

Africa CDC Epidemic Intelligence Report

Date of Issue: 18 May 2025

Active Events

129

New Events reported in 2025

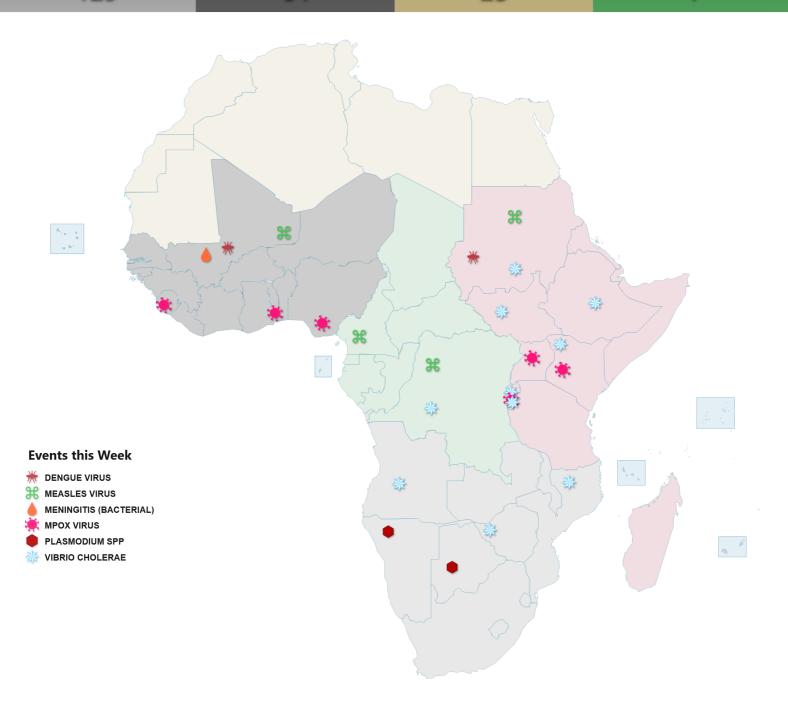
64

Events highlighted

25

New events since last issue

1



* Trepresent ALI Member States that are island

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

	Very High (New)	Risk Level High (New)	Moderate (New)	
Human	0	10	15 (1)	
Animal	0	0	0	
Environment	0	0	0	

Event Summary



New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Туре	Suspected	Probable	Confirmed	Deaths
Mpox virus	Togo	Moderate	N/A	8	0	0	1	0

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Туре	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
₩ Dengue virus	Mali	Moderate	N/A	8	1,321 (44)	0 (0)	335 (18)	0 (0)
	Sudan	Moderate	N/A	8	3,142 (57)	0 (0)	0 (0)	5 (0)
₩ Measles virus	Cameroon	Moderate	N/A	8	396 (41)	0 (0)	797 (34)	2 (0)
	Democratic Republic of the Congo	Moderate	N/A	8	23,366 (1,362)	0 (0)	0 (0)	357 (19)
	Mali	Moderate	N/A	8	260 (11)	0 (0)	101 (11)	0 (0)
	Sudan	High	N/A	8	1,875 (8)	0 (0)	0 (0)	0 (0)
Meningitis (Bacterial)	Mali	Moderate	N/A	8	224 (11)	0 (0)	67 (3)	0 (0)
Mpox virus	Burundi	High	N/A	8	2,694 (80)	0 (0)	968 (27)	0 (0)
	Kenya	Moderate	N/A	8	186 (12)	0 (0)	76 (10)	1 (0)
	Nigeria	High	N/A	8	802 (15)	0 (0)	149 (4)	3 (0)
	Sierra Leone	High	Low	8	2,817 (723)	0 (0)	2,045 (658)	11 (1)
	Uganda	Moderate	N/A	8	4,784 (230)	0 (0)	4,817 (230)	34 (0)
Plasmodium spp	Botswana	High	N/A	8	0 (0)	0 (0)	2,139 (45)	8 (0)
	Namibia	Moderate	N/A	8	0 (0)	0 (0)	66,872 (13,996)	91 (15)
🎇 Vibrio cholerae	Angola	Moderate	N/A	8	18,668 (1,638)	0 (0)	937 (0)	609 (33)
	Burundi	Moderate	N/A	8	0 (0)	0 (0)	217 (10)	0 (0)
	Democratic Republic of the Congo	Moderate	N/A	8	24,395 (1,042)	0 (0)	0 (0)	513 (18)
	Ethiopia	High	N/A	8	4,089 (25)	0 (0)	0 (0)	42 (0)
	Kenya	High	N/A	8	202 (53)	0 (0)	35 (2)	11 (2)
	Mozambique	High	N/A	8	0 (0)	0 (0)	3,284 (159)	35 (6)
	Rwanda	Moderate	N/A	8	224 (8)	0 (0)	5 (0)	0 (0)
	South Sudan	High	N/A	8	41,495 (1,321)	0 (0)	308 (161)	848 (20)
	Sudan	High	N/A	8	10,839 (23)	0 (0)	0 (0)	248 (12)
	Zimbabwe	Moderate	N/A	8	384 (9)	0 (0)	141 (4)	18 (0)

Human Event Updates



Moderate Risk Events

Mpox in Africa 13,680 confirmed human case(s), 56,205 suspected human case(s) 472 human deaths (CFR: 0.84%) **Previous Report** Agent/Pathogen Mpox virus First Reported 3-Jan-2025 9-May-2025 Update First Occurred 1-Jan-2025 **Multiple Countries** 18 MS Country Location Human Risk Ministry of Health GeoScope MODERATE Source Assessment **Animal Risk** N/A Assessment

Update to Event:

Since the beginning of 2025. A total of 56,205 cases have been reported, with 13,680 (24.33%) laboratory confirmed. Overall, 472 deaths have been reported (CFR: 0.84%) from 19 African Union Member States (AU MS), and among confirmed cases, the CFR is 0.96% (132 deaths). The distribution of cases and deaths by MS is as follows: Angola (4 confirmed cases; 0 deaths), Burundi (968; 0), Central African Republic (CAR) (8; 0), Congo (36; 1), Côte d'Ivoire (12; 0), Democratic Republic of Congo (DRC) (5,386; 421), Ghana*(3; 0), Kenya (76; 0), Malawi (6; 0), Liberia (14; 0), Nigeria*(148; 3), Rwanda*(37; 0), Sierra Leone (2,045; 11), South Africa (6; 0), South Sudan*(11; 0), Tanzania (33; 0), Togo (1; 0), Uganda (4,817; 34), and Zambia (69; 2).

In epidemiological week 19, six AU MS (Burundi, Kenya, Nigeria, Sierra Leone, Togo and Uganda) reported a total of 1,059 new mpox cases, with 929 (87.72%) laboratory-confirmed, and one new confirmed death.

Burundi: Since the last update (2 May 2025) the Ministry of Health (MoH) reported 80 new cases of which 27 were laboratory confirmed and no new deaths of mpox from 40 health districts. This is a 10% average increase in the number of confirmed cases in the last four weeks. Since the beginning of this year, 2,694 cases of which 968 were laboratory confirmed and no death of mpox have been reported from 46 of 49 health district in Burundi. This outbreak started in July 2024. Cumulatively, 8,485 cases of which 3,914 were laboratory confirmed and one death (CFR: 0.03%) of mpox have been reported from 46 of 49 health districts in Burundi.

Kenya: Since the last update (9 May 2025), the MoH reported ten new laboratory-confirmed cases, and no new death of mpox from 15 counties. This represents an 18% average increase in the number of new cases over the past four weeks. This year, 76 laboratory-confirmed cases and one death (CFR: 0.54%) of mpox have been reported from six of forty-seven counties in Kenya. This outbreak started in July 2024. Cumulatively, 107 laboratory-confirmed cases and two deaths (CFR: 0.37%) of mpox have been reported from 15 of 47 counties in Kenya. A total of 541 samples were tested resulting in a 100% testing rate and a 19.77% test positivity rate. Clade Ib was isolated from 33 sequenced samples.

Nigeria: Since the last update (9 May 2025), the Nigeria Centre for Disease Control reported 13 new cases, of which three were laboratory-confirmed, and no new death of mpox from seven states. This is a two-fold average increase in the number of confirmed cases in the last four weeks. Since the beginning of this year, 800 cases, of which 148 were laboratory-confirmed, and three deaths (CFR: 2.0 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 6,556 cases, of which 1,384 were laboratory-confirmed, and 20 deaths (CFR: 1.44%) of mpox have been reported from all 36 states and the federal capital territory in Nigeria. Clade IIb was isolated from the confirmed cases.

Sierra Leone: Since the last update (9 May 2025), the MoH reported 723 new cases, of which 658 were laboratory-confirmed, and one new death (CFR: 0.15%) of mpox from multiple districts. This is an over two-fold average increase in the number of new cases in the last four weeks. Since the start of the outbreak in January 2025, a cumulative of 2,817 cases, of which 2,045 were laboratory-confirmed, and 11 deaths (CFR: 0.54%) of mpox have been reported from all the 16 districts in Sierra Leone. Of the confirmed cases, children <15 years accounted for 3% and 53% were males. Clade Ilb was isolated from sequenced samples.

Togo: On 16 May 2025, the MoH reported one confirmed case and no deaths of mpox in a 22-year-old female residing in Golfe health district of Greater Lome region. On 11 may 2025, the case reported at the Chu Sylvanus Olympia University hospital with symptoms of fever and rash all over her body including her palms after consulting at a private healcare centre. Skin sample taken and tested at the same hospital was confirmed positive for mpox. This is the first confirmed case of mpox reported in Togo. The case had no travel history outside of Togo in the last 15 days. Clade IIb was isolated from the confirmed case.

Uganda: Since the last update (9 May 2025), the MoH reported 230 new laboratory-confirmed cases and no new death of mpox from multiple districts. This is a 2% average increase in the number of new cases in the past four weeks. Since the beginning of this year, 4,817 laboratory-confirmed cases and 34 deaths (CFR: 0.71%) of mpox were reported. This outbreak started in July 2024. Cumulatively, 6,170 laboratory-confirmed cases and 41 deaths (CFR: 0.67%) of mpox have been reported from 100 of 146 districts in Uganda. A total of 6,818 cases were tested resulting in a 100% testing rate and a 90.50% test positivity rate. Clade lb was isolated from all sequenced samples.

*A backlog of 130, of which 6 are laboratory confirmed, and no deaths were reported from; Ghana (58; 2; 0), Nigeria (2 cases; 1 laboratory confirmed; 0 death), Rwanda (1; 1; 0) and South Sudan (60; 2; 0)

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; 7), 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 11 MS. As of 9 May 2025, more than 694K doses of mpox vaccines have been administered in Africa, reaching 632K persons with at least one dose. Notably, DRC accounts for 84% of persons vaccinated.

Cholera in Africa 5,592 confirmed human case(s), 47 probable human case(s), 109,870 suspected human case(s) 2.424 human deaths (CFR: 2.10%) **Previous Report** 3-Jan-2025 9-May-2025 Agent/Pathogen Vibrio cholerae First Reported Update First Occurred 1-Jan-2025 Country **Multiple Countries** Location 20 MS Human Risk Ministry of Health HIGH MODERATE Source GeoScope Assessment

Update to Event:

Animal Risk

Assessment

N/A

Since the beginning of 2025, a total of 115,509 cases (5,592 confirmed; 47 probable; 109,870 suspected) and 2,424 deaths (CFR: 2.10%) of cholera have been reported from 20 AU MS: Angola (19,605 cases; 609 deaths), Burundi (217; 0), Comoros**(40; 0), DRC*(24,395; 513), Ethiopia***(4,089; 41), Ghana (2,780; 14), Kenya (237; 11), Malawi (91; 3), Mozambique (3,284; 35), Namibia (1: 0), Nigeria**(1,307; 34), Rwanda**(229; 0), Somalia**(3,256; 2), South Sudan**(41,803; 848), Sudan**(10,839; 266), Tanzania**(2,085; 16), Togo**(165; 4), Uganda (99; 1), Zambia (463; 9), and Zimbabwe (524; 24).

In epidemiological week 19, a total of 4,447 cases and 97 deaths of cholera were reported from nine AU MS: Angola, Burundi, DRC, Ethiopia, Kenya, Mozambique, South Sudan, Sudan and Zimbabwe.

Angola: Since the last update (9 May 2025), the MoH reported 1,638 new suspected cases and 33 new deaths (CFR: 2.01%) of cholera from 17 provinces. This is a 12% average decrease in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 19,605 cases (937 confirmed; 18,668 suspected) and 609 deaths (CFR: 3.11%) of cholera have been reported from 18 of 21 provinces in Angola. Males accounted for 54% of all cases and 62% of all deaths. Children <15years accounted for 39% of all cases and 31% of all deaths. Additionally, 63% of all deaths occurred in the health facilities.

Burundi: In epidemiological week 19, the MoH reported 10 new suspected cases and no deaths of cholera from provinces Bujumbura Mairie and Cibitoke provinces. This year, a total of 217 cases and no deaths of cholera have been reported from seven of eighteen provinces in Burundi. Males accounted for 55% and children <5 years accounted for 17.3% of all cases. Since the beginning of the outbreak (December 2022), a cumulative of 2,492 cases (2,483 confirmed; 9 suspected) and 12 deaths (CFR: 0.48%) of cholera have been reported from 14 of 18 provinces in Burundi. In comparison to the same period in 2024 (epidemiological week 1 to 19), a total of 320 confirmed cases and no deaths of cholera were reported in Burundi, which is a 32% decrease in the number of cases.

DRC: Since the last update (9 May 2025), the MoH reported 1,042 new suspected cases and 18 new deaths (CER: 1.72%) of cholera from 10 provinces. This is a 16 % average increase in the number of cases in the past four weeks. This year, a total of 24,395 suspected cases and 513 deaths (CFR: 2.10%) of cholera have been reported from 12 of 26 provinces in DRC. Since the beginning of this outbreak (January 2023), a cumulative of 109,144 cases and 1,390 deaths (CFR: 1.27%) of cholera have been reported from 12 of 26 provinces in DRC. In comparison to epidemiological week 1 to 19 of 2024, a total of 16,524 cases and 261 deaths (CFR: 1.57%) of cholera were reported in DRC, which is a 48% increase in the number of cases and a 97% increase in the number of deaths in the same period.

Ethiopia: Since the last update (9 May 2025), the Ethiopia Public Health Institute reported 25 new suspected cases and no new deaths of cholera from Gambella and Amhara regions. This is a 51% average decrease in the number of new cases in the past four weeks. Since the beginning of this outbreak (January 2025), a cumulative of 4,089 suspected cases and 41 deaths (CFR: 1.00%) of cholera have been reported from two of twelve regions in Ethiopia; Gambella (2,064 cases; 32 deaths) and Amhara (2,025; 9) regions.

Kenya: Since the last update (9 May 2025), the MoH reported 55 new cases (2 confirmed; 53 suspected) and two new deaths (CFR: 3.63%) of cholera from two counties. This is a 57% average increase in the number of new cases in the past four weeks. Since the beginning of the outbreak (February 2025), a cumulative of 237 cases (35 confirmed; 202 suspected) and 11 deaths (CFR: 4.64%) of cholera have been reported from four of forty-seven counties in Kenya; Kisumu (88 cases; 7 deaths), Migori (53; 1), Nairobi (53; 1) and Kwale (43; 2). Fifty-two percent cases are males.

Mozambique: Since the last update (9 May 2025), the MoH reported 159 confirmed cases and six new deaths (CFR: 3.77%) of cholera from Nampula and Zambezia provinces. This is a 15% average increase in the number of new cases in the past four weeks. This year, 3,284 confirmed cases and 35 deaths (CFR: 1.06%) of cholera were reported from eight provinces in Mozambique. Since the beginning of the outbreak (October 2024), a cumulative of 3,587 confirmed cases and 57 deaths (CFR: 1.58%) of cholera have been reported from two of ten provinces in Mozambique. In comparison to the same period in 2024 (epidemiological week 1 to 19), a total of 8,767 confirmed cases and 15 deaths (CFR: 0.17%) of cholera were reported in Mozambique, which is a 60% decrease in the number of cases and a 2.3-fold increase in the number of deaths.

South Sudan: Since the last update (9 May 2025), the MoH reported 1,482 new cases (161 confirmed; 1,321 suspected) and 20 new deaths (CFR: 1.34%) of cholera from 24 counties. This is a 6 % average increase in the number of cases in the past four weeks. This year, 41,803 cases (308 confirmed; 41,495 suspected) and 848 deaths (CFR: 2.02%) were reported from nine of ten states in South Sudan. Since the beginning of this outbreak (September 2024), a cumulative of 57,820 cases and 1,051 deaths (CFR: 1.81%) of cholera have been reported from nine of ten states in South Sudan.

Sudan: Since the last update (9 May 2025), the MoH reported 23 new suspected cases and 18 new deaths (CFR: 78.26%) of cholera from 12 states. This is a 3% average increase in the number of new cases in the past four weeks. This year, 10,839 suspected cases and 266 deaths (CFR: 2.45%) of cholera have been reported. Since the beginning of this outbreak (July 2024), a cumulative of 61,815 cases and 1,650 deaths (CFR: 2.66%) of cholera have been reported from 12 states in Sudan. The outbreak is occurring amid a sustained complex humanitarian crisis.

Zimbabwe: Since the last update (9 May 2025), the MoH reported 13 new cases (4 confirmed; 9 suspected) and no new deaths of cholera from Mashonaland East province. This is a 67% average increase in the number of cases in the past four weeks. This year, 524 cases (140 confirmed; 384 suspected) and 18 deaths (CFR: 3.43%) of cholera were reported. Since the beginning of this outbreak (4 November 2024), a cumulative of 756 cases (145 confirmed; 611 suspected) and 20 deaths (CFR: 2.6%) of cholera have been reported from eight of ten provinces in Zimbabwe. In comparison to the same period in 2024 (1 to 19 of 2024), a total of 18,619 cases and 376 deaths (CFR: 2.01%) 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.

- * Cholera data from the DRC extracted from the IDSR database, covering epidemiological week 1 to epidemiological week 19 of year 2025.
- **A backlog of 21,780 cases and 822 deaths were reported from; Comoros (40 cases; 0 deaths), Ethiopia (8; 0), Nigeria (158; 6), Rwanda (8; 0), Somalia (3,256; 2), South Sudan, (15,262; 800), Sudan (800; 0), Tanzania (2,085; 16) and Togo (165; 4)

 ***Following data harmonization, the number of deaths in Ethiopia was revised to 41.

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 (16,017; 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 AU MS activated the emergence operation centers and deployed one health rapid response team to conduct enhance surveillance, risk communication, and environmental sanitation in the affected communities.

Africa CDC continues to support MS experiencing high burden cholera outbreak.

Angola: Africa CDC deployed a Multidisciplinary team, supported an integrated capacity building for 50 Health Care Workers (HCWs) in Luanda Province on on case management, Infection Prevention Control, Surveillance and Waste management. in Addition to Procurement of WaSH supplies worth 127k USD.

Ethiopia: Africa CDC deployed 4 Africa CDC technical experts for three weeks to support the response to Cholera outbreak. In addition; Africa CDC supported an integrated capacity building of 40 HCWs on Cholera Case Management, Surveillance and Risk Communication Community Engagement (RCCE) in Amhara Region.

Kenya: Africa CDC supported an integrated capacity building of 40 HCWs on Cholera Case Management, Surveillance and RCCE in Naivasha, Kenya.

Mozambique: Africa CDC recruited and deployed 10 African Health Volunteers (AVoHC) Rapid Responders.

Africa CDC plans to conduct training for the frontline HCWs at the National level on cholera and other vaccine preventable diseases case identification and reporting mechanism, community case-finding and RCCE messaging in Mogadishu, **Somalia**. In addition, local recruitment and deployment of AVoHC Rapid Responders to South Sudan are in progress.

Dengue fever in Africa 800 confirmed human case(s), 156 probable human case(s), 5,815 suspected human case(s) 6 human deaths (CFR: 0.09%) **Previous Report** 1-Jan-2025 9-May-2025 Agent/Pathogen Dengue virus First Reported Update First Occurred 1-Jan-2025 Country **Multiple Countries** Location **7 MS** Human Risk Ministry of Health MODERATE MODERATE Source GeoScope Assessment Animal Risk N/A Assessment

Update to Event:

Since the beginning of 2025, a total of 6,771 (800 confirmed; 156 probable; 5,815 suspected) and 6 deaths (CFR: check 0.09%) of dengue fever have been reported from seven AU MS: Burkina Faso (866 cases; 0 deaths), Cabo Verde (335; 0), Comoros (739; 1), Guinea (1; 0), Mali (1,656: 0), Senegal (32; 0), and Sudan*(3,142; 5).

In epidemiological week 19, a total of 119 new cases and no new deaths of dengue fever was reported from Mali and Sudan.

Mali: Since the last update (9 May 2025), the MoH reported 62 new cases (18 confirmed; 44 suspected) and no new deaths of dengue fever from Bamako (39 cases; 0 deaths), and Kayes (20; 0) regions. This is a 2-fold average increase in the number of new cases in the last four weeks. This year, a total of 1,656 (335 confirmed; 1,321 suspected) cases and no deaths of dengue fever were reported in all regions in Mali. Since the start of this outbreak (September 2023) a cumulative of 16,648 cases (1,843 confirmed; 14,805 suspected) and 74 deaths (CFR: 0.44%) of dengue fever have been reported from all 11 regions in Mali.

Sudan: Since the last update (9 May 2025), the MoH reported 57 new suspected cases and no new deaths of dengue fever from multiple states. This is a 23% average decrease in the number of new cases in the past four weeks. Since the beginning of this year, 3,142 suspected cases and five deaths (CFR: 0.16%) of dengue fever have been reported from ten of twelve states in Sudan. Since the start of this outbreak (July 2024), a total of 11,584 suspected cases and 20 deaths (CFR: 0.17%) of dengue fever have been reported from ten of twelve states in Sudan.

*A backlog of 98 cases and no deaths of dengue fever were reported from Sudan.

Note: In 2024, a total of 191,717 cases (30,465 confirmed; 25,249 probable; 121,102 suspected) and 152 deaths (CFR: 0.08%) of dengue fever were reported from 15 AU MS: Burkina Faso (110,257 cases; 102 deaths), Cameroon (1; 0), Cabo Verde (43,597; 8), CAR (430; 1), Chad (983; 0), Côte d'Ivoire (39; 0), Ethiopia (3,463; 0), Ghana (1,71 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 6,454 confirmed human case(s), 49,893 suspected human case(s) **416** human deaths (CFR: 0.74%) **Previous Report** 8-Jan-2025 9-May-2025 Agent/Pathogen Measles virus First Reported Update First Occurred 30-Dec-2024 Country **Multiple Countries** Location 16 MS Human Risk Ministry of Health HIGH MODERATE Source GeoScope Assessment Animal Risk N/A Assessment

Update to Event:

Since the beginning of 2025, a total of 56,347 cases (6,454 confirmed; 49,893 suspected) and 416 deaths (CFR: 0.74%) of measles have been reported from 16 AU MS: Cameroon*(1,193 cases; 2 deaths), Chad (926; 1), DRC (21,914 cases; 338 deaths), Ethiopia (3,908; 22), Kenya (61; 0), Malawi (167; 0), Mali (361; 0), Morocco (20,086; 37), Nigeria (739; 0), Rwanda (736; 0), Senegal (75; 0), Somalia**(3,265; 14), South Africa (108; 0), Sudan**(1,875; 1), Uganda (77; 1) and Zambia (856; 0).

In epidemiological week 19, a total of 105 cases and one new death of measles were reported from three AU MS: Cameroon, Mali and Sudan.

Cameroon: Since the last update (9 May 2025) the MoH reported 75 new cases (24 confirmed; 41 suspected) and no new deaths of measles from all 10 regions. Since the beginning of this year; 1,193 cases (797confirmed; 396 suspected) and two deaths (CFR: 0.17%) of measles have been reported from all the 10 regions in Cameroon. Of the confirmed cases, 66.7% were unvaccinated against measles and children <5 years accounted for 54.6%. In 2023, the national measles vaccination coverage among children <2 years in Cameroon was 56%.

DRC: In epidemiological week 19, the MoH reported 1,362 new suspected cases and 19 new deaths (CFR: 1.4%) of measles from twenty-three provinces. Since the beginning of this year; 23,276 new suspected cases and 357 deaths (CFR: 1.53%) of measles have been reported from all the 26 provinces in DRC. This is a protracted outbreak started in January 2022. In 2018, the national measles vaccination coverage among children <5 years in DRC was 57%.

Mali: Since the last update (9 May 2025), the MoH reported 22 new cases (11 confirmed; 11 suspected) and no new deaths of measles from four regions. This is a 15% average increase in the number of new confirmed cases in the last four weeks. This year, a total of 361 cases (101 confirmed; 260 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 1,073 cases (449 confirmed; 624 suspected) and no deaths of measles have been reported from all 11 regions in Mali. In 2023, the national measles vaccination coverage among children <1 year in Mali was 98%.

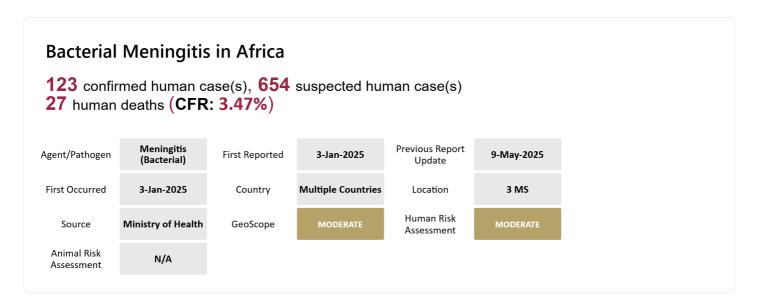
Sudan: Since the last update (2 May 2025), the MoH reported eight new cases and one new death (CFR: 12.50%) of measles from multiple states. This is a 29% average decrease in the number of new cases in the last four weeks. This year, 1,875 cases and one death (CFR: 0.05%) of measles have been reported from nine states. In 2023, the national measles vaccination coverage among children <1 year in Sudan was 51%. The outbreak is occurring amid a sustained complex humanitarian crisis.

- *Cameroon conducted data harmonization and removed 139 duplicates cases previously classified as both suspected and confirmed from epidemiological week 13- week 18 (week 13; 14, week 14; 35, week 15; 34, week 17; 9 and week 18; 47)
- * Measles data from the DRC extracted from the IDSR database, covering epidemiological week 1 to epidemiological week 19 of year 2025.
- **A backlog of 289 cases (44 confirmed; 245 suspected) and no deaths of measles were reported from Somalia for epidemiological week 18 and a backlog of 731 cases of measles were reported from Sudan between epi-week 5-18.

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).

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.



Update to Event:

Since the beginning of 2025, a total of 777 cases (123 confirmed; 654 suspected) and 27 deaths (CFR: 3.47%) of bacterial meningitis have been reported from three AU MS: Ghana (439 cases; 20 deaths), Mali (291; 0), and Togo (47; 7).

In epidemiological week 19, a total of 14 new cases and no new deaths of bacterial meningitis were reported from Mali.

Mali: Since the last update (9 May 2025), the MoH reported 14 new cases (3 confirmed; 11 suspected) and no new deaths of bacterial meningitis from four regions. This is a one-fold average increase in the number of new cases in the last four weeks. Cumulatively, 291 cases (67 confirmed; 224 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 23 confirmed cases), *Neisseria meningitidis X* (5), Neisseria meningitidis W135 (22), *Haemophilus influenzae* (21 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, Cerebro-Spinal Fluid sample collection, as well as risk communication and community engagement activities in the affected districts.

Malaria in Africa 68,966 confirmed human case(s) 99 human deaths (CFR: 0.14%) **Previous Report** 1-Feb-2025 25-Apr-2025 Agent/Pathogen Plasmodium spp First Reported Update First Occurred 1-Feb-2025 Country **Multiple Countries** Location 2 MS Human Risk Ministry of Health MODERATE MODERATE Source GeoScope Assessment Animal Risk Assessment

Update to Event:

Since the beginning of 2025, two African Union Member States, have reported malaria outbreaks: Botswana (2,094 confirmed cases; 8 deaths) and Namibia (66,872; 91).

In epidemiological week 19, a total of 6,755 new cases and 15 new deaths of malaria were reported from Botswana and Namibia.

Botswana: Since the last update (9 May 2025), the MoH reported 45 confirmed cases and no new deaths of malaria from seven districts. This year, a total of 2,094 cases and 8 deaths (CFR: 0,38%) of malaria have been reported from 24 districts. Since the beginning of this outbreak (November 2024), a total of 2,129 confirmed cases and eight deaths (CFR: 0.37%) have been reported from 24 of 27 districts. Of the total cases reported, 96 cases had severe malaria and 3% were imported cases from countries with ongoing malaria transmission.

Namibia: Since the last update (9 May 2025), the MoH reported 6,710 confirmed cases and 15 deaths (CFR: 0.2%) of malaria from 36 districts. This year, a total of 66,872 cases and 91 deaths (CFR: 0.14%) of malaria have been reported from 36 districts. Since the beginning of this outbreak (November 2024), a total of 70,055 confirmed cases and 122 deaths (CFR: 0.17%) have been reported from all 36 districts. Of the total cases reported, 18% were imported cases from countries with ongoing malaria transmission.

Response by MS/partner/Africa CDC:

The ministries of health of affected MS with support from health partners continues to enhance response activities with emphasis on early case detection, treatment, vector control, and raising public awareness.



- In epidemiological week 18, the Nigeria Centre for Disease Control (NCDC) reported 390 new cases (21 confirmed; 369 suspected) and six new deaths (CFR: 29%) of Lassa fever from Nigeria.
- -In epidemiological week 16, the Nigeria CDC reported 158 new suspected cases and six new deaths (CFR: 3.8 %) of cholera from Nigeria.
- -In epidemiological week 18, one confirmed case and nod death of cVDPV3 was reported from Kankan region in Guinea.
- Epidemiological week 18 covers the period of 5 11 May 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 subnational 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.