

Africa CDC Epidemic Intelligence Report

Date of Issue: 20 Jan 2025

Active Events

58

New Events reported
in 2025

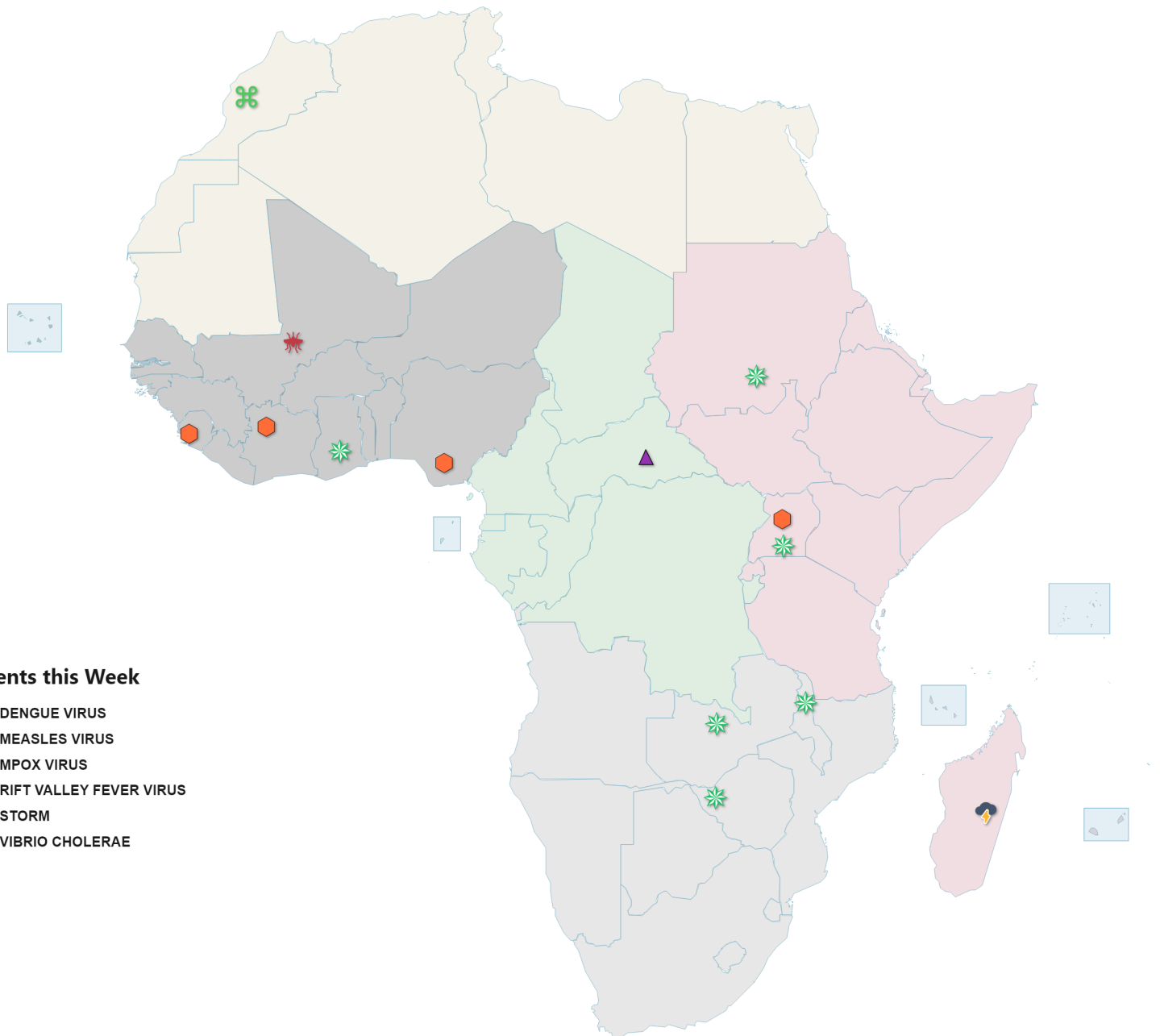
8

Events highlighted
this week

14

New events since
last issue

3









*  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.
















	Risk Level		
	Very High (New)	High (New)	Moderate (New)
Human	0	4 (1)	9 (1)
Animal	0	0	0
Environment	0	0	1 (1)

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected	Probable	Confirmed	Deaths
 Rift Valley Fever virus	Central African Republic	Moderate	Moderate		3	0	1	1
 Storm	Madagascar	Moderate	N/A				352	3
 Vibrio cholerae	Uganda	High	N/A		69	0	11	1

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Dengue virus	Mali	Moderate	N/A		122 (68)	0 (0)	32 (8)	0 (0)
 Measles virus	Morocco	Moderate	N/A		2,821 (1,582)	0 (0)	810 (603)	5 (2)
 Mpox virus	Côte d'Ivoire	Moderate	N/A		5 (2)	0 (0)	0 (0)	0 (0)
	Nigeria	High	N/A		76 (19)	0 (0)	6 (4)	0 (0)
	Sierra Leone	High	Low		68 (68)	0 (0)	4 (3)	0 (0)
	Uganda	Moderate	N/A		477 (278)	0 (0)	477 (278)	4 (0)
 Vibrio cholerae	Ghana	Moderate	N/A		475 (243)	30 (4)	82 (43)	3 (0)
	Malawi	Moderate	N/A		0 (0)	0 (0)	52 (38)	2 (2)
	Sudan	High	N/A		746 (246)	0 (0)	0 (0)	8 (1)
	Zambia	Moderate	N/A		5 (1)	0 (0)	0 (0)	0 (0)
	Zimbabwe	Moderate	N/A		27 (11)	0 (0)	23 (15)	0 (0)

Moderate Risk Events

Rift Valley Fever Virus in Central African Republic

1 confirmed human case(s)
3 suspected human case(s)
1 human deaths (**CFR: 100.00%**)

Agent/Pathogen	Rift Valley Fever virus	First Reported	15-Jan-2025	First Occurred	2-Jan-2025
Country	Central African Republic	Location	Ngaoundaye health district	Source	Ministry of Health
GeoScope	HIGH	Human Risk Assessment	MODERATE	Animal Risk Assessment	MODERATE

Description:

On 2 January 2025, the Ministry of Health (MoH) reported an outbreak of Rift Valley fever (RVF) in Ngaoundaye, a health district in Region 3 of the Central African Republic (CAR). The index case is a 23-year-old male residing in Quartier Pana-1, who works as an auxiliary for the gendarmerie at the CAR-Cameroon-Chad border. On 24 December 2024, he was admitted to the Ngaoundaye health facility with symptoms of fever, headache, asthenia, abdominal pain, and bleeding from the nose and mouth. A blood sample sent to the Institut Pasteur in Bangui tested positive for RVF using an enzyme-linked immunosorbent assay. Cumulatively, four cases (1 confirmed; 3 suspected) and one death [case fatality ratio (CFR): 100%] of RVF have been reported from Ngaoundaye in Health Region 3, CAR.

The Ngaoundaye health district is located in Health Region 3, near the borders of Cameroon and Chad. The primary economic activity in this area is sheep and cattle breeding. Additionally, there are regular movements of people and animals (transhumance) across the borders of Chad, Cameroon, and CAR.

RVF is a vector-borne, viral zoonotic disease transmitted to humans through contact with the blood or organs of infected animals or bites from infected mosquitoes. Infected individuals often experience mild symptoms such as joint pain, flu-like fever, muscle aches, loss of appetite, and headache. However, severe cases can occur and may result in death, although the case fatality rate is typically below 1%.

In 2019, eight cases of RVF (1 confirmed; 7 suspected) were reported in Boali sub-prefecture in CAR, with no associated deaths.

Response by MS/partner/Africa CDC:

The MoH coordinated a multisectoral and multidisciplinary team to investigate and respond to the outbreak through active case search and risk communication. Additionally, nine contacts have been identified and are being monitored.

Moderate Risk Events

Mpox in Africa

488 confirmed human case(s), **640** suspected human case(s)
4 human deaths (**CFR: 0.63%**)

Agent/Pathogen	Mpox virus	Previous Report Update	10-Jan-2025	First Occurred	1-Jan-2025
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 2025, a total of 640 cases, of which 488 were laboratory-confirmed, and four deaths (CFR: 0.63%) of mpox were reported from six Africa Union (AU) Member States (MS); Côte d'Ivoire (0 confirmed cases; 0 deaths), Ghana (0; 0), Nigeria (6; 0), Sierra Leone (4; 0), Uganda (477; 4) and Zambia (1; 0).

In epidemiological week 2, a total of 367 new cases, of which 285 were laboratory-confirmed, and no new deaths or mpox were reported from Côte d'Ivoire, Nigeria, Sierra Leone, and Uganda.

Côte d'Ivoire: Since the last update (10 January 2025), the MoH reported two new cases, of which non were laboratory-confirmed, and no new deaths of mpox. Since the beginning of this year, five cases, of which non were laboratory-confirmed, and no deaths were reported. This outbreak started in October 2024. Cumulatively, 502 cases, of which 107 were laboratory-confirmed, and one death (CFR: 0.9%) of mpox have been reported from 35 of 48 health districts in Côte d'Ivoire. Of the confirmed cases, children <15 years accounted for 41% and males accounted for 65%. The clade IIa and clade IIb were isolated from confirmed cases.

Nigeria*: Since the last update (10 January 2025), the Nigeria Centre for Disease Control reported 19 new cases, of which four were laboratory-confirmed, and no new deaths of mpox from four states. This is a 100% increase in the number of new confirmed cases compared to the last update. Since the beginning of the year, 76 cases, of which six were laboratory-confirmed, and no deaths of mpox were reported from four of the 36 states and the federal capital territory. Of the confirmed cases, children <15 years accounted for 33% and all were males. Nigeria is endemic for mpox and cases were reported since 2017. Cumulatively, 5,840 cases, of which 1,242 were laboratory-confirmed, and 17 deaths (CFR: 1.3%) of mpox have been reported from 34 states and the federal capital territory in Nigeria. The clade IIb mpox was isolated from the confirmed cases.

Sierra Leone: Since the last update (10 January 2025), the MoH reported 7 cases, of which three were laboratory-confirmed, and no new deaths of mpox from three districts. This is a two-fold increase in the number of new confirmed cases compared to the last update. Since the beginning of the year, 8 cases, of which 4 were laboratory-confirmed, and no deaths of mpox were reported from Sierra Leone. Since the declaration of mpox as a public health emergency of continental security, Sierra Leone has recorded 68 suspected cases. Cumulatively, 68 cases, of which four were laboratory-confirmed, and no deaths of mpox have been reported from Western Area Urban (1 confirmed case), Western Area Rural (2), and Tonkolili (1) districts. A total of 66 cases were tested resulting in a 97% testing rate. Clade IIb was isolated from two sequenced cases.

Uganda:** Since the last update (10 January 2025), the MoH reported 278 new laboratory-confirmed cases and no new deaths of mpox from multiple districts. This is a 38% average increase in the new cases reported in the past four weeks. Since the beginning of this year, 477 laboratory-confirmed cases and four deaths (CFR: 0.8%) of mpox were reported. This outbreak started in July 2024. Cumulatively, 1,830 laboratory-confirmed and 10 deaths (CFR: 0.6%) of mpox have been reported from 72 of 146 districts in Uganda. A total of 2,519 cases were tested resulting in a 100% testing rate. The clade Ib was isolated from all sequenced cases.

***Nigeria:** In epidemiological week 1, the MS erroneously reported three confirmed cases of mpox instead of two confirmed cases.

****Uganda:** Africa CDC previously erroneously reported 75 affected districts instead of 72 districts. This has been rectified this week.

Note: In 2024, a total of 77,756 cases of mpox, of which 16,763 were laboratory-confirmed, and 1,288 deaths [case fatality rate (CFR: 1.78%) have been reported from 20 African Union (AU) Member States (MS): Angola (4 laboratory-confirmed cases; 0 deaths), Burundi (2,861; 1), Cameroon (9; 2), Central Africa Republic (CAR) (88; 3), Congo (23; 0), Côte d'Ivoire (107; 1), Democratic Republic of Congo (DRC) (11,503; 1,271), Gabon (2; 0), Ghana (5; 0), Guinea (1; 0), Liberia (63; 0), Kenya (31; 1), Mauritius (1; 0), Morocco (2; 0), Nigeria (184; 0), Rwanda (59; 0), South Africa (25; 3), Uganda (1,353; 6), Zambia (3; 0), and Zimbabwe (2; 0).

Response by MS/partner/Africa CDC:

The ministries of health continue to intensify surveillance, risk communication, and community engagement activities in the affected communities.

From January 5 to January 15, Africa CDC conducted a 10-day training workshop for 53 public health officers in DRC, at national and provincial levels, on mpox surveillance and data management.

Cholera in Africa

189 confirmed human case(s), **30** probable human case(s), **1,445** suspected human case(s)
44 human deaths (**CFR: 2.64%**)

Agent/Pathogen	Vibrio cholerae	First Reported	3-Jan-2025	Previous Report Update	10-Jan-2025
First Occurred	1-Jan-2025	Country	Multiple Countries	Location	6 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 1,664 cases (189 confirmed; 30 probable; 1,445 suspected) and 31 deaths (CFR: 2.65%) of cholera have been reported from six AU MS: Angola (224 cases; 18 deaths), Ghana (587; 3), Malawi (52; 2), Sudan (746; 8), Zambia (5; 0), and Zimbabwe (50; 0).

In epidemiological week 2, a total of 824 cases and 32 deaths of cholera have been reported from five AU MS: Ghana, Malawi, Sudan, Zambia, and Zimbabwe.

Malawi: Since last update (10 January 2025), the MoH reported 38 confirmed cases and no new deaths of cholera from four districts. This is a 171% increase in the number of new cases compared to the last update. Since the beginning of this year, 52 cases and two deaths were reported. This outbreak started in August 2024. Cumulatively, 267 confirmed cases and 14 deaths (CFR: 6.1%) have been reported from five of twenty-nine districts in Malawi. In epidemiological week 2 of 2024, a total of two confirmed cases and no deaths of cholera were reported in Malawi, which is 26-fold increase in the number of cases reported in the same period.

Ghana: Since last update (10 January 2025), the Ghana Health Services reported 290 new cases (43 confirmed; 4 probable; 243 suspected) and no new deaths of cholera from five regions. This is a 24% average increase in the number of new cases in the past four weeks. Since the beginning of this year, 587 cases and three deaths (CFR: 0.5%) deaths were reported. This outbreak started in August 2024. Cumulatively, 6,240 cases (441 confirmed; 706 probable; 5,093 suspected) and 40 deaths (CFR: 0.7%) of cholera have been reported from five of sixteen regions in Ghana: Ashanti (5 confirmed cases; 0 probable; 56 suspected), Central (136; 0; 1,522), Eastern (2; 3; 32), Greater Accra (175; 330; 1,263) and Western (123; 3; 2,220) regions. *Vibrio cholerae* O1 was isolated from the confirmed cases.

Sudan*: In epidemiological week 2, the MoH reported 246 new suspected cases and one new death (CFR: 0.4%) of cholera from 12 states. This is a 2% average decrease in the number of new cases in the past four weeks. Since the beginning of this year, 746 suspected cases and eight deaths (CFR: 1.1%) of cholera were reported. This outbreak started in July 2024. Cumulatively, 51,345 cases (69 confirmed; 51,290 suspected) and 1,359 deaths (CFR: 2.6%) of cholera have been reported from from 12 states this year in Sudan. The outbreak is occurring amid a sustained complex humanitarian crisis.

Zambia: Since last update (10 January 2025), the MoH reported one new suspected case and no new deaths of cholera from Nakonde district, Muchinga province. This is a 75% decrease in the number of new cases compared to last week. Since the beginning of this year, five suspected cases and no deaths of cholera have been reported. This outbreak started in December 2024. Cumulatively, 18 cases (7 confirmed cases and 11 suspected) and no deaths have been reported from one of ten provinces in Zambia. In epidemiological week 2 of 2024, a total of 4,073 cases and 222 deaths (CFR: 5.4%) of cholera were reported in Zambia, which is a 99.9% decrease in the number of cases reported in the same period.

Zimbabwe:** Since last update (10 January 2025), the MoH reported 26 new cases (15 confirmed; 11 suspected) and no new deaths of cholera from Mashonaland, Central province. This is 620% average increase in the new cases in the past four weeks. Since the beginning of this year, 50 cases (23 confirmed; 27 suspected) and no deaths were reported. This outbreak started in November 2024. Cumulatively, 282 cases (28 confirmed; 254 suspected) and two deaths (CFR: 0.7%) of cholera have been reported from four provinces. In comparison to epidemiological week 2 of 2024, a total of 1,678 cases and 58 deaths (CFR: 3.4%) of cholera were reported in Zimbabwe, which is a 97% decrease in the number of cases reported in the same period.

In epidemiological week 3, a total of 80 cases and one death were reported from Uganda.

Uganda (initial report): On 16 January 2025, the MoH reported an outbreak of cholera in Lamwo district, northern Uganda. A cluster of four cases presented with acute watery diarrhea, vomiting, general body weakness, and dehydration at Agoro Health Center III. Further epidemiological investigations identified the index case as a 19-year-old female who reported visiting a local market and attending a funeral as her potential sources of exposure. Of the twelve stool samples submitted to the Uganda National Health Laboratory Services, seven tested positive for *Vibrio cholerae* 01 Ogawa by culture. Cumulatively, 80 cases (11 confirmed; 69 suspected) and one death (CFR: 1.2%) have been reported from one of 146 districts in Uganda. The last outbreak of cholera in Uganda was reported in November 2024, with a total of six imported cases (1 confirmed; 5 suspected).

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 have been 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; 359), 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).

***Sudan: In epidemiological week 1, 500 suspected cases and 7 deaths of cholera were reported from Sudan.**

****Zimbabwe: The number of cholera cases reported last week was corrected to 229 instead of 256.**

Response by MS/partner/Africa CDC:

The ministries of health of the affected MS activated the emergence operations centers and deployed one health rapid response teams to conduct enhance surveillance, risk communication, and environmental sanitation.

Dengue fever in Africa

167 confirmed human case(s), **156** probable human case(s), **1,032** suspected human case(s)
0 human deaths (**CFR: 0.00%**)

Agent/Pathogen	Dengue virus	First Reported	1-Jan-2025	Previous Report Update	10-Jan-2025
First Occurred	1-Jan-2025	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 1,355 cases (167 confirmed; 156 probable; 1,032 suspected) and no deaths of dengue fever have been reported from three AU MS: Burkina Faso (866 cases; 0 deaths), Cabo verde* (335; 0) and Mali (154; 0).

In epidemiological week 2, a total of 76 new cases and no new deaths were reported from Mali.

Mali: Since last update (10 January 2025), the MoH reported 76 new cases (8 confirmed; 68 suspected) and no new deaths of dengue fever from three regions: Bamako (57 cases), Mopti (4) and Sikasso (15) regions. This is a 15% average decrease in the new cases reported in the past four weeks. Since the beginning of this year, 154 cases and no deaths of dengue fever were reported. This outbreak started in September 2023. Cumulatively, a total of 15,146 cases (1,542 confirmed; 13,604 suspected) and 74 deaths (CFR: 0.5%) of dengue fever have been reported from all the 11 regions in Mali. In comparison to epidemiological week 2 of 2024, where a total of 368 cases (56 confirmed; 312 suspected) and no deaths of dengue fever were reported in Mali, which is a 58% decrease in the number of cases reported in the same period compared to the last year.

Note: In 2024, a total of 191,717 cases (30,465 confirmed; 25,249 probable; 121,102 suspected) and 139 deaths (CFR: 0.08%) of dengue fever have been 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), Cote 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; 2), and Togo (2,205; 3).

***In epidemiological week 1, a total of 335 cases (135 confirmed; 200 suspected) and no deaths of dengue fever were reported from all the Islands in Cabo Verde.**

Response by MS/partner/Africa CDC:

Mali: The MoH continues to strengthen measles surveillance, case management, and supplemental immunization activities in the affected communities.

Measles in Africa

835 confirmed human case(s), **2,970** suspected human case(s)
5 human deaths (**CFR: 0.13%**)

Agent/Pathogen	Measles virus	First Reported	8-Jan-2025	Previous Report Update	10-Jan-2025
First Occurred	30-Dec-2024	Country	Multiple Countries	Location	3 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 3,805 cases (835 confirmed; 2,970 suspected) and five deaths (CFR: 0.13%) of measles have been reported from three AU MS: Mali (3 cases; 0 deaths), Morocco (3,631; 5), and Somalia* (171; 0).

In epidemiological week 2, a total of 2,185 cases and two deaths of measles were reported from Morocco.

Morocco:** Since last update (10 January 2025), the MoH reported 2,185 new cases (603 confirmed; 1,582 suspected) and two new deaths (CFR: 0.1%) of measles from nine regions in Morocco. This is a 51% increase in new cases compared to the last week. Since the beginning of this year, 3,631 cases and five deaths (CFR: 0.14%) were reported from all 12 regions in Morocco. The ongoing outbreak started in October 2023. Cumulatively, 24,474 cases (6,300 confirmed; 18,174 suspected) and 116 deaths (CFR: 0.5%) of measles have been reported across all 12 regions in Morocco. In 2022, the national measles vaccination coverage among children <1 year in Morocco was 99%.

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 (12,099; 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).

***Somalia:** A backlog of 171 cases (24 confirmed; 147 suspected) and no deaths of measles were reported from Somalia in epidemiological week 1.

****Morocco:** The MoH conducted a data harmonization exercise leading to an official reduction of 207 cases from the last update.

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.

Storm in Madagascar

352 displaced persons
3 human deaths

Agent/Pathogen	Storm	First Reported	16-Jan-2025	Previous Report Update	16-Jan-2025
First Occurred	13-Jan-2025	Country	Madagascar	Location	3 regions
Source	UN Agency	GeoScope	MODERATE	Human Risk Assessment	MODERATE
Animal Risk Assessment	N/A				

Description:

On 11 January, tropical cyclone Dikeledi passed over the northern Madagascar regions of Analanjirofo, Diana and Sava, causing heavy winds and rainfall. A total of three deaths and 352 displaced persons have been reported from three of twenty-three regions in Madagascar. In addition, 5,803 affected persons have been reported and destruction of over 250 classrooms leading to disruption of education services in the affected regions. Madagascar remains on alert, especially on the southwestern coast, as heavy rains and strong winds are expected from 15 to 16 January 2025. We have not yet received reports of damaged health facilities.

Tropical storms, also referred to as tropical cyclones, are intense circular winds which originate over warm tropical oceans and are often characterized by torrential rains and strong winds. They are a major hazard for coastal areas in tropical and sub-tropical areas. The landfall of tropical storms/cyclones is reported annually in Madagascar, especially during cyclone season, which occurs between December to March. The last tropical storm in Madagascar was reported in January 2024, leading to mass flooding and displacement of 9,528 persons and 10 deaths.

Response by MS/partner/Africa CDC:

The Government of Madagascar banned all sea operations from 15 to 17 January in response to anticipated heavy rains and strong winds. In addition, the Government is implementing disease surveillance and continues to provide humanitarian assistance to affected persons, including distributing food items; water, sanitation and hygiene supplies; and providing free medical services. Some schools remain closed awaiting the receding of water levels.

- In epidemiological week 1, the NCDC reported 250 new cases (54 confirmed; 196 suspected) and 10 new deaths of Lassa fever
- In epidemiological week 1, the MoH of Burkina Faso reported two new suspected cases and no new deaths of Hepatitis E from Kaya district.
- Epidemiological week 2 covers the period of 6 - 12 January 2025.
- 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.