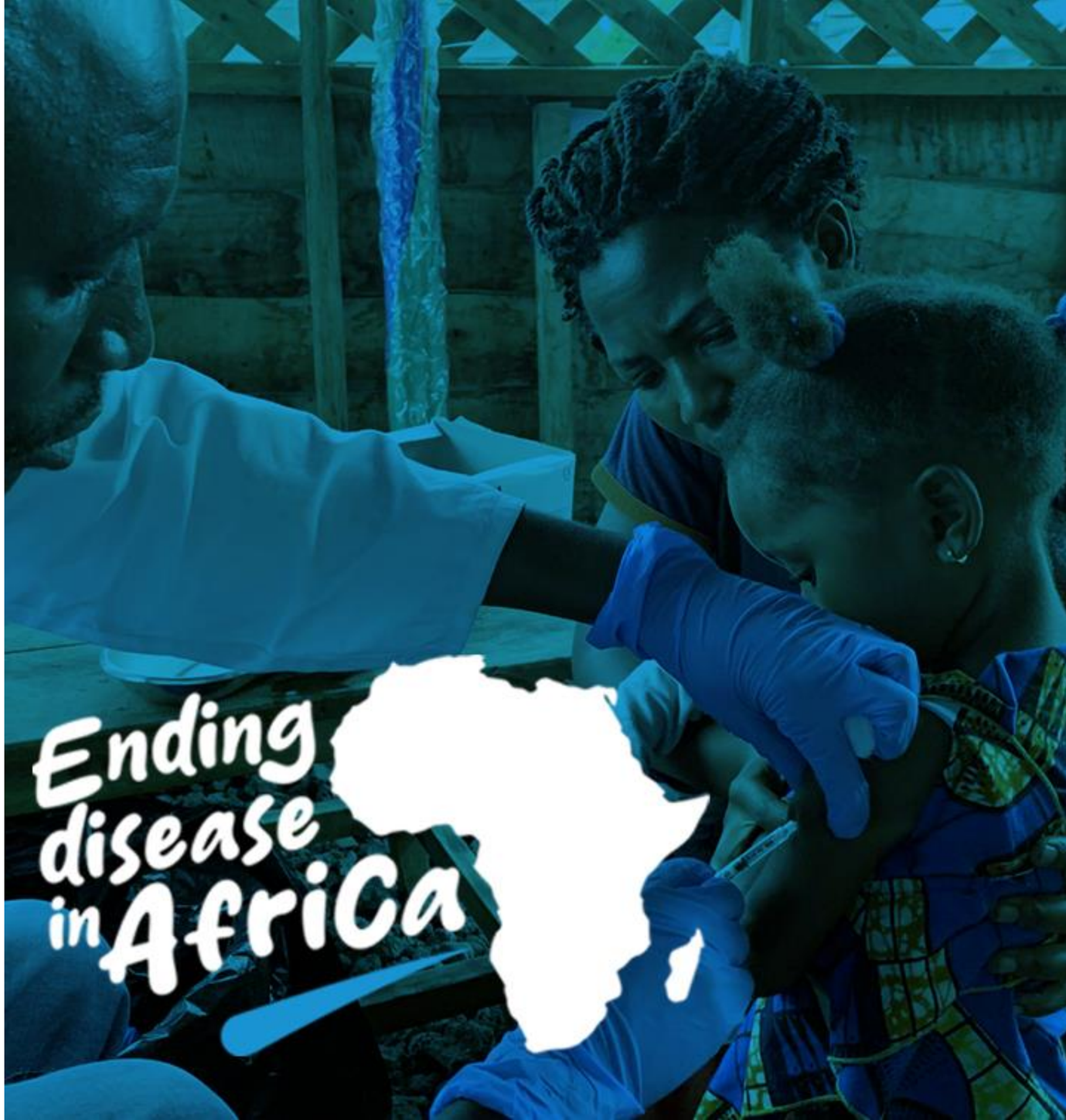
World Health Organization

African Region

MEASLES

WHO AFRO Report
Updates: March 2025



Distribution list

This report is posted on the WHO AFRO VPD data portal (https://dataportal.afro.who.int/vpd?topic=Provisional-measles-data&location=) and distributed by email on a monthly basis.
To join the distribution list, please send an email to PPH team (pph@who.int)

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Acknowledgment

We sincerely thank PPH data analytic team and VPD team

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And all admin and data management colleagues who contributed to these efforts.

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Disclaimer

Please note that all data contained within is provisional. The number of cases of measles officially reported by a member state is only available every week of each year (through the WHO AFRO weekly data collection exercise). If any numbers from this provisional data are quoted, they should be properly sourced with a date (i.e. "provisional data based on monthly data reported to WHO AFRO as of March 2025"). For official data from 2023-2025, please visit our website.

Data sources and limitations

Data and linelist are based on submissions received from member states through the Country offices and ISTs via DHIS2 that includes weekly and monthly aggregated measles cases and deaths and laboratory result at district level summaries.

Population data: UN Population *World Population Prospects*, 2024 Revision of the World Prospects based on censures, vital registration and surveys.

KEY FACTS

- Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available.
- In 2015, there were 134 200 measles deaths globally – about 367 deaths every day or 15 deaths every hour.
- Measles vaccination resulted in a 79% drop in measles deaths between 2000 and 2015 worldwide.
- In 2015, about 85% of the world's children received one dose of measles vaccine by their first birthday through routine health services – up from 73% in 2000.
- During 2000-2015, measles vaccination prevented an estimated 20.3 million deaths making measles vaccine one of the best buys in public health.

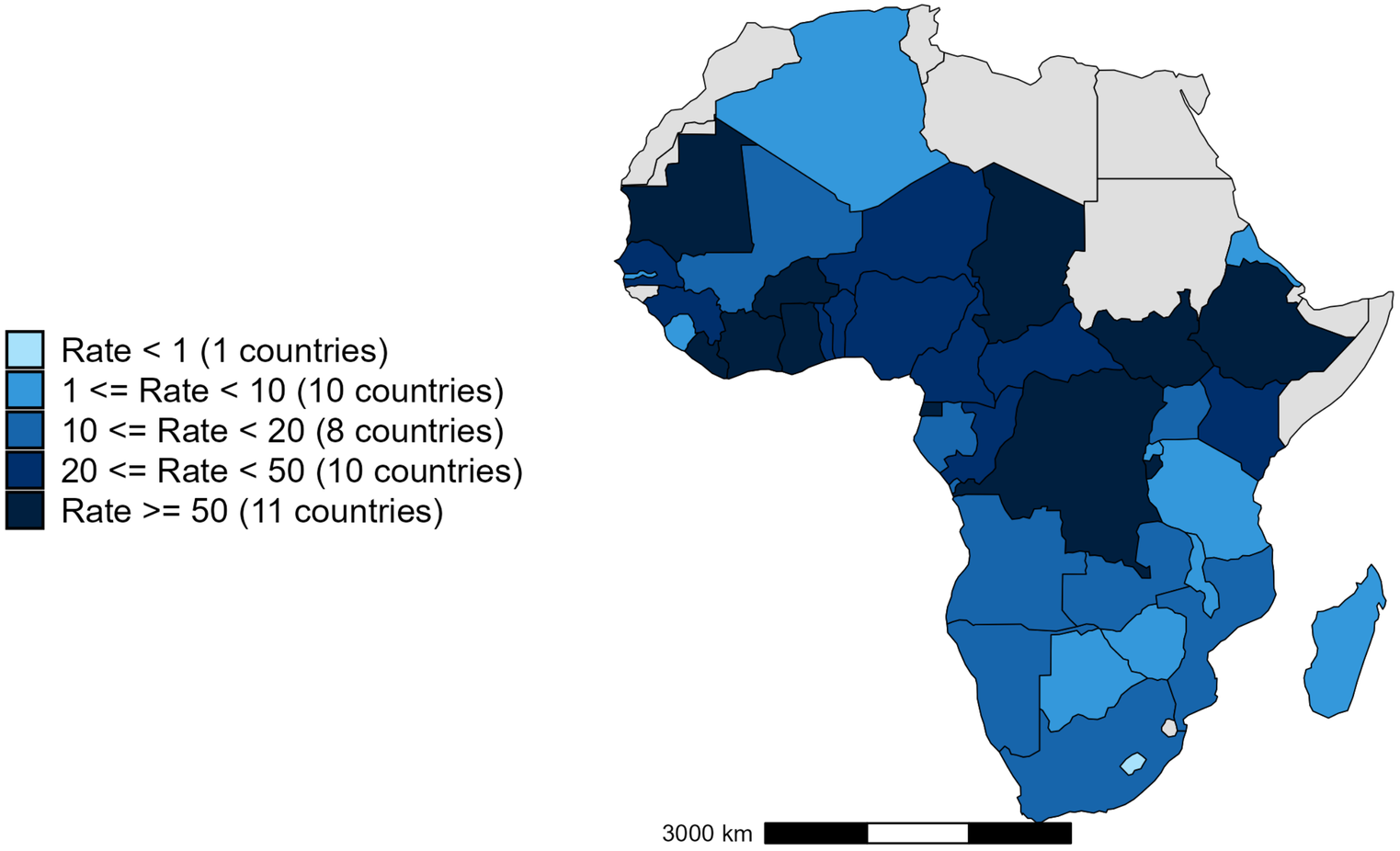
Measles is a highly contagious, serious disease caused by a virus. In 1980, before widespread vaccination, measles caused an estimated 2.6 million deaths each year.

The disease remains one of the leading causes of death among young children globally, despite the availability of a safe and effective vaccine. Approximately 134 200 people died from measles in 2015 – mostly children under the age of 5.

Measles is caused by a virus in the paramyxovirus family and it is normally passed through direct contact and through the air. The virus infects the respiratory tract , then spreads throughout the body. Measles is a human disease and is not known to occur in animals.

Accelerated immunization activities have had a major impact on reducing measles deaths. During 2000-2015, measles vaccination prevented an estimated 20.3 million deaths. Global measles deaths have decreased by 79% from an estimated 651 600 in 2000* to 134 200 in 2015.

Measles Incidence Rate per 1 Million (2024)



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

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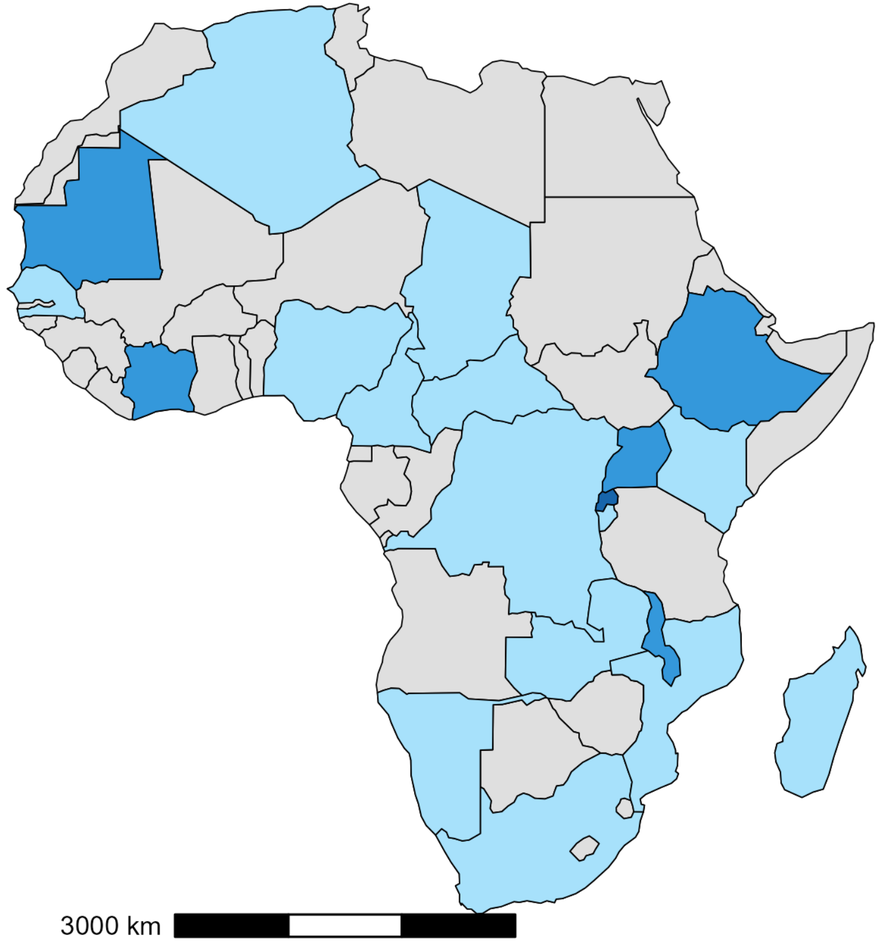
Sub-Region	Country	Cases	Rates
Central Africa			
	Angola	549	14.72
	Burundi	2,615	195.46
	Central African Republic	117	22.39
	Cameroon	859	29.30
	Democratic Republic of the Congo	5,062	50.06
	Congo	180	29.57
	Gabon	30	12.32
	Equatorial Guinea	459	288.64
	Chad	1,170	63.46
East & Southern Africa			
	Botswana	3	1.19
	Comoros	15	15.86
	Eritrea	10	2.63
	Ethiopia	30,183	238.13
	Kenya	1,354	23.06
	Lesotho	1	0.45
	Madagascar	108	3.52
	Mozambique	585	16.71
	Malawi	173	8.13
	Namibia	38	13.93
	Rwanda	41	2.88
	South Sudan	3,076	252.62
	United Republic of Tanzania	348	5.19
	Uganda	952	18.68
	South Africa	929	14.95
	Zambia	319	15.48
	Zimbabwe	21	1.33
Western Africa			
	Benin	645	47.88
	Burkina Faso	6,482	277.58
	Côte d'Ivoire	6,699	229.74
	Algeria	70	1.50
	Ghana	4,146	122.90
	Guinea	574	39.27
	Gambia	14	5.18
	Liberia	2,268	407.81
	Mali	366	16.09
	Mauritania	360	69.77
	Niger	1,188	42.31
	Nigeria	9,979	43.82
	Senegal	533	28.68
	Sierra Leone	44	5.09
	Togo	398	43.76

Notes: Based on data received 2025-01 - Surveillance data from 2023-12 to 2025-01 - Incidence: Number of cases / population * 1,000,000 - Population data: World population prospects, 2019 revision – UCN Data Portal: dataportal.afro.who.int

Measles Incidence Rate per 1 Million (2025, as of 2 February 2025)

Rate < 1 (14 countries)
1 <= Rate < 10 (5 countries)
10 <= Rate < 20 (1 countries)



Sub-Region	Country	Cases	Rates
Central Africa			
	Burundi	2	0.15
	Central African Republic	2	0.37
	Cameroon	24	0.80
	Democratic Republic of the Congo	13	0.12
	Chad	1	0.05
East & Southern Africa			
	Ethiopia	314	2.42
	Kenya	25	0.42
	Madagascar	6	0.19
	Mozambique	4	0.11
	Malawi	28	1.28
	Namibia	1	0.36
	Rwanda	250	17.15
	Uganda	128	2.45
	South Africa	40	0.64
	Zambia	14	0.66
Western Africa			
	Côte d'Ivoire	73	2.44
	Algeria	28	0.59
	Mauritania	6	1.13
	Nigeria	71	0.30
	Senegal	19	1.00

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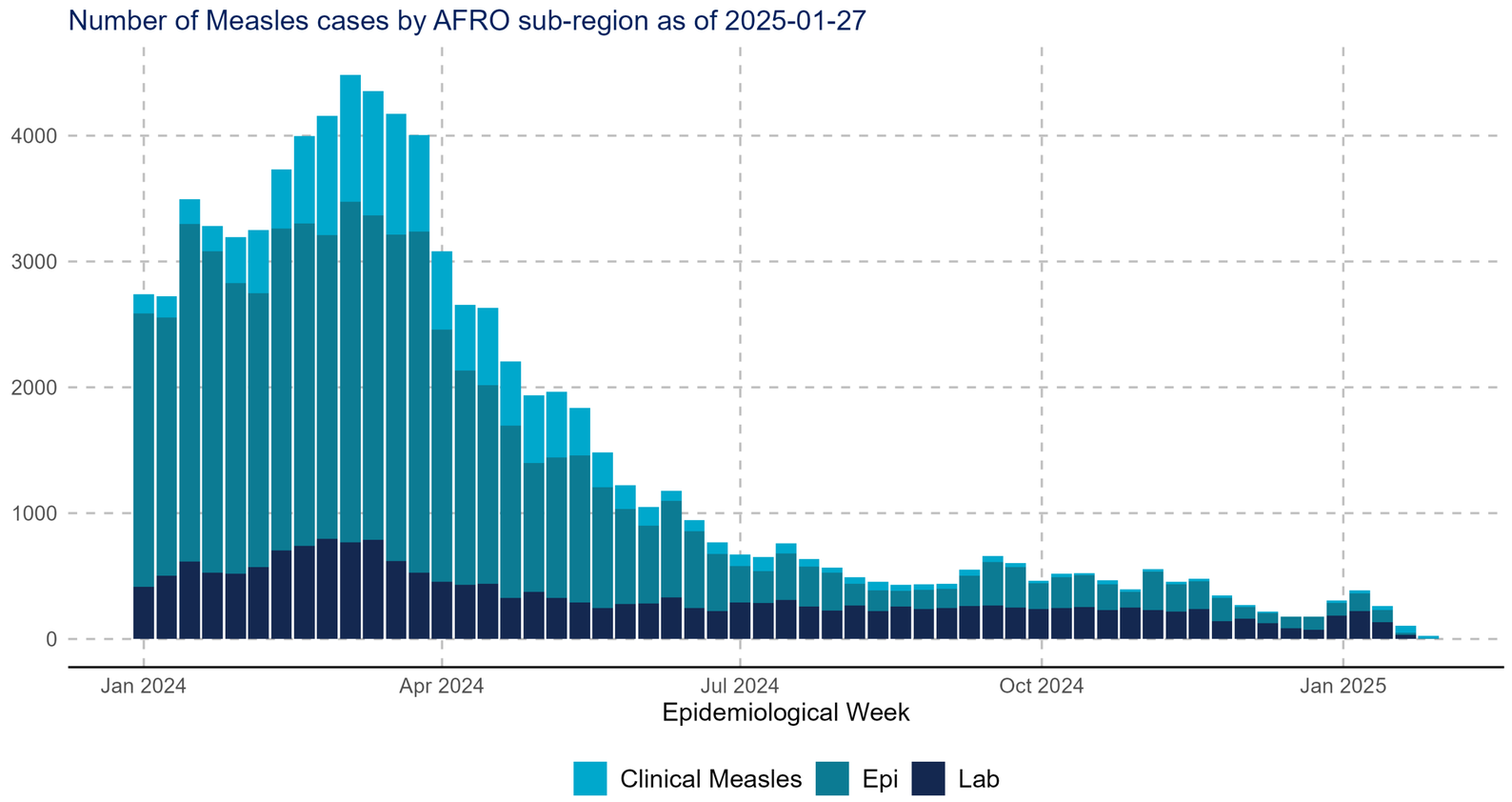
African Region

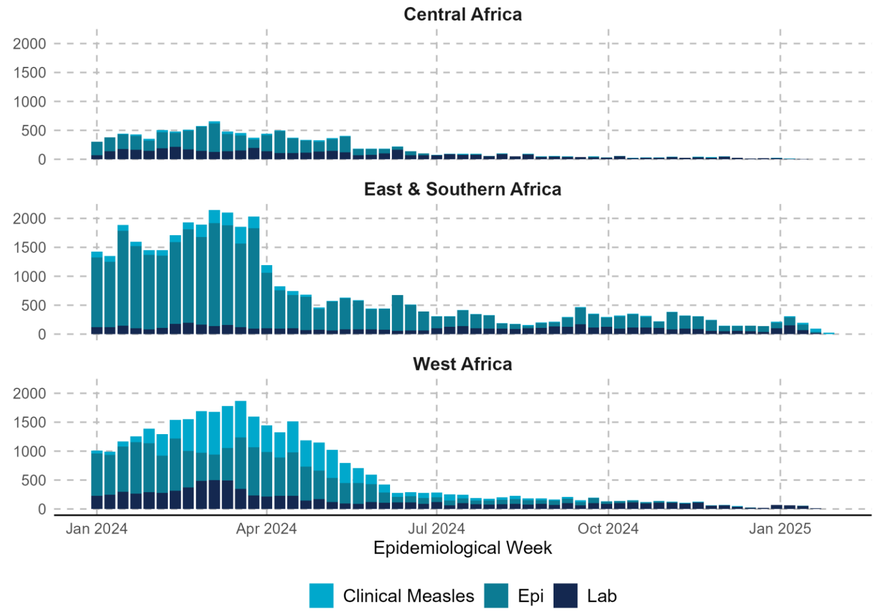
Notes: Based on data received 2025-01 - Surveillance data from 2023-12 to 2024-11 - Incidence: Number of cases / population * 1,000,000 - Population data: World population prospects, 2019 revision

Regional and Sub-Region Measles Epicurve of cases by week.

Measles cases confirmed in the Laboratory, Epi linkage and Clinical Measles
1 January 2024 to 2 February 2025



Each bar represent data by ISO week, data sources: Ministries of Health, WHO AFRO. Data from the latest week maybe incomplete.



Each bar represent data by ISO week, data sources: Ministries of Health, WHO AFRO. Data from the latest week maybe in

West Africa had the highest number of cases. A second wave occurred in East & Southern Africa around October 2024. Central Africa reported significantly fewer cases.
Data from the most recent weeks may be incomplete (caution needed when interpreting trends).

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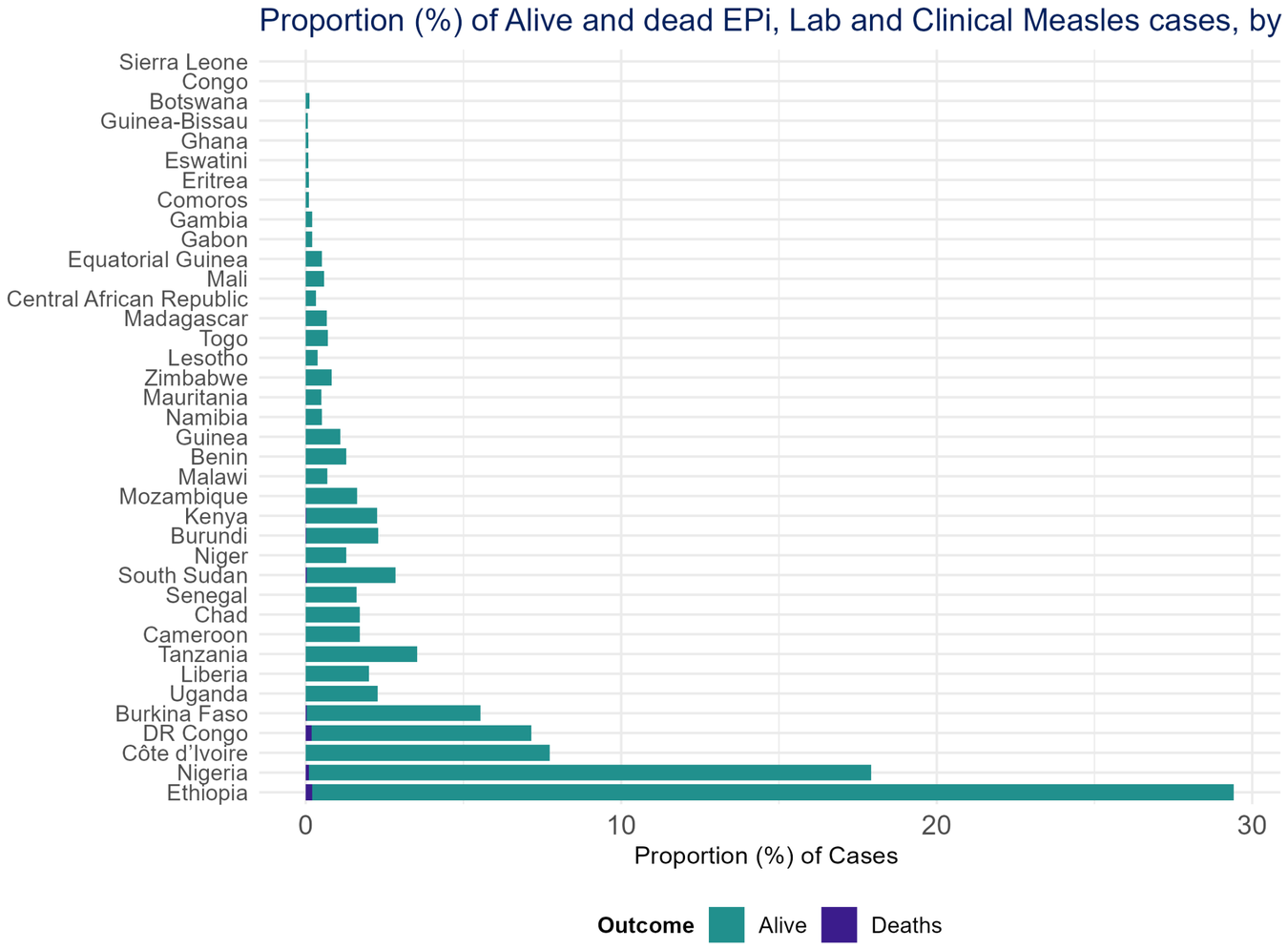
Notes: Based on data received 2025-01 - Surveillance data from 2023-12 to 2025-01 - Incidence: Number of cases / population * 1,000,000 - Population data: World population prospects, 2019 revision – UCN Data Portal: dataportal.afro.who.int

Proportion of Countries and the Distribution of Confirmed Cases in the Region

1 January 2024 to 2 February 2025



Characteristic	Alive N = 113,022[1]	Deaths N = 700[1]	Unknown N = 36,947[1]	p-value[2]
Sub_Region				<0.001
Central Africa	15,630 (14%)	218 (31%)	1,863 (5.0%)	
Eastern and Southern Africa	51,380 (45%)	303 (43%)	28,731 (78%)	
Western Africa	46,012 (41%)	179 (26%)	6,353 (17%)	
Gender				<0.001
Female	53,208 (47%)	362 (52%)	17,005 (46%)	
Male	58,906 (52%)	337 (48%)	16,948 (46%)	
Unknown	908 (0.8%)	1 (0.1%)	2,994 (8.1%)	
Final_Classification				<0.001
Clinical Measles	12,026 (11%)	89 (13%)	1,032 (2.8%)	
Confirmed by Epi linkage	45,929 (41%)	390 (56%)	5,776 (16%)	
Confirmed Measles by lab	16,783 (15%)	66 (9.4%)	1,921 (5.2%)	
Discarted	34,889 (31%)	113 (16%)	24,569 (66%)	
suspected	3,043 (2.7%)	42 (6.0%)	350 (0.9%)	
Unknown	352 (0.3%)	0 (0%)	3,299 (8.9%)	

[1] n (%)

[2] Pearson's Chi-squared test

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The graphic present proportion of cases by countries since the outbreak , Ethiopia, Nigeria, Cote d'Ivoire, Democratic Republic of Congo and Uganda have the highest proportion of measles cases in the WHO AFRO region. Liberia Tanzania also have a significant proportion of cases. Smaller countries (e.g., Sierra Leone, Botswana, Eritrea, Comoros) have very few cases.
Deaths (purple bars) are present but minimal compared to survivors, indicating a low fatality rate in most countries.
The calculate the percentage that each value (n) contributes to the sum of all values in the column

The table below present the distribution of Measles cases by different characteristic **(AFRO- Sub-region**, **Gender**, **and Final classification** and the **outcome** (**Alive, Deaths and Unknown).** It also includes p-value from a Pearson's Chi-squared test, indicating whether the differences between groups are statistically significant of independence with continuity correction.

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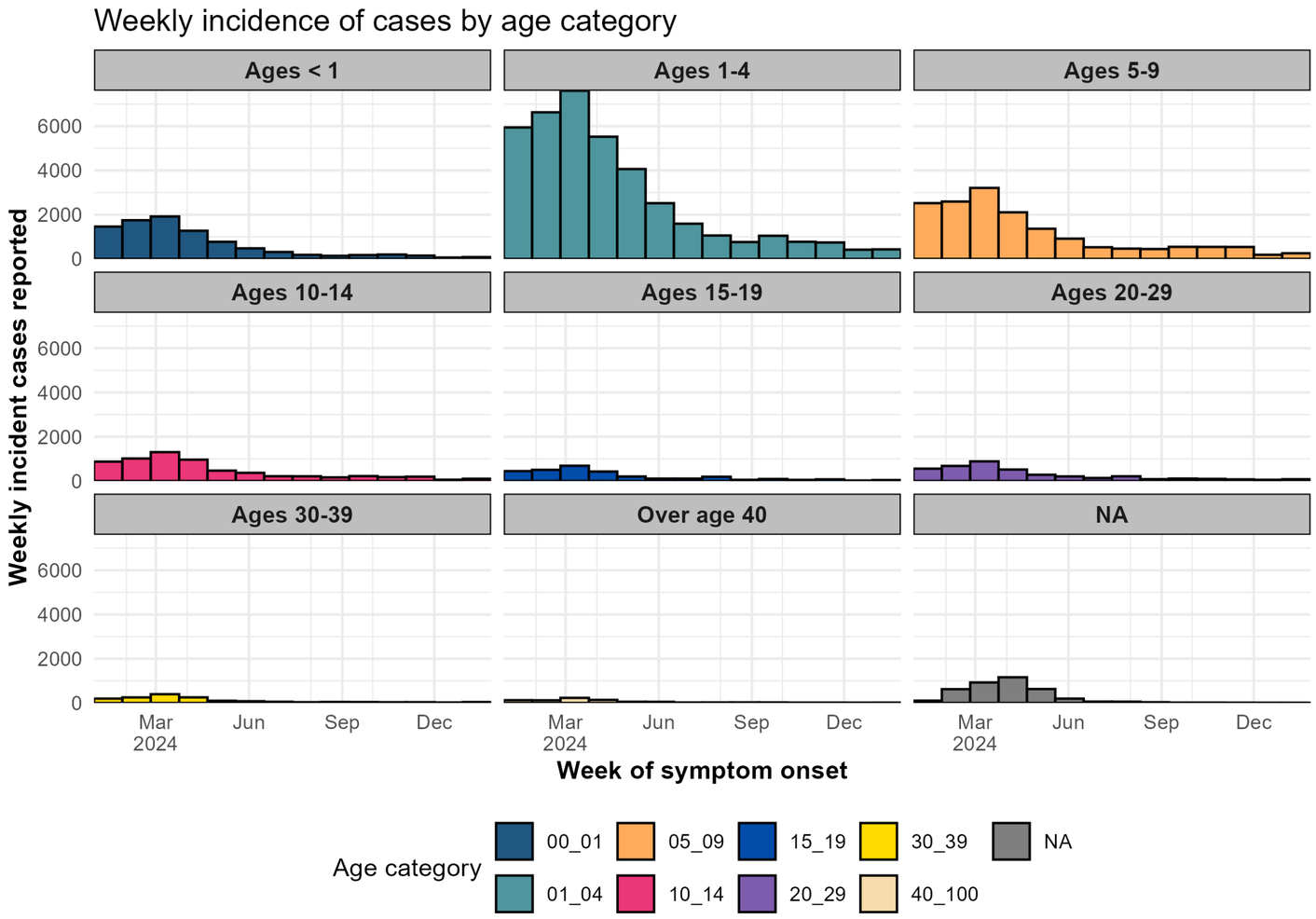
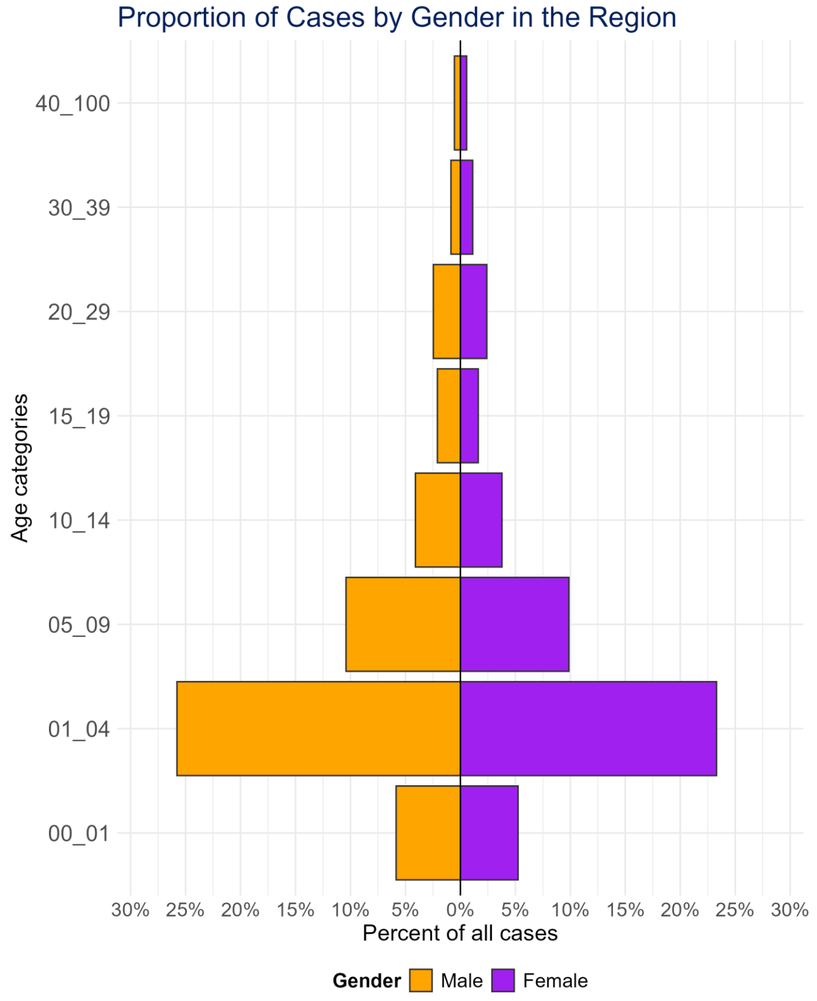
African Region: Weekly Incidence of Cases by Age category and Gender Distribution

1 January 2024 to 2 February 2025





Total of confirmed (Lab, Epi, Clinical) cases = 84012 reported in Africa Region ; Case onsets range from Mon 01 Jan 2024 to Sun 02 Feb
0 cases missing date of onset and not shown

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Young children (ages 1-4) had the highest peak in cases, with a surge in early 2024.
Age groups 5-9 and 10-14 also showed high cases, with a broader spread over the months.
Older age groups (20+ years) had significantly fewer cases.
Cases declined towards the end of 2024, but some age groups show small peaks later in the year.

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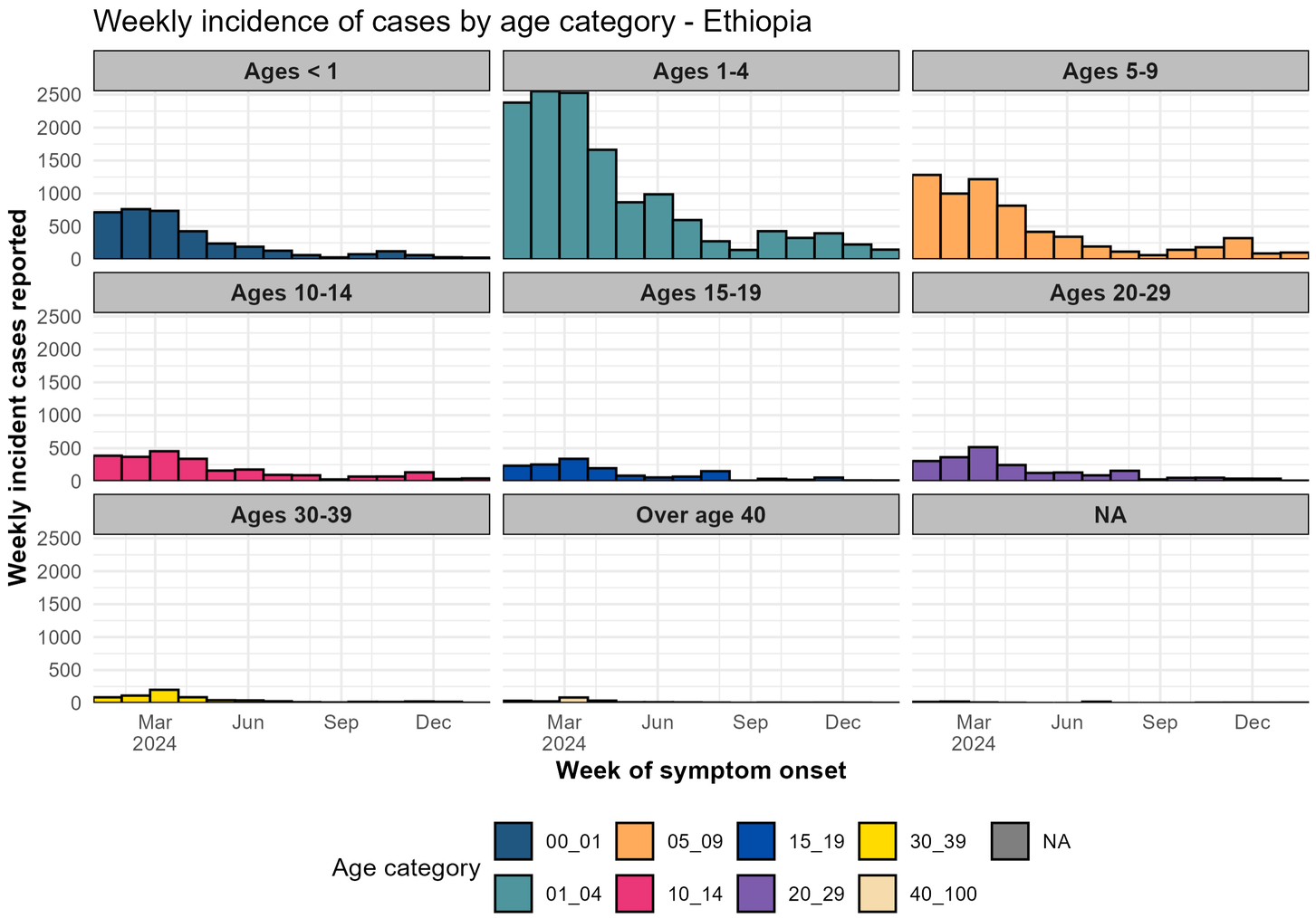
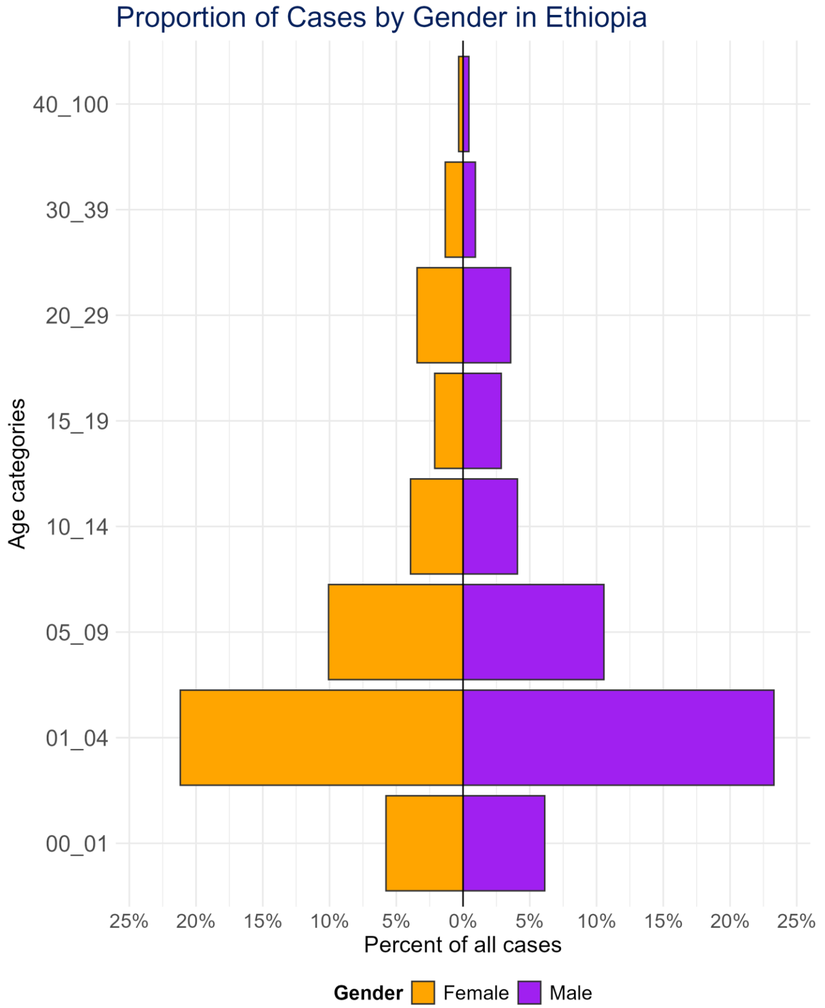
Ethiopia: Monthly Incidence of Cases by Age category and Gender Distribution

1 January 2024 to 2 February 2025





Total of confirmed (Lab, Epi, Clinical) cases = 30497 reported in Ethiopia; Case onsets range from Mon 01 Jan 2024 to Mon 20 Jan 2025
0 cases missing date of onset and not shown

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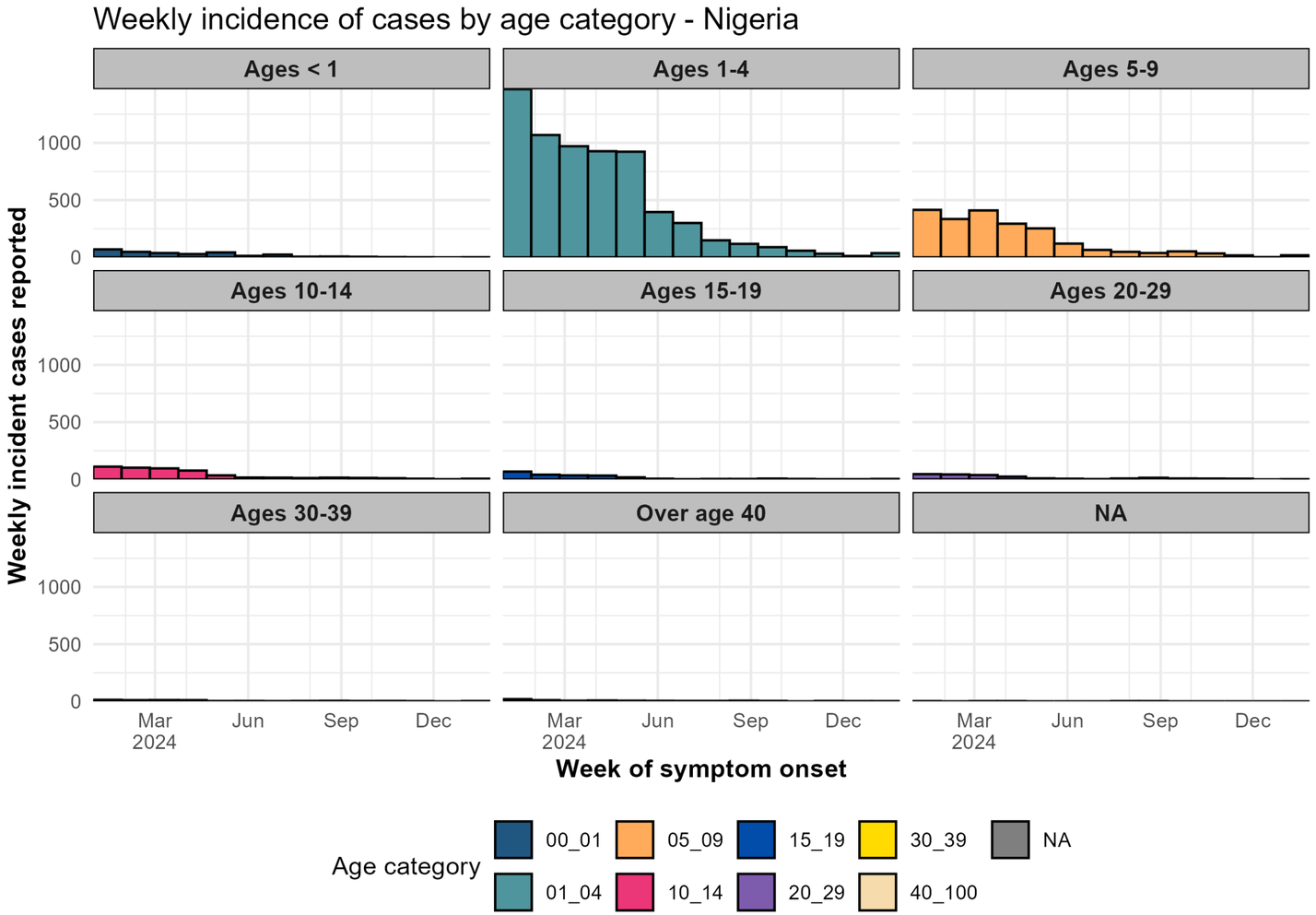
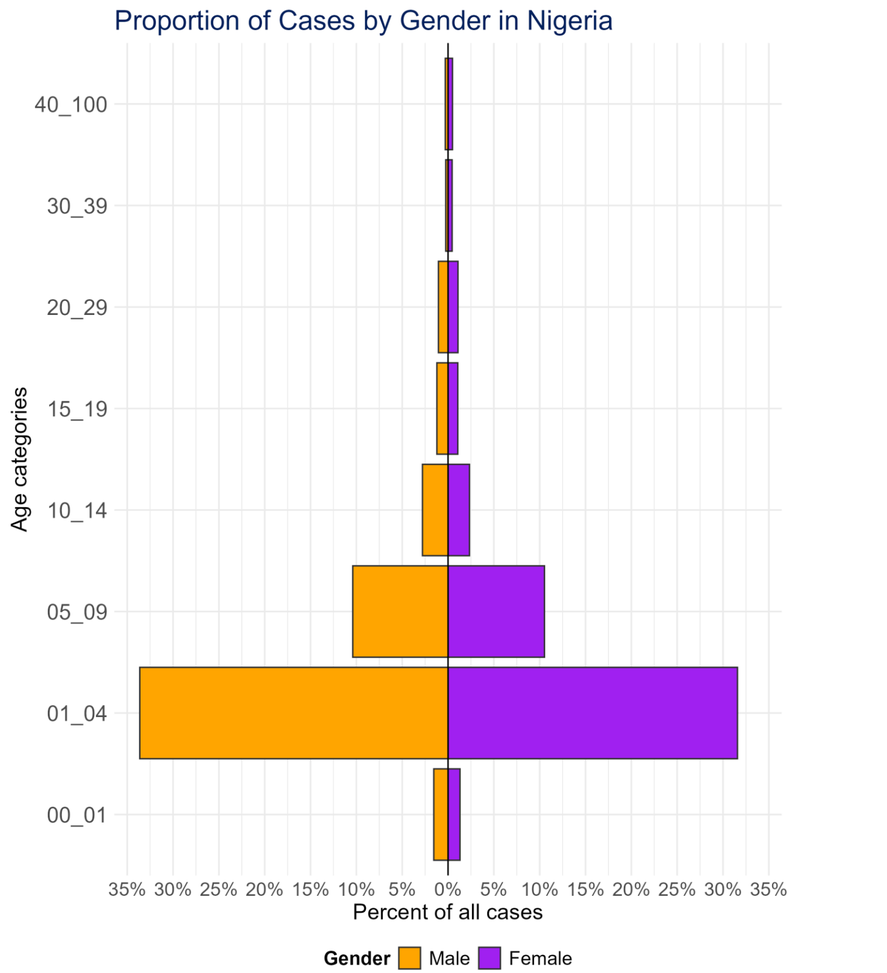
Nigeria: Weekly Incidence of Cases by Age category and Gender Distribution

1 January 2024 to 2 February 2025





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African Region

Total of confirmed (Lab, Epi, Clinical) cases = 10050 reported in Nigeria; Case onsets range from Mon 01 Jan 2024 to Mon 20 Jan 2025
0 cases missing date of onset and not shown

Young children (ages 1-4) had the highest peak in cases, with a surge in early 2024.
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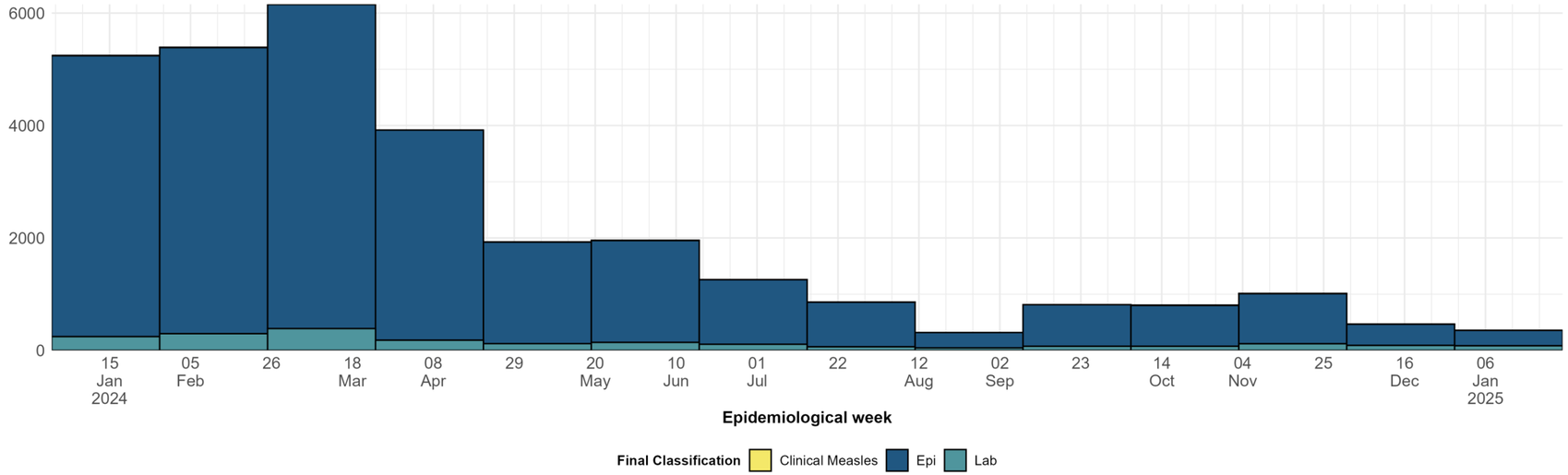
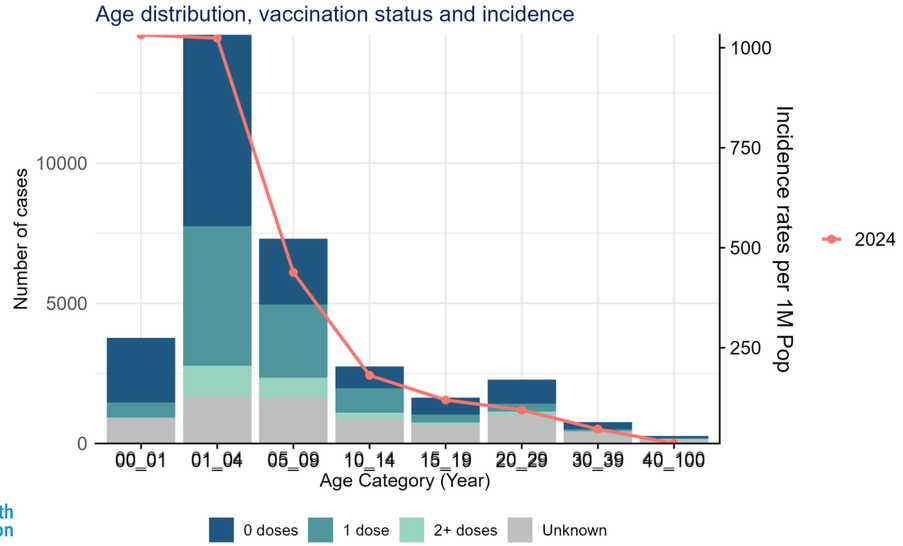
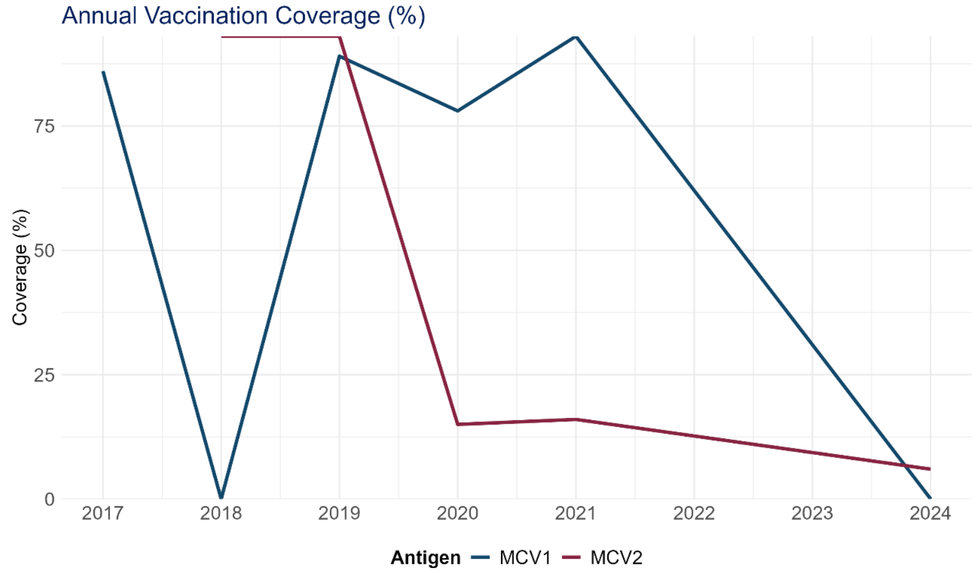
Ethiopia: Confirmed Measles Cases, Monthly trend and vaccination across Age Groups

1 January 2024 to 2 February 2025







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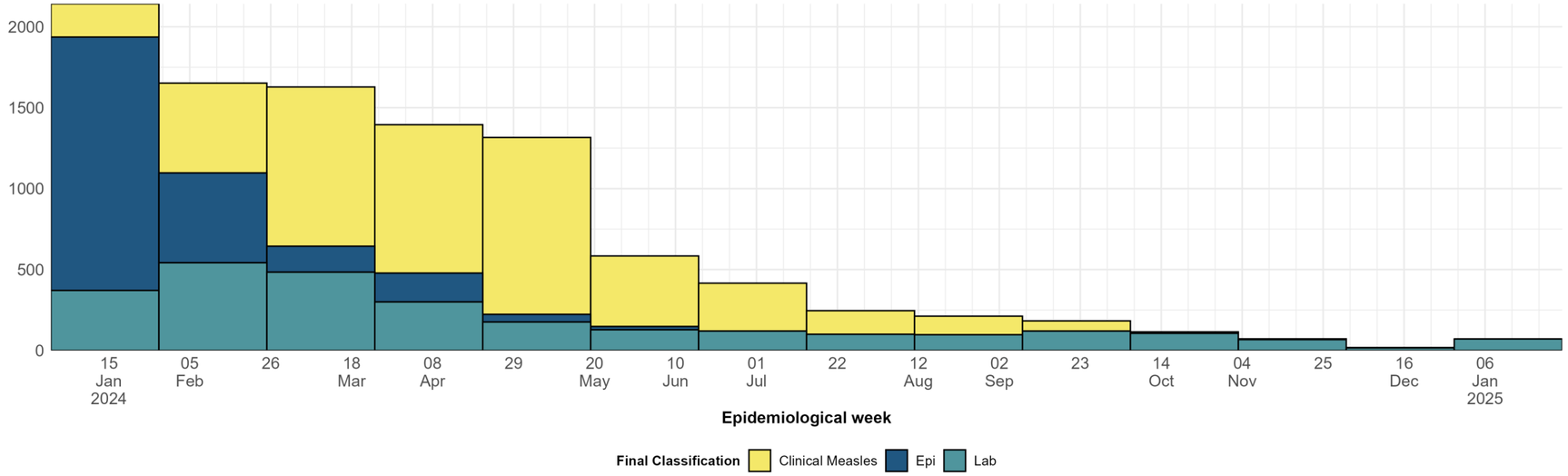

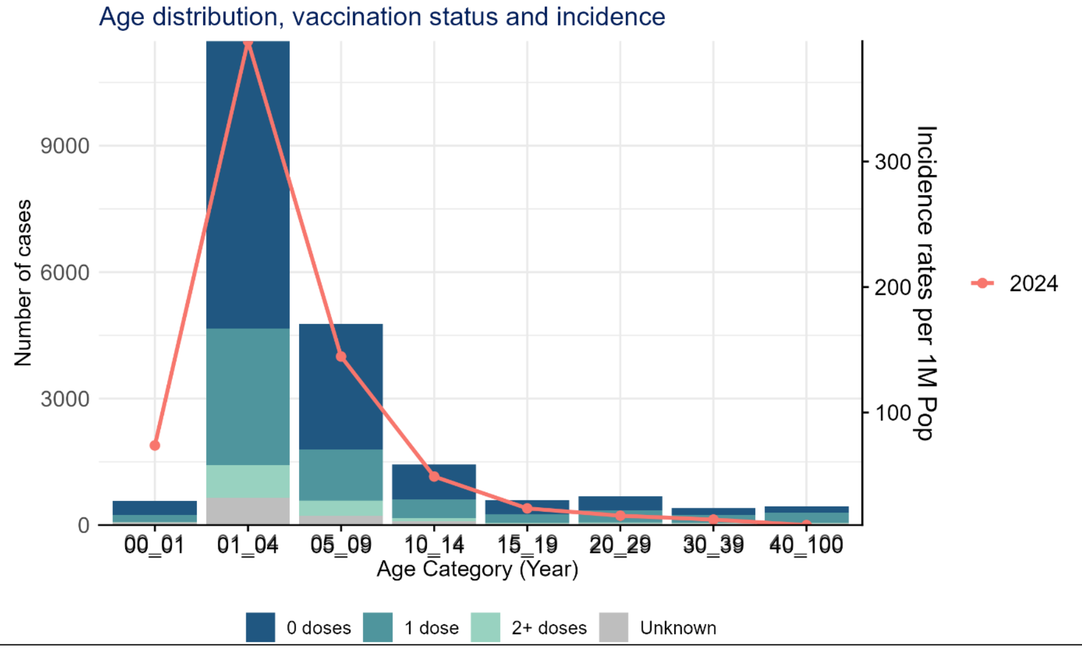

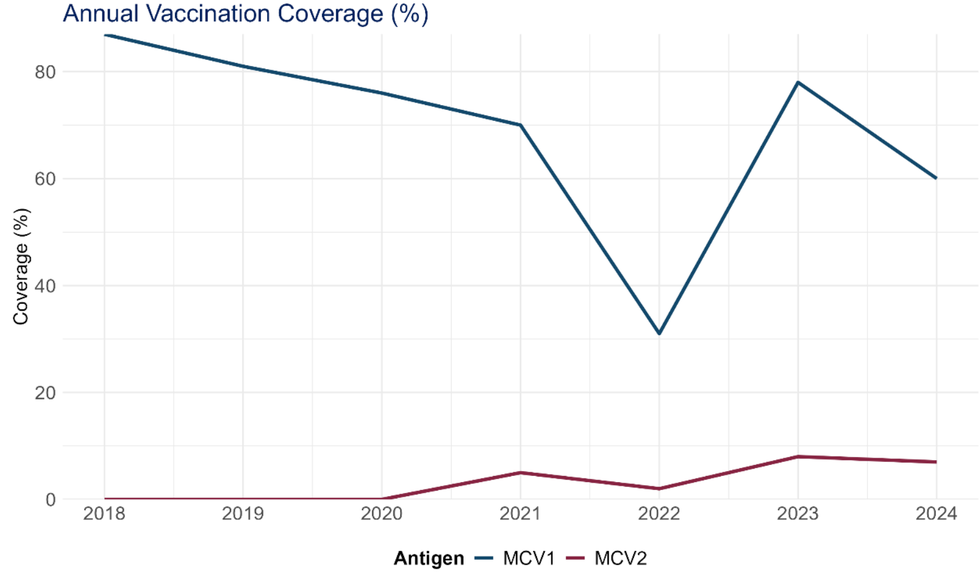

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