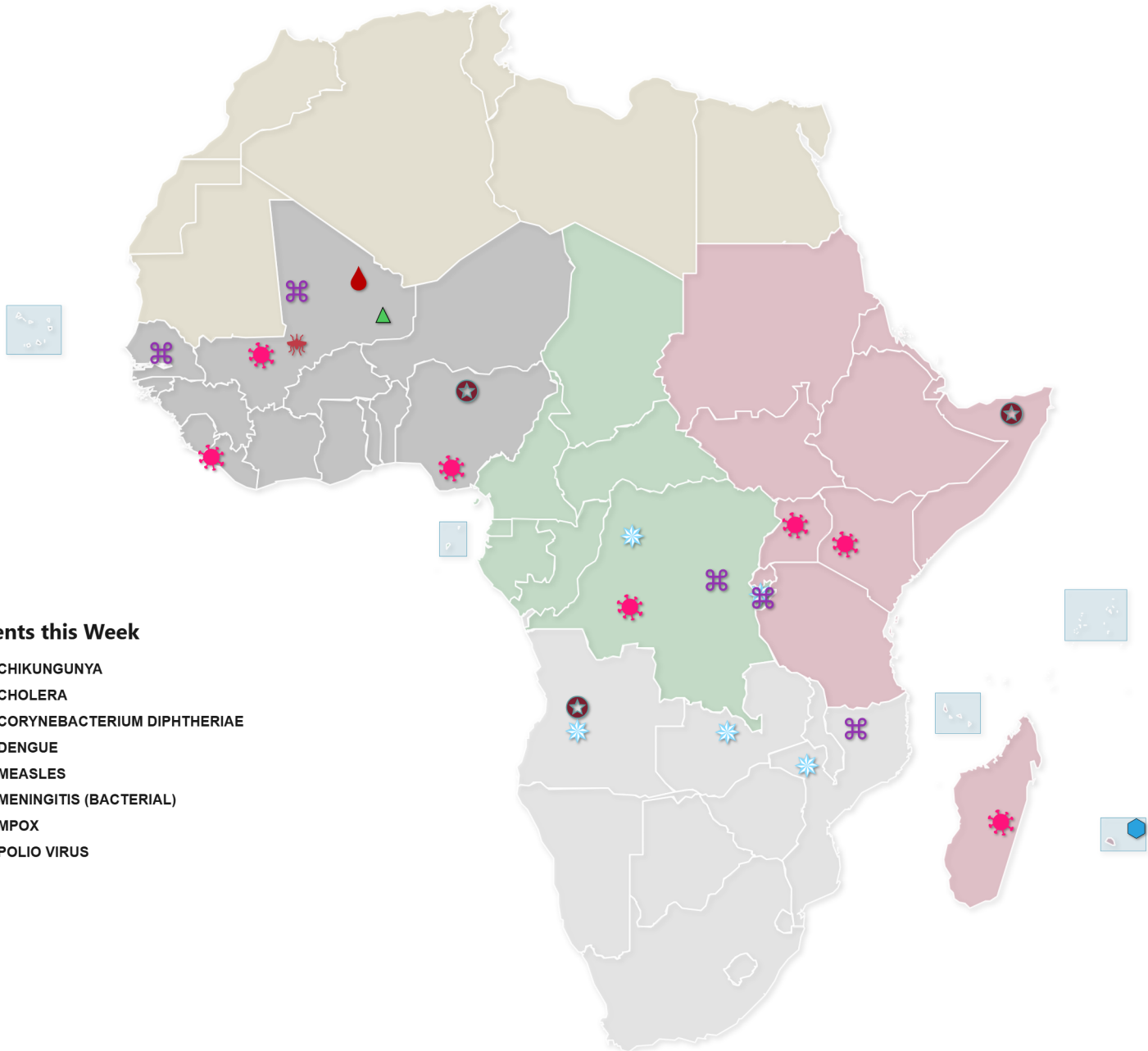










# Africa CDC Epidemic Intelligence Report


Date of Issue: 26 Mar 2026

Active Events	New Events reported in 2026	Events highlighted this week	New events since last issue
93	20	24	1



### Events this Week

-  CHIKUNGUNYA
-  CHOLERA
-  CORYNEBACTERIUM DIPHTHERIAE
-  DENGUE
-  MEASLES
-  MENINGITIS (BACTERIAL)
-  MPOX
-  POLIO VIRUS



\*  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	7	17 (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
 Polio virus	Angola	Moderate	N/A		0	0	1	0

## Events Highlighted this week

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Chikungunya	Mauritius	Moderate	N/A		0 (0)	0 (0)	408 (106)	0 (0)
 Cholera	Angola	High	N/A		483 (82)	0 (0)	0 (0)	12 (3)
	Burundi	Moderate	N/A		551 (8)	0 (0)	0 (0)	2 (0)
	Democratic Republic of the Congo	Moderate	N/A		16,460 (1,360)	0 (0)	0 (0)	428 (33)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	6,379 (281)	58 (1)
	Zambia	Moderate	N/A		663 (26)	0 (0)	5 (0)	11 (0)
 Corynebacterium diphtheriae	Mali	Moderate	N/A		74 (3)	0 (0)	12 (0)	4 (0)
 Dengue	Mali	Moderate	N/A		528 (3)	0 (0)	163 (6)	1 (0)
 Measles	Burundi	Moderate	N/A		552 (27)	0 (0)	0 (0)	1 (0)
	Democratic Republic of the Congo	Moderate	N/A		36,346 (3,723)	0 (0)	0 (0)	364 (38)
	Mali	High	N/A		160 (26)	0 (0)	67 (10)	0 (0)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	227 (95)	0 (0)
	Senegal	High	N/A		0 (0)	0 (0)	57 (17)	0 (0)
	 Meningitis (Bacterial)	Mali	Moderate	N/A		90 (9)	0 (0)	25 (1)
 mpox	Democratic Republic of the Congo	Moderate	N/A		9,922 (709)	0 (0)	641 (15)	1 (0)
	Kenya	Moderate	N/A		325 (21)	0 (0)	141 (13)	7 (0)
	Liberia	High	N/A		497 (44)	0 (0)	132 (4)	0 (0)
	Madagascar	High	N/A		1,110 (78)	0 (0)	583 (57)	1 (0)
	Mali	High	N/A		61 (4)	0 (0)	20 (2)	2 (0)
	Nigeria	High	N/A		231 (45)	0 (0)	22 (4)	0 (0)
	Uganda	Moderate	N/A		133 (2)	0 (0)	67 (2)	1 (0)
	 Polio virus	Nigeria	Moderate	N/A		0 (0)	0 (0)	11 (2)
Somalia		Moderate	N/A		0 (0)	0 (0)	2 (1)	0 (0)

## High Risk Events

Human Event | AC98595

### Corynebacterium diphtheriae in Africa

**349** confirmed human case(s)  
**1,041** suspected human case(s)  
**9** human deaths (**CFR: 2.58%**)

Agent/Pathogen	<b>Corynebacterium diphtheriae</b>	First Reported	<b>1-Jan-2026</b>	Previous Report Update	<b>13-Mar-2026</b>
First Occurred	<b>1-Jan-2026</b>	Country	<b>Multiple Countries</b>	Location	<b>7 MS</b>
Source	<b>Ministry of Health</b>	GeoScope	<b>MODERATE</b>	Human Risk Assessment	<b>HIGH</b>
		Animal Risk Assessment	<b>N/A</b>		

### Update to Event:

Since the beginning of the year, a total of 1,390 cases (349 confirmed; 1,041 suspected) and 44 deaths, with nine deaths reported among confirmed cases [case fatality rate (CFR): 2.58%] of toxigenic respiratory diphtheria, have been reported from seven African Union (AU) Member States (MS): Guinea (28 cases; 3 deaths), Mali (83; 4), Mauritania (71; 1), Niger (78; 6), Nigeria (360; 8), Somalia\* (758; 21), and South Africa (12; 1).

In epidemiological week 11, a total of eight new cases and no new deaths of toxigenic respiratory diphtheria were reported from Mali.

**Mali:** Since the last update (23 March 2026), the MoH reported eight new suspected cases and no new deaths of diphtheria from Bamako region. This is a 60% decrease in new cases compared to the last report. This year, a total of 83 cases (12 confirmed; 71 suspected) and four deaths (CFR: 4.82%) of diphtheria was reported in Mali. Since the beginning of this outbreak (2025), a cumulative of 715 cases (70 confirmed; 645 suspected) and 37 deaths (CFR: 5.2%) were reported from eight regions in Mali.

**\*In epidemiological week 10, 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 24,838 cases (7,016 confirmed; 2 probable; 19,075 suspected) and 1,176 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 (2,194; 149), Nigeria (10,166; 561), Somalia (3,655; 143), Sudan (112; 0) and South Africa (88; 18).

### 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.

## Meningitis (Bacterial) in Africa

**27** confirmed human case(s), **102** suspected human case(s)  
**9** human deaths (**CFR: 6.98%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	2-Jan-2026	Previous Report Update	13-Mar-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	2 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	HIGH
		Animal Risk Assessment	N/A		

### Update to Event:

Since the beginning of 2026, a total of 129 cases (27 confirmed; 102 suspected) and nine deaths (CFR: 6.98%) of bacterial meningitis have been reported from two AU MS: DRC (24 cases; 9 deaths), and Mali (105; 0).

In epidemiological week 11, a total of 11 new cases and no new deaths of bacterial meningitis were reported from Mali.

**Mali:** Since the last update, the MoH reported 11 new cases (2 confirmed; 9 suspected) and no new deaths of bacterial meningitis from five regions. This is a 3% average increase in the number of new cases in the last four weeks. This year, a total of 105 cases (24 confirmed; 81 suspected) and no deaths of bacterial meningitis were reported from Mali. Since the start of the outbreak (January 2025), a cumulative of 877 cases (155 confirmed; 722 suspected) and no deaths of bacterial meningitis have been reported from all 11 regions in Mali. In 2023, the national meningitis vaccination coverage among children <5 years in Mali was 94%.

**Note:** In 2025, a total of 24,838 cases (7,016 confirmed; 2 probable; 19,075 suspected) and 1,176 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 (2,194; 149), Nigeria (10,166; 561), Somalia (3,655; 143), Sudan (112; 0) and South Africa (88; 18)

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

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

## Moderate Risk Events

Human Event AC53748

### Mpox in Africa

**1,968** confirmed case(s) **13,459** Total case(s)  
**16** Total deaths (**CFR: 0.12%**)

Agent/Pathogen	Mpox	First Reported	1-Jan-2026	Previous Report Update	23-Mar-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 13,459 mpox cases, of which 1,968 (15%) were laboratory-confirmed, have been reported from 22 African Union (AU) Member States (MS). In addition, a total of 110 deaths (CFR: 0.82%) among all cases and 16 deaths (CFR: 0.81%) among confirmed cases have been reported. The distribution of confirmed cases and deaths by MS is as follows: Burundi (57 confirmed cases; 0 deaths), Cameroon (20; 0), Central Africa Republic (CAR) (5; 0), Comoros (28; 0), Congo\* (35; 0), Democratic Republic of Congo (DRC) (641; 1), Ghana (26; 0), Guinea (119; 1), Kenya (141; 7), Liberia (128; 0), Malawi (8; 0), Mali (18; 2), Madagascar\*\* (583; 1), Mozambique (2; 0), Nigeria (14; 0), Rwanda (3; 0) Senegal (1; 0), South Africa (3; 0), South Sudan\*\*\* (12; 1), Tanzania\*\*\*\* (36; 1), Uganda (67; 1) and Zambia (21; 0).

In epidemiological week 11, a total of 94 laboratory-confirmed cases and no new deaths among confirmed cases of mpox were reported from seven AU MS: DRC, Kenya, Liberia, Madagascar, Nigeria, South Africa, and Uganda.

**DRC:** Since the last update (23 March 2026), the MoH reported 709 new cases (15 laboratory-confirmed) and no new confirmed deaths of mox from seven provinces. This year, 9,922 cases, of which 641 were laboratory confirmed, and one confirmed deaths (CFR: 0.16%) of mpox were reported from eight provinces in DRC. Since the beginning of this outbreak (January 2024), 160,857 cases, of which 37,069 were laboratory-confirmed, and 2,274 deaths (CR: 1.41%) among all cases and 127 deaths (CFR: 0.34%) among confirmed cases of mpox were reported from all 26 provinces in DRC. The clade Ia and Ib mpox strains were isolated from the confirmed cases.

**Kenya:** Since the last update (23 March 2026), the MoH reported 13 new laboratory-confirmed mpox cases and no new deaths across multiple counties. This is a 9% average decrease in confirmed cases in the last four weeks. This year, 141 laboratory-confirmed cases and seven deaths (CFR: 4.96%) of mpox have been reported from seven of forty-seven counties in Kenya. Since the beginning of this outbreak (July 2024), a total of 1,087 laboratory-confirmed mpox cases and 19 deaths (CFR: 1.74%) have been reported from 38 of 47 counties in Kenya. Since July 2024, a total of 2,755 samples were tested, resulting in a 39% positivity rate. Clade Ib was isolated from 94 sequenced samples.

**Liberia:** Since the last update (23 March 2026), the Liberia Public Health Institute reported 73 cases (5 laboratory-confirmed) and no deaths of mpox from six counties. This is a 5% average decrease in new confirmed cases over the last four weeks. This year, a total of 453 cases (128 laboratory confirmed) and no deaths of mpox were reported from Liberia. Since the start of the outbreak (March 2024), a cumulative of 3,283 cases (1,642 laboratory-confirmed), and eight deaths (CFR: 0.49%) of mpox have been reported from all 15 counties in Liberia. A total of 3,055 samples were tested, resulting in a 93% testing rate and a 50% positivity rate. Clade IIb was isolated from sequenced samples.

**Madagascar:** Since the last update (23 March 2026), the MoH reported 57 new laboratory-confirmed mpox cases and no new deaths from multiple regions. There is no average percentage change in new cases reported over the last four weeks. This year, 583 laboratory-confirmed mpox cases and one death (CFR: 0.17%) have been reported from multiple regions. Since the start of this outbreak (December 2025), a total of 596 laboratory-confirmed mpox cases and one death (CFR: 0.16%) have been reported from 27/114 health districts in Madagascar. A total of 1,158 samples have been tested, resulting in a 51% positivity rate. Clade Ib was isolated from the sequenced samples.

**Nigeria:** Since the last update (5 March 2025), the Nigeria CDC reported 21 new cases (one laboratory-confirmed) and no deaths of mpox from 11 states. This year, a total of 185 cases (14 laboratory confirmed) and no deaths of mpox were reported in Nigeria. Nigeria is endemic for mpox, since 2017, a cumulative of 7,725 cases, of which 1,724 were laboratory confirmed and 23 deaths (CFR: 1.3%) of mpox were reported in Nigeria.

**South Africa:** In epidemiological week 11, 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 three confirmed cases and no deaths were reported from South Africa. This outbreak started in May 2024). Cumulatively, 42 laboratory-confirmed cases and three deaths (CFR: 7.14%) have been reported from four of nine provinces in South Africa. This outbreak started in May 2024.

**Uganda:** Since the last update (23 March 2026), the MoH has reported two new confirmed mpox cases in two districts. This is a 15% average decrease in confirmed cases in the last four weeks. This year, 67 laboratory-confirmed cases and one death (CFR: 1.49%) of mpox were reported in Uganda. This outbreak started in July 2024. Cumulatively, 8,468 laboratory-confirmed cases and 52 deaths (CFR: 0.61%) of mpox have been reported from 121 of 146 districts in Uganda. A total of 17,888 cases were tested, resulting in a 100% testing rate and 47% test positivity rate. Clade Ib was isolated from all sequenced samples.

\*Between epidemiological week 1-8, a backlog of 16 confirmed cases were reported from Congo Republic

\*\*Following data harmonization, the number of cases in Madagascar has been reduced by 35 cases.

\*\*\*Between epidemiological week 8, a backlog of two confirmed cases and one death was reported from South Sudan.

\*\*\*\*In epidemiological week 4, a backlog of one death was reported from Tanzania.

**Note:** In 2025, a total of 141,999 cases of mpox, of which 43,041 were laboratory-confirmed, were 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.

## Polio (Vaccine-derived) in Africa

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

Agent/Pathogen	Polio (Vaccine-derived)	First Reported	1-Mar-2026	Previous Report Update	23-Mar-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	5 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
		Animal Risk Assessment	N/A		

### Update to Event:

Since the beginning of this year, 15 confirmed cases and no deaths of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported from four AU MS: Angola [1 case(s); 0 death(s)], DRC (2; 0), Nigeria (9; 0), Somalia (2; 0), and Togo (1; 0). Two confirmed cases of cVDPV3 were reported from Nigeria.

In epidemiological week 11, a total of four laboratory-confirmed cases of cVDPV2 were reported from three AU MS: Angola, Nigeria, and Somalia.

**Angola (initial report):** In epidemiological week 11, the Global Polio Eradication Initiative (GPEI) reported one confirmed case and no deaths of cVDPV2 from Huila province. This is the first case reported in 2026. In 2025, 19 cases of cVDPV2 were reported. In 2024, the national oral polio vaccination (OPV3) coverage among children <1 year in Angola was 56%.

**Nigeria:** Since the last update (13 March 2026), GPEI reported two new confirmed cases and no deaths of cVDPV2 from Kebbi and Zamfara states. This year, a total of 11 cases of vaccine-derived poliovirus were reported from Nigeria: cVDPV2 (9 cases) and cVDPV3 (2 cases).

**Somalia:** In epidemiological week 11, the GPEI reported one confirmed case and no deaths of cVDPV2 from Lower Juba, with onset of paralysis on 3 February 2026. This year, a cumulative of two confirmed cases and no deaths of cVDPV2 have been reported from Somalia.

\* In epidemiological week 10, a backlog of one case of cVDPV3 was reported from Nigeria.

**Note:** In 2025, three confirmed cases and no deaths of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported from Algeria (1; 0), DRC (1; 0), and Niger (1; 0). A total of 184 confirmed cases and no deaths of cVDPV2 were reported from 11 AU MS: Angola (19 cases; 0 deaths), Benin (3; 0), Burkina Faso (1; 0), CAR (2; 0), Chad (31; 0), Djibouti (1; 0), DRC (6; 0), Ethiopia (42; 0), Mali (1; 0), Niger (3; 0), Nigeria (66; 0), Somalia (2; 0), and Sudan (7; 0). Twelve confirmed cases and no deaths of cVDPV3 have been reported from Cameroon (1; 0), Chad (4; 0), and Guinea (2; 0). Nigeria (5; 0).

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

The ministries of health of the affected MS continue to conduct enhanced surveillance and enhanced routine vaccination activities.

## Cholera in Africa

**6,441** confirmed human case(s), **19,439** suspected human case(s)  
**518** human deaths (**CFR: 2.00%**)

Agent/Pathogen	Cholera	First Reported	1-Jan-2026	Previous Report Update	23-Mar-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 25,880 cases (6,441 confirmed; 19,439 suspected) and 518 deaths (CFR: 2.00%) of cholera have been reported from 14 AU MS: Angola (401 cases; 9 deaths), Burundi (543; 2), DRC (16,460; 428), Ethiopia (15; 0), Malawi (90; 2), Mozambique (6,098; 57), Namibia (49; 0), Nigeria (251; 3), Rwanda (18; 0), Somalia (709; 0), South Sudan (455; 6), Tanzania (113; 2), Zambia (642; 9), and Zimbabwe (36; 2).

In epidemiological week 11, a total of 1,928 new cases and 35 new deaths of cholera were reported from five AU MS: Angola, Burundi, DRC, Mozambique, and Zambia.

**Angola:** Since the last update (19 March 2026), the MoH reported 11 new suspected cases and no new deaths of cholera from five provinces. This is a 2% average increase in the number of new cases in the last four weeks. This year, a total of 401 suspected cases and nine deaths (CFR: 2.26%) were reported from Angola. Since the beginning of this outbreak (January 2025), a total of 36,694 cases (937 confirmed; 35,757 suspected) and 904 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. Compared with the same period in 2025 (epidemiological week 1 to 11), 7,410 cases and 283 deaths (CFR: 6.01%) were reported from Angola, representing a 95% decrease in cases and a 97% decrease in deaths due to cholera.

**Burundi:** Since the last update (19 March 2026), the MoH reported 12 new suspected cholera cases with no new deaths from four districts. This is a 29% decrease in cases in the last four weeks. This year, a total of 543 confirmed cases and two deaths (CFR: 0.4%) have been reported across 12 of 18 provinces in Burundi. Males account for 49.1% of all cases, while children under five years account for 17.4% of all cases. This outbreak began in December 2022. Cumulatively, 6,475 cases and 27 deaths (CFR: 0.42%) have been reported in 14 of the 18 provinces. In comparison, during the same period in 2025 (weeks 1 to 11), Burundi reported 98 confirmed cases and no deaths, which is a 5-fold increase in cases.

**DRC:** Since the last update (19 March 2026), the MoH reported 1,360 new suspected cases and 33 new deaths (CFR: 2.43%) of cholera from 12 provinces. This is a 1% average decrease in the number of cases in the past four weeks. This year, a total of 16,460 suspected cases and 428 deaths (CR: 2.60%) of cholera have been reported from 12 of 26 provinces in DRC. Compared with epidemiological week 1 to 11 of 2025, a total of 12,541 cholera cases and 210 deaths (CR: 1.98%) were reported in DRC, representing a 31% increase in cases and a 103% increase in deaths in the same period.

**Mozambique:** Since the last update (19 March 2026), the MoH reported 439 new confirmed cases and no new deaths of cholera from nine provinces. This is a 8% average decrease in new cases over the last four weeks. This year, a total of 6,098 cases and 57 deaths (CFR: 0.93%) of cholera were reported from nine provinces. Since the beginning of this outbreak (September 2025), a total of 7,661 confirmed cases and 82 deaths (CFR: 1.07%) of cholera have been reported from nine of the ten provinces in Mozambique. Additionally, 74% of all deaths occurred in communities. Compared with the same period in 2025 (epidemiological week 1 to 11), a total of 1,111 confirmed cholera cases and 12 deaths (CFR: 1.08%) were reported in Mozambique, representing an 6-fold increase in cases and 5-fold increase in deaths.

**Zambia:** Since the last update (19 March 2026), the MoH reported 106 new suspected cases and two new deaths (CFR: 1.89%) of cholera from multiple provinces. This year, 642 cases (5 confirmed; 637 suspected) and 11 deaths (CFR: 1.71%) of cholera have been reported from nine of the ten provinces in Zambia. This outbreak started in August 2025. Cumulatively, 1,267 cases (205 confirmed; 1,062 suspected) and 21 deaths (CFR: 1.66%) of cholera have been reported from nine of the ten provinces in Zambia. Compared with the same period in 2025 (epidemiological week 1 to 11), a total of 325 cholera cases and 9 deaths (CFR: 2.77%) were reported in Zambia, representing a 65% increase in cases and no change in 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

**1,330** confirmed human case(s), **48,242** suspected human case(s)  
**385** human deaths (CFR: **0.78%**)

Agent/Pathogen	Measles	First Reported	1-Jan-2026	Previous Report Update	13-Mar-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	16 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 49,572 cases (1,330 confirmed; 48,242 suspected) and 385 deaths (CFR: 0.78%) of measles have been reported from 16 AU MS: Burundi (525 cases; 1 death), Burkina Faso (2,562; 4), Cameroon (105; 1), Chad (1,887; 0), Congo (558; 6), DRC (35,573; 360), Gabon (10; 0), Guinea (71; 0), Kenya (350; 4), Liberia (2,317; 8), Malawi (656; 0), Mali (191; 0), Mozambique (132; 0), Senegal (40; 1), Somalia (3,796; 0), South Africa\* (556; 0), and Togo (243; 0).

In epidemiological week 11, a total of 3,748 new cases and no new deaths of measles have been reported from seven AU MS: Burundi, DRC, Mozambique, and Senegal.

**Burundi:** Since the last update (19 March 2026), the MoH reported 12 new suspected cases and no new deaths of measles, from multiple provinces. Cumulatively, 525 suspected cases and one death (CFR: 0.19%) of measles have been reported from four provinces in Burundi this year. In 2023, the national measles vaccination coverage among children <2 years in Burundi was 81%.

**DRC:** Since the last update (19 March 2026), the MoH reported 3,723 new suspected cases and 38 new deaths (CR: 1.02%) of measles from 26 provinces. Since the beginning of this year, 35,573 new suspected cases and 360 deaths (CFR: 1.00%) of measles have been reported from all 26 provinces in DRC. This is a protracted outbreak that started in January 2022. Compared with epidemiological weeks 1 to 11 of 2025, a total of 10,503 measles cases and 137 deaths (CFR: 1.30%) were reported in DRC, representing a 173% increase in cases and a 118% increase in deaths in the same period. In 2018, the national measles vaccination coverage among children <5 years in DRC was 57%.

**Mozambique:** Since the last update (19 March 2026), the MoH reported six new confirmed cases and no new deaths of measles from three provinces. This is a 11% average decrease in the number of confirmed cases in the last four weeks. This year, a total of 132 confirmed cases and no deaths of measles were reported from six provinces. Since the beginning of this outbreak (July 2025), a total of 703 confirmed cases and one death (CFR: 0.14%) of measles have been reported from six of the ten provinces in Mozambique. In 2024, the national measles vaccination coverage (MCV1) was 44%.

**Senegal:** Since the last update (20 March 2026), the MoH reported seven new confirmed cases and no new deaths of measles from Kedougou region. This is a 133% average increase in the number of new cases compared to the last update. This year a total of 40 confirmed cases and one death (CFR: 3%) of measles from four regions in Senegal: Dakar (1 case; 0 deaths), Kaolack (1; 0), Kedougou (28; 1), and Tambacounda (10; 1). Of the confirmed cases, females accounted 58% for and the age group 15 - 20 year accounted for 45%. Seventy-eight percent were unvaccinated against measles.

\*In epidemiological week 10, a backlog of 136 cases and no deaths 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

**226** confirmed human case(s), **525** suspected human case(s)  
**2** human deaths ( **CFR: 0.27 %** )

Agent/Pathogen	Dengue	First Reported	1-Jan-2026	Previous Report Update	13-Mar-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	4 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 751 cases (226 confirmed; 525 suspected) and two death (CFR: 0.27%) of dengue fever have been reported from four AU MS: CAR (1 case; 1 death), Mali (682; 1), Mauritania (33; 0), and Senegal (35; 0).

In epidemiological week 11, a total of 93 new cases and no deaths of dengue fever have been reported from Mali

**Mali:** Since the last update (13 March 2026), the MoH reported 93 new cases (25 confirmed; 68 suspected) and no new deaths of dengue fever from four Bamako (68 cases; 0 deaths), Mopti ( 24; 0) and Sikasso (1; 0) regions. This is a 139% average decrease in the number of new cases in the last four weeks. This year, a total of 682 cases (157 confirmed; 525 suspected) and one death (CFR: 0.15%) of dengue were reported in Mali. Since the beginning of this outbreak (September 2023), a cumulative of 20,576 cases (2,752 confirmed; 17,824 suspected) and 75 deaths (CFR: 0.36%) 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:

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

## Chikungunya in Mauritius

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

Agent/Pathogen	<b>Chikungunya</b>	First Reported	<b>5-Jan-2026</b>	Previous Report Update	<b>20-Mar-2026</b>
First Occurred	<b>5-Jan-2026</b>	Country	<b>Mauritius</b>	Location	<b>Mauritius Island</b>
Source	<b>Ministry of Health</b>	GeoScope	<b>MODERATE</b>	Human Risk Assessment	<b>MODERATE</b>
		Animal Risk Assessment	<b>N/A</b>		

### Update to Event:

Since the last update (23 March 2026), the MoH reported 106 new confirmed chikungunya cases and no deaths on Mauritius Island. This is a 36% average increase in new cases over the last four weeks. Since the start of this outbreak (5 January 2026), a total of 408 confirmed chikungunya cases and no deaths have been reported on the island of Mauritius.

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

The MoH continues to conduct enhanced surveillance, case management, daily mapping of chikungunya hotspots, larviciding, and risk communication and community engagement activities.

- Epidemiological week 11 covers the period from 9 to 15 March 2026.

- The cases in this report include confirmed, probable, and suspected cases.

- Deaths among mpox suspected cases are all reported from DRC.

-CFRs are calculated using confirmed cases and deaths among confirmed cases only, except for bacterial meningitis, cholera, measles, mpox, dengue, and yellow fever, where CFRs are 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: disease morbidity and mortality, the probability of spread within and to other MSs, and the availability of effective treatments, vaccines, or other control measures. An event risk level can be classified as low, moderate, high, or very high based on its score on the above criteria.

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