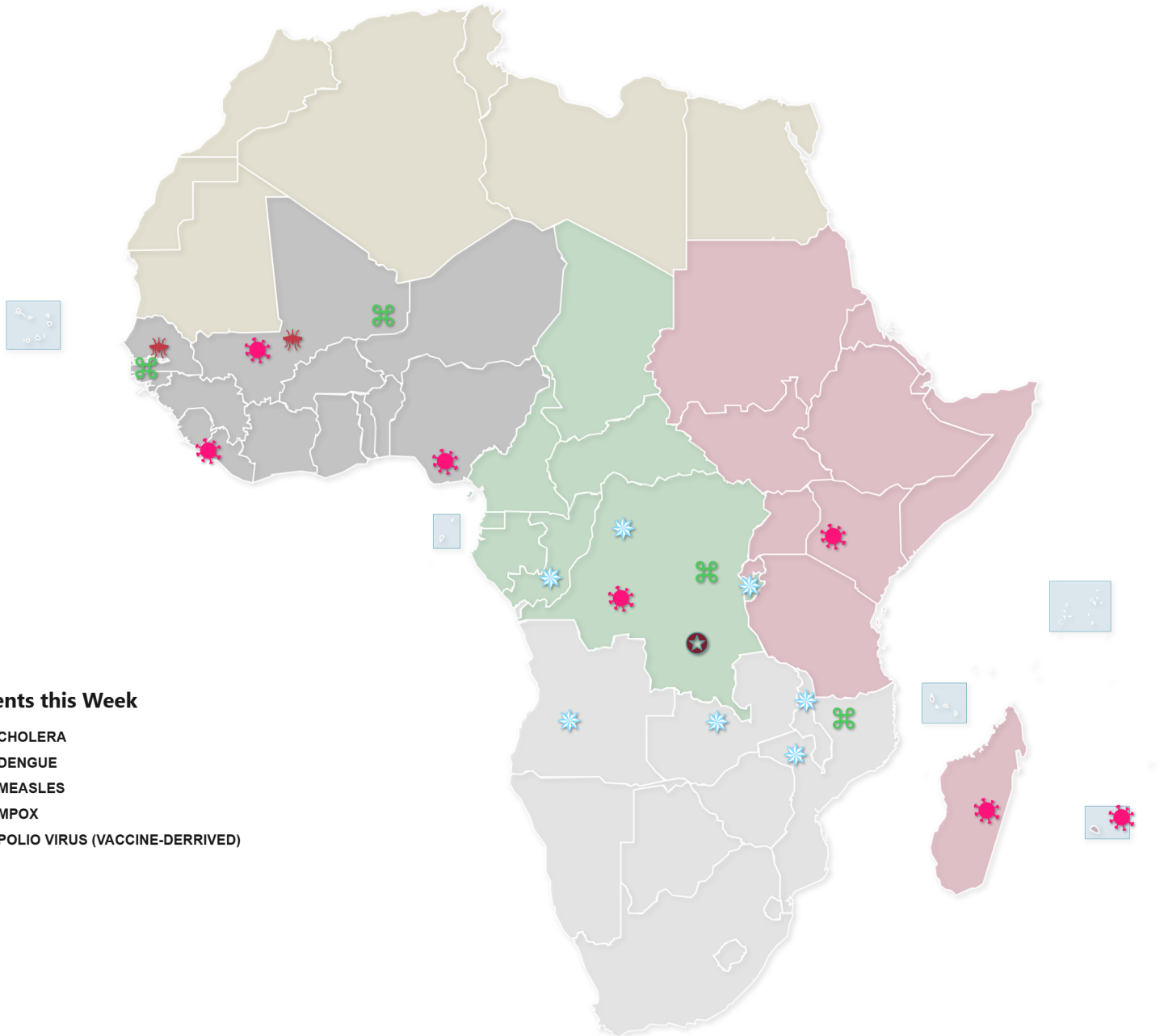



Africa CDC Epidemic Intelligence Report

Date of Issue: 2026-04-19

Active Events	New Events reported in 2026	Events highlighted this week	New events since last issue
96	22	21	1





*  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	9	12 (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
 mpox	Mauritius	Moderate	N/A		2	0	2	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		1,402 (376)	0 (0)	0 (0)	37 (11)
	Burundi	Moderate	N/A		866 (75)	0 (0)	0 (0)	2 (0)
	Congo Republic	Moderate	N/A		325 (15)	0 (0)	0 (0)	14 (3)
	Democratic Republic of the Congo	Moderate	N/A		22,487 (1,253)	0 (0)	0 (0)	642 (31)
	Malawi	High	N/A		1,545 (141)	0 (0)	188 (16)	5 (0)
	Mozambique	Moderate	N/A		6,717 (114)	0 (0)	0 (0)	58 (0)
	Zambia	Moderate	N/A		914 (36)	0 (0)	5 (0)	13 (0)
 Dengue	Mali	Moderate	N/A		723 (80)	0 (0)	228 (23)	1 (0)
	Senegal	High	N/A		0 (0)	0 (0)	85 (45)	0 (0)
 Measles	Democratic Republic of the Congo	Moderate	N/A		57,532 (4,257)	0 (0)	0 (0)	560 (34)
	Mali	High	N/A		286 (42)	0 (0)	117 (9)	0 (0)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	477 (76)	1 (1)
	Senegal	High	N/A		0 (0)	0 (0)	95 (12)	0 (0)
 mpox	Democratic Republic of the Congo	Moderate	N/A		13,147 (714)	0 (0)	985 (27)	0 (0)
	Kenya	Moderate	N/A		381 (12)	0 (0)	166 (6)	7 (0)
	Liberia	High	N/A		686 (20)	0 (0)	154 (3)	0 (0)
	Madagascar	High	N/A		1,834 (169)	0 (0)	1,080 (169)	3 (0)
	Mali	High	N/A		80 (7)	0 (0)	20 (0)	2 (0)
	Nigeria	High	N/A		299 (7)	0 (0)	29 (1)	0 (0)
 Polio virus (Vaccine-derived)	Democratic Republic of the Congo	Moderate	N/A		0 (0)	0 (0)	4 (1)	0 (0)

Moderate Risk Events

Human Event AC53748

Mpox in Africa

3,144 confirmed case(s)
18,646 suspected human case(s)
18 Total deaths (**CFR: 0.57%**)

Agent/Pathogen	Mpox	First Reported	1-Jan-2026	Previous Report Update	12-Apr-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	24 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 18,646 mpox cases, of which 3,144 (16.86%) were laboratory-confirmed have been reported from 23 African Union (AU) Member States (MS). In addition, a total of 148 deaths (CFR: 0.79%) among all cases and 18 deaths (CFR: 0.57%) among confirmed cases have been reported. The distribution of confirmed cases and deaths by MS is as follows: Burundi (85 confirmed cases; 0 deaths), Cameroon (41; 0), CAR (37; 0), Congo Republic (36; 0), Comoros (44; 0), DRC (985; 1), Ghana (26; 0), Guinea (278; 1), Kenya (166; 7), Liberia (154; 0), Madagascar (169; 2), Malawi (10; 0), Mali (20; 2), Mauritius (2; 0), Mozambique (2; 0), Nigeria (29; 0), Rwanda (3; 0) Senegal (1; 0), South Africa (4; 0), South Sudan (14; 1), Tanzania (36; 1), Togo (3; 0), Uganda (67; 1) and Zambia (21; 0).

In epidemiological week 16, a total of 181 laboratory-confirmed cases and no new deaths among confirmed cases of mpox were reported from five AU MS: Kenya, Liberia, Madagascar, Mauritius and Nigeria.

Kenya: Since the last update (12 April 2026), the MoH reported six new laboratory confirmed mpox cases and no new deaths from Nairobi (5 cases) and Kericho (1) counties. This is a 10% average increase in laboratory confirmed cases in the last four weeks. This year, 166 laboratory-confirmed cases and seven deaths (CFR: 4.21%) of mpox have been reported from eight of forty-seven counties in Kenya. Since the beginning of this outbreak (July 2024), a total of 1,112 laboratory confirmed mpox cases and 19 deaths (CFR: 1.71%) have been reported from 38 of 47 counties in Kenya. During the same period, a total of 2,811 samples have been tested, resulting in a 40% positivity rate. Clade Ib was isolated from 257 sequenced samples.

Liberia: Since the last update (12 April 2026), the Liberia Public Health Institute reported 20 new cases (3 laboratory confirmed) and no new deaths of mpox from eight counties. The confirmed cases were reported from Montserrado (1), Bong (1), Rivercess (1) counties. This year, a total of 686 cases (154 laboratory confirmed) and no deaths of mpox were reported from Liberia from 14 Of 15 Counties. Since the beginning of the outbreak (March 2024), a cumulative of 3,516 cases (1,668 laboratory-confirmed), and eight deaths (CFR: 0.49%) of mpox have been reported from all 15 counties in Liberia. A total of 3,270 samples were tested, resulting in a 93% testing rate and a 51% positivity rate. Clade IIb was isolated from sequenced samples.

Madagascar*: Since the last update (5 April 2026), the MoH reported 264 new laboratory confirmed cases and one new death of mpox from 10 districts. This is an 25% average increase in new cases in the last four weeks. This year, a total of 1,080 laboratory confirmed cases and three deaths (CFR: 0.28%) of mpox were reported from 78 of 113 districts in Madagascar. Since the beginning of this outbreak (December 2025), a total of 1,093 laboratory confirmed mpox cases and three deaths (CFR: 0.27%) have been reported from 78 of 113 health districts in Madagascar. Clade Ib was isolated from the sequenced samples.

Mauritius: On 26 April 2026, the MoH reported two new laboratory confirmed cases from Mauritius island. These cases had history of travel to an AU MS with an ongoing mpox outbreak. This is the first time mpox cases have been reported in Mauritius since 2024, where one imported case of mpox was reported.

Nigeria: Since the last update (28 March 2025), the Nigeria CDC reported 7 new cases (one laboratory-confirmed) and no new deaths of mpox from three states. The confirmed case was reported from Abia state. This year, a total of 299 cases (29 laboratory confirmed) and no deaths of mpox were reported from 16 of 36states and Federal Capital Territory. Nigeria is endemic for mpox. Since 2017, a cumulative of 7,846 cases, of which 1,739 were laboratory confirmed and 23 deaths (CFR: 1.32%) of mpox were reported from 36states and Federal Capital Territory states in Nigeria.

***Among the 264 new cases reported this week from Madagascar, 95 were from epi-week 15. In addition, the one death reported this week is from epi-week 15.**

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.

Since the activation of the continental Incident Management Support Team co-led by the Africa Centres for Disease Control and Prevention and World Health Organization in August 2024, more than US\$1 billion in financing has been mobilized for the response, alongside a significant strengthening of community-anchored surveillance through digitalized community health workers. Furthermore, laboratory and genomic sequencing capacity has expanded more than ten-fold, over 5 million mpox vaccine doses have been deployed across 19 countries, and a unified research agenda has been advanced, engaging more than 2,000 African and global scientists.

Polio (Vaccine-derived) in Africa

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

Agent/Pathogen	Polio (Vaccine-derived)	First Reported	1-Mar-2026	Previous Report Update	12-Apr-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	6 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, two confirmed cases and no deaths of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported from South Sudan (2 cases; 0 deaths). A total of 18 confirmed cases and no deaths of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported from five AU MS: Angola (1; 0), DRC (4; 0), Nigeria (10; 0), Somalia (2; 0) and Togo (1; 0). Two confirmed cases of cVDPV3 were reported from Nigeria.

In epidemiological week 16, One cVDPV2 case was reported from DRC.

DRC: Since the last update (15 February 2026), the MoH reported One cVDPV2 case, with onset of paralysis on 14 February 2026, from Maniema Province. This year, a total of four cVDPV2 cases have been reported from three of 26 provinces in DRC.

Response by MS/partner/Africa CDC:

DRC: On 13 April 2026, an integrated measles–rubella and polio vaccination campaign was launched, targeting 9,605,165 children aged 0–59 months with nOPV2/bOPV (18.9% of the total population).

Cholera in Africa

250 confirmed human case(s), **36,915** suspected human case(s)
794 human deaths (CFR: **2.14%**)

Agent/Pathogen	Cholera	First Reported	1-Jan-2026	Previous Report Update	12-Apr-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	15 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 37,165 cases (250 confirmed; 36,915 suspected) and 794 deaths (CFR: 2.14%) of cholera have been reported from 15 AU MS: Angola (1,402 cases; 37 deaths), Burundi (866; 2), Congo (325; 14), DRC (22,487; 642), Ethiopia (15; 0), Malawi (1,733; 5), Mozambique (6,717; 58), Namibia (49; 0), Nigeria (943; 19), Rwanda (18; 0), Somalia (935; 0), South Sudan (455; 6), Tanzania (113; 2), Zambia (919; 13), and Zimbabwe (36; 2).

In epidemiological week 16, a total of 1,889 new cases and 41 new deaths of cholera were reported from six AU MS: Angola, Burundi, Congo Republic, DRC, Mozambique and Zambia.

Angola: Since the last update (12 April 2026), the MoH reported 376 new cases and 11 new deaths (CFR: 3.01%) of cholera from five provinces (Benguela province accounted for 90% of the reported cases). This is a 5% average increase in the number of new cases in the last four weeks. This year, a total of 1,402 cases and 37 deaths (CFR: 2.64%) were reported from 18 provinces. Since the beginning of this outbreak (January 2025), a total of 37,684 cases (937 confirmed; 36,747 suspected) and 932 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, 54% of all deaths occurred at the health facilities. Compared with the same period in 2025 (epidemiological week 1 to 16), 14,090 cases and 505 deaths (CFR: 3.58%) were reported from Angola, representing a 90% decrease in cases and a 93% decrease in deaths due to cholera.

Burundi: Since the last update (12 April 2026), the MoH reported 75 new cases and no new deaths of cholera from Mutimbuzi, Kamenge and Ndava districts. This is a 136% average increase in cases in the last four weeks. This year, a total of 866 cases and two deaths (CFR: 0.23%) have been reported in 12 health districts: Cibitoke, Ndava, Mpanda, Mutimbuzi, Kamenge, Mukaza, Ruziba, Kabezi, Bugarama, Rumonge, Nyanza and Ruyigi. Of these districts, seven (Cibitoke, Ndava, Mutimbuzi, Kamenge, Mukaza, Ruziba and Bubanza) have reported at least one case in the last two weeks. Males account for 54.3% of all cases, while children under five years account for 14.3% of all cases. Since the beginning of this outbreak (December 2022) a cumulative of 6,856 cases and 27 deaths (CFR: 0.39%) have been reported in all of the 42 districts.

Congo Republic: Since the last update (12 April 2026), the MoH reported 15 new cases (3 confirmed; and 12 suspected) and five new deaths (CFR: 33.33%) of cholera from Plateaux, Congo-Oubangui and Nkeni-Alima departments. This year, a total of 348 suspected cases and 31 deaths (CFR: 8.91%) of cholera were reported from three of 12 departments in Congo. Since the beginning of this outbreak (June 2025), a cumulative of 1,093 cases (81 confirmed; 1,012 suspected) and 98 deaths (CFR: 8.97%) of cholera have been reported from five of 15 departments in Congo Republic.

DRC: Since the last update (12 April 2026), the MoH reported 1,253 new cases and 31 new deaths (CFR: 2.47%) of cholera from 12 provinces. Six provinces accounted for 84% of all cases reported in 2026; Sud-Kivu (25%), Kinshasa (16%), Nord Kivu (13%), Haut Lomami (12%), Tanganyika (9%), Haut Katanga (9%). This year, a total of 22,487 cases and 642 deaths (CR: 2.85%) of cholera have been reported from 21 of 26 provinces in DRC. Since the beginning of this outbreak (January 2025), a cumulative of 94,145 cases and 2,670 deaths (CFR: 2.84%) of cholera have been reported from 15 of 26 provinces in DRC.

Mozambique*: Since the last update (12 April 2026), the MoH reported 114 new cases and no new deaths of cholera from nine provinces. This is a 16% average decrease in new cases in the last four weeks. This year, a total of 6,717 cases and 58 deaths (CFR: 0.86%) of cholera were reported from nine provinces. Cabo Delgado, Nampula and Tete provinces accounted for 91% of the reported cases. Additionally, 75% of all deaths occurred in communities. Since the beginning of this outbreak (September 2025), a total of 8,669 cases and 83 deaths (CFR: 0.96%) of cholera have been reported from nine of the ten provinces in Mozambique. Compared with the same period in 2025 (epidemiological week 1 to 16), a total of 2,851 cases and 35 deaths (CFR: 1.23%) of cholera were reported in Mozambique, representing a 2-fold increase in cases and deaths.

Zambia: Since the last update (12 April 2026), the MoH reported 36 new cases and no new deaths of cholera from Central, Northern and Lusaka provinces. This is a 29% average increase in new cases in the last four weeks. This year, 919 cases (5 confirmed; 914 suspected) and 13 deaths (CFR: 1.41%) of cholera have been reported from nine of the ten provinces in Zambia. Lusaka provinces accounted for 89% of the reported cases. Since the beginning of this outbreak (August 2025), a total of 1,544 cases (205 confirmed; 1,339 suspected) and 23 deaths (CFR: 1.49%) of cholera have been reported from nine of the ten provinces in Zambia. Compared with the same period in 2025 (epidemiological week 1 to 16), a total of 475 cholera cases and nine deaths (CFR: 1.89%) were reported in Zambia, representing a 93% increase in cases and no change in deaths.

Malawi:** In epidemiological week 15, the MoH reported 157 new cases (16 confirmed; 141 suspected) and no new deaths of cholera from six districts. Blantyre, Neno, Mulanje, Chikwawa, Zomba were accounting for 81% of the new reported cases. This is a 26% average increase in the number of cases in the last four weeks. This year, 1,733 cases (188 confirmed; 1,545 suspected) and five deaths (CFR: 0.29%) of cholera have been reported from 14 of 29 districts in Malawi. Since the beginning of this outbreak (December 2025), a cumulative of 1,744 cases (199 confirmed; 1,545 suspected) and five deaths (CFR: 0.29%) of cholera have been reported from 14 of 29 districts in Malawi. Compared with epidemiological week 1 to 15 of 2025, a total of 91 confirmed cholera cases and 3 deaths (CFR: 3.30%) were reported in Malawi, representing a 52% decrease in cases and a 40% decrease in deaths.

***In epidemiological week 15, Africa CDC inadvertently reported four cases in Mozambique; the correct value is now added.**

****In epidemiological week 15, Africa CDC inadvertently reported 11 cases in Malawi; the correct value is now added.**

Response by MS/partner/Africa CDC:

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

Measles in Africa

2,778 confirmed human case(s), **78,772** suspected human case(s)
591 human deaths (CFR: **0.72%**)

Agent/Pathogen	Measles	First Reported	1-Jan-2026	Previous Report Update	12-Apr-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	21 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 81,550 cases (2,778 confirmed; 78,772 suspected) and 591 deaths (CFR: 0.72%) of measles have been reported from 19 AU MS: Burundi (600 cases; 1 death), Burkina Faso (2,562; 4), Cameroon (105; 1), CAR (5,208; 7), Chad (1,887; 0), Congo (558; 6), DRC (57,532; 560), Gabon (10; 0), Guinea (71; 0), Kenya* (350; 0), Liberia (3,165; 11), Malawi (765; 0), Mali (403; 0), Mozambique (477; 0), Namibia (29; 0), Nigeria (1,229; 0), Rwanda* (48; 0), Senegal (95; 1), Somalia (5,923; 0), South Africa (843; 0), and Togo (686; 0).

In epidemiological week 16, a total of 4,396 new cases and 35 new deaths of measles have been reported from four AU MS: DRC, Mali, Mozambique, and Senegal.

DRC: Since the last update (12 April 2026), the MoH reported 4,257 new suspected cases and 34 new deaths (CR: 0.80%) of measles from 26 provinces. Sud-Kivu (19%), Nord-Kivu (19%), Sud-Ubangi (19%), Kasai-Oriental (6%), Sankuru (5%), Maniema (4%), Nord-Ubangi (4%), and Tshopo (4%) together account for approximately 83% of all reported cases in 2026. This year, 86 of 516 health zones reported epidemics, spanning 19 provinces: Equateur, Haut Lomami, Kasai Oriental, Kinshasa, Kongo Central, Kwango, Nord Kivu, Sud Kivu, Kwilu, Mongala, Lomami, Sud Ubangi, Tshopo, Mai Ndombe, Tshuapa, Haut Katanga, and Kasai-Central. This year, a total of 57,532 suspected cases and 560 deaths (CR: 0.97%) of measles have been reported from all 26 provinces in DRC. This is a protracted outbreak that started in January 2022.

Mali:** Since the last update (5 April 2026), the MoH reported 106 new cases (25 confirmed; 81 suspected) and no new deaths of measles from eight regions with Koulikoro region accounting for 43% of the new cases. This year, 403 cases (117 confirmed; 286 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 1,848 cases (722 confirmed; 1,126 suspected) and no deaths of measles have been reported from all 11 regions in Mali. In 2024, the national measles vaccination coverage among children <1 year in Mali was 60%.

Mozambique: Since the last update (12 April 2026), the MoH reported 76 new confirmed cases and one new death (CFR: 1.32%) of measles from six provinces. This is a 10% average increase in the number of confirmed cases in the last four weeks. This year, a total of 477 confirmed cases and one death (CFR: 0.21%) of measles were reported from six provinces. Nampula, Tete and Sofala provinces accounted for 92%. Since the beginning of this outbreak (July 2025), a total of 1,048 confirmed cases and two deaths (CFR: 0.19%) 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 (24 April 2026), the MoH reported 12 new confirmed cases and no new deaths of measles from Dakar (1 cases; 0 deaths), Diourel L (1; 0), Kedougou (7; 0), and Tambacounda (3; 0) regions. This is a 128% average decrease in the number of new cases in the last four weeks. This year a total of 95 confirmed cases and one death (CFR: 1%) of measles have been reported from seven regions in Senegal. Of the confirmed cases, Kedougou region accounted for 67%, females accounted for 44% and the age group 15 - 20 year accounted for 37%. Fifty-eight percent were unvaccinated against measles.

Rwanda: Between epidemiological week 1-8, the MoH reported 48 measles cases (24 confirmed; 24 suspected) and no deaths of measles from Rubavu district. This is the first outbreak of measles reported in 2026.

South Africa: In epidemiological week 15, the MoH reported 135 new confirmed cases and no new deaths from nine provinces. The most affected provinces are Western Cape, Eastern Cape, Limpopo, Mpumalanga and Northern Cape which accounted 86% of the reported cases. This year, 1,076 confirmed cases and no deaths of measles were reported from all nine provinces in South Africa. Since the beginning of the outbreak (January 2025), a cumulative of 3,832 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 68% and 20% 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%.

***Africa CDC inadvertently reported four deaths of measles from Kenya. Following data harmonization, this has been rectified**

****Mali: Among the 106 new cases reported this week from Mali, 55 were from epidemiological-week 15.**

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

347 confirmed human case(s), **723** suspected human case(s)
2 human deaths (**CFR: 0.19%**)

Agent/Pathogen	Dengue	First Reported	1-Jan-2026	Previous Report Update	12-Apr-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 1,070 cases (347 confirmed; 723 suspected) and two deaths (CFR: 0.19%) of dengue fever have been reported from four AU MS: CAR (1 case; 1 death), Mali* (951; 1), Mauritania (33; 0), and Senegal (45; 0).

In epidemiological week 16, a total of 98 new cases and no new deaths of dengue fever have been reported from Mali and Senegal

Mali*: Mali: Since the last update (5 April 2026), the MoH reported 139 new cases (41 confirmed; 108 suspected) and no new deaths of dengue fever from Bamako (69 cases; 0 deaths), Mopti (4; 0) and Koulikoro (7; 0) regions. This year, a total of 951 cases (228 confirmed; 723 suspected) and one death (CFR: 0.11%) of dengue were reported in Mali. Since the beginning of this outbreak (September 2023), a cumulative of 20,845 cases (2,820 confirmed; 18,025 suspected) and 75 deaths (CFR: 0.36%) of dengue fever have been reported from all 11 regions in Mali.

Senegal: Since the last update (12 April 2026), the MoH reported five new confirmed cases and no new deaths of dengue fever from Matam (4 cases; 0 deaths) and Tambacounda (1; 0) regions. This year, a total of 45 confirmed cases and no deaths of dengue fever were reported from seven of 15 regions in Senegal. Of the confirmed cases, females accounted for 58% and the age group 15 - 20 years accounted for 29%. Since the beginning of this outbreak (January 2025), a total of 6,718 confirmed cases and no deaths of dengue fever were reported from Senegal.

***Mali: Among the 139 new cases reported this week from Mali, 46 were from epidemiological-week 15.**

Response by MS/partner/Africa CDC:

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

Senegal: The Government of Senegal is implementing of a new public health strategy for pathogens identification and characterization in the context of climate change, with a case study in the surveillance of dengue fever.

- Epidemiological week 16 covers the period from 13 to 19 April 2026.

- In epidemiological week 15, a backlog of 30 cases (11 confirmed; 19 suspected) and no deaths of bacterial meningitis was reported from Mali. This year, a total of 169 cases (40 confirmed; 129 suspected) and no deaths of bacterial meningitis was reported from Mali.

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

- In epidemiological week 15, the National Institute for Communicable Diseases reported four new laboratory-confirmed cases and no new deaths of toxigenic respiratory diphtheria from Western Cape province in South Africa.

- 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, 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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