

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 9: 24 February - 2 March 2025
Data as reported by: 17:00; 2 March 2025

1

New events

79

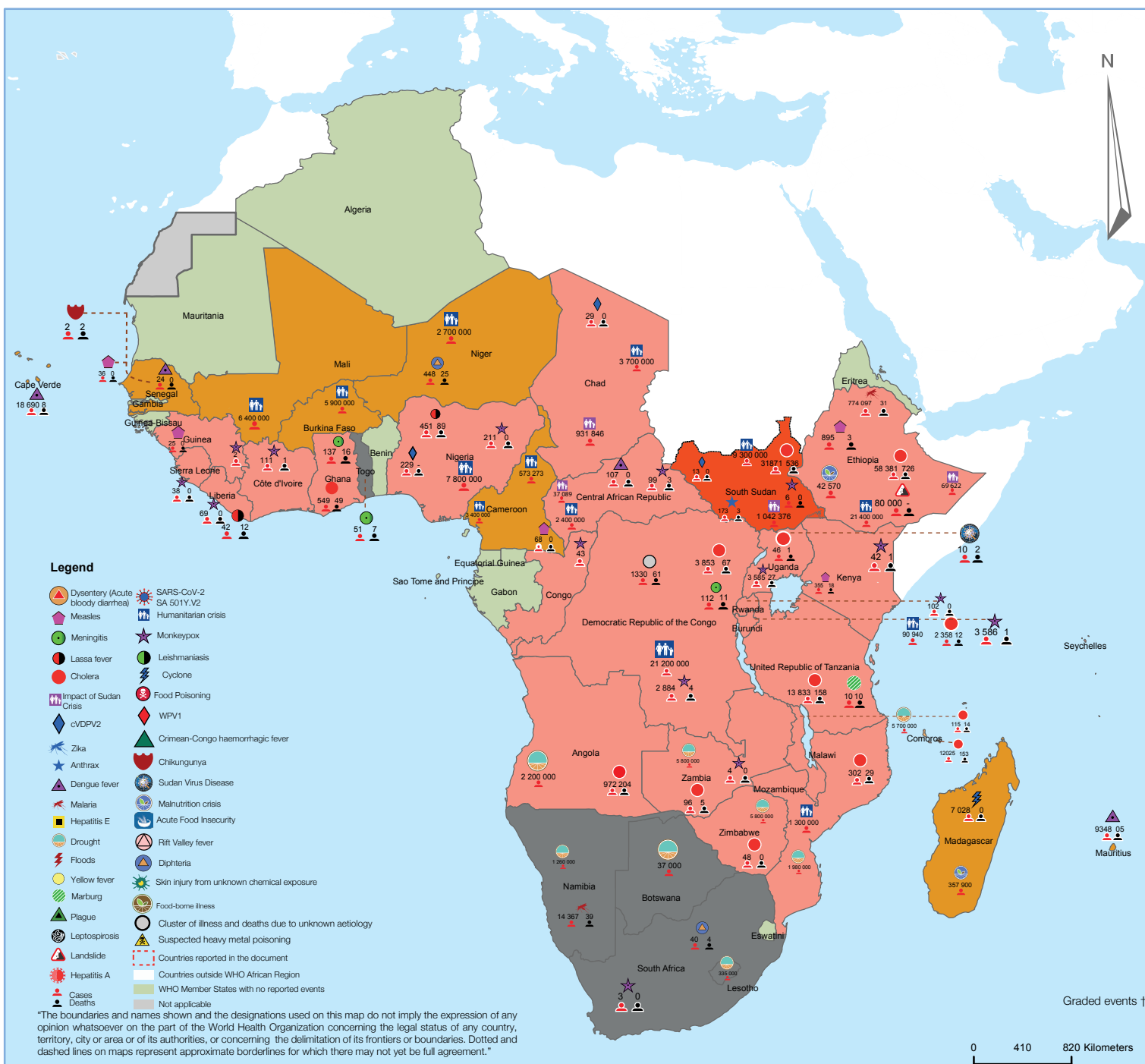
Ongoing events

52

Outbreaks

28

Humanitarian crises



5

Grade 3 events

4

Grade 2 events

0

Grade 1 events

27

Ungraded events

1

Protracted 3 events

5

Protracted 2 events

0

Protracted 1 events

Overview

Contents

1 Overview

2 - 7 Ongoing events

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:

- [Mpox in South Africa](#)
- [Sudan Virus Disease in Uganda](#)
- [Complex Humanitarian Crisis in Ethiopia](#)

Go [here](#) for latest update on Cluster of Illness and deaths in the 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..

- **Mpox in South Africa:** South Africa has reported a new cluster of three mpox cases in Ekurhuleni Metropolitan Municipality, Gauteng Province, marking the first documented cases of clade 1b MPXV in the country. The index case had recent travel history outside South Africa from 11 to 18 January 2025, to an area where an ongoing clade 1b MPXV outbreak is ongoing, which is likely the source of exposure. The introduction of clade 1b MPXV presents a significant public health threat due to its association with more severe disease and higher fatality rates. The high HIV prevalence in South Africa heightens concerns, as immunocompromised individuals are more vulnerable to severe mpox outcomes, prolonged viral shedding, and increased mortality. While initial response efforts appear strong, with secondary cases limited to close contacts of the index case, delays and misdiagnosis indicate gaps in clinical awareness and early detection. To prevent further spread, South Africa must strengthen surveillance and comprehensive contact tracing to ensure no transmission chains remains undetected.
- **Complex Humanitarian Crisis in Ethiopia:** Ethiopia is facing a complex humanitarian crisis, with 21 million people in need of humanitarian assistance due to ongoing conflict, displacement, climate shocks, and widespread food insecurity. Alarming levels of malnutrition, particularly in Afar and Tigray, and several concurrent disease outbreaks, including cholera, malaria, and measles, further strains the health system. With 4.4 million people displaced and continued underfunding of humanitarian efforts, urgent donor support is critical to address food insecurity, health needs, and the protection of vulnerable populations. Immediate action is required to bolster disease surveillance, provide food aid, and ensure access to essential health services.

South Africa

3
cases

0
Deaths

0.0%
CFR

mpox

EVENT DESCRIPTION

The outbreaks of mpox in the African Region continue, with new cases now being reported from South Africa. On 24 February 2025, the Government of South Africa notified WHO of a new cluster of three mpox cases in Ekurhuleni Metropolitan Municipality, Gauteng Province, following laboratory confirmation.

The index case is a 30-year-old male resident of Ekurhuleni who initially sought out-patient care from a general practitioner in Gauteng Province on 27 January 2025 following onset of illness. On 4 February 2025 following worsening condition, he was admitted to a private hospital, having presented with signs and symptoms of headache, fatigue, and blister-like lesions on his face, arms, and genital area. Attending clinicians initially treated for herpes infection with antibiotics and acyclovir, an antiviral medication used for herpes virus infections, and discharged him on 6 February 2025. Skin swab was collected from the case-patient prior to discharge and sent to the Lancet Laboratories for testing. Test results returned on 21 February 2025, as positive for mpox virus infection by real-time polymerase chain reaction (RT-PCR). Further testing of the sample at the National Institute of Communicable Disease (NICD) confirmed mpox infection, with genomic sequencing identifying the strain as clade 1b mpox virus (MPXV). The case-patient reportedly had recent travel to a country in the African Region from 11 – 18 January 2025, where an ongoing outbreak of clade 1b MPXV has been reported.

Following contact tracing by the Gauteng Provincial Department of Health, two additional cases were identified. The second case is a 27-year-old female, the partner of the index case, and the third case is a 30-year-old male, a friend of the index case. Samples collected from both individuals tested positive for mpox virus infection on 22 February 2025 at the NICD Laboratory.

As of 24 February 2025, a total of three new cases of mpox have been confirmed in Gauteng Province, South Africa as of 24 February 2025. All patients are undergoing treatment at home. This marks the first documented cases of clade 1b MPXV in South Africa, with the index case likely exposed during travel outside of South Africa, where this strain is currently circulating.

South Africa previously reported an mpox outbreak in 2022, involving five cases, and another in 2024, with 25 cases and three deaths, with the last case reported on 6 September 2024 from Western Cape Province. Genomic sequencing identified clade IIb MPXV as the circulating viral strain in the previous outbreaks.

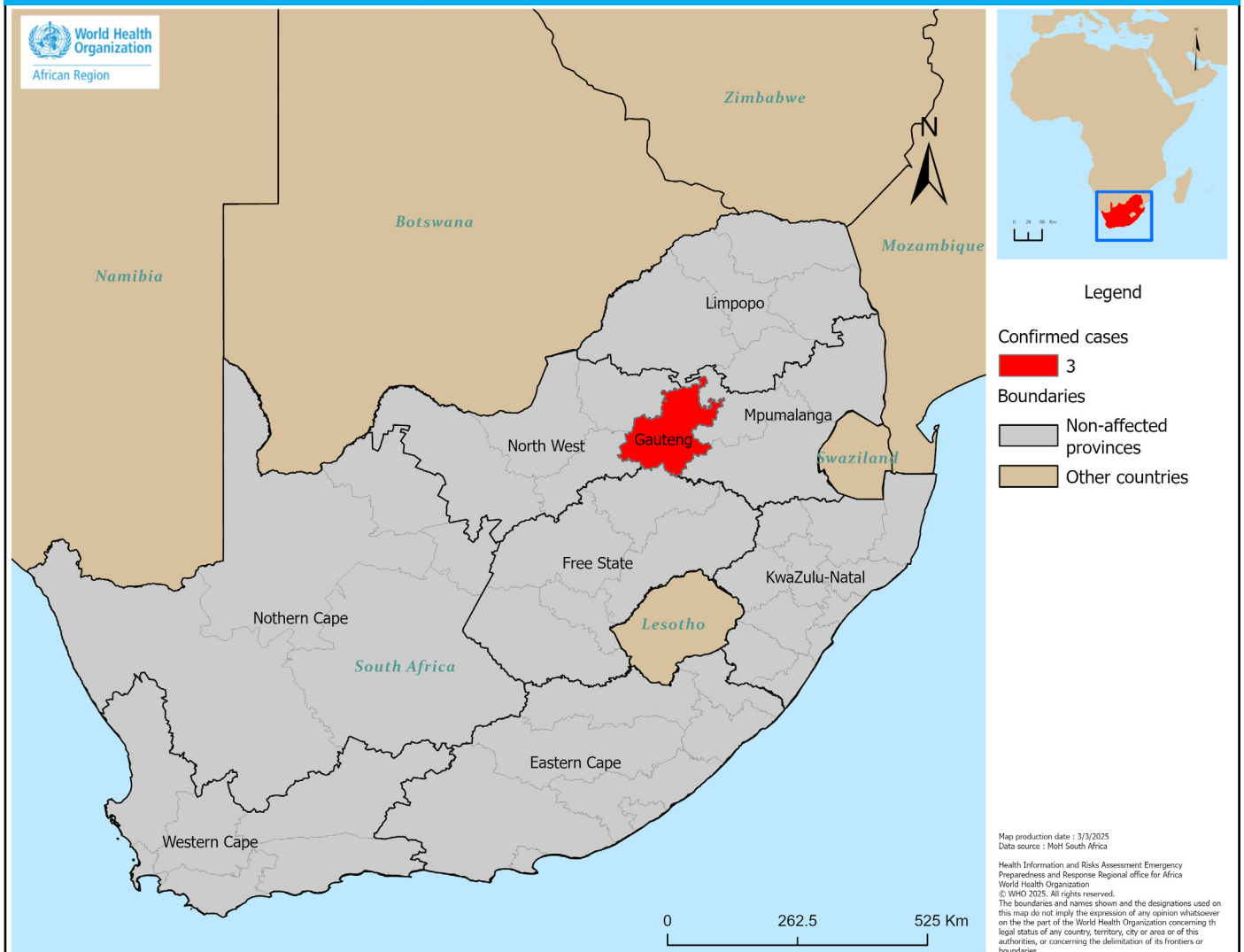
PUBLIC HEALTH ACTIONS

- Health authorities in South Africa are responding to the event through the provincial and district response teams.
- Enhanced surveillance and contact tracing activities are ongoing. Standard case definitions are in place, with reminders issued to health workers across the country to heighten surveillance and enhance early detection and treatment of mpox cases. Mpox remains among the notifiable medical conditions in South Africa.
- Visual health screening and symptom monitoring continue at airports, seaports, and land crossings to identify travelers who may have mpox.
- Advanced capacities for diagnostic and genomic sequencing of MPXV are in place across a network of clinical laboratories and at the National Institute of Communicable Disease.
- Clinical care is being provided to the case-patients according to the national treatment protocol.
- Healthcare facilities have dedicated treatment and isolation units and standardized infection prevention protocols for effective clinical management.

SITUATION INTERPRETATION

The detection of a new mpox outbreak in South Africa, likely due to the index case's exposure outside the country, highlights the persistent risk of transnational spread due to global interconnection and population mobility amid ongoing outbreaks across the African region, emphasizing the need for global collaboration in containment efforts. While South Africa has demonstrated strong surveillance, laboratory, and clinical management capacities, as evidenced by rapid genomic sequencing and contact tracing activities, gaps remain in early clinical recognition and diagnostic turnaround time. The delayed confirmation of the index case and initial misdiagnosis as herpes underscore the need for investment in training and sensitization of clinicians and surveillance officers, particularly with the introduction of Clade 1 MPXV, which has historically been associated with more severe disease. To prevent further spread, the country must enhance surveillance, including identification of all contacts of the cases, improve early detection in healthcare settings, and strengthen risk communication to ensure timely recognition of mpox symptoms, including atypical presentations.

Map of mpox cases Gauteng Province, South Africa, 24 February 2025



Uganda

10 **2** **2.0%**
cases Deaths CFR

Sudan Virus Disease

EVENT DESCRIPTION

The outbreak of Sudan Virus Disease (SVD) in Uganda, last reported in our [Weekly bulletin 6 \(03–09 February 2025\)](#), continues with a new case confirmed in Kampala. On 1 March 2025, the Ministry of Health of Uganda reported its 10th case in the ongoing outbreak, which was first notified to WHO on 30 January 2025.

The new case is a 4-year-old male resident of Kabuli, Kakungulu Zone, Makindye Division, Kampala. The child was initially taken to a health facility in Kibuli, Kakungulu Zone for care on 15 February 2025, following onset of illness. On 17 February 2025, following lack of improvement, the child was taken to a second health facility in Gayaza, Wakiso District, north of Kampala. As the illness progressed, he was moved to a third facility in Watubba, Wakiso District on 22 February 2025. Following clinical examinations, he was referred to a fourth health facility in Kampala, where he was admitted on 23 February 2025. Unfortunately, the child died on 24 February 2025 while in admission at the fourth health facility, and was buried on 25 February 2025.

Post-mortem sample was collected on 25 February 2025 as part of routine mortality surveillance for viral haemorrhagic fevers and sent to the Uganda Virus Research Institute (UVRI) for testing. Initial RT-PCR test results returned positive for Sudan virus infection on 27 February 2025, with repeat tests confirming the result. The child's mother had given birth to a newborn on 23 January 2025 at a health facility in Kampala. She died on 6 February 2025, following an acute illness. The newborn later died on 12 February 2025. No laboratory tests were conducted following their deaths, and they were respectively buried.

Retrospective investigation has linked the 10th case (4-year-old child) to the primary cluster of SVD cases, although the child was not previously listed as a known contact. A total of 201 new contacts have been identified as of 2 March 2025. Contact tracing and further epidemiological investigations are ongoing.

From 30 January to 01 March 2025, a cumulative total of 10 cases with two deaths (CFR 20.0%) have been reported from five districts in the country, namely; Wakiso (n=4), Kampala (n=3), Mbale (n=1), Jinja (n=1), and Mukono (n=1) across Uganda. Of these, five cases with one death have been reported among health workers. On 18 and 19 February 2025, Uganda discharged all eight SVD cases admitted in treatment facilities after they fully recovered. Currently, there are no confirmed cases in admission. A total of 265 contacts previously under

follow-up also completed 21 days of monitoring as of 1 March 2025.

PUBLIC HEALTH ACTIONS

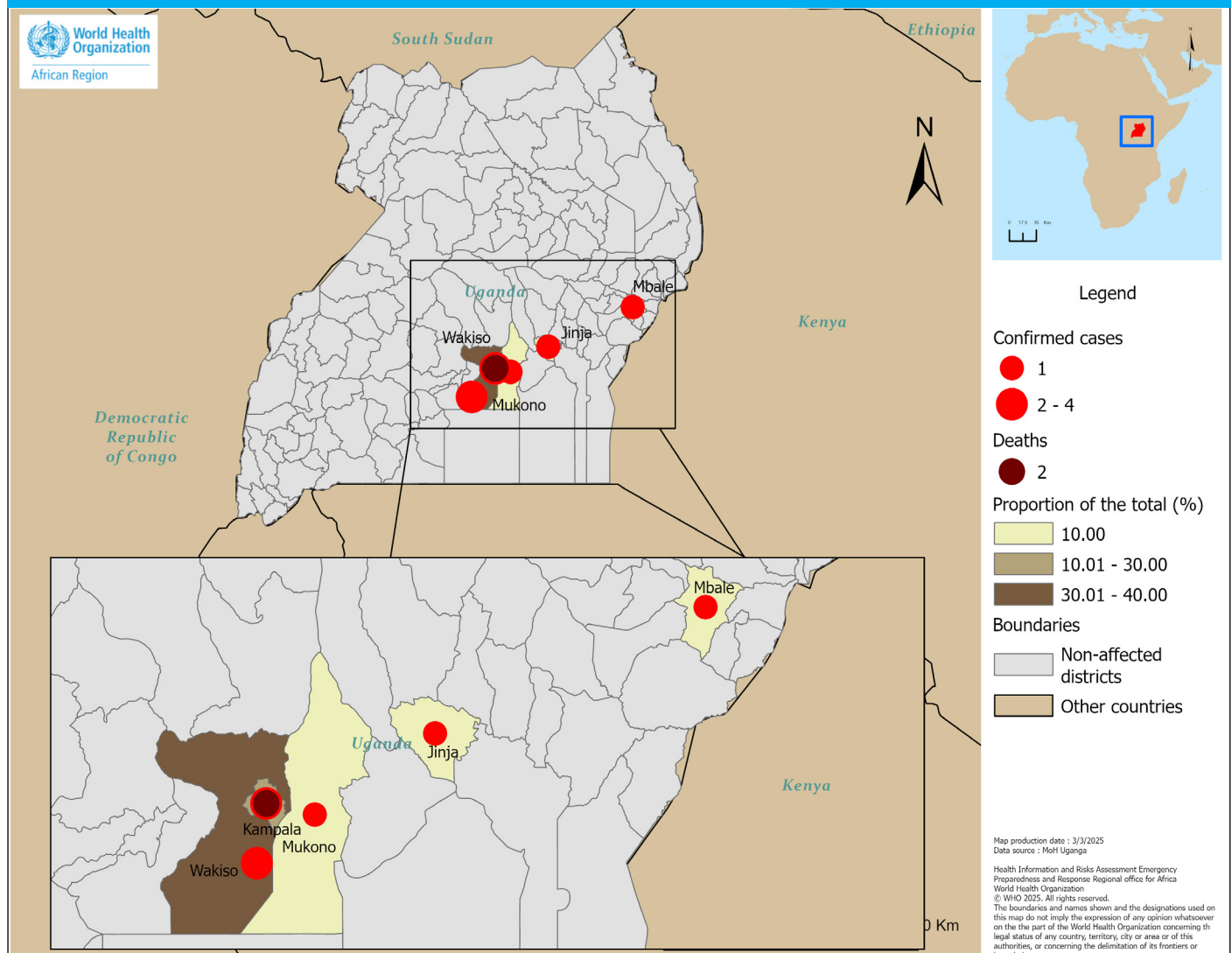
- The Ministry of Health of Uganda, with technical support from WHO and health partners, continues to lead the outbreak response through a national incident management team. At the subnational level, district task forces are coordinating operational activities to ensure an effective local response.
- Active surveillance continues, with community health workers reporting daily alerts, which are investigated by district response teams. Since the onset of the outbreak, a total of 1 145 alerts have been reported and investigated as of 2 March 2025. Mortality surveillance is also ongoing, with routine swabbing of deceased individuals to test for viral haemorrhagic fevers. Of the 778 swabs collected and tested, one returned positive for Sudan Virus Disease.
- Case investigation and contact tracing continue, with 201 new contacts of the latest confirmed case identified for monitoring. Additionally, travellers screening at 13 points-of-entry (PoEs) remains in place, with 25 364 travellers screened as of 2 March 2025.
- Laboratory capacity is available for diagnosis and genomic sequencing at the Uganda Virus Research Institute (UVRI).
- There are three treatment units at Mulago, Mbale, and Jinja, with capacities of 84, 28, and 8 beds, respectively. All eight admitted confirmed cases have recovered and been discharged. There is currently no confirmed case in admission.
- Infection prevention and control (IPC) measures are being routinely implemented, including decontamination of hospital wards visited by the last confirmed case.
- Risk communication and community engagement efforts are ongoing, leveraging mass media, community dialogues, and awareness campaigns in churches, markets, schools, and other public gatherings to ensure widespread public awareness and adherence to preventive measures.

SITUATION INTERPRETATION

The confirmation of a new SVD case in Kampala highlights the risk of undetected transmission, particularly given the delayed diagnosis and the child's movement across

multiple healthcare facilities. The retrospective link to the primary outbreak cluster reveals gaps in contact tracing and surveillance. Additionally, the lack of prior testing for the deceased mother and newborn raises concerns about missed cases. With no active cases currently in admission and all previous patients discharged, there is a critical window of opportunity to interrupt transmission. This requires enhanced surveillance, thorough case investigation and contact tracing, and strict adherence to IPC measures. Scaling up risk communication and community engagement is essential to counter potential resistance, encourage early healthcare-seeking behaviour, and enhance community surveillance efforts.

Geographic distribution of cases and deaths of Sudan Virus Disease, Uganda, 30 January – 02 March 2025



Ethiopia

Complex Humanitarian Crisis

EVENT DESCRIPTION

Ethiopia faces one of the world's most pressing humanitarian crises, with conflict, displacement, climate shocks, and hunger pushing millions to the brink. In 2025, an estimated 21 million people require humanitarian assistance across the country, yet ongoing violence, particularly in the Amhara and Oromia regions, continues to hamper humanitarian activities. The situation is further exacerbated by the recent suspension of the United States government foreign assistance, which has halted food aid for over 1 million people in Tigray and affected the workforce across critical health programs such as HIV/AIDS, malaria, and immunization. Already, 5 000 workers across these programs have been laid off due to funding cuts, further straining response efforts.

Phase 3 food insecurity remains widespread across most of the country, signalling a critical emergency. The situation is even more dire in parts of the Afar Region, where prolonged drought conditions have pushed food insecurity to Phase 4, indicating severe emergency levels. Malnutrition has reached catastrophic levels, with Global Acute Malnutrition (GAM) rates surpassing the WHO emergency threshold of 15% in most regions in 2024. The highest rates were recorded in Tigray's Eastern Zone (21.0%), Tigray's Central Zone (19.7%), Afar's Teru Livelihood Zone (19.4%), and the Somali Region's Jigjiga Agropastoral area (16.5%). With ongoing conflict and persistent drought exacerbating food shortages, these numbers are expected to rise further in 2025, placing millions at even greater risk.

The humanitarian crisis is further compounded by the displacement of over 4.4 million people, many of whom have fled violence, drought, and insecurity. Of these, 3.5 million were displaced by conflict, while close to a million were displaced by climate-related disasters. The most affected regions include Amhara, Oromia, Somali, Afar, Benishangul Gumuz, and Gambella. With no end in sight to the ongoing conflicts, displacement is expected to increase, worsening the already dire humanitarian conditions. Meanwhile, Ethiopia continues to host over 1 million refugees and asylum-seekers, making it the third-largest refugee-hosting nation in Africa.

The country is also facing multiple concurrent disease outbreaks of cholera, malaria, and measles, straining an already overwhelmed health system. A protracted cholera outbreak which began in August 2022 is ongoing, with 58 381 cases and 726 deaths (CFR 1.2%) reported as of 9 February 2025. Over 774 000 cases of malaria with 31 deaths have been reported as of epidemiological week 5 (week ending 2 February 2025). A measles outbreak is also ongoing, with 19 districts

(woredas) experiencing epidemics since the beginning of 2025. From 1 January to 2 February 2025, a total of 912 measles cases with three deaths have been reported from the affected woredas.

Despite the enormous scale of the crisis, Ethiopia's 2024 Humanitarian Response Plan (HRP) was only 55% funded, with the health sector receiving just 30% of the needed funds. The funding requirement for humanitarian efforts in Ethiopia is estimated at two billion US dollars, yet continued shortfalls are preventing life-saving interventions. The pause in the United States foreign assistance is expected to have devastating consequences, further limiting humanitarian and development programs. If funding gaps persist, millions will face hunger, disease, and displacement without aid, deepening Ethiopia's complex humanitarian crisis.

PUBLIC HEALTH ACTIONS

- The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) continues to lead the coordination of humanitarian actors in Ethiopia, working closely with the Government of Ethiopia to address the ongoing crisis.
- WHO, as the lead agency of the health cluster, is collaborating with 25 health partners and the Ministry of Health of Ethiopia to deliver essential health services. In January 2025 alone, 331,699 beneficiaries received healthcare support.
- In 2025, humanitarian efforts target 10 million people facing life-threatening conditions, including 5.3 million individuals experiencing acute food insecurity and 4.7 million requiring non-food assistance. A \$2 billion humanitarian appeal has been launched, with \$24 million urgently needed to respond to the health crisis caused by armed conflict, climate shocks, and disease outbreaks.
- In 2024, an average of 5 million food-insecure individuals received monthly food and cash assistance. However, early 2025 saw a decline in beneficiaries due to the temporary suspension of the United States Government aid.
- WHO and its partners are actively supporting the government in responding to multiple disease outbreaks, strengthening disease surveillance, and ensuring access to essential health services to curb further spread and mitigate the impact on affected populations.
- In 2024, 1.3 million people benefited from water, sanitation, and hygiene (WASH) interventions, including the distribution of non-food items to promote hygiene and prevent disease transmission.

SITUATION INTERPRETATION

Ethiopia's humanitarian crisis is worsening due to conflict, displacement, climate shocks, and severe food insecurity, with 21 million people in need of assistance. The suspension of the United States Government foreign aid has affected food assistance and critical health programs, challenging ongoing humanitarian response efforts. Rising malnutrition, particularly in Afar and Tigray, threatens increased mortality, while the displacement of 4.4 million people further strains resources and heightens disease risks. With only 55% of the 2024 Humanitarian Response Plan funded and health needs severely underfunded, urgent donor support is needed to prevent further deterioration. Immediate actions must prioritize food aid, healthcare, disease surveillance, and protection for displaced populations to avert a deepening crisis.



© International Rescue Committee (IRC)

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									
South Africa	Mpox	Grade 2	25-Feb-25	25-Feb-25	25-Feb-25	3	3		0.00%
See details in the article									
Ongoing Events									
Angola	Drought/food insecurity	Ungraded	1-May-24	1-May-24	18-Feb-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. Nearly four million children face stunting, with rising levels of severe malnutrition cases. There are about 2.2 million people in dire need of food and humanitarian assistance. 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	2-Mar-25	5,749	972	204	3.50%
During epidemiological week 9 (17 - 23 February 2025), a total of 835 new cases with 24 deaths were reported across the country. Cumulatively, 5,749 cases with 204 deaths (CFR 3.5%) have been reported from 10 provinces across the country.									
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	27-Feb-25	90,940	-	-	
More than 60,000 Congolese nationals have fled to Burundi, seeking refuge as a result of the recent escalation of armed conflict in the eastern Democratic Republic of the Congo. This has created a challenging humanitarian crisis, with a scramble for limited resources. Prior to the recent influx, Burundi hosted 88,980 refugees and 1,960 asylum seekers, the majority (99.0%) of whom are from the Democratic Republic of the Congo.									
Burundi	Cholera	Grade 3	1-Jan-23	1-Jan-23	2-Mar-25	2358		12	0.50%
In epidemiological week 9 (24 February - 02 March 2025), five new cases were reported from North Bujumbura and Centre Bujumbura health districts. From 1 January 2023 to 01 March 2025, a cumulative total of 2 358 cases with 12 deaths (CFR: 0.5%) have been reported from 14 districts across the country. In the last four weeks, the outbreak remains active in five districts.									
Burundi	Mpox	Grade 3	25-Jul-24	25-Jul-24	1-Mar-25	7559	3,586	1	0.00%
Since the last update, 456 suspected mpox cases have been reported. There were also 123 cases confirmed by laboratory testing during this period. From 25 July 2024 to 1 March 2025, Burundi has reported 7 559 suspected cases of mpox with one death across 46 health districts. Of these, 3 586 cases have been confirmed. 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	16-Feb-25	68	68	0	0.00%
Since the last update on 9 February 2025, 17 new measles cases have been confirmed in Cameroon. From the beginning of the year to week 7 (ending 16 February 2025), a total of 68 confirmed cases have been reported, including 56 IgM-positive cases, one epidemiologically linked case, and 11 clinically compatible cases. Currently, 12 districts across the Centre, Littoral, South, East, and North-West regions are experiencing active outbreaks.									
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, 18 690 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 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 has been hosting thousands of Sudanese refugees. As of 17 January 2025, there are 30 729 089 refugees from Sudan since 15 April 2023.									

Central African Republic	Dengue fever	Protracted 2	10-Sep-24	13-Jul-24	9-Feb-25	107	107	0	0.00%
From 13 July 2024 to 9 February 2025, 107 confirmed dengue fever cases with zero deaths have been reported from five districts (Bangui 1, Bangui 2, Bangui 3, Bimbo, and Bégoua) across the country. Dengue virus serotypes 1 and 2 have been confirmed at Institut Pasteur Bangui Laboratory.									
Central African Republic	Mpox	Grade 3	3-Mar-22	4-Mar-22	9-Feb-25	99	99	3	3.00%
From 4 March 2024 to 9 February 2025, a total of 99 confirmed cases of mpox with three deaths (CFR 3.0%) have been reported across the country. Currently, two health districts, Mbaiki and Kemo, remain with active outbreaks. Genomic sequencing identified Clade 1a as the circulating strain. Surveillance activities have so far identified 625 suspected cases which have been tested.									
Chad	Humanitarian crisis (Sahel region)	Protracted 2	11-Feb-22	1-Mar-16	13-Feb-25	-	-	-	-
Chad continues to grapple with a complex humanitarian situation exacerbated by the influx of Sudanese refugees fleeing the conflict between the Sudanese Armed Forces and the Rapid Support Forces. Overall, the number of vulnerable people in Chad has increased from 4.7 million in 2017 to seven million in need for humanitarian assistance in 2025. About 3.6 million people are in need of health services in 2025.									
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	16-Feb-25	29	29	0	0.00%
As of 16 February 2025, no human case and cVDPV-positive environmental samples were reported. 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.									
Comoros	Cholera	Grade 3	2-Feb-24	2-Feb-24	20-Feb-25	12025		153	1.30%
A total of 11 220 cholera cases with 153 deaths (CFR 1.4%) have been reported from Comoros from 1 February 2024 to 1 February 2025. Ndzuwani, one of the three main islands of Comoros, has been the most affected, reporting 9,126 cases with 126 deaths.									
Congo	Mpox	Grade 3	23-May-22	1-Jan-24	23-Feb-25	43	43	0	0.00%
Three new confirmed cases were reported during epidemiological week 8 (week ending 23 February 2025) from Talangai (n=2) and Ouenze (n=1) Departments in Brazzaville, Congo. From 1 January 2024 to 23 February 2025, a cumulative total of 43 confirmed cases with zero deaths (CFR 0.0%) have been reported from six provinces, Brazzaville (n=11), Cuvette (n=19), Plateaux (n=2), Cuvette Ouest (n=4), Pointe Noire (n=3), and Likouala (n=4). Since the beginning of 2025, there have been 16 cases reported from Brazzaville (n=6), Cuvette (n=4), Cuvette Ouest (n=4), and Pointe Noire (n=2).									
Democratic Republic of the Congo	Complex Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	23-Feb-25	21,200,000	-	-	-
The Democratic Republic of the Congo (DRC) faces a worsening humanitarian crisis, recently exacerbated by renewed M23 offensives in North and South Kivu. Recent escalating insecurity in Goma has fueled a surge in criminal activity, targeted killings, and vehicle looting, while explosive remnants of war pose an increasing threat. Hospitals are overwhelmed, and a cholera outbreak is spreading, with 420 cases and one death reported in and around Goma between 3 and 15 February. Meanwhile, food insecurity has deepened due to supply chain disruptions, rising prices, and the looting of 3 000 tonnes of WFP food stocks, further straining emergency response efforts. In 2025, 21.2 million people in the DRC require urgent humanitarian assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-25	2-Feb-25	3853		67	1.70%
In week 5, 2025, 918 suspected cholera cases with 18 deaths were reported. There was a 9.4% and a 55.6% decrease in the number of cases and deaths reported in week 5 respectively, compared to week 4, 2025 (1 004 cases and 28 deaths). In week 5, more than 70% of cases were reported from Haut Lomami, Haut-Katanga and Tanganyika provinces. From week 1 to week 5, 2025 (ending 2 February), 3853 suspected cases with 67 deaths (CFR 1.7%) were reported from 53 health zones in 10/26 provinces.									
Democratic Republic of the Congo	Meningitis	Ungraded	29-Dec-24	21-Dec-24	16-Feb-25	112	7	11	9.80%
In epidemiological week 7 (week ending on 16 February 2025), fifteen new suspected cases of meningitis, including one death (CFR: 15%), were reported. From epidemiological week 1 to week 7, 2025, the health zone of Banalia in Tshopo province reported 112 cases, including 11 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%).									
Democratic Republic of the Congo	Mpox	Grade 3	30-Mar-19	1-Jan-25	9-Feb-25	2884	2,884	4	0.10%
From 1 January to 9 February 2025, 2 884 mpox confirmed cases with 4 deaths (CFR 0.1%) were reported. From 1 January 2022 to 9 February 2025, a total of 17 097 mpox confirmed cases with 49 deaths (CFR: 0.3%) were reported. Clades Ia and Ib have been detected in the country.									
Democratic Republic of the Congo	Cluster of illness and deaths due to unknown aetiology	Ungraded	27-Jan-25	10-Jan-25	28-Feb-25	1364	-	67	4.91%
Since our last update in Weekly bulletin week 8, a total of 376 new cases with one death have been reported from the Basankusu Cluster. Cumulatively, 1 352 cases with 55 deaths (CFR 4.1%) have been recorded in the Basankusu Health Zone from 9 to 25 February 2025. No new cases have been reported from the cluster in Bolomba Health Zone, which previously recorded 12 cases with 8 deaths (CFR 66.7%), predominantly among children under five years old, between 10 and 27 January 2025. In total, 1364 cases with 67 deaths (CFR 4.9%) have been reported in the two separate clusters. Get more details from the Disease Outbreak News here									
Ethiopia	Complex Humanitarian crisis	Grade 3	4-Nov-20	4-Nov-20	23-Feb-25	21,800,000	-	-	-
See details in the article									
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	17-Feb-25	69,662	-	-	
Armed conflict between rival factions of the military government of Sudan began on 15 April 2023, resulting in an influx of 69 662 people to Ethiopia as of 17 February 2025.									
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, 223 cases with four deaths have been reported as of 9 February 2025, 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	16-Feb-25	6290	549	49	0.80%
Between 1 January and 16 February 2025, Ghana reported 1,355 suspected cholera cases, including 12 probable and 150 confirmed cases. Since the outbreak began in October 2024, a total of 4,951 suspected cases, including 790 probable cases, 549 confirmed cases, and 49 deaths among confirmed cases, have been recorded. The outbreak has spread to 58 out of 261 districts, with Greater Accra (200 confirmed cases), Central (210), and Western (132) being the hardest-hit regions. Young adults (21-40 years, 277 confirmed cases) are the most affected, with men comprising 63% of confirmed cases.									
Ghana	Meningitis	Ungraded	12-Feb-25	12-Feb-25	26-Feb-25	137		16	11.70%
The upper West Region in Ghana has reported a total of 137 suspected cases and 16 deaths of meningitis with CFR of 11.5% from weeks 1-7 of 2025. Two districts, Nadowli and Nandom are affected. Nadowli district reached an alert threshold in week 3, 2025.									
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	23-Feb-25	2	2	0	0.00%
As of 23 February 2025, no new mpox case was confirmed. On 2 September 2024, a clade IIb mpox case was confirmed in a 7-year-old schoolgirl of Koyamah locality in the southern Macenta health district of Guinea. A second clade IIb case was confirmed on 8 December 2024.									
Kenya	Measles	Ungraded	29-Jun-22	1-Jan-23	18-Feb-25	2949	355	18	0.60%
Eight new cases were reported in Isiolo, Turkana Central, and Nakuru West. As of 2025, 1 277 active cases have been recorded across 10 counties and 15 sub-counties, including 85 confirmed cases and one additional death (CFR 0.1%). Since January 2024, 18 counties have reported 2 949 measles cases, with 355 confirmed and 18 deaths (CFR 0.6%). Males account for 55% of cases. The most affected age groups are over 15 years (455 cases) and under 5 years (385 cases).									
Kenya	Mpox	Grade 3	3-Aug-24	22-Jul-24	18-Feb-25	42	42	1	2.40%
One new Mpox case was reported in Bungoma County. As of 17 February 2025, the total confirmed cases have risen to 42, with one death (CFR 2.4%) across 12 counties. Thirty-seven patients have recovered, while three remain hospitalized, and one is under home-based care.									
Lesotho	Drought/food insecurity	Ungraded	22-Jul-24	12-Jul-24	14-Feb-25	335,000	335,000	-	-
According to FAO, after dry spells in Dec 2024, weather forecasts point to improved conditions for 2025 crops. Cumulative rainfall amounts since the start of the cropping season in October 2024 through January 2025 were generally below average, with more substantial deficits recorded in minor cereal-producing areas of the Southwest. According to the latest Integrated Food Security Phase Classification (IPC) analysis released in February 2025, about 335 000 people (22% population), are currently facing IPC Phase 3 (Crisis) and above levels of acute food insecurity, and this situation is expected to persist until March 2025. This figure is moderately higher than the food-insecure population estimate in 2024.									
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	20-Feb-25	7,028	-		
As of 15 January 2025, a total of 7,028 people (2,284 families) had been affected with the Dikeledi cyclone in northern Madagascar, mainly in Diana (3,809) and Sava (3,203), with three deaths reported, according to the National Office for Risk and Disaster Management (BNGRC). All displacement sites in the north were vacated, as displaced people returned home. The cyclone flooded 1,185 houses, damaged 1,092, and completely destroyed 209. Education for about 8,000 children was disrupted, with 82 classrooms damaged including 72 partially destroyed.									
Madagascar	Malnutrition crisis	Protracted 2	1-Jul-21	1-Jan-21	20-Feb-25	357,900		-	-
Madagascar's Grand Sud and Grand Sud-Est regions face ongoing drought and malnutrition, with 357,900 children projected to be acutely malnourished by August 2025, including 83,400 severe cases. The IPC analysis forecasts a peak crisis in January-April 2025, with some districts in IPC Phase 3 (Serious) and others in Phase 2 (Alert). Food shortages, poor water access, and disease drive the crisis									

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	19-Feb-25	297	115	14	4.70%
In Epi-week 06 (week ending 9 February 2025), confirmed cholera cases dropped from 10 in the previous week to 2, marking an 80% decline. However, outbreaks remain active in Mzimba North, Balaka, and Machinga, while Chitipa and Karonga have successfully contained the spread. During this period, two new cases were reported in Balaka and Machinga. From 8 September 2024 when the outbreak began to 9th February 2025, a total of 297 cholera cases have been recorded, with 14 deaths, resulting in a case fatality rate (CFR) of 4.7%. 115 of the cases were confirmed by Culter test.									
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.									
Mozambique	Drought/food insecurity	Ungraded	5-Sep-24	5-Sep-24	10-Feb-25	374,000	374,000	-	0.00%
According to UNHCR, 374 000 refugees have self-relocated from Nampula urban locations to Maratane settlement in Mozambique as of 10 February 2024. Around 8 271 individuals were seeking asylum in neighbouring countries. The situation in northern Mozambique has been compounded by the humanitarian crisis resulting from Cyclones Chido and Dikeledi as well as the ongoing armed conflict in Cabo Delgado, which has resulted in the displacement of hundreds of thousands.									
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 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).									
Namibia	Malaria	Ungraded	24-Dec-24	4-Nov-24	23-Feb-25	14,367	14,367	39	0.30%
On 23 December 2024, the Ministry of Health and Social Services issued a Public Notice informing the nation about the increasing number of Malaria cases in most of the malaria-endemic regions of Namibia. By 23 February 2025, Namibia reported a total of 14 367 malaria cases and 39 deaths (CFR 0.3%).									
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	23-Feb-25	448		25	5.60%
In epidemiological week 8 (week ending on 23 February 2025), a total of forty one new cases of diphtheria, including two deaths, were reported by six health districts, representing 8.3 % of all 72 health districts in the country. The Ingal Health District (Agadez Region) reported the highest number of cases (17 cases, including zero deaths, representing 41 % of all diphtheria cases this week). From epidemiological week 1 to week 8, of 2025, the country had recorded 448 cases, including 25 deaths (CFR: 5.6 %).									
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	16-Feb-25	451	451	89	19.70%
In epidemiological week 7 (10- 16 February 2025), 38 new confirmed cases of Lassa fever, including 9 deaths, were reported from seven states across Nigeria. From 1 January to -16 February 2025, a cumulative total of 451 confirmed cases with 89 deaths (CFR 19.7%) have been reported from 12 states. Ondo (150 cases, 21 deaths), Edo (80 cases, 13 deaths), Bauchi (100 cases, 9 deaths), and Taraba (72 cases, 23 deaths) States are the most affected, which together account for 90.0% of cases and 74.0% of deaths.									
Nigeria	Mpox	Grade 3	31-Jan-22	1-Jan-22	16-Feb-25	2130	211	0	0.00%
In epidemiological week 5, 10 new confirmed cases and zero deaths of Mpox were reported in Nigeria. Cumulatively, from 1 January 2022 to 16 February 2025, a total of 2 130 cases, including 210 confirmed cases and 11 deaths,s were reported.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-22	26-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	9-Feb-25	102	102	0	0.00%

Rwanda confirmed its first two cases of Mpox on 24 July 2024. The current situation, as of 9 February 2025 is as following: 102 total confirmed cases and cumulative suspected cases: 6 309.

Senegal	Chikungunya	Ungraded		23-Jan-25	16-Feb-25	2	2		0.00%
As of 19 February 2025, no additional chikungunya cases have been reported. The Ministry of Health and Social Action of Senegal initially confirmed two cases in Gossas District (Fatick Region) and Goudomp District (Sedhiou Region) during epidemiological weeks 1 and 2 of 2025 (ending 12 January). Since then, no further infections have been detected.									
Senegal	Dengue	Protracted 2	14-Nov-22	6-Jan-25	16-Feb-25	24	24	0	0.00%
In week 7 of 2025 (10–16 February), 11 new confirmed measles cases were reported in Senegal. Since the beginning of the year, a total of 36 cases have been recorded, evenly distributed between males and females (50% each). These cases have been reported in 15 districts across seven regions, with Louga region accounting for the highest number (21 cases, 58%), followed by Thiès (6 cases, 17%), Saint Louis (3 cases, 8%), Dakar (2 cases, 6%), Kédougou (2 cases, 6%), Matam (1 case, 3%), and Tambacounda (1 case, 3%).									
Senegal	Measles	Ungraded	4-Jul-22	1-Jan-25	16-Feb-25	36	36	0	0.00%
In week 7 of 2025 (10–16 February), 11 new confirmed measles cases were reported in Senegal. Since beginning of 2025, a total of 36 confirmed cases have been recorded from 15 districts across seven regions. The cases are evenly distributed between males and females (50% each). The Louga region has reported the highest number of cases (21 cases, 58%), followed by Thiès (6 cases, 17%), Saint Louis (3 cases, 8%), Dakar (2 cases, 6%), Kédougou (2 cases, 6%), Matam (1 case, 3%), and Tambacounda (1 case, 3%).									
Sierra Leone	Mpox	Grade 3	11-Jan-25	9-Jan-25	2-Mar-25	38	38	0	0.00%
From 11 January to 02 March 2025, Sierra Leone has reported 38 confirmed cases of mpox with zero deaths reported from eight districts across the country. Western Area Urban, encompassing the capital Freetown is the most affected, accounting for 52.6% (n=20) of the total cases reported.									
South Africa	Diphtheria	Ungraded	19-Jul-24	24-Dec-24	19-Jan-25	40	40	4	10.00%
Gauteng is the latest province to be affected by diphtheria in South Africa, with two new cases in epidemiological week 3 (week ending 19 January 2025). From 1 January 2024 to 19 January 2025, South Africa has reported 40 cases of toxigenic <i>Corynebacterium diphtheriae</i> . Most cases (37/40, 92%) were reported from Western Cape Province, while the others were reported from Gauteng (2 cases) and Kwazulu Natal (1 case) provinces. Of the total cases, 20 were asymptomatic carriers detected during contact tracing. The outbreak involved a few sporadic cases and three separate clusters, the largest of which emerged in a correctional facility in Cape Town in epidemiological week 51, 2024 (16 - 22 December 2024), involving 13 cases (1 respiratory diphtheria case and 12 asymptomatic).									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	15-Aug-16	28-Feb-25	9,300,000	-	-	-
The conflict in Sudan has deepened a complex, protracted humanitarian crisis in South Sudan characterized by food insecurity, malnutrition, displacement, and the erosion of livelihood systems. In February, armed clashes in counties along the Sobat-River corridor caused widespread civilian displacement threatening to disrupt humanitarian access. More recently, changes in the humanitarian funding environment since January risks disrupting the provision of basic services for vulnerable population groups entering the country from Sudan, as well as for communities across the state. A total of 9.3 million people need humanitarian assistance this year									
South Sudan	Impact of Sudan crisis in South Sudan	Grade 3	15-Apr-23	1-May-23	24-Feb-25	1,052,891	-	-	-
Since the start of the Sudan emergency in April 2023, a total of 1 052 891 people fleeing conflict arrived from Sudan, including 718 453 returnees as of 24 February 2025									
South Sudan	Anthrax	Ungraded	1-Aug-24	1-Jan-24	16-Feb-25	173		3	1.70%
Since last report on this event on 1 December 2024, there were five new cases reported including two new cases in week 7 of 2025 keeping the total number to 173 human cases, including three deaths (CFR 1.7%). The cases have been reported across four counties in two states in South Sudan since 2024									
South Sudan	Cholera	Grade 3	11-Oct-24	28-Sep-24	16-Feb-25	31,871	-	536	1.70%
During the past seven days, 991 cholera cases including 11 deaths were reported from 25 counties. This brings the total number of cases reported since the banging of the outbreak to 31 871, across 36 counties, seven states and one administrative area. The total number of cholera related deaths reported so far is 536 (CFR 1.7%) including 280 health facility deaths									
South Sudan	Mpox	Grade 3	7-Feb-25	7-Feb-25	27-Feb-25	6	6		0.00%
On 7 February 2025, South Sudan's Ministry of Health declared an outbreak of mpox following the confirmation of a case on 6 February 2025 at the National Public Health Reference Laboratory. As of 27 February 2025, the country has reported six confirmed cases with no death. The outbreak is in two counties of Juba (Capital city with five cases) and Malakal (state Capital of Upper Nile with one case).									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-24	1-Jan-23	16-Feb-25	13	13	0	0.00%
There was no new case of polio reported during week 7 of 2025 (ending 16 February) , keeping the total number of confirmed acute flaccid paralysis Polio cases at 13.									
Tanzania, United Republic of	Cholera	Grade 3	3-Oct-23	5-Sep-23	19-Feb-25	13833		158	1.10%
Since 1 January 2024 cholera outbreaks have been reported in 23 regions out of 31 of Tanzania. Currently seven regions have active outbreaks (Simiyu, Morogoro, Rukwa, Lindi, Mbeya, Tabora, and Mara). In 2025, a total of 1 716 cases and 11 deaths (CFR 0.6%) have been reported as of 19 February. Cumulatively from Jan 2024 to 19 Feb 2025, a total of 13 833 cases and 158 deaths (CFR 1.1%) have been reported countrywide									
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	10-Feb-25	51	9	7	13.70%
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 7, a total of 51 suspected cases and 7 deaths were reported in three districts (Dankpen 1, Dankpen2 and Dankpen 3), with a sex ratio (M/F) of 1.21 (28 males and 23 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 Aqoro Subcountv. Of these cases, 46 have been laboratoryv-confirmed for <i>Vibrio cholerae</i> O1 Ogawa infection.									

Uganda	Mpox	Grade 3	26-Jul-24	29-Jul-24	26-Feb-25	3585	3,585	27	0.75%
As of 26 February 2025, Uganda has reported 3585 confirmed cases of mpox with 27 deaths (CFR 0.75%) from 93 districts across the country.									
Uganda	Sudan virus disease	Grade 2	30-Jan-25	29-Jan-25	1-Mar-25	10	10	2	20.00%
See details in the article									
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.

© WHO Regional Office for Africa

This is not an official publication of the World Health Organization.

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

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

WCO Contributors

- WAMALA, Joseph (WCO South Africa)
- NEMUNGADI, Takalani (WCO South Africa)
- MGAMB, Elizabeth Adhiambo (WCO Uganda)
- KATUSHABE, Edson (WCO Uganda)
- GIRMAY, Abiy (WCO Ethiopia)
- ABOK, Patrick (WCO Ethiopia)

Design and Publication

- MLANDA, Tamayi
- DONKOR, Gianni Ferrari

AFRO Contributors

WILLIAMS, George Sie
OTIM, Patrick Ramadan
LUKOYA, Charles Okot
DZOTSI, Emmanuel
KEITA, Mory
KAVOGA, Freddy Kambale
KIBANGOU, Emerencienne
ZAZA, Ramazani Mangosa
NTABOZUKO, Dwane
KIMENYI, Jean Paul
FORDAH, Sarah

Editorial Advisory Group

Dr Abdou Salam Gueye, Regional
Emergency Director

Dr Etien Koua, Program Area Manager,
HIR/EPR/AFRO

Dr Dick Chamla, Program Area Manager,
EMP/EPR/AFRO

Dr Fiona Braka, Program Area Manager,
EMR/EPR/AFRO

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.