

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

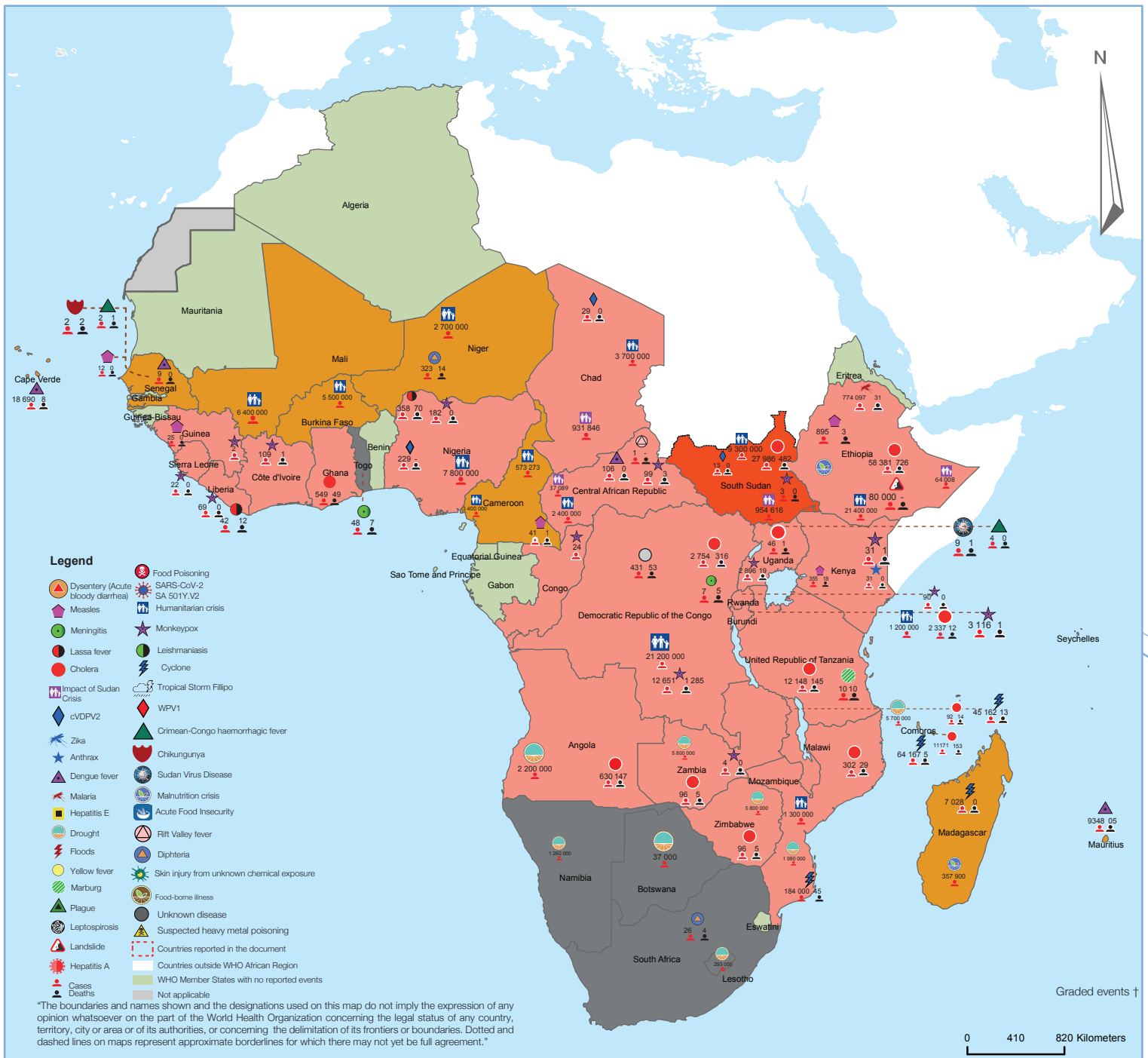
Week 07: 10 - 16 February 2025
Data as reported by: 17:00; 16 February 2025

1
New events

82
Ongoing events

54
Outbreaks

29
Humanitarian crises



"The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization 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 borderlines for which there may not yet be full agreement."

5 Grade 3 events	5 Grade 2 events	0 Grade 1 events	29 Ungraded events
1 Protracted 3 events	6 Protracted 2 events	0 Protracted 1 events	

Overview

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8 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African region. This week's articles cover:

- ▶ [Unknown Disease in the Democratic Republic of the Congo](#)
- ▶ [Cholera in Angola](#)
- ▶ [Complex Humanitarian Crisis in Eastern Democratic Republic of the Congo](#)

For each of these events, a brief description is provided, followed by public health measures implemented and an interpretation of the situation.

At the end of the bulletin, a table provides information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and closed..

- ▶ **Unknown Disease in the Democratic Republic of the Congo:** The Democratic Republic of the Congo is facing multiple public health and humanitarian crises. In its northwestern Équateur Province, two clusters of cases and deaths from an unknown disease have emerged, resulting in hundreds of cases and dozens of deaths. The outbreak, which has seen cases rise rapidly within days, poses a significant public health threat. The exact cause remains unknown, with Ebola and Marburg already ruled out, raising concerns about a severe infectious or toxic agent. Key challenges include the rapid progression of the disease, with nearly half of the deaths occurring within 48 hours of symptom onset in one of the affected health zones, and an exceptionally high case fatality rate in another. Urgent action is needed to accelerate laboratory investigations, improve case management and isolation capacities, and strengthen surveillance and risk communication. The remote location and weak healthcare infrastructure increase the risk of further spread, requiring immediate high-level intervention to contain the outbreak.

In the eastern part of the country, the escalating armed conflict is deepening the humanitarian crisis in North Kivu and South Kivu Provinces. The M23 offensive has led to mass displacement, violence, and humanitarian collapse. The capture of Goma (27 Jan) and Bukavu (14 Feb) has worsened insecurity, while looting, attacks on aid workers, and blocked supply routes have severely disrupted humanitarian operations. Electricity outages in Goma are crippling hospitals and water supplies, increasing the risk of cholera outbreaks, malnutrition, and disease transmission. Reports of gender-based violence are rising, with 45 cases of rape recorded among displaced persons. Medical facilities are overwhelmed, having treated over 4 260 injured people, while the Red Cross has buried 2 000 bodies, and morgues remain overcrowded. Urgent actions include securing humanitarian access, restoring critical infrastructure, ensuring the supply of medical and food aid, and enhancing public health surveillance. Without immediate intervention, these crises will further destabilize the region, heighten public health risks, and worsen human suffering.

Democratic Republic of the Congo

431 **53** **12.3%**
cases **Deaths** **CFR**

Unknown Disease

EVENT DESCRIPTION

On 13 February 2025, health authorities in the Democratic Republic of the Congo reported a new cluster of cases and deaths due to an unknown disease in Bomate Village, Basankusu Health Zone, Équateur Province, in the country's northwest. This marks the second cluster of cases and deaths from an unknown disease in the province in less than a month.

The latest outbreak in Bomate Village was initially reported to provincial health authorities on 9 February 2025. Initial reports indicated 32 cases with 20 community deaths, occurring between 30 January and 9 February 2025. As of 15 February 2025, ongoing investigations and surveillance activities had identified 419 cases with 45 deaths (CFR 10.7%). The primary clinical manifestations include fever, chills, headache, myalgia, body aches, sweating, rhinorrhoea, neck stiffness, cough, vomiting, diarrhoea, and abdominal cramps. Close to half of the deaths (48.9%, $n=22$) occurred within 48 hours of symptom onset.

Specimens from thirteen cases, including 12 blood samples from active cases and one swab from a deceased individual, were collected and sent to the National Institute of Biomedical Research (INRB) in Kinshasa for analysis on 11 February 2025. Test results released on 13 February 2025, showed that all samples were negative for Ebola and Marburg viruses by polymerase chain reaction (PCR). Differential diagnosis under investigation include malaria, viral haemorrhagic fever, food or water poisoning, typhoid fever, and meningitis.

This outbreak follows an earlier cluster of cases and deaths reported to Équateur provincial health authorities on 21 January 2025 from Boloko Village, Bolomba Health Zone. Preliminary investigations traced the outbreak's origin to three community deaths among children under five years old in Boloko Village between 10 and 13 January 2025. The affected children reportedly developed fever, headache, diarrhoea, and fatigue, which later progressed to haemorrhagic signs and symptoms, including subconjunctival haemorrhage, epistaxis, and haematemesis, before succumbing to the illness. Reports indicate that the children had consumed a bat carcass prior to onset of signs and symptom. Between 15 and 22 January 2025, four additional deaths occurred in the same village among children aged 5 to 18 years, all presenting with similar clinical features. On 22 January 2025, during field investigation, an additional fatal case with epidemiological links to the previous deaths in Boloko Village was identified in a nearby Village, Danda Village, along with four active

cases (three in Boloko and one in Danda). The active cases were observed with signs and symptoms of fever, vomiting, diarrhoea, fatigue, abdominal pain, myalgia, and headache, with three showing haemorrhagic signs such as epistaxis, haematemesis, and melena. By 27 January 2025, a total of 12 cases with 8 deaths, had been reported in Boloko Village, which recorded 10 cases with 7 deaths, and Danda Village, which recorded 2 cases with 1 death.

On 22 January 2025, blood specimens collected from the four active cases, as well as a post-mortem swab from the deceased individual in Danda Village, were tested at the Provincial Laboratory in Mbandaka using GeneXpert. All samples return negative results for Ebola virus. On 31 January 2025, further testing at the National Institute of Biomedical Research (INRB) in Kinshasa confirmed that all specimens were negative for Zaire ebolavirus and Marburg virus by PCR.

As of 15 February 2025, a total of 431 cases with 53 deaths (CFR 12.2%) have been reported across the two health zones in Équateur Province. Bolomba Health Zone has recorded 12 cases with 8 deaths (CFR 66.7%) while Basankusu Health Zone has recorded 419 cases with 45 deaths (CFR 10.7%). The exact circumstances of exposure have not yet been established in both outbreaks. Additionally, no epidemiological links have been established between the cases in the two affected health zones. Metagenomic sequencing and additional investigations are ongoing to determine the cause of illness and deaths in the two health zones.

PUBLIC HEALTH ACTIONS

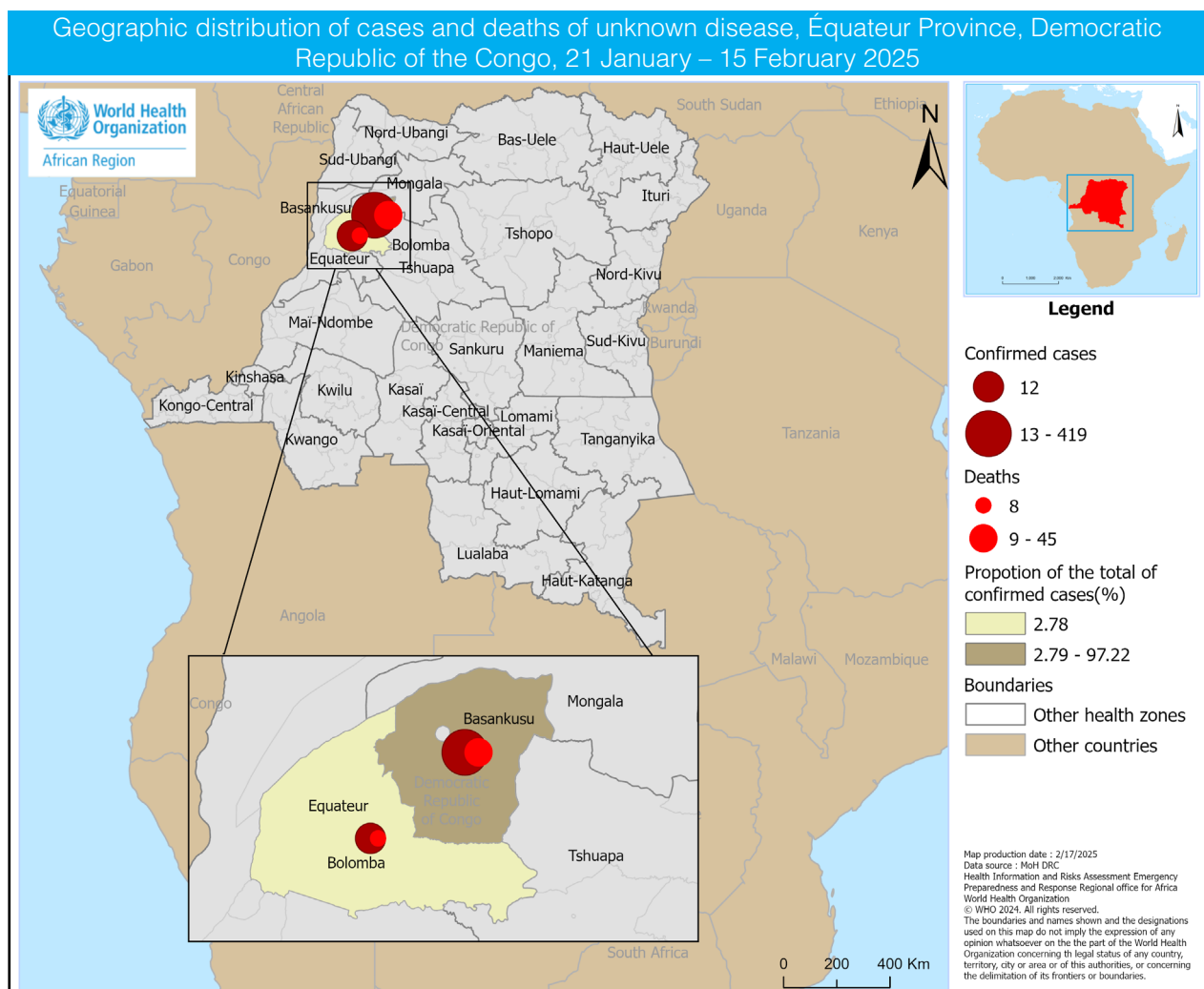
- 1 The outbreak has been officially notified to the national level by the provincial health authorities. A joint meeting involving local health authorities and partners was held to assess the situation and plan response actions. A team from the provincial level was dispatched to the affected health zones to support investigation of the situation and provide critical supplies.
- 2 With support from WHO and health partners some critical medical supplies and commodities for case management, laboratory testing, and infection prevention and control are being dispatched to the affected health zones.
- 3 Case investigations and active case search are ongoing in the affected areas, including in communities, churches, and health facilities. Cases are being line listed. Health teams, supported by WHO, are conducting field investigations in Bomate, while 84 community health workers have been briefed to enhance case detection across multiple areas.

- ▶ The investigation team has collected and shipped 18 samples from the two affected health zones for analysis, all of which tested negative for Ebola and Marburg at INRB Kinshasa by PCR. Further laboratory investigation, including metagenomic sequencing are ongoing.
- ▶ Local health facilities in Basankusu and Ekoto are overwhelmed, only able to provide clinical services to the extent possible to some of the patients. Isolation rooms have set up at Basankusu and Ekoto Health Centres to accommodate affected individuals. Infection prevention and control measures include decontaminating isolation rooms and installing handwashing stations at isolation sites to reduce transmission risk.
- ▶ In Bolomba Health Zone, risk communication and community engagement efforts included multiple sensitization meetings with leaders and residents of affected and neighbouring villages, as well as training sessions for community health workers on active case search and surveillance reporting. In Basankusu Health Zone, awareness activities included community briefings, advocacy with religious leaders, local radio broadcasts on preventive measures, and targeted discussions in villages to promote early detection and care-seeking behaviour.

SITUATION INTERPRETATION

The situation in Équateur Province presents significant public health risk, with two clusters of an unknown disease causing high morbidity and mortality. The overall case fatality ratio (12.2%), particularly high in Bolomba Health Zone (66.7%), and the rapid disease progression raise concerns about a severe infectious or toxic agent. With Ebola and Marburg ruled out, further laboratory testing is critical to identify the causative pathogen. The lack of clear epidemiological links between the two health zones may suggest separate health events. The remote geography and limited healthcare infrastructure exacerbate response challenges, with overwhelmed health facilities struggling to manage cases.

Despite ongoing response efforts, significant gaps remain, including limited laboratory capacity, unclear transmission dynamics, and weak surveillance. Infection prevention measures, while initiated, may be inadequate if the disease is highly transmissible. Strengthening case management, expanding epidemiological investigations, and enhancing risk communication are essential. Urgent support is needed to reinforce health services, accelerate diagnostic testing, and engage communities to prevent further transmission, improve early detection and reporting.



Angola

4 107
cases

147
Death

3.8%
CFR

Cholera

EVENT DESCRIPTION

The cholera outbreak in Angola has plateaued, following six consecutive weeks of increase in the number of new cases. During epidemiological week 7 (10 – 16 February 2025), a total of 1 107 new cases with 46 deaths were reported across the country. Luanda (465 cases, 13 deaths), Bengo (467 cases, 25 deaths), and Icolo e Bengo (103 cases, 6 deaths) together accounted for 93.5% of new cases and 95.7% of new deaths. While case numbers in Luanda appear to be stabilizing, Bengo Province has experienced a dramatic increase in both cases and deaths in recent days.

From 31 December 2024 to 16 February 2025, a cumulative total of 4 107 cholera cases with 147 deaths (CFR 3.8%) have been reported from 10 provinces across the country. The majority of the cases and deaths remain concentrated in three provinces: Luanda (1 966 cases, 59 deaths), Bengo (1 586 cases, 66 deaths), and Icolo e Bengo (493 cases, 18 deaths), which together account for 98.5% of the cases and 97.3% of the deaths. Males have been disproportionately affected, accounting for 56.9% (*n*=2 332) of the cases and 72.1% (*n*=106) of the deaths. The highest proportions of cases and deaths are among individuals under 20 years of age, accounting for 50.1% (*n*=2 056) of the total cases and 39.5.0% (*n*=58) of the deaths. Children aged 5 years and below account for 15.4% (*n*=631) of the cases and 15.0% (*n*=22) of the deaths. Notably, the highest case fatality ratio (CFR) is observed among individuals aged 50 years and above, with a CFR of 9.1% (31/340), indicating that older adults are at greater risk of dying from the disease. A total of 51 deaths, accounting for 34.7% of the fatalities, occurred within the communities, outside of health facilities.

The outbreak was first detected in Cacuaco Municipality, a densely populated suburban area of Luanda with over 1.2 million residents, before spreading to other parts of the country. Cacuaco Municipality in Luanda Province has been at the epicenter of the outbreak, however, in the past week an increase in cases in the municipalities of Dande, Barra do Dande and Panguila in the Bengo Province has been observed.

The last major outbreak of cholera in Angola was reported in 2018, involving more than 1 200 cases across several provinces in the country.

PUBLIC HEALTH ACTIONS

- Under the leadership of the Ministry of Health, Angola has launched a multisectoral response to the cholera

outbreak, bringing together key government sectors such as Education, Tourism, Energy and Water, Social Communication, Agriculture, and Environment, with support from WHO and health partners.

- The national cholera response plan has been updated and activated, focusing on enhanced surveillance, laboratory testing, risk communication, and water, sanitation, and hygiene (WASH) interventions to curb the spread of the disease.
- Epidemiological surveillance has been intensified, with active case finding in affected areas. Clinicians are being refreshed on cholera case definitions through updated guidelines and dissemination of protocols to health facilities in affected provinces.
- While testing all suspected cases is not required, stool samples are systematically collected from a subset of cases as part of the outbreak sampling strategy. To date, *Vibrio cholerae*, the causative agent of cholera, has been confirmed in 630 cases through culture testing at the National Reference Laboratory.
- Risk communication and community engagement efforts are ongoing, leveraging Community Health Development Agents (ADECOS) to provide public awareness on cholera prevention, early symptom recognition, and early care-seeking behavior to reduce transmission and fatalities.
- On 27 January 2025, a batch of 948 500 doses of Euvichol-S oral cholera vaccine (OCV) arrived in the country. With support from WHO, UNICEF, and the World Bank, the Ministry of Health launched a single-dose OCV campaign on 3 February 2025, targeting one million people aged one year and older in the provinces of Luanda, Bengo, and Icolo e Bengo. The results of the vaccination campaign are pending.
- Environmental health measures are being implemented to improve access to safe water, hygiene, and sanitation. These include regular treatment of water sources, distribution of Aquatab tablets for household water disinfection, and environmental sanitation activities in affected areas.

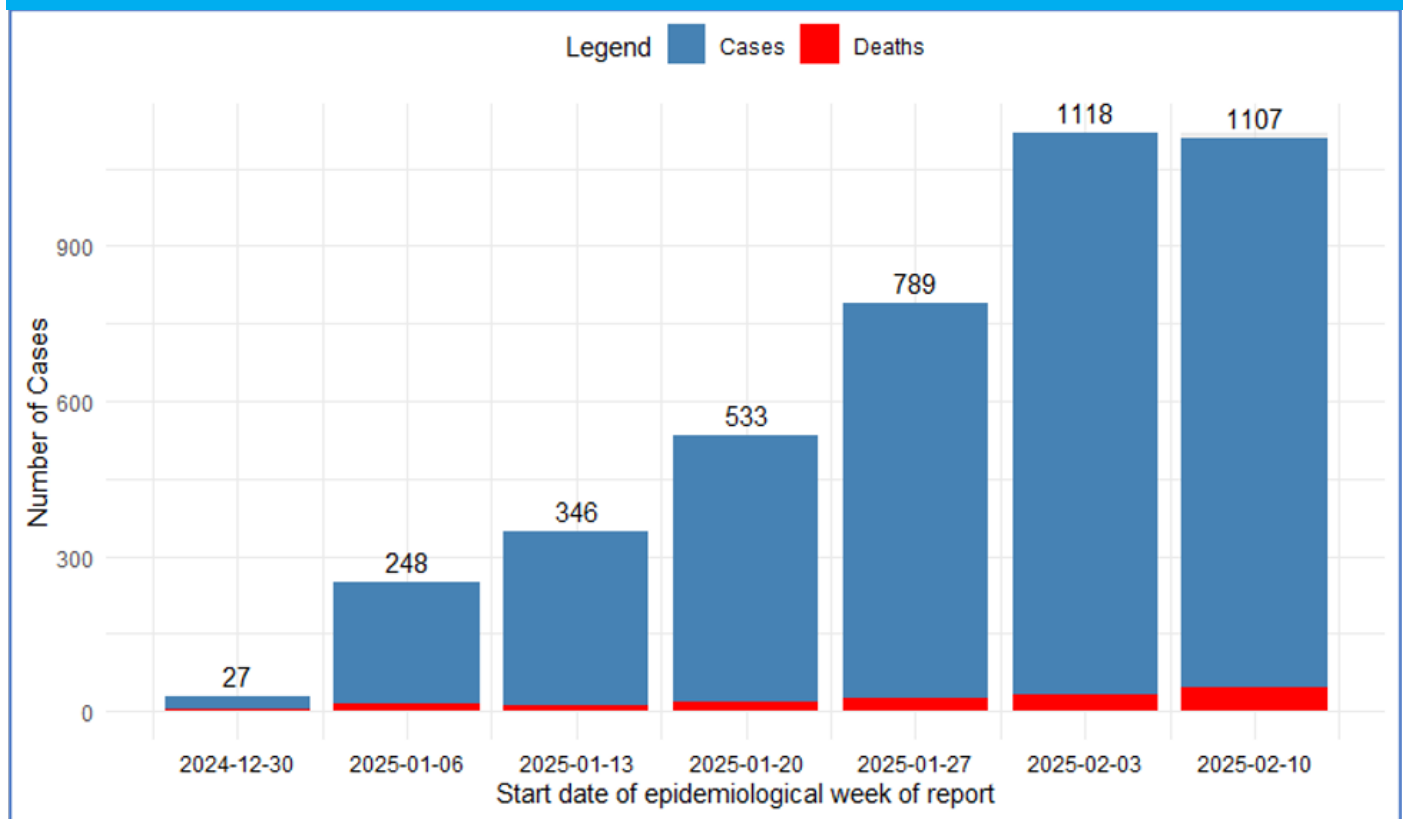
SITUATION INTERPRETATION

The cholera outbreak in Angola is showing signs of both stabilization and escalation, highlighting disparities in response effectiveness across affected provinces. While Luanda appears to be achieving some level of control, the surge in cases and deaths in Bengo suggests ongoing transmission, possibly exacerbated

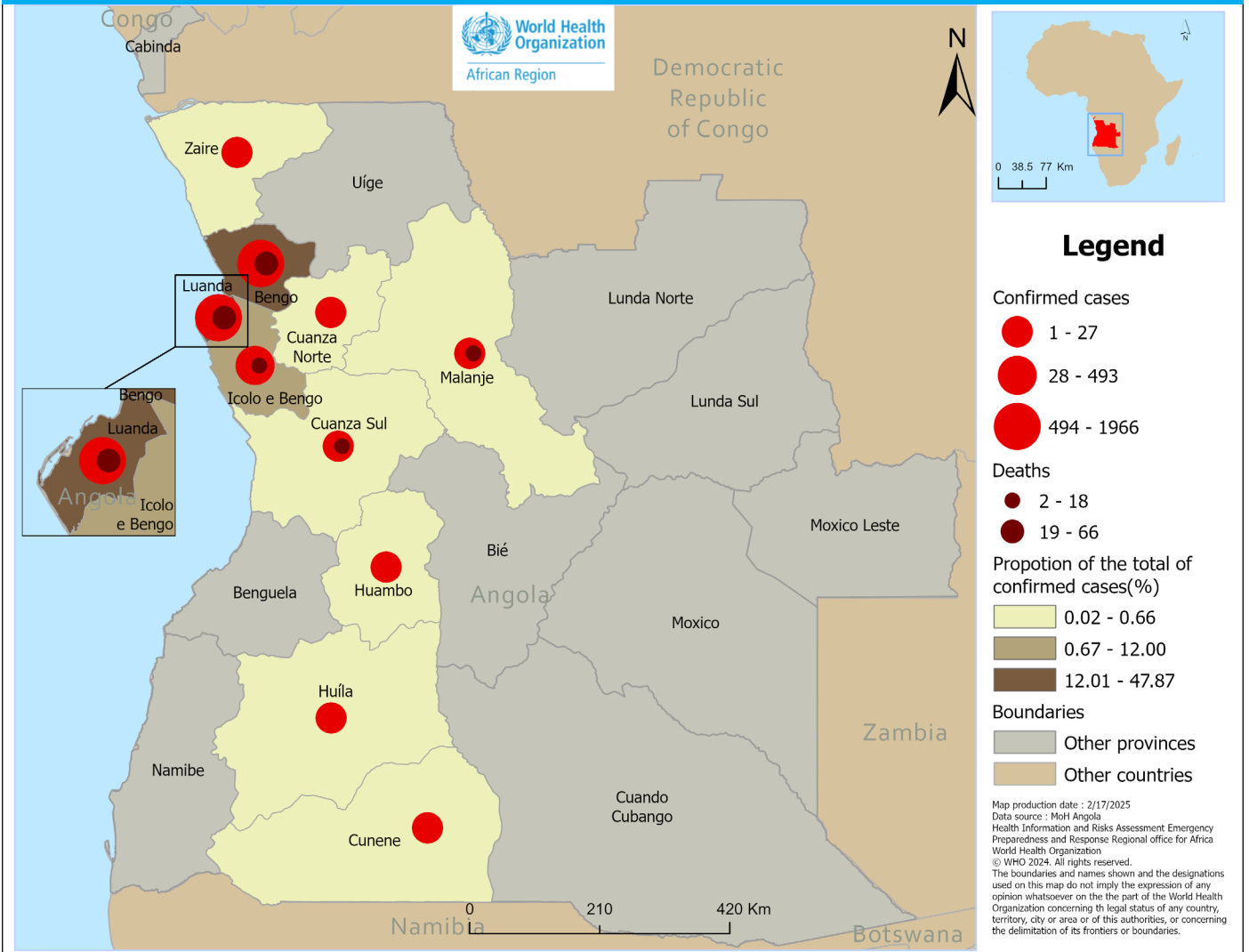
by inadequate water, sanitation, and hygiene (WASH) conditions, population movement, or delayed intervention. The high community death rate indicates critical gaps in early detection and treatment of cases, which could be driving the high CFR, particularly among vulnerable populations such as older adults.

The multisectoral response seems to be well-structured, but its effectiveness hinges on rapid implementation, particularly in strengthening early case identification and treatment pathways. The reliance on a single-dose oral cholera vaccine (OCV) campaign is a necessary short-term measure, but without sustained improvements in WASH infrastructure and behavioural change interventions, the risk of prolonged transmission remains high. The ongoing laboratory confirmation of *Vibrio cholerae* underscores the need for real-time genomic surveillance to detect potential changes in bacterial virulence or antibiotic resistance. Moving forward, targeted interventions should focus on strengthening surveillance activities, reinforcing case management capacities, and addressing social determinants that perpetuate transmission in high-burden areas.

Weekly number of cholera cases and deaths, Angola, 30 December 2024 – 16 February 2025



Geographic distribution of cholera cases by provinces in Angola, 30 December 2024 – 16 February 2025



Eastern Democratic Republic of the Congo

Complex Humanitarian Crisis

EVENT DESCRIPTION

The humanitarian crisis in North and South Kivu provinces continues to worsen, marked by escalating violence and mass displacement. Since the Mouvement du 23 Mars (M23) armed group captured Goma on 27 January 2025, its forces have advanced into South Kivu, seizing multiple localities, including Kavumu Airport and Bukavu city on 14 February 2025. This escalation raises serious concerns about further instability and mass population displacement.

In Goma, North Kivu, security remains fragile. While a precarious calm has allowed for a gradual resumption of socio-economic activities, violence persists, particularly on the outskirts. Targeted attacks on humanitarian workers have intensified, including the assassination of three Swiss Church Aid (HEKS/EPER) staff members in Kabirangiro village on 5 February. Despite the notable increase in the return of displaced people, particularly to Masisi (42 600 people) and Nyiragongo (32 600 people) territories, surrounding territories remain volatile.

The humanitarian impact remains severe. Electricity disruptions in Goma due to damage to the high-voltage power line from Bukavu continue to affect hospitals and water infrastructure. Many families still rely on untreated water from Lake Kivu, increasing the risk of waterborne diseases, particularly cholera. Reports of gender-based violence have surged, with 45 cases of rape among displaced persons, including 21 collective assaults admitted in two hospitals in Goma. Recent looting of humanitarian warehouses and supply disruptions continue to worsen food and medical shortages, with displaced people facing severe malnutrition risks.

The health crisis continues to escalate, with cholera outbreaks spreading. In Buhimba health area in Goma, 70 new cholera cases were reported within a week, with 80% of all cases in North Kivu stemming from displacement camps. Of the 128 mpox patients who fled Goma treatment centers during the armed clashes, only 33 have been found a week later. Medical facilities remain overwhelmed, having treated 4 260 injured individuals since 26 January 2025, including 1 178 admitted between 5 and 10 February. The Red Cross has buried over 2 000 bodies, while 900 remain in overcrowded morgues, posing serious public health concern. The disruption of epidemiological surveillance due to ongoing violence is complicating outbreak response efforts.

PUBLIC HEALTH ACTIONS

- ▶ In North and South Kivu, coordination has been

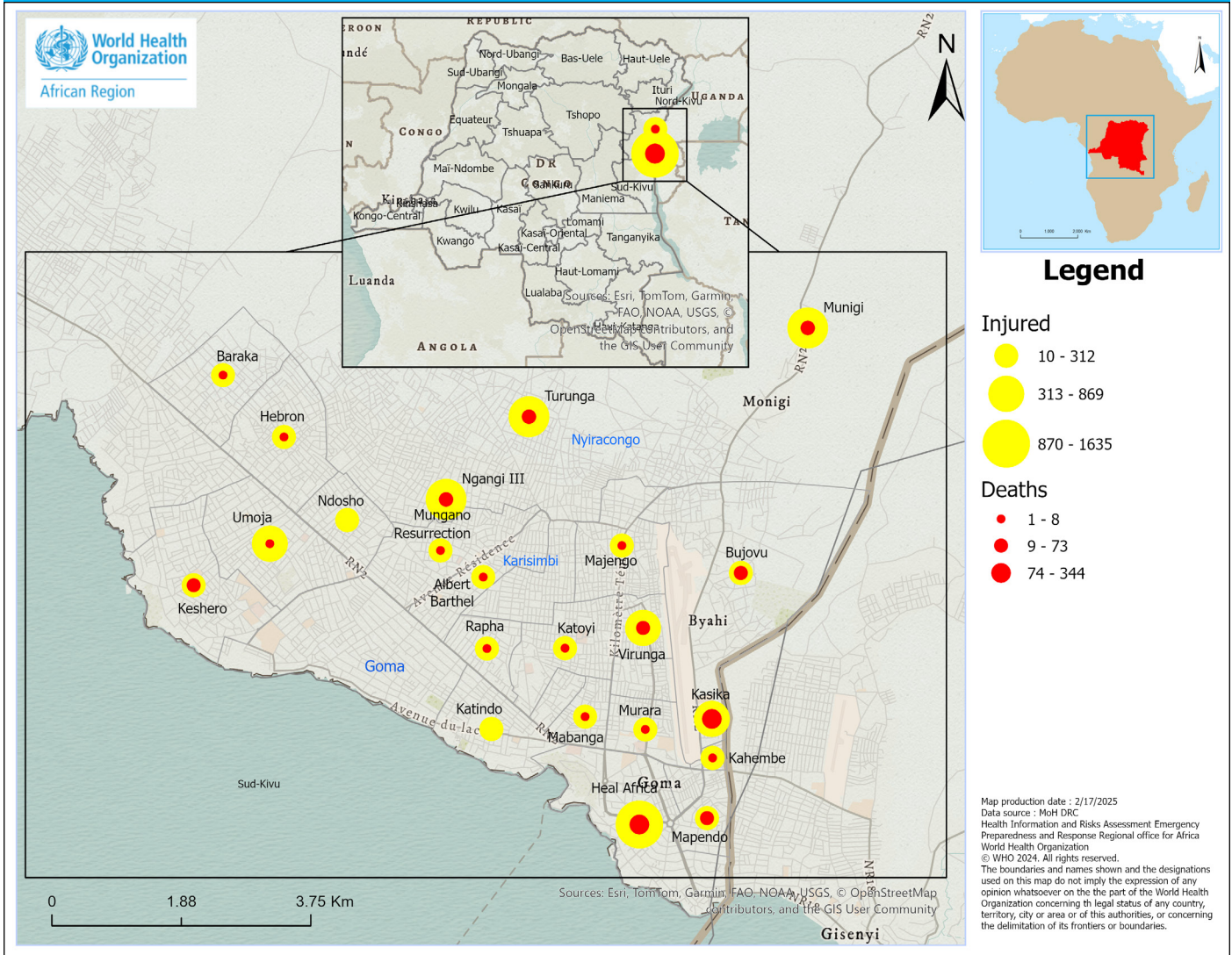
reinforced. On 3 February, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) led an assessment mission along the Rugari-Rumangabo-Kalengera-Rubare axis in Rutshuru town in North Kivu to assess returnees and their urgent needs. Another assessment followed on 4 February along the Goma-Minova axis to determine the conditions for sustained humanitarian access.

- ▶ Humanitarian organizations are actively working to reopen critical supply routes, ensuring the delivery of medical supplies and clean water distribution. Urgent efforts continue to reopen Goma Airport, which is vital for medical evacuations and humanitarian aid deliveries.
- ▶ WHO and UNICEF resumed Mpox vaccinations on 5 February, targeting 1 500 contacts in Goma.
- ▶ Cholera surveillance has been reinforced, with emergency response teams deployed to Buhimba and other outbreak-affected areas.

SITUATION INTERPRETATION

The ongoing armed conflict in North and South Kivu, marked by the M23 offensive and territorial gains, has triggered mass displacement, heightened insecurity, and severe disruptions to essential services. Violence, attacks on humanitarian workers, and blocked supply routes have critically hindered aid delivery, escalated public health risks, and worsened food and medical shortages, leaving displaced populations in extreme vulnerability. The continued deterioration of security conditions threatens further displacement into already overstretched areas, exacerbating regional instability. WHO urgently calls for unrestricted humanitarian access, strengthened civilian protection, the restoration of critical infrastructure, and a coordinated international response to prevent further escalation and mitigate the public health crisis.

Injuries and deaths reported during the latest armed clashes in Goma, Eastern Democratic Republic of the Congo, 14 February 2025



All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Democratic Republic of the Congo	Unknown Disease	Ungraded	21-Jan-25	10-Jan-25	15-Feb-25	431	-	53	12.30%
See details in the article									
Ongoing Events									
Angola	Drought/food insecurity	Ungraded	1-May-24	1-May-24	21-Jan-25	2,200,000			0.00%
The southern and eastern regions of the country continue to be affected by a severe El Niño induced drought, the most protracted in 40 years, leaving about 2.2 million people in dire need of food and humanitarian assistance. With six consecutive years of below-average rainfall, dry conditions, and annually decreasing harvests, many families have been forced to migrate in search of food and livelihood. The situation is projected to worsen through May 2025, specifically in Cunene, Cuando Cubango, and parts of Huíla, Namibe, and Moxico provinces.									
Angola	Cholera	Grade 3	7-Jan-25	31-Dec-24	16-Feb-25	4,107	630	147	3.80%
See details in the article									
Botswana	Drought/food insecurity	Ungraded	24-May-24	1-May-24	31-Dec-24	37,000			0.00%
The Government of Botswana declared severe drought conditions for the 2023/2024 agricultural season. Food shortages, with their attendant consequence of high mortality rates among livestock, are affecting a number of regions, particularly Hukuntsi, Mabutsane, and the Northeast. Humanitarian organizations continue to support the government to mitigate the impact of the ongoing drought.									
Burkina Faso	Humanitarian crisis (Sahel Region)	Protracted 2	1-Jan-19	1-Jan-19	15-Jan-25	5,900,000		-	-
The security situation in Burkina Faso and the entire Sahel Region remains fluid, with a significant impact on civilian populations due to attacks by armed groups. Access to healthcare services remains a major challenge in the affected areas. As of February 2025, 5.9 million people need humanitarian assistance. Humanitarian organizations are targeting 3.7 million people with critical needs, though funding constraints continue to challenge response efforts.									
Burundi	Complex Humanitarian crisis	Ungraded	1-Sep-23	1-Jan-24	31-Dec-24	1,200,000	-	-	
According to the Integrated Food Security Phase Classification (IPC) analysis, an estimated 484 490 children aged 6-59 months are suffering or expected to suffer elevated levels of acute malnutrition between June 2024 and May 2025. It is projected that from October 2024 to May 2025, the nutritional situation will deteriorate, with five districts likely to move into IPC Acute Malnutrition Phase 2 (Alert) and six into IPC Acute Malnutrition Phase 3 (Serious). The country is also hosting nearly 91 100 refugees and asylum seekers, with two-thirds of them living in displacement camps in the eastern part of the country.									
Burundi	Cholera	Grade 3	1-Jan-23	1-Jan-23	16-Feb-25	2340		12	0.50%
Burundi is facing a protracted cholera outbreak, first declared in January 2023 by the Ministry of Health. In epidemiological week 8 (10-16 February 2025), two new cases were reported from North Bujumbura. From 1 January 2023 to 16 February 2025, a cumulative total of 2,340 cases with 12 deaths have been reported. The outbreak has impacted fourteen districts, with five remaining active in the last four weeks leading to epidemiological week 8, 2025.									
Burundi	Mpox	Grade 3	25-Jul-24	25-Jul-24	16-Feb-25	7103	3,463	1	0.00%
From 25 July 2024 to 16 February 2025, Burundi has reported 7 103 suspected cases of mpox with one death. Of these, 3,463 cases have been confirmed across 46 health districts in the country. The outbreak was initially declared on 25 July 2024 by the Ministry of Health of Burundi following the confirmation of the first three cases at the National Reference Laboratory. The outbreak remains active in 15 districts across the country.									
Cameroon	Humanitarian crisis (North-West & South-West)	Protracted 2	1-Oct-16	27-Jun-18	31-Dec-24	3,400,000		-	-
In December 2024, the security situation in the North-West and South West regions of Cameroon remained tense and volatile, marked by increased clashes between armed groups and government forces in both regions. An increase in abductions for ransom and extortion/illegal taxation was reported.									
Cameroon	Humanitarian crisis (Sahel Region)	Protracted 2	31-Dec-13	27-Jun-17	15-Jan-25	573,273	-	-	-
Since 2014, the Far North region of Cameroon has been the victim of attacks by non-state armed groups, in addition to disasters and intercommunity conflicts that have created humanitarian crises marked by population movements. Return movements and short- and long-term displacements are reported in the various departments of the region. The Far North region is home to 573 263 people who have been displaced by violence and natural disasters, including IDPs, and refugees from Nigeria									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-25	9-Feb-25	51	41	1	2.00%
Measles is endemic in Cameroon, with eight of the country's 10 regions reporting at least one confirmed case since the beginning of 2025. From 1 January to 9 February 2025, 51 cases (laboratory-confirmed, epidemiological-linked, and clinical-compatible) with one death have been reported across the country. Of these, 41 cases have been laboratory-confirmed as IgM-positive for measles virus infection.									
Cape Verde	Dengue fever	Protracted 2	6-Nov-23	6-Nov-23	27-Jan-25	27743	18,690	8	0.00%
In epidemiological week 4 (ending on 27 January 2025), 50 confirmed cases of dengue fever were reported from Sao Vicente (n=26), Sao Filipe (n=18), Praia(n=4), Mosteiros (n=1), and Santa Catarina do Fogo (n=1) municipalities. As of 27 January 2025, a total of 27 743 cases, including eight deaths has been reported. Of these, 1 8690 are laboratory-confirmed cases.									
Central African Republic	Complex Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	15-Jan-25	2,400,000		-	-

The Central African Republic (CAR) has been facing a humanitarian crisis for more than a decade following military-political conflicts. The country has been affected by conflict, with the ongoing presence of armed groups. Violence against civilians and frequent disasters, like flooding, continue to drive new displacements. Of the 6.4 million country's inhabitants, 2.4 million will need humanitarian assistance in 2025									
Central African Republic	Impact of Sudan crisis in CAR	Grade 3	1-May-23	1-May-23	17-Jan-25	37,089	-	-	-
Since mid-April 2023, following the violence that broke out in Sudan between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), the Central African Republic (CAR) has been hosting thousands of Sudanese refugees through several entry points, the majority passing through Am-dafock, in the Vakaga region of CAR. As of 17 January 2025, there were 37 089 forcibly displaced people from Sudan who arrived in CAR since 15 April 2023. Out of this number, 30 729 are refugees.									
Central African Republic	Dengue fever	Protracted 2	10-Sep-24	13-Jul-24	31-Dec-24	106	106	0	0.00%
On 10 September 2024, WHO was informed of a confirmed dengue outbreak in Central African Republic. The first case was confirmed on 13 July 2024 in a 29-year-old woman from SICA I in the commune of Bangui. From 13 July to 31 December 2024, 106 cases were laboratory-confirmed for dengue serotypes 1 and 2 at Institut Pasteur of Bangui. Since the beginning of the outbreak, five health districts reported at least one confirmed case of dengue, namely, Bangui 1, Bangui 2, Bangui 3, Bimbo, and Bégoua.									
Central African Republic	Mpox	Grade 3	3-Mar-22	4-Mar-22	2-Feb-25	588	99	3	0.50%
From 29 January to 4 February 2025, 15 new suspected mpox cases were reported, including one new confirmed case and zero deaths in the Mbaïki health district. This brings the total for 2025 to 76 suspected cases, with eight confirmed cases, including five in Mbaïki, and zero deaths. Since early 2024, a total of 588 suspected cases have been recorded, with 99 confirmed cases and three deaths, resulting in a case fatality rate of 3%. The median age of confirmed cases is 12 years, ranging from two months to 58 years, with males slightly more affected (sex ratio of 1.7). Three health districts remain in active outbreak.									
Central African Republic	Rift Valley Fever (RVF)	Ungraded	31-Dec-24	23-Dec-24	17-Jan-25	6	1		0.00%
On 10 January 2025, a new outbreak of Rift Valley Fever (RVF) was declared in the Ngaoundaye health district (HD) within Health Region No. 3. This health district is situated in the northeast of the country, in the tri-border area of the Central African Republic (CAR), Chad, and Cameroon. As of 17 January 2025, a total of six cases, including one confirmed case with no deaths, have been reported in the Ngaoundaye health district.									
Chad	Humanitarian crisis (Sahel region)	Protracted 2	11-Feb-22	1-Mar-16	10-Jan-25	3,700,000	-	-	-
In Chad, it is estimated that more than 3.7 million people (or 21% of the Chadian population) could be in acute food insecurity (phases 3 and above) during the next lean season (June-September). Nearly 50 departments are affected, with more than 3.2 million people in crisis phase and more than 400,000 people in emergency phase. This is the largest number of people in food insecurity ever recorded in Chad. Regarding malnutrition, health facilities have recorded high admission rates of children under 5 years old in malnutrition care facilities, compared to the average of the last 9 years. The situation is exacerbated by aggravating factors such as: atypical increases in food prices, massive influx of refugees, population movements linked to insecurity and climatic shocks (floods and drought).									
Chad	Impact of Sudan crisis in Chad	Grade 3	15-Apr-23	15-Apr-23	23-Jan-25	931,846	-	-	-
An estimated 931 846 people have crossed into Chad since the onset of the crisis in Sudan, of which 216,337 are Chadian returnees as of end of December 2024. The refugees live in 21 camps in nine health districts spread across Ennedi Est, Ouaddaï, Sila, and Wadi Fira provinces. In the camps, challenges in accessing essential health services remain due to multiple factors, including difficult physical access, limited medical supplies, and a lack of health care workers									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	1-Jan-24	27-Jan-25	29	29	0	0.00%
In 2024, Chad reported 29 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2), with the most recent case having an onset of paralysis on 15 November 2024. This follows 55 cVDPV2 cases recorded in 2023. In 2022, 44 cVDPV2 cases were reported. In 2020, 106 cVDPV2 cases were reported from three different outbreaks. Nine cases were reported in 2019. As of 27 January 2025, no human case and cVDPV2-positive environmental samples were reported.									
Comoros	Cholera	Grade 3	2-Feb-24	2-Feb-24	29-Dec-24	11171		153	1.40%
From 2 February to 29 December 2024, 11 171 suspected cholera cases and 153 deaths were reported in Comoros (CFR: 1.4%), with 65 deaths in healthcare facilities and 88 in the community. The outbreak affected all three health regions, with Ndzuwani (9126 cases) most affected, followed by Ngazidja (1398) and Mwali (647). Since September, 763 cases have been reported, mainly in Ngazidja, while Mwali has recorded suspected cases since November, though none have tested positive by RDT.									
Congo	Mpox	Grade 3	23-May-22	1-Jan-24	12-Jan-25	290	24	0	0.00%
No new confirmed case of Mpox was reported in Congo in week 1, 2025. From Week 1, 2024, to Week 1, 2025, a total of 290 suspected cases of Mpox were reported, including 24 confirmed cases and zero deaths. Most of the confirmed cases were reported in the Cuvette department (15 cases), followed by the Likoula (4 cases) department.									
Côte d'Ivoire	Mpox	Grade 3	5-Jul-24	5-Jul-24	19-Jan-25	552	109	1	4.00%
Côte d'Ivoire reported two new confirmed cases of Mpox in the last six months. From 1 January 2024 to 19 January 2025, Côte d'Ivoire reported 552 suspected cases, including 109 confirmed cases and one death. Thirty-five districts have recorded at least one confirmed case.									
Democratic Republic of the Congo	Complex Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	23-Jan-25	21,200,000	-	-	-
The DRC continues to face persistent humanitarian challenges related to growing insecurity in some regions and entrenched structural problems exacerbating humanitarian needs. Thus, the sharp deterioration of the humanitarian situation in 2023 had adverse consequences for millions of people, particularly in the east part of the country. Since the renewed M23 offensives near Goma on 23 January 2025, hundreds of thousands of people have once again been forced to flee multiple active conflict zones, with reception and assistance capacities already overstretched. In 2025, 21.2 million people need humanitarian assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-24	19-Jan-25	23887	2,754	316	1.30%
In week 3 of 2025 (ending 19 January), the Democratic Republic of the Congo (DRC) reported 1065 suspected cholera cases and 22 deaths (CFR: 2.1%), with 84% of cases from Haut-Lomami (523 cases), Nord-Kivu (192), Haut-Katanga (131), and Tanganyika (106) provinces. From 1 to 19 January 2025, a total of 2849 suspected cases and 47 deaths were recorded. The outbreak has affected nine of 26 provinces, with 90% of cases concentrated in Haut-Lomami (1424 cases), Nord-Kivu (499), Haut-Katanga (375), and Tanganyika (263) provinces. Haut-Lomami also accounts for 40% of the country's reported deaths.									
Democratic Republic of the Congo	Meningitis	Ungraded	29-Dec-24	21-Dec-24	29-Jan-25	64	7	6	9.40%

From epidemiological week 51 of 2024 to the first epidemiological week of 2025, the health zone of Banalia in Tshopo province reported 17 cases, including five deaths (case fatality rate of 29%). In week 1 of 2025, seven cases with one death were recorded. As of 6 January 2025, the INRB Kinshasa received 12 samples from the Banalia health zone, of which seven tested positive for <i>Neisseria meningitidis</i> W135 (confirmation rate of 58%). Preliminary investigations indicate that the cases are concentrated on the right bank of the Aruwimi River, in the Mangi Health Area (HA), the epicentre of the recent meningitis outbreak in the Banalia health zone, which reported a total of 2,662 cases and 205 fatalities in 2021.									
Democratic Republic of the Congo	Mpox	Grade 3	30-Mar-19	1-Jan-24	16-Dec-24	57415	12,651	1285	2.20%
From 1 January 2022 to 17 December 2024, a total of 57415 cases and 1285 deaths (CFR: 2.2%) were reported. Clades Ia and Ib have been detected in the country.									
Ethiopia	Complex Humanitarian crisis	Grade 3	4-Nov-20	4-Nov-20	10-Jan-25	21,400,000	-	-	
In Ethiopia, the humanitarian situation remains concerning. The combination of natural (drought, floods, earthquake) and manmade (conflict) has deteriorated the humanitarian situation in the country. Access restrictions imposed by local militia prevent population's access to services. Low crop production, high food prices, and lack of humanitarian and social protection support, have increased acute food insecurity. The ongoing conflict in the Amhara and Oromia regions is severely affecting public health, with increased violence and barriers to accessing health services. This complicates the response to outbreaks like cholera, measles, and malaria. More to that, at least 10 earthquakes were recently reported in Ethiopia and there are signs of possible volcanic activity. Ethiopia's government said it is evacuating approximately 80,000 people following a series of small-scale earthquakes in the Afar, Oromia and Amhara regions.									
Ethiopia	Earthquake	Ungraded	8-Jan-25	8-Jan-25	17-Feb-25	80,000			
Since 27 September 2024, seismic activity has been on the rise in Awash Fentale and Dulecha woredas of Afar region, reaching its peak at the end of December 2024. The activity has extended to parts of Oromia region. The increased seismic activity has caused significant displacement and infrastructure damage, including to health facilities. Approximately 80 000 people are affected across the two regions (60,000 in Afar and 20,000 in Oromia).									
Ethiopia	Impact of Sudan crisis in Ethiopia	Grade 3	1-May-23	1-May-23	5-Jan-25	68,008	-	-	
Following the outbreak of armed conflict in Sudan on 15 April 2023, Ethiopia is receiving thousands of forcibly displaced people at various points of entry along the land border between Sudan and Ethiopia. As of 5 January 2025, a total of 68 008 arrivals in need of international protection since April 2023 have been registered.									
Ethiopia	Malnutrition crisis	Ungraded	5-Dec-24	1-Jan-25	2-Feb-25	42,570	-	-	
The nutrition situation in Ethiopia is concerning as indicated by nutrition surveys conducted last year. In epi-week 5 only this year a total of 9 037 severe acute malnutrition (SAM) cases has been reported, of these 1 275 (14%) admitted for SAM with medical complications. From epi-week 1 to epi-week 5, 2025, a total of 42 570 SAM cases have been reported countrywide. Nationally, the total SAM cases increased by 7.3% compared to previous epi-week 4, 2025.									
Ethiopia	Cholera	Grade 3	17-Sep-22	1-Aug-22	9-Feb-25	58381		726	1.20%
The ongoing cholera outbreak in Ethiopia started on 27 August 2022. As 2024 ended and 2025 began, there was a marked reduction in new cases and deaths. Currently, cholera is active in only two districts within the Amhara region. In 2025 so far, 223 cases and four deaths have been reported as of 9 February from active woredas giving a cumulative number of 58 381 cases and 726 deaths since the start of the outbreak in August 2022.									
Ethiopia	Malaria	Grade 3	20-Jun-23	1-Jan-25	2-Feb-25	774097		31	0.00%
The malaria outbreak in Ethiopia is still ongoing. A total of 139 774 confirmed and clinical malaria cases and three deaths were reported in Epi-week 5. The malaria cases decreased by 2.3% compared to previous Epi-week 4. Nationally, a total of 774 097 confirmed and clinical malaria cases and 31 deaths were reported in 2025.									
Ethiopia	Measles	Ungraded	13-Apr-17	1-Jan-25	2-Feb-25	912	895	3	0.30%
In 2025, confirmed measles outbreaks are reported from 19 districts (woredas) including five districts since last year. As of week 5, a total of 912 measles cases and three deaths are reported. Among the total cases reported, 97 are laboratory confirmed and 798 are epi-linked									
Ghana	Cholera	Grade 3	31-Aug-24	1-Oct-24	14-Feb-25	6,290	549	49	0.80%
Since the beginning of the outbreak a total of 6,290 cases with 49 deaths (CFR 0.8%) have been reported. Cases have been reported across 118 districts in five of the country's 16 regions, with 98% occurring in Central (1625 cases), Western (2225), and Greater Accra (1340) regions. Among confirmed cases, 51% are aged 21–40 years, and 65% are male.									
Guinea	Measles	Ungraded	3-Jul-24	1-Jan-25	26-Jan-25	619	25	0	0.00%
From W1 to W4, 2025, a total of 619 suspected measles cases with no death were reported. Of the 175 cases tested, 25 were laboratory-confirmed (IgM+). In week 4, 2025, six districts were in epidemic phase. From week 1 to week 48, 2024, a total of 2 947 suspected measles cases including 39 deaths (CFR 1.32%) were reported. Of the 1 217 cases tested, 830 were laboratory-confirmed (IgM+). In week 48, 2024, 11 districts were in epidemic phase.									
Guinea	Mpox	Grade 3	2-Sep-24	2-Sep-24	8-Dec-24	70	2	0	0.00%
On 2 September 2024, WHO was informed of a mpox confirmed case in a 7-year-old schoolgirl of Koyamah locality in the southern Macenta health district of Guinea. From 2 September to 8 December 2024, a total of 50 suspected cases with no death were reported, of which two were confirmed for Mpox virus Clade IIB.									
Kenya	Anthrax (suspected)	Ungraded	13-Jan-25	14-Dec-24	5-Jan-25	31			0.00%
Suspected anthrax cases have been reported in Embu County, with 31 suspected cases line-listed from 14 December 2024 to 5 January 2025. The cases are clustered within Kyeni North and Kagaari wards of Runyenjes sub county. The cases were exposed through domestic slaughter and handling of animal products from cows with suspected anthrax.									
Kenya	Measles	Ungraded	29-Jun-22	1-Jan-23	4-Feb-25	2949	355	18	0.60%
Since January 2024, a total of 18 counties in Kenya have reported measles outbreaks. Currently, ten sub-counties in eight counties have active outbreaks. Two (2) new cases were reported in the last week (Epi week five). As of 3 February 2025, cumulative cases of 2 949 have been reported, including 355 confirmed cases and 18 deaths, resulting in a case fatality rate (CFR) of 0.6%.									
Kenya	Mpox	Grade 3	3-Aug-24	22-Jul-24	4-Feb-25	37	37	1	2.70%
As of 3 February 2025, the total confirmed cases are thirty-seven (37), with one (1) death (CFR 2.7%) from twelve (12) counties. Thirty-two (32) patients have recovered, while three (3) remain hospitalized.									
Lesotho	Drought/food insecurity	Ungraded	22-Jul-24	12-Jul-24	20-Jan-25	293,000	293,000	-	-

Prolonged dry spells, high temperatures, and economic challenges have left approximately 293,000 people in rural Lesotho (19 percent of the population) facing severe food insecurity, classified as IPC Phase 3 (Crisis) or worse, from May to September 2024. Immediate interventions are crucial to address food gaps, protect livelihoods, and prevent acute malnutrition. The situation is expected to worsen, with around 403,000 people (27 percent of the rural population) projected to be in Crisis (IPC Phase 3) from October 2024 to March 2025.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	1-Jan-24	12-Jan-25	42	42	12	100.00%
In epidemiological week 2, three new suspected cases were reported from Maryland, Grand Bassa, and Montserrado Counties. From 1 January 2024 to 12 January 2025, a cumulative total of 42 confirmed cases of Lassa Fever have been reported, with 12 deaths (CFR:2.8%) at the country level.									
Liberia	Mpox	Grade 3	31-Aug-24	31-Aug-24	5-Feb-25	69	69	0	0.00%
On 6 February, Liberia reported one new confirmed Mpox case from the capital, Monrovia. Six cases were confirmed between 17 January and 5 February 2025. Cumulatively, from 1 January 2024 to 5 February 2025, 69 cases have been confirmed for Mpox.									
Madagascar	Cyclone Dikeledi	Ungraded	14-Jan-25	13-Jan-25	15-Jan-25	7,028	-	-	-
The number of people directly affected by Tropical Cyclone Dikeledi passage on 11 January 2025 in the extreme north of Madagascar increased to 7 028 people (2 284 families) including in Diana and Sava with 3 809 and 3 203 people respectively which were the most affected regions, according to the National Office for Risk and Disaster Management (BNGRC). At least three people were killed									
Madagascar	Malnutrition crisis	Protracted 2	1-Jul-21	1-Jan-21	20-Jan-25	357,900	-	-	-
Approximately 357 900 children aged 6 and 59 months are suffering or expected to suffer acute malnutrition between September 2024 and August 2025, with almost 51 percent (182 700) of cases expected in the Grand Sud-Est and 49 percent (175,200) in the Grand Sud. Of that total, 83 400 children are likely to suffer Severe Acute Malnutrition (SAM) and 274 500 are likely to suffer Moderate Acute Malnutrition (MAM). The highest caseload of children suffering SAM is in the Grand Sud-Est region (60 percent), compared to 40 percent in the Grand Sud.									
Malawi	Drought/food insecurity	Ungraded	26-Mar-24	28-Mar-24	20-Jan-25	5,700,000	-	-	-
In Malawi, the food insecurity situation is expected to deteriorate during the projection period (October 2024 – March 2025) which coincides with the lean season. Nearly 5.7 million people (28 % of the analyzed population) are estimated to be in Phase 3 or above with 416 000 people expected to be in Phase 4.									
Malawi	Cholera	Grade 3	-	12-Sep-24	24-Jan-25	265	92	14	5.30%
On 26 August 2024, Chitipa has reported 10 suspected cases at Kapenda Health Centre, with 3 RDT positive, one culture positive, and one sample pending. The cases are sporadic, initially coming from the Songwe River area, 29 Districts have been affected. As of 12 January 2025, five districts out of the 29 have active outbreaks Namely Balaka 107 (24.9%), Chitipa 92 (21.4%), Karonga 84 (19.5%), Machinga 79(18.4%) and Mzimba North 61 (14.2%). A total of 14 deaths have been recorded for the same period.									
Mali	Humanitarian crisis (Sahel region)	Protracted 2	11-Sep-17	11-Sep-17	20-Jan-25	6,400,000	-	0	0.00%
The humanitarian context in Mali remains marked by a complex crisis that stems from a volatile security situation, exacerbated by structural vulnerability factors, socio-economic challenges, as well as climate change. In 2025, 6.4 million Malians will have multi-sectoral humanitarian needs.									
Mauritius	Dengue fever	Protracted 2	17-Dec-23	17-Dec-23	31-Dec-24	9917	9348	5	0.10%
The index case for the ongoing dengue outbreak in Mauritius was reported on 27 August 2024, as of 31 December 2024, a total of 9 917 cases and five deaths have been reported									
Mozambique	Drought/food insecurity	Ungraded	5-Sep-24	5-Sep-24	20-Jan-25	1,980,000	-	-	0.00%
In Mozambique, between October 2024 and March 2025, 1.98 million people are projected to experience high levels of acute food insecurity (IPC Phase 3 or above). Of that total, 212 000 are likely to experience IPC Phase 4 (Emergency) and 1.7 million people are likely to be in IPC Phase 3 (Crisis).									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	31-Oct-24	20-Jan-25	1,300,000	-	-	-
In 2024, the compound effects of armed conflict in Cabo Delgado province, and vulnerability to natural hazards countrywide drove humanitarian needs in Mozambique. The year was marked by a recrudescence of the conflict in coastal districts of Cabo Delgado. The operational environment became more complex as non-State armed groups demonstrated increased capacity to plan and execute complex attacks. The displaced population remained vulnerable amid scarcer resources. An estimated 580,000 people remain displaced, predominantly women and children, with the largest concentrations in Pemba, Metuge, and Macomia. In 2025, 1.3 million people will need humanitarian assistance.									
Mozambique	Cholera	Grade 3	-	28-Oct-24	12-Jan-25	302	-	29	9.60%
A cholera outbreak was declared in Mogovolas District, Nampula Province on 28 October 2024. As of 12 January 2025, 302 suspected cases and 29 deaths (including 25 community deaths) had been reported. The outbreak primarily affected Namitil Sede locality (94% of cases), with smaller clusters in Rieque (2%), Mavuruta (2%), Moquito (1%), and Ilute Sede (0.4%) localities. In week 51, 19 suspected cases and eight community deaths were recorded. No further data has been reported since week 51 due to the destruction of the cholera treatment center (CTC) and a health facility in the district.									
Namibia	Drought/food insecurity	Ungraded	31-May-24	22-May-24	25-Jan-25	1,260,000	-	-	-
From October 2024 – March 2025, the food security situation is expected to worsen due to the start of the lean season, and seasonal price increases, where 1.26 million people (41 % of the analysed population) are expected to be in IPC Phase 3 or above. Most of the areas are likely to remain classified in Crisis (IPC Phase 3).									
Niger	Humanitarian crisis (Sahel region)	Protracted 2	1-Feb-15	1-Feb-15	20-Jan-25	2,700,000	-	0	0.00%
Niger faces a multidimensional crisis stemming from extreme climate events, growing insecurity, rapid population growth, and chronic poverty. With low resilience to shocks, the country remains highly vulnerable. In addition to the deteriorating security situation, severe flooding has further intensified the crisis, impacting over 1.4 million people nationwide. In 2025, 2.7 million people will need humanitarian assistance.									
Niger	Diphtheria	Ungraded	28-Aug-23	1-Jan-25	9-Feb-25	323	-	16	5.00%
In epidemiological week 6 (week ending on 9 February 2025), a total of forty-three new cases of diphtheria, including one death, were reported by treize health districts, representing 18 % of all 72 health districts in the country. The Ingal Health District (Agadez Region) reported the highest number of cases (19 cases, including zero deaths, representing 44 % of all diphtheria cases this week). As of Week 6, of 2025, the country had recorded 323 cases, including 16 deaths (CFR: 5 %).									
Nigeria	Humanitarian crisis (Sahel region)	Protracted 2	10-Oct-16	10-Oct-16	23-Jan-25	7,800,000	-	-	0.00%

Nigeria continues to face extensive humanitarian challenges. There is significant population displacement, with approximately 2.3 million internally displaced persons (IDPs) recorded by the end of 2024 with an estimated 33 million people projected to experience food insecurity during the 2025 lean season. Additionally, 1.8 million children in six north-eastern and north-western states are at risk of severe acute malnutrition (SAM)– among the highest global levels according to the IPC. Recent floods affected 34 out of 36 states, with Borno being the most severely impacted. High levels of inflation, including food inflation has impacted on the humanitarian situation. . In 2025, 7.8 million people will need humanitarian assistance.									
Nigeria	Lassa Fever	Ungraded	30-Nov-24	1-Jan-25	2-Feb-25	359	358	70	19.50%
In epidemiological week 5 (27 January - 02 February 2025), 68 new confirmed cases of Lassa fever, including 17 deaths, were reported from seven states across Nigeria. From 1 January - 02 February 2025, a cumulative total of 358 confirmed cases with 70 deaths (CFR: 19.6%) have been reported from 10 states. Ondo (133 cases, 17 deaths), Edo (71 cases, 11 deaths), Bauchi (63 cases, 6 deaths), and Taraba (56 cases, 18 deaths) States are the most affected, which together account for 90.2% of cases and 74.3% of deaths.									
Nigeria	Mpox	Grade 3	31-Jan-22	1-Jan-22	2-Jan-25	1754	182	0	0.00%
From 1 January to 2 January 2025, a total of 1 754 cases including 182 confirmed cases and zero deaths were reported.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-22	12-Feb-25	229	229	0	0.00%
No new case of cVDPV2 was reported this week. The total number of cVDPV2 cases reported in 2024 stands at 94. A total of 87 cVDPV2 cases were reported in 2023 and 48 cases in 2022.									
Rwanda	Mpox	Grade 3	24-Jul-24	24-Jul-24	12-Jan-25	90	90	0	0.00%
Rwanda confirmed its first two cases of Mpox on 24 July 2024. The current situation, as of 12 January is as following: 90 total confirmed cases; cases under follow-up: 19 and cumulative suspected cases: 5 898.									
Senegal	Chikungunya	Ungraded		23-Jan-25	28-Jan-25	2	2		0.00%
The Ministry of Health and Social Action of Senegal reported an outbreak of chikungunya involving two cases in Gossas District (Fatick Region) and Goudomp District (Sedhiou Region) following laboratory confirmation. The country usually experience sporadic outbreaks of the disease due to mosquito vector activity.									
Senegal	Crimean-Congo haemorrhagic fever	Ungraded	13-Jan-25	2-Jan-25	24-Jan-25	2	2	1	50.00%
WHO was notified of a new outbreak of Crimean-Congo Haemorrhagic Fever (CCHF) on 14 January 2025 in Kaffrine Region, Senegal. As of 24 January 2025, there have been two confirmed cases with one death (CFR 50.0%) reported from the Kaffrine Department. A total of 51 contacts have been identified. Of these, 28 have completed follow-up, while 23 are still under follow-up as of 24 January 2025.									
Senegal	Dengue fever	Protracted 2	14-Nov-22	6-Jan-25	26-Jan-25	9	9	0	0.00%
Between 6 and 26 January 2025, Senegal reported nine confirmed dengue cases, with four cases in week 2, four in week 3, and one in week 4. The majority of cases were male (five cases) and aged 15–60 years (seven cases), with one case in the 10–15 age group and one over 60 years old. By region, Fatick (six cases, 56%) was the most affected, followed by Dakar (two cases, 22%) and Saint-Louis (two cases, 22%).									
Senegal	Measles	Ungraded	4-Jul-22	1-Jan-25	26-Jan-25	12	12	0	0.00%
In week 4 of 2025 (ending 26 January), Senegal reported four confirmed measles cases from two districts. Since the beginning of the year, a total of 12 confirmed cases, all unvaccinated, have been recorded in seven districts, with seven cases among females. Linguère remains the only district experiencing an outbreak. Cases have been reported from Louga (six cases, 50%), Dakar (two cases, 17%), Thiès (two cases, 17%), Matam (one case, 8%), and Saint-Louis (one case, 8%) regions.									
Sierra Leone	Mpox	Grade 3	11-Jan-25	9-Jan-25	16-Feb-25	22	22	0	0.00%
Two confirmed cases of mpox were reported in epidemiological week 8 (10 - 16 February 2025). As of 16 February 2025, there are twenty-two confirmed cases with zero deaths reported from seven districts: Western Area Urban (7 cases), Tonkolili (3 cases), Western Area Rural (3 cases), Bombali (3 cases), Bo (2 cases), Moyamba (2 cases), Port Loko (1 case) and Karene (1 case). The outbreak was first declared on 11 January 2025, by the Ministry of Health of Sierra Leone following laboratory confirmation of a case of mpox in the Western Area Urban District in the country's capital city, Freetown.									
South Africa	Diphtheria	Ungraded	19-Jul-24	24-Dec-24	24-Jan-25	26	26	4	
According to the Western Cape Department of Health as at 18 December 2024, the Western Cape Province recorded 25 positive diphtheria results. This includes 10 positive results from a cluster in Kensington in August – September 2024. On 19 December 2024, 8 more laboratory positive results were recorded: one in a patient that presented to Groote Schuur Hospital on 18 December 2024 and seven contacts of a laboratory confirmed case (case number 4 in Table 1 below) in Pollsmoor Prison. Three more diphtheria suspects were recorded in week 51 with laboratory results still outstanding. A non-toxicogenic, cutaneous diphtheria case was recorded in week 25; however, this case is not included in the 25 confirmed diphtheria case count.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	15-Aug-16	5-Feb-25	9,300,000	-	-	-
In 2025, the humanitarian crisis in South Sudan has persisted due to a combination of sporadic armed clashes and intercommunal violence, food insecurity, public health challenges and climatic shocks. A total of 9.3 million people need humanitarian assistance this year. Following the recent events in Wad Madani in Sudan, where control of the city shifted from the Sudanese army, there were reports alleging the killing of South Sudanese individuals in the area. In response, a series of retaliatory incidents occurred in several parts of South Sudan in mid-January 2025.									
South Sudan	Impact of Sudan crisis in South Sudan	Grade 3	15-Apr-23	1-May-23	5-Jan-25	954,616	-	0	
Since the start of the Sudan emergency in April 2023, a total of 954 616 people fleeing conflict arrived from Sudan, including 686 376 returnees as of 5 January 2025. In December, over 100,000 people fleeing conflict arrived from Sudan the majority settling in communities along the border, straining already stretched humanitarian resources.									
South Sudan	Cholera	Grade 3	11-Oct-24	28-Sep-24	4-Feb-25	27,986	-	482	1.70%
During week 5, 2025, a total of 2 881 cholera cases were reported and 24 deaths. Cumulatively, a total of 27 986 cholera cases have been reported from 34 counties across seven states and one administrative area so far. The cumulative number of deaths is 482, of which 256 are health facility deaths and 226 from the community, resulting in overall CFR of 1.7%. The cumulative number of deaths has been revised compared to the previous report of 488 deaths.									
South Sudan	Mpox	Grade 3	7-Feb-25	7-Feb-25	16-Feb-25	3	3	0	0.00%
Two new confirmed cases have been reported from South Sudan in the last epidemiological week (week ending 16 February 2025). Cumulatively, three confirmed cases of mpox have been reported since the first case was reported on 7 February 2025. The two new cases are not epidemiologically linked to the first case.									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-24	1-Jan-23	4-Feb-25	13	13	0	0.00%

There was no new case of polio reported during week 5 of 2025, keeping the total number of confirmed Circulating Vaccine Derived Polio Virus type-2 (cVDPV2) at 13 reported from eight counties in four states namely, Western Equatoria, Central Equatoria, Unity and Jonglei state									
Tanzania, United Republic of	Cholera	Grade 3	3-Oct-23	5-Sep-23	30-Dec-24	12148		145	1.20%
Since 1 January 2024 cholera outbreaks have been reported in 23 regions (Mara, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi, Pwani, Mtwara, Tanga, Arusha, Songwe, Lindi, Mbeya and Dar es Salaam) in Tanzania Mainland, where a total of 12 148 cases and 145 deaths (CFR 1.2%) were reported. Out of 23 regions, Cholera outbreak was declared over in 13 regions (Mtwara, Arusha, Tabora, Geita, Kagera, Singida, Ruvuma, Dar es Salaam, Mara, Rukwa, Shinyanga, Pwani and Songwe).									
Tanzania, United Republic of	Marburg virus disease	Grade 2	9-Dec-24	10-Dec-24	16-Feb-25	10	2	10	100.00%
Zero new confirmed cases of Marburg Virus Disease (MVD) were reported from Tanzania during epidemiological week 7 (10 - 16 February 2025). A cumulative total of 10 cases with 10 deaths (CFR 100.0%) have been reported since the MVD outbreak was declared by the Ministry of Health of Tanzania. Of these, two were confirmed by laboratory tests while eight (8) are considered probable cases with epidemiological links to the index case. Since the last confirmed case died on 28 January 2025, 19 days have passed without a report of a new confirmed case of the disease in the country.									
Togo	Meningitis	Ungraded	15-Jan-25	1-Jan-25	4-Feb-25	48	6	7	14.60%
During epidemiological week 2, 2025, the Dankpen 2 locality from the Dankpen district in Togo crossed the epidemic threshold with nine suspected cases (an attack rate of 24.93 cases per 100,000 inhabitants). From epidemiological week 1 to epidemiological week 6, a total of 48 suspected cases and 7 deaths were reported in two districts (Dankpen 1 and Dankpen 2), with a sex ratio (M/F) of 1.28 (27 males and 21 females). The most affected age group is 15 to 29 years.									
Uganda	Cholera	Grade 3	12-Jan-25	7-Jan-25	9-Feb-25	117	46	1	0.90%
An outbreak of cholera is ongoing in Lamwo district, Northern region of Uganda. From 7 January - 9 February 2025, a total of 117 cases, including one death (CFR 0.9%), have been reported from six parishes in Agoro Subcounty. Of these cases, 46 have been laboratory-confirmed for Vibrio cholerae O1 Ogawa infection.									
Uganda	Crimean-Congo haemorrhagic fever	Ungraded	21-Jan-25	7-Jan-25	9-Feb-25	4	2	1	25.00%
Two confirmed cases of CCHF have been reported from the districts of Mubende in the Central Region (n=1) and Arua in the Northern Region (n=1) of Uganda. The case from Arua District reportedly died before test results were released. Two other cases from Mubende District remain suspected without laboratory testing. In total, four cases with one death (CFR 25.0%) have been reported as of 9 February 2025.									
Uganda	Mpox	Grade 3	26-Jul-24	29-Jul-24	9-Feb-25	2896	2,896	19	0.70%
As of 09 February 2025, Uganda has reported 2,896 confirmed cases of mpox with 19 deaths (CFR 0.7%) from 80 districts across the country.									
Uganda	Sudan virus disease	Grade 2	30-Jan-25	29-Jan-25	16-Feb-25	9	9	1	11.10%
Zero new confirmed cases of Sudan Virus Disease (SVD) were reported from Uganda during epidemiological week 7 (10 - 16 February 2025). Since the official declaration of the SVD outbreak in Uganda on 30 January 2025, a total of nine confirmed cases with one death (CFR 11.1%) have been reported as of 16 February 2025. A total of 283 contacts are under follow-up.									
Zambia	Drought/food insecurity	Ungraded	8-Mar-24	15-Jan-24	20-Jan-25	5,800,000	-	0	0.00%
An estimated 5.8 million people (33 percent of the analysed population) will likely experience heightened hunger between October 2024 and March 2025. The IPC projects that nearly 5.6 million people will likely experience IPC Phase 3 (Crisis) and 236,000 people IPC Phase 4 (Emergency).									
Zambia	Cholera	Grade 3	30-Dec-24	25-Dec-24	29-Jan-25	96	2	5	5.20%
On 29 January 2025, Zambia reported 15 new cholera cases, with 13 from Chililabombwe and two from Kitwe district. Since the outbreak began on 24 December 2024, a total of 96 cases, including five deaths (CFR: 5.2%), have been recorded. Chililabombwe (70 cases, five deaths) remains the most affected district, followed by Nakonde (21 cases), Kitwe (four cases), and Chingola (one case). Of the cumulative cases, 20 have been culture-confirmed, with Nakonde (10), Kitwe (three), Chililabombwe (six), and Chingola (one).									
Zambia	Mpox	Grade 3	8-Oct-24	8-Oct-24	5-Jan-25	4	4		0.00%
An IHR notification of an mpox case was reported by Zambia on 9 October 2024. From 8 October 2024 to 5 January 2025, a total of four confirmed cases with zero deaths were reported in Zambia.									
Zimbabwe	Drought/food insecurity	Ungraded	5-Apr-24	5-Apr-24	25-Jan-25	5,900,000		0	0.00%
In Zimbabwe, Crisis (IPC Phase 3) outcomes are expected throughout the country from October 2024 through May 2025. Following the 2023/24 El Niño-induced drought, own-produced food stocks are widely unavailable. The areas of highest concern are likely to be typical deficit-producing areas, where larger portions of the population are expected to face Crisis (IPC Phase 3) outcomes. In 2025, 5.9 million people will need food security and livelihood assistance.									
Zimbabwe	Cholera	Grade 3	12-Nov-24	1-Jan-25	8-Jan-25	48			0.00%
From 1 to 8 January 2025, Zimbabwe reported 48 cholera cases with no deaths. The outbreak, which began on 4 November 2024, had recorded 29 suspected cases by 29 November 2024, including one death (CFR: 3.4%), in Kariba District, Mashonaland West Province. Of these, 19 cases tested positive on rapid diagnostic tests (RDT), and five samples were confirmed positive through culture.									

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: <http://www.who.int/hac/about/erf/en/>.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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Correspondence on this publication may be directed to:

Dr Etien Luc Koua

Programme Area Manager, Health Emergency Information and Risk Assessment Programme.

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

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WCO Contributors

- Walter Manuel FIRMINO (WCO Angola)
- Muhau KUKU (WCO Angola)
- DIALLO, Amadou Mouctar (WCO DR Congo)
- FOTSING, Richard (WCO DR Congo)

AFRO Contributors

G. Sie Williams
D. Ntabozuko
K. Freddy Kavoga
F. Sarah
D. Gianni-Ferrari
K. Emerencienne
R. Mangosa Zaza
J. Kimenyi
G. Akpan
C. Okot
M. Keita
P. Otim
E. Dzotsi

Editorial Advisory Group

Dr Salam Gueye, *Regional Emergency Director*
E. Koua
D. Chamla
F. Braka

Data sources

Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.