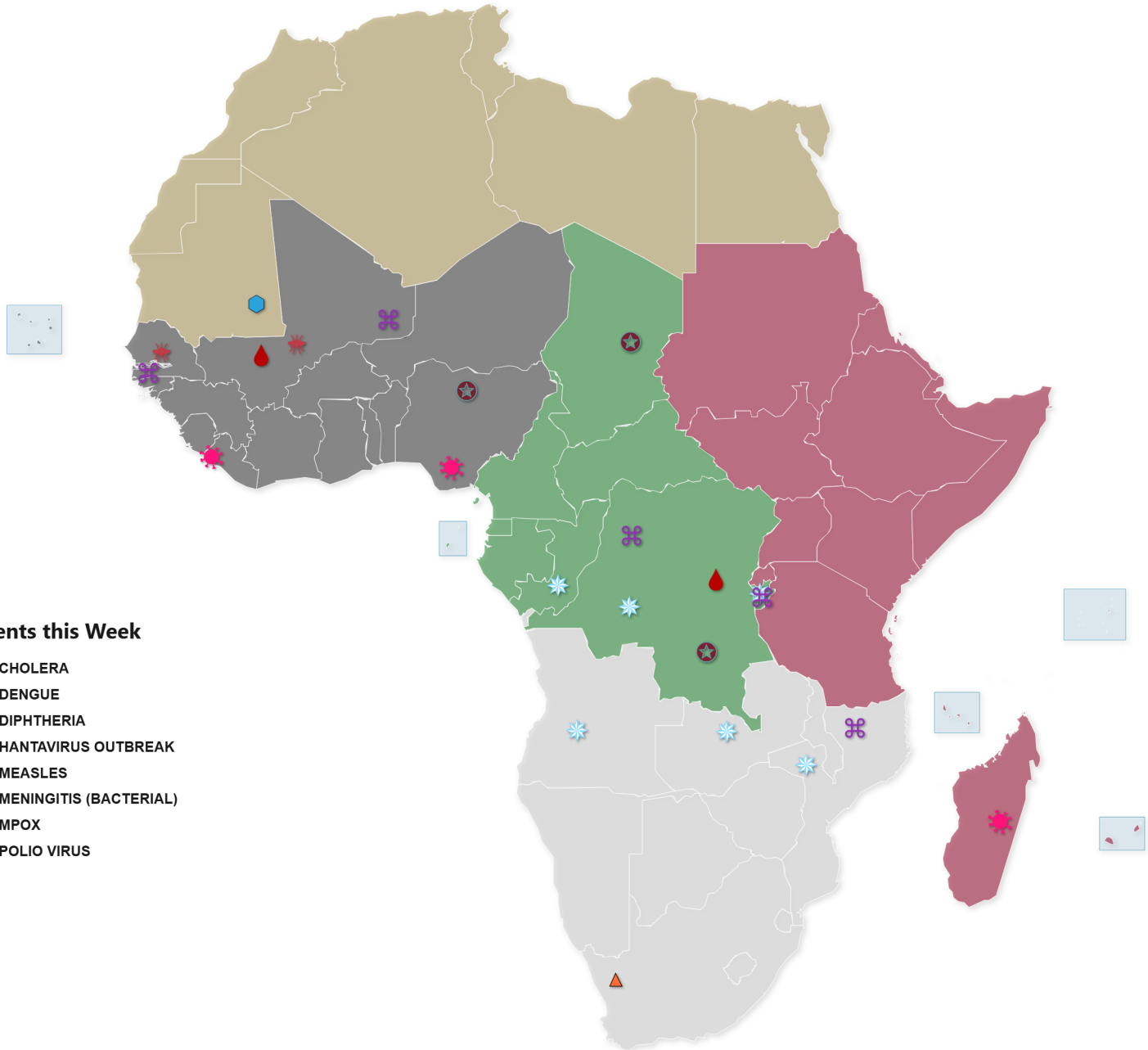










Africa CDC Epidemic Intelligence Report


Date of Issue: 2026-05-03

Active Events	New Events reported in 2026	Events highlighted this week	New events since last issue
100	25	23	1



Events this Week

-  CHOLERA
-  DENGUE
-  DIPHTHERIA
-  HANTAVIRUS OUTBREAK
-  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	5	18 (1)
Animal	0	0	0
Environment	0	0	0

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Probable	Confirmed	Deaths
 Hantavirus outbreak	South Africa	Moderate	N/A		1	1	1

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		2,400 (469)	0 (0)	0 (0)	51 (6)
	Burundi	Moderate	N/A		972 (45)	0 (0)	0 (0)	2 (0)
	Congo Republic	Moderate	N/A		370 (33)	0 (0)	21 (1)	33 (1)
	Democratic Republic of the Congo	Moderate	N/A		24,602 (1,002)	0 (0)	0 (0)	704 (30)
	Mozambique	Moderate	N/A		6,893 (86)	0 (0)	0 (0)	59 (0)
	Zambia	Moderate	N/A		976 (21)	0 (0)	5 (0)	16 (3)
 Dengue	Mali	Moderate	N/A		794 (71)	0 (0)	251 (22)	1 (0)
	Senegal	High	N/A		0 (0)	0 (0)	58 (9)	0 (0)
 Diphtheria	Mauritania	Moderate	N/A		158 (14)	0 (0)	0 (0)	0 (0)
 Measles	Burundi	Moderate	N/A		717 (31)	0 (0)	0 (0)	2 (0)
	Democratic Republic of the Congo	Moderate	N/A		67,033 (3,972)	0 (0)	0 (0)	640 (26)
	Mali	High	N/A		315 (2)	0 (0)	130 (5)	0 (0)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	611 (118)	1 (0)
	Senegal	High	N/A		0 (0)	0 (0)	99 (1)	0 (0)
 Meningitis (Bacterial)	Democratic Republic of the Congo	Moderate	N/A		2,238 (72)	0 (0)	0 (0)	141 (7)
	Mali	Moderate	N/A		180 (22)	0 (0)	52 (5)	1 (1)
 mpox	Liberia	Moderate	N/A		721 (29)	0 (0)	159 (2)	0 (0)
	Madagascar	High	N/A		2,214 (125)	0 (0)	1,323 (125)	4 (0)
	Nigeria	Moderate	N/A		321 (16)	0 (0)	30 (0)	0 (0)
 Polio virus	Chad	Moderate	N/A		0 (0)	0 (0)	4 (2)	0 (0)
	Democratic Republic of the Congo	Moderate	N/A		0 (0)	0 (0)	6 (1)	0 (0)
	Nigeria	Moderate	N/A		0 (0)	0 (0)	20 (4)	0 (0)

Low Risk Events

Hantavirus outbreak in South Africa

- 1** confirmed human case(s)
- 1** probable human case(s)
- 1** human deaths (**CFR: 50%**)

Agent/Pathogen	Hantavirus outbreak	First Reported	8-May-2026	First Occurred	25-Apr-2026
Country	South Africa	Location	One province	Source	Ministry of Health
GeoScope	Low	Human Risk Assessment	Low	Animal Risk Assessment	N/A

Description:

On 3 May 2026, the World Health Organisation (WHO) reported a hantavirus outbreak on an Atlantic cruise ship (MV Hondius), that departed from Ushuaia, Argentina, on 20 March 2026. The ship was bound for the Canary Islands through Cabo Verde. Two cases disembarked from the ship at St Helena and travelled to South Africa. On 4 May 2026, the National Department of Health (NDoH), South Africa reported two cases (1 confirmed; 1 probable) and one death [case fatality rate (CFR): 50%] of hantavirus disease. Both cases were imported cases. The NICD identified the circulating virus as Andes hantavirus. Andes strain is the only hantavirus strain known to cause human-to-human transmission. Cumulatively, eight cases (5 confirmed; 3 probable) and three deaths (CFR): 37.5% of Andes hantavirus have been reported. Of the reported cases, one is under critical care in South Africa, and one case is admitted in a hospital in Zurich, Switzerland. Three cases were medically evacuated to Germany, the Netherlands, and Spain for medical care. There is currently no community transmission on the African continent.

Hantavirus is a rare but potentially severe viral disease transmitted primarily through contact with infected rodents' urine, faeces, or saliva. Human infection typically occurs by inhaling contaminated particles in enclosed spaces. While early symptoms resemble flu (fever, muscle aches, fatigue, nausea), severe cases can progress to hantavirus pulmonary syndrome, characterised by respiratory distress, fluid accumulation in the lungs, and life-threatening complications. Although rare, person-to-person transmission can occur, raising particular concern in confined environments such as a cruise ship, where passengers and crew share limited space for extended periods. The incubation period ranges from 2 to 8 weeks.

In Africa, hantavirus has been identified mainly through animal surveillance rather than confirmed human outbreaks. The first detection was in 2006 in Guinea, where the Sangassou virus was identified in an African wood mouse near the village of Sangassou. Importantly, this finding was not associated with any confirmed human outbreak, and evidence remains limited to animal studies. Several potential rodent and small mammal hosts have been identified in Africa. These include the African wood mouse in West and Central Africa; the multimammate rat, which is widely distributed across sub-Saharan Africa and the African giant shrew in Central and West Africa.

Response by MS/partner/Africa CDC:

The NDoH in collaboration with the Gauteng Provincial Health Department, NICD, and health partners, has activated several public health measures, including enhanced surveillance for travellers linked to the MV Hondius ship, including monitoring at points of entry for individuals transiting through South Africa. A total of 74 contacts were identified, with 62 under active follow-up and monitoring. Laboratory investigations were conducted at the NICD, which confirmed infection with the Andes strain of hantavirus. For case management, confirmed cases were hospitalized and isolated, while severe cases received intensive care support. IPC measures were strengthened through the dissemination of IPC guidance to healthcare workers and the implementation of isolation precautions for suspected and confirmed cases. Risk communication activities included the issuance of public health alerts and the dissemination of clinician advisories to healthcare facilities and relevant stakeholders to improve awareness, early detection, and reporting of suspected cases.

High Risk Events

Human Event AC98595

Corynebacterium diphtheriae in Africa

375 confirmed human case(s)
1,780 suspected human case(s)
13 human deaths (**CFR: 3.47%**)

Agent/Pathogen	Corynebacterium diphtheriae	First Reported	1-Jan-2026	Previous Report Update	30-Mar-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	7 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, 2,155 cases (375 confirmed; 1,780 suspected) and 62 deaths for toxigenic respiratory diphtheria have been reported across seven African Union (AU) Member States (MS). Among confirmed cases, 13 deaths were reported from Nigeria and South Africa, resulting in a [case fatality rate (CFR): 3.47%]. The affected MS include: Guinea (28 cases; 3 deaths), Mali (116; 4), Mauritania (158; 0), Niger (78; 6), Nigeria (360; 8), Somalia (1,395; 36), and South Africa (20; 5).

Since the last update (26 April 2026), a total of 15 new cases and no new deaths of toxigenic respiratory diphtheria were reported from Mauritania and South Africa.

Mauritania: Since the last update (26 April 2026), the MoH reported 14 new suspected cases and no new deaths of diphtheria from Gorgol (1 case; 0 death), Inchiri (10; 0), and Nouakchott Ouest (3; 0) regions. Since the beginning of this year, a total of 158 suspected cases and no deaths were reported from 11 regions in Mauritania. Hodh Echargui accounted for 64.5 % of the cases reported in 2026. Since the beginning of this outbreak (January 2025), a total of 1,464 cases (12 confirmed; 1,088 clinically compatible, 364 epidemiologically-linked) and 57 deaths of diphtheria have been reported from all 15 regions in Mauritania.

South Africa: In epidemiological week 17, the NICD reported one new laboratory-confirmed case and no new deaths of toxigenic respiratory diphtheria from Western Cape province in South Africa. This year, a total of 20 cases and one death (CFR: 7.69%) of diphtheria were reported in South Africa. Since the beginning of this outbreak (January 2024), a cumulative total of 104 cases (102 confirmed; 2 probable) and 19 deaths (CFR: 19.59%) of toxigenic respiratory and cutaneous diphtheria were reported from five provinces: Gauteng, Kwazulu-Natal, Limpopo, Mpumalanga and Western Cape.

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:

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

Meningitis (Bacterial) in Africa

54 confirmed human case(s), **2,471** suspected human case(s)
148 human deaths (**CFR: 5.86%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	2-Jan-2026	Previous Report Update	26-Apr-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	4 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 2,525 cases (54 confirmed; 2,471 suspected) and 148 deaths (CFR: 6.37%) of bacterial meningitis have been reported from four AU MS: CAR (34 cases; 6 deaths), DRC (2,238; 141), Mali (232; 1), and Senegal* (21; 0). The deaths were reported among suspected cases.

Since the last update, a total of 63 new cases and no new deaths of bacterial meningitis were reported from DRC and Mali.

DRC: In epidemiological week 18, the MoH reported 72 cases and seven deaths (CFR: 9.72%) of bacterial meningitis from three districts. This year, a total of 2,236 cases and 141 deaths (CFR: 6.3%) of bacterial meningitis have been reported from four provinces in DRC. The country reported alert-level activity in several health zones, including Boto and Zongo in Sud-Ubangi, Kole in Sankuru, and Mulongo in Haut-Lomami.

Mali: Since the last update (5 April 2026), the MoH reported 63 new cases (12 confirmed; 51 suspected) and one new death (CFR: 1.58%) of bacterial meningitis from Bamako (12 cases; 0 deaths), Koulikoro (10; 0), Mopti (1; 0), and Sikasso (4; 0) regions. This year, a total of 232 cases (52 confirmed; 180 suspected) and one death (CFR: 0.43%) of bacterial meningitis were reported from seven of 11 regions in Mali. Since the start of the outbreak (January 2025), a cumulative of 1,025 cases (187 confirmed; 838 suspected) and one death (CFR: 0.09%) of bacterial meningitis have been reported from all 11 regions in Mali. In 2024, the national meningitis vaccination coverage among children <5 years in Mali was 68%. The following bacteria were isolated from the confirmed cases: *Neisseria meningitidis* W135 (15), *Haemophilus influenzae* non-b (5), *Streptococcus pneumoniae*(25), *Neisseria meningitidis* C (1), *Neisseria meningitidis* X (1), *Haemophilus influenzae* b (1), *Neisseria meningitidis* untyped (4).

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:

DRC: The MoH continues to strengthen active case finding, rapid case management, laboratory confirmation, and preparedness for targeted response in affected health zones.

Mali: The MoH continues to coordinate enhanced surveillance and laboratory testing, routine vaccination through the Big Catch Up (BCU) campaign initiative and improved risk communication and community engagement.

Moderate Risk Events

Human Event AC53748

Mpox in Africa

3,474 confirmed case(s)
19,830 suspected human case(s)
19 Total deaths (**CFR: 0.55%**)

Agent/Pathogen	Mpox	First Reported	1-Jan-2026	Previous Report Update	26-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 19,830 mpox cases, of which 3,474 (16.5%) were laboratory-confirmed, have been reported from 24 African Union (AU) Member States (MS). In addition, a total of 157 deaths (CFR: 0.80%) among all cases and 19 deaths (CFR: 0.55%) 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 (43; 0), CAR (37; 0), Congo Republic (36; 0), Comoros (46; 0), DRC (1,036; 1), Ghana (26; 0), Guinea* (278; 1), Kenya (166; 7), Liberia (159; 0), Madagascar (1,323; 4), Malawi (10; 0), Mali (20; 2), Mauritius (2; 0), Mozambique (2; 0), Nigeria (30; 0), Rwanda (3; 0) Senegal (1; 0), South Africa (4; 0), South Sudan (40; 1), Tanzania (36; 1), Togo (3; 0), Uganda (67; 1) and Zambia (21; 0).

Since the last update, (26 April 2026), a total of 246 new laboratory-confirmed cases and one new deaths among confirmed cases of mpox were reported from two AU MS: Cameroon, Liberia, and Madagascar.

Cameroon: In epidemiological week 17, the MoH reported one new laboratory-confirmed case and no deaths of mpox. This year, a total of 43 confirmed cases and no deaths of mpox were reported from Cameroon.

Liberia: Since the last update (26 April 2026), the Liberia Public Health Institute reported 29 new mpox cases (2 laboratory-confirmed) and no new mpox deaths across five counties. The confirmed cases were reported from Bong and Montserrado counties. This is a 47% average decrease in the number of new cases in the last four weeks. This year, a total of 721 cases (159 laboratory-confirmed) and no deaths of mpox were reported from 14 of 15 counties. Since the beginning of the outbreak (March 2024), a cumulative of 3,551 cases (1,673 laboratory confirmed), and eight deaths (CFR: 0.48%) of mpox have been reported from all 15 counties in Liberia. A total of 3,313 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 (19 April 2026), the MoH reported 243 new laboratory-confirmed cases and one new death (CFR: 0.41%) of mpox from multiple regions. This is a 16% average increase in the number of new cases in the last four weeks. This year, a total of 1,323 laboratory-confirmed cases and four deaths (CFR: 0.30%) of mpox were reported from 78 of 114 districts in Madagascar. Since the beginning of this outbreak (December 2025), a total of 1,336 laboratory-confirmed cases and four deaths (CFR: 0.29%) of mpox have been reported from 78/114 health districts in Madagascar. Clade Ib was isolated from the sequenced samples.

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, conduct mpox vaccination campaigns and community engagement activities in the affected communities.

Polio (Vaccine-derived) in Africa

39 confirmed human case(s)

0 human deaths (**CFR: 0%**)

Agent/Pathogen	Polio (Vaccine-derived)	First Reported	1-Mar-2026	Previous Report Update	26-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 31 confirmed cases and no deaths of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported from six AU MS: Angola (1; 0), Chad (4; 0), DRC (6; 0), Nigeria (20; 0), Somalia (2; 0), and Togo (1; 0). Three confirmed cases of cVDPV3 were reported from Nigeria.

Since the last update (26 April 2026), six cVDPV2 cases were reported from Chad, DRC, and Nigeria and one cases of cVDP3 from Nigeria.

Chad: In epidemiological week 18, the Global Polio Eradication Initiative (GPEI) reported two cVDPV2 cases, with onset of paralysis on 21 February and 7 March 2026, from Ouddai and Logone Oriental provinces. This year, a total of four cVDPV2 cases and no deaths of cVDPV2 have been reported from three of 23 provinces in Chad.

DRC: Since the last update (12 April 2026), the GPEI reported one cVDPV2 case, with onset of paralysis on 9 March 2026, from Maniema Province. This year, a total of six cases and no deaths of cVDPV2 have been reported from three of 26 provinces in DRC.

Nigeria: Since the last update (12 April 2026), the GPEI reported three new confirmed cases of cVDPV2 and one case of cVDPV3 and no deaths of from four states. This year, a total of 20 cases of vaccine-derived poliovirus were reported from Nigeria: cVDPV2 (17 cases) and cVDPV3 (3 cases).

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). 14 confirmed cases and no deaths of cVDPV3 have been reported from Cameroon (1; 0), Chad (4; 0), and Guinea (2; 0). Nigeria (7; 0).

Response by MS/partner/Africa CDC:

Chad: The Ministry of Public Health and Prevention, in collaboration with partners, has strengthened epidemiological surveillance, active case search, and rapid response activities following the confirmation of additional cVDPV2 cases in Ouaddaï and Logone Oriental Provinces. Preparations are ongoing for targeted reactive vaccination campaigns and enhanced community sensitization in affected and high-risk areas to interrupt transmission and improve population immunity among children under five years of age.

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).

Nigeria: The National Primary Health Care Development Agency, in collaboration with partners, is working together to refine the national polio control strategy by reviewing progress, identifying gaps, and system strengthening.

Cholera in Africa

271 confirmed human case(s), **39,472** suspected human case(s)
860 human deaths (CFR: **2.16%**)

Agent/Pathogen	Cholera	First Reported	1-Jan-2026	Previous Report Update	26-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 39,743 cases (271 confirmed; 39,472 suspected) and 860 deaths (CFR: 2.17%) of cholera have been reported from 15 AU MS: Angola (2,400 cases; 51 deaths), Burundi (972; 2), Congo (391; 33), DRC (23,566; 671), Ethiopia (15; 0), Malawi (1,733; 5), Mozambique (6,893; 59), Namibia (49; 0), Nigeria (943; 19), Rwanda* (29; 0), Somalia* (1,170; 0), South Sudan (457; 0), Tanzania (113; 2), Zambia (976; 16), and Zimbabwe (36; 2).

Since the last update (26 April 2026), a total of 4,723 new cases and 36 new deaths of cholera were reported from eight AU MS: Angola, Burundi, Congo, DRC, Mozambique, Rwanda, Somalia, and Zambia.

Angola: Since the last update (26 April 2026), the MoH reported 469 new cases and six new deaths (CFR: 1.27%) of cholera from five provinces. This is an 88% average increase in the number of new cases in the last four weeks. This year, a total of 2,400 cases and 51 deaths (CFR: 2.12%) of cholera were reported from 18 provinces. Since the beginning of this outbreak (January 2025), a total of 38,682 cases (937 confirmed; 37,745 suspected) and 946 deaths (CFR: 2.45%) 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 18), 16,102 cases and 547 deaths (CFR: 3.40%) were reported from Angola, representing a 88% decrease in cases and a 92% decrease in deaths due to cholera.

Burundi: Since the last update (26 April 2026), the MoH reported 45 new cases and no new deaths of cholera from Mutimbuzi, Kamenge, Mukaza, and Ruziba districts. This is an 8% average decrease in cases in the last four weeks. This year, a total of 972 cases and two deaths (CFR: 0.21%) 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% of all cases, while children under five years account for 14.6% of all cases. Since the beginning of this outbreak (December 2022), a cumulative of 6,962 cases and 27 deaths (CFR: 0.39%) have been reported in all of the 42 districts.

Congo: Since the last update (26 April 2026), the MoH reported 34 new cases (1 confirmed; 33 suspected) and one new death (CFR: 2.94%) of cholera from Likouala and Plateaux departments. This year, a total of 391 cases (21 confirmed; 370 suspected) and 33 deaths (CFR: 8.44%) of cholera were reported from three of 15 departments in Congo. Since the beginning of this outbreak (June 2025), a cumulative of 1,224 cases (87 confirmed; 1,137 suspected) and 100 deaths (CFR: 8.17%) of cholera have been reported from five of 15 departments in Congo. Males account for 59.1% of all cases, while children under five years account for 16.2% of all cases.

Mozambique: Since the last update (26 April 2026), the MoH reported 86 new cases and no new deaths of cholera in nine provinces. This is a 21% average decrease in new cases in the last four weeks. This year, a total of 6,893 cases and 59 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. Of the total cases, 51% are males. Since the beginning of this outbreak (September 2025), a total of 8,845 cases and 84 deaths (CFR: 0.95%) of cholera have been reported from nine of the ten provinces in Mozambique. Compared with the same period in 2025 (epidemiological week 1 to 18), a total of 3,125 cases and 35 deaths (CFR: 1.12%) of cholera were reported in Mozambique, representing a 2-fold increase in cases and deaths.

DRC: Since the last update (26 April 2026), the MoH reported 3,972 new cases and 26 new deaths (CR: 0.65%) of measles from 21 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 66,910 cases and 627 deaths (CR: 0.94%) of measles have been reported from all 26 provinces in DRC. This is a protracted outbreak that started in January 2022.

Rwanda:* Between epidemiological week 9-17, a total of 11 new cases (7 confirmed; 4 suspected) and no deaths of cholera were reported from Nyamasheke (10 cases) and Rubavu (1) districts. This year, 29 cases (15 confirmed; 14 suspected) and no deaths of cholera have been reported from two of thirty districts in Rwanda.

Somalia:* Between epidemiological week 16-17, a total of 85 new cases (1 confirmed; 84 suspected) and no new deaths of cholera were reported from one of six states in Somalia. This year, 1,170 cases (35 confirmed; 1,135 suspected) and no deaths of cholera have been reported from five of six states in Somalia.

Zambia: Since the last update (26 April 2026), the MoH reported 21 new cases and three new deaths (CFR: 14.3%) of cholera from Central, Northern, and Lusaka provinces. This is a 4% average decrease in new cases in the last four weeks. This year, 976 cases (5 confirmed; 961 suspected) and 16 deaths (CFR: 1.63%) 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 1,606 cases (205 confirmed; 1,401 suspected) and 26 deaths (CFR: 1.6%) of cholera have been reported from nine of the ten provinces in Zambia. Compared with the same period in 2025 (epidemiological week 1 to 18), a total of 473 cholera cases and nine deaths (CFR: 1.90%) were reported in Zambia, representing a 2-fold increase in cases and 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 continues to conduct enhanced surveillance, risk communication, and environmental sanitation in the affected communities.

Measles in Africa

3,422 confirmed human case(s), **92,537** suspected human case(s)
633 human deaths (CFR: **0.66%**)

Agent/Pathogen	Measles	First Reported	1-Jan-2026	Previous Report Update	19-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 95,959 cases (3,422 confirmed; 92,537 suspected) and 633 deaths (CFR: 0.70%) of measles have been reported from 21 AU MS: Burundi (717 cases; 2 deaths), Burkina Faso (2,562; 4), Cameroon (105; 1), CAR (6,010; 8), Chad (1,887; 0), Congo (558; 6), DRC (67,033; 640), Gabon (10; 0), Guinea (71; 0), Kenya (694; 0), Liberia (3,889; 11), Malawi (765; 0), Mali (445; 0), Mozambique (611; 0), Namibia (29; 0), Nigeria (1,229; 0), Rwanda* (211; 0), Senegal (99; 1), Somalia* (7,224; 0), South Africa (1,303; 0), and Togo* (507; 0).

Since the last update (26 April 2026), a total of 266 new cases and six new deaths of measles have been reported from six AU MS: Burundi, Mali, Mozambique, Senegal, and Togo.

Burundi: Since the last update (12 April 2026), the MoH reported 117 new suspected cases and no new deaths of measles, from Bujumbura province. This year, a total of 717 suspected cases and two deaths (CFR: 0.28%) of measles have been reported from four of five provinces in Burundi this year. Since the beginning of this outbreak (January 2025), a cumulative of 857 suspected cases and two deaths (CFR: 0.23%) of measles have been reported from all five regions in Burundi. In 2023, the national measles vaccination coverage among children <1 years (MCV 1) in Burundi was 82%. In 2024, the national measles vaccination coverage among children <1 year in Burundi was 82%.

DRC: Since the last update (26 April 2026), the MoH reported 3,972 new cases and 26 new deaths (CFR: 0.65%) of measles from 21 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, from 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 67,033 cases and 640 deaths (CR: 0.95%) of measles have been reported from all 26 provinces in DRC. This is a protracted outbreak that started in January 2022. In 2023, the national measles vaccination coverage among children <2 years in DRC was 15%.

Mali: Since the last update (26 April 2026), the MoH reported seven new cases (5 confirmed; 2 suspected) and no new deaths of measles from six regions. This is a 101% decrease in the number of new cases in the past four weeks. This year, a total of 445 cases (130 confirmed; 315 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 1,890 cases (735 confirmed; 1,155 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 (26 April 2026), the MoH reported 118 new confirmed cases and no new deaths of measles from six provinces. This is a 170% average increase in the number of confirmed cases in the last four weeks. This year, a total of 611 confirmed cases and one death (CFR: 0.16%) of measles were reported from six provinces. Nampula, Tete and Sofala provinces accounted for 92% of all cases. Since the beginning of this outbreak (July 2025), a total of 1,166 confirmed cases and two deaths (CFR: 0.17%) of measles have been reported from six of the ten provinces in Mozambique. In 2024, the national measles vaccination coverage (MCV1) was 44%.

Rwanda:* Between epidemiological week 9-17, a total of 187 confirmed cases and no deaths of measles were reported from four of thirty districts in Rwanda. This year, 211 confirmed cases and no deaths of measles have been reported from four of thirty districts in Rwanda.

Senegal: Since the last update (26 April 2026), the MoH reported one new confirmed case and no new deaths of measles from, Dakar region. This is a 208% average decrease in the number of new cases in the last four weeks. This year, a total of 99 confirmed cases and one death (CFR: 1.01%) of measles have been reported from seven regions in Senegal. Of the confirmed cases, Kedougou region accounted for 66%, females accounted for 55% of the cases, and the age group 15 - 20 years accounted for 36% of all cases. Seventy-two percent of the cases were unvaccinated against measles. In 2024, the national measles vaccination coverage among children <1 year in Senegal was 79%.

Somalia:* Between epidemiological week 15-17, a total of 1,301 new cases (45 confirmed; 1,256 suspected) and no new deaths of measles were reported from all six states in Somalia. This year, 7,224 cases (351 confirmed; 6,873 suspected) and no deaths of measles have been reported from all six states in Somalia.

Togo: In epidemiological week 17, the MoH reported 30 cases (12 confirmed; 18 suspected) and no deaths of measles. This year, a total of 507 cases and no deaths of measles were reported from 25 of 39 districts in Togo. In 2024, the national measles vaccination coverage among children <1 year in Togo was 69%.

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 ministries of health in the affected MS continue to strengthen measles surveillance and supplemental immunization activities in the affected communities.

Dengue in Africa

348 confirmed human case(s), **794** suspected human case(s)
2 human deaths (**CFR: 0.18%**)

Agent/Pathogen	Dengue	First Reported	1-Jan-2026	Previous Report Update	26-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 1,142 cases (348 confirmed; 794 suspected) and two deaths (CFR: 0.18%) of dengue fever have been reported from four AU MS: CAR (1 case; 1 death), Mali (1,045; 1), Mauritania (38; 0), and Senegal (58; 0).

Since the last update (26 April 2026), a total of 102 new cases and no new deaths of dengue fever were reported from Mali and Senegal.

Mali: Since the last update (26 April 2026), the MoH reported 93 new cases (22 confirmed; 71 suspected) and no new deaths of dengue fever from Dakar (88 cases; 0 deaths) and Mopti (5; 0) regions. This year, a total of 1,045 cases (251 confirmed; 794 suspected) and one death (CFR: 0.09%) of dengue fever were reported from all 11 regions in Mali. Since the beginning of this outbreak (September 2023), a cumulative of 20,939 cases (2,843 confirmed; 18,096 suspected) and 75 deaths (CFR: 0.36%) of dengue fever have been reported from all 11 regions in Mali.

Senegal: Since the last update (26 April 2026), the MoH reported nine new confirmed cases and no new deaths of dengue fever from Matam (8 cases; 0 deaths) and Tambacounda (1; 0) regions. This is a 100% increase in the number of new cases compared to the previous update. This year, a total of 58 confirmed cases and no deaths of dengue fever were reported from seven of 15 regions in Senegal. Of the confirmed cases, females accounted for 59%, and the age group 15 - 20 years accounted for 22%. Since the beginning of this outbreak (January 2025), a total of 6,730 confirmed cases and no deaths of dengue fever were reported from Senegal.

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.

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

- Epidemiological week 18 covers the period from 27 to 03 May 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, 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.

Analysts

Ms. Dativa Aliddeki

Mrs. Chika Collette Ukenedo

Dr. Fatma Osman

Dr. Maryam Buba

Dr. Amadou Cisse

Mrs. Bethelhem Tibebu

Mr. Wazih Cho

Reviewers

Dr. Merawi Aragaw

Dr. Mercy Kyeng

Ms. Leocadia W. Kwagonza

Dr. R. Hyacinthe Zabre

Mr. Festo Mazuguni