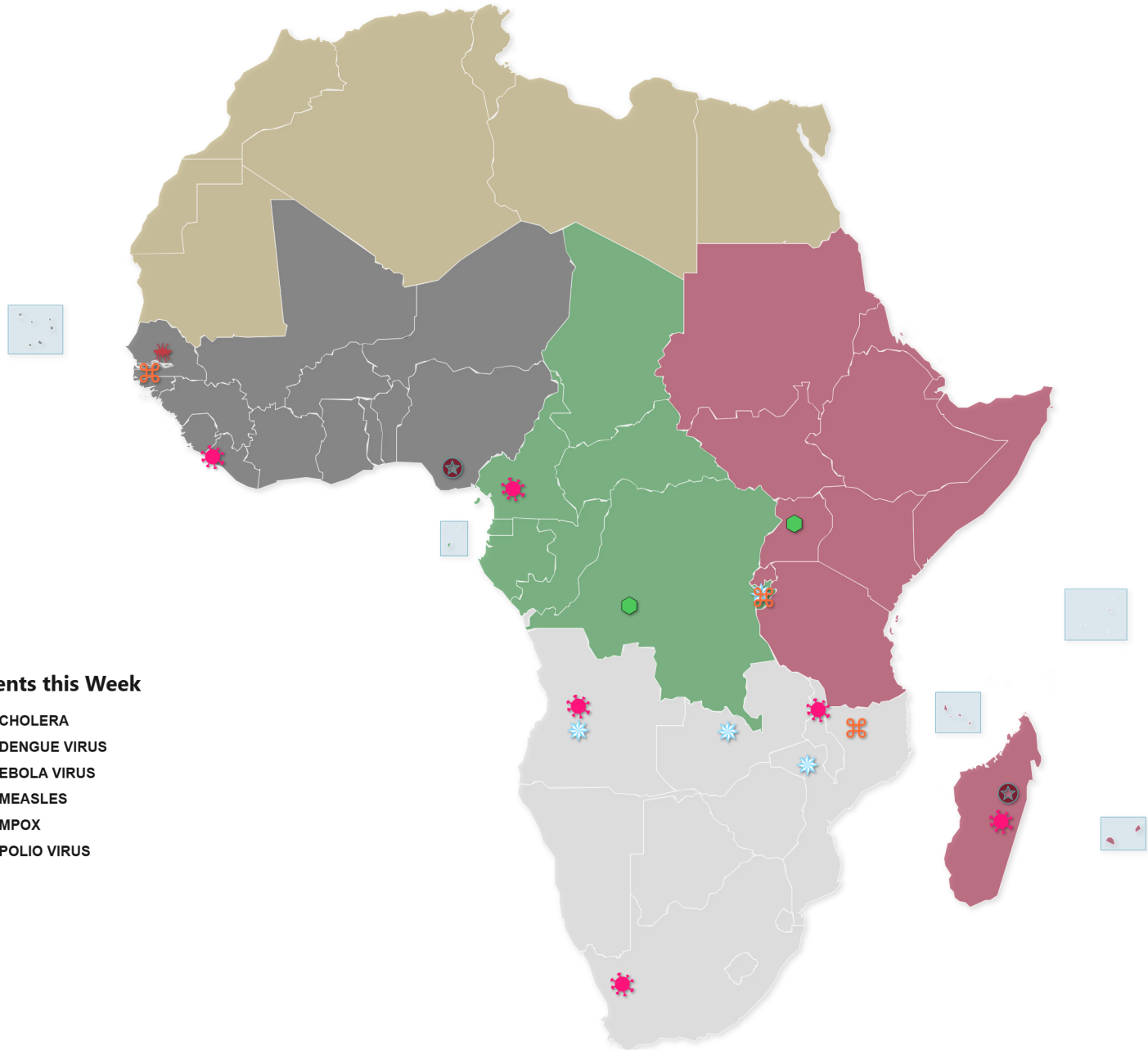






# Africa CDC Epidemic Intelligence Report


Date of Issue: 2026-05-24

Active Events	New Events reported in 2026	Events highlighted this week	New events since last issue
110	33	18	1



### Events this Week

-  CHOLERA
-  DENGUE VIRUS
-  EBOLA VIRUS
-  MEASLES
-  MPOX
-  POLIO VIRUS



\*  represent AU Member States that are islands

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
























Event Type	Risk Level		
	Very High (New)	High (New)	Moderate (New)
Human	0	7 (1)	8
Animal	0	0	0
Environment	0	0	0

# Event Summary

## New events since last issue

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Suspected	Probable	Confirmed	Deaths
 Polio virus	Madagascar	High	N/A		0	0	1	0

## Events Highlighted this week

Agent/Syndrome	Country	Risk Human	Risk Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Cholera	Angola	High	N/A		4,616 (436)	0 (0)	0 (0)	90 (10)
	Burundi	Moderate	N/A		1,104 (37)	0 (0)	0 (0)	2 (0)
	Mozambique	Moderate	N/A		7,097 (21)	0 (0)	0 (0)	60 (1)
	Zambia	Moderate	N/A		989 (2)	0 (0)	5 (0)	16 (0)
 Dengue virus	Senegal	High	N/A		0 (0)	0 (0)	65 (5)	0 (0)
 Ebola virus	Democratic Republic of the Congo	Very High	N/A		671	0 (0)	191 (130)	48 (36)
	Uganda	Very High	N/A		0 (0)	0 (0)	11 (4)	1 (0)
 Measles	Burundi	Moderate	N/A		828 (37)	0 (0)	0 (0)	2 (0)
	Mozambique	Moderate	N/A		0 (0)	0 (0)	796 (52)	1 (0)
	Senegal	High	N/A		0 (0)	0 (0)	107 (3)	1 (0)
 mpox	Angola	High	N/A		0 (0)	0 (0)	9 (4)	0 (0)
	Cameroon	Moderate	N/A		279 (11)	0 (0)	53 (2)	0 (0)
	Liberia	Moderate	N/A		816 (53)	0 (0)	162 (0)	0 (0)
	Madagascar	High	N/A		2,792 (211)	0 (0)	1,758 (164)	6 (1)
	Malawi	Moderate	N/A		21 (0)	0 (0)	13 (1)	0 (0)
	South Africa	High	N/A		2 (0)	0 (0)	6 (1)	0 (0)
	 Polio virus	Nigeria	Moderate	N/A		0 (0)	0 (0)	30 (3)

## Very High Risk Events

Human Event
AC58064

### Bundibugyo Virus Disease in Africa

**332** confirmed human case(s)  
**50** human deaths (**CFR: 15.06%**)

Agent/Pathogen	<b>Bundibugyo Virus Disease</b>	First Reported	<b>15-May-2026</b>	Previous Report Update	<b>17-May-2026</b>
First Occurred	<b>15-May-2026</b>	Country	<b>Multiple Countries</b>	Location	<b>DRC and Uganda</b>
Source	<b>Ministry of Health</b>	GeoScope	<b>HIGH</b>	Human Risk Assessment	<b>VERY HIGH</b>
		Animal Risk Assessment	<b>N/A</b>		

### Update to Event:

Since the beginning of this year, 332 confirmed cases, and 50 deaths among confirmed cases (CFR: 15.06%) of Bundibugyo virus Disease (BVD) from two Africa Union Member States: DRC (321 confirmed; 49 deaths), and Uganda (11; 1 death).

Since the last update (26 May 2026), a total of 224 new confirmed cases and 38 new deaths among confirmed cases of of BVD have been reported from DRC and Uganda.

**DRC:** Since the last update (26 May 2026), the Ministry of Health (MoH) reported 220 new confirmed BVD cases and 38 deaths from 23 health zones. Overall, there are 321 confirmed cases, 48 deaths across 23 affected health zones in the three provinces (Ituri South Kivu and North Kivu). The outbreak remains concentrated in Ituri Province, Mongbwalu health zone remains the epicenter and accounts for the majority of cases and deaths. Challenges include a humanitarian crisis, high population mobility near the Ugandan border, and logistical issues with sample transport and protective gear. Suspected cases reported last week were reclassified following laboratory confirmation.

**Uganda:** Since the last update (26 May 2026), the MoH reported four new confirmed BVD cases and no new BVD deaths in Kampala district. Since the start of the outbreak, a total of 11 confirmed cases and one death (CFR: 9.1%) have been reported in one of Uganda's 146 districts. Thirty-three percent of the cases are healthcare workers.

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

**DRC:** Response activities continue across surveillance, laboratory, IPC, risk communication, and case management pillars. A first Ebola survivor was discharged from the Ebola Treatment Centre (ETC) in Rwampara after testing negative on repeat sampling. Surveillance teams investigated 98 of 118 alerts reported on 27 May 2026, with 51 alerts validated and 35 samples collected. A cumulative total of 3200 contacts have been identified, although contact follow-up remains suboptimal in several affected health zones. The response continues to face major operational challenges, including insecurity in affected areas, weak contact tracing systems, shortages of IPC materials and essential medicines, limited diagnostic capacity outside Bunia, community resistance to post-mortem sampling, misinformation, and logistical difficulties in transporting samples to laboratories in Goma and Kinshasa. High population mobility, particularly along the Ugandan border and within artisanal mining corridors, continues to increase the risk of further spread within eastern DRC and neighboring countries.

**Uganda:** The MoH deployed a rapid response team (RRT) to activate the national and district-level response mechanisms. The RRT initiated comprehensive case investigations into the confirmed cases to identify transmission chains and contacts. In addition, points of entry and exit screening has been activated at all official points of entry and major transit routes. Mobile laboratories have been deployed to Kasese and Arua districts to support real-time sample testing.

## Moderate Risk Events

Human Event
AC53748

### Mpox in Africa

**3,997** confirmed case(s)  
**20,807** suspected human case(s)  
**21** Total deaths (**CFR: 0.53%**)

<table border="0" style="width: 100%;"> <tr> <td style="padding: 5px;">Agent/Pathogen</td> <td style="background-color: #f0f0f0; padding: 5px; text-align: center;"><b>Mpox</b></td> </tr> <tr> <td style="padding: 5px;">First Occurred</td> <td style="background-color: #f0f0f0; padding: 5px; text-align: center;"><b>1-Jan-2026</b></td> </tr> <tr> <td style="padding: 5px;">Source</td> <td style="background-color: #f0f0f0; padding: 5px; text-align: center;"><b>Ministry of Health</b></td> </tr> </table>	Agent/Pathogen	<b>Mpox</b>	First Occurred	<b>1-Jan-2026</b>	Source	<b>Ministry of Health</b>	<table border="0" style="width: 100%;"> <tr> <td style="padding: 5px;">First Reported</td> <td style="background-color: #f0f0f0; padding: 5px; text-align: center;"><b>1-Jan-2026</b></td> </tr> <tr> <td style="padding: 5px;">Country</td> <td style="background-color: #f0f0f0; padding: 5px; text-align: center;"><b>Multiple Countries</b></td> </tr> <tr> <td style="padding: 5px;">GeoScope</td> <td style="background-color: #c0c0c0; padding: 5px; text-align: center;"><b>MODERATE</b></td> </tr> <tr> <td style="padding: 5px;">Animal Risk Assessment</td> <td style="background-color: #f0f0f0; padding: 5px; text-align: center;"><b>N/A</b></td> </tr> </table>	First Reported	<b>1-Jan-2026</b>	Country	<b>Multiple Countries</b>	GeoScope	<b>MODERATE</b>	Animal Risk Assessment	<b>N/A</b>	<table border="0" style="width: 100%;"> <tr> <td style="padding: 5px;">Previous Report Update</td> <td style="background-color: #f0f0f0; padding: 5px; text-align: center;"><b>17-May-2026</b></td> </tr> <tr> <td style="padding: 5px;">Location</td> <td style="background-color: #f0f0f0; padding: 5px; text-align: center;"><b>24 MS</b></td> </tr> <tr> <td style="padding: 5px;">Human Risk Assessment</td> <td style="background-color: #c0c0c0; padding: 5px; text-align: center;"><b>MODERATE</b></td> </tr> </table>	Previous Report Update	<b>17-May-2026</b>	Location	<b>24 MS</b>	Human Risk Assessment	<b>MODERATE</b>
Agent/Pathogen	<b>Mpox</b>																					
First Occurred	<b>1-Jan-2026</b>																					
Source	<b>Ministry of Health</b>																					
First Reported	<b>1-Jan-2026</b>																					
Country	<b>Multiple Countries</b>																					
GeoScope	<b>MODERATE</b>																					
Animal Risk Assessment	<b>N/A</b>																					
Previous Report Update	<b>17-May-2026</b>																					
Location	<b>24 MS</b>																					
Human Risk Assessment	<b>MODERATE</b>																					

### Update to Event:

Since the beginning of 2026, a total of 20,807 mpox cases, of which 3,997 (19.20%) were laboratory-confirmed, have been reported from 24 African Union (AU) Member States (MS). In addition, a total of 157 deaths (CFR: 0.78%) among all cases and 21 deaths (CFR: 0.53%) among confirmed cases have been reported. The distribution of confirmed cases and deaths by MS is as follows: Angola (9 confirmed cases; 0 deaths), Burundi (85; 0), Cameroon (55; 0), CAR (37; 0), Congo Republic (40; 0), Comoros (46; 0), DRC (1,036; 1), Ghana (26; 0), Guinea (308; 1), Kenya (178; 7), Liberia (162; 0), Madagascar (1,758; 6), Malawi (13; 0), Mali (20; 2), Mauritius (2; 0), Mozambique (2; 0), Nigeria (31; 0), Rwanda (3; 0) Senegal (1; 0), South Africa (6; 0), South Sudan (52; 2), Tanzania (36; 1), Togo (3; 0), Uganda (67; 1) and Zambia (21; 0).

Since the last update, (17 May 2026), a total of 202 new laboratory-confirmed cases and one new death of mpox were reported from Angola, Cameroon, Guinea, Madagascar, Malawi and South Africa.

**Angola:** In epidemiological week 21, the MoH reported four new laboratory-confirmed cases and no new deaths of mpox from Cabinda Province. This year, nine laboratory-confirmed cases and no deaths of mpox have been reported from six of 21 provinces in Angola. Since the beginning of this outbreak (November 2024), a total of 21 laboratory-confirmed mpox cases and one death (CFR: 4.76%) have been reported from six of 21 provinces in Angola.

**Cameroon:** In epidemiological week 21, the MoH reported 11 new cases (two laboratory-confirmed) and no new deaths of mpox from two regions. This year, a total of 290 cases (55 laboratory confirmed) and no deaths of mpox were reported from six of 10 regions in Cameroon. Since the beginning of this outbreak (January 2024), a total of 536 cases (76 laboratory confirmed) and two deaths (CFR: 2.63%) have been reported from six of 10 regions in Cameroon.

**Guinea:** Between epidemiological week 19 - 20, the MoH reported 92 new cases (16 laboratory-confirmed) and no new deaths of mpox from multiple districts. This year, a total of 636 cases (308 laboratory-confirmed) and one death of mpox were reported from Guinea.

**Madagascar:** Since the last update (10 May 2026), a total of 334 laboratory-confirmed cases and two new deaths of mpox were reported from multiple regions. This year, a total of 1,758 laboratory-confirmed cases and six deaths of mpox were reported from Madagascar.

**Malawi:** In epidemiological week 21, the MoH reported one new laboratory-confirmed case and no deaths from Lilongwe district. This year, a total of 13 laboratory-confirmed mpox cases and no deaths have been reported from two of twenty-eight districts in Malawi. Clade Ib was isolated from sequenced samples.

**South Africa:** In epidemiological week 21, the National Department of Health reported one new laboratory-confirmed case and no deaths of mpox from KwaZulu-Natal province. This year, a total of six confirmed cases and no deaths were reported from South Africa. Since the beginning of this outbreak (May 2024), cumulatively, 45 laboratory-confirmed cases and three deaths (CFR: 6.67%) have been reported from four of nine provinces in South Africa. This outbreak started in May 2024.

**\*Angola: In epidemiological week 18, a backlog of five laboratory-confirmed cases and no new deaths of mpox were reported in Angola.**

**\*\*Between epidemiological week 14, a backlog of two laboratory-confirmed cases and no new deaths of mpox were reported in Malawi.**

**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

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

Agent/Pathogen	Polio (Vaccine-derived)	First Reported	1-Mar-2026	Previous Report Update	17-May-2026
First Occurred	1-Jan-2026	Country	Multiple Countries	Location	10 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, nine confirmed cases and no deaths of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported from Ethiopia (4 cases; 0 deaths), Madagascar (1; 0), and South Sudan (4; 0). A total of 45 confirmed cases and no deaths of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported from seven AU MS: Angola (1; 0), Chad (4; 0), DRC (9; 0), Nigeria (24; 0), Somalia (5; 0), Sudan (1; 0), and Togo (1; 0). Six confirmed cases of cVDPV3 were reported from Nigeria.

Since the last update (17 May 2026), a total of seven new cases and no new deaths of polio cases were reported from four AU MS: Madagascar, Nigeria, Somalia and South Sudan.

**Madagascar:** In epidemiological week 13, the Global Polio Eradication Initiative (GPEI) reported one case of cVDPV1 from Sud-Ouest province, with paralysis onset on 4 April 2026. This is the first case of vaccine-derived polio reported since 2023, and is genetically linked to a virus detected in Madagascar in 2022.

**Nigeria:** Since the last update (26 March 2026), the GPEI reported three new confirmed cVDPV3 cases and no deaths from Niger (1 case; 0 death) and Kebbi (2; 0) states. This year, a total of 30 cases of vaccine-derived polio virus were reported from Nigeria: cVDPV2 (24 cases) and cVDPV3 (6 cases).

**Somalia:** Since the last update (20 February 2026), the GPEI reported two cases of cVDPV2 from Banadir, with onsets of paralysis in January 2026. This year, a total of five cases of cVDPV2 were reported from Somalia.

**South Sudan:** In epidemiological week 14, the GPEI reported one new case of cVDPV1 from Upper Nile state. This year, a total of four cases of cVDPV1 have been reported in one of the ten states of South Sudan.

**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:

**Madagascar:** The MoH conducted an in-depth investigation and risk assessment of the situation regarding the new case. In addition, intensified active searches for AFP cases, retrospective testing, and enhanced surveillance activities further assess whether any additional transmission may be occurring and to help inform any response activities that may be required.

**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.

**Somalia:** The MoH continues to strengthen acute flaccid paralysis surveillance across all states in the country.

**South Sudan:** The MoH continues to strengthen acute flaccid paralysis surveillance across all states in the country.

## Cholera in Africa

**575** confirmed human case(s), **44,805** suspected human case(s)  
**996** human deaths (CFR: **2.19%**)

Agent/Pathogen	Cholera	First Reported	1-Jan-2026	Previous Report Update	17-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 45,380 cases (575 confirmed; 44,805 suspected) and 996 deaths (CFR: 2.19%) of cholera have been reported from 15 AU MS: Angola (4,180 cases; 80 deaths), Burundi (1,104; 2), Congo (391; 33), DRC (26,419; 777), Ethiopia (15; 0), Malawi (2,347; 5), Mozambique (7,097; 60), Namibia (49; 0), Nigeria (943; 19), Rwanda (29; 0), Somalia (1,206; 0), South Sudan (457; 0), Tanzania (113; 2), Zambia (994; 16), and Zimbabwe (36; 2).

Since the last update (17 May 2026), a total of 1,094 new cases and 19 new deaths of cholera were reported from four AU MS: Angola, Burundi, Mozambique and Zambia.

**Angola:** In epidemiological week 20, the MoH reported 1,034 new cases and 18 new deaths (CFR: 1.74%) of cholera from five provinces. This is an 27% average increase in the number of new cases in the last four weeks. This year, a total of 4,180 cases and 80 deaths (CFR: 1.91%) of cholera were reported from 18 provinces. Since the beginning of this outbreak (January 2025), a total of 40,462 cases (937 confirmed; 39,525 suspected) and 975 deaths (CFR: 2.41%) 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 20), 21,084 cases and 630 deaths (CFR: 2.99%) were reported from Angola, representing a 80% decrease in cases and a 87% decrease in deaths due to cholera.

**Burundi:** In epidemiological week 19, the MoH reported 37 new cases and no new deaths of cholera from Mutimbuzi, Kamenge and Mukaza districts. This is a 7% average decrease in cases in the last four weeks. This year, a total of 1,104 cases and two deaths (CFR: 0.18%) have been reported in 12 health districts: Cibitoke, Ndava, Mpanda, Mutimbuzi, Kamenge, Mukaza, Ruziba, Kabezi, Bugarama, Rumonge, Nyanza and Ruyigi. Of these districts, four (Ndava, Mutimbuzi and Mukaza, Ruziba) 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 14.1% of all cases. Since the beginning of this outbreak (December 2022) a cumulative of 7,094 cases and 27 deaths (CFR: 0.38%) have been reported in all of the 42 districts.

**Mozambique:** Since the last update (17 May 2026), the MoH reported 21 new cases and one new death (CFR: 4.76%) of cholera in nine provinces. This is a 19% average decrease in new cases in the last four weeks. This year, a total of 7,097 cases and 60 deaths (CFR: 0.85%) 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 9,049 cases and 85 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 21), a total of 3,421 cases and 36 deaths (CFR: 1.05%) of cholera were reported in Mozambique, representing a 2-fold increase in cases and deaths.

**Zambia:** Since the last update (17 May 2026), the MoH reported two new cases and no new deaths of cholera from Lusaka province. This is a 53% average decrease in new cases in the last four weeks. This year, 994 cases (5 confirmed; 989 suspected) and 16 deaths (CFR: 1.60%) of cholera have been reported from nine of the ten provinces in Zambia. Lusaka province accounted for 89% of the reported cases. Since the beginning of this outbreak (August 2025), a total of 1,624 cases (205 confirmed; 1,419 suspected) and 26 deaths (CFR: 1.60%) of cholera have been reported from nine of the ten provinces in Zambia. Compared with the same period in 2025 (epidemiological week 1 to 21), 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.

## Measles in Africa

**4,475** confirmed human case(s), **109,199** suspected human case(s)  
**784** human deaths (CFR: **0.69%**)

Agent/Pathogen	Measles	First Reported	1-Jan-2026	Previous Report Update	17-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 113,674 cases (4,475 confirmed; 109,199 suspected) and 784 deaths (CFR: 0.69%) of measles have been reported from 22 AU MS: Burundi (828 cases; 2 deaths), Burkina Faso (9,906; 29), Cameroon (105; 1), CAR (6,010; 8), Chad (1,887; 0), Congo (558; 6), DRC (75,413; 721), Gabon (10; 0), Guinea (71; 0), Kenya (383; 0), Liberia (4,491; 16), Malawi (1,417; 0), Mali (487; 0), Mozambique (796; 0), Namibia (29; 0), Nigeria (1,229; 0), Rwanda (211; 0), Senegal (107; 1), Sierra Leone (41; 0), Somalia (7,591; 0), South Africa (1,560; 0), and Togo (544; 0).

Since the last update (17 May 2026), a total of 918 new cases and seven new deaths of measles have been reported from four AU MS: Burundi, Burkina Faso, Mozambique, Senegal and Togo.

**Burundi:** In epidemiological week 19, the MoH reported 37 new cases and no new deaths of measles, from Bujumbura province. This year, a total of 828 suspected cases and two death (CFR: 0.24%) 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 968 cases and two deaths (CFR: 0.21%) 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%.

**Burkina Faso:** In epidemiological week 19, the MoH reported 819 new cases and seven new deaths (CFR: 0.85%) of measles from six regions in Burkina Faso. This year, a total of 9,906 cases and 29 deaths (CFR: 0.29%) of measles have been reported from seven of seventeen regions in Burkina Faso.

**Mozambique:** Since the last update (17 May 2026), the MoH reported 52 new confirmed cases and no new deaths of measles from six provinces. This is a 143% average increase in the number of confirmed cases in the last four weeks. This year, a total of 7-96 confirmed cases and one death (CFR: 0.13%) 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 1,351 confirmed cases and two deaths (CFR: 0.15%) 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 (17 May 2026), the MoH reported three new confirmed cases and no new deaths of measles from Diourbel region. This is a 29% average decrease in the number of new cases in the last four weeks. This year, a total of 107 confirmed cases and one death (CFR: 0.93%) of measles have been reported from eight regions in Senegal. Of the confirmed cases, Kedougou region accounted for 61%, females accounted for 54% of the cases, and the age group 15 - 20 years accounted for 36% of all cases. Seventy-three percent of the cases were unvaccinated against measles. In 2024, the national measles vaccination coverage among children <1 year in Senegal was 79%.

**Togo:** In epidemiological week 19, the MoH reported seven new suspected cases and no deaths of measles. This year, a total of 544 cases and no deaths of measles were reported in 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

**388** confirmed human case(s), **949** suspected human case(s)  
**2** human deaths (**CFR: 0.15%**)

Agent/Pathogen	Dengue	First Reported	1-Jan-2026	Previous Report Update	17-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 1,337 cases (388 confirmed; 949 suspected) and two deaths (CFR: 0.15%) of dengue fever have been reported from four AU MS: CAR (1 case; 1 death), Mali (1,233; 1), Mauritania (38; 0), and Senegal (65; 0).

Since the last update (17 May 2026), a total of five new cases and no new deaths of dengue fever were reported from Senegal.

**Senegal:** Since the last update (17 May 2026), the MoH reported five new confirmed cases and no new deaths of dengue fever from Matam (1 case; 0 death), Tambabounda (1; 0) and Saint Louis (3; 0) regions. This year, a total of 65 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 23%.

**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:

**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 21 covers the period from 18 to 25 May 2026.
- In epidemiological week 20, the MoH reported 91 cases and eight deaths of bacterial meningitis from DRC.
- Between epidemiological week 17 – 19, the National Public Health Institute of Liberia reported five confirmed cases and three deaths of Lassa fever from Liberia. This year a total of 19 confirmed cases and seven deaths of Lassa fever were reported from Liberia.
- Between epidemiological week 13 – 19, Nigeria Centre for Disease Control and Prevention reported 156 new confirmed cases and 44 deaths of Lassa fever from Nigeria. This year a total of 793 confirmed cases and 204 deaths of Lassa fever were reported from Nigeria.
- 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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