

Africa CDC Epidemic Intelligence Report

Date of Issue: 3 Feb 2025

Active Events

75

New Events reported
in 2025

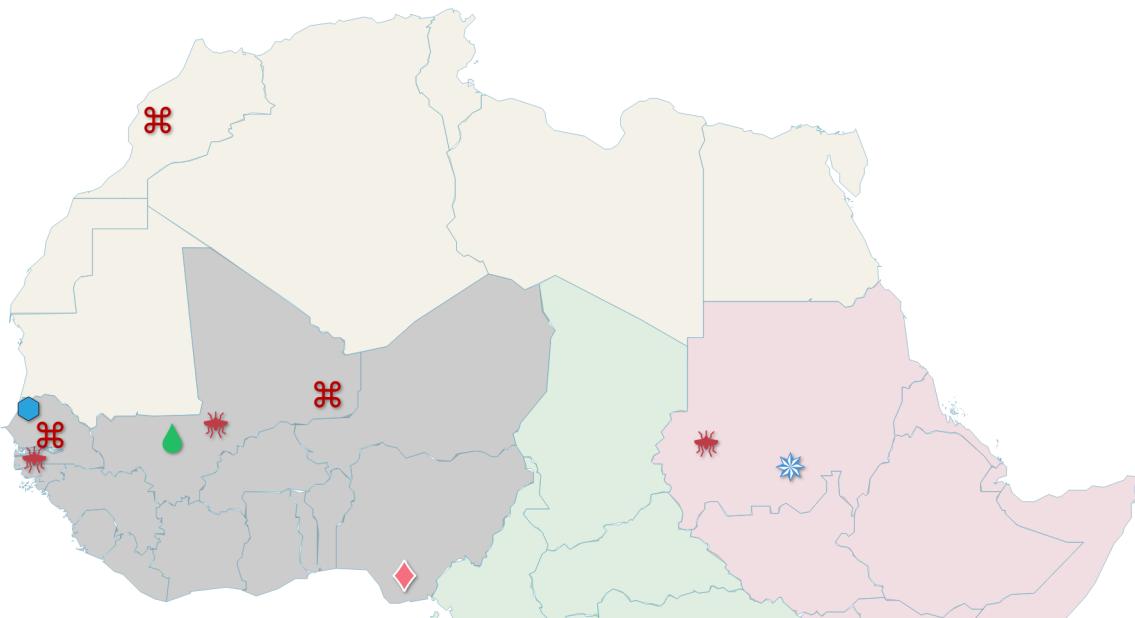
18

Events highlighted
this week

17

New events since
last issue

2



Events this Week

-  CHIKUNGUNYA VIRUS
-  DENGUE VIRUS
-  EBOLA VIRUS
-  MARBURG VIRUS
-  MEASLES VIRUS
-  MENINGITIS (BACTERIAL)
-  MPOX VIRUS
-  VIBRIO CHOLERAE

*  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)
Event Type			
Human	0	4 (1)	13 (1)
Animal	0	0	0
Environment	0	0	0

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected	Probable	Confirmed	Deaths
Chikungunya virus	Senegal	Moderate	N/A	👤	0	0	2	0
Ebola virus	Uganda	High	N/A	👤	0	0	4	1

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
Dengue virus	Mali	Moderate	N/A	👤	308 (92)	0 (0)	48 (9)	0 (0)
	Senegal	Moderate	N/A	👤	0 (0)	0 (0)	9 (9)	0 (0)
	Sudan	Moderate	N/A	👤	436 (24)	0 (0)	0 (0)	0 (0)
Marburg virus	Tanzania	High	N/A	👤	0 (0)	8 (0)	2 (0)	10 (1)
Measles virus	Mali	Moderate	N/A	👤	16 (5)	0 (0)	5 (1)	0 (0)
	Morocco	Moderate	N/A	👤	8,557 (3,262)	0 (0)	1,733 (529)	21 (10)
	Senegal	Moderate	N/A	👤	0 (0)	0 (0)	12 (4)	0 (0)
	Uganda	Moderate	N/A	👤	63 (43)	0 (0)	14 (8)	1 (0)
Meningitis (Bacterial)	Mali	Moderate	N/A	👤	19 (0)	0 (0)	11 (2)	0 (0)
Mpox virus	Kenya	Moderate	N/A	👤	0 (0)	0 (0)	6 (4)	0 (0)
	Nigeria	High	N/A	👤	163 (32)	0 (0)	17 (5)	0 (0)
	Uganda	Moderate	N/A	👤	976 (241)	0 (0)	976 (241)	7 (3)
	Zambia	Moderate	N/A	👤	188 (47)	0 (0)	9 (6)	0 (0)
Vibrio cholerae	Sudan	High	N/A	👤	1,584 (102)	0 (0)	0 (0)	34 (14)
	Zambia	Moderate	N/A	👤	60 (55)	0 (0)	8 (8)	5 (5)

Initial Reports

High Risk Events

Ebola virus disease in Uganda

4 confirmed human case(s)
1 human deaths (**CFR: 25%**)

Agent/Pathogen	Ebola virus	First Reported	30-Jan-2025	Previous Report Update	30-Jan-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				

Description:

On 30 January 2024, the Uganda Ministry of Health (MoH) declared an outbreak of Ebola virus disease (EVD) following the confirmation of a fatal case. The index patient, a 32-year-old male nurse at Mulago National Referral Hospital, initially presented with a five-day history of high-grade fever, difficulty breathing, and chest pain, which later progressed to bleeding from multiple body orifices. Prior to his diagnosis, he had sought care at three health facilities and from a traditional healer. Post-mortem samples tested at three national reference laboratories confirmed infection with the Sudan Ebola Virus strain through polymerase chain reaction (PCR) testing. This marks the eighth recorded EVD outbreak in Uganda. Cumulatively, four confirmed cases and one death [case fatality rate (CFR): 25%] have been reported from Uganda.

EVD is a zoonotic viral haemorrhagic fever that affects both humans and non-human primates, including monkeys, gorillas, and chimpanzees. The virus is transmitted from infected wild animals (such as fruit bats, porcupines, and non-human primates) to humans. Secondary human-to-human transmission occurs through direct contact with blood, bodily fluids, or tissues of infected individuals, as well as contaminated surfaces and materials. Symptoms of EVD include fever, fatigue, muscle pain, headache, vomiting, diarrhoea, and unexplained bleeding or bruising. The disease has an average case fatality rate (CFR) of 50%. The last Ebola outbreak was reported in September 2022, resulted in 142 cases and 55 deaths (CFR: 39.3%) across nine districts.

Response by MS/partner/Africa CDC:

The MoH has activated national level emergency operations center and the incident management system and deployed a rapid response team to coordinate the regional level response. To date, 187 contacts have been identified and are under follow-up, including 34 healthcare workers and 11 family members. Additionally, the MoH conducted a safe and dignified burial for the deceased in accordance with infection prevention protocols. To mitigate further spread, the MoH will immediately begin vaccinating all identified contacts and frontline healthcare workers using the stock of remaining Ebola vaccines in the country.

Chikungunya in Senegal

2 confirmed human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Chikungunya virus	First Reported	30-Jan-2025	First Occurred	19-Jan-2025
Country	Senegal	Location	Kafferine region	Source	Ministry of Health
GeoScope	LOW	Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A

Description:

In epidemiological week 4, the MoH reported two confirmed cases and no deaths of chikungunya from Birkilane district, Kafferine region. The cases were confirmed at the Institute Pasteur in Dakar by PCR. All confirmed cases were males and above >15 years.

Chikungunya is a mosquito-borne viral disease endemic to countries in Africa and South America and caused by the chikungunya virus. The most frequently reported symptoms are muscle pain, joint swelling, headache, nausea, fatigue, and rash. In 2024, a total of 25 confirmed cases and no deaths of chikungunya were reported from 11 of 15 regions in the Senegal.

Response by MS/partner/Africa CDC:

The MoH continues to conduct risk communication and vector control activities in the affected communities.

Human Event Updates

High Risk Events

Marburg in Tanzania

2 confirmed human case(s), **8** probable human case(s)
10 human deaths (**CFR: 100%**)

Agent/Pathogen	Marburg virus	First Reported	23-Jan-2025	Previous Report Update	24-Jan-2025
First Occurred	9-Dec-2024	Country	Tanzania	Location	Kagera region
Source	Ministry of Health	GeoScope	LOW	Human Risk Assessment	HIGH
Animal Risk Assessment	N/A				

Update to Event:

Since the last update (24 January 2025), the MoH reported no new cases and one new death of Marburg from Ruziba ward, Biharamulo district. The new death was a confirmed case with an epidemiological link to the probable cases. Cumulatively, 10 cases (2 confirmed; 8 probable) and 10 deaths (CFR: 100%) have been reported from Kagera region. Females account for 70% of the cases, with a median age of 30 years for all cases (age range: 1-75 years).

Response by MS/partner/Africa CDC:

The MoH and Africa CDC have deployed multi-disciplinary rapid response teams to the affected region. A total of 281 contacts have been listed to date, 64 of whom are healthcare workers. Of these contacts, 242 have completed 21 days of follow-up. In addition, response efforts are underway including enhanced surveillance, alert management, case management, infection prevention and control (IPC), risk communication, and community engagement within the affected communities.

Human Event Updates

Moderate Risk Events

Mpox in Africa

1,129 confirmed human case(s), **1,946** suspected human case(s)
7 human deaths (**CFR: 0.36%**)

Agent/Pathogen	Mpox virus	First Reported	3-Jan-2025	Previous Report Update	24-Jan-2025
First Occurred	1-Jan-2025	Country	Multiple Countries	Location	9 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 1,946* cases, of which 1,129 cases were laboratory-confirmed and seven deaths (CFR: 0.36%) of mpox have been reported from nine African Union (AU) Member States (MS): Cote d'Ivoire** (2 confirmed cases; 0 deaths), Ghana (0; 0), Kenya (6; 0), Liberia*** (1; 0), Nigeria (17; 0), Sierra Leone (16; 0), Rwanda**** (102; 0), Uganda (976; 7), and Zambia (9; 0).

In epidemiological week 4, a total of 371 new cases of which, 260 were laboratory-confirmed, and three new deaths of mpox were reported from five AU MS: Kenya, Nigeria, Sierra Leone, Uganda, and Zambia.

Kenya: Since the last update (24 January 2025), the MoH reported four new laboratory-confirmed cases and no new deaths of mpox from Taita Taveta (2 cases) and Kericho (2) counties. This is a 50% increase in the number of new cases compared to the last update. Since the beginning of this year, six laboratory-confirmed cases and no deaths of mpox have been reported from two of forty-seven counties in Kenya. This outbreak started in July 2024. Cumulatively, 37 laboratory-confirmed and one death (CFR: 3.0%) of mpox have been reported from 12 of 47 counties in Kenya. A total of 391 cases were tested resulting in a 100% testing rate and 9.4% positivity rate. Clade Ib was isolated from 17 sequenced samples.

Nigeria: Since the last update (24 January 2025), the Nigeria Centre for Disease Control (NCDC) reported 32 new cases, of which five were laboratory-confirmed, and no new deaths of mpox from four states. This is a 17% decrease in the number of confirmed cases compared to the last update. Since the beginning of this year, 163 cases, of which 17 were laboratory-confirmed, and no deaths of mpox have been reported from 10 of the 36 states and the federal capital territory. Of the confirmed cases, children <15 years accounted for 18% and males accounted for 75%. Nigeria is endemic for mpox and cases were reported since 2017. Cumulatively 5,927 cases, of which 1,253 were laboratory-confirmed, and 17 deaths (CFR: 1.4%) 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 (24 January 2025), the MoH reported 47 new cases, of which four were laboratory-confirmed, and no new deaths of mpox from seven districts. This is a 50% decrease in the number of new confirmed cases compared to the last update. Cumulatively, 151 cases, of which 16 were laboratory-confirmed, and no deaths of mpox have been reported from seven of sixteen districts in Sierra Leone. Clade Iib was isolated from two sequenced samples.

Uganda: Since the last update (24 January 2025), the MoH reported 241 new laboratory-confirmed cases and three new deaths (CFR: 1.2%) of mpox from multiple districts. This is a 3% average increase in the number of new cases in the past four weeks. Since the beginning of this year, 976 laboratory-confirmed cases and seven deaths (CFR: 0.7%) of mpox were reported. This outbreak started in July 2024. Cumulatively, 2,329 laboratory-confirmed cases and 13 deaths (CFR: 0.6%) of mpox have been reported from 83 of 146 districts in Uganda. A total of 3,018 cases were tested resulting in a 100% testing rate. Clade Ib was isolated from all sequenced samples.

Zambia: Since the last update (24 January 2025), the MoH reported 47 new cases of which six laboratory-confirmed cases and no new deaths of mpox from Copperbelt (2 cases) and Lusaka (4) provinces. This is a three-fold increase in the number of new cases compared to the last update. Since the beginning of this year, nine laboratory-confirmed cases and no deaths of mpox have been reported from Copperbelt (3 cases) and Lusaka (6) provinces. This outbreak started in October 2024. Cumulatively, 12 laboratory-confirmed cases and no deaths of mpox have been reported from three of ten provinces in Zambia. A total of 188 cases were tested resulting in a 100% testing rate and a 6.4% positivity rate. Clade Ib was isolated from two sequenced samples.

Note: In 2024, a total of 77,767 cases of mpox, of which 16,764 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***** (3; 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).

***A backlog of 140 cases was erroneously excluded from the total case count last epi-week, but have been included in the total case count this epi-week.**

****In epidemiological week 3, a total backlog of three cases, of which two were laboratory confirmed, were reported from Cote d'Ivoire**

*****Between epidemiological weeks 1 and 3, a backlog of 27 cases, of which one was laboratory confirmed, were reported from Liberia.**

******In epidemiological week 2, a backlog of 154 cases of mpox, of which three were laboratory confirmed, were reported from Rwanda. Additionally, Rwanda reported a backlog of 134 cases, of which 94 were laboratory confirmed, in epidemiological week 3.**

*******In epidemiological week 4, a backlog of 11 cases, of which one was laboratory confirmed, were reported from epidemiological weeks 47 to 52, 2024 from Guinea.**

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

339 confirmed human case(s), **38** probable human case(s), **3,669** suspected human case(s)
95 human deaths (CFR: **2.35%**)

Agent/Pathogen	Vibrio cholerae	First Reported	3-Jan-2025	Previous Report Update	24-Jan-2025
First Occurred	1-Jan-2025	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 4,046 cases (339 confirmed; 38 probable; 3,669 suspected) and 95 deaths (CFR: 2.35%) of cholera have been reported from seven AU MS: Angola (1,081 cases; 45 deaths), Ghana (1,068; 6), Malawi (70; 2), Sudan (1,584; 34), Uganda* (87; 1), Zambia (68; 5), and Zimbabwe (88; 2).

In epidemiological week 4, a total of 1,002 cases and 38 deaths of cholera were reported from six AU MS: Angola, Ghana, Malawi, Sudan, Zambia, and Zimbabwe.

Angola: Since the last update (24 January 2025), the MoH reported 546 new suspected cases and 17 new deaths (CFR: 3.1%) of cholera from six provinces. This is a 75% increase in the number of new cases compared to the last update. Cumulatively, 1,081 cases (104 confirmed; 977 suspected) and 45 deaths (CFR: 4.2%) of cholera have been reported from six of seventeen provinces in Angola. Females accounted for 51% of all cases. Additionally, people below 20 years of age accounted for 51% of all cases and 47% of all deaths.

Ghana: Since the last update (24 January 2025), the Ghana Health Services reported 261 new cases (20 confirmed; 7 probable; 234 suspected) and one new death (CFR: 0.4%) 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, 1,068 cases and six deaths (CFR: 0.6%) of cholera were reported from Ghana. This outbreak started in August 2024. Cumulatively, 6,721 cases (480 confirmed; 714 probable; 5,527 suspected) and 43 deaths (CFR: 0.7%) of cholera have been reported from five of sixteen regions in Ghana: Ashanti (5 confirmed cases; 0 probable; 77 suspected), Central (153; 0; 1,798), Eastern (2; 3; 32), Greater Accra (196; 330; 1,388), and Western (124; 381; 2,232) regions.

Malawi: Since the last update (24 January 2025), the MoH reported three new confirmed cases and no new deaths of cholera from three districts. This is a 3% average decrease in the number of new cases in the last four weeks. Since the beginning of this year, 70 confirmed cases and two deaths (CFR: 2.8%) of cholera have been reported. This outbreak started in August 2024. Cumulatively, 285 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 4 of 2024, a total of seven confirmed cases and no deaths of cholera were reported in Malawi, which is 10-fold increase in the number of cases in the same period.

Sudan:** Since the last update (24 January 2025), the MoH reported 102 new suspected cases and 14 new deaths (CFR: 14.0%) of cholera from 12 states. This is a 40% average decrease in the number of new cases in the past four weeks. Since the beginning of this year, 1,584 suspected cases and 34 deaths (CFR: 2.1%) of cholera have been reported. This outbreak started in July 2024. Cumulatively, 52,183 cases (69 confirmed; 52,114 suspected) and 1,385 deaths (CFR: 2.7%) of cholera have been reported from 12 states in Sudan. The outbreak is occurring amid a sustained complex humanitarian crisis.

Zambia: Since last update (17 January 2025), the MoH reported 63 new cases (8 confirmed; 55 suspected) and five new deaths of cholera from two provinces: Copperbelt (60 cases; 5 deaths) and Muchinga (3; 0). Since the beginning of this year, 68 cases (8 confirmed; 60 suspected) and five deaths (CFR: 2.9%) of cholera have been reported. This outbreak started in December 2024. Cumulatively, 81 cases (15 confirmed cases; 66 suspected) and five deaths (CFR: 6.2%) of cholera have been reported from two of ten provinces in Zambia. In comparison to epidemiological week 1 to 4 of 2024, a total of 10,753 cases and 457 deaths (CFR: 5.4%) of cholera were reported in Zambia, which is a 100% decrease in the number of cases and a 99% decrease in the number of deaths reported in the same period.

Zimbabwe: Since the last update (24 January 2025), the MoH reported 27 new cases (2 confirmed, 25 suspected) cases and one new death (CFR: 3.7%) of cholera from Mashonaland Central province. This is a 6% average increase in new cases in the past four weeks. Since the beginning of this year, 88 cases (25 confirmed; 63 suspected) and two deaths (CFR: 2.3%) of cholera have been reported. This outbreak started in November 2024. Cumulatively, 320 cases (30 confirmed; 290 suspected) and four deaths (CFR: 1.0%) of cholera have been reported from four provinces in Zimbabwe. In comparison to epidemiological week 1 to 4 of 2024, a total of 5,541 cases and 124 deaths (CFR: 2.2%) of cholera were reported in Zimbabwe, which is a 98% decrease in the number of cases and a 95% 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 seven cases were reported from Uganda in epidemiological week 3.**

****A total backlog of 525 cases and nine deaths were reported from Sudan from the following epidemiological weeks: week 1 (70 case; 0 deaths), week 2 (69; 6), and week 3 (386; 3). In addition, six deaths previously reported in epidemiological week 1 have been moved to epidemiological week 2.**

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.

Dengue fever in Africa

192 confirmed human case(s), **156** probable human case(s), **1,654** suspected human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	Dengue virus	First Reported	1-Jan-2025	Previous Report Update	24-Jan-2025
First Occurred	1-Jan-2025	Country	Multiple Countries	Location	5 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 2,002 cases (192 confirmed; 156 probable; 1,654 suspected) and no deaths of dengue fever have been reported from five AU MS: Burkina Faso (866 cases; 0 deaths), Cabo Verde (335; 0), Mali (356; 0), Senegal (9; 0), and Sudan (436; 0).

In epidemiological week 4, a total of 134 new cases and no new deaths of dengue fever were reported from three AU MS: Mali, Senegal, and Sudan.

Mali: Since the last update (24 January 2025), the MoH reported 101 new cases (9 confirmed; 92 suspected) and no new deaths of dengue fever from Bamako region. This is a 2% average increase in the number of new cases in the past four weeks. Since the beginning of this year, 356 cases and no deaths of dengue fever have been reported in Mali. This outbreak started in September 2023. Cumulatively, a total of 15,348 cases (1,556 confirmed; 13,792 suspected) and 74 deaths (CFR: 4.8%) of dengue fever have been reported from all 11 regions in Mali. In comparison to epidemiological week 1 to 4 of 2024, a total of 574 cases (115 confirmed; 459 suspected) and no deaths of dengue fever were reported in Mali, which gives a 38% decrease in the number of cases reported in the same period compared to last year.

Senegal: In epidemiological week 4, the MoH reported nine confirmed cases and no deaths of dengue fever from three districts. Of the confirmed cases, females accounted for 56% and persons aged 15 years and above accounted for 78%. Senegal is endemic for dengue fever and cases are reported all year round. This outbreak started in February 2024. Cumulatively, 911 confirmed cases and no deaths of dengue fever have been reported from 28 of 47 districts in Senegal.

Sudan*: In epidemiological week 4, the MoH reported 24 new suspected cases and no new deaths of dengue fever from multiple states. Since the beginning of this year, 436 cases and no deaths of dengue fever have been reported from eight of twelve states in Sudan. This outbreak started in July 2024. Cumulatively, 9,119 suspected cases and 15 deaths (CFR: 0.2%) of dengue fever have been reported from eight 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 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; 15), and Togo (2,205; 3).

***Between epidemiological weeks 1-3, the Sudan MoH reported a backlog of 412 suspected cases of dengue fever from multiple states.**

Response by MS/partner/Africa CDC:

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

Measles in Africa

1,805 confirmed human case(s), **9,078** suspected human case(s)
25 human deaths (CFR: **0.23%**)

Agent/Pathogen	Measles virus	First Reported	8-Jan-2025	Previous Report Update	24-Jan-2025
First Occurred	30-Dec-2024	Country	Multiple Countries	Location	5 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 10,883 cases (1,805 confirmed; 9,078 suspected) and 25 deaths (CFR: 0.23%) of measles have been reported from five AU MS: Mali (19 cases; 0 deaths), Morocco (10,290; 21), Senegal (12; 0), Somalia* (485; 3), and Uganda (77; 1).

In epidemiological week 4, a total of 3,851 cases and 10 deaths of measles were reported from four AU MS: Mali, Morocco, Senegal, and Uganda.

Mali: Since the last update (24 January 2025), the MoH reported five new cases (1 confirmed; 4 suspected) and no new deaths of measles from three districts: This is a 55% decrease in the number of new cases compared to the last update. Since the beginning of this year, 19 cases (5 confirmed; 14 suspected) and no deaths of measles were reported from seven of seventy-five districts in Mali. This outbreak started in February 2024. Cumulatively, 700 cases (346 confirmed; 354 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 (24 January 2025), the MoH reported 3,791 new cases (529 confirmed; 3,262 suspected) and 10 new deaths (CFR: 0.3%) of measles from 11 regions. This is a 32% increase in the number of new cases compared to the last update. Since the beginning of this year, 10,290 cases and 21 deaths (CFR: 0.2%) of measles have been reported. This outbreak started in October 2023. Cumulatively, 31,133 cases (7,223 confirmed; 23,910 suspected) and 132 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%. In comparison to epidemiological weeks 1 to 4 of 2024, a total of 137 cases (33 confirmed; 104 suspected) and no deaths of measles were reported in Morocco, which is a six-fold increase in the number of cases reported in the same period last year.

Senegal: Since the last update (24 January 2025), the MoH reported four new confirmed cases and no new deaths of measles from two districts. This is a 50% decrease in the number of new confirmed cases compared to the last update. Since the beginning of this year, 12 confirmed cases and no deaths of measles have been reported from seven of forty districts. Of the confirmed cases, females accounted for 58% and persons aged 15 years and above accounted for 75%. None of the cases were vaccinated against measles. Senegal is endemic for measles and cases are reported all year round. This current outbreak started in February 2024. Cumulatively, 496 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%.

Uganda:** In epidemiological week 4, the MoH reported 51 new cases (8 confirmed; 43 suspected) and no new deaths of measles from three districts. Since the beginning of this year, 77 cases (14 confirmed; 63 suspected) and one death (CFR: 1.3%) of measles were reported from three of 146 districts in Uganda. This outbreak started in January 2024. Cumulatively, 2,088 cases (847 confirmed; 1,241 suspected) and 13 deaths (CFR: 0.6%) of measles have been reported from 23 of 146 districts in Uganda. In 2020, the national measles vaccination coverage among children <5 years in Uganda was 95%.

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).

*A backlog of 172 cases (17 confirmed; 155 suspected) and two deaths of measles were reported from Somalia in epidemiological week 3.

**A backlog of 26 cases (6 confirmed; 20 suspected) and one death were reported from Uganda in epidemiological week 2.

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

11 confirmed human case(s), **37** suspected human case(s)
4 human deaths (**CFR: 8.33%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	3-Jan-2025	Previous Report Update	24-Jan-2025
First Occurred	3-Jan-2025	Country	Multiple Countries	Location	2 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 48 cases (11 confirmed; 37 suspected) and four deaths (CFR: 8.33%) of bacterial meningitis have been reported from two AU MS: Mali (30 cases; 0 deaths) and Togo (18; 4).

In epidemiological week 4, two new cases and no new deaths of bacterial meningitis were reported from Mali.

Mali: Since the last update (24 January 2025), the MoH reported two new confirmed and no new deaths of bacterial meningitis from Kati health districts. This is a 82% decrease. in the number of new cases reported compared to the last update. Since the beginning of the year, 30 cases (11 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* (3). In 2023, the national meningitis vaccination coverage among children <5 years in Mali was 94%.

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.

- In epidemiological week 3, the NCDC reported 430 new cases (71 confirmed; 359 suspected) and 17 new deaths (CFR:24%) of Lassa fever from ten states in Nigeria.
- In epidemiological week 3, the Burkina Faso MoH reported five new suspected cases and no new deaths of Hepatitis E from Kaya health district, Centre North region.
- In epidemiological week 3, the Liberia MoH reported eight new cases, of which one was laboratory confirmed, and no new deaths of mpox.
- Epidemiological week 4 covers the period of 20 - 26 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.