

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 10: 3 - 9 March 2025
Data as reported by: 17:00; 9 March 2025

4

New events

83

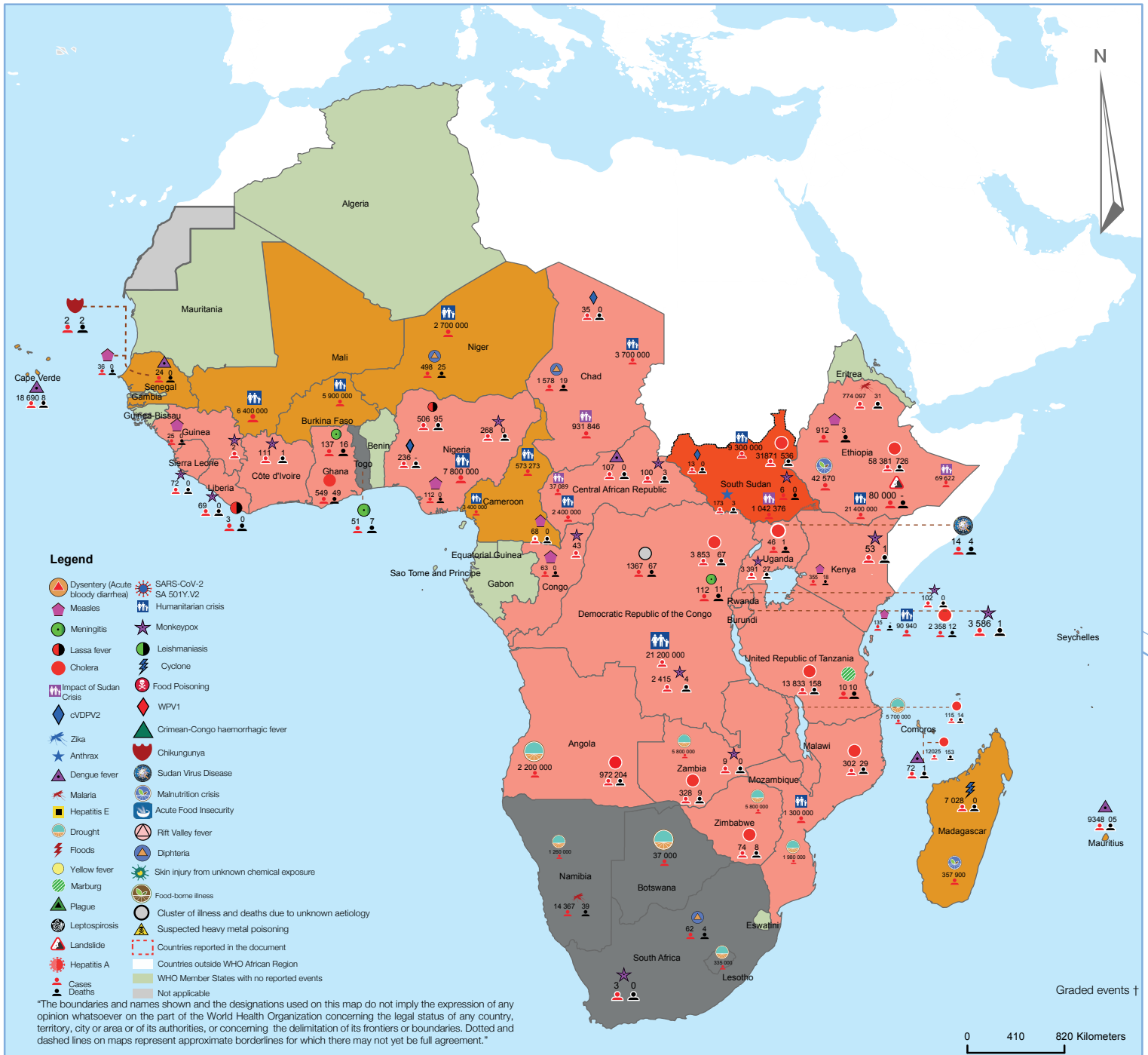
Ongoing events

59

Outbreaks

28

Humanitarian crises



5

Grade 3 events

4

Grade 2 events

0

Grade 1 events

1

Protracted 3 events

6

Protracted 2 events

0

Protracted 1 events

32

Ungraded events

Overview

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

- [Mpox in Sierra Leone](#)
- [Mpox in Uganda](#)
- [Impact of 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.

Major Issues

- **Mpox in Sierra Leone:** Sierra Leone has reported its first mpox-related death amid a sharp rise in cases over the past two weeks. This surge follows the launch of a special operation focused on active case finding in the two most affected districts in and around the capital, Freetown. The outbreak is being driven by clade IIb of the mpox virus, a highly transmissible strain, raising concerns that cases could continue to rise, particularly in densely populated urban and peri-urban areas where infections are primarily reported among students and business persons. The response efforts face significant challenges due to resource constraints, hampering the ability to mount an effective and timely public health response. Urgent support from donors and partners is needed to provide critical resources and prevent the outbreak from escalating into a large-scale epidemic. Strengthening surveillance, including contact tracing, enhancing case management, and intensifying risk communication and community engagement are essential to detecting and interrupting transmission chains and bringing the outbreak under control.
- **Complex Humanitarian Crisis in Eastern DRC:** As the conflict in the eastern Democratic Republic of the Congo (DRC) continues, refugee-hosting countries, particularly Burundi and Uganda, are facing significant challenges in managing the influx of refugees while grappling with their own public health emergencies. The situation is straining both host communities and available resources. Additionally, overcrowded settlements, inadequate sanitation, and limited healthcare access in the eastern DRC are driving the spread of diseases such as cholera, measles, and mpox. Insecurity and attacks on health facilities are further disrupting medical services and supply chains. Despite ongoing response efforts, logistical constraints, funding gaps, and instability continue to challenge response efforts, heightening the risk of long-term health and humanitarian consequences.

Sierra Leone

72
Cases

1
Deaths

1.4%
CFR

mpox

EVENT DESCRIPTION

The ongoing mpox outbreak in Sierra Leone, first reported to WHO on 11 January 2025, has intensified both in scale and geographic spread, raising significant public health concerns. Since our last update ([Week 4 Bulletin](#)), 56 new cases with one death have been reported across the country. In epidemiological week 10 (week ending 9 March 2025), 34 new confirmed cases and one death were reported from two districts: Western Area Urban (32 cases, 1 death) and Western Area Rural (2 cases, 0 deaths), marking a dramatic increase in the number of new cases as well as the first mpox death reported in the current outbreak.

From 11 January to 9 March 2025, a cumulative total of 72 confirmed mpox cases, including one death (CFR 1.4%), have been reported across eight districts in Sierra Leone. The Western Area Urban ($n=52$) and Western Area Rural ($n=7$) account for 81.9% of all reported cases, while the remaining cases are distributed across Bombali ($n=3$), Tonkolili ($n=3$), Port Loko ($n=2$), Moyamba ($n=2$), Bo ($n=2$), and Karene ($n=1$). Among the confirmed cases, one is a healthcare worker. The age of affected individuals ranges from 1 to 52 years, with a mean age of 21 years. Adults aged 25 to 39 years represent the most affected group, constituting 58.3% ($n=42$) of the total cases. The outbreak has predominantly impacted students (30 cases) and business persons (23 cases), who together account for 73.6% of all reported cases.

As of 9 March 2025, a total of 415 contacts have been identified. Among them, 374 have completed the 21-day monitoring period, while 41 remain under follow-up. Additionally, 49 active cases are currently receiving clinical management, with 36 admitted to hospital isolation wards and 13 being managed through home care.

Genomic sequencing analysis of eight samples shipped to the Institut Pasteur Dakar confirmed that Clade IIb is the circulating strain of the mpox virus (MPXV) in Sierra Leone. This strain was responsible for the 2022–2023 global outbreak, which led to widespread human-to-human transmission, particularly in Europe and the Americas.

PUBLIC HEALTH ACTIONS

Sierra Leone's response to the mpox outbreak continues to be coordinated by a National Incident Management Team from the Public Health Emergency Operations Centre (PHEOC). The National Public Health Agency, with technical support from WHO and health partners, is conducting routine technical and operational meetings to guide response actions. A National Incident Action Plan has been developed to steer the mpox response, and a public-private partnership initiative is in place to mobilize

support for response efforts.

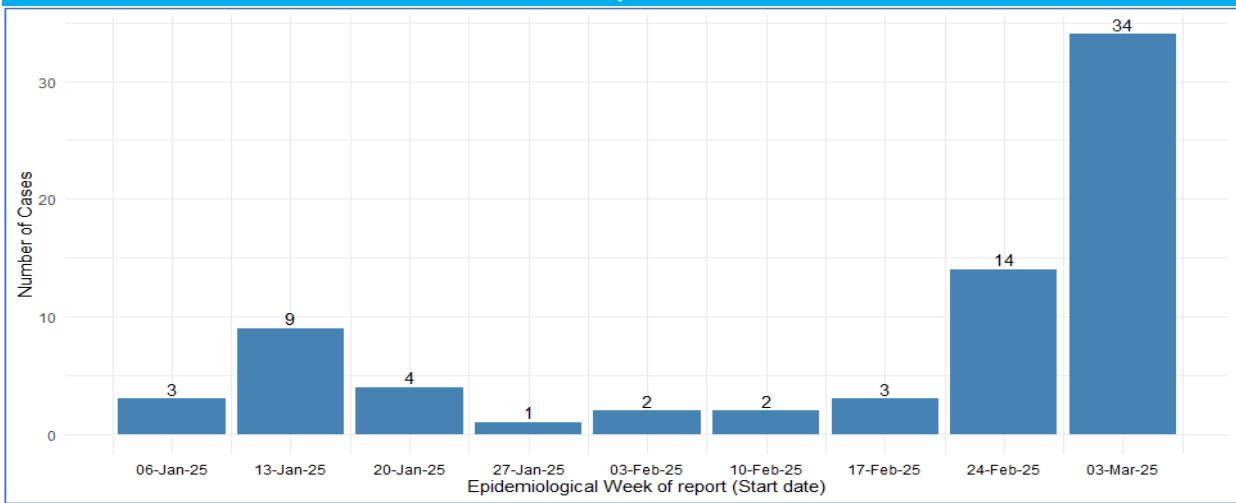
- At the subnational level, coordination structures are in place to support the operational response in affected districts. Rapid response teams deployed in these districts continue to actively conduct response activities.
- Active surveillance for mpox is ongoing across the affected districts. In Western Area Urban and Western Area Rural, an enhanced surveillance initiative called "Operation Find Them All" was recently launched on 27 February 2025, focusing on actively identifying mpox cases in communities and health facilities. Detailed case investigations and contact tracing efforts are also ongoing.
- Laboratory testing for mpox confirmation continues at public health laboratories, including the 34 Military Hospital, the Central Public Health Reference Laboratory (CPHRL), and the JuiP3 Laboratory. Genomic sequencing to identify the circulating strain has also been performed.
- WHO and its health partners, including the Global Alliance for Vaccines and Immunization (GAVI), UNICEF, and the Africa Centres for Disease Control and Prevention, have delivered 58,300 doses of the Modified Vaccinia Ankara - Bavarian Nordic (MVA-BN) mpox vaccine to support the outbreak response. The national technical advisory group on vaccines held a meeting to approve the use of the vaccine in the country.
- Additionally, WHO has already delivered over US\$ 38,000 worth of essential laboratory supplies and personal protective equipment, including gloves, gowns, aprons, face shields, biohazard waste bags, and infrared thermometers. Supplies also included genomics sequencing reagents, PCR kits for 400 tests, GeneXpert cartridges for 50 tests, and genomic sequencing kits for 45 tests.
- A total of 36 active cases have been admitted to hospital isolation wards for clinical care, while 13 are being managed through home care. A total of 22 cases have recovered. WHO has procured treatment kits for 20 inpatients and 180 outpatients and is providing technical expertise to clinicians and other responders by assisting in the development of case management guidelines and training programs.
- An infection prevention and control mentorship program for mpox has been activated for healthcare workers in 18 health facilities in the Western Area Urban district.
- There are also ongoing activities to raise community awareness and combat misinformation through radio and community outreaches in the Western Area Urban and Western Area Rural districts. Media monitoring and social listening activities are being implemented to

track rumours and infodemics. Mpox information education and communication materials are being disseminated on various platforms.

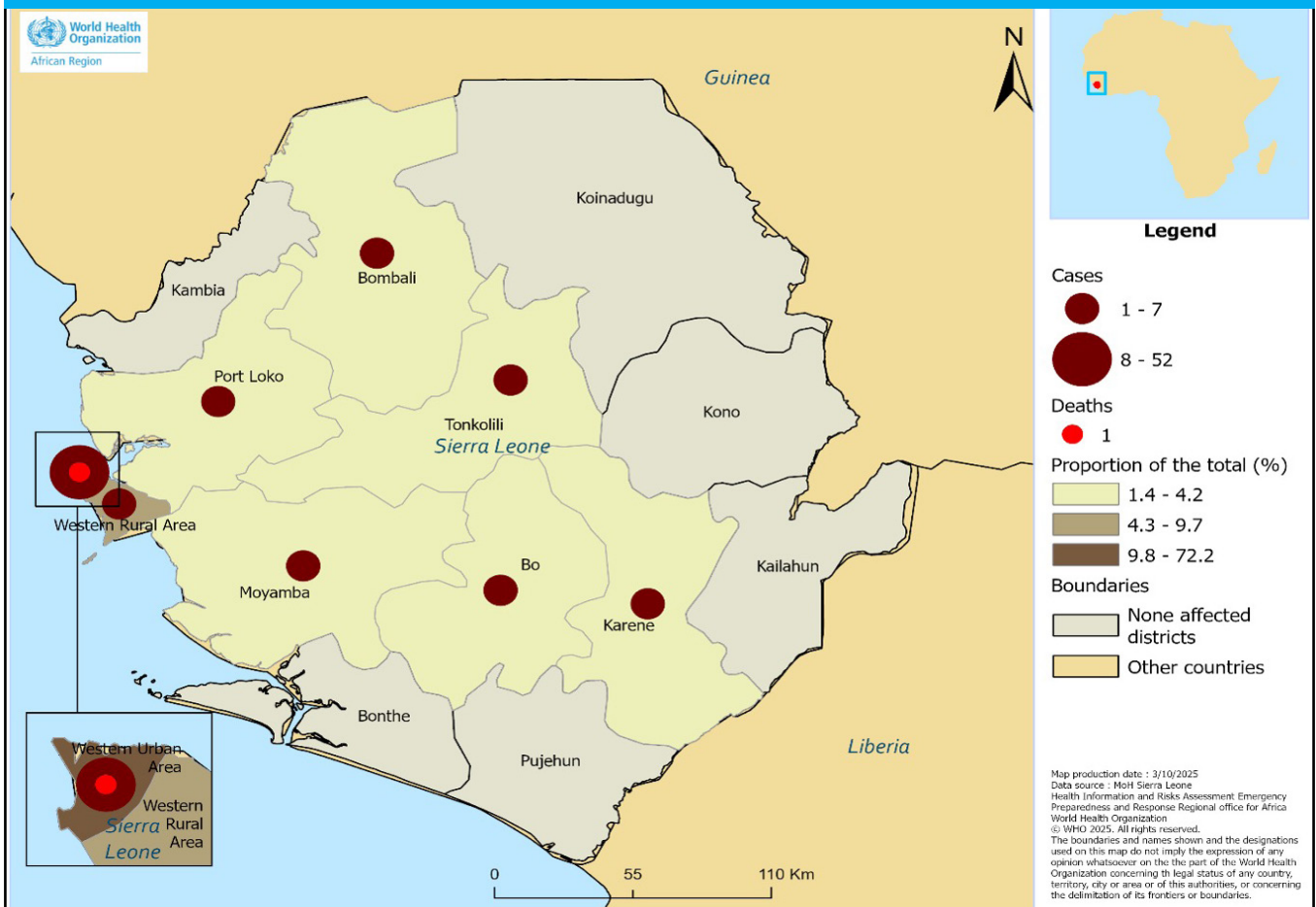
SITUATION INTERPRETATION

The increase in cases, including the first death in this outbreak, can be attributed to continued human-to-human transmission, particularly in urban areas where most cases are concentrated among young adults, students, and business people. Increased social interaction, mobility, and crowded environments such as schools, universities, and workplaces may be contributing to the spread of the virus, especially with the identified Clade IIb strain, known for widespread human-to-human transmission. While these trends are not uncommon in mpox outbreaks, the concentrated exposure within specific high-risk groups underscores the need for targeted prevention and awareness initiatives. Although response actions like active surveillance, contact tracing, and laboratory testing are underway, resource gaps remain, hindering an effective and efficient response. Strengthening risk communication and community engagement to promote awareness and preventive health practices and address misinformation will be crucial to controlling this

Weekly number of confirmed mpox cases and death reported by epidemiological week of report, Sierra Leone, 11 January – 09 March 2025



Geographic distribution of mpox cases and death by district, Sierra Leone, 11 January – 09 March 2025



Uganda

3 833

Cases

31

Deaths

0.8%

CFR

Mpox

EVENT DESCRIPTION

The mpox outbreak in Uganda continues to unfold, with new cases being reported across the country. Between 11 February and 4 March 2025, a total of 937 new confirmed cases with 12 deaths were reported from 63 districts across the country. The majority of these new cases emerged from high-density urban and peri-urban areas, with Kampala accounting for 368 cases, followed by Wakiso (n=107), Mbarara (n=64), and Mukono (n=50). These four districts together accounted for 62.9% of the new cases. Of the 12 new deaths, Kampala reported the highest number (n=4), followed by Masaka City (n=3), and other affected districts such as Kalungu, Nakasongola, Mbarara, Wakiso, and Mukono, each contributing one death.

As of 4 March 2025, a cumulative total of 3 833 confirmed mpox cases with 31 deaths (CFR 0.8%) have been reported from 95 out of 146 districts in Uganda since the outbreak began on 24 July 2024. Males are more affected, accounting for 56.6% (n=2,169) of the total cases. Most cases are among people in the age group 18 to 39 years, accounting for close to 70% of all cases reported across the country. The majority of deaths have been reported from Kampala (n=15), followed by Wakiso (n=5), Masaka City (n=3), and Mukono (n=2). Additional deaths have occurred in Kikuube, Pallisa, Mbarara, Kalungu, Nakasongola, and Masindi, with one death reported from each of these districts.

The outbreak remains largely concentrated in and around the capital, Kampala. So far, clade 1b MPXV, linked to the outbreak in eastern Democratic Republic of the Congo, has been detected in the country, and current evidence indicates that transmission of the virus is occurring exclusively through close, physical human-to-human contact. Uganda currently reports the second highest number of confirmed mpox cases in the African Region following the Democratic Republic of the Congo.

PUBLIC HEALTH ACTIONS

- ▶ An Incident Management Team, led by the Ministry of Health with technical support from WHO and health partners, continues to coordinate the national response to the outbreak. Weekly meetings are held, including partner engagements, to inform outbreak response strategies and activities.
- ▶ Task forces setup in the affected districts are supporting national response efforts by coordinating field-level operations.
- ▶ Surveillance for mpox is ongoing across all districts in

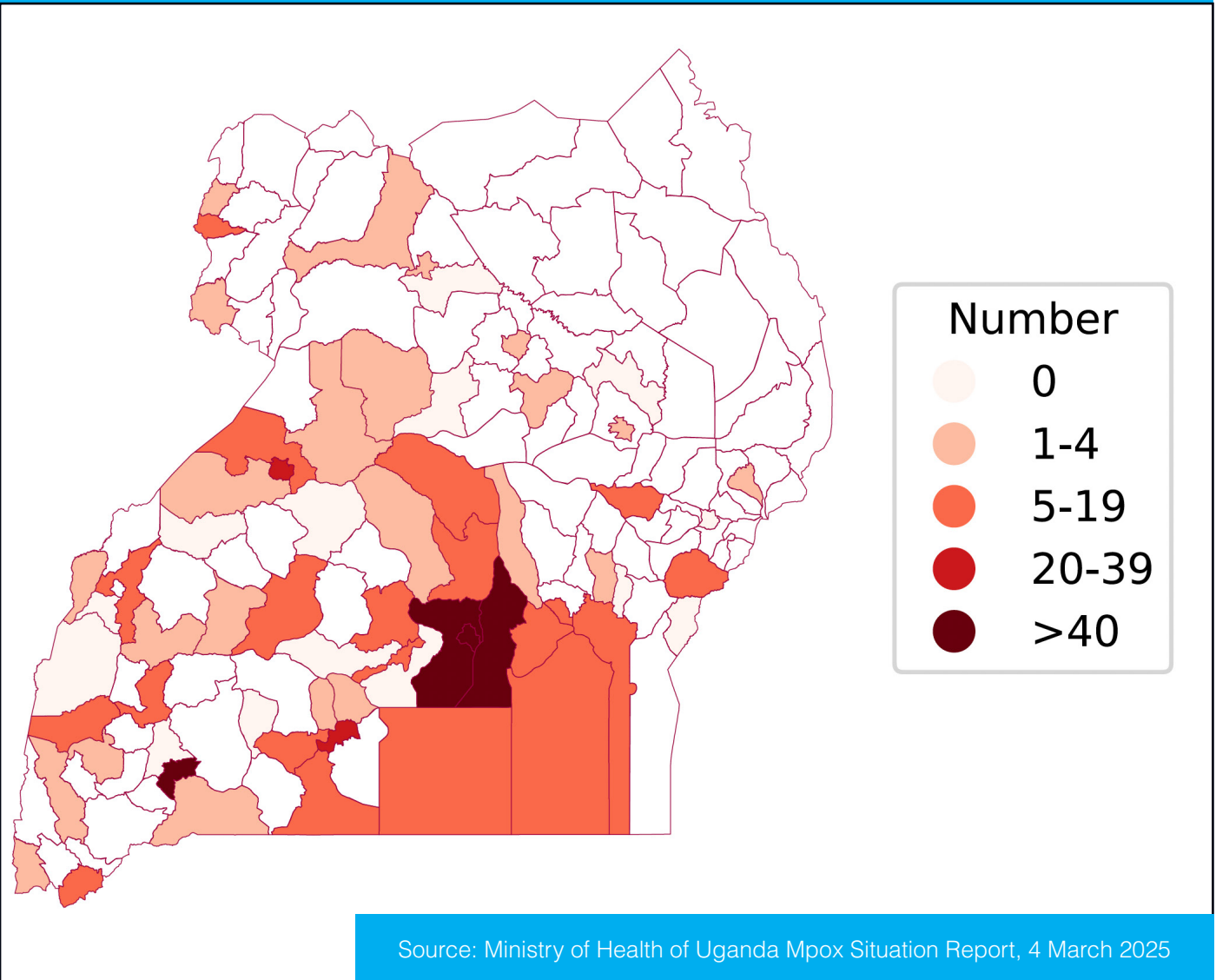
Uganda. Mpox remains one of the country's priority diseases for immediate notification through the Integrated Disease Surveillance and Response (IDSR) strategy. In affected districts, surveillance efforts are being enhanced through the dissemination of case definitions to surveillance officers and clinicians to facilitate early detection and reporting of cases. Active case searches in communities, schools, and other communal places are ongoing, along with contact tracing activities in the affected districts.

- ▶ Laboratory capacity is in place for diagnostics and genomic sequencing. All suspected cases are routinely tested to confirm or rule out mpox virus infection. Training on mpox sample management has been conducted to ensure proper collection, handling, and transportation of samples. A sample referral system is in place.
- ▶ Isolation units have been set up in affected districts for the management of cases. Bi-weekly case management webinars are being held to refresh clinicians on management of mpox cases.
- ▶ The risk communication and community engagement (RCCE) pillar continues to analyze and leverage community feedback insights to develop messaging that raises awareness, promotes preventive practices, and encourages early reporting and care-seeking behaviour.

SITUATION INTERPRETATION

The ongoing mpox outbreak in Uganda is occurring concurrently with outbreaks of Sudan virus disease and cholera, straining the country's resources to manage these simultaneous public health events. The concentration of mpox cases in urban and peri-urban areas suggests that close physical contact in crowded, densely-populated environments may be driving sustained transmission of the virus. Uganda's robust surveillance and reporting system likely accounts for the high number of confirmed cases reported. The presence of clade 1b, which is associated with higher virulence, in the Ugandan outbreak emphasizes the urgency of controlling its spread to prevent further hospitalizations, complications, and deaths. Health authorities must prioritize understanding the transmission dynamics of the virus and implement tailored public health response strategies to halt ongoing transmission and mitigate the impact of the outbreak.

Districts with confirmed cases of mpox, 12 February - 4 March 2025, Uganda



Democratic Republic of the Congo

Impact of Complex Humanitarian Crisis

EVENT DESCRIPTION

The ongoing conflict in the eastern Democratic Republic of the Congo (DRC) continues to drive massive displacement, both internally and across borders, creating a complex humanitarian crisis. Health systems in both the DRC and host countries are under immense strain, with disease outbreaks, food insecurity, and limited healthcare access exacerbating the situation.

As of 6 March 2025, an estimated 86 161 people had fled from North Kivu, South Kivu, and Ituri provinces to neighbouring countries, including Burundi, Uganda, Zambia, Rwanda, and Tanzania. Burundi has received the largest share of refugees, hosting 73.2% (63 078) of those displaced by the conflict. The majority of new arrivals, over 60,000 people, crossed into Burundi after 14 February 2025, mainly from Bukavu, Saké, Minova, and Goma. Women and children make up more than half of the refugee population, with over 45 000 individuals currently sheltering in the Rugombo Stadium in Cibitoke Province in Burundi. Five additional refugee centres have been set up across Burundi to accommodate the growing numbers.

Uganda has received 20 519 refugees from the DRC since the beginning of the year. New arrivals are initially sheltered in Nyakabande and Matanda Transit Centres in Uganda's Western Region before being relocated to refugee settlements. Meanwhile, Zambia has received 1 439 new arrivals, while Rwanda and Tanzania have recorded 898 and 227, respectively. The influx of refugees is placing significant pressure on host countries' health systems, many of which are already managing concurrent public health emergencies.

Within the DRC, over 4 million people have been internally displaced across North Kivu, South Kivu, and Ituri provinces. Following the dismantling of displacement sites around Goma, at least 16 560 people (3 680 households) who were unable to return to their villages have taken refuge in 56 newly identified collective centres supported by humanitarian partners. The persistent conflict and ongoing attacks have forced many to flee repeatedly, increasing their vulnerability to food insecurity, disease outbreaks, and limited access to healthcare.

Healthcare services have been severely impacted. Between 26 January and 22 February 2025, at least 4 260 injured individuals were recorded in North Kivu alone. The conflict has also led to direct attacks on healthcare facilities, with 14 incidents reported since January, including the abduction of patients, looting of medical supplies, and disruptions to healthcare delivery.

Disease outbreaks remain a significant concern. Malnutrition, mpox, cholera, and measles continue to pose major public health risks. As of 2 March 2025, North Kivu province alone had reported 2 487 suspected cases of mpox with one death (CFR 0.04%), 1 846 cholera cases with one death (CFR 0.05%), and 2 694 measles cases with 12 deaths (CFR 0.4%). Additionally, an estimated 2 million people across North Kivu, South Kivu, and Ituri provinces are experiencing high levels of acute food insecurity, further compounding health vulnerabilities.

In South Kivu Province, a cholera outbreak is spreading within communities, with 242 cases, including 10 deaths, reported in Ruzizi and Uvira health zones during the week leading up to 9 March 2025. The Cholera Treatment Centre in Ruzizi is experiencing severe supply shortages, while the steady influx of patients is further straining limited resources. Humanitarian partners are working to scale up response efforts but face significant challenges in delivering medical supplies due to insecurity along major transport routes.

The refugee influx is also straining healthcare capacities in host countries. Burundi is already battling cholera, measles, and mpox outbreaks, while Uganda faces concurrent outbreaks of Sudan virus disease and mpox. Tanzania is responding to Marburg virus and cholera outbreaks. Many refugee centres and settlements were already overcrowded before the latest displacement, and new sites are now exceeding their reception capacity. Overcrowding has led to deteriorating water, sanitation, and hygiene (WASH) conditions, increasing the risk of outbreaks of infectious diseases among the displaced populations.

PUBLIC HEALTH ACTIONS

- WHO and humanitarian partners are supporting the DRC and affected neighbouring countries in strengthening preparedness and response efforts across multiple sectors, including health, food security, WASH, and protection against gender-based violence (GBV).
- The 2025 Humanitarian Response Plan for DRC has been launched, with an estimated cost of \$2.5 billion, including \$200 million required for the health sector to assist six million people affected by the crisis.
- In Burundi, the first inter-agency coordination meeting on strengthening the joint response for new arrivals was held on 6 March 2025, led by the Government and UNHCR, with participation from UN agencies and non-governmental organizations (NGOs).
- UNHCR has declared a Level 2 emergency for Burundi

and is enhancing operational capacities, including expanding reception facilities and increasing settlement capacities for refugees.

- ▶ WHO continues to deploy surge personnel to support health operations and partner coordination in eastern DRC.
- ▶ WHO has procured and delivered 36 tons of emergency medical supplies, including 2,400 cholera vaccines, IPC kits, body bags, and tuberculosis drugs, to support response efforts in Goma.
- ▶ Over 60 000 people who have crossed into Burundi since January 2025 have been granted prima facie refugee status.
- ▶ Joint site visits have been conducted by the Ministry of Health, WHO, UNHCR, IOM, UNICEF, Africa CDC, and NGOs to assess refugee conditions and health needs in Burundi.
- ▶ The WHO Country Office in Burundi is supporting disease outbreak surveillance and the provision of essential health services in refugee sites.
- ▶ Measles vaccination campaigns are ongoing in Burundi, with over 3,000 children vaccinated at Rugombo Stadium, Kaburantwa, and Karwema refugee sites.
- ▶ Mobile clinics have been set up at Rugombo Stadium and Gihanga refugee sites in Burundi, supported by NGOs.
- ▶ Governments and humanitarian partners in Uganda and other affected countries are working to streamline the transfer of new arrivals from border points to refugee sites to ensure timely access to humanitarian assistance.

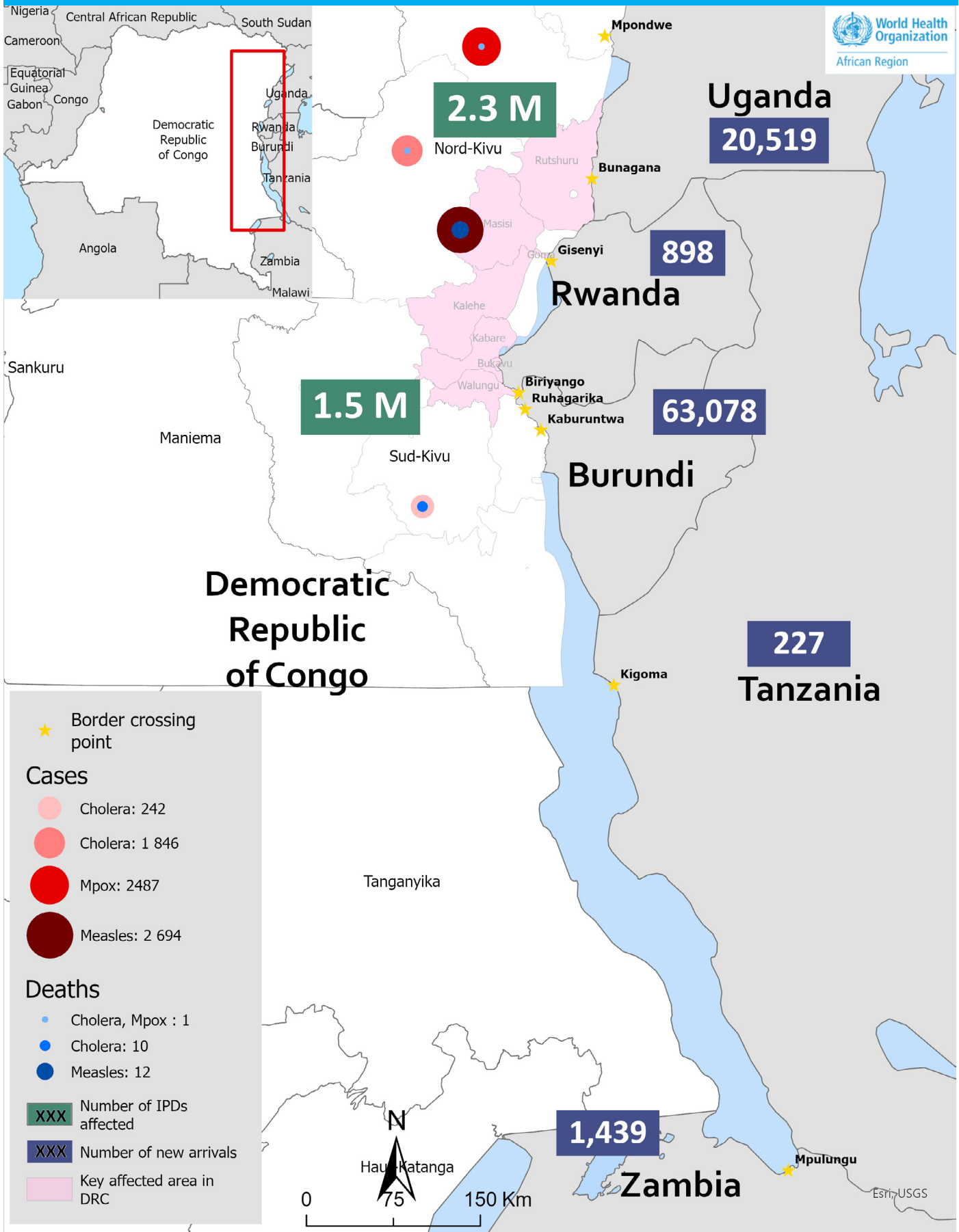
SITUATION INTERPRETATION

The escalating conflict in eastern DRC has triggered a large-scale humanitarian crisis, characterized by mass displacement, overwhelmed health systems, and growing public health threats. The crisis is not confined to DRC's borders, as neighbouring countries, particularly Burundi and Uganda, are struggling to absorb the influx of refugees while simultaneously managing their own public health emergencies. Overcrowding in refugee settlements, inadequate access to healthcare, and deteriorating WASH conditions are exacerbating the risk of disease outbreaks, including cholera, measles, and mpox. Insecurity and attacks on health facilities further complicate response efforts, limiting access to essential medical supplies and services. Despite ongoing efforts by WHO and humanitarian partners to scale up interventions, logistical challenges, funding gaps, and persistent insecurity continue to hinder the timely delivery of aid. Without sustained international support and enhanced coordination, the humanitarian crisis will deepen, with significant long-term public health consequences for both displaced populations and host communities.



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Population Displacement due to complex humanitarian crisis in Eastern Democratic Republic of the Congo as of 6 March 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									
Chad	Diphtheria	Ungraded	1-Jan-25	1-Jan-25	2-Mar-25	1,578	3	19	1.20%
Chad is experiencing an ongoing outbreak of diphtheria. In epidemiological week 9 (week ending 2 March 2025), 122 suspected cases with zero deaths were reported from four provinces, namely, Barh Elgazel (n=68), Batha (n=49), Hadjer Lamis (n=2), and Lamis (n=3). From 1 January to 2 March 2025, a cumulative total of 1578 suspected cases with 19 deaths (CFR 1.2%) have been reported across the country. Of these, <i>Corynebacterium diphtheriae</i> , the causative agent of diphtheria, has been isolated by culture from samples of three suspected cases. According to WHO-UNICEF immunization estimates, the vaccination coverage against diphtheria using DPT3 (diphtheria-pertussis-tetanus third dose) was 65% in 2023.									
Comoros	Dengue fever	Protracted 2		3-Feb-25	2-Mar-25	143	72	1	0.70%
An outbreak of dengue fever is ongoing in Comoros. In epidemiological week 9 (week ending 2 March 2025), a total of 42 cases were reported from the Anjouan Island. The outbreak has seen a gradual increase in the weekly number of cases since its onset. From 3 February to 2 March 2025, a cumulative total of 143 cases with one death (CFR 0.7%) have been reported from Anjouan Island. Of these, 72 have tested positive by rapid diagnostic test. Most of the cases have been reported from Mutsamudu District on Anjouan Island. The serotype in circulation has not yet been determined due to lack of testing reagents.									
Congo	Measles	Ungraded	26-Jan-25	20-Jan-25	23-Feb-25	63	63		0.00%
Two health districts, Talangai in the Brazzaville Department and Ignié-Ngabé in the Pool Department have crossed the epidemic threshold for measles since epidemiological week 4 (week ending 26 January 2025). In epidemiological week 8 (week ending 23 February 2025), 19 epi-linked cases were reported from the two health districts, Talangai Health District (n=4) and Ignié-Ngabé Health District (n=15). As of epidemiological week 8, a cumulative total of 63 cases with zero deaths (CFR 0.0%) have been reported from the two districts. Of these, nine (9) were laboratory-confirmed as IgM-positive by serology. According to 2023 WHO-UNICEF independent estimates, the immunization coverage for measles-containing vaccine 1 (MCV1) is 65% in the Republic of Congo.									
Sierra Leone	Lassa Fever	Ungraded		1-Jan-25	2-Mar-25	7	7	5	71.40%
Sierra Leone is experiencing an outbreak of Lassa fever. From 1 January to 2 March 2025, a total of seven (7) confirmed cases with five (5) deaths (CFR 71.4%) have been reported from Sierra Leone. Most of the cases are reportedly from Kenema District, which is at the epicentre of the current outbreak.									
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	4-Mar-25	5,990	1,014	211	3.50%
Since our last update in week 9 bulletin (week ending 2 March 2025), a total of 241 cases with 7 deaths have been reported from Angola. Cumulatively, 5,990 cases with 211 deaths (CFR 3.5%) have been reported from 13 provinces across the country as of 4 March 2025.									
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	21-Feb-25	90,940		-	-
As fighting continues in the eastern Democratic Republic of Congo (DRC), the humanitarian situation in neighbouring Burundi is rapidly deteriorating, with an increase in daily arrivals across the north-western border. Since early February, up to 40,000 Congolese nationals, mostly women and children, have arrived in Burundi seeking refuge. Burundi hosts 88,980 refugees and 1,960 asylum seekers, with the majority (99%) from the DRC.									
Burundi	Cholera	Grade 3	1-Jan-23	1-Jan-23	1-Mar-25	2358		12	0.50%
In epidemiological week 9 (24 February to 1st 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 have been reported (CFR: 0.5%). The outbreak has impacted fourteen districts, namely Cibitoke, North Bujumbura, Centre Bujumbura, South Bujumbura, Isare, Kabezi, Mpanda, Rwibaga, Bubanza, Mabayi, Rumonge, Bugarama, Gihofi and Makamba with five remaining active in the last four weeks leading to epidemiological week 9, 2025.									
Burundi	Measles	Ungraded	26-Feb-25	1-Jan-25	9-Feb-25	135	42		0.00%
From epi-week 1 to epi-week 6 this year, 135 suspected cases of measles were reported in Burundi including 11 confirmed cases through laboratory (IgM positive) and 31 confirmed cases through epi-link. Currently three districts are in measles outbreaks: Bujumbura Centre, Kiremba and Gahombo									
Burundi	Mpox	Grade 3	25-Jul-24	25-Jul-24	1-Mar-25	7559	3,586	1	0.00%
Seven new confirmed cases of Mpox were reported in Burundi on 01 March 2025. 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, 2 068 cases (57.6%) have been reported across three health districts of Bujumbura. 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 (Noth-West & South-West)	Protracted 2	1-Oct-16	27-Jun-18	10-Mar-25	1,800,000		-	-

The humanitarian crisis in Cameroon's northwest and southwest regions remains severe, with 1.8 million people needing assistance and 991 000 targeted for aid. The conflict has displaced 583 112 people internally, while 459 605 returnees and 76 303 Cameroonian refugees in Nigeria continue to face hardships. Violence, including IED attacks and lockdowns by non-state armed groups, has restricted movement and humanitarian access. Food assistance reached 241,629 people, while 220 children with severe acute malnutrition received treatment. Protection concerns persist, especially for women and internally displaced persons (IDPs), who face discrimination and eviction risks. Shelter assistance has reached only 30,686 people so far due to funding shortfalls, far below the 238,640 planned.

Cameroon	Humanitarian crisis (Sahel Region)	Protracted 2	31-Dec-13	27-Jun-17	15-Jan-25	573,273	-	-	-
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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%
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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%
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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-Feb-25	2,400,000	-	-	-
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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	Grade 3	1-May-23	1-May-23	17-Jan-25	-	-	-	-
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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	9-Feb-25	107	107	0	0.00%
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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	10-Mar-25	100	100	3	3.00%
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From 4 March 2024 to 10 March 2025, a total of 100 confirmed cases of mpox with three deaths (CFR 3.0%) have been reported across the country. Currently, two health districts, Mbaïki 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	-	-	-	-
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Chad continues to grapple with a complex humanitarian situation exacerbated by climatic shocks, health emergencies and 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	Grade 3	15-Apr-23	15-Apr-23	23-Jan-25	931,846	-	-	-
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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	24-Feb-25	35	35	0	0.00%
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Since the beginning of 2025 and as of 24 February 2025, no human case and cVDPV-positive environmental samples were reported. In 2024, Chad reported 35 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2), with the most recent case having an onset of paralysis on 4 December 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%
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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%
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In epidemiological week 8 (week ending 23 February 2025), 03 new confirmed cases were reported from Brazzaville department. From 1 January to 23 February 2025, 19 laboratory-confirmed cases were reported from Brazzaville (n=9), Cuvette (n=4), Cuvette Ouest (n=4), and Pointe Noire (n=2). From 1 January 2024 to 23 February 2025, a cumulative total of 43 laboratory-confirmed cases with zero death were reported from six departments, Cuvette (19), Brazzaville (n=11), Cuvette-Ouest (n=4), Pointe-Noire (n=3), Likouala (4), and Plateaux (n=2).

Democratic Republic of the Congo	Complex Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	23-Feb-25	21,200,000	-	-	-
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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	23-Feb-25	8762		185	2.10%
In week 8 of 2025 (ending 23 February), the Democratic Republic of the Congo recorded 1 378 suspected cholera cases and 30 deaths (CFR: 2.2%), with 78% of cases reported in Haut Katanga, Haut-Lomami, Nord-Kivu, and Sud-Kivu. From 1 January to 23 February 2025, cholera cases were reported from 10 of 26 provinces, with a total of 8 762 suspected cases and 185 deaths. Haut-Lomami (3 248 cases), Haut Katanga (1 936 cases), Nord-Kivu (1 497 cases), and Tanganyika (929 cases) account for 87% of reported cases.									
Democratic Republic of the Congo	Cluster of illness and deaths due to unknown aetiology	Ungraded	27-Jan-25	10-Jan-25	28-Feb-25	1,364	-	67	4.90%
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									
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	2,884	2,884	4	0.1%
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.									
Ethiopia	Complex Humanitarian crisis	Grade 3	4-Nov-20	4-Nov-20	23-Feb-25	21,800,000	-	-	
The Government of Ethiopia and humanitarian partners work in close partnership to address many humanitarian challenges, ranging from recurrent climatic shocks (droughts, floods and landslides) alongside conflict, displacement, and outbreaks of infectious diseases including in areas still recovering from the lasting impacts of previous climatic or conflict-driven crises. For 2025, 21.8 million people need humanitarian assistance with 10.0 million people targeted for assistance									
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	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 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	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, Nandowli 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	6-Mar-25	2949	355	18	0.60%

From January 2024 to 3 March 2025, 18 counties have reported 2 949 measles cases including 355 confirmed and 18 deaths CFR 0.6%. Males account for 53% of cases, with those over 15 years at 15.4% (455 cases) and under 5 years at 13% (385 cases) most affected. Sixteen sub-counties within eleven counties remain active, with the most recent onset recorded on 17 February 2025 in Kajiado Central sub-county.

Kenya	Mpox	Grade 3	3-Aug-24	22-Jul-24	6-Mar-25	53	53	1	1.90%
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One new confirmed case has been reported since the last update in bulletin week 9 from Busia County, bringing Kenya's total confirmed cases to 53, with one death (CFR 1.9%) across 12 counties as of 7 March 2025. Genomic sequencing of 33 confirmed cases has identified the circulating strain as sub-clade 1b virus.

Lesotho	Drought/food insecurity	Ungraded	22-Jul-24	12-Jul-24	14-Feb-25	335,000	335,000	-	-
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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	20-Dec-24	26-Jan-25	3	3	0	0.00%
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In epidemiological week 4 (week ending 26 January 2025), one new confirmed case of Lassa fever was reported from Grand Bassa County, Liberia. From 20 December 2024 to 26 January 2025, a total of three (3) confirmed cases with zero deaths (CFR 0.0%) have been reported from Grand Bassa County.

Liberia	Mpox	Grade 3	31-Aug-24	31-Aug-24	5-Feb-25	69	69	0	0.00%
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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	-	-	-
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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	-	-	-
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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	-	-	-
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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%
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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%
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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%
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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	-	-	-
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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%
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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 Namtil 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	-	-	-
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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%
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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	28-Feb-25	-	-	-	-
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	2-Mar-25	498		28	5.60%
In epidemiological week 9 (week ending on 2 March 2025), a total of forty-nine new cases of diphtheria, including one death, were reported by thirteen health districts, representing 18 % of all 72 health districts in the country. The Ingal Health District (Agadez Region) and Tanout (Zinder Region) reported the highest number of cases (eight cases for each district). From epidemiological week 1 to week 9 of 2025, the country had recorded 498 cases, including 28 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	Cholera	Grade 3		2-Mar-25	2-Mar-25	1,124	27	28	2.50%
In epidemiological week 9, two new suspected cases and zero deaths were reported from Bauchi and Osun states. From 1 January to 2 March 2025, a total of 1 124 suspected cases of Cholera, including 28 deaths (CFR: 2.5%), were reported. Of the total cases reported, 27 were confirmed by culture. This outbreak spans 25 states and 65 Local Government Areas (LGAs), with 77% of cases reported in Baylesa (n=748) and Rivers (n=107).									
Nigeria	Lassa Fever	Ungraded	30-Nov-24	1-Jan-25	23-Feb-25	511	506	95	18.60%
In epidemiological week 8 (17- 23 February 2025), 54 new confirmed cases of Lassa fever, including 6 deaths, were reported from eight states across Nigeria. From 1 January to -23 February 2025, a cumulative total of 506 confirmed cases with 95 deaths (CFR 18.8 %) have been reported from 12 states. Ondo (160 cases, 21 deaths), Bauchi (122 cases, 10 deaths), Edo (88 cases, 14 deaths), and Taraba (80 cases, 25 deaths) States are the most affected.									
Nigeria	Measles	Ungraded	1-Jan-25	1-Jan-25	31-Jan-25	627	112		0.00%
From epidemiological week 1 to week 5, 2025 (the week ending on 31 January 2025), Nigeria reported 627 measles cases with zero deaths. Of the reported cases, 112 were confirmed IgM+ at the laboratory. Katsina (n=102), Jigawa (n=84), Akwa Ibom (n=56), Kebbi (n=52), and Enugu (n=32) states account for 51.9% of the 627 suspected cases reported.									
Nigeria	Mpox	Grade 3	31-Jan-22	1-Jan-22	7-Mar-25	2130	268	2	0.10%
In the last six weeks, Nigeria reported 66 cases of Mpox. Cumulatively, from 1 January 2024 to 07 March 2025, 268 confirmed cases and two deaths were reported.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-22	5-Mar-25	236	236	0	0.00%
Seven cases of cVDPV2 were reported this week, with four from 2024 (originating from Kano, Borno, and Jigawa) and three from 2025 (from Kano and Borno). This brings the total number of cVDPV2 cases in 2025 to three. The cumulative total for 2024 stands at 98 cases. In comparison, 87 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 fever	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	9-Mar-25	72	72	1	1.40%
See details in the article									
South Africa	Diphtheria	Ungraded	19-Jul-24	24-Dec-24	23-Feb-25	62	62	4	6.50%
In epidemiological week 8 (week ending 23 February 2025), nine new cases of diphtheria (three symptomatic and six asymptomatic carriers) were reported from Western Cape Province in South Africa. From 1 January 2024 to 23 February 2025, a cumulative total of 62 cases (29 symptomatic and 33 asymptomatic carriers) have been reported across South Africa. The majority of confirmed cases and carriers (95%, 59/62) are from the Western Cape Province.									
South Africa	Mpox	Grade 3	25-Feb-25	25-Feb-25	25-Feb-25	3	3		0.00%
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. See details in the week 9 bulletin here: https://iris.who.int/bitstream/handle/10665/380693/OEW9-240202032025.pdf									
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	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 beginning 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 10 (03 - 09 March 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, 40 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 Agoro Subcounty. Of these cases, 46 have been laboratory-confirmed for Vibrio cholerae O1 Ogawa infection.										
Uganda	Mpox	Grade 3	26-Jul-24	29-Jul-24	4-Mar-25	3833		3833	31	0.8%
See details in the article.										
Uganda	Sudan virus disease	Grade 2	30-Jan-25	29-Jan-25	9-Mar-25	14		14	4	28.60%
Two new confirmed cases of Sudan virus disease were reported from Uganda during epidemiological week 10 (03 - 09 March 2025). Since the official declaration of the SVD outbreak in Uganda on 30 January 2025, a total of 14 cases (12 confirmed and 2 probable) with four deaths (CFR 28.6%) have been reported. See details here										
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	6-Mar-25	328		-	9	2.70%
From 24 December 2024 to 6 March 2025, a total of 328 cases with nine (9) deaths (CFR 2.7%) have been reported from six provinces, namely, Copperbelt (265), Muchinga (27), Central (5), North-Western (4), Lusaka (24) and Eastern (1).										
Zambia	Mpox	Grade 3	8-Oct-24	8-Oct-24	7-Mar-25	24		24	0	0.00%
From 8 October 2024 to 7 March 2025, a total of 24 confirmed cases with zero deaths have been reported from four provinces, Lusaka (15), Copperbelt (7), Central (1), and Western (1).										
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	4-Nov-24	26-Feb-25	439		74	8	1.80%
From 4 November to 26 February 2025, a total of 439 cases with eight (8) deaths (CFR 1.8%) have been reported. Of these, 74 have been laboratory-confirmed by culture. A total of 16 districts across seven (7) provinces have been affected, with Mashonaland Central (n=235) and Mashonaland West (n=128) accounting for 83% of the cases.										

†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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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.