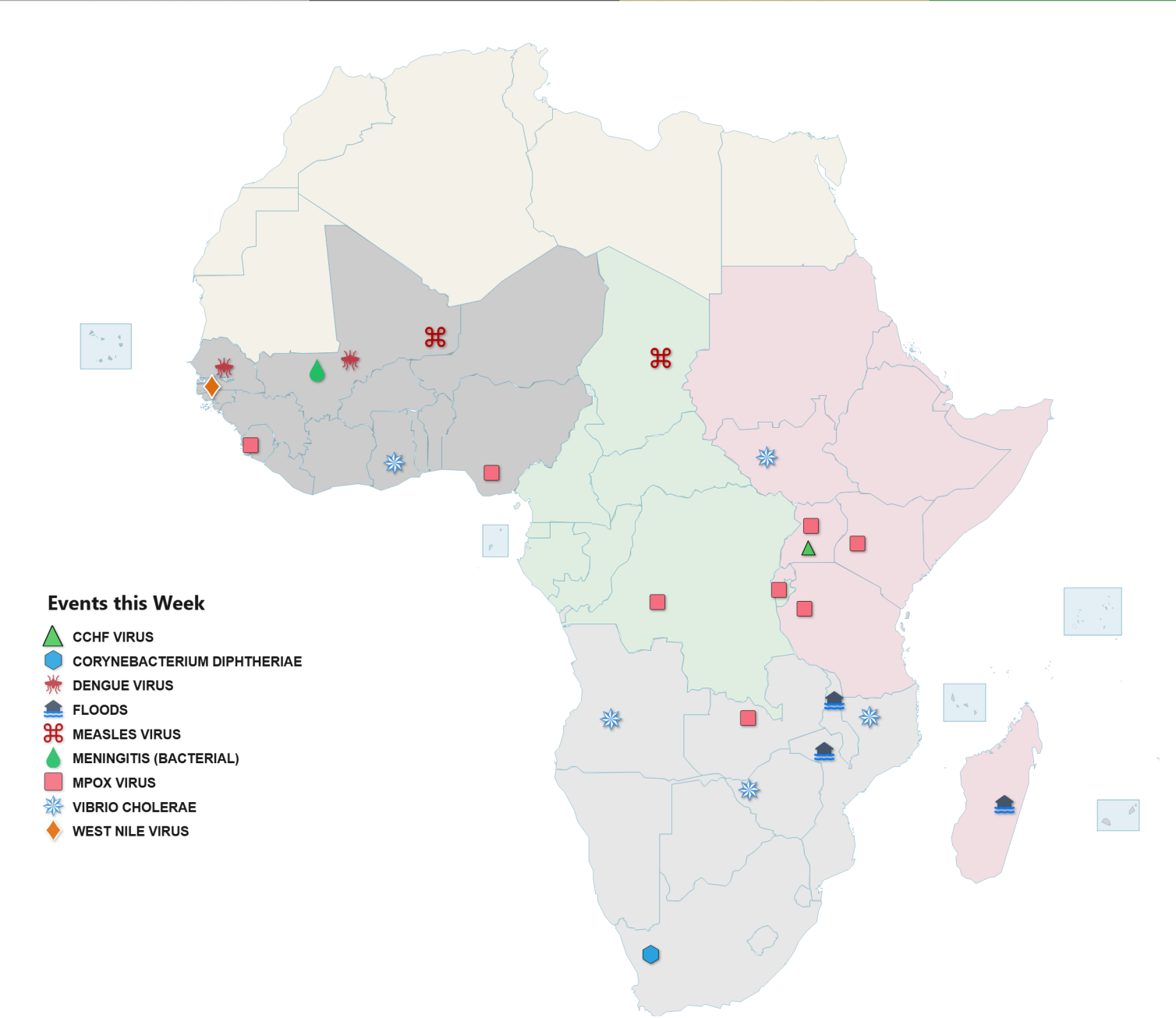


Africa CDC Epidemic Intelligence Report

Date of Issue: 27 Mar 2025

Active Events	New Events reported in 2025	Events highlighted this week	New events since last issue
106	43	24	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	8	12 (1)
Animal	0	0	0
Environment	0	2 (2)	1

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected	Probable	Confirmed	Deaths
 Floods	Malawi	High	N/A				4,338	0
	Mozambique	High	N/A				302,000	16
 West Nile virus	Senegal	Moderate	N/A		0	0	3	0

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 CCHF virus	Uganda	High	Low		3 (0)	1 (1)	2 (1)	0 (0)
 Corynebacterium diphtheriae	South Africa	High	High		0 (0)	1 (1)	29 (10)	8 (2)
 Dengue virus	Mali	Moderate	N/A		1,011 (82)	0 (0)	224 (18)	0 (0)
	Senegal	Moderate	N/A		0 (0)	0 (0)	30 (4)	0 (0)
 Floods	Madagascar	Moderate	N/A				10,939 (10,587)	4 (1)
 Measles virus	Chad	Moderate	N/A		842 (125)	0 (0)	84 (0)	1 (1)
	Mali	Moderate	N/A		114 (11)	0 (0)	46 (3)	0 (0)
 Meningitis (Bacterial)	Mali	Moderate	N/A		124 (9)	0 (0)	27 (0)	0 (0)
 Mpox virus	Burundi	High	N/A		1,652 (128)	0 (0)	702 (34)	0 (0)
	Democratic Republic of the Congo	High	N/A		25,940 (2,451)	0 (0)	3,820 (204)	335 (24)
	Kenya	Moderate	N/A		104 (4)	0 (0)	25 (3)	0 (0)
	Nigeria	High	N/A		544 (55)	0 (0)	102 (12)	2 (0)
	Sierra Leone	High	Low		323 (75)	0 (0)	105 (33)	2 (1)
	Tanzania	High	N/A		55 (53)	0 (0)	22 (20)	0 (0)
	Uganda	Moderate	N/A		2,989 (509)	0 (0)	2,989 (509)	25 (0)
	Zambia	Moderate	N/A		170 (30)	0 (0)	29 (7)	1 (1)
	Angola	Moderate	N/A		6,473 (846)	0 (0)	937 (0)	282 (45)
	Ghana	Moderate	N/A		2,200 (43)	47 (0)	240 (1)	12 (0)
 Vibrio cholerae	Mozambique	High	N/A		0 (0)	0 (0)	1,111 (294)	12 (4)
	South Sudan	High	N/A		16,045 (1,094)	0 (0)	0 (0)	334 (16)
	Zimbabwe	Moderate	N/A		283 (74)	0 (2)	123 (18)	13 (4)

Moderate Risk Events

Corynebacterium diphtheriae in Africa

92 confirmed human case(s)
1,846 suspected human case(s)
10 human deaths (**CFR: 10.87%**)

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

Description:

Since the beginning of 2025, a total of 1,938 cases (92 confirmed; 1,846 suspected) and 10 deaths (CFR: 10.87%) of toxigenic respiratory diphtheria have been reported from three AU MS: Chad (1,779 cases; 0 deaths), Nigeria (130; 2) and South Africa (29; 8).

In epidemiological (epi) week 11, a total of 10 cases and two deaths of diphtheria were reported from one AU MS:

South Africa: Since the last update (7 March 2025), the National Institute for Communicable Diseases reported ten new cases (9 confirmed; 1 probable) and two deaths (CFR: 25%) of toxigenic respiratory diphtheria from three provinces. Since the beginning of this year, 29 cases (28 confirmed; 1 probable) and seven deaths (CFR: 27%) of toxigenic respiratory diphtheria were reported from four provinces. This outbreak started in January 2024. Cumulatively, 72 cases (71 confirmed; 1 probable) and eight deaths (CFR: 11.3%) of toxigenic respiratory diphtheria have been reported from five of nine provinces in South Africa: Gauteng (2 confirmed case; 0 probable; 1 death), Kwa Zulu Natal (1; 0; 0), Mpumalanga (4; 0; 1), Limpopo (0; 1; 1) and Western Cape (64; 0 5).

A backlog of 1,779 cases were reported from Chad from; epi week 1 (150 cases), epi week 2 (175), epi week 3 (230), epi week 4 (215), epi week 5 (220), epi week 6 (160), epi week 7 (157), epi week 8 (160), epi week 9 (120) and epi week 10 (192).

Response by MS/partner/Africa CDC:

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

West Nile virus in Senegal

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

Agent/Pathogen	West Nile virus	First Reported	12-Mar-2025	First Occurred	6-Feb-2025	Country	Senegal
Location	3 regions	Source	Ministry of Health	GeoScope	LOW	Human Risk Assessment	MODERATE
Animal Risk Assessment	N/A						

Description:

On 12 March 2025, the Senegal Ministry of Health (MoH) reported an outbreak of West Nile virus (WNV). Cumulatively, three confirmed cases and no deaths have been reported from Fatick, Tambacounda and Sedhiou regions. The index case was a three-year-old male child resident of Sedhiou region whose date of symptom onset was 6 February 2025. He presented to the regional health centre with fever, headache, jaundice and retro orbital pain. Blood sample collected and tested at the Institute Pasteur, Dakar, using enzyme-linked immunosorbent assay and plaque reduction neutralization test was confirmed positive for WNV on 4 March 2025. The second and third cases were both 44-year-old females from Fatick and Tambacounda regions. They had similar symptoms and were confirmed positive for WNV on 11 March 2025. None of the three cases had travel history outside their city of residence in the past 15 days prior to onset of symptoms.

WNV is a mosquito-borne zoonosis belonging to the genus *Flavivirus* in the *Flaviviridae* family. It is transmitted through the bite of infected mosquitoes. Birds are the primary hosts of WNV, thus the virus is maintained in the environment within a "bird– mosquito–bird" transmission cycle. WNV can affect birds, humans and horses causing inapparent infection, mild febrile illness, meningitis, encephalitis, or death. About 80% of cases in humans present with mild or no symptoms and about 20% of cases develop a fever, headache, vomiting, or a rash while 1% progress to severe forms of the disease with symptoms such as meningitis with associated neck stiffness, confusion, or seizures. In 2022, four confirmed cases and no deaths of WNV were reported from three regions in Senegal.

Response by MS/partner/Africa CDC:

The MoH has deployment of multi-sectoral RRT to conduct active outbreak investigation and risk communication.

High Risk Events

CCHF virus in Uganda

2 confirmed human case(s)
3 suspected human case(s)
1 probable human case(s)
0 human deaths (CFR: 0%)

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				

Update to Event:

Since the last update (10 January 2025), the Uganda MoH reported a new case of Crimean Congo Hemorrhagic Fever (CCHF) in Kyegegwa district. This is the second confirmed case of CCHF reported in Uganda this year. The case is a 28-year-old male from Kyegegwa district. He presented at Bijubuli health center IV with headache, general body weakness, nose bleeding, and abdominal pain. A blood sample sent to the Uganda Virus Research Institute tested positive for CCHF by polymerase chain reaction. Cumulatively, six cases (2 confirmed; 1 probable; 3 suspected) and no deaths of CCHF have been reported from two of 146 districts in Uganda this year.

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.

Human Event Updates

Moderate Risk Events

Mpox in Africa

7,983 confirmed human case(s), **33,427** suspected human case(s)
384 human deaths (CFR: **1.15%**)

Agent/Pathogen	Mpox virus	First Reported	3-Jan-2025	Previous Report Update	14-Mar-2025	First Occurred	1-Jan-2025
Country	Multiple Countries	Location	18 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 33,427 cases of mpox, (of which 7,983 were laboratory-confirmed), and 335 deaths (CFR: 1%) [49 deaths (CFR: 0.6%) among confirmed cases], have been reported from 16 AU MS: Angola (4 confirmed cases; 0 death), Burundi (705; 0), Central African Republic (CAR) (7; 0), Congo (20; 0), Côte d'Ivoire (4; 0), Democratic Republic of Congo (DRC) (3,820; 335), Kenya (25; 0), Liberia (2; 0), Nigeria (102; 2), Rwanda (28; 0), Sierra Leone (105; 2), South Africa (3; 0), South Sudan (1; 0), Tanzania (22; 0), Uganda (2,989; 26), and Zambia (29; 1).

In epi week 11, a total of 3,323 new cases, of which 925 were laboratory-confirmed, and 29 new deaths of mpox were reported from eight AU MS: Burundi, DRC, Kenya, Nigeria, Sierra Leone, Tanzania, Uganda and Zambia.

Burundi: Since the last update (14 March 2025), the MoH reported 128 new cases, of which 37 were laboratory-confirmed, and no new deaths of mpox from 40 health districts in Burundi. Since the beginning of this year, 1,652 cases, of which 705 were laboratory-confirmed, and no deaths of mpox have been reported from 46 of 49 health districts in Burundi. This outbreak started in July 2024. Cumulatively, 7,850 cases, of which 3,648 were laboratory-confirmed, and one death (CFR: 0.02%) of mpox have been reported from 46 of 49 health districts in Burundi. Children <15 years accounted for 37.4% of confirmed cases and 52% of the confirmed cases were males. Clade Ib was isolated from confirmed cases.

DRC: Since the last update (14 March 2025), the MoH reported 2,451 new cases, of which 312 were laboratory-confirmed and 24 new deaths of mpox (CFR: 0.9%) from 21 provinces. Since the beginning of this year, 25,940 cases, of which 3,928 were laboratory-confirmed, and 335 deaths (CFR: 1.3%) of mpox have been reported from all 26 provinces in DRC. Cumulatively, 85,462 cases, of which 16,788 were laboratory-confirmed, and 1,675 deaths (CFR: 1.9%) of mpox were reported from all 26 provinces in DRC. Of the confirmed cases, 53% were males. Children <15 years account for 37% of all confirmed cases. Of the cases detected in epidemiological week 11, 662 were tested resulting in a testing rate of 27% and a positivity rate of 47%. The clade Ia and Ib mpox strains were isolated from the confirmed cases.

Kenya: Since the last update (14 March 2025), the MoH reported three new laboratory-confirmed cases, and no new deaths of mpox from Busia, Migori and Mombasa counties. This is a 27% average increase in the number of new cases in the past four weeks. Since the beginning of this year, 25 laboratory-confirmed cases and no deaths of mpox have been reported from four of forty-seven counties in Kenya. This outbreak started in July 2024. Cumulatively, 56 laboratory-confirmed cases and one death (CFR: 1.8%) of mpox have been reported from 12 of 47 counties in Kenya. A total of 459 samples were tested resulting in a 100% testing rate and a 12.2% test positivity rate. Clade Ib was isolated from 33 sequenced samples.

Nigeria*: Since the last update (14 March 2025), the Nigeria Centre for Disease Control reported 53 new cases, of which 10 were laboratory-confirmed, and no new deaths of mpox from seven states. This is a 26% average increase in the number of confirmed cases in the last four weeks. Since the beginning of this year, 544 cases, of which 102 were laboratory-confirmed, and two deaths (CFR: 2.2%) of mpox were reported from 36 states and the federal capital territory. Nigeria is endemic for mpox, and cases have been reported since 2017. Cumulatively 6,304 cases, of which 1,338 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 (14 March 2025), the MoH reported 75 new cases, of which 33 were laboratory-confirmed, and one new death (CFR: 3%) of mpox from multiple districts. This is an over 2-fold increase in the number of new cases compared to the last update. This outbreak started in January 2025. Cumulatively, 323 cases, of which 105 were laboratory-confirmed, and two deaths (CFR: 1.9%) of mpox have been reported from eight of the sixteen districts in Sierra Leone. Of the confirmed cases, children <15 years accounted for 8% and males accounted for 76%. Clade IIb was isolated from two sequenced samples.

Tanzania: Since the last update (14 March 2025), the MoH reported 53 new cases, of which 20 were laboratory-confirmed, and no deaths of mpox from 16 regions. Cumulatively, 55 cases, of which 22 were laboratory-confirmed, and no deaths of mpox have been reported from 16 of 31 regions in Tanzania. The circulating clade has not yet been identified.

Uganda: Since the last update (14 March 2025), the MoH reported 509 new laboratory-confirmed cases and no new deaths of mpox from multiple districts. This is a 54% average increase in the number of new cases in the past four weeks. Since the beginning of this year, 2,989 laboratory-confirmed cases and 25 deaths (CFR: 0.8%) of mpox were reported. This outbreak started in July 2024. Cumulatively, 4,342 laboratory-confirmed cases and 31 deaths (CFR: 0.7%) of mpox have been reported from 100 of 146 districts in Uganda. A total of 5,031 cases were tested resulting in a 100% testing rate. Clade Ib was isolated from all sequenced samples.

Zambia: Since the last update (14 March 2025), the MoH reported 30 new cases, of which seven were laboratory-confirmed, and one new death (CFR: 3.3%) of mpox from Lusaka province. This is a seven-fold increase in the number of new laboratories confirmed cases compared to the last update. Since the beginning of this year, 170 cases, of which 29 were laboratory-confirmed, and one death (CFR: 0.6%) of mpox were reported from four of ten provinces. This outbreak started in October 2024. Cumulatively, 301 cases, of which 31 were laboratory-confirmed, and one death (CFR: 0.3%) of mpox have been reported from four of ten provinces in Zambia. A total of 301 cases were tested resulting in a 100% testing rate and a 10.3% 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), Côte 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 two cases of which both were laboratory confirmed cases were reported from Nigeria for epi-week 7 and epi-week 8 respectively.**

Response by MS/partner/Africa CDC:

12The 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

2,572 confirmed human case(s), **47** probable human case(s), **32,393** suspected human case(s)
799 human deaths (**CFR: 2.28%**)

Agent/Pathogen	Vibrio cholerae	First Reported	3-Jan-2025	Previous Report Update	14-Mar-2025	First Occurred	1-Jan-2025
Country	Multiple Countries	Location	13 MS	Source	Ministry of Health	GeoScope	HIGH
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

Update to Event:

Description Since the beginning of 2025, a total of 35,012 cases (2,572 confirmed; 47 probable; 32,393 suspected) and 799 deaths (CFR: 2.3%) of cholera have been reported from 13 AU MS: Angola (7,410 cases; 282 deaths), Ethiopia (1,582; 32), Ghana (2,487; 12), Kenya (37; 1), Malawi (91; 3), Mozambique (1,111; 12), Namibia (1: 0), Rwanda (1; 0), South Sudan (16,045; 334), Sudan (6,511; 116), Uganda (99; 1), Zambia (325; 9), and Zimbabwe (406; 13).

In epi week 11, a total of 1,276 cases and 53 deaths of cholera were reported from five AU MS: Angola, Ghana Mozambique, South Sudan and Zimbabwe.

Angola: Since the last update (14 March 2025), the MoH reported 846 new suspected cases and 45 new deaths (CFR: 5.3%) of cholera from six provinces. This is a 1% average decrease in the number of new cases in the past four weeks. Cumulatively, 7,410 cases (937 confirmed; 6,473 suspected) and 282 deaths (CFR: 3.5%) of cholera have been reported from 14 of 18 provinces in Angola. Males accounted for 55% of all cases and 70% of all deaths. Additionally, children <15 years accounted for 39% of all cases

Ghana: Since the last update (14 March 2025), the Ghana Health Services reported 44 new cases (1 confirmed; 0 probable; 43 suspected) and no new deaths of cholera from five regions. This is an 8% average increase in the number of new cases in the past four weeks. Since the beginning of this year, a total of 2,487 cases (240 confirmed; 47 probable; 2,200 suspected) and 12 deaths (CFR: 0.5%) of cholera were reported from Ghana. This outbreak started in August 2024. Cumulatively, 8,140 cases (599 confirmed; 723 probable; 6,818 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; 104 suspected), Central (257; 0; 2,939), Eastern (2; 3; 35), Greater Accra (200; 330; 1,492), and Western (135; 390; 2,248) regions.

Mozambique: Since the last update (14 March 2025), the MoH reported 294 confirmed cases and four new deaths (CFR: 1.7%) of cholera from two provinces. This is a 14.2% decrease in the number of new cases compared to last update. Since the beginning of this year, 1,111 confirmed cases and 12 deaths (CFR: 1.2%) of cholera were reported from Mozambique. This outbreak started in October 2024. Cumulatively, 1,339 confirmed cases and 33 deaths (CFR: 2.8%) of cholera have been reported from two provinces in Mozambique. In comparison to epidemiological week 1 to 11 of 2024, a total of 5,232 confirmed cases and 10 deaths (CFR: 0.2%) of cholera were reported in Mozambique, which is an 78% decrease in the number of cases and a 20% increase in the number of deaths in the same period.

South Sudan: Since the last update (14 March 2025), the MoH reported 1,094 suspected cases and 16 deaths (CFR: 1.5%) of cholera from nine states. This is a 12.6% decrease in the number of new cases reported compared to the last update. Since the beginning of this year, 16,045 suspected cases and 334 death (CFR: 2.1%) were reported from nine of ten states in South Sudan. This outbreak started in July 2024. Cumulatively, 29,903 cases (5,101 confirmed; 24,802 suspected) and 537 deaths (CFR: 1.8%) of cholera have been reported from nine of ten states in South Sudan.

Zimbabwe: Since the last update (14 March 2025), the MoH reported 92 new cases (18 confirmed, 74 suspected) and four new deaths (CFR: 4.3%) of cholera from Mashonaland Central province. This is a 47% average increase in the number of cases in the past four weeks. Since the beginning of this year, 406 cases (123 confirmed; 283 suspected) and 13 deaths (CFR: 3.2%) of cholera were reported. This outbreak started in November 2024. Cumulatively, 638 cases (128 confirmed; 510 suspected) and 15 deaths (CFR: 2.3%) of cholera have been reported from six of ten provinces in Zimbabwe. In comparison to epidemiological week 1 to 11 of 2024, a total of 13,106 cases and 276 deaths (CFR: 2.1%) of cholera were reported in Zimbabwe, which is a 97% decrease in the number of cases and a 95% decrease in the number of deaths in the same period.

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

Response by MS/partner/Africa CDC:

The ministries of health of the affected MS activated the emergence operation centers and deployed one health rapid response teams to conduct enhance

Dengue fever in Africa

386 confirmed human case(s), 160 probable human case(s), 3,500 suspected human case(s)
1 human deaths (CFR: 0.02%)

Agent/Pathogen	Dengue virus	First Reported	1-Jan-2025	Previous Report Update	14-Mar-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 4,042 (386 confirmed; 160 probable; 3,500 suspected) and one death (CFR: 0.26%) of dengue fever have been reported from six AU MS: Burkina Faso (866 cases; 0 deaths), Cabo Verde (335; 0), Guinea (1; 0), Mali (1,235; 0), Senegal (30; 0), and Sudan (1,575; 1).

In epi week 11, a total of 104 new cases and no new deaths of dengue fever were reported from; Mali and Senegal.

Mali: Since the last update (14 March 2025), the MoH reported 100 new cases (18 confirmed; 82 suspected) and no new deaths of dengue fever from five districts. This is a 5% increase in the number of new cases compared to the last update. Since the beginning of this year, 1,235 cases (224 confirmed; 1,011 suspected) and no deaths of dengue fever were reported in Mali. This outbreak started in September 2023. Cumulatively, a total of 16,227 cases (1,732 confirmed; 14,495 suspected) and 74 deaths (CFR: 0.5%) of dengue fever have been reported from all 11 regions in Mali.

Senegal: Since the last update (24 February 2025), the MoH reported four new confirmed cases and no deaths of dengue fever from Bamako district. Cumulatively, 30 confirmed cases and no deaths of dengue fever has been reported from nine of the 47 districts in Senegal. Of the confirmed cases, males accounted for 53% and persons ≥15 years accounted for 83%. This outbreak started in February 2024. Cumulatively, 932 confirmed cases and no deaths of dengue fever have been reported from 28 of 47 districts in Senegal.

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 (1,71 3; 2), Kenya (88; 0), Mali (9,541; 13), Mauritius (9,166; 8), Sao Tome and Principe (9; 0), Senegal (902; 0), Sudan (8,683; 15), and Togo (2,205; 3).

Response by MS/partner/Africa CDC:

The ministries of health 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

4,024 confirmed human case(s), **21,560** suspected human case(s)
54 human deaths (**CFR: 0.21%**)

Agent/Pathogen	Measles virus	First Reported	8-Jan-2025	Previous Report Update	14-Mar-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 25,584 cases (4,024 confirmed; 21,560 suspected) and 54 deaths (CFR: 0.2%) of measles have been reported from 11 AU MS: Cameroon (491 cases; 10 deaths), Chad (926; 1), Ethiopia (1,278; 6), Malawi (167; 0), Mali (160; 0), Morocco (20,086; 37), Rwanda (736; 0), Senegal (48; 0), Somalia (1,499; 8), Sudan (109; 0), and Uganda (77; 1).

In epi week 11, a total of 139 new cases and one new death of measles were reported from two AU MS: Chad and Mali.

Chad: In week 11, the MoH reported 125 new suspected cases, and one new death (CFR: 0.8%) of measles from 15 provinces. Since the beginning of this year, 926 cases (84 confirmed; 842 suspected) and one death of measles (CFR: 0.3%) have been reported from 20 of the 23 provinces in Chad. This outbreak started in March 2023. Cumulatively, 9,638 cases (1,067 confirmed; 8,571 suspected) and 28 deaths (CFR: 0.3%) of measles have been reported from all 11 regions in Chad. In 2023, the national measles vaccination coverage among children <1 year in Chad was 83%.

Mali: Since the last update (14 March 2025), the MoH reported 14 new cases (3 confirmed; 11 suspected) and no new deaths of measles from three regions. This is a 24% average increase in the number of new confirmed cases in the last four weeks. Since the beginning of this year, 160 cases (46 confirmed; 114 suspected) and no deaths of measles were reported from seven of eleven regions in Mali. This outbreak started in March 2024. Cumulatively, 872 cases (396 confirmed; 476 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%.

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)], Côte 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).

A backlog of 801 cases (84 confirmed; 717 suspected) and one new death of measles were reported from Chad in epi week 9.

A backlog of seven confirmed measles cases were reported from Senegal in epi week 10.

A backlog of 159 cases (14 confirmed; 145 suspected) and one new death of measles were reported from Somalia in epi week 10.

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

36 confirmed human case(s), 191 suspected human case(s)
17 human deaths (CFR: 7.49%)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	3-Jan-2025	Previous Report Update	7-Mar-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 227 cases (36 confirmed; 191 suspected) and 17 deaths (CFR: 8.33%) of bacterial meningitis have been reported from three AU MS: Ghana (29 cases; 10 deaths), Mali (151; 0), and Togo (47; 7).

In epi week 11, a total of nine new cases and no new deaths of bacterial meningitis were reported from Mali.

Mali: Since the last update (14 March 2025), the MoH reported nine new suspected cases and no new deaths of bacterial meningitis from Bamako. This is a 14% average decrease in the number of new cases in the last four weeks. Cumulatively, 151 cases (27 confirmed; 124 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 10 confirmed cases), Neisseria meningitidis W135 (7), Haemophilus influenzae (9) and Haemophilus influenzae b (1). 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).

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

High Risk Events

Tropical Cyclone Jude in Africa

36,338 displaced persons
16 human deaths

Agent/Pathogen	Floods	First Occurred	10-Mar-2025	Country	Multiple Countries	Location	Malawi and Mozambique
Source	UN Agency	GeoScope	MODERATE	Human Risk Assessment	HIGH	Animal Risk Assessment	N/A

Update to Event:

In epidemiological week 11, tropical cyclone Jude made a landfall in Southern Africa and caused 16 deaths and 36,338 displaced people in three AU MS: Madagascar (4 deaths; 10,939 displaced persons), Malawi (0 deaths; 4,883 displaced persons) and Mozambique (16; 302,000).

Madagascar: On 15 March 2025, tropical cyclone Jude passed over southern regions of Madagascar, causing heavy winds and rainfall. A total of 10,587 displaced persons and one death have been reported from all regions in Southern Madagascar. In addition, over 15,000 affected persons have been reported and 1,172 houses and 89 classrooms destroyed, leading to disruption of education services in the affected regions. We have not yet received reports of damaged health facilities. Cumulatively, four deaths and 10,939 displaced persons have been reported from Madagascar this year.

Malawi: On 13 March 2025, the Department of Disaster Management Affairs (DoDMA) reported a landfall of tropical cyclone Jude that affected nine districts in the southern part of the country. A total of three missing people and 4,883 displaced persons have been reported. In December 2024, Malawi experienced tropical cyclone Chido affecting atleast 34,741 people from 17 of 29 districts in Malawi. Additionally, the cyclone caused significant damage to infrastructure including schools, health facilities, roads and households.

Mozambique: On 13 March 2025, the National Meteorological Institute reported the landing of tropical cyclone June that made a landfall on 10 March in Nampula Province in the northern part of the country. The National Disaster Response Agency (INGD) reported 16 deaths and 302,000 displaced persons. The storm destroyed over 70,000 houses, 72 health units, 247 schools, 18 bridges and 48 water systems. Additionally, 73 km of electricity lines and 49,593 hectares of cropland were flooded were damaged. In the last four months, Mozambique has experienced two cyclones: Chido and DIKELEDI that caused considerable damage to infrastructure, lives and livelihoods. A total of 118 deaths, 868 injuries and over 687,630 persons affected were reported in Cabo Delgado, Nampula, and Niassa provinces.

Response by MS/partner/Africa CDC:

Madagascar: The National Office for Risk and Disaster Management with support from partners, evacuated displaced persons to 24 temporary sites and distributed water, sanitation and hygiene kits, food and emergency health services.

Malawi: DoDMA intensified sensitization and awareness efforts through national media platforms. The humanitarian agencies continue to provide relief assistance to the affected persons. The national search and rescue team conducted operations to the search for the three missing people in Nsanje District.

Mozambique: The United Nations Office of Coordination of Humanitarian Affairs deployed senior staff to Nampula province to support coordination, information management and assessments. Additionally, the team activate emergency coordination centres at provincial and district levels to facilitate needs analysis and prioritize assistance for the most vulnerable people.

- Epidemiological week 11 covers the period of 10 - 16 March 2025.
- In epidemiological week 10, the Nigeria CDC reported 260 new cases (28 confirmed; 232 suspected) and three new deaths (CFR:11%) of Lassa fever.
- 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.