

Africa CDC Epidemic Intelligence Report

Date of Issue: 14 Jan 2025

Active Events

49

New Events reported
in 2025

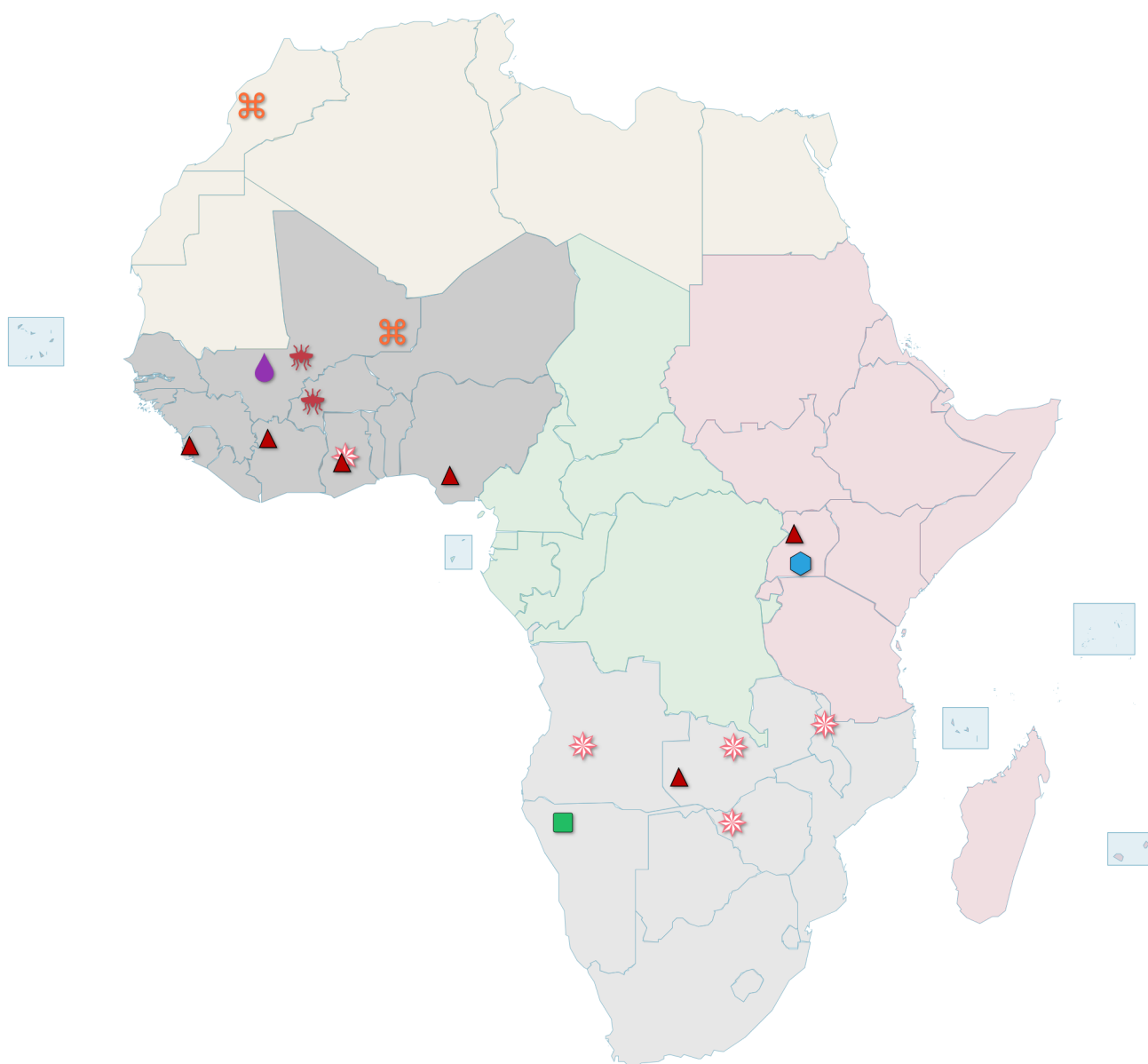
3


Events highlighted
this week

18

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.










Event Type	Events this Week		Risk Level	
Very High (New)		High (New)		Moderate (New)
Human	0	3 (2)	15 (1)	
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
 CCHF virus	Uganda	High	Low		3	0	1	0
 Mpox virus	Sierra Leone	High	Low		0	0	1	0
 Vibrio cholerae	Angola	Moderate	N/A		192	0	32	18

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Dengue virus	Burkina Faso	Moderate	N/A		710 (710)	156 (156)	0 (0)	0 (0)
	Mali	Moderate	N/A		54 (54)	0 (0)	24 (24)	0 (0)
 Measles virus	Mali	Moderate	N/A		2 (2)	0 (0)	1 (1)	0 (0)
	Morocco	Moderate	N/A		1,446 (1,446)	0 (0)	207 (207)	3 (3)
 Meningitis (Bacterial)	Mali	Moderate	N/A		12 (12)	0 (0)	5 (5)	0 (0)
 Mpox virus	Côte d'Ivoire	Moderate	N/A		3 (3)	0 (0)	0 (0)	0 (0)
	Ghana	Moderate	N/A		13 (13)	0 (0)	0 (0)	0 (0)
	Nigeria	High	N/A		57 (57)	0 (0)	3 (3)	0 (0)
	Uganda	Moderate	N/A		199 (199)	0 (0)	199 (199)	4 (4)
	Zambia	Moderate	N/A		1 (1)	0 (0)	1 (1)	0 (0)
 Plasmodium spp	Namibia	Moderate	N/A		0 (0)	0 (0)	367 (367)	1 (1)
 Vibrio cholerae	Ghana	Moderate	N/A		232	26	39	3
	Malawi	Moderate	N/A		0 (0)	0 (0)	14 (14)	2 (2)
	Zambia	Moderate	N/A		4 (4)	0 (0)	0 (0)	0 (0)
	Zimbabwe	Moderate	N/A		16 (16)	0 (0)	8 (8)	0 (0)

High Risk Events

CCHF virus in Uganda

1 confirmed human case(s)
3 suspected human case(s)
0 human deaths (**CFR: 0.00%**)

Agent/Pathogen	CCHF virus	First Reported	10-Jan-2025	Previous Report Update	10-Jan-2025
First Occurred	27-Dec-2024	Country	Uganda	Location	1 District
Source	Ministry of Health	GeoScope	LOW	Human Risk Assessment	HIGH
Animal Risk Assessment	LOW				

Description:

On 10 January 2025, the Uganda Ministry of Health (MoH) reported an outbreak of Crimean Congo haemorrhagic fever (CCHF) in Mubende district. The index case is a 45-year-old male farmer, with history of contact with cattle, goats and sheep. He presented at Mubende Regional Referral Hospital with fever, general body weakness, sore throat, loss of appetite and bleeding from multiple body orifices. A blood sample sent to the Uganda Virus Research Institute tested positive for CCHF by polymerase chain reaction. Cumulatively, four cases (1 confirmed; 3 suspected) and no deaths of CCHF have been reported from one of 146 districts in Uganda.

CCHF is a zoonotic viral hemorrhagic fever that can spread through bites of infected ticks. It can also be transmitted from animals to humans through contact with blood, body fluids, or tissues of infected animals, mainly livestock such as cattle, sheep, goats, buffalo, and camels. The most common symptoms in humans are headache, joint pain, vomiting, a flushed face, a red throat, and petechiae (red spots) on the palate. The case fatality rate in hospitalised patients ranges from 9% to 50%. Sporadic CCHF outbreaks are reported in Uganda annually. In 2024, twenty cases (8 confirmed; 4 probable; 8 suspected) and four deaths (case fatality rate [CFR]: 40%) were reported from five districts.

Response by MS/partner/Africa CDC:

The MoH activated the national and regional public health emergency operations centers and deployed a rapid response team to conduct further epidemiological investigations. In addition, case management, active case search and risk communication activities are ongoing in the affected district.

Moderate Risk Events

Mpox in Africa

204 confirmed human case(s), **273** suspected human case(s)
4 human deaths (**CFR: 0.84%**)

Agent/Pathogen	Mpox virus	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:

In epidemiological week 1, 2025, a total of 273 cases (of which 204 were new laboratory-confirmed) and four new deaths [CFR: 1.47%] of mpox were reported from six Africa Union (AU) Member States (MSs): Nigeria (3 laboratory-confirmed cases; 0 deaths), Uganda (199 ; 4), Sierra Leone (1; 0), and Zambia (1; 0).

Côte d'Ivoire: In Epidemiological week 1, the MoH reported three new cases of which none were laboratory confirmed and no new deaths of mpox. This outbreak started in October 2024. Cumulatively, 500 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 mpox were isolated from the confirmed cases.

Ghana: In epidemiological week 1, the Ghana Health Services (GHS) reported 13 new cases of which none were laboratory confirmed and no new deaths of mpox from two regions. This outbreak started in October 2024. Cumulatively, 412 cases of which, five were laboratory-confirmed and no death of mpox have been reported from two of sixteen regions in Ghana.

Nigeria: In epidemiological week 1, the Nigeria Centre for Disease Control and Prevention reported 57 new cases of which three were laboratory confirmed and no new deaths of mpox from five states. Nigeria is endemic for mpox and cases were reported since 2017. Cumulatively, 5,821 cases of which, 1,238 were laboratory-confirmed and 17 deaths (CFR: 1.3%) of mpox have been reported from 34 states and the federal capital territory in Nigeria.

Uganda: In epidemiological week 1, the MoH reported 199 new laboratory-confirmed cases and four new deaths (CFR: 2.0%) of mpox from multiple districts. This is a 35% average increase in the new cases reported in the past four weeks. This outbreak started in July 2024. Cumulatively, 1,552 laboratory-confirmed cases and 10 deaths (CFR: 0.6%) of mpox have been reported from 75 of 146 districts in Uganda. A total of 2,241 cases were tested resulting in a 100% testing rate. The clade IIb was isolated from all sequenced cases.

Sierra Leone (initial report): On 10 January 2025, the national public health agency (NPHA) and the MoH reported one confirmed case and no deaths of mpox from the Western area rural district. The case is a 27-year male with a recent travel history to Lungi town, a tourist location in the country. The confirmatory test was conducted at the Infectious disease laboratory in Freetown, Sierra Leone. The last reported case of mpox in Sierra Leone was in 2021, in a 47 year old male from Koinadugu district.

Zambia: In epidemiological week 1, the MoH detected one new laboratory-confirmed case and no new deaths of mpox from Kitwe district Copperbelt province. This outbreak started in October 2024. Cumulatively, four confirmed cases and no deaths of mpox have been reported from two of ten provinces in Zambia.

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).

Between epidemiological week 48-51, a backlog of 19 confirmed cases of mpox were reported from Rwanda.

Response by MS/partner/Africa CDC:

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

Cholera in Africa

93 confirmed human case(s), **26** probable human case(s), **444** suspected human case(s)
23 human deaths (**CFR: 4.09%**)

Agent/Pathogen	Vibrio cholerae	First Reported	3-Jan-2025	Previous Report Update	3-Jan-2025
First Occurred	1-Jan-2025	Country	Multiple Countries	Location	5 MS
Source	Ministry of Health	GeoScope	HIGH	Human Risk Assessment	MODERATE
Animal Risk Assessment	N/A				

Update to Event:

In epidemiological week 1, 2025, a total of 339 cases (61 confirmed; 26 probable; 252 suspected) and four deaths (CFR: 1.2%) of cholera have been reported from four AU MS: Ghana (297 cases; 3 deaths), Malawi (14; 2), Zambia (4; 0), and Zimbabwe (24; 0).

Malawi: In epidemiological week 1, the MoH reported 14 new confirmed cases and two new deaths (CFR: 14%) of cholera from four districts. There is a 39% decrease in the number of new cases compared to the last week. This outbreak started in August 2024. Cumulatively, 229 confirmed cases and 14 deaths (CFR: 6.1%) of cholera have been reported from five of twenty-nine districts in Malawi. In comparison to epidemiological week 1 of 2024, a total of two confirmed cases and no deaths of cholera were reported in Malawi, which is a six-fold increase in the number of new cases in the same period compared to the last year.

Ghana: In epidemiological week 1, the GHS reported 297 new cases (39 confirmed; 26 probable; 232 suspected) and three new deaths (CFR: 1.0%) of cholera from five regions. This is a 33% average increase in the number of new cases in the past four weeks. This outbreak started in August 2024. Cumulatively, 5,950 cases (398 confirmed; 702 probable; 4,850 suspected) and 40 deaths (CFR: 0.7%) of cholera have been reported from five of sixteen regions in Ghana. *Vibrio cholerae* O1 was isolated from the confirmed cases.

Zambia: In epidemiological week 1, the MoH reported four new suspected cases and no new deaths of cholera from Nakonde district, Muchinga province. This is a 69% decrease in the number of new cases compared to last week. This outbreak started in December 2024. Cumulatively, 17 cases (7 confirmed cases; 10 suspected) and no deaths of cholera have been reported from one of ten provinces in Zambia. In comparison to epidemiological week 1 of 2024, a total of 595 cases and 40 deaths (CFR: 6.7%) of cholera were reported in Zambia, which is a 99% decrease in the number of new cases in the same period compared to the last year.

Zimbabwe: In epidemiological week 1, a total of 24 new cases (8 confirmed; 16 suspected) and no new deaths of cholera have been reported from two districts in Mashonaland Central province. This is a six-fold average increase in the number of new cases in the past four weeks. This outbreak started in November 2024. Cumulatively, 229 cases and two deaths (CFR: 0.8%) of cholera have been reported from four provinces. In comparison to epidemiological week 1 of 2024, a total of 300 suspected cases and 16 deaths (CFR: 5.5%) of cholera were reported in Zimbabwe, which is a 92% decrease in the number of cases reported in the same period compared to the last year.

In Epidemiological week 2, a total of 224 cases and 18 deaths (CFR: 8.0%) were reported from Angola.

Angola (initial report): In epidemiological week 2, the MoH reported 224 cases (32 confirmed; 192 suspected) and 18 deaths (CFR: 8.0%) of cholera from three provinces: Bengo (10 cases; 1 deaths), Icoale Bengo (11; 0), Luanda (203; 17). The outbreak was confirmed at the National Public Health Institute Laboratory (INIS) of Angola. The age of the cases range from 2-70 years and females account for 54% of all cases reported. A total of 55 patients are currently admitted at Municipal hospitals in Cacuaco municipality. The last outbreak was reported in 2018, with a total of 1,262 cases and 19 deaths (CFR: 1.5%) from Cabinda, Luanda, and Uige provinces.

Note: In 2024, a total of 235,387 cases (30,583 confirmed; 689 probable; 204,115 suspected) and 3,747 deaths (CFR: 1.59%) 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 (51,615; 924), 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 MS activated the emergence operations centers and deployed one health rapid response teams to conduct enhance surveillance, risk communication, environmental sanitation.

Dengue fever in Africa

24 confirmed human case(s), **156** probable human case(s), **764** suspected human case(s)
0 human deaths (**CFR: 0.00%**)

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

Update to Event:

In epidemiological week 1, 2025, a total of 944 cases (24 confirmed; 156 probable; 764 suspected) and no deaths of dengue fever have been reported from two AU MS: Burkina Faso (866 cases; 0 deaths), and Mali (78; 0).

Burkina Faso: In epidemiological week 1, the MoH reported 866 new cases (156 probable; 710 suspected) and no new deaths of dengue fever from all 13 regions in Burkina Faso. This outbreak started in April 2024. Cumulatively, 336,423 cases (238,948 suspected; 97,475 probable) and 808 deaths (CFR: 0.3%) of dengue fever have been reported from all 13 regions in Burkina Faso.

Mali: In epidemiological week 1, the MoH reported 78 new cases (24 confirmed; 54 suspected) and no new deaths of dengue fever from Bamako (49 cases; 0 deaths), Sikasso (19; 0) and Mopti (10; 0) regions. This is an 8% average increase in the new cases reported in the past four weeks. This outbreak started in September 2023. Cumulatively, a total of 15,070 cases (1,534 confirmed; 13,536 suspected) and 74 deaths (CFR: 0.5%) of dengue fever have been reported all the 11 regions in Mali. In comparison to epidemiological week 1 of 2024, a total of 201 cases (38 confirmed; 163 suspected) and no deaths of dengue fever were reported in Mali, which is a 61% 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).

Footnote: In epidemiological week 52, a backlog of 7,408 cases (1,637 probable; 5,771 suspected) and three new deaths of dengue fever were reported from Burkina Faso. Between epidemiological week 31-52, a backlog of 6,853 suspected cases of dengue fever were reported from Sudan.

Response by MS/partner/Africa CDC:

The ministries of health continue to enhance surveillance, case management, vector control, and risk communication activities.

Measles in Africa

208 confirmed human case(s), **1,448** suspected human case(s)
3 human deaths (**CFR: 0.18%**)

Agent/Pathogen	Measles virus	First Reported	8-Jan-2025	First Occurred	30-Dec-2024
Country	Multiple Countries	Location	2 MS	Source	Ministry of Health
GeoScope	HIGH	Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A

Update to Event:

In epidemiological week 1, 2025, a total of 1,656 cases (208 confirmed; 1,448 suspected) and three deaths (CFR: 0.18%) of measles have been reported from two AU MS: Mali (3 cases; 0 deaths) and Morocco (1,653; 3).

Mali: In epidemiological week 1, the MoH reported three new cases (1 confirmed; 2 suspected) and no new deaths of measles from Banamba health district. This is a 59% average increase in the new cases reported in the past four weeks. Cumulatively i.e, since March 2024 when the outbreak began, 684 cases (342 confirmed; 342 suspected) and no deaths of measles were reported from all 11 regions in Mali. In 2022, the national measles vaccination coverage among children <5 year in Mali was 99%.

Morocco: During epidemiological week 1 of the current year, the Ministry of Health (MoH) reported 1,653 new measles cases (207 confirmed, 1,446 suspected) and three deaths (case fatality rate [CFR]: 0.2%) across nine regions of Morocco. This represents a 32% decrease in new cases compared to the previous reporting period. The ongoing measles outbreak commenced in October 2023. Since its onset, a cumulative total of 21,881 cases (5,609 confirmed, 16,272 suspected) and 114 deaths (CFR: 0.5%) have been documented across all 12 regions of the country. In 2022, the national measles vaccination coverage among children under one year of age 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).

Response by MS/partner/Africa CDC:

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

Bacterial meningitis in Mali

5 confirmed human case(s), **12** suspected human case(s)
0 human deaths (**CFR: 0.00%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	9-Jan-2025	First Occurred	1-Jan-2025
Country	Mali	Location	5 health districts	Source	Ministry of Health
GeoScope	LOW	Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A

Update to Event:

In epidemiological week 1, 2025, the Mali MoH reported 17 new cases (5 confirmed; 12 suspected) and no new deaths of bacterial meningitis from five health districts. The bacteria isolated from the confirmed cases include; *Streptococcus pneumoniae* (isolated from 4 confirmed cases), and *Neisseria meningitidis* C (1). This outbreak started in 2023. Cumulatively, 1,128 cases (169 confirmed; 959 suspected) and no deaths of bacterial meningitis have been reported from Mali.

Meningitis is a serious infection of the meninges, the membranes covering the brain and spinal cord. The disease can be caused by many different pathogens including bacteria, fungi, or viruses, but the highest global burden is seen with bacterial meningitis. Several different bacteria can cause meningitis; the most common ones are; *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Neisseria meningitidis*. Transmission between people is most commonly through respiratory droplets from infected persons. The most common symptoms are a stiff neck, high fever, sensitivity to light, confusion, headaches, and vomiting.

Response by MS/partner/Africa CDC:

The MoH continues to strengthen surveillance at all levels and is coordinating home-based management of non-severe cases

Malaria in Namibia

367 confirmed human case(s)
1 human deaths (**CFR: 0.27%**)

Agent/Pathogen	Plasmodium spp	First Reported	1-Jan-2025	Previous Report Update	3-Jan-2025
First Occurred	4-Nov-2024	Country	Namibia	Location	14 regions
Source	Ministry of Health	GeoScope	LOW	Human Risk Assessment	MODERATE
Animal Risk Assessment	N/A				

Update to Event:

Since the last update, the Namibia MoH reported 367 new confirmed cases and one new death (CFR: 0.3%) of malaria from all 14 regions. Thenu malaria outbreak started in epidemiological week 45 of 2024. This is an 87% decrease in the number of new cases compared to last update The outbreak is active in 19 of 121 districts in Namibia. Cumulatively, 3,540 confirmed cases and 20 deaths (CFR: 0.60%) of malaria have been reported from all 14 regions in Namibia in 2024.

Response by MS/partner/Africa CDC:

The MoH activated the incident management system and the public health emergence operations center to coordinate the response efforts. The MoH continues to intensify case-based surveillance, risk communication, and community engagement in the most affected districts. Additionally, environmental activities such as larviciding in affected communities are ongoing. Indoor residual spraying was conducted in nine malaria-endemic districts achieving a preliminary coverage of 56%.

-In epidemiological week 52, 298 new cases (72 confirmed; 226 suspected) and 11 new death (CFR: 24%) of Lassa fever were reported from Nigeria.

-In epidemiological week 52, Four new case of cVDPV2 were reported from South Sudan (1 case) and Nigeria (3).

-Mpox cases include all persons who have presented with symptoms consistent with the suspected case definition for mpox.

-Epidemiological week 1 covers the period of 30 December 2024 - 5 January 2025

-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.