

Africa CDC Epidemic Intelligence Report

Date of Issue: 12 Mar 2025

Active Events

95

New Events reported
in 2025

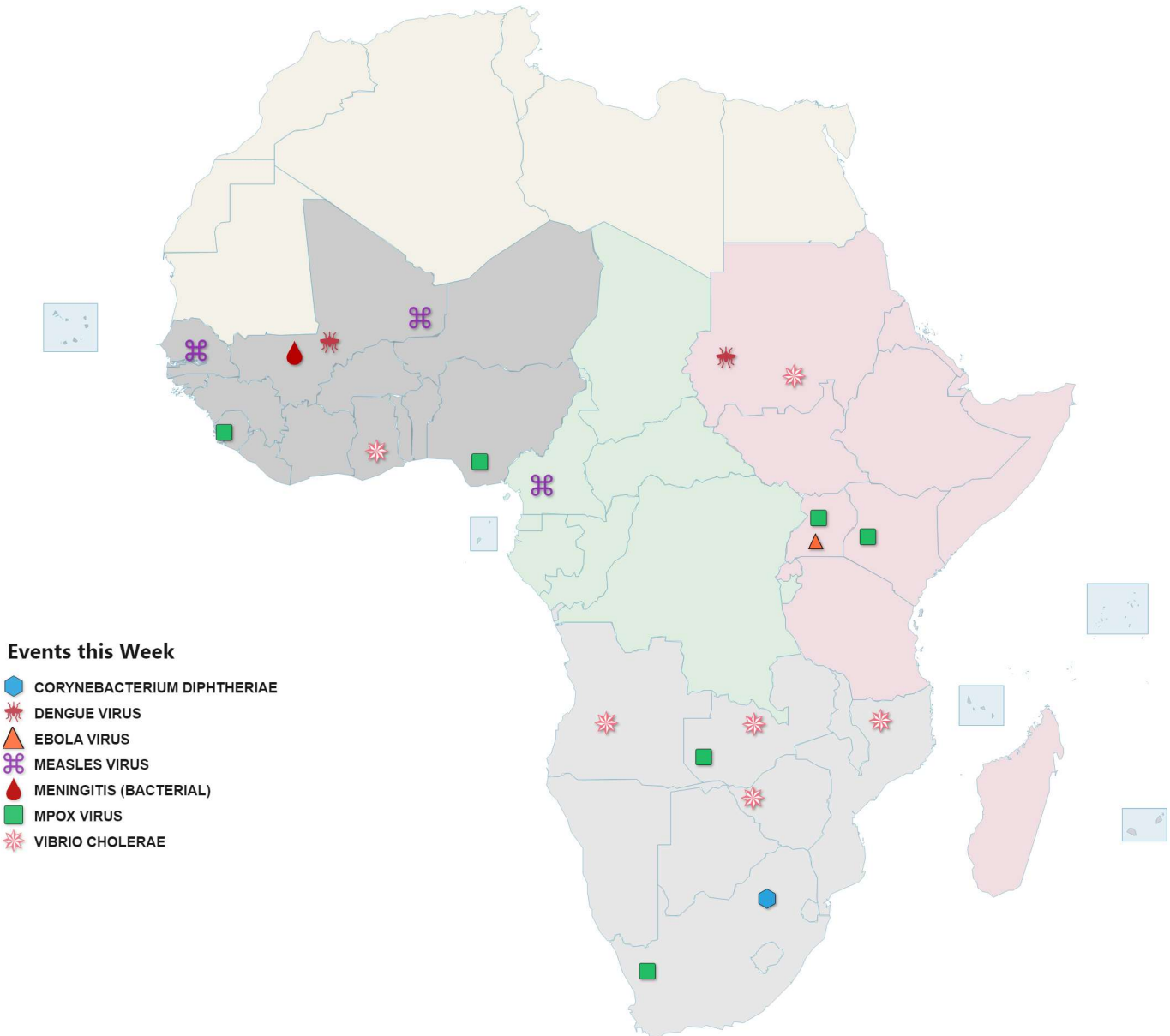
35

Events highlighted
this week

20

New events since
last issue

0



* 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	7	13
Animal	0	0	0
Environment	0	0	0

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type
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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)	0 (0)	19 (19)	6 (6)
 Dengue virus	Mali	Moderate	N/A		851 (83)	0 (0)	189 (23)	0 (0)
	Sudan	Moderate	N/A		1,411 (12)	0 (0)	0 (0)	1 (0)
 Ebola virus	Uganda	High	N/A		0 (0)	2 (2)	12 (2)	4 (2)
 Measles virus	Cameroon	Moderate	N/A		198 (0)	0 (0)	135 (34)	10 (0)
	Mali	Moderate	N/A		95 (22)	0 (0)	42 (9)	0 (0)
	Senegal	Moderate	N/A		0 (0)	0 (0)	48 (5)	0 (0)
 Meningitis (Bacterial)	Mali	Moderate	N/A		106 (22)	0 (0)	22 (4)	0 (0)
 Mpox virus	Kenya	Moderate	N/A		65 (18)	0 (0)	18 (2)	0 (0)
	Nigeria	High	N/A		431 (48)	0 (0)	79 (13)	2 (0)
	Sierra Leone	High	Low		183 (38)	0 (0)	38 (13)	0 (0)
	South Africa	High	N/A		3 (3)		3 (3)	0 (0)
	Uganda	Moderate	N/A		2,332 (375)	0 (0)	2,332 (375)	23 (7)
 Vibrio cholerae	Zambia	Moderate	N/A		131 (22)	0 (0)	21 (2)	0 (0)
	Angola	Moderate	N/A		4,935 (821)	0 (0)	937 (137)	208 (28)
	Ghana	Moderate	N/A		1,988 (93)	43 (0)	222 (8)	12 (0)
	Mozambique	High	N/A		0 (0)	0 (0)	474 (153)	8 (0)
	Sudan	High	N/A		6,199 (171)	0 (0)	0 (0)	113 (20)
	Zambia	Moderate	N/A		259 (15)	0 (0)	8 (0)	9 (0)
	Zimbabwe	Moderate	N/A		173 (43)	0 (0)	75 (20)	7 (5)

High Risk Events

Ebola virus disease in Uganda

12 confirmed human case(s), **2** probable human case(s)
4 human deaths (**CFR: 28.57%**)

Agent/Pathogen	Ebola virus	First Reported	30-Jan-2025	Previous Report Update	28-Feb-2025
First Occurred	29-Jan-2025	Country	Uganda	Location	1 district
Source	Ministry of Health	GeoScope	LOW	Human Risk Assessment	HIGH
Animal Risk Assessment	N/A				

Update to Event:

Since the last update, the MoH reported four new cases (2 confirmed; 2 probable) and two new deaths (CFR: 50%) of Sudan Ebola virus disease (EVD) from three districts. The two new confirmed cases were linelisted contacts under follow-up. The new probable cases were identified following further epidemiological investigations, and include a mother and her newborn child who died in February. They have been epidemiologically linked to the current cluster of cases. Cumulatively, 14 cases (12 confirmed; 2 probable) and four deaths (CFR: 28.57%) of EVD have been reported from five of 146 districts in Uganda. Out of the ten living cases, eight have recovered, two are hospitalized and are in stable condition.

Response by MS/partner/Africa CDC:

The MoH continues to implement outbreak response measures including contact tracing, active case search, case management, points of entry surveillance, vaccination, risk communication, and community engagement, while ensuring continuity of essential health services.

Corynebacterium diphtheriae in South Africa

19 confirmed human case(s)

6 human deaths (**CFR: 31.58%**)

Agent/Pathogen	Corynebacterium diphtheriae	First Reported	7-Mar-2025	First Occurred	27-Feb-2025
Country	South Africa	Location	South Africa	Source	Ministry of Health
GeoScope	HIGH	Human Risk Assessment	HIGH	Animal Risk Assessment	HIGH

Update to Event:

On 27 February 2025, the National Institute for Communicable Diseases reported 19 confirmed cases, of which 14 cases were asymptomatic carriers, and six deaths (CFR: 31.58%) of toxigenic respiratory diphtheria from two provinces. This outbreak started in January 2024. Cumulatively, 62 confirmed cases, of which 33 cases were asymptomatic carriers, and six deaths (CFR: 9.7%) of toxigenic respiratory diphtheria have been reported from three of nine provinces in South Africa: Gauteng (1 confirmed case; 1 asymptomatic positive case; 1 death), Kwa Zulu Natal (1 ; 0; 0) and Western Cape (27; 32; 5). Of the total cases, six were among children under 12 years. Of these, only three had a diphtheria vaccination history.

Diphtheria is a bacterial infection caused by *Corynebacterium diphtheriae*, which produces a toxin. The disease presents in two forms: respiratory diphtheria, the most common form, and cutaneous diphtheria. Person-to-person transmission occurs primarily through respiratory droplets (respiratory form) or direct contact with infected sores and ulcers (cutaneous form). Symptoms of respiratory diphtheria include weakness, sore throat, fever, swollen lymph nodes, and difficulty breathing, with severe cases potentially leading to life-threatening airway obstruction or systemic complications. The bacterial toxin destroys healthy respiratory tissues, forming a thick gray membrane on the throat, tonsils, and nose, which can severely impair breathing and swallowing. If the infection becomes systemic, the toxin may affect the heart, nervous system, and kidneys. The case fatality rate (CFR) for respiratory diphtheria ranges from 5–10%, rising to 20% among children under five and adults over 40. Diagnosis is confirmed through bacterial culture, the Elek test (to detect toxin production), or PCR. Treatment includes antitoxin therapy and antibiotics to neutralize the toxin and eliminate the bacteria. Vaccination is the most effective prevention strategy, typically administered in four doses as part of routine childhood immunization programs.

In South Africa, the last diphtheria outbreak occurred in 2023, with 13 cases and one death (CFR: 7.7%) reported across two of nine provinces. That outbreak was linked to a correctional facility.

Response by MS/partner/Africa CDC:

The MoH conducted contact tracing, diphtheria vaccination campaigns, enhanced surveillance, case management, laboratory testing, and risk communication activities in the affected areas.

Moderate Risk Events

Mpox in Africa

5,834 confirmed human case(s), **20,835** suspected human case(s)
202 human deaths (**CFR: 0.97%**)

Agent/Pathogen	Mpox virus	First Reported	3-Jan-2025	Previous Report Update	28-Feb-2025
First Occurred	1-Jan-2025	Country	Multiple Countries	Location	15 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 20,835 cases of mpox, of which 5,834 were laboratory-confirmed, and 202 deaths (CFR: 0.97%) of mpox, with five deaths (CFR: 1%) among confirmed cases, have been reported from 15 AU MS: Angola (3 confirmed cases; 0 death), Burundi (413; 0), Central African Republic (CAR) (6; 0), Congo (2; 0), Cote d'Ivoire (4; 0), Democratic Republic of Congo (DRC) (2,884; 177), Kenya (18; 0), Liberia (7; 0), Nigeria (79; 2), Sierra Leone (38; 0), South Africa (3; 0), South Sudan (1; 0), Rwanda* (23; 0), Uganda (2,332; 23), and Zambia (21; 0).

In epidemiological (epi) week 9, a total of 504 new cases of which, 408 were laboratory-confirmed, and seven new deaths of mpox were reported from six AU MS: Kenya, Nigeria, Sierra Leone, South Africa, Uganda and Zambia.

Kenya: Since the last update (28 February 2025), the MoH reported two new laboratory-confirmed cases, and no new deaths of mpox from Busia and Mombasa counties. This is a 66% decrease in the number of new cases compared to the last update. Since the beginning of this year, 18 laboratory-confirmed cases and no deaths of mpox have been reported from three of the forty-seven counties in Kenya. This outbreak started in July 2024. Cumulatively, 49 laboratory-confirmed cases and one death (CFR: 2.0%) of mpox have been reported from 12 of 47 counties in Kenya. A total of 451 samples were tested resulting in a 100% testing rate and a 10.8% test positivity rate. Clade Ib was isolated from 33 sequenced samples.

Nigeria: Since the last update (28 February 2025), the Nigeria Centre for Disease Control reported 48 new cases, of which 13 were laboratory-confirmed, and no new deaths of mpox from 17 states. This is a 44% average increase in the number of confirmed cases in the last four weeks. Since the beginning of this year, 431 cases, of which 79 were laboratory-confirmed, and two deaths (CFR: 3.0%) of mpox were reported from 24 of 36 states and the federal capital territory. Nigeria is endemic for mpox and cases have been reported since 2017. Cumulatively 6,195 cases, of which 1,315 were laboratory-confirmed, and 19 deaths (CFR: 1.4%) 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 (28 February 2025), the MoH reported 38 new cases, of which 13 were laboratory-confirmed, and no new deaths of mpox from three districts. This is an over 4-fold increase in the number of new cases compared to the last update. This outbreak started in January 2025. Cumulatively, 183 cases, of which 38 were laboratory-confirmed, and no deaths of mpox have been reported from eight of the sixteen districts in Sierra Leone. Of the confirmed cases, children less than 15 years accounted for 18% and males accounted for 68%. Clade IIb was isolated from two sequenced samples.

South Africa: On 28 February 2025, the National Department of Health reported three laboratory-confirmed cases and no deaths of mpox from Gauteng province. The first case had a history of travel to Uganda where there is an ongoing mpox outbreak. The other two cases are contacts of the first case. These are the first cases reported in 2025. This outbreak started in May 2024. Cumulatively, 28 laboratory-confirmed cases and three deaths (CFR: 10.7%) of mpox have been reported from three of nine provinces in South Africa. Clade I was isolated from one case.

Uganda: Since the last update (28 February 2025), the MoH reported 375 new laboratory-confirmed cases and seven new deaths (CFR: 1.9%) of mpox from multiple districts. This is a 27% average increase in the number of new cases in the past four weeks. Since the beginning of this year, 2,332 laboratory-confirmed cases and 23 deaths (CFR: 0.9%) of mpox were reported. This outbreak started in July 2024. Cumulatively, 3,685 laboratory-confirmed cases and 29 deaths (CFR: 0.7%) of mpox have been reported from 93 of 146 districts in Uganda. A total of 4,374 cases were tested resulting in a 100% testing rate. Clade Ib was isolated from all sequenced samples.

Zambia: Since the last update (21 February 2025), the MoH reported 22 new cases, of which two were laboratory-confirmed, and no new deaths of mpox from Lusaka province. Since the beginning of this year, 131 cases, of which 21 were laboratory-confirmed, and no death of mpox were reported in Zambia. This outbreak started in October 2024. Cumulatively, 262 cases, of which 23 were laboratory-confirmed, and no deaths of mpox have been reported from four of ten provinces in Zambia. A total of 262 cases were tested resulting in a 100% testing rate and an 8.8% positivity rate. Clade Ib was isolated from sequenced samples.

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; 6), Zambia (3; 0), and Zimbabwe (2; 0)

***A backlog of 92 cases of which one was laboratory confirmed were reported from Rwanda for epi week 8.**

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, CAR, Nigeria, and Uganda.

Cholera in Africa

1,866 confirmed human case(s), **43** probable human case(s), **27,223** suspected human case(s)
670 human deaths (**CFR: 2.30%**)

Agent/Pathogen	Vibrio cholerae	First Reported	3-Jan-2025	Previous Report Update	28-Feb-2025
First Occurred	1-Jan-2025	Country	Multiple Countries	Location	11 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 29,132 cases (1,866 confirmed; 43 probable; 27,223 suspected) and 670 deaths (CFR: 2.30%) of cholera have been reported from 11 AU MS: Angola (5,872 cases; 208 deaths), Ethiopia (857; 25), Ghana (2,253; 12), Kenya* (37; 1), Malawi (90; 3), Mozambique (474; 8), South Sudan (12,711; 283), Sudan** (6,199; 113), Uganda (99; 1), Zambia (292; 9), and Zimbabwe (248; 7).

In epidemiological week 9, a total of 1,461 cases and 53 deaths of cholera were reported from six AU MS: Angola, Ghana, Mozambique, Sudan, Zambia, and Zimbabwe.

Angola: Since the last update (28 February 2025), the MoH reported 958 new cases (137 confirmed; 821 suspected) and 28 new deaths (CFR: 2.9%) of cholera from 11 provinces. This is a 52% average increase in the number of new cases in the past four weeks. Cumulatively, 5,872 cases (937 confirmed; 4,935 suspected) and 208 deaths (CFR: 3.5%) of cholera have been reported from 13 of 18 provinces in Angola. Males accounted for 56% of all cases and 71% of all deaths. Additionally, children under 15 years accounted for 39% of all cases and 35% of all deaths.

Ghana: Since the last update (28 February 2025), the Ghana Health Services reported 101 new cases (8 confirmed; 0 probable; 93 suspected) and no new deaths of cholera from five regions. This is a 7% average increase in the number of new cases in the past four weeks. Since the beginning of this year, a total of 2,253 cases (222 confirmed; 43 probable; 1,988 suspected) and 12 deaths (CFR: 0.6%) of cholera were reported from Ghana. This outbreak started in August 2024. Cumulatively, 7,906 cases (581 confirmed; 719 probable; 6,606 suspected) and 49 deaths (CFR: 0.6%) of cholera have been reported from five of sixteen regions in Ghana: Ashanti (5 confirmed cases; 0 probable; 99 suspected), Central (239; 0; 2,736), Eastern (2; 3; 35), Greater Accra (200; 330; 1,492), and Western (135; 386; 2,242) regions.

Mozambique: Since the last update (28 February 2025), the MoH reported 153 confirmed cases and no new deaths of cholera from two provinces. Since the beginning of this year, 474 confirmed cases and eight deaths (CFR: 3.2%) of cholera were reported from Mozambique. This outbreak started in October 2024. Cumulatively, 777 confirmed cases and 29 deaths (CFR: 3.7%) of cholera have been reported from two provinces in Mozambique. In comparison to epidemiological week 1 to 9 of 2024, a total of 3,296 confirmed cases and six deaths (CFR: 0.2%) of cholera were reported in Mozambique, which is an 85% decrease in the number of cases and a 33% increase in the number of deaths in the same period.

Sudan: Since the last update (28 February 2025), the MoH reported 171 new suspected cases and 20 new deaths (CFR: 11.6%) of cholera from 12 states. This is a 36% average increase in the number of new cases in the past four weeks. Since the beginning of this year, 6,199 suspected cases and 113 deaths (CFR: 1.8%) of cholera have been reported. This outbreak started in July 2024. Cumulatively, 56,798 cases (69 confirmed; 56,729 suspected) and 1,464 deaths (CFR: 2.6%) of cholera have been reported from 12 states in Sudan. The outbreak is occurring amid a sustained complex humanitarian crisis.

Zambia: Since the last update (28 February 2025), the MoH reported 15 new suspected cases and no new deaths of cholera from three provinces. This is an 8% decrease in the number of cases compared to the last update. Since the beginning of this year, 292 cases (8 confirmed; 284 suspected) and nine deaths (CFR: 3.1%) of cholera were reported from Zambia. This outbreak started in December 2024. Cumulatively, 305 cases (15 confirmed cases; 290 suspected) and nine deaths (CFR: 2.9%) of cholera have been reported from three of ten provinces in Zambia. In comparison to epidemiological week 1 to 9 of 2024, a total of 16,400 cases and 550 deaths (CFR: 3.4%) of cholera were reported in Zambia, which is a 98% decrease in the number of cases and deaths in the same period.

Zimbabwe: Since the last update (28 February 2025), the MoH reported 63 new cases (20 confirmed, 43 suspected) and five new deaths (CFR: 7.9%) of cholera from Mashonaland Central province. This is a 14% average decrease in the number of cases in the past four weeks. Since the beginning of this year, 248 cases (75 confirmed; 173 suspected) and seven deaths (CFR: 2.8%) of cholera were reported in Zimbabwe. This outbreak started in November 2024. Cumulatively, 480 cases (80 confirmed; 400 suspected) and nine deaths (CFR: 1.9%) of cholera have been reported from six of ten provinces in Zimbabwe. In comparison to epidemiological week 1 to 9 of 2024, a total of 11,211 cases and 251 deaths (CFR: 2.2%) of cholera were reported in Zimbabwe, which is a 98% decrease in the number of cases and 99% decrease in deaths 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 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).

*** A backlog of 37 cases of cholera were reported from Kenya for epi weeks 7 (21 cases) and 8 (16 cases).**

****A backlog of 965 cases were reported from Sudan from epi week 3 (5 cases), epi week 4 (59), epi week 5 (42), epi week 6 (35), epi week 7 (69), and epi week 8 (755).**

Response by MS/partner/Africa CDC:

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

Zambia: The MoH launched a vaccination campaign in three high risk districts and has achieved 104% vaccination coverage of the target population.

Dengue fever in Africa

351 confirmed human case(s), **156** probable human case(s), **3,172** suspected human case(s)
1 human deaths (**CFR: 0.03%**)

Agent/Pathogen	Dengue virus	First Reported	1-Jan-2025	Previous Report Update	28-Feb-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 3,678 (351 confirmed; 156 probable; 3172 suspected) and one death (CFR: 0.03%) of dengue fever have been reported from six AU MS: Burkina Faso (866 cases; 0 deaths), Cabo Verde (335; 0), Guinea* (1; 0), Mali (1,040; 0), Senegal (26; 0), and Sudan** (1,411; 1).

In epidemiological week 9, a total of 118 new cases and no new deaths of dengue fever were reported from Mali and Sudan.

Mali: Since last update (28 February 2025), the MoH reported 106 new cases (23 confirmed; 83 suspected) and no new deaths of dengue fever from Bamako region. This is a 28% decrease in the number of new cases compared to the last update. Since the beginning of this year, 1,040 cases and no deaths of dengue fever were reported in Mali. This outbreak started in September 2023. Cumulatively, a total of 16,032 cases (1,697 confirmed; 14,335 suspected) and 74 deaths (CFR: 0.5%) of dengue fever have been reported from all 11 regions in Mali.

Sudan:** Since the last update (28 February 2025), the MoH reported 12 new suspected cases and no new deaths of dengue fever from multiple states. This is a 12% average decrease in the number of new cases in the past four weeks. Since the beginning of this year, 1,411 suspected cases and one death (CFR: 0.1%) of dengue fever have been reported from eight of twelve states in Sudan. This outbreak started in July 2024. Cumulatively, 10,094 suspected cases and 16 deaths (CFR: 0.2%) of dengue fever have been reported from nine of twelve states in 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).

***In epidemiological week 4, the MoH reported one confirmed case and no deaths of dengue fever from Guinea.**

****A backlog of 172 cases were reported from Sudan from epi week 7 (19 cases) and epi week 8 (153).**

Response by MS/partner/Africa CDC:

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

Measles in Africa

3,795 confirmed human case(s), **20,059** suspected human case(s)
93 human deaths (CFR: **0.39%**)

Agent/Pathogen	Measles virus	First Reported	8-Jan-2025	Previous Report Update	21-Feb-2025
First Occurred	30-Dec-2024	Country	Multiple Countries	Location	10 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 23,854 cases (3,795 confirmed; 20,059 suspected) and 93 deaths (CFR: 0.39%) of measles have been reported from 10 AU MS: Cameroon* (333 cases; 10 deaths), Ethiopia** (970; 6), Malawi (167; 0), Mali (137; 0), Morocco (20,086; 37), Rwanda*** (736; 0), Senegal (48; 0), Somalia**** (1,215; 7), Sudan***** (85; 0), and Uganda (77; 1).

In epidemiological week 9, a total of 70 cases and no deaths of measles were reported from three AU MS: Cameroon, Mali, and Senegal.

Cameroon: Since the last update (28 February 2025), the MoH reported 34 confirmed cases and no new deaths of measles from seven regions in Cameroon. Since the beginning of this year, 333 cases (135 confirmed; 198 suspected) and 10 deaths (CFR: 3.0%) of measles were reported from all 10 regions in Cameroon. The outbreak is active in seven of ten regions in Cameroon. Of the confirmed cases, children < 5 years accounted for 48% and 58% were unvaccinated against measles. In 2023, the national measles vaccination coverage among children <2 years in Cameroon was 56%.

Mali: Since the last update (28 February 2025), the MoH reported 31 new cases (9 confirmed; 22 suspected) and no new deaths of measles from seven districts. Since the beginning of this year, 137 cases (42 confirmed; 95 suspected) and no deaths of measles were reported from seven of eleven regions in Mali. This outbreak started in March 2024. Cumulatively, 849 cases (392 confirmed; 457 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%.

Senegal: Since the last update (28 February 2025), the MoH reported five new confirmed cases and no new deaths of measles from two districts. This is a 12% average increase in the number of new confirmed cases in the last four weeks. Since the beginning of this year, 48 confirmed cases and no deaths of measles were reported from 15 of 47 districts in Senegal. Of the confirmed cases, persons aged 15 years and above accounted for 52% and 71% were not vaccinated against measles. This outbreak started in March 2024. Cumulatively, 532 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%.

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).

*Cameroon completed data harmonization and reported a backlog of 71 suspected cases for epi week 2 and epi weeks 4-8.

**In epi week 8, a backlog of 970 cases and six deaths of measles were reported from Ethiopia from epi weeks 1 - 8.

*** Between epi week 3-7, a backlog of 736 cases and 32 deaths of measles were reported from Rwanda from epi week 3 (99 cases; 0 deaths), epi week 4 (73; 0), epi week 5 (213; 0), epi week 6 (13; 0), epi week 7 (85; 0) and epi week 8 (253; 0).

****In epi week 8, a backlog of 124 cases (20 confirmed; 104 suspected) and one death of measles were reported from Somalia.

*****A backlog of 85 suspected measles cases were reported from Sudan for epi week 1 (23 cases), epi week 2 (5), epi week 3 (14), epi week 4 (18), epi week 5 (2), epi week 6 (4), epi week 7 (13) and epi week 8 (6).

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

Bacterial Meningitis in Africa

31 confirmed human case(s), 173 suspected human case(s)
17 human deaths (CFR: 8.33%)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	3-Jan-2025	Previous Report Update	28-Feb-2025
First Occurred	3-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 204 cases (31 confirmed; 173 suspected) and 17 deaths (CFR: 8.33%) of bacterial meningitis have been reported from three AU MS: Ghana (29 cases; 10 deaths), Mali* (128; 0), and Togo (47; 7).

In epidemiological week 9, a total of 26 new cases and no new deaths of bacterial meningitis were reported from Mali.

Mali: Since the last update (21 February 2025), the MoH reported 26 new cases (4 confirmed; 22 suspected) and no new deaths of bacterial meningitis from seven districts. Cumulatively, 128 cases (22 confirmed; 106 suspected) and no deaths of bacterial meningitis have been reported from 11 of 75 districts in Mali this year. The bacteria isolated from the confirmed cases include; *Streptococcus pneumoniae* (isolated from 7 confirmed cases), *Neisseria meningitidis W135* (7), *Haemophilus influenzae a* (1) and *Haemophilus influenzae b* (7). In 2023, the national meningitis vaccination coverage among children <5 years in Mali was 94%.

Note: In 2024, a total of 7,118 cases (1,473 confirmed; 5,645 suspected) and 492 deaths (CFR: 7.07%) of bacterial meningitis have been reported from four AU MS: CAR (296 cases; 25 deaths), Mali (735; 0), Niger (2,781; 202), and Nigeria (3,302; 265).

***In epi week 8, the MoH reported 20 new cases (3 confirmed; 17 suspected) and no new deaths of bacterial meningitis from Mali.**

Response by MS/partner/Africa CDC:

Mali: The MoH continues to conduct enhance surveillance, case management, as well as risk communication and community engagement activities in the affected districts

- In epi week 8, the Nigeria CDC reported 369 new cases (55 confirmed; 314 suspected) and six new deaths (CFR:10.9%) of Lassa fever from eight states in Nigeria.
- Between epi week 4 - 8, the MoH reported 15 new cases (1 confirmed; 14 suspected) and one new deaths of Lassa fever from Guinea.
- Epidemiological week 9 covers the period of 24 February 2025 - 2 March 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.