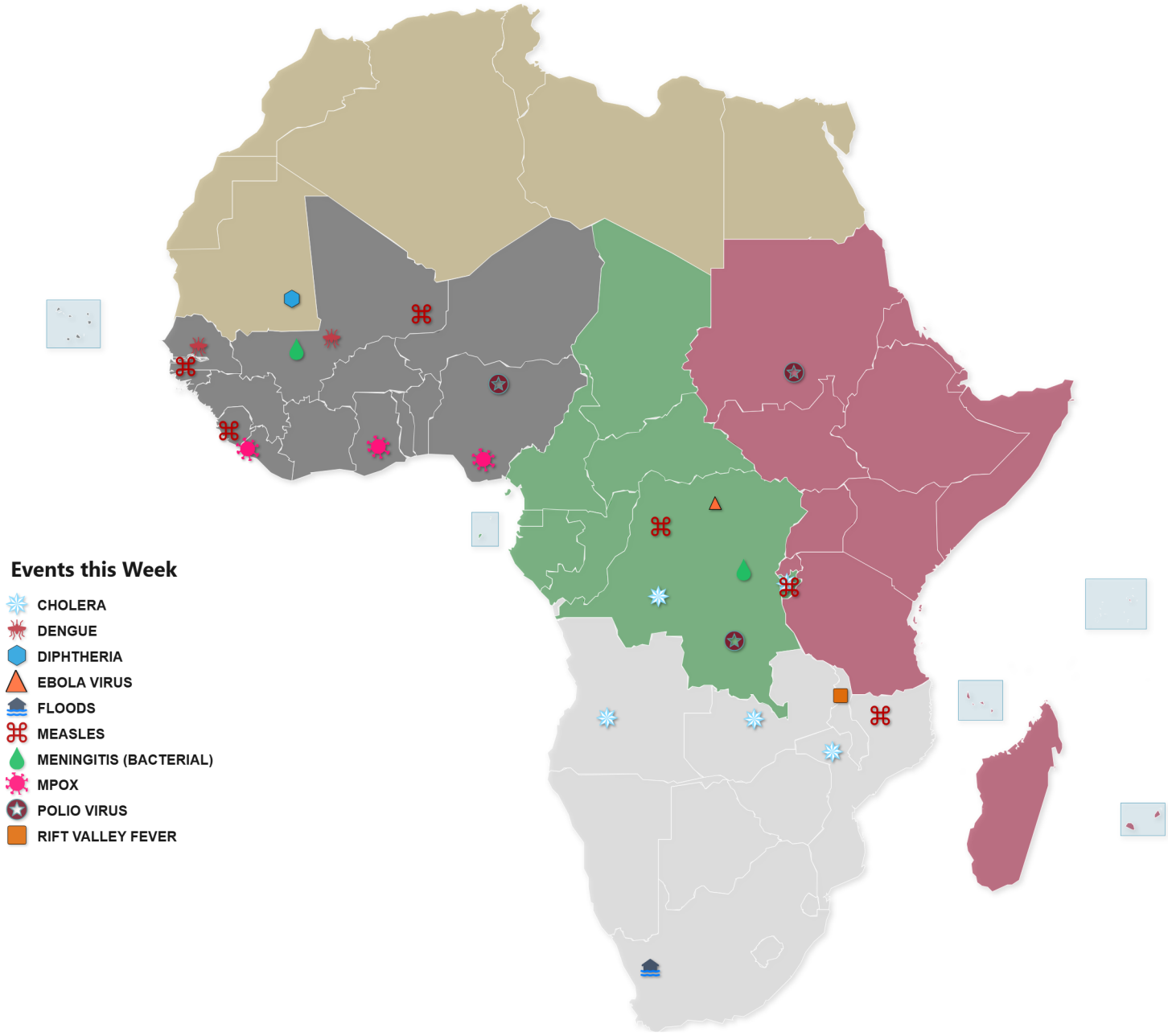
AfricaCDC
Centres for Disease Control and Prevention

Africa CDC Epidemic Intelligence Report

Date of Issue: 2026-05-10

Active Events	New Events reported in 2026	Events highlighted this week	New events since last issue
102	26	25	5



* ☐ 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	1 (1)	4	18 (2)
Animal	0	1 (1)	0
Environment	0	0	1 (1)

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Suspected	Probable	Susceptible	Confirmed	Deaths
Ebola virus	Democratic Republic of the Congo	Very High	N/A		393	105		8	4
Floods	South Africa	Moderate	N/A						
Measles	Sierra Leone	Moderate	N/A		0	0		41	
Polio virus	Sudan	Moderate	N/A		0	0		1	0
Rift Valley fever	Malawi	Moderate	High						
	Malawi	Moderate	High				26,017	81	13

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		3,146 (746)	0 (0)	0 (0)	62 (11)
	Burundi	Moderate	N/A		1,015 (43)	0 (0)	0 (0)	2 (0)
	Democratic Republic of the Congo	Moderate	N/A		25,418 (870)	0 (0)	0 (0)	726 (27)
	Mozambique	Moderate	N/A		7,016 (123)	0 (0)	0 (0)	59 (0)
	Zambia	Moderate	N/A		987 (11)	0 (0)	5 (0)	16 (0)
Dengue	Mali	Moderate	N/A		899 (105)	0 (0)	267 (16)	1 (0)
	Senegal	High	N/A		0 (0)	0 (0)	60 (2)	0 (0)
Diphtheria	Mauritania	Moderate	N/A		180 (22)	0 (0)	0 (0)	0 (0)
Measles	Burundi	Moderate	N/A		745 (6)	0 (0)	0 (0)	2 (0)
	Democratic Republic of the Congo	Moderate	N/A		71,023 (3,559)	0 (0)	0 (0)	683 (39)
	Mali	High	N/A		325 (10)	0 (0)	138 (8)	0 (0)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	679 (68)	1 (0)
	Senegal	High	N/A		0 (0)	0 (0)	101 (2)	1 (0)
Meningitis (Bacterial)	Democratic Republic of the Congo	Moderate	N/A		2,340 (99)	0 (0)	0 (0)	151 (9)
	Mali	Moderate	N/A		194 (14)	0 (0)	53 (1)	1 (0)
mpox	Ghana	Moderate	N/A		184 (60)	0 (0)	26 (5)	0 (0)
	Liberia	Moderate	N/A		758 (37)	0 (0)	161 (2)	0 (0)
	Nigeria	Moderate	N/A		325 (4)	0 (0)	31 (1)	0 (0)
Polio virus	Democratic Republic of the Congo	Moderate	N/A		0 (0)	0 (0)	9 (3)	0 (0)
	Nigeria	Moderate	N/A		0 (0)	0 (0)	26 (6)	0 (0)

Initial Reports

Very High Risk Events

Human Event AC58064

Bundibugyo Virus Disease in Africa

10 confirmed human case(s)
393 suspected human case(s)
105 probable human case(s)
5 human deaths (**CFR: 50%**)

Agent/Pathogen	**Bundibugyo Virus Disease**	First Occurred	**15-May-2026**	Country	**Multiple Countries**
Location	**DRC and Uganda**	Source	**Ministry of Health**	GeoScope	**HIGH**
Human Risk Assessment	**VERY HIGH**	Animal Risk Assessment	**N/A**		

Description:

Since the beginning of this year, 10 confirmed, 105 probable, 393 suspected and five deaths from two Africa Union Member States: DRC [10 confirmed, 105 probable, 393 suspected) and five deaths], and Uganda [(2; 0; 0) and 1 death].

DRC (*initial report*): On 15 May 2026, Democratic Republic of the Congo (DRC) Ministry of Health (MoH) confirmed a new outbreak of Bundibugyo virus disease in Ituri province following investigations into clusters of unexplained deaths reported in the health zones of Mongbwalu, Rwampara, and Bunia. Initial alerts emerged on 5 May 2026 through community and social media reports describing unusual deaths in Mongbwalu, before official notification on 8 May 2026. Preliminary investigations linked several deaths to high-risk funeral practices and close household exposure. To date, 393 suspected cases, 105 probable cases, eight confirmed cases, and four deaths have been reported. Among 13 samples analysed by the Institut National de Recherche Biomédicale (INRB), eight tested positive for Bundibugyo virus disease, while four samples required repeat testing. Genomic sequencing confirmed the circulating strain as Bundibugyo ebolavirus. Eight additional samples from Ituri Province are currently being transported to INRB for analysis. The outbreak's epicentre is located in the Shun (Sun 1) neighbourhood of Mongbwalu, particularly along Alimasi avenues 1 and 2. Clinical manifestations among suspected and confirmed cases include fever, severe headache, vomiting, diarrhoea, abdominal pain, profound weakness, cough, conjunctival injection, haematemesis, epistaxis, convulsions, and respiratory distress. Several healthcare workers have died, raising concern about healthcare-associated transmission and gaps in infection prevention and control (IPC). The DRC has experienced multiple Ebola outbreaks since 1976, including outbreaks caused by Zaire and Bundibugyo species. The current outbreak represents the 17th Ebola outbreak officially reported in the country. Ituri Province remains vulnerable due to population displacement, mining-related mobility, porous international borders with Uganda and South Sudan, limited IPC capacity, and persistent mistrust fueled by rumours and misinformation. The last Ebola outbreak declared over on 1 December 2025 where a cumulative of 53 confirmed cases and 31 deaths among confirmed cases (CFR: 58.49%) reported from Bulape Health Zone, Kasai Province.

Uganda *(initial report)*: On 15 May 2026, the Uganda Ministry of Health (MoH) declared an outbreak of Bundibugyo virus disease (EVD) in Kampala district, central Uganda. The index case is a 59-year-old male of Congolese nationality who had been admitted to Kibuli Muslim Hospital since 11 May 2026. He presented with respiratory distress, episodes of fever, epigastric pain, nausea, and difficulty in passing urine. His situation deteriorated, and he passed away on 14 May 2026. Available information indicates that the body was repatriated back to DRC the same evening. A sample collected and tested at the Central Emergency Surveillance and Response Support Laboratory in Wandegeya, Kampala, tested positive for Ebola Bundibugyo (BUDV) by polymerase chain reaction. The last Ebola outbreak was reported in March 2025, resulting in 142 cases (12 confirmed; 2 probable) and four deaths (2 confirmed; 2 probable), with a case fatality rate (CFR: 28.5%) across two districts.

Ebola Virus Disease is a severe viral haemorrhagic disease caused by Bundibugyo ebolavirus, one of the strains within the ebola virus. Human infection occurs through direct contact with infected body fluids, contaminated materials, or infected animals. Transmission may intensify during unsafe caregiving and burial practices. Symptoms typically begin with fever, fatigue, headache, muscle pain, and gastrointestinal manifestations before progressing in severe cases to haemorrhagic complications and multi-organ dysfunction. The incubation period ranges from 2 to 21 days. Compared with the Zaire strain, Bundibugyo ebolavirus has historically shown a lower but still significant fatality rate; however, available vaccines and therapeutics are more limited for non-Zaire strains.

Response by MS/partner/Africa CDC:

The MoH deployed a rapid response team (RRT) to activate the national and district level response mechanisms. The RRT initiated epidemiological investigations into the two cases. In additional, points of entry and exit screening has been activated at all official points of entry, especially along the western border, major transit routes, and pilgrimage corridors. A mobile laboratory has been deployed to Bwera Hospital to support real time sample testing.

Moderate Risk Events

Non-Human Event AC68130

Rift Valley fever in Malawi

0 human deaths
81 animal case(s)
26,017 susceptible case(s)
13 animal deaths (**CFR: 16.05%**)

Agent/Pathogen	**Rift Valley fever**	First Reported	**17-May-2026**	First Occurred	**8-May-2026**
Country	**Malawi**	Location	**Malawi**	Source	**Ministry of Agriculture**
GeoScope	**LOW**	Human Risk Assessment	**MODERATE**	Animal Risk Assessment	**HIGH**

Description:

In epidemiology week 19, the Ministry of Agriculture, Irrigation and Mineral Development through a press release, reported an outbreak of Rift Valley fever (RVF) in animals from Thumbwe Extension Planning Area (EPA), Chiradzulu District Council (Blantyre Agricultural Development Division) Malawi. This followed the laboratory confirmation of RVF among cattle on 08 May 2026. The exact number of animals confirmed is not provided. However, a total of 81 abortions and 13 livestock deaths among have been reported among 75 farms in Thumbwe Extension Planning Area. Chirazulu district has an estimated cattle population of 26,017. No human cases have been reported in the affected area. Rift Valley Fever (RVF) is a viral zoonotic arboviral disease caused by the RVF virus (RVFV), a member of the genus Phlebovirus within the family Phenuiviridae. The disease primarily affects domestic ruminants (including cattle, sheep, goats, and camels) but poses significant public health risks to humans. No confirmed outbreak of Rift Valley Fever (RVF) was officially reported in Malawi between the early 1990s and the 2026 event. However, serological and molecular evidence confirms active, low-level circulation of RVF virus during this period.

Response by MS/partner/Africa CDC:

The MoH continues to enhance surveillance, active case search, quarantine affected farms and restrict movement of livestock and animal products, alongside vector control through mosquito spraying and management and risk communication and community engagement.

Human Event Updates

Moderate Risk Events

Human Event AC55927

Meningitis (Bacterial) in Africa

55 confirmed human case(s), **2,587** suspected human case(s)
157 human deaths (**CFR: 5.94%**)

Agent/Pathogen	**Meningitis (Bacterial)**	First Reported	**2-Jan-2026**	Previous Report Update	**3-May-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 the year, a total of 2,642 cases (55 confirmed; 2,587 suspected) and 157 deaths (CFR: 6.37%) of bacterial meningitis have been reported from four AU MS: CAR (34 cases; 6 deaths), DRC (2,340; 151), Mali (247; 1) and Senegal (21; 0). The deaths were reported among suspected cases.

Since the last update (03 May 2026), a total of 114 new cases and nine new deaths of bacterial meningitis were reported from DRC and Mali.

DRC: Since the last update (12 May 2026), the MoH reported 99 cases and nine deaths (CFR: 9.09%) of bacterial meningitis, with 32 districts in alert phase and three in epidemic phase. This year, a total of 2,340 cases and 151 deaths (CFR: 6.45%) of bacterial meningitis have been reported from four provinces in DRC. The country had 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 (12 May 2026), the MoH reported 15 new cases (1 confirmed; 14 suspected) and no new death of bacterial meningitis from eight regions. This is a 44% decrease in new cases compared to the last update. This year, a total of 247 cases (53 confirmed; 194 suspected) and one death (CFR: 0.40%) of bacterial meningitis were reported from seven of 11 regions in Mali. Since the start of the outbreak (January 2025), a cumulative of 1,040 cases (188 confirmed; 852 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 (19), Haemophilus influenzae non-b (5), Streptococcus pneumoniae (26), Neisseria meningitidis C (1), Neisseria meningitidis X (1), and Haemophilus influenzae b (1).

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.

Human Event AC53748

Mpox in Africa

3,491 confirmed case(s)
19,890 suspected human case(s)
19 Total deaths (**CFR: 0.54%**)

Agent/Pathogen	**Mpox**	First Reported	**1-Jan-2026**	Previous Report Update	**3-May-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 19,890 mpox cases, of which 3,491 (17.5%) 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* (292; 1), Kenya (166; 7), Liberia (161; 0), Madagascar (1,323; 4), Malawi (10; 0), Mali (20; 2), Mauritius (2; 0), Mozambique (2; 0), Nigeria (31; 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, (3 May 2026), a total of 17 new laboratory-confirmed cases and no new deaths among confirmed cases of mpox were reported from three AU MS: Guinea, Liberia and Nigeria

Guinea: From epidemiological week 16-18, the MoH reported 14 laboratory-confirmed cases and no deaths of mpox from 18 of 38 health districts. This year, a total of 544 cases (292 laboratory-confirmed) and one death (CFR: 0.34%) of mpox were reported from 18 of 38 health districts.

Liberia: Since the last update (12 May 2026), the Liberia Public Health Institute reported 37 new mpox cases (2 laboratory-confirmed) and no new mpox deaths across 10 counties. The confirmed cases were reported from Montserrado (1), Nimba (1) counties. This is a 47% average decrease in the number of new cases in the last four weeks. This year, a total of 758 cases (161 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 3,588 cases (1,675 laboratory confirmed), and eight deaths (CFR: 0.48%) of mpox have been reported from all 15 counties in Liberia. A total of 3,344 samples were tested, resulting in a 93% testing rate and a 50% positivity rate. Clade IIb was isolated from sequenced samples.

Nigeria: Since the last update (5 April 2026), the Nigeria Centre for Disease Control reported four new cases (one laboratory-confirmed) and no new deaths of mpox from five states. This year, a total of 325 cases (31 laboratory confirmed) and no deaths of mpox were reported from 18 of 36 states and Federal Capital Territory. Nigeria is endemic for mpox. Since 2017, a cumulative of 7,871 cases, (1,741 laboratory confirmed) and 23 deaths (CFR: 1.32%) of mpox were reported from 36 states and Federal Capital Territory in Nigeria.

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.

Human Event AC81248

Polio (Vaccine-derived) in Africa

50 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, six confirmed cases and no deaths of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported from Ethiopia (4 cases; 0 deaths) and South Sudan (2; 0). A total of 41 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 (9; 0), Nigeria (23; 0), Somalia (2; 0), Sudan* (1; 0), and Togo (1; 0). Three confirmed cases of cVDPV3 were reported from Nigeria.

DRC: Since the last update (3 May 2026), the Global Polio Eradication Initiative (GPEI) reported three cVDPV2 cases, with onset of paralysis on 9 March 2026, from Maniema province. This year, a total of nine cVDPV2 cases and no deaths have been reported from three of 26 provinces in DRC.

Ethiopia: On 15 May 2026, the GPEI reported four cases of cVDPV1 from Gambella, with onsets of paralysis in February and March 2026. According to GPEI, these cases are genetically linked to cVDPV1 cases reported this year from South Sudan. These are the first cases of cVDPV1 reported this year. In 2025, a total of 45 cases with no deaths of cVDPV2 were reported.

Nigeria: Since the last update (3 May 2026), the GPEI reported six new confirmed cases of cVDPV2 and no deaths of from four states. This year, a total of 26 cases of vaccine-derived poliovirus were reported from Nigeria: cVDPV2 (23 cases) and cVDPV3 (3 cases).

Sudan*: In epidemiological week 4, the GPEI reported one case of cVDPV1 from Central Darfur, with onset of paralysis on 14 December 2025. This is the first case reported for 2026. In 2025, a total of 13 cases with no deaths of cVDPV1 were reported.

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:

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.

Human Event AC09337

Cholera in Africa

271 confirmed human case(s), **40,431** suspected human case(s)
871 human deaths (**CFR: 2.14%**)

Agent/Pathogen	**Cholera**	First Reported	**1-Jan-2026**	Previous Report Update	**3-May-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 40,702 cases (271 confirmed; 40,431 suspected) and 871 deaths (CFR: 2.17%) of cholera have been reported from 15 AU MS: Angola (3,146 cases; 62 deaths), Burundi (1,015; 2), Congo (391; 33), DRC (23,566; 671), Ethiopia (15; 0), Malawi (1,733; 5), Mozambique (7,016; 59), Namibia (49; 0), Nigeria (943; 19), Rwanda* (29: 0), Somalia* (1,206; 0), South Sudan (457; 0), Tanzania (113; 2), Zambia (987; 16), and Zimbabwe (36; 2).

Since the last update (03 May 2026), a total of 916 new cases and 11 new deaths of cholera were reported from six AU MS: Angola, Burundi, DRC, Mozambique, Somalia, and Zambia

Angola: Since the last update (3 May 2026), the MoH reported 746 new cases and 11 new deaths (CFR: 1.27%) of cholera from five provinces. This is an 26% average increase in the number of new cases in the last four weeks. This year, a total of 3,146 cases and 62 deaths (CFR: 1.97%) of cholera were reported from 18 provinces. Since the beginning of this outbreak (January 2025), a total of 39,428 cases (937 confirmed; 38,491 suspected) and 957 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 19), 19,605 cases and 609 deaths (CFR: 3.11%) were reported from Angola, representing a 84% decrease in cases and a 92% decrease in deaths due to cholera.

Burundi: Since the last update (3 Mai 2026), the MoH reported 43 new cases and no new deaths of cholera from Mutimbuzi, Kamenge, Mukaza, and Ruziba districts. This is a 26% average decrease in cases in the last four weeks. This year, a total of 1,015 cases and two deaths (CFR: 0.20%) 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 14.3% of all cases. Since the beginning of this outbreak (December 2022) a cumulative of 7,005 cases and 27 deaths (CFR: 0.39%) have been reported in all of the 42 districts.

DRC: Since the last update (12 May 2026), the MoH reported 870 new cases and 27 new deaths (CFR: 3.10%) 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 25,418 suspected cases and 726 deaths (CR: 2.86%) of cholera have been reported from 12 of 26 provinces in DRC. Since the beginning of this outbreak (January 2025), a cumulative of 97,096 suspected cases and 2,753 deaths (CFR: 2.84%) of cholera have been reported from 15 of 26 provinces in DRC.

Mozambique: Since the last update (3 May 2026), the MoH reported 123 new cases and no new deaths of cholera in nine provinces. This is a 2% average decrease in new cases in the last four weeks. This year, a total of 7,016 cases and 59 deaths (CFR: 0.84%) 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 8,968 cases and 84 deaths (CFR: 0.94%) of cholera have been reported from nine of the ten provinces in Mozambique. Compared with the same period in 2025 (epidemiological week 1 to 19), a total of 3,284 cases and 35 deaths (CFR: 1.07%) of cholera were reported in Mozambique, representing a 2-fold increase in cases and deaths.

Somalia:* In epidemiological week 18, a total of 36 new suspected cases and no new deaths of cholera were reported from all six states in Somalia. This year, 1,206 cases (35 confirmed; 1,171 suspected) and no deaths of cholera have been reported from five of six states in Somalia.

Zambia: Since the last update (3 May 2026), the MoH reported 11 new cases and no new deaths of cholera from Central, Northern, and Lusaka provinces. This is a 30% average decrease in new cases in the last four weeks. This year, 987 cases (5 confirmed; 972 suspected) and 16 deaths (CFR: 1.62%) 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 1,617 cases (205 confirmed; 1,412 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 19), a total of 483 cholera cases and nine deaths (CFR: 1.86%) 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.

Human Event AC29618

Measles in Africa

3,463 confirmed human case(s), **92,951** suspected human case(s)
633 human deaths (**CFR: 0.66%**)

Agent/Pathogen	**Measles**	First Reported	**1-Jan-2026**	Previous Report Update	**3-May-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 96,455 cases (3,463 confirmed; 92,992 suspected) and 633 deaths (CFR: 0.70%) of measles have been reported from 22 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 (71,023; 683), Gabon (10; 0), Guinea (71; 0), Kenya (694; 0), Liberia (3,889; 11), Malawi (765; 0), Mali (463; 0), Mozambique (679; 0), Namibia (29; 0), Nigeria (1,229; 0), Rwanda (211; 0), Senegal (101; 1), Serra Leone (41; 0), Somalia* (7,591; 0), South Africa (1,303; 0), and Togo (507; 0).

Since the last update (03 May 2026), a total of 496 new cases and no new deaths of measles have been reported from five AU MS: DRC, Mali, Mozambique, Senegal, Serra Leone, and Somalia.

DRC: Since the last update (12 Mai 2026), the MoH reported 3,559 new cases and 39 new deaths (CR: 1.10%) 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 Kasaï-Central.This year, a total of 71,023 cases and 683 deaths (CR: 0.96%) 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 (12 May 2026), the MoH reported 18 new cases (8 confirmed; 10 suspected) and no new deaths of measles from six regions. This is a 98% decrease in the number of new cases in the past four weeks. This year, a total of 463 cases (138 confirmed; 325 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 1,915 cases (743 confirmed; 1,165 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 (3 May 2026), the MoH reported 68 new confirmed cases and no new deaths of measles from six provinces. This is a 127% average increase in the number of confirmed cases in the last four weeks. This year, a total of 679 confirmed cases and one death (CFR: 0.15%) 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 1,234 confirmed cases and two deaths (CFR: 0.16%) 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 (12 May 2026), the MoH reported two new confirmed case and no new deaths of measles from Kafferine (1) and Saint Louis (1) regions. This is a 96% average decrease in the number of new cases in the last four weeks. This year, a total of 101 confirmed cases and one death (CFR: 0.99%) of measles have been reported from eight regions in Senegal. Of the confirmed cases, Kedougou region accounted for 64%, females accounted for 56% of the cases, and the age group 15 - 20 years accounted for 37% 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%.

Serra Leone (*Initial report*): On 13 May 2026, the National Public Health Agency of Sierra Leone declared an outbreak of measles with 41 confirmed and no deaths from eight of sixteen districts. Since the beginning of the outbreak in January 2026, Western Area Urban accounted for 37% of the the cases. The national test positivity rate of measles in Sierra Leone is 75%. In 2024, the national measles vaccination coverage was 73%.

Somalia:* In epidemiological week 18, a total of 367 new cases (8 confirmed; 359 suspected) and no new deaths of measles were reported from all six states in Somalia. This year, 7,591 cases (7,232 confirmed; 359 suspected) and no deaths of measles have been reported from all six states in Somalia. In 2024, the national measles vaccination coverage was 64%.

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.

Human Event AC33890

Dengue in Africa

366 confirmed human case(s), **899** suspected human case(s)
2 human deaths (**CFR: 0.16%**)

Agent/Pathogen	**Dengue**	First Reported	**1-Jan-2026**	Previous Report Update	**3-May-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 1,265 cases (366 confirmed; 899 suspected) and two deaths (CFR: 0.18%) of dengue fever have been reported from four AU MS: CAR (1 case; 1 death), Mali (1,166; 1), Mauritania (38; 0), and Senegal (60; 0).

Since the last update (3 May 2026), a total of 123 new cases and no new deaths of dengue fever were reported from Mali and Senegal.

Mali: Since the last update (12 May 2026), the MoH reported 121 new cases (16 confirmed; 101 suspected) and no new deaths of dengue fever from Dakar (120 cases; 0 deaths) and Mopti (1; 0) regions. This year, a total of 1,166 cases (267 confirmed; 899 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 21,056 cases (2,859 confirmed; 18,197 suspected) and 75 deaths (CFR: 0.36%) of dengue fever have been reported from all 11 regions in Mali.

Senegal: Senegal: Since the last update (12 May 2026), the MoH reported two new confirmed cases and no new deaths of dengue fever from region. This is a no percentage change in the number of new cases compared to the previous update. This year, a total of 60 confirmed cases and no deaths of dengue fever were reported from eight of 15 regions in Senegal. Of the confirmed cases, females accounted for 58%, and the age group 15 - 20 years accounted for 20%. Since the beginning of this outbreak (January 2025), a total of 6,732 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.

Environmental Event Updates

Moderate Risk Events

Environmental Event AC74027

Floods in Africa

1,000,414 displaced persons
332 human deaths

Agent/Pathogen	**Floods**	First Reported	**22-Jan-2026**	Previous Report Update	**20-Mar-2026**
First Occurred	**24-Dec-2025**	Country	**Multiple Countries**	Location	**8 MS**
Source	**EIOS**	GeoScope	**MODERATE**	Human Risk Assessment	**MODERATE**
		Animal Risk Assessment	**N/A**		

Update to Event:

Since the beginning of 2026, a total of 1,000,414 displaced persons and 332 deaths due to floods have been reported from eight AU MS: Kenya (12,572 displaced; 67 deaths), Malawi (163,274; 40), Madagascar (47,428; 71), Morocco (50,000; 0), Mozambique (723,000; 43), South Africa (0; 37), Zambia (4,140; 4) and Zimbabwe (0; 70). In epidemiological week 19, several displaced persons and seven deaths were reported from South Africa.

South Africa: From 5 to 7 May 2026, the United Nations Office for the Coordination of Humanitarian Affairs reported seven deaths and several displaced persons due to heavy rains associated with thunderstorms, strong winds, and snowfall that led to widespread flooding across the Western Cape, Eastern Cape, Northern Cape, North West, Free State, and Mpumalanga provinces. The floods caused damage to infrastructure, power outages, and the closure of schools.

Response by MS/partner/Africa CDC:

South Africa: On 11 May 2026, the government declared a state of national disaster. Search and rescue activities were conducted in affected provinces.

Footnotes

- Epidemiological week 19 covers the period from 04 to 10 May 2026.

Between epidemiological week 17-18, a total of 154 new suspected cases and seven new deaths of diphtheria were reported from all six states in Somalia.

- 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.

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