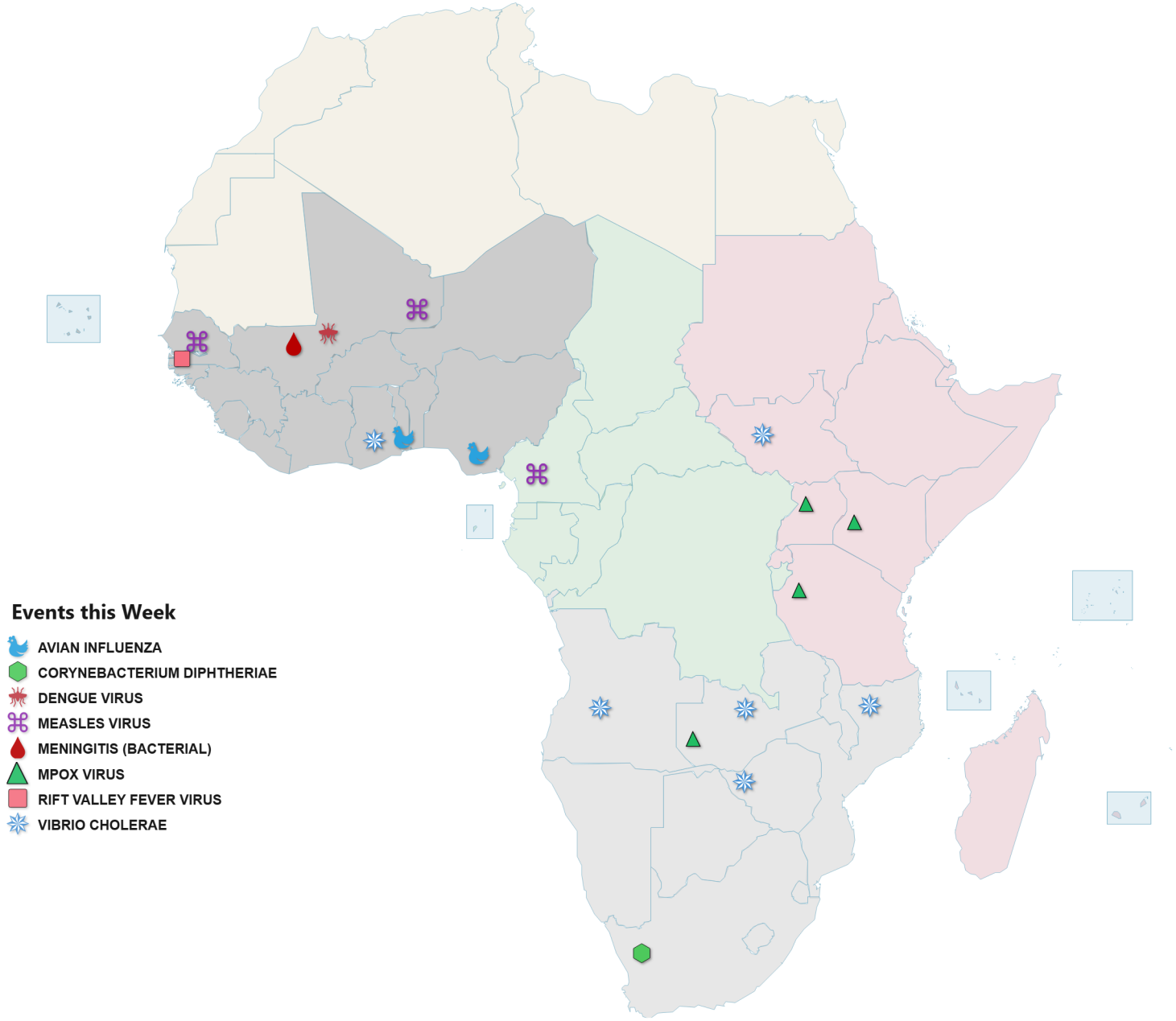
AfricaCDC
Centres for Disease Control and Prevention

Africa CDC Epidemic Intelligence Report

Date of Issue: 4 Apr 2025

Active Events	New Events reported in 2025	Events highlighted this week	New events since last issue
112	49	19	2



* ☐ represent AU Member States that are islands

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

Event Type	Risk Level: Very High (New)	High (New)	Moderate (New)
Human	0	4	13 (1)
Animal	0	2 (1)	0
Environment	0	0	0

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected	Probable	Susceptible	Confirmed	Deaths
Avian Influenza	Togo	N/A	High				0	8,602	4,025
Rift Valley Fever virus	Senegal	Moderate	N/A		0	0		1	0

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Susceptible (New)	Confirmed (New)	Deaths (New)
Avian Influenza	Nigeria	N/A	High				0 (0)	7,045 (6,670)	3,861 (3,689)
Corynebacterium diphtheriae	South Africa	High	High		0 (0)	1 (1)		32 (3)	9 (1)
Dengue virus	Mali	Moderate	N/A		1,108 (34)	0 (0)		255 (13)	0 (0)
Measles virus	Cameroon	Moderate	Moderate		260 (37)	0 (0)		488 (55)	2 (0)
	Mali	Moderate	N/A		175 (24)	0 (0)		54 (5)	0 (0)
	Senegal	Moderate	N/A		0 (0)	0 (0)		63 (6)	0 (0)
Meningitis (Bacterial)	Mali	Moderate	N/A		149 (6)	0 (0)		47 (4)	0 (0)
Mpox virus	Kenya	Moderate	N/A		118 (3)	0 (0)		30 (1)	0 (0)
	Tanzania	High	N/A		157 (100)	0 (0)		31 (9)	0 (0)
	Uganda	Moderate	N/A		3,496 (247)	0 (0)		3,496 (247)	30 (3)
	Zambia	Moderate	N/A		186 (16)	0 (0)		34 (5)	1 (0)
Vibrio cholerae	Angola	Moderate	N/A		8,848 (1,242)	0 (0)		937 (0)	382 (53)
	Ghana	Moderate	N/A		2,406 (153)	47 (0)		245 (4)	14 (1)
	Mozambique	High	N/A		0 (0)	0 (0)		2,324 (332)	28 (0)
	South Sudan	High	N/A		18,624 (1,228)	0 (0)		0 (0)	397 (22)
	Zambia	Moderate	N/A		351 (26)	0 (0)		8 (0)	9 (0)
	Zimbabwe	Moderate	N/A		340 (22)	2 (2)		132 (2)	17 (1)

Initial Reports

Moderate Risk Events

HPAI H5N1 in Africa

0 human deaths
15,647 animal case(s)
7,886 animal deaths (**CFR: 50.40%**)

Agent/Pathogen	**Influenza H5N1**	First Occurred	**1-Jan-2025**	Country	**Multiple Countries**
Location	**2 MS**	GeoScope	**MODERATE**	Human Risk Assessment	**MODERATE**
Animal Risk Assessment	**N/A**				

Description:

Since the beginning of 2025, a total of 15,647 and 7,886 deaths of highly pathogenic avian influenza (HPAI) H5N1 have been reported in poultry farms from two Africa Union Member States (AU MS): Nigeria (7,045 cases; 3,861 deaths) Togo (8,602; 4,025).

In epidemiological week 13, a total of 15,272 cases and 7,714 deaths of HPAI H5N1 were reported from Nigeria and Togo.

Nigeria: Since the last update (24 January 2025), the World Organization for Animal Health reported three new outbreaks of HPAI H5N1 with 6,670 new cases and 3,689 deaths reported from poultry farms from two states. Since the start of this outbreak (January 2025), a cumulative of five outbreaks with 7,045 cases and 3,861 deaths have been reported from three states in Nigeria.

Togo (*Initial report*): On 22 March 2025, the Ministry of Agriculture reported four outbreaks of HPAI H5N1. The first outbreak was reported on 10 March 2025, from Vo prefecture and later spread to other prefactures. Cumulatively, 8,602 cases and 4,025 deaths have been reported from poultry farms in four prefectures: Sotouboua (2,928 cases; 2,352 deaths) and Tchaoudjo (185; 115) located in Central region and Vo (3,439; 181) and Lac (2,050; 1,377). Whole carcasses were sent to the Central Veterinary Laboratory in Lome which confirmed the sample positive for HPAI H5N1 using polymerase chain reaction. The last HPAI H5N1 outbreak occured in 2022, with 11,450 cases and 11,450 deaths among poultry were reported from Adeticopé region.

Highly pathogenic avian influenza viruses cause severe disease and high mortality in infected poultry. HPAI A(H5) or A(H7) virus infections can cause disease that affects multiple internal organs with mortality up to 90% to 100% in chickens, often within 48 hours. However, ducks can be infected without any signs of illness. HPAI A(H5) and A(H7) virus infections in poultry also can spill back into wild birds, resulting in further geographic spread of the virus as those birds migrate. While some wild bird species can be infected with some HPAI A(H5) or A(H7) virus subtypes without appearing sick, other HPAI A(H5) and A(H7) virus subtypes can cause severe disease and mortality in some infected wild birds as well as in infected poultry.

Response by MS/partner/Africa CDC:

The ministries of agriculture in the affected MS continue to implement control measures including quarantine, disinfection and culling of birds in affected farms to break the chain of transmission.

Rift valley fever in Senegal

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

Agent/Pathogen	**Rift Valley Fever virus**	First Reported	**2-Apr-2025**	First Occurred	**18-Jan-2025**
Country	**Senegal**	Location	**Diourbel region**	Source	**Ministry of Health**
GeoScope	**LOW**	Human Risk Assessment	**MODERATE**	Animal Risk Assessment	**N/A**

Description:

On 1 April 2025, the Senegal Ministry of Health (MoH) reported one confirmed case and no deaths of Rift Valley fever (RVF) from Touba city in Diourel region. The case was a 54-year-old male, teacher who presented to Touba healthcare center with symptoms of fever, headache, joint pain and retro-orbital pain. A blood sample was collected, and confirmed for RVF using enzyme linked immunosorbent assay at the Institut Pasteur in Dakar. The case had no recent travel history prior to onset of symptoms. He was treated and stabilized.

RVF is a vector-borne, viral zoonotic disease. It can be transmitted to humans through contact with blood or organs of infected animals or bites from infected mosquitoes. Infected persons often present with mild symptoms including joint pain, flu-like fever, muscle pain, loss of appetite, and headache. Severe infections can result in deaths; however, the case fatality rate is generally below 1%. In 2024, two confirmed cases and no deaths of RVF were reported from Kidira (1) and Pikine (1) districts in Senegal.

Response by MS/partner/Africa CDC:

The MoH has deployed a rapid response team to conduct enhanced surveillance in the affected region.

Human Event Updates

Moderate Risk Events

Mpox in Africa

8,764 confirmed human case(s), **36,702** suspected human case(s)
356 human deaths (**CFR: 0.97%**)

Agent/Pathogen	**Mpox virus**	First Reported	**3-Jan-2025**	Previous Report Update	**21-Mar-2025**
First Occurred	**1-Jan-2025**	Country	**Multiple Countries**	Location	**16 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 36,684 cases, of which 8,764 were laboratory-confirmed, and 356 deaths (CFR: 0.97%) of mpox, with 54 deaths [case fatality rate (CFR): 0.62%] among confirmed cases, have been reported from 16 (Africa Union Member States [AU MS]): Angola (4 confirmed cases; 0 death), Burundi (755; 0), Central African Republic (CAR) (7; 0), Congo (22; 0), Cote dIvoire (4; 0), Democratic Republic of Congo (DRC) (4,111; 335), Ghana (1; 0), Kenya (30; 0), Liberia (7; 0), Nigeria (109; 2), Rwanda (29; 0), Sierra Leone (111; 2), South Africa (6; 0), South Sudan (7; 0), Tanzania (31; 0), Uganda (3,496; 30), and Zambia (34; 1).

In epidemiological week 12, the DRC Ministry of Health (MoH) reported 2,137 new cases, of which 183 were laboratory-confirmed, and 21 new deaths of mpox (CRF: 1.0%) from 21 provinces. Since the beginning of this year, 25,940 cases, of which 4,111 were laboratory-confirmed, and 356 deaths (CFR: 1.3%) of mpox have been reported from all 26 provinces in DRC. Cumulatively, 87,599 cases, of which 17,079 were laboratory-confirmed, and 1,696 deaths (CFR: 1.9%) of mpox were reported from all 26 provinces in DRC since the beginning of 2024. Of the confirmed cases, 53% were males. Children <15 years account for 36.9% of all confirmed cases.

In epidemiological week 13, a total of 366 new cases, of which 262 were laboratory-confirmed, and no new deaths of mpox were reported from four AU MS: Kenya, Tanzania Uganda and Zambia.

Kenya: Since the last update (26 March 2025), the MoH reported one new laboratory-confirmed case, and no new deaths of mpox from Busia County. This is a 22% average decrease in the number of new cases in the past four weeks. This year, 30 laboratory-confirmed cases and no deaths of mpox have been reported from four of forty-seven counties in Kenya. Since the start of the outbreak (July 2024), a cumulative of 61 laboratory-confirmed cases and one death (CFR: 1.6%) of mpox have been reported from 13 of 47 counties in Kenya. A total of 473 samples were tested resulting in a 100% testing rate and a 12.9% test positivity rate. Clade Ib was isolated from 33 sequenced samples.

Tanzania: Since the last update (21 March 2025), the MoH reported 100 new cases, of which nine were laboratory-confirmed, and no deaths of mpox from 16 regions. Cumulatively, 31 laboratory confirmed cases and no deaths of mpox have been reported from 16 of 31 regions in Tanzania.

Uganda: Since the last update (26 March 2025), the MoH reported 247 new laboratory-confirmed cases and no new death of mpox from multiple districts. This is a 1.6% average increase in the number of new cases in the past four weeks. Since the beginning of this year, 3,496 laboratory-confirmed cases and 30 deaths (CFR: 0.9%) of mpox were reported. This outbreak started in July 2024. Cumulatively, 4,849 laboratory-confirmed cases and 37 deaths (CFR: 0.8%) of mpox have been reported from 100 of 146 districts in Uganda. A total of 4,849 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 16 new cases, of which five was laboratory-confirmed, and no new deaths of mpox from Lusaka province. Since the beginning of this year, 186 cases, of which 34 were laboratory-confirmed, and one death (CFR: 0.5%) of mpox were reported. This outbreak started in October 2024. Cumulatively, 317 cases, of which 36 were laboratory-confirmed, and one death (CFR: 0.3%) of mpox have been reported from four of ten provinces in Zambia. A total of 317 cases were tested resulting in a 100% testing rate and a 11.4% 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 dlvoire (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).

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. Africa CDC continues to provide weekly press briefings on the status of mpox on the African continent.

Cholera in Africa

3,799 confirmed human case(s), **47** probable human case(s), **52,608** suspected human case(s)
1,292 human deaths (**CFR: 2.29%**)

Agent/Pathogen	**Vibrio cholerae**	First Reported	**3-Jan-2025**	Previous Report Update	**28-Mar-2025**
First Occurred	**1-Jan-2025**	Country	**Multiple Countries**	Location	**15 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 56,454 cases (3,799 confirmed; 47 probable; 52,608 suspected) and 1,292 deaths (CFR: 2.3%) of cholera have been reported from 15 AU MS: Angola (9,785 cases; 383 deaths), DRC (11,918; 240)*, Ethiopia (1,582; 32), Ghana (2,698; 14), Kenya (37; 1), Malawi (91; 3), Mozambique (2,324; 28), Namibia (1: 0), Nigeria (1,149; 28)*, Rwanda (4; 0)*, South Sudan (18,624; 397), Sudan (7,319; 139), Uganda (99; 1), Zambia (351; 9), and Zimbabwe (472; 17).

In epidemiological week 13, a total of 3,009 cases and 77 deaths of cholera were reported from six AU MS: Angola, Ghana, Mozambique, South Sudan, Zambia and Zimbabwe.

Angola: Since the last update (28 March 2025), the MoH reported 1,242 new suspected cases and 53 new deaths (CFR: 4.3%) of cholera from 16 provinces. There is zero percentage change in the number of new cases in the past four weeks. Since the beginning of the outbreak 8 January 2025), a cumulative of 9,785 cases (937 confirmed; 8,848 suspected) and 383 deaths (CFR: 3.9%) of cholera have been reported from 17 of 18 provinces. Males accounted for 55.5% of all cases and 66.6% of all deaths. Additionally, children <15 years accounted for 38% of all cases and 32% of all deaths.

Ghana: Since the last update (28 March 2025), the Ghana Health Services reported 157 new cases (4 confirmed; 153 suspected) and one new death (CFR: 0.6%) of cholera from five regions. This is a56% average increase in the number of new cases in the past four weeks. This year, a total of 2,698 cases (245 confirmed; 47 probable; 2,406 suspected) and 14 deaths (CFR: 0.5%) of cholera were reported from Ghana. Since the beginning of the outbreak (August 2024), a cumulative of 8,351 cases (604 confirmed; 723 probable; 7,024 suspected) and 51 deaths (CFR: 0.6%) of cholera have been reported from five of sixteen regions in Ghana.

Mozambique: Since the last update (28 March 2025), the MoH reported 352 confirmed cases and no new deaths of cholera from two provinces. This is a 31% average increase in the number of new cases in the past four weeks. This year, 2,324 confirmed cases and 28 deaths (CFR: 1.2%) of cholera were reported from Mozambique. Since the beginning of the outbreak (October 2024), a cumulative of 2,552 confirmed cases and 49 deaths (CFR: 1.9%) of cholera have been reported from two of ten provinces in Mozambique. In comparison of epidemiological week 1 to 13 of 2024, a total of 6,127 confirmed cases and 11 deaths (CFR: 0.2%) of cholera were reported in Mozambique, which is a 61% decrease in the number of cases and a 2.5-fold increase in the number of deaths in the same period.

South Sudan: Since the last update (28 March 2025), the MoH reported 1,228 suspected cases and 22 deaths (CFR: 1.8%) of cholera from 31 counties. This is a 9% decrease in the number of new cases reported compared to the last update. This year, 18,624 suspected cases and 397 deaths (CFR: 2.1%) were reported from nine of ten states in South Sudan. Since the beginning of this outbreak (September 2024), a cumulative of 44,097 cases and 799 deaths (CFR: 1.8%) of cholera have been reported from nine of ten states in South Sudan.

Zambia: Since the last update (9 March 2025), the MoH reported 26 new suspected cases and no new deaths of cholera from three provinces. This year, 351 cases (8 confirmed; 343 suspected) and nine deaths (CFR: 2.6%) of cholera were reported from Zambia. Since the beginning of this outbreak, (December 2024), a cumulative of 364 cases (15 confirmed cases; 349 suspected) and nine deaths (CFR: 2.5%) of cholera have been reported from three of ten provinces in Zambia. In comparison to epidemiological week 1 to 13 of 2024, a total of 18,938 cases and 587 deaths (CFR: 3.1%) 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 March 2025), the MoH reported 24 new cases (2 confirmed, 22 suspected) and one new death (CFR: 4.2%) of cholera from Mashonaland Central province. This is a 13% average decrease in the number of cases in the past four weeks. This year, 472 cases (132 confirmed; 340 suspected) and 17 deaths (CFR: 3.6%) of cholera were reported. Since the beginning of this outbreak (November 2024), a cumulative of 704 cases (137 confirmed; 567 suspected) and 19 deaths (CFR: 2.7%) of cholera have been reported from six of ten provinces in Zimbabwe. In comparison to epidemiological week 1 to 13 of 2024, a total of 15,042 cases and 325 deaths (CFR: 2.2%) 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).

DRC*: A backlog of 11,918 cases and 240 deaths of cholera were reported for epidemiological week 1 to 11, 2025

Rwanda*: A backlog of three new suspected cases of cholera were reported for epidemiological week 11

Nigeria*: A backlog of 1,149 suspected cases and 28 deaths were reported for epidemiological week 1 to 9

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

422 confirmed human case(s), **156** probable human case(s), **3,593** suspected human case(s)
1 human deaths (**CFR: 0.02%**)

Agent/Pathogen	**Dengue virus**	First Reported	**1-Jan-2025**	Previous Report Update	**21-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 4,171 (422 confirmed; 156 probable; 3,593 suspected) and one death (CFR: 0.02 %) of dengue fever have been reported from six AU MS: Burkina Faso (866 cases; 0 deaths), Cabo Verde (335; 0), Guinea (1; 0), Mali (1,363; 0), Senegal (31; 0), and Sudan (1,575; 1).

In epidemiological week 13, a total of 47 new cases and no new deaths of dengue fever were reported from Mali.

Mali: Since the last update (28 March 2025), the MoH reported 47 new cases (13 confirmed; 34 suspected) and no new deaths of dengue fever from six districts. This is a 31% average increase in the number of new cases in the past four weeks. This year, 1,363 cases (255 confirmed; 1,108 suspected) and no deaths of dengue fever have been reported in Mali. Since the start of this outbreak (September 2023) a cumulative of 16,355 cases (1,763 confirmed; 14,592 suspected) and 74 deaths (CFR: 0.5%) of dengue fever have been reported from all 11 regions in Mali.

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 dlvoire (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 in the affected MS continue to conduct enhanced surveillance, case management, vector control, and risk communication activities in the affected communities.

Measles in Africa

4,997 confirmed human case(s), **34,236** suspected human case(s)
255 human deaths (**CFR: 0.65%**)

Agent/Pathogen	**Measles virus**	First Reported	**8-Jan-2025**	Previous Report Update	**28-Mar-2025**
First Occurred	**30-Dec-2024**	Country	**Multiple Countries**	Location	**14 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 39,233 cases (4,997 confirmed; 34,236 suspected) and 255 deaths (CFR: 0.65%) of measles have been reported from 11 AU MS: Cameroon (748 cases; 2 deaths), Chad (926; 1), DRC (12,074; 199) Ethiopia (1,278; 6), Malawi (167; 0), Mali (229; 0), Morocco (20,086; 37), Nigeria (739; 0), Rwanda (736; 0), Senegal (63; 0), Somalia (1,821; 9)**, South Africa (40; 0)***, Sudan (249; 0), and Uganda (77; 1).

In epidemiological week 13, a total of 127 new cases and no new deaths of measles were reported from Cameroon, Mali and Senegal.

Cameroon: Since last update (28 March 2025), the MoH reported 92 new cases (55 confirmed; 37 suspected) and no new deaths of measles from 10 districts. This is a 42% average decrease in the number of confirmed cases in the last four weeks. Since the beginning of this year, 748 cases (488 confirmed; 260 suspected) and two deaths (CFR: 0.3%) of measles have been reported from all ten regions in Cameroon. Of the confirmed cases, children < 5 years accounted for 52% and 66.4% 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 March 2025), the MoH reported 29 new cases (5 confirmed; 24 suspected) and no new deaths of measles from six 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, 229 cases (54 confirmed; 175 suspected) and no deaths of measles were reported from seven of eleven regions in Mali. Since the beginning of this outbreak (March 2024), a cumulative of 941 cases (404 confirmed; 537 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 March 2025), the MoH reported six new confirmed cases and no new deaths of measles from two districts. This year, 63 confirmed cases and no deaths of measles have been reported from 24 of 47 districts. Of the confirmed cases, males accounted for 54% and persons ≥15 years accounted for 49%. Sixty-seven percent of the confirmed cases were not vaccinated against measles. Since the start of the outbreak (March 2024) a cumulative of 547 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 dIvoire (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).

DRC*: A back log of 12,074 cases and 199 deaths of measles were reported for epidemiological week 1-11.

Somalia*: A backlog of 161 cases and no new deaths of measles were reported for epidemiological week 12.

South Africa: A backlog of 40 cases and no deaths of measles were reported for epidemiological week 1 - 5.**

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

56 confirmed human case(s), **216** suspected human case(s)
17 human deaths (**CFR: 6.25%**)

Agent/Pathogen	**Meningitis (Bacterial)**	First Reported	**3-Jan-2025**	Previous Report Update	**28-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 272 cases (56 confirmed; 216 suspected) and 17 deaths (CFR: 6.25%) of bacterial meningitis have been reported from three AU MS: Ghana (29 cases; 10 deaths), Mali (196; 0), and Togo (47; 7).

In epidemiological week 13, a total of 10 new cases and no new deaths of bacterial meningitis were reported from Mali.

Mali: Since the last update (28 March 2025), the MoH reported 10 new cases (4 confirmed; 6 suspected) and no new deaths of bacterial meningitis from seven districts. This is a 9% average increase in the number of new cases in the last four weeks. Cumulatively, 196 cases (47 confirmed; 149 suspected) and no deaths of bacterial meningitis have been reported from six of eleven regions in Mali this year. The bacteria isolated from the confirmed cases include; Streptococcus pneumoniae (isolated from 18 confirmed cases), Neisseria meningitidis X (1), Neisseria meningitidis W135 (13), Haemophilus influenzae (14 being typed) 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

Corynebacterium diphtheriae in Africa

95 confirmed human case(s)
1,846 suspected human case(s)
1 probable human case(s)
11 human deaths (**CFR: 11.58%**)

Agent/Pathogen	**Corynebacterium diphtheriae**	First Reported	**3-Jan-2025**	Previous Report Update	**21-Mar-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**				

Update to Event:

Since the beginning of 2025, a total of 1,942 cases (95 confirmed; 1 probable; 1,846 suspected) and 11 deaths (CFR: 11.58% among confirmed cases) of toxigenic respiratory diphtheria have been reported from three AU MS: Chad (1,779 cases; 0 deaths), Nigeria (130; 2) and South Africa (33; 9).

In epidemiological week 13, a total of three confirmed cases and one death of toxigenic respiratory diphtheria were reported from South Africa.

South Africa: Since the last update (21 March 2025), the National Institute for Communicable Diseases reported three new confirmed cases and one new death (CFR: 33.3%) of toxigenic respiratory diphtheria from three provinces. Since the beginning of this year, 33 cases (32 confirmed; 1 probable) and nine deaths (CFR: 28.1%) of toxigenic respiratory diphtheria were reported from four provinces. Since the beginning of this outbreak in January 2024, a cumulative of 75 cases (74 confirmed; 1 probable) and nine deaths (CFR: 12.2% among confirmed cases) of toxigenic respiratory diphtheria have been reported from five of nine provinces in South Africa.

Response by MS/partner/Africa CDC:

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

Environmental Event Updates

High Risk Events

Tropical Cyclone in Africa in Africa

318,094 displaced persons
66 human deaths

Agent/Pathogen	**Floods**	First Reported	**21-Mar-2025**	Previous Report Update	**21-Mar-2025**
First Occurred	**10-Mar-2025**	Country	**Multiple Countries**	Location	**3 MS**
Source	**UN Agency**	GeoScope	**MODERATE**	Human Risk Assessment	**HIGH**
Animal Risk Assessment	**N/A**				

Update to Event:

Since the beginning of this year, a total of 318,094 displaced persons and 66 deaths due to two tropical cyclones (Dikiledi and Jude) have been reported in three AU MS: Madagascar (4 deaths; 10,939 displaced persons), Malawi (2; 5,155) and Mozambique (60; 302,000).

In epidemiological week 13, a total of 35 deaths and 817 displaced persons due to tropical cyclone Judewere reported from Malawi and Mozambique.

Malawi: Since last update (21 March 2025), the Department of Disaster Management Affairs (DoDMA) reported two deaths and 817 displaced persons due to the effects of tropical cyclone Jude in ten districts. Since the landfall of tropical cyclone Jude on 10 March 2025, a total of two deaths, 5,155 displaced persons, one missing person and nine injuries have been reported from10 of 29 districts in Malawi. Additionally, over 7,268 households, 41 schools and 26 health facilities have been destroyed and 32,692 persons have been affected.

Mozambique: Since last update (21 March 2025), the National Disaster Response Agency (INGD) reported 33 deaths due to the effects of tropical cyclone Jude. Since the landfall of tropical cyclone Jude on 10 March 2025, a total of 49 deaths, 302,000 displaced persons, and 131 injuries have been reported from three of ten provinces in Mozambique. Additionally, the storm caused extensive damage of more than 70,000 houses, 72 health units, 247 schools, 18 bridges, 48 water systems, 73 km of electricity lines and 49,593 hectares of cropland.

Response by MS/partner/Africa CDC:

Malawi: DoDMA intensified sensitization and awareness efforts through national media platfoms. 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 activated emergency coordination centres at provincial and district levels to facilitate needs analysis and prioritize assistance for the most vulnerable people.

Footnotes

- Epidemiological week 13 covers the period of 24-30 March 2025.

-In epidemiological week 12, the Nigeria CDC reported 283 new cases (41 confirmed; 242 suspected) and six new deaths 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.