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Event-Based Surveillance Report 17 February 2025

Contents

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Global

Mpox, 2025

Overview: Mpox clade II, endemic in West Africa, triggered a global outbreak that began in 2022 and continues to pose a global health threat (WHO, 2024). Due to the escalating clade I mpox outbreak in the Democratic Republic of the Congo (DRC) and other affected African countries, the Africa Centres for Disease Control and Prevention (Africa CDC) declared the ongoing mpox outbreak a Public Health Emergency of Continental Security (PHECS) on 13 August 2024 (Africa CDC, 2024). This marked the first such declaration by the agency. A day later, on 14 August 2024, the World Health Organization (WHO) declared the escalating clade I mpox outbreak a Public Health Emergency of International Concern (PHEIC) (WHO, 2024), activating its highest global alert level for mpox for the second time in two years.

Outside of Africa, Azerbaijan, Belgium, Canada, China, France, Germany, India, Mauritius, Pakistan, Philippines, Sweden, Sultanate of Oman, Thailand, United States (U.S), United Kingdom (UK), and have each reported one confirmed case of clade I mpox. No additional secondary cases have been reported following the initial cases excluding those in the United Kingdom (WHO, 2024).

The following countries have reported ongoing mpox transmission:

United States: The USCDC reported its first mpox case of clade Ib in November 2024, in a case that had travelled to a country with ongoing mpox transmission. Between November 2024 – February 2025, four cases of mpox clade Ib have been reported in the US, with the latest case confirmed in New York on 12 February 2025 (CDC, 2025). Epidemiological investigations have determined that these cases are unrelated and no further transmission of mpox has been identified (CDC, 2025).

South Sudan: South Sudan declared an mpox outbreak on 7 February 2025, after confirming its first case of mpox clade I (sequencing is currently ongoing) in Juba. The case was confirmed in an individual who had a recent history of travel to Uganda, which is currently experiencing an ongoing mpox outbreak. This development makes South Sudan the 22nd country to be affected by the mpox outbreak in Africa (Reliefweb, 2025).

Actions: In response to the mpox outbreak, the CDC is working closely with public health partners to enhance clinical management, diagnosis, and prevention of mpox. This includes increasing capacity for early detection through surveillance systems and wastewater testing, and providing healthcare providers with guidance on diagnosing mpox (CDC, 2025).

The South Sudan National Ministry of Health, in collaboration with the World Health Organization (WHO), have initiated contact tracing and activated the Public Health Emergency Operations Centre to coordinate outbreak response efforts, including enhanced surveillance, case detection, and containment measures. The country has also strengthened border surveillance at key points of entry, focusing on high-risk neighbouring countries, including the Democratic Republic of the Congo, Uganda, and Kenya (Reliefweb, 2025).

The African Union has approved funds from the Africa Epidemics Fund, providing a financial safety net for health emergencies. African leaders, led by Rwanda's President, are also exploring ways to strengthen domestic health budgets, utilize COVID-19 fund reserves, and secure sustainable financing through private-sector partnerships and innovative financing strategies (Africa CDC, 2025).

Implications for South Africa: The mpox outbreak is ongoing in thirteen out of 22 countries in Africa, with Uganda and the Democratic Republic of Congo (DRC) currently reporting the highest number of cases (Africa CDC, 2025). In SA, an official declaration of the outbreak's termination has not been issued by the National Department of Health (NDoH) despite that last confirmed case of mpox being reported on 6 September 2024.

The Africa CDC has reported that countries affected by the mpox outbreak have made significant progress controlling the mpox outbreak. However, the ongoing instability in the DRC and the temporary disruption in funding from the US government pose a risk to sustaining these epidemiological gains and maintaining effective disease surveillance and containment measures (Africa CDC, 2025). According to the Africa CDC's continuous rapid risk assessment; the risk of mpox importation remains low to SA. South Africa continues to maintain a high level of vigilance and has integrated mpox into the HIV/STI programme to improve initial clinical suspicion.

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Africa

Cholera, 2025

Overview: Ongoing reports of cholera cases have been detected in African countries, including Angola, Burundi, Cameroon, Democratic Republic of Congo, Ethiopia, Ghana, Mozambique, Nigeria, Somalia, South Sudan, Tanzania and Zimbabwe since 2024. A combination of heavy rainfall, poor sanitation, conflict, inadequate infrastructure, and limited access to clean water, has resulted in an increased risk of floods and water-borne diseases (Reliefweb, 2025).

The following countries have reported ongoing cholera transmission:

Angola: On 7 January 2025, Angola declared an outbreak of cholera in the capital city of Luanda (ReliefWeb, 2025). As of 11 February 2025, 3 402 cholera cases and 114 deaths (CFR = 114/3 402, 3,4%) have been reported across ten provinces (WHO Afro, 2025). The outbreak is accelerated by the lack of drinking water, hygiene, and basic sanitation. According to the United Nations Children's Fund, families, children in particular, are at high risk due to limited access to clean water and disease education (UNICEF, 2025).

Zimbabwe: Zimbabwe has reported a cholera outbreak in Kariba district, which occurred from November to December 2024 (Zimbabwe Situation, 2024). Subsequently, another outbreak was detected in Harare, with the first case reported on 19 December 2024. As of 17 February 2025, a total of 402 cases (18 suspected, 329 rapid diagnostic test positive and 55 culture confirmed), including four deaths (CFR = 4/402, 0,99%), have been reported across eleven districts (MoH Zimbabwe, 2025 – not publicly available).

Actions: Angola implemented a cholera vaccination campaign which started from 3 to 7 February 2025 and as of 11 February 2025, over one million people have been vaccinated (WHO Afro, 2025). The national cholera response plan focuses on enhanced surveillance, laboratory testing, risk communication, and water, sanitation, and hygiene (WASH) interventions. Efforts include intensified surveillance, updated clinical guidelines, and community engagement through public awareness campaigns (UNICEF, 2025).

In Zimbabwe, integrated hygiene promotion, active surveillance, and cholera awareness campaigns are ongoing in affected communities, supported by the dissemination of IEC materials. Key interventions include coordination meetings, strict infection prevention and control (IPC) adherence in health facilities, engaging businesses to establish handwashing facilities, refurbishing boreholes for clean water access, and training hygiene promoters to strengthen public health efforts (MoH Zimbabwe, 2025 – not publicly available).

Implications for South Africa and risk assessment: Using the Africa Centres for Disease Control and Prevention (Africa CDC) risk assessment algorithm and available data, the risk of cholera importation into SA remains high due to travel and trade between the neighbouring countries.

In SA, intensified cross-border and routine surveillance is critical for early case detection and management. Community education on contamination sources, infection prevention, handwashing, and sanitation is essential. Efforts should prioritize sanitary waste disposal, water source protection, and promoting safe water treatment methods, such as boiling or using household bleach. Health education and awareness remain key to prevention. As a category one notifiable condition, all suspected cholera cases must be notified, immediately.

Healthcare workers should ensure that stools or rectal swab specimens are collected from all suspected cholera cases. https://www.nicd.ac.za/diseases-a-z-index/cholera/ (National Institute for Communicable Disease, 2025)

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Sudan ebolavirus disease outbreak in Kampala, Uganda, 2025

Overview: On 30 January 2025, Uganda's MoH confirmed a new outbreak of Sudan ebolavirus disease (SVD) in, Kampala, following the death of a 32-year-old male nurse with an extensive travel history on 29 January 2025 from Mulago National Referral Hospital (Van Beusekom, 2025). The patient succumbed to the Sudan strain of Ebola, marking the first fatality since Uganda's last outbreak ended in early 2023 (Associated Press, 2025).

As of 13 February 2025, nine confirmed SVD cases have been reported across three districts in Kampala, including one death (CFR = 1/9, 11.1%). All (eight) cases have been hospitalised and in stable condition (Africa CDC, 2025). According to Africa CDC, Uganda's SVD outbreak is under control with two main clusters: a family cluster and a healthcare facility cluster. The virus has been detected in individuals who sought treatment in various healthcare facilities in Kampala, Matugga, and Mbale City, as well as a traditional healer, highlighting the potential for wider spread (AP News, 2025) (Africa CDC, 2025).

Action: WHO has allocated an additional $2 million to the initial $1 million from its Contingency Fund for Emergencies to support Uganda's efforts in containing the outbreak. The source of the current outbreak is still under investigation (AP News, 2025). Given the identification of the case in a densely populated urban area, the WHO emphasizes the need for a rapid and intense response (Van Beusekom, 2025). Public health officials across the African continent are discussing a research protocol to investigate undetected circulation of SVD through serology studies and animal sampling (CIDRAP, 2025).

A clinical trial for a vaccine is ongoing in the country with 2,000 initial doses and an expected additional 10,000 doses from the International AIDS Vaccine Initiative (CIDRAP, 2025). The trial aims to assess the vaccine's efficacy among health workers and individuals exposed to the virus (Reuters, 2025). This proactive measure is crucial, given that there is currently no approved vaccine for the Sudan strain.

Implication for South Africa: For SA, the outbreak highlights the importance of vigilant monitoring and preparedness. The National Institute for Communicable Diseases (NICD) has previously emphasized the need for readiness in the event of an imported viral haemorrhagic fever case. Although the risk of importation is considered low, the NICD advises ongoing preparedness planning to ensure timely detection and response (NICD, 2019). The WHO does not currently recommend any travel or trade restrictions to Uganda. However, travellers are advised to exercise caution, avoid contact with symptomatic individuals, and adhere to recommended health protocols. South African health authorities should continue to monitor the situation closely and update guidelines as necessary to mitigate potential risks.

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South Africa

National Institute for Communicable Diseases Hotline, 06 – 12 February 2025

Table 1. Summary of queries logged on the QLS

Disease Query	Number	Percentage
Vaccination related query	1	8,33%
Infection control	1	8,33%
Rabies post-exposure prophylaxis	4	33,33%
Patient(s) investigation (diagnostic/clinical advice)	2	16,67%
Other	4	33,33%
Province		
Northern Cape	2	16,67%
Gauteng	5	41,67%
Eastern Cape	2	16,67%
North West	1	8,33%
Western Cape	2	16,67%
Sector		
Public	8	66,67%
Private	4	33,33%
Total	12	100%

Unfolding events

Hand foot and mouth disease, South Africa, February 2025

The KwaZulu-Natal (KZN) Health Department has confirmed an outbreak of hand, foot, and mouth disease (HFMD) among children in over nine learning facilities from Phoenix, Greenwood Park and Umhlanga, Durban. Initially, six cases were reported among children at a primary school in Phoenix between 6 and 10 February 2025 (KwaZulu-Natal Department of Health, 2025). As of 16 February 2025, the number of clinically confirmed cases had increased to 117. Symptoms reported include flu-like symptoms and vesicles (SABC News, 2025) (News24, 2025). Parents and teachers have raised concerns about the possibility of further spread to other schools (KwaZulu-Natal Department of Health, 2025).

HFMD is a common infection caused by non-polio enteroviruses, primarily affecting children under 10 years. It is transmitted through direct contact with infected individuals or contaminated objects, causing symptoms of fever, sore throat, tiredness, and vesicular lesions on the hands, feet, and mouth lasting for seven to ten days. HFMD outbreaks have been reported worldwide, with periodic cases detected in South Africa, mainly in day-care centres and primary schools during seasonal peaks in summer and autumn (NICD, 2025) (CDC, 2024) (WHO, 2018).

The KZN Health Department has conducted clinical assessments, advised parents to closely monitor their children for symptoms of HFMD and implemented enhanced hygiene and preventive measures, including frequent handwashing and disinfecting of shared surfaces. The department, supported by the NICD, has also

met with school officials to discuss response strategies and enhance surveillance to detect potential additional cases. Parents and caregivers have been educated on HFMD symptoms and prevention by the NICD (KwaZulu-Natal Department of Health, 2025) (Sowetan , 2025) (Sunday Times, 2025).

The HFMD outbreak in KwaZulu-Natal highlights the need for early detection, hygiene practices, and community awareness which requires collaboration between the government, health authorities, and schools to implement effective preventive measures.

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Unknown disease kills over 50, Équateur Province Democratic Republic of Congo, February 2025

Overview: As of 17 February 2025, an unidentified disease outbreak in the Basankusu area of Équateur Province has resulted in over 50 deaths in recent weeks (the exact period is not specified) (Radio Okapi, 2025). Approximately 2 000 people have fled from the reported epicenter near Bomate (about 25 kilometers away, to Basankusu (estimated population of 5 000) and surrounding villages (Anadolu Ajansı, 2025). Between 3 and 9 February 2025, the Basankusu Health Zone reported more than 36 deaths, with the outbreak thought to have started several weeks earlier. Reported symptoms include haemorrhagic fever, headache and pain in the joints or lower back. Équateur Province has faced health challenges before, including Ebola outbreaks (WHO, 2020). However, it's crucial to note that not every outbreak is Ebola. For instance, a recent health event in Kwango province was initially mysterious but was later identified as a severe form of malaria compounded by respiratory illness and malnutrition (Contagion live, 2025).

Actions: Outbreak investigations are currently underway to identify the disease, understand its transmission, and implement control measures (Radio Okapi, 2025).

Challenges: The ongoing conflicts in the DRC have affected the health system, which in turn affects the management of outbreaks such as the one in Basankusu in Équateur Province. The impact of conflict on healthcare includes the destruction and abandonment of health facilities, particularly in the eastern provinces. In 2022, there were 159 documented attacks on health facilities, forcing the closure of operations for extended periods (Rescue, 2024). The protracted conflict has led to a chronic shortage of qualified medical personnel, diagnostic facilities, essential medicines and personal protective equipment (Ncbi.nlm.nih.gov, 2024). Violence and insecurity have made access to healthcare difficult for more than 8.9 million people, as numerous conflicts in the DRC have led to population displacement and hindered the provision of medical services (Reliefweb, 2023).

Équateur Province is located in the northwestern part of the DRC, Equateur is relatively distant from the eastern provinces like North Kivu and South Kivu, which are the epicenters of ongoing conflicts. The capital of Équateur Province, Mbandaka, is approximately 1 200 kilometers from Goma, the capital of North Kivu Province. This significant distance suggests that while Équateur Province is geographically removed from the main conflict zones, the ripple effects of the national crisis still impact its healthcare system. Addressing the outbreak in Basankusu requires not only localized medical interventions but also a broader strategy to strengthen the DRC's healthcare system amidst ongoing conflicts.

The DRC shares borders with several countries. To the north: Central African Republic and South Sudan, to the east: Uganda, Rwanda, Burundi, and Tanzania, to the southeast: Zambia, to the southwest: Angola, to the west: Has a short coastline on the Atlantic Ocean, borders the Angolan exclave of Cabinda, and shares a border with the Republic of the Congo (DRC Britannica, 2025).

Implications for South Africa: A potential disease outbreak in the DRC poses several risks to South Africa. Public health risks include cross-border disease spread via travelers, requiring strengthened airport screenings and increased disease surveillance. Economically, it could disrupt supply chains of key minerals and increase risks for South African businesses operating in the DRC (Council on Foreign Relations, 2025). Given the proximity and travel connections between the DRC and South Africa and according to Africa CDC’s rapid assessment, there is a low risk of disease transmission to South Africa. To mitigate these risks, South Africa should enhance health screenings, increase disease surveillance, monitor migration, and assess trade risks.

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