

Africa CDC Epidemic Intelligence Report

Date of Issue: 25 Jan 2025

Active Events

67

New Events reported
in 2025

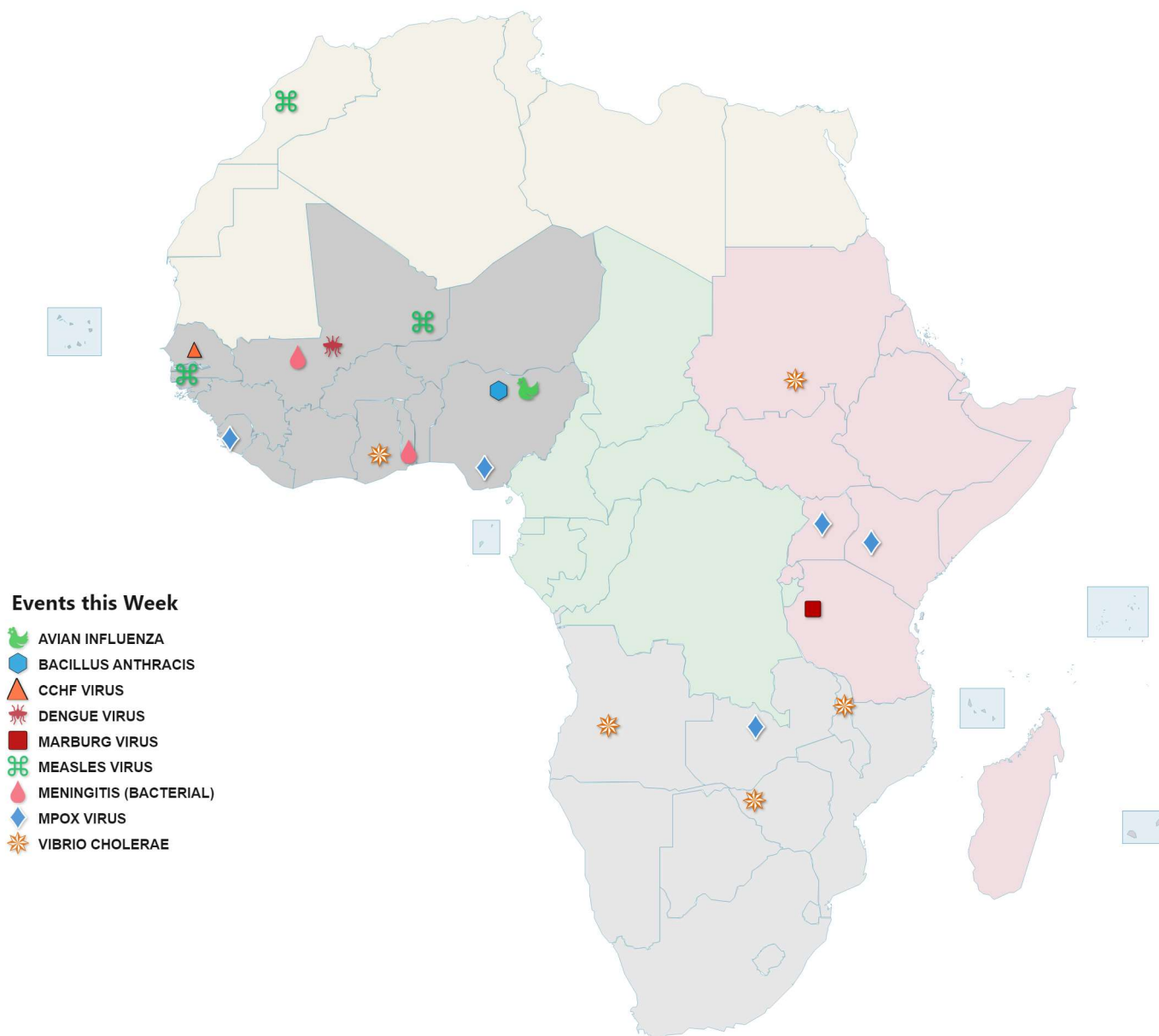
15

Events highlighted
this week

20

New events since
last issue

5













*  represent AU Member States that are islands

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




















	Risk Level		
	Very High (New)	High (New)	Moderate (New)
Human	0	6 (3)	12
Animal	0	2 (2)	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	Nigeria	N/A	High					375	172
 Bacillus anthracis	Nigeria	N/A	High				1,240	54	37
 CCHF virus	Senegal	High	N/A		6	0		2	1
 Marburg virus	Tanzania	High	N/A		0	8		2	9
 Meningitis (Bacterial)	Togo	High	N/A		18	0		0	4

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		216 (94)	0 (0)	39 (7)	0 (0)
 Measles virus	Mali	Moderate	N/A		11 (9)	0 (0)	4 (3)	0 (0)
	Morocco	Moderate	N/A		5,295 (2,474)	0 (0)	1,204 (394)	11 (6)
	Senegal	Moderate	N/A		0 (0)	0 (0)	8 (8)	0 (0)
 Meningitis (Bacterial)	Mali	Moderate	N/A		19 (7)	0 (0)	9 (4)	0 (0)
 Mpox virus	Kenya	Moderate	N/A		0 (0)	0 (0)	2 (2)	0 (0)
	Nigeria	High	N/A		131 (55)	0 (0)	12 (6)	0 (0)
	Sierra Leone	High	Low		104 (36)	0 (0)	12 (8)	0 (0)
	Uganda	Moderate	N/A		735 (258)	0 (0)	735 (258)	4 (0)
	Zambia	Moderate	N/A		3 (2)	0 (0)	3 (2)	0 (0)
 Vibrio cholerae	Angola	Moderate	N/A		431 (239)	0 (0)	104 (72)	28 (10)
	Ghana	Moderate	N/A		675 (200)	31 (1)	101 (19)	5 (2)
	Malawi	Moderate	N/A		0 (0)	0 (0)	67 (15)	2 (0)
	Sudan	High	N/A		957 (97)	0 (0)	0 (0)	11 (3)
	Zimbabwe	Moderate	N/A		38 (11)	0 (0)	23 (0)	1 (1)

High Risk Events

Marburg in Tanzania

2 confirmed human case(s), **8** probable human case(s)
9 human deaths (**CFR: 90%**)

Agent/Pathogen	Marburg virus	First Reported	22-Jan-2025	First Occurred	15-Dec-2024
Country	Tanzania	Location	Kagera region	Source	Ministry of Health
GeoScope	LOW	Human Risk Assessment	HIGH	Animal Risk Assessment	N/A

Description:

On 20 January 2025, the Government of the United Republic of Tanzania declared an outbreak of Marburg virus disease in Biharamulo district, Kagera region, located in north-western Tanzania. This declaration was made following the confirmation of one positive Marburg case out of 26 samples tested. Testing was conducted at the Kabaile mobile laboratory in Kagera and further confirmed at the National Public Health Laboratory in Dar es Salaam. Cumulatively, 10 cases (2 confirmed; 8 probable) and nine deaths [case fatality ratio (CFR: 90.0%)] (1 confirmed; 8 probable) have been reported from Kagera region.

Marburg virus disease is a zoonotic viral illness closely related to the Ebola virus, causing severe haemorrhagic fever in humans and non-human primates. The African fruit bat (*Rousettus aegyptiacus*) is recognized as the natural reservoir of the virus. Transmission occurs through direct contact with the blood, bodily fluids, or tissues of infected individuals, as well as via contaminated surfaces or materials. There is currently no specific treatment for Marburg virus disease; care is supportive, and the CFR can reach up to 88%.

The most recent outbreak of Marburg virus disease in Tanzania was reported in Kagera region in March 2023, with 9 cases (8 confirmed and 1 probable) and 6 deaths (CFR: 66.7%).

Response by MS/partner/Africa CDC:

The Ministry of Health (MoH) and Africa CDC have deployed multidisciplinary rapid response teams in the affected region. These teams are supporting investigations to further inform the national response plan. In the meantime, response efforts are underway, including enhanced surveillance, case management, infection prevention and control (IPC), and risk communication and community engagement within the affected communities.

Anthrax in Nigeria

0 human deaths
54 animal case(s)
1,240 susceptible case(s)
37 animal deaths (CFR:68.52%)

Agent/Pathogen	Bacillus anthracis	First Reported	23-Jan-2025	First Occurred	11-Jan-2025
Country	Nigeria	Location	Zamfara state	Source	Ministry of Agriculture
GeoScope	LoW	Human Risk Assessment	N/A	Anima Risk Assessment	HIGH

Description:

On 22 January 2025, the Federal Ministry of Agriculture reported an anthrax outbreak on a commercial farm in Kaura Namoda Local Government Area of Zamfara State, with 54 confirmed animal cases and 37 deaths (CFR: 68.52%).

The affected animals included camels (1 case; 0 deaths), cattle (24 cases; 14 deaths), and sheep (29 cases; 23 deaths). Confirmation of anthrax was conducted at the National Veterinary Research Institute in Plateau State using bacterial culture.

Seven of the affected animals were slaughtered for commercial purposes, while three were culled to contain the outbreak. The farm had a total of 1,240 susceptible animals, of which only 472 had been vaccinated against anthrax.

Response by MS/partner/Africa CDC:

The Federal Ministry of Agriculture, in collaboration with the Zamfara State Ministry of Agriculture, has implemented animal movement control measures to curb the spread of the disease. Furthermore, the ministry is strengthening surveillance efforts and enhancing risk communication within the affected area.

HPAI H5N1 in Nigeria

0 human deaths

375 animal case(s)

172 animal deaths (**CFR: 45.87%**)

Agent/Pathogen	Avian Influenza	First Reported	23-Jan-2025	First Occurred	31-Dec-2024
Country	Nigeria	Location	2 states	Source	Ministry of Agriculture
GeoScope	LOW	Human Risk Assessment	N/A	Animal Risk Assessment	HIGH

Description:

On 23 January 2025, the Federal Ministry of Agriculture reported two confirmed outbreaks of Highly Pathogenic Avian Influenza (HPAI) H5N1 in poultry in Kano and Katsina states.

The first outbreak occurred on a backyard poultry farm in Gwale Local Government Area, Kano State, with 50 confirmed cases and seven deaths (CFR: 14%). The second outbreak was reported on a backyard farm in Katsina City, Katsina State, with 325 confirmed cases and 165 deaths (CFR: 13%).

Confirmatory testing was conducted at the National Veterinary Research Institute in Vom, Plateau State, using PCR.

Cumulatively, 375 cases and 172 deaths (CFR: 45.87%) of HPAI H5N1 have been reported from two of 36 states and the Federal Capital Territory.

Response by MS/partner/Africa CDC:

The Federal Ministry of Agriculture, in collaboration with the affected states Ministries of Agriculture, has instituted culling of the remaining affected birds. Additionally, the ministry has trained and deployed multisectoral surveillance officers to the affected areas and is enhancing movement control, surveillance and risk communication.

Bacterial Meningitis in Africa

9 confirmed human case(s), **37** suspected human case(s)
4 human deaths (**CFR: 8.70%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	2-Jan-2025	Previous Report Update	9-Jan-2025
First Occurred	2-Jan-2025	Country	Multiple Countries	Location	2 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
Animal Risk Assessment	N/A				

Description:

Since the beginning of 2025, a total of 46 cases (9 confirmed; 37 suspected) and four deaths (CFR: 8.70%) of bacterial meningitis have been reported from two African Union (AU) Member States (MS): Mali (28 cases; 0 deaths) and Togo (18; 4)

In epidemiological week 3, a total of 29 cases and four deaths of bacterial meningitis were reported from two AU MS: Mali and Togo.

Mali: Since the last update (10 January 2025), the MoH reported 11 new cases (4 confirmed; 7 suspected) and no new deaths of bacterial meningitis from six districts. Cumulatively, 28 cases (9 confirmed; 19 suspected) and no deaths of bacterial meningitis have been reported from 10 of 75 districts in Mali. The bacteria isolated from the confirmed cases include; *Streptococcus pneumoniae* (isolated from 4 confirmed cases), *Neisseria meningitidis* (3), *Neisseria meningitidis* W135 (1), and *Haemophilus influenzae* (1). In 2023, the national meningitis vaccination coverage among children <5 years in Mali was 94%.

Togo (initial report): On 15 January 2025, the MoH reported an outbreak of meningitis with 18 suspected cases and four deaths (CFR: 22.2%) from Dankpen district, Kara region. Nine of the cases were tested using gram stain, in which one was confirmed (*Streptococcus pneumoniae*). Further laboratory analysis is still ongoing using Polymerase chain reaction (PCR). Of the total cases, persons aged 15 – 29 accounted for 61%. In 2024, the national MenA vaccination coverage among children <5 years in Togo was 99%.

Meningitis is an infection that causes inflammation of the meninges, the thin protective membranes surrounding the brain and spinal cord. It can be caused by bacteria, viruses, fungi, parasites, amoebas, or occur in non-infectious forms. The disease is transmitted through respiratory droplets from infected individuals. Common symptoms include fever, headache, and neck stiffness, though additional symptoms may vary depending on the underlying cause. Vaccines to prevent meningitis are widely available and are included in the routine immunization schedules of most Member States.

The last outbreak of bacterial meningitis in Togo was reported in 2023 from the Savane region with 163 cases (22 confirmed; 141 suspected) and 12 deaths (CFR: 7.4%). *Streptococcus pneumoniae* was isolated from all the confirmed cases.

Response by MS/partner/Africa CDC:

The ministries of health of the affected member states continue to conduct enhance surveillance, case management, as well as risk communication and community engagement activities in the affected districts. Additionally, Togo is developing a bacterial meningitis incident action plan to respond to the outbreak.

CCHF virus in Africa

3 confirmed human case(s)
9 suspected human case(s)
1 human deaths (**CFR: 33.33%**)

Agent/Pathogen	CCHF virus	First Reported	9-Jan-2025	Previous Report Update	9-Jan-2025
First Occurred	9-Jan-2025	Country	Multiple Countries	Location	2 MS
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE
Animal Risk Assessment	MODERATE				

Description:

Since the beginning of 2025, a total of 12 cases (3 confirmed; 9 suspected) and one death (CFR: 33.33%) of Crimean Congo hemorrhagic fever (CCHF) have been reported from two AU MS: Uganda (4 cases; 0 deaths) and Senegal (8: 1).

In epidemiological week 3, a total of eight cases and one death of CCHF was reported from Senegal.

Senegal (initial report): On 13 January 2025, the MoH reported eight cases (2 confirmed; 6 suspected) and one death of CCHF from Birkelane district, Kafferine region. The index case was a 45-year-old male, who presented at the district health facility with symptoms of fever, headache, muscle pain, general body weakness and vomiting, on 7 January 2025. On 8 January 2025, a blood sample was collected and sent to the Institut Pasteur Dakar and was confirmed positive for CCHF by PCR . The case was provided care, however he died before the final laboratory result was out.

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 CFR in hospitalized patients ranges from 9% to 50%.

The last outbreak of CCHF in Senegal was in 2024 with seven cases and no deaths reported from five of fifteen regions.

Response by MS/partner/Africa CDC:

The MoH, in collaboration with partners, deployed a rapid response team to the affected area to carry out response activities.

Moderate Risk Events

Mpox in Africa

769 confirmed human case(s), **1,117** suspected human case(s)
4 human deaths (**CFR: 0.36%**)

Agent/Pathogen	Mpox virus	Previous Report Update	16-Jan-2025	First Occurred	31-Dec-2024
Country	Multiple Countries	Location	8 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 1,117 cases, of which 769 cases were laboratory-confirmed and four deaths (CFR: 0.36%) of mpox have been reported from eight AU MS: Cote d'Ivoire (0 confirmed cases; 0 deaths), Ghana (0; 0), Kenya (2; 0), Nigeria (12; 0), Sierra Leone (12; 0), Rwanda* (5; 0), Uganda (735; 4) and Zambia (3; 0).

In epidemiological week 3, a total of 353 new cases of which 276 were laboratory-confirmed, and no new deaths of mpox were reported from five AU MS: Kenya, Nigeria, Sierra Leone, Uganda, and Zambia.

Kenya: In Epidemiological week 3, the MoH reported two new laboratory-confirmed cases and no new deaths of mpox from Taita Taveta and Kericho counties. These are the first cases reported this year. This outbreak started in July 2024. Cumulatively, 33 laboratory-confirmed cases and one death (CFR: 3.0%) of mpox have been reported from 12 of 47 counties in Kenya. A total of 379 cases were tested resulting in a 100% testing rate and 8.7% positivity rate. Clade Ib was isolated from 17 sequenced samples.

Nigeria: Since the last update (17 January 2025), the Nigeria Centre for Disease Control reported 55 new cases, of which six were laboratory-confirmed, and no new deaths of mpox from five states. This is a 50% increase in the number of confirmed cases compared to the last update. Since the beginning of this year, 131 cases, of which 12 were laboratory-confirmed and no deaths of mpox have been reported from nine of the 36 states and the federal capital territory. Of the confirmed cases, children <15 years accounted for 25% and males accounted for 75%. Nigeria is endemic for mpox and cases were reported since 2017. Cumulatively 5,895 cases, of which 1,248 were laboratory-confirmed and 17 deaths (CFR: 1.3%) of mpox have been reported from 34 states and the federal capital territory in Nigeria. Clade IIb mpox was isolated from the confirmed cases.

Sierra Leone: Since the last update (17 January 2025), the MoH reported 36 new cases, of which eight were laboratory-confirmed, and no new deaths of mpox from six districts. This is a two-fold increase in the number of new confirmed cases compared to the last update. Cumulatively, 104 cases, of which 12 were laboratory-confirmed, and no deaths of mpox have been reported from seven of the sixteen districts in Sierra Leone. A total of 77 cases were tested resulting in a 74% testing rate and 15.6% positivity rate. Clade IIb was isolated from two sequenced samples.

Uganda: Since the last update (17 January 2025), the MoH reported 258 new laboratory-confirmed cases and no new deaths of mpox from multiple districts. This is a 37% average increase in the number of new cases in the past four weeks. Since the beginning of this year, 735 laboratory-confirmed cases and four deaths (CFR: 0.5%) of mpox were reported. This outbreak started in July 2024. Cumulatively, 2,088 laboratory-confirmed cases and 10 deaths (CFR: 0.5%) of mpox have been reported from 77 of 146 districts in Uganda. A total of 2,777 cases were tested resulting in a 100% testing rate. Clade Ib was isolated from all sequenced samples.

Zambia: Since the last update (10 January 2025), the MoH reported two new laboratory-confirmed cases and no new deaths of mpox from Copperbelt and Lusaka provinces. Since the beginning of this year, three laboratory-confirmed cases and no deaths of mpox were reported. This outbreak started in October 2024. Cumulatively, six laboratory-confirmed cases and no deaths of mpox have been reported from three of ten provinces in Zambia. A total of 141 cases were tested resulting in a 100% testing rate and 4.2% positivity rate. Clade Ib was isolated from two sequenced samples.

***A backlog of 126 cases, of which five cases were laboratory-confirmed, and no deaths of mpox were reported from Rwanda in epidemiological week 1.**

Note: In 2024, a total of 77,756 cases of mpox, of which 16,763 were laboratory-confirmed, and 1,288 deaths (CFR: 1.78%) of mpox have been reported from 20 AU MS: Angola (4 laboratory-confirmed cases; 0 deaths), Burundi (2,861; 1), Cameroon (9; 2), Central Africa Republic (CAR) (88; 3), Congo (23; 0), Cote 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. Additionally, mpox vaccination campaigns are currently ongoing in Rwanda, DRC, CAR, and Nigeria.

Cholera in Africa

306 confirmed human case(s), **31** probable human case(s), **2,175** suspected human case(s)
47 human deaths (CFR: **1.87%**)

Agent/Pathogen	Vibrio cholerae	First Reported	2-Jan-2025	Previous Report Update	16-Jan-2025
First Occurred	31-Dec-2024	Country	Multiple Countries	Location	7 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 2,512 cases (306 confirmed; 31 probable; 2,175 suspected) and 47 deaths (CFR: 1.87%) of cholera have been reported from seven AU MS: Angola (535 cases; 28 deaths), Ghana (807; 5), Malawi (67; 2), Sudan (957; 11), Uganda (80; 1), Zambia (5; 0), and Zimbabwe (61; 0).

In epidemiological week 3, a total of 654 cases and 16 deaths of cholera were reported from five AU MS: Angola, Ghana, Malawi, Sudan, and Zimbabwe.

Angola: Since the last update (10 January 2025), the MoH reported 311 new cases (72 confirmed; 239 suspected) and 10 new deaths (CFR: 3.2%) of cholera from three provinces. This is a 39% increase in the number of new cases compared to the last update. Cumulatively, 535 cases (104 confirmed; 431 suspected) and 28 deaths (CFR: 5.2%) of cholera have been reported from five of twenty-nine districts in Angola. Females account for 53% of all cases and persons below 20 years account for 51% of all cases.

Ghana: Since the last update (17 January 2025), the Ghana Health Services reported 220 new cases (19 confirmed; 1 probable; 200 suspected) and two new deaths (CFR: 0.9%) of cholera from five regions. This is a 29% average decrease in the number of new cases in the past four weeks. Since the beginning of this year, 807 cases and five deaths (CFR: 0.6%) of cholera were reported from Ghana. This outbreak started in August 2024. Cumulatively, 6,460 cases (460 confirmed; 707 probable; 5,293 suspected) and 42 deaths (CFR: 0.7%) of cholera have been reported from five of sixteen regions in Ghana: Ashanti (5 confirmed cases; 0 probable; 71 suspected), Central (142; 0; 1,625), Eastern (2; 3; 32), Greater Accra (187; 330; 1,340), and Western (124; 374; 2,225) regions. *Vibrio cholerae* O1 was isolated from the confirmed cases.

Malawi: Since the last update (17 January 2025), the MoH reported 15 confirmed cases and no new deaths of cholera from three districts. This is a 61% decrease in the number of new cases compared to the last update. Since the beginning of this year, 67 confirmed cases and two deaths (CFR: 3.0%) of cholera were reported. This outbreak started in August 2024. Cumulatively, 282 confirmed cases and 14 deaths (CFR: 5.0%) of cholera have been reported from five of twenty-nine districts in Malawi. In comparison to epidemiological week 1 to 3 of 2024, a total of three confirmed cases and no deaths of cholera were reported in Malawi, which is 22-fold increase in the number of cases in the same period.

Sudan*: Since the last update (17 January 2025), the MoH reported 97 new suspected cases and three new deaths (CFR: 3.0%) of cholera from 12 states. This is a 35% average decrease in the number of new cases in the past four weeks. Since the beginning of this year, 957 suspected cases and 11 deaths (CFR: 1.1%) of cholera were reported. This outbreak started in July 2024. Cumulatively, 51,556 cases (69 confirmed; 51,487 suspected) and 1,362 deaths (CFR: 2.6%) 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 (17 January 2025), the MoH reported 11 new suspected cases and one new death (CFR: 9.0%) of cholera from Mashonaland, Central province. This is a 593% average increase in new cases in the past four weeks. Since the beginning of this year, 61 cases (23 confirmed; 38 suspected) and one death (CFR: 1.6%) of cholera were reported from Zimbabwe. This outbreak started in November 2024. Cumulatively, 293 cases (28 confirmed; 265 suspected) and three deaths (CFR: 1.0%) of cholera have been reported from four provinces in Zimbabwe. In comparison to epidemiological week 1 to 3 of 2024, a total of 3,698 cases and 90 deaths (CFR: 2.4%) of cholera were reported in Zimbabwe, which is a 98% decrease in the number of cases and a 99% decrease in the number of deaths reported in the same period.

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).

***A backlog of 114 cases were reported from Sudan from epi-week 1 (1 case) and epi-week 2 (113).**

Response by MS/partner/Africa CDC:

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

Dengue fever in Africa

174 confirmed human case(s), **156** probable human case(s), **1,126** suspected human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Dengue virus	First Reported	31-Dec-2024	Previous Report Update	16-Jan-2025
First Occurred	31-Dec-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 1,456 cases (174 confirmed; 156 probable; 1,126 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 (255; 0).

In epidemiological week 3, a total of 101 new cases and no new deaths of dengue fever were reported from Mali.

Mali: Since last update (17 January 2025), the MoH reported 101 new cases (7 confirmed; 94 suspected) and no new deaths of dengue fever from Bamako region. This is a 4% average decrease in the number of new cases in the past four weeks. Since the beginning of this year, 255 cases and no deaths of dengue fever were reported in Mali. This outbreak started in September 2023. Cumulatively, a total of 15,247 cases (1,549 confirmed; 13,698 suspected) and 74 deaths (CFR: 4.9%) of dengue fever have been reported from all 11 regions in Mali. In comparison to epidemiological week 1 to 3 of 2024, a total of 495 cases (104 confirmed; 391 suspected) and no deaths of dengue fever were reported in Mali, which is a 49% decrease in the number of cases reported in the same period.

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).

Response by MS/partner/Africa CDC:

Mali: The MoH continues to enhance surveillance, case management, vector control, and risk communication activities in the affected communities.

Measles in Africa

1,240 confirmed human case(s), **5,594** suspected human case(s)
12 human deaths (**CFR: 0.18%**)

Agent/Pathogen	Measles virus	First Reported	7-Jan-2025	Previous Report Update	16-Jan-2025
First Occurred	29-Dec-2024	Country	Multiple Countries	Location	4 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 6,834 cases (1,240 confirmed; 5,594 suspected) and 12 deaths (CFR: 0.16%) of measles have been reported from four AU MS: Mali (14 cases; 0 deaths), Morocco (6,499; 11), Senegal (8; 0) and Somalia* (313; 1).

In epidemiological week 3, a total of 2,887 cases and six deaths of measles were reported from Mali, Morocco, and Senegal.

Mali: Since the last update (10 January 2025) the MoH reported 11 new cases (2 confirmed**, 9 suspected) and no new deaths of measles from five districts: Bamako (1), Dioila (1), Kalaban Coro (6), Kangaba (2), and Koutiala (1). Since the beginning of this year, 14 cases (4 confirmed; 10 suspected) and no deaths of measles were reported from seven of seventy-five districts in Mali. This outbreak started in February 2024. Cumulatively, 695 cases (345 confirmed; 350 suspected) and no deaths of measles have been reported from all 11 regions. In 2022, the national measles vaccination coverage among children <1 year in Mali was 99%.

Morocco: Since last update (17 January 2025), the MoH reported 2,868 new cases (394 confirmed; 2,474 suspected) and six new deaths (CFR:0.2%) of measles from nine regions in Morocco. This is a 31% increase in the number of new cases compared to the last update. Since the beginning of this year, 6,499 cases and 11 deaths (CFR: 0.2%) of measles were reported. This outbreak started in October 2023. Cumulatively, 27,342 cases (6,694 confirmed; 20,648 suspected) and 122 deaths (CFR: 0.4%) of measles have been reported from all 12 regions in Morocco. In 2022, the national measles vaccination coverage among children <1 year in Morocco was 99%.

Senegal: In epidemiological week 3, the MoH reported eight confirmed cases and no deaths from six districts. Of the confirmed cases, females accounted for 63% and persons aged 15 years and above accounted for 63%. All the cases were not vaccinated against measles. Senegal is endemic for measles and cases are reported all year round. This current outbreak started in February 2024. Cumulatively, 492 confirmed cases and no deaths of measles have been reported from all 47 districts in Senegal. In 2022, the national measles vaccination coverage of children <5 years in Senegal was 66%.

***Somalia: A backlog of 142 suspected cases and one death of measles were reported from Somalia in epidemiological week 2.**

****In epidemiological week 1, two suspected cases were reported from Mali and one of those cases was confirmed in epidemiological week 3, thereby reducing the number of suspected cases by 1**

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), 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

- In epidemiological week 1, 11 suspected cases and no deaths of measles were reported from Liberia.
- In epidemiological week 2, 26 suspected cases and no deaths of measles were reported from Liberia.
- In epidemiological week 1, the Nigeria CDC reported 32 new cases (14 confirmed; 18 suspected) and no deaths of diphtheria from Kano state.
- In epidemiological week 2, the Nigeria CDC reported 98 new cases (45 confirmed; 53 suspected) and two deaths (CFR: 4.4%) of diphtheria from Kano state
- In epidemiological week 2, the Nigeria CDC reported 377 new cases (89 confirmed; 288 suspected) and 12 new deaths of Lassa fever from seven states.
- In epidemiological week 1, three suspected cases and no deaths of Lassa fever from Liberia.
- In epidemiological week 2, three suspected cases and no deaths of Lassa fever from Liberia
- Epidemiological week 3 covers the period of 13 - 19 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.