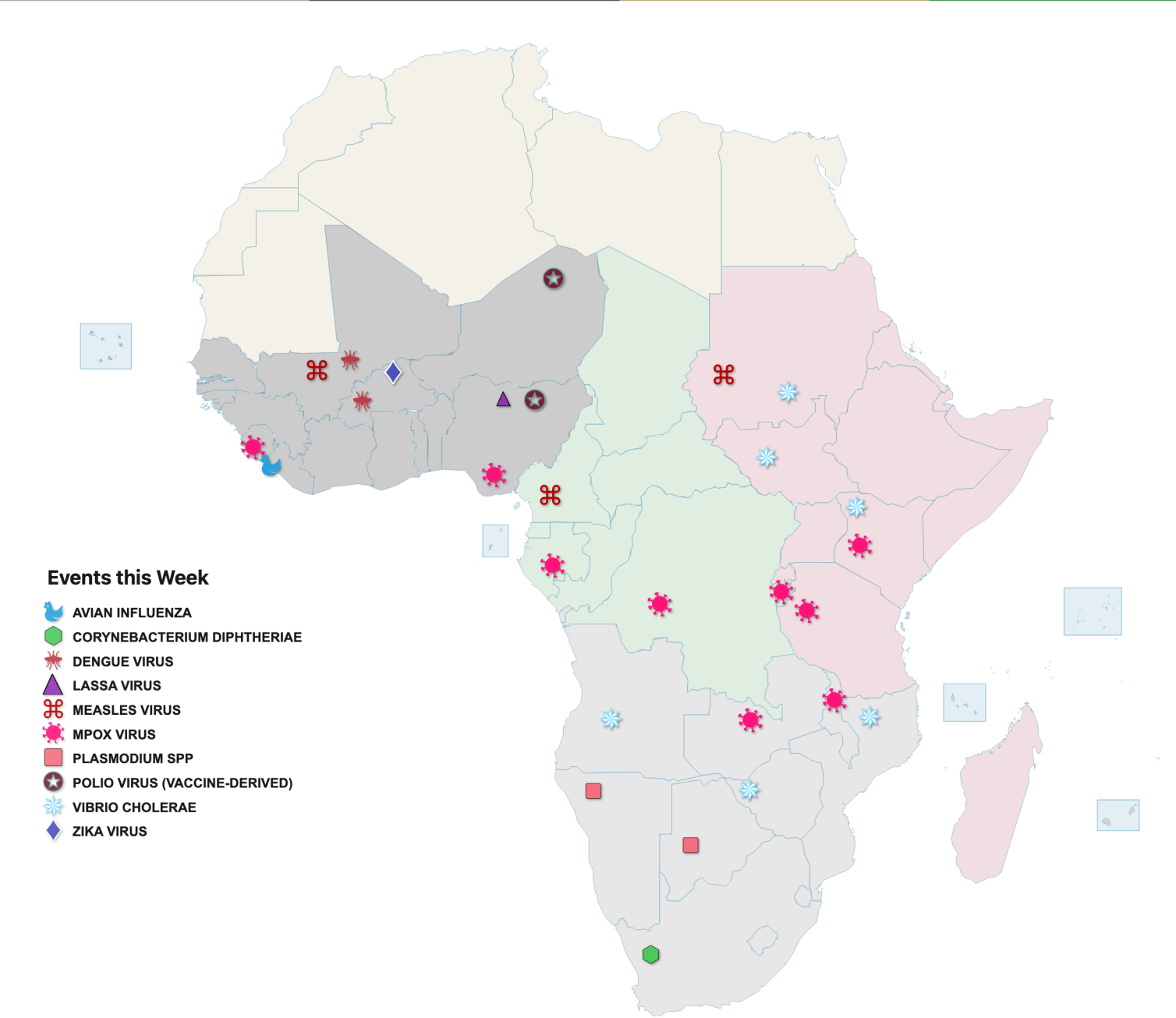



Africa CDC Epidemic Intelligence Report

Date of Issue: 30 Apr 2025

Active Events	New Events reported in 2025	Events highlighted this week	New events since last issue
124	59	28	4










*  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	12	14 (3)
Animal	0	1 (1)	0
Environment	0	0	0

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected	Probable	Susceptible	Confirmed	Deaths
 Avian Influenza	Liberia	N/A	High				0	18	18
 Polio virus (vaccine-derived)	Niger	Moderate	N/A		0	0		1	0
	Nigeria	Moderate	N/A		0	0		11	0
 Zika virus	Burkina Faso	Moderate	N/A		0	0		1	0

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Corynebacterium diphtheriae	South Africa	High	High		0 (0)	1 (0)	44 (8)	9 (0)
 Dengue virus	Burkina Faso	Moderate	N/A		710 (710)	156 (156)	0 (0)	0 (0)
	Mali	Moderate	N/A		1,205 (48)	0 (0)	291 (14)	0 (0)
 Lassa virus	Nigeria	High	N/A		4,512 (259)	0 (0)	696 (10)	132 (3)
 Measles virus	Cameroon	Moderate	N/A		421 (47)	0 (0)	631 (0)	2 (0)
	Mali	Moderate	N/A		212 (23)	0 (0)	71 (5)	0 (0)
	Sudan	High	N/A		884 (9)	0 (0)	0 (0)	0 (0)
 Mpox virus	Burundi	High	N/A		2,376 (115)	0 (0)	862 (31)	0 (0)
	Democratic Republic of the Congo	High	N/A		37,074 (2,693)	0 (0)	4,994 (252)	399 (9)
	Gabon	Moderate	N/A		24 (1)	0 (0)	2 (0)	0 (0)
	Kenya	Moderate	N/A		142 (11)	0 (0)	49 (9)	0 (0)
	Malawi	Moderate	N/A		23 (21)		2 (2)	0 (0)
	Nigeria	High	N/A		723 (24)	0 (0)	136 (2)	3 (0)
	Sierra Leone	High	Low		1,000 (282)	0 (0)	477 (235)	4 (2)
	Tanzania	High	N/A		184 (8)	0 (0)	39 (3)	0 (0)
	Zambia	Moderate	N/A		258 (49)	0 (0)	47 (6)	3 (1)
	Botswana	High	N/A		0 (0)	0 (0)	2,031 (267)	8 (0)
	Namibia	Moderate	N/A		0 (0)	0 (0)	52,876 (6,809)	76 (11)
	Angola	Moderate	N/A		13,153 (1,722)	0 (0)	937 (0)	505 (32)
 Plasmodium spp	Kenya	High	N/A		101 (10)	0 (0)	24 (0)	6 (0)
	Mozambique	High	N/A		0 (0)	0 (0)	2,851 (87)	29 (0)
	South Sudan	High	N/A		20,998 (878)	0 (0)	0 (0)	445 (18)
	Sudan	High	N/A		8,568 (37)	0 (0)	0 (0)	211 (6)
	Zimbabwe	Moderate	N/A		370 (10)	0 (0)	135 (2)	17 (0)

Moderate Risk Events

Zika virus in Burkina Faso

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

Agent/Pathogen	Zika virus	First Reported	25-Apr-2025	First Occurred	4-Apr-2025	Country	Burkina Faso
Location	Central plateau region	Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
Animal Risk Assessment	N/A						

Description:

On 17 April 2025, the Burkina Faso Ministry of Health (MoH) reported one confirmed case and no deaths of Zika virus from Ziniaré town, Central Plateau region. The index case, a 6-year-old female, was referred from Ziniaré Medical Centre to the Ziniaré Regional Hospital Center (CHR) paediatric department with an initial suspicion of dengue fever. Rapid diagnostic testing for dengue fever at Ziniaré CHR was negative. Subsequent testing at the National Reference Laboratory for Viral Hemorrhagic Fever (NRL-FHV) in Bobo-Dioulasso confirmed the presence of Zika virus by polymerase chain reaction (PCR). The case had no travel history outside the country in the last 15 days prior to onset of symptoms. She was managed and discharged. This is the first case of Zika virus disease reported in Burkina Faso.

Zika virus is a mosquito borne virus transmitted by aedes mosquito through bite during the daytime. Since the 1960s, sporadic infections among humans were being recorded in Africa and Asian countries. However, in 2007, multiple outbreaks were reported in various countries globally. Zika virus has also been found to be associated with Guillain-Barré syndrome. Persons infected with Zika rarely show symptoms. However, mild symptoms might show 3-14 days after infection and can last for between 2 – 7 days. During pregnancy, Zika virus infection can cause microcephaly and other congenital malformations in the infant. There is no specific treatment for Zika, and no vaccine has been approved for the prevention or treatment of Zika virus infection. Elimination of mosquito breeding sites and use of protective clothing remain the best prevention methods.

Response by MS/partner/Africa CDC:

The MoH continues to conduct active case search and risk communication activities in the affected region.

High Risk Events

Lassa fever in Africa

707 confirmed human case(s)
4,573 suspected human case(s)
139 human deaths (**CFR: 19.66%**)

Agent/Pathogen	Lassa virus	First Reported	1-Jan-2025	Previous Report Update	21-Feb-2025	First Occurred	1-Jan-2025
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 2025, a total of 5,280 cases (707 confirmed; 4,573 suspected) and 139 deaths (CFR: 19.66%) of Lassa fever have been reported from four African Union (AU) Member States (MS): Guinea (19 cases; 2 deaths), Liberia (14; 0), Nigeria (5,208; 132), and Sierra Leone (39; 5).

In epidemiological week 16, a total of 269 cases and three deaths of Lassa fever were reported from Nigeria.

Nigeria*: Since the last update (21 February 2025), the Nigeria Centre for Disease Control (NCDC) reported 269 new cases (10 confirmed; 259 suspected) and three new deaths (CFR: 30%) of Lassa fever were reported from three states. Cumulatively, 5,208 cases (696 confirmed; 4,512 suspected) and 132 deaths (CFR: 19%) of Lassa fever were reported from 18 states in Nigeria. Three states accounted for 71% of the confirmed cases: Bauchi (25%), Ondo (30%) and Taraba (16%). A total of 21 healthcare workers were among the confirmed cases.

***In epidemiological week 15, a backlog 240 new cases (12 confirmed; 228 suspected) and two new deaths (CFR: 33%) of Lassa fever were reported from Nigeria.**

Note: In 2024, a total of 11,514 cases (1,313 confirmed; 10,201 suspected) and 227 deaths (CFR: 17.2%) of Lassa fever were reported from three AU MS: Guinea (27 cases; 2 deaths), Liberia (278; 11), and Nigeria (11,407; 214).

Response by MS/partner/Africa CDC:

Nigeria: The NCDC has activated a National Lassa fever multi-partner, multi-sectoral incident management system to coordinate the response activities at all levels.

Moderate Risk Events

Mpox in Africa

10,757 confirmed human case(s), **48,017** suspected human case(s)
399 human deaths (**CFR: 0.83%**)

Agent/Pathogen	Mpox virus	First Reported	3-Jan-2025	Previous Report Update	18-Apr-2025	First Occurred	1-Jan-2025
Country	Multiple Countries	Location	17 MS	Source	Ministry of Health	GeoScope	MODERATE
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

Update to Event:

Seventeen African Union Member States have reported mpox cases since the beginning of 2025. A total of 48,040 cases have been reported, with 10,761 (22.4%) laboratory-confirmed. Overall, 399 deaths have been recorded (CFR: 0.83%), and among confirmed cases, the CFR is 1.84% (199 deaths). The distribution of cases and deaths by MS is as follows: Angola (4 confirmed cases; 0 deaths), Burundi (862; 0), Central African Republic (CAR) (8; 0), Congo (35; 1), Côte d'Ivoire (12; 0), Democratic Republic of Congo (DRC) (4,994; 74), Ghana (1; 0), Kenya (49; 0), Malawi (4; 0), Liberia* (13; 2), Nigeria (136; 3), Rwanda (32; 0), Sierra Leone (477; 4), South Africa (6; 0), South Sudan (9; 0), Tanzania (39; 0), Uganda (4,033; 33), and Zambia (47; 2).

In epidemiological week 16, seven African Union Member States (Burundi, DRC, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, and Zambia) reported a total of 3,216 new mpox cases, with 546 (17.0%) laboratory-confirmed, and two new deaths.

Burundi: Since the last update (18 April 2025), the MoH reported 115 new cases, of which 31 were laboratory-confirmed, and no new deaths of mpox from 40 health districts. This is a 6% average decrease in the number of confirmed cases in the last four weeks. This year, 2,376 cases, of which 862 were laboratory confirmed, and no deaths of mpox have been reported from 46 of 49 health districts in Burundi. This outbreak started in July 2024. Cumulatively, 8,167 cases, of which 3,808 were laboratory-confirmed, and one death (case fatality rate [CFR: 0.01%]) of mpox have been reported from 46 of 49 health districts in Burundi.

DRC: Since the last update (21 March 2025), the MoH reported 2,693 new cases, of which 252 were laboratory-confirmed, and nine new deaths of mpox (CFR: 0.3%) from 21 provinces. This year, 37,074 cases, of which 4,994 were laboratory-confirmed, and 399 deaths (CFR: 1.1%) of mpox have been reported from all 26 provinces in DRC. Cumulatively, 96,596 cases, of which 17,962 were laboratory-confirmed, and 1,739 deaths (CFR: 1.8%) of mpox were reported from all 26 provinces in DRC. Of the confirmed cases, 53% were males. Children <15 years account for 36.9% of all confirmed cases. The clade Ia and Ib mpox strains were isolated from the confirmed cases.

Malawi: Since the last update (18 April 2025), the MoH reported 21 new cases, of which two were laboratory-confirmed, and no new deaths of mpox from 22 districts. This outbreak started in April 2024. Cumulatively, 23 cases, of which four were laboratory-confirmed, and no deaths of mpox have been reported from 22 of 29 districts in Malawi. Clade Ib was isolated from sequenced samples.

Kenya: Since the last update (18 April 2025), the MoH reported nine new laboratory-confirmed cases, and no new deaths of mpox from Busia (2 cases), Kajiado (1) and Mombasa (6) counties. This is an 81% average increase in the number of new cases in the past four weeks. This year, 49 laboratory-confirmed cases and no deaths of mpox have been reported from four of forty-seven counties in Kenya. This outbreak started in July 2024. Cumulatively, 80 laboratory-confirmed cases and one death (CFR: 1.3%) of mpox have been reported from 13 of 47 counties in Kenya. A total of 497 samples were tested resulting in a 100% testing rate and a 16.1% test positivity rate. Clade Ib was isolated from 33 sequenced samples.

Nigeria: Since the last update (18 April 2025), the NCDC reported 24 new cases, of which two were laboratory-confirmed, and no new deaths of mpox from seven states. This is a two-fold average increase in the number of confirmed cases in the last four weeks. This year, 723 cases, of which 136 were laboratory-confirmed, and three deaths (CFR: 0.4%) of mpox were reported from 36 states and the federal capital territory. Nigeria is endemic for mpox, and cases have been reported since 2017. Cumulatively, 6,480 cases, of which 1,371 were laboratory-confirmed, and 20 deaths (CFR: 1.5%) of mpox have been reported from 34 of 36 states and the federal capital territory in Nigeria. Clade IIb was isolated from the confirmed cases.

Sierra Leone: Since the last update (18 April 2025), the MoH reported 282 new cases, of which 235 were laboratory-confirmed, and two new deaths (CFR: 0.7%) of mpox from multiple districts. This is an over two-fold average increase in the number of new cases in the last four weeks. Since the start of the outbreak in January 2025, a cumulative of 1,000 cases, of which 477 were laboratory-confirmed, and four deaths (CFR: 0.4%) of mpox have been reported from 10 of 16 districts in Sierra Leone. Of the confirmed cases, children <15 years accounted for 4% and 61% were males. Clade IIb was isolated from sequenced samples.

Tanzania: Since the last update (18 April 2025), the MoH reported eight new cases, of which three were laboratory-confirmed, and no deaths of mpox from four regions. This is a 6% average increase in the number of new confirmed cases in the last four weeks. Since the start of the outbreak in March 2025, a cumulative of 184 cases, of which 39 were laboratory-confirmed, and no deaths of mpox have been reported from 16 of 31 regions in Tanzania. Sixty-two percent of the cases are males and 49% are persons in the 31-40 years age-group. Clade Ib was isolated from sequenced samples.

Zambia:** Since the last update (4 April 2025), the MoH reported 49 new cases, of which six were laboratory-confirmed, and no new deaths of mpox from Lusaka province. This year, 258 cases, of which 47 were laboratory-confirmed, and two deaths (CFR: 0.8%) of mpox were reported. This outbreak started in October 2024. Cumulatively, 389 cases, of which 49 were laboratory-confirmed, and two deaths (CFR: 0.5%) of mpox have been reported from four of ten provinces in Zambia. A total of 389 cases were tested resulting in a 100% testing rate and a 12.6% positivity rate. Clade Ib was isolated from sequenced samples.

***Between epidemiological week 14 and 15, a backlog of 21 new cases of which two were laboratory confirmed cases and no new deaths of mpox were reported from Liberia.**

****Between epidemiological week 13-16, a backlog of 23 cases of which seven were laboratory-confirmed and one death were reported from Zambia.**

Note: In 2024, a total of 77,945 cases of mpox, of which 16,780 were laboratory confirmed, and 1,321 deaths (CFR: 1.78%) of mpox have been reported from 20 AU MS: Angola (4 laboratory-confirmed cases; 0 deaths), Burundi (2,946; 1), Cameroon (9; 2), Central Africa Republic (CAR) (90; 3), Congo (24; 0), Cote d'Ivoire (107; 1), Democratic Republic of Congo (DRC) (11,834; 1,304), Gabon (2; 0), Ghana (13; 0), Guinea (1; 0), Liberia (63; 0), Kenya (31; 1), Mauritius (1; 0), Morocco (2; 0), Nigeria (184; 0), Rwanda (82; 0), Sierra Leone (4; 0), South Africa (25; 3), Uganda (1,353; 7), Zambia (3; 0), and Zimbabwe (2; 0).

Response by MS/partner/Africa CDC:

The ministries of health in the affected MS continue to intensify surveillance, risk communication, and community engagement activities in the affected communities. Additionally, mpox vaccination campaigns are currently ongoing in Rwanda, DRC, Sierra Leone and Uganda.

As of April 14, 2025, a total of 647,000 mpox vaccine doses had been administered in Africa, reaching 580,000 individuals. Notably, 90% of those vaccinated are in the Democratic Republic of Congo (DRC).

Cholera in Africa

4,327 confirmed human case(s), **47** probable human case(s), **63,082** suspected human case(s)
1,548 human deaths (**CFR: 2.29%**)

Agent/Pathogen	Vibrio cholerae	First Reported	3-Jan-2025	Previous Report Update	18-Apr-2025	First Occurred	1-Jan-2025
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 2025, a total of 67,456 cases (4,327 confirmed; 47 probable; 63,082 suspected) and 1,548 deaths (CFR: 2.29%) of cholera have been reported from 15 AU MS: Angola (14,090 cases; 505 deaths), DRC (11,918; 240), Ethiopia* (3,808; 40), Ghana (2,767; 14), Kenya** (125; 6), Malawi (91; 3), Mozambique (2,851; 29), Namibia (1: 0), Nigeria (1,149; 28), Rwanda (23; 0), South Sudan (20,998; 445), Sudan*** (8,568; 211), Uganda (99; 1), Zambia (463; 9), and Zimbabwe (505; 17).

In epidemiological week 16, a total of 2,746 cases and 56 deaths of cholera were reported from six AU MS: Angola, Kenya, Mozambique, South Sudan, Sudan and Zimbabwe.

Angola: Since the last update (18 April 2025), the MoH reported 1,722 new suspected cases and 32 new deaths (CFR: 1.9%) of cholera from 17 provinces. This is a 25% average increase in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 14,090 cases (937 confirmed; 13,153 suspected) and 505 deaths (CFR: 3.6%) of cholera have been reported from 17 of 21 provinces in Angola. Males accounted for 55% of all cases and 64% of all deaths. Additionally, 66% of all deaths occurred in hospitals.

Kenya: Since the last update (18 April 2025), the MoH reported 10 new suspected cases and no new deaths of cholera from three counties. This is a 44% decrease in the number of new cases reported compared to the last update. Since the beginning of the outbreak (February 2025), a cumulative of 125 cases (24** confirmed; 101 suspected) and six deaths (CFR: 5.9%) of cholera have been reported from three of forty-seven counties in Kenya; Kisumu (32 cases; 4 deaths), Migori (53; 1) and Nairobi (40; 1). Fifty-eight percent cases and 66% deaths are males.

Mozambique: Since the last update (18 April 2025), the MoH reported 87 confirmed cases and no new deaths of cholera from two provinces. This is a 37% average decrease in the number of new cases in the past four weeks. This year, 2,851 confirmed cases and 29 deaths (CFR: 1.0%) of cholera were reported from Mozambique. Since the beginning of the outbreak (October 2024), a cumulative of 3,154 confirmed cases and 51 deaths (CFR: 1.6%) of cholera have been reported from two of ten provinces in Mozambique. In comparison to epidemiological week 1 to 16 of 2024, a total of 7,057 confirmed cases and 11 deaths (CFR: 0.2%) of cholera were reported in Mozambique, which is a 61% decrease in the number of cases and a 2.6-fold increase in the number of deaths in the same period.

South Sudan: Since the last update (18 April 2025), the MoH reported 878 new suspected cases and 18 new deaths (CFR: 2.0%) of cholera from 24 counties. This is a 7% decrease in the number of new cases reported compared to the last update. This year, 20,998 suspected cases and 445 deaths (CFR: 2.1%) were reported from nine of ten states in South Sudan. Since the beginning of this outbreak (September 2024), a cumulative of 46,604 cases and 937 deaths (CFR: 2.0%) of cholera have been reported from nine of ten states in South Sudan.

Sudan*:** Since the last update (18 April 2025), the MoH reported 37 new suspected cases and six new deaths (CFR: 16.2%) of cholera from 12 states. This is a 21% average decrease in the number of new cases in the past four weeks. This year, 8,568 suspected cases and 211 deaths (CFR: 2.5%) of cholera have been reported. Since the beginning of this outbreak (July 2024), a cumulative of 59,544 cases and 1,595 deaths (CFR: 2.7%) of cholera have been reported from 12 states in Sudan. The outbreak is occurring amid a sustained complex humanitarian crisis.

Zimbabwe: Since the last update (18 April 2025), the MoH reported 12 new cases (2 confirmed; 10 suspected) and no new deaths of cholera from one province. This is a 37% average decrease in the number of cases in the past four weeks. This year, 505 cases (135 confirmed; 370 suspected) and 17 deaths (CFR: 3.3%) of cholera were reported. Since the beginning of this outbreak (4 November 2024), a cumulative of 737 cases (140 confirmed; 597 suspected) and 19 deaths (CFR: 2.6%) of cholera have been reported from eight of ten provinces in Zimbabwe. In comparison to epidemiological week 1 to 16 of 2024, a total of 17,050 cases and 357 deaths (CFR: 2.1%) of cholera were reported in Zimbabwe, which is a 97% decrease in the number of cases and a 95% decrease in the number of deaths in the same period.

*In epi-week 15, a backlog of 456 cases and one death of cholera were reported in Ethiopia.

**Thirteen (13) confirmed cholera cases in Kenya have been reclassified as suspected cases.

***Between epi-week 1-16, a backlog of 651 cases and 48 deaths of cholera were reported from Sudan.

Note: In 2024, a total of 236,874 cases (30,597 confirmed; 689 probable; 205,588 suspected) and 4,182 deaths (CFR: 1.78%) of cholera were reported from 20 AU MS: Burundi (2,216 cases; 12 deaths), Cameroon (287; 0), Comoros (10,540; 152), DRC (30,373; 415), Ethiopia (26,052; 255), Ghana (5,653; 37), Kenya (300; 3), Malawi (476; 15), Mozambique (8,486; 38), Niger (273; 10), Nigeria (10,837; 35), Somalia (21,739; 138), South Africa (150; 1), South Sudan (13,858; 203), Sudan (52,896; 1,359), Tanzania (12,148; 145), Togo (604; 37), Uganda (58; 3), Zambia (20,076; 612), and Zimbabwe (19,646; 388).

Response by MS/partner/Africa CDC:

The ministries of health of the affected AU MS activated the emergence operation centers and deployed one health rapid response team to conduct enhance surveillance, risk communication, and environmental sanitation in the affected communities.

Polio (vaccine-derived) in Africa

34 confirmed human case(s)
0 human deaths (CFR: 0%)

Agent/Pathogen	Polio virus (vaccine-derived)	First Occurred	1-Jan-2025	Country	Multiple Countries	Location	5 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A

Update to Event:

Since the beginning of the year, the 55 African Union Member States have reported no confirmed cases or deaths of circulating vaccine-derived poliovirus type 1 (cVDPV1). However, 34 confirmed cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported across five AU MS: Chad* (8 cases), Djibouti** (1), Ethiopia (13), Niger (1), and Nigeria (11), with no associated deaths.

In epidemiological week 16, 12 new confirmed cases of cVDPV2 were reported from three AU MS: Niger and Nigeria.

Niger: On 11 April 2025, the GPEI reported one confirmed case and no death of cVDPV2 from Tahoua region. This is the first confirmed case reported in 2025. In 2024, 16 confirmed cases and no deaths of cVDPV2 have been reported from Niger. In 2022, the national oral polio vaccination (OPV3) coverage among children <1 year was 84%.

Nigeria: On 11 April 2025, the GPEI reported 11 confirmed case and no death of cVDPV2 from multiple states. This is the first reported confirmed cases of cVDPV2 in 2025. In 2024, 98 confirmed cases and no death of cVDPV2 have been reported from Nigeria. In 2023, the national oral polio vaccination (OPV3) coverage among children <1 year in Nigeria was 84%.

***A backlog of three cases of cVDPV2 were reported from Chad.**

****A backlog of one case of cVDPV2 was reported from Djibouti.**

Note: In 2024, a total of 10 confirmed cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported from two AU MS: DRC (9 cases), Mozambique (1). Additionally, 225 cases of cVDPV2 were reported from 16 AU MS: Angola (7 cases), Benin (1), Chad (22), DRC (10), Ethiopia (44), Guinea (5), Kenya (1), Liberia (1), Mali (1), Niger (16), Nigeria (98), Senegal (1), Somalia (7), South Sudan (10), and Zimbabwe (1).

Response by MS/partner/Africa CDC:

The ministries of health of the affected MS continue to strengthen acute flaccid paralysis surveillance and polio supplemental vaccination campaigns in the affected areas.

Dengue fever in Africa

679 confirmed human case(s), **156** probable human case(s), **5,101** suspected human case(s)
6 human deaths (**CFR: 0.10%**)

Agent/Pathogen	Dengue virus	First Reported	1-Jan-2025	Previous Report Update	18-Apr-2025	First Occurred	1-Jan-2025
Country	Multiple Countries	Location	7 MS	Source	Ministry of Health	GeoScope	MODERATE
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

Update to Event:

Since the beginning of 2025, a total of 5,936 (679 confirmed; 156 probable; 5,101 suspected) and six deaths (CFR: 0.10%) of dengue fever have been reported from seven AU MS: Burkina Faso (866 cases; 0 deaths), Cabo Verde (335; 0), Comoros* (587; 1), Guinea (1; 0), Mali (1,496; 0), Senegal (32; 0), and Sudan** (2,619; 5).

In epidemiological week 16, a total of 62 new cases and no new deaths of dengue fever were reported from Mali.

Mali: Since the last update (18 April 2025), the MoH reported 62 new cases (14 confirmed; 48 suspected) and no new deaths of dengue fever from Bamako (46 cases; 0 deaths) and Kayes (15; 0) regions. This is a 2-fold average increase in the number of new cases in the last four weeks. This year, 1,496 cases (291 confirmed; 1,205 suspected) and no deaths of dengue fever were reported in Mali. Since the start of this outbreak (September 2023) a cumulative of 16,488 cases (1,799 confirmed; 14,689 suspected) and 74 deaths (CFR: 0.4%) of dengue fever have been reported from all 11 regions in Mali.

***A backlog of 77 cases of dengue fever were reported from Comoros from epi-week 15.**

****Between epi-week 13-15, a backlog of 237 cases and five deaths of dengue fever were reported from Sudan.**

Note: In 2024, a total of 191,717 cases (30,465 confirmed; 25,249 probable; 121,102 suspected) and 152 deaths (CFR: 0.08%) of dengue fever were reported from 15 AU MS: Burkina Faso (110,257 cases; 102 deaths), Cameroon (1; 0), Cabo Verde (43,597; 8), CAR (430; 1), Chad (983; 0), Côte d'Ivoire (39; 0), Ethiopia (3,463; 0), Ghana (1,713; 2), Kenya (88; 0), Mali (9,541; 13), Mauritius (9,166; 8), Sao Tome and Principe (9; 0), Senegal (902; 0), Sudan (8,683; 15), and Togo (2,205; 3).

Response by MS/partner/Africa CDC:

The ministries of health in the affected MS continue to conduct enhanced surveillance, case management, vector control, and risk communication activities in the affected communities.

Measles in Africa

6,083 confirmed human case(s), **37,681** suspected human case(s)
265 human deaths (**CFR: 0.61%**)

Agent/Pathogen	Measles virus	First Reported	8-Jan-2025	Previous Report Update	18-Apr-2025	First Occurred	30-Dec-2024
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 2025, a total of 43,764 cases (6,083 confirmed; 37,681 suspected) and 265 deaths (CFR: 0.61%) of measles have been reported from 15 AU MS: Cameroon (1,052 cases; 2 deaths), Chad (926; 1), DRC (12,074 cases; 199 deaths), Ethiopia* (3,512; 16), Malawi (167; 0), Mali (283; 0), Morocco (20,086; 37), Nigeria (739; 0), Rwanda (736; 0), Senegal (68; 0), Somalia (2,196; 9), South Africa (108; 0), Sudan** (884; 0), Uganda (77; 1) and Zambia (856; 0).

In epidemiological week 16, a total of 84 cases and no new deaths of measles were reported from three AU MS: Cameroon, Mali and Sudan.

Cameroon: Since the last update (18 April 2025) the MoH reported 47 suspected cases and no new deaths of measles from all 10 regions. This is a 22% average decrease in the number of confirmed cases in the last four weeks. Since the beginning of this year, 1,052 cases (631 confirmed; 421 suspected) and two deaths (CFR: 0.2%) of measles have been reported from all the 10 regions in Cameroon. Of the confirmed cases, 66.4% were unvaccinated against measles and children <5 years accounted for 52.8%. In 2023, the national measles vaccination coverage among children <2 years in Cameroon was 56%.

Mali: Since the last update (18 April 2025), the MoH reported 28 new cases (3 confirmed; 25 suspected) and no new deaths of measles from seven districts. This is a 63% average increase in the number of new confirmed cases in the last four weeks. This year, 283 cases (71 confirmed; 212 suspected) and no deaths of measles were reported from seven of eleven regions in Mali. Since the beginning of this outbreak (March 2024), a cumulative of 995 cases (419 confirmed; 576 suspected) and no deaths of measles have been reported from all 11 regions in Mali. In 2022, the national measles vaccination coverage among children <1 year in Mali was 99%.

Sudan: In epidemiological week 16, the MoH reported nine cases and no deaths of measles from nine states. Since the beginning of the year, 884 cases and no deaths of measles have been reported from nine states. In 2023, the national measles vaccination coverage among children <1 year in Sudan was 51%. The outbreak is occurring amid a sustained complex humanitarian crisis.

*In epi-week 15, a backlog of 665 cases and one death of measles were reported in Ethiopia.

**Between epi-week 1-15, a backlog of 301 cases of measles were reported from Sudan.

Note: In 2024, a total of 260,752 cases (26,432 confirmed; 234,320 suspected) and 3,220 deaths (CFR: 1.23%) of measles have been reported from 30 AU MS: Burkina Faso (10,639 cases; 46 deaths), Burundi (15,003; 149), Cameroon (2,507; 69), Central African Republic [CAR (4,550; 4)], Cote d'Ivoire (7,856; 169), Chad (8,712; 27), Congo (546; 4), DRC (95,126; 2,178), Ethiopia (28,421; 220), Gabon (347; 1), Ghana (1,398; 0), Kenya (1,953; 13), Liberia (2,891; 0), Mali (681; 0), Malawi (937; 1), Mauritania (2,881; 4), Morocco (20,435; 111), Mozambique (1,183; 31), Namibia (105; 0), Nigeria (27,517; 73), Niger (2,226; 13), Senegal (484; 0), Sierra Leone (67; 1), Somalia (12,277; 40), South Africa (626; 0), South Sudan (3,200; 41), Sudan (777; 10), Togo (628; 2), Uganda (2,011; 13), and Zambia (4,946; 0).

Response by MS/partner/Africa CDC:

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

Corynebacterium diphtheriae in Africa

107 confirmed human case(s)
1,846 suspected human case(s)
1 probable human case(s)
12 human deaths (**CFR: 11.21%**)

Agent/Pathogen	Corynebacterium diphtheriae	First Reported	3-Jan-2025	Previous Report Update	18-Apr-2025	First Occurred	2-Jan-2024
Country	Multiple Countries	Location	3 MS	Source	Ministry of Health	GeoScope	MODERATE
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

Update to Event:

Since the beginning of 2025, a total of 1,954 cases (107 confirmed; 1 probable; 1,846 suspected) and 12 deaths (CFR: 11.21) of toxigenic respiratory diphtheria have been reported from three AU MS: Chad (1,779 cases; 0 deaths), Nigeria (130; 2) and South Africa (45; 10).

In epidemiological week 16, eight new confirmed cases and one new death of toxigenic respiratory diphtheria were reported from South Africa.

South Africa: Since the last update (18 April 2025), the National Institute for Communicable Diseases reported eight new confirmed cases and one new death (CFR: 1.3%) of toxigenic respiratory diphtheria from four provinces: Gauteng (2 cases; 0 deaths), Mpumalanga (0; 1), Limpopo (5; 0), and Western Cape (1; 0) provinces. This is a four-fold increase in the number of confirmed cases compared to the last update. This year, 45 cases (44 confirmed; 1 probable) and 10 deaths (CFR: 22%) of toxigenic respiratory diphtheria were reported from four provinces. This outbreak started in January 2024. Cumulatively, 87 cases (86 confirmed; 1 probable) and 10 deaths (CFR: 11.5%) of toxigenic respiratory diphtheria have been reported from five of nine provinces in South Africa.

Response by MS/partner/Africa CDC:

South Africa: The National Department of Health has intensified contact tracing, diphtheria vaccination campaigns, enhanced surveillance, case management, laboratory testing and risk communication activities in the affected areas.

Malaria in Africa

54,907 confirmed human case(s)
84 human deaths (CFR: 0.15%)

Agent/Pathogen	Plasmodium spp	First Reported	1-Feb-2025	Previous Report Update	11-Apr-2025	First Occurred	1-Feb-2025
Country	Multiple Countries	Location	2 MS	Source	Ministry of Health	GeoScope	MODERATE
Human Risk Assessment	MODERATE	Animal Risk Assessment	MODERATE				

Update to Event:

Since the beginning of 2025, two African Union Member States, have reported malaria outbreaks: Botswana (2,031 confirmed cases; 8 deaths) and Namibia* (52,876; 76).

In epidemiological week 16, a total of 7,076 new cases and 11 new deaths of malaria were reported from Botswana and Namibia.

Botswana: Since the last update (11 April 2024), the MoH reported 267 confirmed cases and no new deaths of malaria from six districts. This outbreak started in epidemiological week 1 of 2025. Cumulatively, 2,031 confirmed cases and eight deaths (CFR: 0.4%) have been reported from 23 of 27 districts. Of the total cases reported, 96 cases had severe malaria and 3% were imported cases from countries with ongoing malaria transmission.

Namibia*: Since the last update (11 April 2024), the MoH reported 6,809 confirmed cases and 11 deaths (CFR: 0.2%) of malaria from 36 districts. This year, a total of 52,876 cases and 76 deaths of malaria have been reported from 36 districts. This outbreak started in November 2024. Cumulatively, 56,130 confirmed cases and 95 deaths (CFR: 0.2%) have been reported from all 36 districts. Of the total cases reported, 19%were imported cases from countries with ongoing malaria transmission.

***Between epi-week 1-15, a backlog of 13,828 cases of malaria were reported from Namibia.**

Response by MS/partner/Africa CDC:

The ministries of health of affected MS with support from health partners continues to enhance response activities with emphasis on early case detection, treatment, vector control, and raising public awareness.

Moderate Risk Events

HPAI H5N1 in Africa

0 human deaths

15,665 animal case(s)

7,904 animal deaths (CFR: 50.46%)

Agent/Pathogen	Influenza H5N1	First Reported	4-Apr-2025	Previous Report Update	4-Apr-2025	First Occurred	1-Jan-2025
Country	Multiple Countries	Location	2 MS	Source	WOAH	GeoScope	MODERATE
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

Update to Event:

Since the beginning of 2025, a total of 15,665 and 7,904 deaths of highly pathogenic avian influenza (HPAI) H5N1 have been reported from 2 AU MS: Liberia (1 outbreak; 18 cases; 18 deaths), Nigeria (5; 7,045; 3,861) and Togo (4; 8,602; 4,025).

In epidemiological week 16, 18 cases and 18 deaths of highly pathogenic avian influenza H5N1 were reported from Liberia.

Liberia (initial report): On April 17, 2025, the World Organisation for Animal Health (WOAH) reported a confirmed outbreak of HPAI H5N1 in a poultry farm in Totota community, Bong county. The outbreak, which began on February 2, 2025, resulted in 18 confirmed cases and 100% mortality within the affected birds. Whole carcass samples were submitted to the central veterinary diagnostic and research laboratory in Freetown, where an intracerebral pathogenicity index (ICPI) test confirmed the presence of HPAI H5N1. The source of infection is currently unknown, but potential routes include contact with wild species, illegal animal movement, contaminated fomites (humans, vehicles, feed, etc.), and the introduction of new live animals. The affected farm had a capacity of 26,000 poultry birds.

Highly pathogenic avian influenza viruses cause severe disease and high mortality in infected poultry. HPAI A(H5) or A(H7) virus infections can cause diseases that affect multiple internal organs with mortality up to 90% to 100% in chickens, often within 48 hours. However, ducks can be infected without any signs of illness. HPAI A(H5) and A(H7) virus infections in poultry also can spill back into wild birds, resulting in further geographic spread of the virus as those birds migrate. While some wild bird species can be infected with some HPAI A(H5) or A(H7) virus subtypes without appearing sick, other HPAI A(H5) and A(H7) virus subtypes can cause severe disease and mortality in some infected wild birds as well as in infected poultry. This is the first outbreak of HPAI H5N1 reported in Liberia.

Response by MS/partner/Africa CDC:

Liberia: The MoAg instituted several control measures which include; movement control, improved surveillance, disinfection of the affected farm and quarantine. Additionally, 25,800 poultry birds were vaccinated against HPAI. Information on the type of vaccine used was not provided.

- Epidemiological week 16 covers the period of 14-20 April 2025
- In epidemiological week 13, a backlog of 27 suspected cases and no deaths of Hepatitis E was reported from Burkina Faso.
- Mpox cases include all persons who have presented with symptoms consistent with the suspected case definition for mpox.
- The cases in this report include confirmed, probable, and suspected cases.
- CFR are calculated using confirmed cases and deaths only, except for bacterial meningitis, cholera, measles, mpox, dengue, and yellow fever where CFR is 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: morbidity and mortality of the disease, probability of spread within and to the other MSs, and availability of effective treatments, vaccines, or other control measures. An event risk level can be classified as low, moderate, high or very high depending on how they score on the above criteria.