

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 36: 1 to 7 September 2025

Data as reported by: 17:00; 7 September 2025

2

New events

101

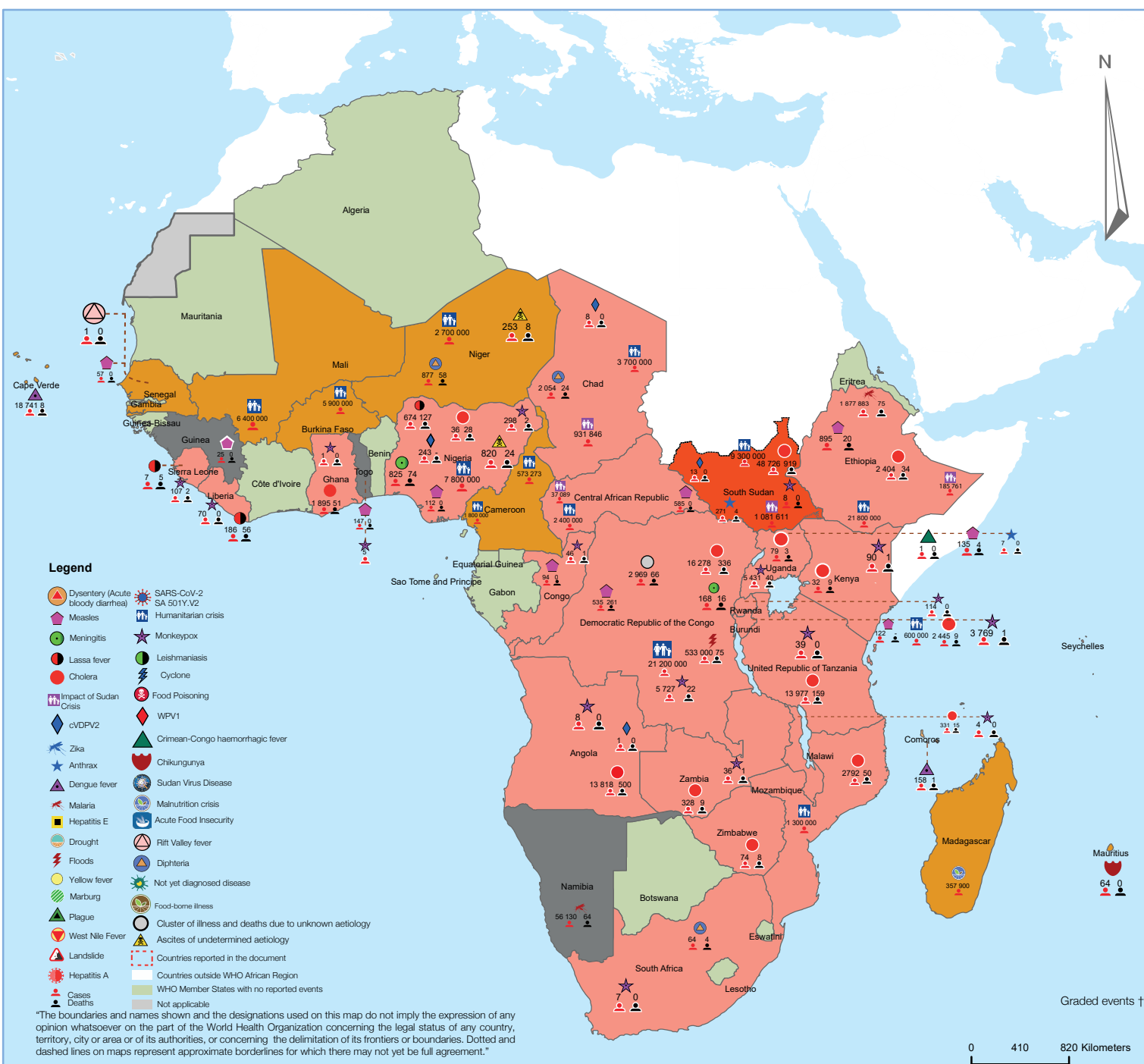
Ongoing events

84

Outbreaks

19

Humanitarian crises



5

Grade 3 events

1

Grade 2 events

0

Grade 1 events

1

Protracted 3 events

7

Protracted 2 events

0

Protracted 1 events

29

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:

- Ebola Virus Disease in the Democratic Republic of the Congo
- Measles in Niger

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

A table is provided at the end of the bulletin with 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.

Democratic Republic of the Congo

Ebola Virus Disease

EVENT DESCRIPTION

On 4 September 2025, health authorities in the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola Virus Disease (EVD) in the Bulape health zone, Kasai Province, following confirmation of the disease at the National Institute of Biomedical Research (INRB) in Kinshasa on the same day.

The first known index case of the current outbreak was a 34-year-old pregnant woman who presented at Bulape General Reference Hospital on 20 August 2025 with EVD symptoms, including fever, bloody diarrhoea, followed by anal, oral, and nasal haemorrhage, vomiting, and general body weakness, and she died the same day from multiple organ failure. While admitted to the hospital, two health personnel (a nurse and a laboratory technician) were exposed and developed similar symptoms and died a few days later.

As of 5 September 2025, a total of 42 cases, including 15 deaths, have been reported (case fatality ratio (CFR) = 36.0%) from Bulape health zone, with 38 cases and 14 deaths (CFR: 37.0%) and Mweka health zone with four cases and one death (CFR: 25.0%). Among the deaths, four are health workers. Additionally, 20.0% of the cases involve individuals under 15 years of age. Nine cases are currently admitted to the treatment centre, including six males and three females. A total of 157 contacts have been listed, with only 19.0% (n=30) followed so far, highlighting an urgent need to scale up contact tracing efforts.

The first batch of samples included five blood samples collected from five suspected cases and a nasopharyngeal swab from a probable fatality in the Bulape health zone. These samples arrived on 3 September at the National Public Health Laboratory in Kinshasa for confirmation testing. The INRB confirmed Ebola virus disease caused by *Orthoebolavirus zairense*, detected through RT-PCR assays, including GeneXpert. Whole genome sequencing suggests that the outbreak is a new zoonotic spillover event and is not directly linked to the 2007 Lwebo or 2008/2009 Mweka EVD outbreaks. In Bulape health zone, the epicentre of the current

42	5	15	36.0%
Cases	Confirmed	Deaths	CFR

outbreak, the last EVD outbreak in this health zone was in 2007, 18 years later, the capacities required for the response to a potential EVD outbreak are likely not to be present. Additionally, there are logistical challenges related to access to the affected areas, which may impact the progress of response operations.

This outbreak is occurring in a complex epidemiological and humanitarian context in the DRC. The country is facing several outbreaks, including mpox, cholera, measles, and a protracted humanitarian crisis. Additionally, the country is experiencing a prolonged economic and political crisis. The country's resources and capacity to effectively respond to the current outbreak are therefore limited.

Concurrent challenges include cholera, mpox, and measles outbreaks; humanitarian crises; access constraints to the affected areas; a fragile health system; and community fear and misinformation, all of which require robust risk communication and community engagement. While community information is currently limited, there are reports of high levels of fear among residents, leading to significant movement away from affected villages and, therefore, potentially a wider geographical spread.

PUBLIC HEALTH ACTIONS

- Following the confirmation of the disease at INRB in Kinshasa, Health authorities officially declared the EVD outbreak in the Bulape health zone on 4 September 2025. The response leadership and coordination have been elevated to the level of the H.E. Minister of Health, and a crisis committee was activated at both the local and provincial levels.
- The Public Health Emergency Operation Centre (PHEOC) has been activated, the Incident Management System has been put in place to coordinate response, and daily coordination meetings with partners to plan response activities are underway.
- With support from partners including WHO, MSF, UNICEF, INRB and others, the Rapid Response Team (RRT) and

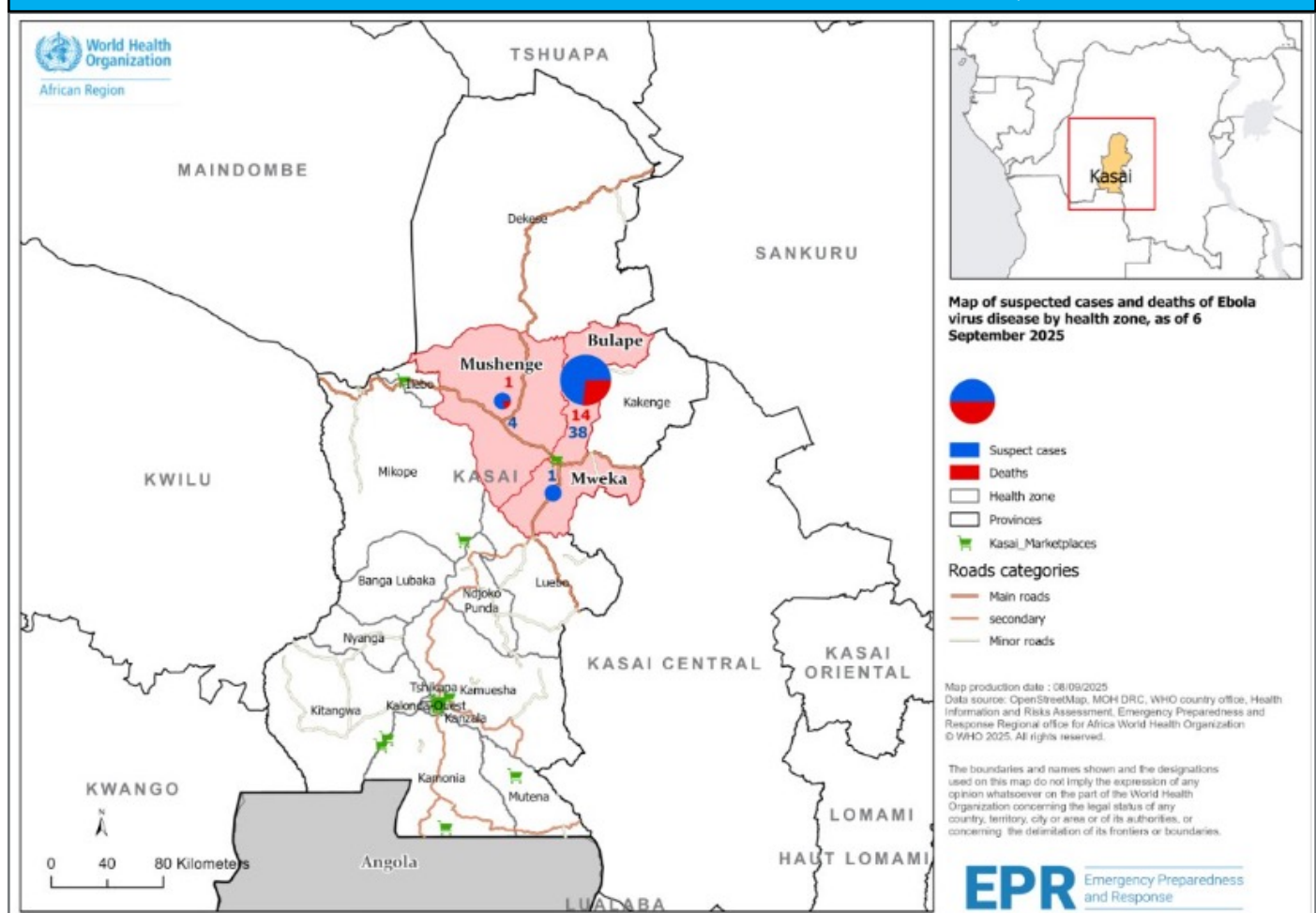
other Experts were deployed to the field in Bulape under PHEOC coordination to scale up response activities. WHO continues to provide operational, financial and technical support to the Ministry of Health to ensure a swift response.

- ▶ Local MoH-led surveillance activities supported by WHO-deployed epidemiologists to Bulape health zone are underway, and partners have also deployed teams to assess mobility dynamics and risk of cross-border transmission. MoH and Partners (CDC_DRC) have also deployed epidemiologists to scale up decentralised laboratory capacity, including a mobile laboratory.
- ▶ A 15-bed isolation unit is functional at Bulape General Reference Hospital. WHO and partners deployed two metric tons of supplies, including Personal Protective Equipment (PPE) and essential medications.
- ▶ A total of 2 000 doses of Ervebo® vaccine are available in Kinshasa under ultra-cold chain, with ring vaccination plans being finalized.
- ▶ Under technical support and coordination from IFRC, WHO and UNICEF, risk communication and community engagement activities are underway with awareness campaigns in the community and through local media.

SITUATION INTERPRETATION

DRC regularly experiences EVD outbreaks, with the current one being the 16th since 1976, when the Ebola virus was first identified in the country. This outbreak follows nearly three years without a confirmed EVD case. The previous confirmed outbreak was declared on 15 August 2022 in Beni, North Kivu province, involving a single case that later died, with the MoH declaring the outbreak over on 27 September 2022. Although the country has gained some expertise in managing EVD outbreaks, this current situation occurs in a highly challenging context marked by several other ongoing disease outbreaks (mpox, cholera, measles) and a prolonged humanitarian crisis, which could impede the country's response efforts. Technical and financial support from DRC's partners is urgently needed to contain this outbreak swiftly.

Distribution of Ebola virus disease in affected health zones in DRC, as of 7 September 2025



Niger

**17 751 Suspected
Cases**

**27
Deaths**

**0.15%
CFR**

Measles

EVENT DESCRIPTION

During epidemiological week 36, 34 suspected cases of measles were reported, with no deaths, resulting in a case fatality rate of 0%. These cases were reported from eight health districts, accounting for 11.1% of the 72 health districts in the country. This figure represents a 15.0% decrease compared to the previous week.

In week 35 of 2025, Niger reported 44 suspected measles cases and no related deaths. A total of 2 406 samples were analysed across the eight regions, of which 923 (38.0%) were IgM-positive for recent measles infection, 25% (n=593) were negative, 2.0% (n=56) were indeterminate, and 35.0% (n=834) are still awaiting analysis.

Among the eight health districts involved, three reported at least five cases each last week, making up 70.6% of all reported cases. These are the health districts of Tchirozérine in the Agadez region, Dosso in the Dosso region, and Malbaza in the Tahoua region. Each of these districts recorded at least five cases, while the remaining five districts collectively accounted for 29.4% of all reported cases.

The most affected regions in 2025 are Niamey with (n=6 418 cases), which accounts for more than one-third of national cases. Additionally, Maradi has reported 2 357 cases, Tahoua 2 305 cases, Tillabéri 2114 cases, and Zinder 2 089 cases. Each region has more than 2 000 cases, and there have been eight deaths reported in Niamey, Tillabéri, and Zinder.

PUBLIC HEALTH ACTIONS

The Ministry of Public Health, in collaboration with WHO and partners, has initiated several measures to mitigate the outbreak's impact:

- Enhanced surveillance through joint field investigations and active case finding in high-risk districts.
- A follow-up campaign vaccination reached 5 403 792 of targeted children, achieving 106% administrative coverage and maintaining herd immunity in hotspots like

Agadez and Tahoua.

- Capacity building sessions were conducted in Maradi, Tahoua, and Zinder on IDSR-3, case definitions, and measles case management to improve surveillance and response.
- Community engagement and awareness campaigns to encourage early healthcare-seeking behaviour and combat vaccine hesitancy.
- Rapid response teams deployed to affected districts to strengthen outbreak investigation and coordination.
- Mortality audits are conducted to better understand risk factors associated with deaths and improve clinical management.
- Linear lists were regularly updated, analyzed, and shared across all health system levels for better monitoring of the epidemiological situation.
- Essential medicines and epidemic control equipment were supplied nationwide with support from technical and financial partners.
- A total of 2 406 samples were received from 8 regions, and are awaiting analysis

SITUATION INTERPRETATION

The measles outbreak in Niger remains a serious public health concern, with a sharp increase in the number of suspected cases compared to the previous year. Although the overall case fatality rate has declined, the high concentration of cases in a few districts underscores the persistent need for increasing vaccine coverage and healthcare access. The geographical spread of cases, affecting nearly one in eight districts nationwide, signals ongoing transmission risks. The new cases reported weekly highlight the need for strengthened routine immunisation, supplementary vaccination campaigns, and robust surveillance systems. Without timely interventions, the outbreak risks overwhelming health services, particularly in already fragile and underserved areas.

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									
Angola	Measles	Ungraded		3-Sep-25	27-Jul-25	12,673	12,673	171	1.30%
As of 27 August, 2025, 12 673 cases and 171 measles-related deaths have been reported. The outbreak is affecting all 21 provinces of the country with majority of cases reported from the provinces of Huambo and Bie.									
Democratic Republic of the Congo	Ebola virus disease outbreak	Grade 3	1-Sep-25	1-Sep-25	5-Sep-25	42	5	15	35.70%
On 4 September 2025, Health authorities in the Democratic Republic of Congo, declared an outbreak of Ebola Virus Disease (EVD) in Bulape district, Kasai Province following a confirmation of the disease in Kinshasa through RT-PCR assays, including GeneXpert, on 4 September. The first known index case was a 34-year-old pregnant woman who presented at Bulape General Reference Hospital on 20 August 2025 with EVD symptoms and died the same day from multiple organ failure. As of 5 September, 42 suspected cases and 15 deaths (CFR 36 %), have been reported.									
Ongoing Events									
Angola	Cholera	Protracted 3	7-Jan-25	8-Jan-25	1-Sep-25	27,962	937	780	2.80%
From 31 December 2024 to 18 August 2025, Angola has reported 27,921 cholera cases and 780 deaths across several provinces.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	31-Mar-25	6-Jan-25	28-Jul-25	5	5		
As of 28 July 2025, five human cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported from Angola, with the most recent case having an onset of paralysis on 6 May 2025. In 2024, 9 cVDPV2 cases were reported.									
Angola	Yellow Fever	Ungraded	3-Jun-25	3-Jun-25	11-Jun-25	7	7		0.00%
The Ministry of Health (MOH) of Angola has officially notified the WHO of the confirmation of seven (7) yellow fever cases. These cases were confirmed by the WHO Regional Reference Laboratory for Yellow Fever (Centre Pasteur du Cameroun) from samples collected through routine surveillance between July 2024 and February 2025. The confirmed cases originated from five provinces: Luanda, Benguela, Malanje, Huíla, and Huambo. All cases were unvaccinated individuals aged between 12 and 30 years, with the exception of one infant under one year. No deaths have been reported to date.									
Benin	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-25	9-Jun-25	1	1		
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week from Plateau region, with paralysis onset on 10 May. This is the first confirmed case in 2025. In comparison, one confirmed case was reported throughout 2024.									
Burkina Faso	Humanitarian crisis (Sahel Region)	Protracted 2	1-Jan-19	1-Jan-19	10-Sep-25	35,000	35,000	-	-
OCHA has released \$1 million to minimize the impact of expected floods in Burkina Faso, following heavy rains in the country. The resources come from the OCHA-managed Regional Humanitarian Fund for West and Central Africa and will help two local NGO partners provide critical food, shelter and water, sanitation and hygiene assistance to 35,000 people in the regions of Centre-Nord and Sahel ahead of the forecasted floods.									
Burundi	Complex Humanitarian crisis	Ungraded	1-Sep-23	1-Jan-24	28-Aug-25	1,100,000	-	-	
Burundi continues to face a humanitarian crisis linked to the massive influx of Congolese refugees since January 2025. In addition to this spillover of the crisis from eastern DR Congo to Burundi, there are other ongoing crises such as floods and outbreaks (cholera , measles , Mpox). According to the needs analysis and the humanitarian response plan for the second half of 2025, 1.1 million people need humanitarian assistance in Burundi. Of these, 600 000 people are targeted by a multisectoral humanitarian response									
Burundi	Cholera	Protracted 3	1-Jan-23	1-Jan-25	13-Jul-25	382		4	1.00%
During epidemiological week 28 (week ending on 13 July 2025), 58 cases and four deaths were reported from six districts, namely Makamba (n=29), Bujumbura Nord (n=11), Isaro (n=9), Centre (n=3), Cibitoke (n=4), and South (n=2). From 1 January 2025 to 13 July 2025, a cumulative total of 382 cases with four deaths (CFR 1 %) have been reported. The most affected districts are Bujumbura Nord, Cibitoke, Isare, and Bujumbura Sud.									
Burundi	Measles	Ungraded	26-Feb-25	1-Jan-25	3-Aug-25	871	643		0.00%
From week 1 to week 31, 2025 (ending 3 August), a total of 871 suspected cases of measles were reported including 643 confirmed. Currently, six districts out of 49 for the country are in active measles outbreak: Buhiga, Cibitoke, Muroré, Mutaho, Nyabikere and Nyanza-Lac									
Burundi	Mpox	Grade 3	25-Jul-24	25-Jul-24	13-Jul-25	4,148	4,148	1	0.00%
From 25 July 2024 to 13 July 2025, a total of 4 148 confirmed cases of Mpox and one death were reported in Burundi.									
Cameroon	Humanitarian crisis (North-West & South-West)	Protracted 2	1-Oct-16	27-Jun-18	2-Jun-25	1,800,000	1,800,000	-	-
The humanitarian situation in Cameroon's North-West and South-West regions remains dire, with continued violence and insecurity disrupting essential services. In April 2025 alone, over 12 deadly incidents were recorded in Mezam division, while nearly 200 protection incidents, including killings and abductions, were reported across both regions. Attacks on schools and military use of facilities disrupted education for over 32 000 learners. Only 48% of community water points are functional, and many schools and health facilities face severe WASH gaps, increasing disease risk. More than 400 children with severe acute malnutrition received lifesaving treatment. Ongoing farmer-herder tensions, compounded by climate stress and conflict, continue to displace civilians. Funding cuts have forced key humanitarian activities to scale down, limiting protection services and data collection.									
Cameroon	Humanitarian crisis (Sahel Region)	Protracted 2	31-Dec-13	27-Jun-17	30-Jun-25	405 000	405,000	-	-
According to OCHA, since the beginning of 2025, humanitarian assistance has reached almost 405,000 people in crisis-affected areas of Far North, North-West, South-West, and eastern regions. The sharp decrease from 879,000 people reached in June 2024 to 405,000 in June 2025 is largely explained by the drop in funding (from 23% in 2024 to only 13% of requirements covered in 2025). This financial gap, combined with insecurity and access constraints, has directly limited partners' ability to deliver assistance.									

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[Go to map of the outbreaks](#)

Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-25	17-Jun-25	961	853	1	0.10%
As of 26 May 2025, there is a total of 1264 measles cases that have been reported with 39 cases reported in Week 20. A total of 855 samples have been analysed. Forty eight health districts experienced outbreaks in 2025, currently 42 have outbreaks.									
Central African Republic	Complex Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	17-Jul-25	2,400,000	2,400,000	-	-
The ongoing conflict in the Central African Republic has displaced thousands, disrupted health services, and left women and girls with limited access to essential sexual and reproductive health and protection services. 2.4 million people affected as of May 2025.									
Central African Republic	Impact of Sudan crisis	Grade 3	1-May-23	1-May-23	20-Jun-25	-	-	-	-
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. Since 15 April 2023, and as of 20 June 2025, 45 184 refugees including 38 824 Sudanese refugees and 6 360 central African returnees arrived from Sudan. The majority (68%) of the Sudanese refugees are hosted in Birao, capital of the eastern prefecture of Vakaga. Over 80% of the refugees are women and children.									
Central African Republic	Measles	Ungraded		1-Jan-25	30-Jun-25	1,168	74	1	0.10%
Between weeks 18 and 21 of 2025, 197 new suspected measles cases were reported, bringing the total for the year to 1,168 suspected cases, with 74 laboratory-confirmed, 290 epidemiologically linked, and 2 deaths. The epidemic affects 10 health districts across 3 health regions, especially Region 2 where all 6 districts are impacted—5 of which border Cameroon, already in epidemic since November 2024. Response efforts include local interventions supported by MSF and Médecins du Monde, a funding request to the Measles and Rubella Partnership (MRP), and a follow-up vaccination campaign planned for October 2025.									
Central African Republic	Mpox	Grade 3	3-Mar-22	31-Dec-23	20-Jul-25	112	112	4	3.60%
From week 1 to week 29 (ending 20 July 2025), 21 mpox confirmed cases with one death (CFR 4.8%) were reported from CAR. As of Week 29, 2025, four districts were in active transmission phase, namely, Bangui-1, Kémo, Bimbo and Bégoua. From week 52, 2023 to week 29, 2025, a total of 112 mpox confirmed cases with four deaths (CFR 3.6%) were reported in Central African Republic. Clade Ia has been identified as the circulating clade.									
Chad	Humanitarian crisis (Sahel region)	Protracted 2	11-Feb-22	1-Mar-16	22-Jun-25	-	-	-	-
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. Since the start of the Sudanese conflict in April 2023, and as of 22 June 2025, 863 501 refugees from Sudan have been recorded, mainly in the provinces of Ouaddai, Wadi-Fira, Sila, and Ennedi Est in Eastern Chad. Over 80% of these refugees are women and children. In 2025, over seven million people in Chad are in need of humanitarian assistance and about 3.6 million people are in need of health services.									
Chad	Impact of Sudan crisis	Grade 3	15-Apr-23	15-Apr-23	24-Aug-25	876,552	-	-	-
Since the beginning of the conflict in Sudan on 15 April 2023, a total of 876 552 arrivals has been registered in Chad as of 24 August 2025. These arrivals are located in the provinces of Ouaddai, Sila, Wadi-Fira and Ennedi Est.									
Chad	Cholera	Protracted 3	24-Jul-25	13-Jul-25	6-Sep-25	1,754	56	118	6.70%
The ongoing cholera in Chad was declared on 24 July 2025 in the Ouaddai province. As of 6 September 2025, a total of 1 754 cases, 56 confirmed and 118 deaths (CFR 6.7 %) have been reported. Currently the cholera outbreak is active in seven districts : Chokoyane, Hadjer Hadid, Adré, Amleyouna Abeché, Abdi and Goz Beïda.									
Chad	Diphtheria	Ungraded	1-Jan-25	1-Jan-25	6-Apr-25	2,054	3	24	1.20%
Chad is experiencing an ongoing outbreak of diphtheria. In epidemiological week 14 (week ending 6 April 2025), 126 suspected cases with two deaths were reported. From 1 January to 6 April 2025, a cumulative total of 2 054 suspected cases with 24 deaths (CFR 1.2%) have been reported in three districts, namely Iriba, Adré, and Moussoro. Of these, <i>Corynebacterium diphtheriae</i> , the causative agent of diphtheria, has been isolated by culture from samples of three suspected cases.									
Chad	Measles	Ungraded	19-Feb-25	20-Feb-25	30-Jun-25	3,680	3,680	14	
From January to June 2025, Chad reported 3 680 measles cases, including 14 deaths, with outbreaks concentrated in N'Djamena, Ouaddai, and Wadi Fira provinces. The Government, supported by humanitarian partners, implemented several vaccination campaigns that brought the outbreaks under control. UNICEF played a key role in the response, vaccinating 76 202 children aged 6–59 months in humanitarian settings, including 50 950 in the eastern provinces of Ouaddai, Sila, Wadi Fira, and Ennedi East. In May 2025, 5 155 children at the Tiné transit site were immunized, and systematic measles vaccination was provided to refugees entering through Adré and Tiné, in collaboration with MSF-France and MSF-Belgium.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	1-Jan-25	28-Jul-25	13	13	0	0.00%
From 1 January to 14 July 2025, 13 human cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported, with the most recent case having an onset of paralysis on 15 May 2025. Chad reported 39 cVDPV2 cases in 2024, 55 cVDPV2 cases in 2023, and 44 cVDPV2 cases in 2022. In 2020, 106 cVDPV2 cases were reported from three different outbreaks. Nine cases were reported in 2019.									
Congo	Cholera	Protracted 3	26-Jul-25	21-Jun-25	28-Jul-25	187	6	21	11.20%
On 26 July 2025, the Ministry of Health of the Republic of Congo declared a cholera outbreak following the notification of a death in a suspected case on 23 June 2025 in Mbamou Island. This presumptive index case had symptom onset on 21 June 2025. From 21 June to 28 July 2025, a total of 187 suspected cholera cases with 21 deaths (CFR 11.2%) were reported from Mbamou island and Mossaka districts in Brazzaville and Congo-Oubangui departments respectively. Six out of 13 samples from Mbamou Island tested positive for <i>Vibrio cholerae</i> serogroup O1 Ogawa at the National Public Health Laboratory. Response activities are ongoing.									
Congo	Measles	Ungraded	26-Jan-25	20-Jan-25	13-Jul-25	995	81		0.00%
From week 4 to week 28 (ending 13 July 2025), a total of 995 suspected measles cases with zero death (CFR 0.0%) were reported from Brazzaville, Likouala, Plateaux and Cuvette-Ouest Departments. Cumulatively, 81 cases were laboratory-confirmed including 46 cases in Brazzaville Department, 3 cases in Itoumbi district in Cuvette-Ouest department, 9 cases in Enyellé-Bétou (4) and Impfondo (5) districts in Likouala department, 23 cases in Abala (11), Gamboma (7) and Djambala (5) districts in Plateaux Department. According to 2023 WHO-UNICEF independent estimates, the immunization coverage for measles-containing vaccine 1 (MCV1) is 65% in the Republic of Congo.									
Congo	Mpox	Grade 3	23-May-22	1-Jan-24	13-Jul-25	84	84	1	1.20%
From 1 January to 13 July 2025, 60 laboratory-confirmed cases with one death (CFR 1.7%) were reported from Brazzaville, Cuvette, Cuvette Ouest, Sangha and Pointe Noire. From 1 January 2024 to 13 July 2025, a cumulative total of 84 laboratory-confirmed cases with one death (CFR 1.2%) were reported from eight departments, Cuvette, Brazzaville, Cuvette-Ouest, Pointe-Noire, Likouala, Sangha, Pool and Plateaux. Sequencing analysis of at least 25 samples identified clade Ia, clade Ib, and clade IIb.									
Côte d'Ivoire	Cholera	Protracted 3		25-May-25	3-Aug-25	491	491	20	4.10%

As of 3 August, 491 cholera cases and 20 deaths were reported across Cote d'Ivoire. Vridi Ako alone accounted for 198 cases and 7 deaths. The outbreak has since spread to other areas, including Yopougon Est, Sa Sandra (San Pedro) and Jacqueville.									
Democratic Republic of the Congo	Complex Humanitarian crisis DRC	Grade 3	20-Dec-16	17-Apr-17	4-Jun-25	21,200,000	-	-	-
The Democratic Republic of the Congo is facing a complex and worsening humanitarian crisis, driven by ongoing conflict, large-scale displacement, and public health emergencies. Despite a truce announced in April 2025, continued violence in North and South Kivu and Ituri provinces has displaced thousands and resulted in the reported deaths of over 300 civilians in just two weeks. Grave child rights violations persist, with more than 70% of verified cases involving recruitment and use of children. In South Kivu, flooding in Kasaba village claimed 62 lives, including 47 children. Adding to the crisis, a nationwide cholera epidemic has placed six provinces under alert, with sustained transmission in the east further straining overstretched health services and deepening the vulnerability of affected communities.									
Democratic Republic of the Congo	Anthrax	Ungraded	28-Apr-25	30-Apr-25	3-May-25	17	1		0.00%
On 6 April 2025, North Kivu province recorded its first suspected cases of Anthrax in humans in Binza Health Zone. These suspected cases follow the detection of animal anthrax in Virunga National Park, neighbouring the Ugandan border. Of the 17 suspected cases, six samples were taken, and Bacillus Anthracis was isolated on 28 April 2025, in one of the samples from Lubero health zone.									
Democratic Republic of the Congo	Cholera	Protracted 3	16-Jan-15	1-Jan-25	8-Jun-25	30485		655	2.10%
During epidemiological week 23 (2-8 June 2025), the Democratic Republic of the Congo (DRC) reported 1 093 suspected cholera cases and 35 deaths, marking a decrease from 1 530 cases and 45 deaths recorded the previous week. Kinshasa was one of the key areas of concern, with 117 cases and 26 deaths reported (CFR: 22%), primarily from Kokolo (52 cases, 10 deaths) and Makala (31 cases, 10 deaths) communes, affecting nine of the city's 35 health zones. From 1 January to 8 June 2025, a total of 30 485 suspected cases and 655 deaths have been reported across the country, with most deaths occurring in community settings. Half of the 26 provinces have recorded suspected cholera cases, with the most affected being Haut-Katanga, Haut-Lomami, Nord Kivu, Sud Kivu, Tanganyika, Maniema, and Tshopo.									
Democratic Republic of the Congo	Measles	Ungraded	5-Jan-25	1-Jan-25	8-Jun-25	30,690	1,897	472	1.50%
Between epidemiological weeks 1 and 23 of 2025, the Democratic Republic of the Congo (DRC) reported a total of 30 690 suspected measles cases and 472 associated deaths. Among these, 1 897 cases were confirmed, including 1 306 laboratory-confirmed (IgM positive), 548 confirmed by epidemiological link, and 43 classified as compatible. Children under five years of age accounted for 93% of all suspected cases. Confirmed measles outbreaks were reported in 99 health zones, with the highest number of suspected cases recorded in the provinces of Nord Kivu, Maniema, Haut Lomami, South Kivu, Tshuapa, and Tanganyika.									
Democratic Republic of the Congo	Mpox	Grade 3	30-Mar-19	1-Jan-25	8-Jun-25	11829	11,829	22	0.20%
From 5 May to 8 June 2025, the Democratic Republic of the Congo (DRC) reported 2 706 confirmed cases of mpox, with zero associated deaths. Since the start of 2025, 11 829 confirmed cases, including 22 deaths, have been reported across the country. The most affected provinces include Kinshasa, North Kivu, South Kivu, Bas-Uele, Tanganyika, and Tshopo.									
Ethiopia	Complex Humanitarian crisis-ETH	Protracted 2	4-Nov-20	4-Nov-20	16-Jul-25	21,800,000	-	-	
As of 30 June 2025, over 21.8 million people in Ethiopia need assistance, with 10 million targeted this year. There are 1.9 million IDPs and 1.08 million refugees/asylum seekers. Key regions affected include Tigray, Amhara, Oromia, Afar, and Somali. Cholera outbreaks persist in Amhara, Benishangul Gumuz, and Gambella. Tigray alone hosts 761,000 IDPs amid limited humanitarian access.									
Ethiopia	Impact of Sudan crisis	Grade 3	1-May-23	1-May-23	30-Jun-25	190,743	-	-	
Following the Sudan crisis that began on 15 April 2023, Ethiopia now hosts a total of 190,743 Sudanese refugees and returnees as of 30 June 2025. This includes 93,363 refugees, with 48,964 from the pre-2023 caseload in Assosa. The influx also includes Eritreans, Ethiopian returnees, and others, further straining humanitarian services in already pressured border regions.									
Ethiopia	Cholera	Protracted 3	17-Sep-22	1-Jan-25	18-Jun-25	5040		47	0.90%
During epidemiological week 24 (9-15 June), Ethiopia reported 123 new cholera cases, including three deaths. The majority of cases were recorded in Oromia Region (72 cases, 3 deaths), followed by Afar (26 cases) and Gambela (25 cases). From 1 January to 18 June 2025, a total of 5 040 cholera cases with 47 deaths have been reported nationwide, with an overall case fatality rate (CFR) of 0.9%. The most affected regions are Gambela (2 404 cases, 33 deaths) and Amhara (2 305 cases, 11 deaths). Oromia and Afar have reported 267 cases with three deaths and 64 cases with zero deaths, respectively.									
Ethiopia	Malaria	Ungraded	20-Jun-23	1-Jan-25	8-Aug-25	4310439	2,282,975	207	0.00%
From 1 January to 08 August 2025, Ethiopia reported a total of 4,310, 439 malaria cases and 207 deaths. During Week 31(28th July – 3rd August 2025), 158, 019 new cases and 18 deaths were recorded.									
Ethiopia	Measles	Ungraded	13-Apr-17	1-Jan-25	8-Aug-25	7381	5,035	23	0.30%
As of 8 August 2025 (Week 31), Ethiopia has reported 7,381 suspected and 5,035 confirmed measles cases. Active confirmed outbreaks are present in 101 woredas, mainly in Oromia (45 woredas), Amhara (9) and Central Ethiopia (7).									
Ethiopia	Mpox	Grade 3	25-May-25	25-May-25	5-Sep-25	28	28	1	3.60%
On 25 May 2025, The Ministry of Health declared an outbreak of Mpox following laboratory confirmation of samples taken from two suspected cases identified in Moyale town of Oromia region at the Kenyan border. As of 5 September , a total of 28 cases including one death (CFR 3.6%) are reported. The last case was reported on 27 July 2025.									
Ethiopia	Poliomyelitis (cVDPV2)	Grade 2	12-Jun-25	18-May-25	31-Aug-25	40	40		0.00%
No cVDPV2 cases were reported this week. The total number of cases reported in 2025 is 40. The number of cases from 2024 remains 44									
Gambia	Mpox	Grade 3	22-Jul-25	18-Jul-25	28-Jul-25	1	1		0.00%
On 22 July 2025, the Ministry of Health of Gambia officially declared an outbreak of mpox after a confirmed Clade IIb case was reported on 18 July 2025. This is the first mpox confirmed case reported from Gambia since the beginning of the global mpox emergency in 2022. As of 28 July 2025, 18 contacts have been identified for follow-up. Active case search, contact tracing and community sensitization are ongoing.									
Ghana	Mpox	Grade 3	4-Mar-25	21-Feb-25	8-Sep-25	494	494	1	0.40%
In 2025, the first mpox confirmed case was reported on 4 March 2025 in a 29-year-old male in Greater Accra region with date of symptom onset on 21 February 2025. As of 8 September 2025, 494 mpox confirmed cases were reported from 69 out of 261 districts across 14 out of 16 regions of Ghana.									

Guinea	Lassa Fever	Ungraded	14-Jun-25	16-May-25	20-Jul-25	2	2	1	50.00%
On 14 June 2025, WHO was informed of the laboratory confirmation of a lassa fever case in Guéckédou prefecture, Nzérékoré region. The case is a 45-year-old male, biologist, who travelled to Guéckédou prefecture on 13 May 2025. On 16 May 2025, he started developing symptoms of fever, headache, difficulty breathing, palpitations, cough, anorexia and self-medicated for malaria for three days with no clinical improvement. He was admitted at the Guéckédou prefectural hospital on 22 May 2025 and tested positive for lassa fever by Rt-PCR the same day. He was then transferred to the Nongo epidemic treatment center in Conakry. A death was reported in another confirmed lassa fever case from Macenta prefecture in Nzérékoré region. From 1 January to 20 July 2025, two confirmed lassa fever cases with one death (CFR 50%) were reported from Guinea. Investigations and contact tracing are ongoing.									
Guinea	Measles	Ungraded	3-Jul-24	1-Jan-25	19-Jun-25	2334	25	3	0.10%
From W1 to W24, 2025, a total of 2334 suspected measles cases were reported with no deaths. Of the 175 cases tested, 25 were laboratory-confirmed (IgM+). Children between the ages of 1 and 11 years account for 68% of the cases. Mass immunization is underway in over 25 health districts. 4 health zones currently in outbreak									
Guinea	Mpox	Grade 3	14-Jun-25	2-Sep-24	8-Sep-25	896	896	1	0.10%
From 4 June to 8 September 2025, 896 Clade IIb mpox confirmed cases with 01 death (CFR 0.1%) were reported from 15 health districts of Guinea.									
Kenya	Measles	Ungraded	29-Jun-22	1-Jan-25	31-Aug-25	524	222	0	0.00%
During week 35, no new measles cases have been reported. Overall, males are most affected with a total of 272 cases, representing 52% of all cases. Children under five years are most affected with 225 cases, accounting for 43% of all cases. As of week 35, a total of 524 cases and zero death have been reported.									
Kenya	Mpox	Grade 3	3-Aug-24	31-Jul-24	20-Sep-25	506	506	9	1.80%
A total of 506 cases with nine deaths have been reported as of 20 September 2025. Since the start of the response, over 6.3 million travellers have been screened at 26 official points of entry, including airports, seaports, and land border crossings.									
Kenya	Mpox	Ungraded	1-Aug-24	1-Jan-24	31-Aug-25	1768	1136	50	2.80%
From January to 31 August 2025, Kenya has reported a cumulative total of 1 768 visceral leishmaniasis cases, including 1 136 laboratory-confirmed cases and 50 deaths. No new cases or deaths were reported in Week 34. The outbreak remains active in Wajir, Marsabit, Mandera, and Samburu counties.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	20-Dec-24	7-Aug-25	679	179	56	8.20%
As of 7 August 2025, Liberia has reported 179 confirmed Lassa fever cases. Since January 2022, the cumulative total stands at 679 confirmed cases, including 56 deaths (CFR 30%), with Bong, Nimba, and Grand Basa counties being the most affected.									
Liberia	Mpox	Grade 3	31-Aug-24	31-Aug-24	8-Sep-25	727	727	1	0.10%
Liberia has reported a cumulative total to 727 mpox cases with one death since January 2024.									
Madagascar	Malnutrition crisis	Ungraded	1-Jul-21	1-Jan-21	31-Aug-25	-	-	-	-
Climate change has exacerbated Madagascar's vulnerability to weather shocks, including cyclones, tropical storms and droughts. According to the latest IPC analysis, approximately 357 900 children aged 6 and 59 months are suffering or expected to suffer acute malnutrition between September 2024 and August 2025, with almost 51 % of cases expected in the Grand Sud-Est and 49 % in the Grand Sud									
Madagascar	Botulism	Ungraded	19-Jun-25	14-Jun-25	31-Aug-25	-	-	-	-
On 14 June 2025, the country authorities-initiated investigations following the occurrence of multiple foodborne illness outbreaks across Madagascar. The cases presented the clinical pictures of neurological disturbances (blurred or double vision, dizziness), digestive symptoms (nausea, vomiting) and fatigue. On 25 July 2025, health authorities officially declared botulism outbreak following a confirmation of the disease from biological samples (serum) testing at the Institut Pasteur of Paris in France. As of 31 August, no new case reported.									
Malawi	Mpox	Grade 3	17-Apr-25	21-Apr-25	14-Sep-25	457	112	1	0.20%
From 16 April to 14 September 2025, Malawi confirmed 112 Mpox cases (two imported) with one death. Most of the cases (92, 82.1%) of the confirmed cases have been reported from Lilongwe district.									
Mali	Humanitarian crisis (Sahel region)	Protracted 2	11-Sep-17	11-Sep-17	3-Aug-25	8,800,000		2	0.00%
According to OCHA, in July 2025, Mali recorded 81 humanitarian access incidents, a 62% increase from 50 in July 2024, with explosive devices (37 cases) as the main constraint. Hostilities and military operations rose to 23 incidents, and violence against humanitarians caused 10 cases, including two deaths in Segou. In Kidal, armed actors intercepted eight trucks on the Anéfiri-Kidal road, disrupting humanitarian supply lines. In Timbuktu's Gossi area, access restrictions since May worsened after a July 27 ban on tricycles, cutting off the only means of local support. Despite these challenges, humanitarian partners continue interventions, stressing the need for stronger community-based access mechanisms									
Mali	Dengue	Protracted 2	8-Jan-25	1-Jan-25	3-Jul-25	369			0.00%
As of Week 23 (12 June 2025), Mali has recorded 369 confirmed dengue cases from 1,866 samples tested, with no deaths reported. In Week 23 alone, 8 cases were detected in Commune II, Bamako. This marks a 40.9% decrease from 624 cases during the same period in 2024, despite ongoing localized transmission									
Mali	Measles	Ungraded	13-Jan-25	6-Jan-25	15-Jun-25	466	158		0.00%
Between epidemiological weeks 1 and 24 of 2025 (ending 15 June), 466 suspected measles cases were reported in Mali, with zero associated deaths. Of these, 158 cases were confirmed, including 128 laboratory-confirmed, 20 epidemiologically linked, and 10 clinically compatible cases. Since the beginning of the year, 17 out of 75 health districts have experienced measles outbreaks. In week 24, 14 districts in eight regions remain in active outbreak status.									
Mauritania	Dengue	Protracted 2	19-Jun-25	26-May-25	8-Jun-25	148	148		0.00%
An outbreak of dengue has been reported in Tiris Zemmour, a northern wilaya of Mauritania bordering Algeria. Between epidemiological weeks 22 and 23 of 2025, 148 cases were confirmed by rapid diagnostic tests, with zero severe cases and zero deaths reported. The outbreak remains limited to two of the three Moughataas (districts) in the wilaya. Of the 11 samples analyzed at the virology laboratory in Nouakchott for confirmation and serotyping, eight tested positive for dengue virus serotype DENV-2, the same strain identified during the 2018 outbreak in the region.									
Mauritius	Chikungunya	Ungraded	17-Mar-25	15-Mar-25	4-Aug-25	1,583	398	0	0.00%
From 15 March to 4 August 2025, Mauritius reported 1,583 chikungunya cases (1,543 local and 40 imported). 1,570 have recovered; all current patients are in good health, and no deaths have been reported									
Mozambique	Humanitarian crisis (Cabo Delgado)	Protracted 2	5-Sep-24	5-Sep-24	31-Jul-25	95,000	95,000	-	0.00%

According to UN News, in July 2025, attacks by armed groups in northern Mozambique displaced over 46,667 people from Chiúre, Ancuabe, and Muidumbe, with Chiúre alone accounting for more than 42,000 uprooted, over half of them children. Since January, more than 95,000 people have fled insecurity in Cabo Delgado, facing urgent needs for food, shelter, and essential non-food items. In Ancuabe, the number of displaced families tripled in just one week to 444 households (1,946 people), including over 1,200 children, while in Muidumbe nearly 500 families fled after fighters torched homes in Magaia. Humanitarian access remains fragile, hindered by insecurity, lack of documentation, and protection risks. As of July, Mozambique's 2025 Humanitarian Response Plan is only 19% funded (\$66 million of the \$352 million requested), forcing agencies to scale down assistance from 1.1 million to 317,000 people.

Mozambique	Cholera	Protracted 3	30-Nov-24	28-Oct-24	31-Jul-25	25239	4,488	64	0.30%
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As of 30 July 2025, Mozambique has recorded 4,488 cholera cases and 64 deaths since 28 October 2024, with community and health facility case fatality rates (CFR) of 1.1% and 0.4% respectively. In week 30, 61 cases (15% decrease from week 29) were reported in Moma, Nampula City, Marromeu, Beira, and Muanza, while Changara, Guro, and Nampula City districts recently declared their outbreaks over; 19 districts in four provinces still report acute watery diarrhoea (AWD) cases. Nampula province remains the most affected with 3,602 cases and 40 deaths (0.8% CFR), while Sofala province has 384 cases and five deaths; in the last 24 hours, two new cases were reported, and eight patients remain hospitalized. WHO and partners are responding through active case finding, water quality monitoring, CERTEZA distribution, chlorination, health education, and media campaigns to counter misinformation, despite challenges of concurrent emergencies, misinformation, remote access issues, and limited funding.

Mozambique	Malaria	Ungraded		4-Jun-25	4-Jun-25	10,481	10,481		
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Mozambique has been experiencing a sustained malaria outbreak, particularly in the Maputo City area since November 2024. As of epidemiological week 20 in 2025, a total of 10,481 confirmed malaria cases have been reported in the KaMavota Health Area.

Mozambique	Mpox	Grade 3	11-Jul-25	11-Jul-25	27-Jul-25	17	17		0.00%
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On 8 July 2025, 03 suspected mpox cases were reported from Lago district, Niassa province of Mozambique. On 10 July 2025, the three cases were laboratory-confirmed for mpox by RT-PCR at the Niassa public Health Laboratory. From 11 to 27 July 2025, 17 confirmed Clade Ib mpox cases with zero death (CFR 0.0%) were reported from Lago district, Niassa province of Mozambique. A total of 63 contacts identified are under follow-up. Active case search, contact tracing and community sensitization are ongoing in the affected area.

Namibia	Measles	Ungraded	14-Sep-25	18-Sep-25	18-Sep-25	12	10		
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The declaration of the outbreak of measles in Opuwo health district, Kunene Region in Namibia was announced by the Minister of Health through a press release on 15 September 2025. As of 12 September 2025, a total of ten laboratory confirmed cases have been reported out of the 20 suspected cases that have been tested for measles.

Niger	Humanitarian crisis (Sahel region)	Protracted 2	1-Feb-15	1-Feb-15	10-Sep-25	-	-	-	-
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Niger continues to face a multidimensional crisis driven by extreme climate events, rapid population growth, chronic poverty, and rising insecurity. As of 31 May 2025, 986 824 forcibly displaced people were recorded, including 432 116 IDPs, 507 438 refugees and asylum-seekers, and 47 270 others registered, with most IDPs in Tillabéry (44%), Diffa (33%), and Tahoua (23%). At least 2.7 million people are in need of humanitarian assistance in 2025. Since March, violence by Islamic State in the Sahel Province has intensified in Tillabéry, with over 127 civilians killed and dozens of villages looted or burned, further aggravating displacement and humanitarian needs.

Niger	Ascites of undetermined aetiology	Ungraded	12-Jun-24	1-Jan-25	1-Jun-25	346		10	2.90%
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An outbreak of ascites of unknown aetiology that began on 5 January 2025 in Niger has resulted in 346 reported cases, including 10 deaths as of 1 June 2025. The outbreak primarily affects children aged 5 to 14 years in the Dosso and Maradi regions. Patients have presented with symptoms such as abdominal distension, abdominal pain, vomiting, and fever. The exact cause remains undetermined. Investigations are ongoing into potential sources, including aflatoxins, heavy metals, formaldehyde, and natural toxins such as pyrrolizidine alkaloids.

Niger	Diphtheria	Ungraded	28-Aug-23	1-Jan-25	15-Jun-25	1200		69	5.80%
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In epidemiological week 24 (week ending on 16 June 2025), a total of 26 new cases of diphtheria, with two deaths, were reported by fourteen health districts, representing 19.4 % of all 72 health districts in the country. From epidemiological week 1 to week 24 of 2025, the country had recorded 1 200 cases, including 69 deaths (CFR: 6.2 %).

Niger	Measles	Ungraded	14-Jan-25	1-Jan-25	15-Jun-25	17,264			0.00%
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In epidemiological week 24, 2025 (ending 15 June), 228 new suspected measles cases were reported in Niger, with zero associated deaths. Since the beginning of the year, a total of 17 487 suspected cases have been reported across 69 health districts in all eight regions. Of these, 767 have been laboratory-confirmed, and 22 deaths have been recorded (CFR 0.1%). As of week 24, 27 out of the country's 72 health districts are experiencing active measles outbreaks.

Niger	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-25	9-Jun-25	3	3		
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One cVDPV2 case was reported this week from Niamey, with paralysis onset on 18 April. This brings the total number of cVDPV2 cases reported in 2025 to three.

Nigeria	Floods	Ungraded	30-May-25	31-May-25	19-Aug-25				
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Nigeria continues to grapple with a multifaceted humanitarian crisis, with conflict and food insecurity driving suffering in the BAY (Borno, Adamawa, Yobe) states. According to the March 2025 Cadre Harmonisé, about 4.6 million people will face crisis or emergency-level food insecurity during the peak lean season (June–September). Conflict and insecurity have disrupted livelihoods, limited farmland access, and escalated malnutrition, projected to affect 2.6 million children under five in 2025, including 1 million at risk of severe acute malnutrition (SAM), double the 2024 figure (UNICEF). Insecurity, extreme weather, high food prices, and funding cuts have worsened conditions.

Nigeria	Humanitarian crisis (Sahel region)	Protracted 2	10-Oct-16	10-Oct-16	4-Sep-25	3,600,000			0.00%
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Nigeria continues to face significant humanitarian challenges. On 3 September 2025, armed bandits attacked Galadi community in Shinkafi LGA, Zamfara State, affecting more than 1 000 individuals, resulting in five fatalities, six injuries, and the displacement of 44 people to Ajiyawa. Immediate needs identified include food, shelter, and non-food items, with rapid assessments conducted to guide the response. This incident illustrates the broader humanitarian crisis in Nigeria, where as of 1 June 2025, an estimated 3.6 million people remained forcibly displaced due to conflict and insecurity, including Nigerian refugees in neighbouring Cameroon, Chad, and Niger. Nigeria also continues to host 138 921 refugees and asylum-seekers from over 45 countries, primarily from Cameroon, highlighting the country's dual role as both a source and host of displacement.

Nigeria	Ascites of undetermined aetiology	Ungraded		1-Jan-25	29-Jun-25	2,006		122	6.10%
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Since January 2025, an outbreak of an illness of unknown cause has been reported in Sokoto and Zamfara states. Common symptoms include abdominal pain and distension, fever, vomiting, shortness of breath, weight loss. Cumulatively, from 1 January to 29 June 2025, a total of 1 075 cases with 66 deaths (CFR 6.1%) were reported across 15 LGAs of Sokoto State. From 1 January to 29 June 2025, 931 cases with 56 deaths (CFR 6%) were reported across 14 LGAs of Zamfara state. Children ≤ 10 years and males are the most affected. In 2024, over 700 cases with over 30 deaths were reported from Sokoto and Zamfara states.

Nigeria	Cholera	Protracted 3		2-Mar-25	24-Aug-25	8,843		229	2.60%
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In week 34, 2025 (ending 24 August), Nigeria reported 20 suspected cholera cases with zero deaths from Sokoto (2), Plateau (6), Katsina (8), Niger (1), Kano (1), Ekiti (1), and Adamawa (1) states. Cumulatively, from 1 January to 24 August 2025, 8 843 suspected cases, including 206 deaths (CFR 2.4%), have been recorded in 229 LGAs across 37 states. The majority of cases have been reported in Zamfara, Bayelsa, Adamawa, Delta, Lagos, Niger, Katsina, Rivers, Bauchi, and Plateau states.

Nigeria	Diphtheria	Ungraded	10-Mar-25	9-May-22	19-May-25	43,758	26,502	1,376	7.10%
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The diphtheria outbreak in Nigerian has affected 37 states and 353 local government areas. There are 26 502 confirmed cases and 1376 confirmed deaths (CFR 5.2%). The 5-29 year age group has been most affected and more females have been infected (60.5%).

Nigeria	Lassa Fever	Ungraded	30-Nov-24	1-Jan-25	7-Jul-25	807	800	151	18.70%
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In epidemiological week 27 (30 June to 6 July 2025), 11 new confirmed cases of Lassa fever, including three death, were reported from six states across Nigeria. From 1 January to -6 July 2025, a cumulative total of 887 cases with 151 deaths (CFR 18.9 %) have been reported from 21 states. Ninety (90%) of all confirmed Lassa fever cases were reported from five states (Ondo, Bauchi, Edo, Taraba, and Ebonyi).

Nigeria	Measles	Ungraded	1-Jan-25	1-Jan-25	22-Jun-25	6,596	1,772	15	0.20%
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In Nigeria, between epidemiological weeks 1 and 25 of 2025 (ending 22 June), a total of 6 436 suspected measles cases were reported across 37 states, of which 1 411 (22%) were confirmed, predominantly from Katsina, Jigawa, Adamaoua, Bauchi, Gombe, and Yobe states. Among the confirmed cases, 1 402 were laboratory-confirmed and nine were epidemiologically linked.

Nigeria	Meningitis	Ungraded		30-Sep-24	8-Jun-25	4,691	282	331	7.30%
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A decline case trend has been observed since week 13, 2025. In week 23, 2025 (ending 8 June), 04 new suspected meningitis cases with 0 death were reported. Cumulatively, from week 40, 2024 to week 23, 2025, 4 691 suspected cases with 331 deaths (CFR=7.1%) were reported from 216 LGAs across 31 states. A total of 282 cases were confirmed by PCR for NmC, NmW, Spn, NmX or Hib. Children aged 5-14 years are the most affected.

Nigeria	Mpox	Grade 3	31-Jan-22	1-Jan-22	8-Sep-25	472	472	4	0.80%
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Cumulatively, from 1 January 2024 to 8 September 2025, 472 confirmed cases with four deaths were reported.

Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-22	23-Jun-25	248	248	0	0.00%
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No cVDPV2 case was reported this week. The total number of cVDPV2 cases in 2025 is fifteen. The cumulative total for 2024 stands at 98 cases. In comparison, 87 cases were reported in 2023, and 48 cases were reported in 2022.

Rwanda	Cholera	Protracted 3	9-Apr-25	9-Apr-25	24-Aug-25	284	40		0.00%
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Cholera outbreak is ongoing in Rwanda reported from Karongi , Rusizi and Rutsiro districts. The identified bacterial strain is Vibrio cholerae Inaba. There were three new case reported in week 34. As of 24 August , 284 cases have been reported with zero death.

Rwanda	Mpox	Grade 3	24-Jul-24	24-Jul-24	8-Sep-25	127	127	0	0.00%
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From 24 July 2024 to 8 September 2025, Rwanda has reported 127 confirmed cases of mpox with zero deaths.

Senegal	Measles	Ungraded	4-Jul-22	1-Jan-25	15-Jun-25	89	89	0	0.00%
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During epidemiological week 24 (9-15 June 2025), Senegal reported one confirmed case of measles. Since the beginning of the year, a total of 89 confirmed cases have been reported across 31 districts in 12 regions, with the most affected regions being Louga (39 cases), Thiès (11), Dakar (8), and Kaffrine (7). An active outbreak is ongoing in the Darou-Mousty district. Of the confirmed cases, 49 (55%) are male. Among the 21 children aged nine months to five years, 11 (52%) were unvaccinated.

Senegal	Mpox	Grade 3	22-Aug-25	22-Aug-25	22-Aug-25	1	1		0.00%
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On 23 August, the Senegal Ministry of Health communicated through a press release on one Mpox case confirmed through PCR at Institute Pasteur of Dakar on 22 August 2025. This is an imported case of 28-year-old man who arrived in Senegal on 19 August. The disease started while in his own country on 13 August 2025 with fever, headache, asthenia, and rash. While in Senegal, between 20 and 22 August , the symptoms worsened and the patient sought health care at a private clinic in Dakar before to be transferred to the hospital on 22 August where the sample was collected for laboratory testing , the result released the same day confirmed the disease.

Sierra Leone	Mpox	Grade 3	11-Jan-25	9-Jan-25	8-Sep-25	5,266	5,266	56	1.10%
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From 9 January to 8 September 2025, 5 266 mpox confirmed cases with 56 deaths (CFR 1.1%) were reported from all the 16 districts of Sierra Leone.

South Africa	Diphtheria	Ungraded	19-Dec-24	24-Dec-24	13-Jul-25	291	61	12	22.00%
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Between 01 January 2024 and 13 July 2025, 61 confirmed cases of respiratory diphtheria, 1 probable respiratory diphtheria case, 2 cases of cutaneous toxigenic diphtheria, and 48 asymptomatic carriers of toxigenic C. diphtheriae, detected during contact tracing, have been identified in South Africa. The majority of confirmed respiratory diphtheria cases (64%, 39/61) were from the Western Cape. The median age for cases of confirmed respiratory diphtheria was 26.5 years (range: 2-55 years), with 72% (36/50) being 18 years and older. The overall case-fatality ratio (CFR) among probable and confirmed respiratory diphtheria cases was 22% (11/51).

South Africa	Measles	Ungraded	16-Jun-25	19-Jun-25	24-Aug-25	309	71		0.00%
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Between 1 January 2024 and 24 August 2025, 71 confirmed cases of respiratory diphtheria, 2 probable respiratory diphtheria cases, and 2 cutaneous toxigenic diphtheria cases have been identified; as well as 52 asymptomatic carriers of toxigenic C. diphtheriae who were detected during contact tracing. The majority of confirmed and probable cases, together with carriers (70%, 89/127) were from the Western Cape.

South Sudan	Complex Humanitarian crisis -SS	Grade 3	15-Aug-16	15-Aug-16	31-Aug-25	9,300,000	-	-	-
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According to the recent Famine Early Warning System Network report released in August, South Sudan faces widespread Crisis (IPC Phase 3) and worse outcomes characterized by extremely high levels of hunger and acute malnutrition. The areas of highest concern are in the Greater Upper Nile Region with particular concern for counties hosting large numbers of refugee and returnee population. A risk of Famine (IPC Phase 5) persists in Nasir and Ulang counties of Upper Nile State. An estimated number of 9.3 million people need humanitarian assistance this year countrywide

South Sudan	Impact of Sudan crisis	Grade 3	15-Apr-23	1-May-23	24-Aug-25	1,196,542	-	-	
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Since the start of the Sudan emergency in mid-April 2023, a total of 1 196 542 people fleeing conflict in Soudan arrived in South Sudan, including 803 400 returnees as of 24 August 2025

South Sudan	Anthrax	Ungraded	1-Aug-24	1-Jan-24	2-Sep-25	321	4	5	1.60%
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In 2025, 120 cases were reported from Warrap (n=34) and WBeG (n=86), with one death (CFR 0.8%). Since 2024, a total of 321 cases have been reported from both states, with five deaths (CFR 1.6%).

South Sudan	Cholera	Protracted 3	11-Oct-24	28-Sep-24	11-Sep-25	91,065	520	1,560	1.70%
As of 11 September 2025, South Sudan has reported a total of 91 065 suspected and 520 confirmed cholera cases since the onset of the outbreak on 28 September 2024. A total of 1 560 deaths have been recorded, with a CFR of 1.7%.									
South Sudan	Mpox	Grade 3	7-Feb-25	7-Feb-25	11-Sep-25	435	21		0.00%
As of 11 September 2025, South Sudan has reported a total of 21 mpox confirmed cases, with zero associated deaths from 17 in Juba County, 3 in Rumbek, and 1 in Malakal. The last Mpox case detected was in Juba, with an onset of illness reported as 16 August 2025.									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-24	1-Jan-23	2-Sep-25	13	13	0	0.00%
In 2025, zero case of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in South Sudan as of 2 September. Since 2023, a total of 13 confirmed cVDPV2 cases have been reported in eight counties with three cases reported in 2023 and 10 cases in 2024 with the most recent case having a date of onset of paralysis on 16 November 2024.									
Tanzania, United Republic of	Cholera	Protracted 3	3-Oct-23	5-Sep-23	20-Jul-25	16040		185	1.20%
Since 1 January 2024 cholera outbreaks have been reported in 24 regions out of 31 of Tanzania. As of 20 July 2025, in the previous week 27 new cases were reported from Mbeya, Ruvuma and Mbeya regions and 1 death reported. In the same period the majority of cases (5058) were reported from Simiyu region (31%). Geita region has the highest CFR (11.1%). The majority of cases are female (n=8220; 51.2%) and has largely affected the age range 25-34 years (18.7%). The case fatality ratio is 1.1%.									
Tanzania, United Republic of	Mpox	Grade 3	10-Mar-25	10-Mar-25	15-Sep-25	170	170	0	0.00%
From 25 February to 15 September 2025, Tanzania reported 170 confirmed Mpox cases across 15 regions. A total of new cases were reported in the past six weeks. Males account for 57.4% of cases, and 80.2% are aged 21–40 years.									
Togo	Measles	Ungraded	13-Oct-24	13-Oct-24	22-Jun-25	628	353		0.00%
In week 25 (ending 22 June 2025), 8 new suspected cases were reported of which seven were laboratory-confirmed. As of 22 June 2025, a total of 628 suspected cases were reported of which 353 were laboratory-confirmed for measles in 24 out of the 39 districts of Togo. No death has been reported. Of the 353 confirmed cases, 98 (27.8%) had received at least two doses of the measles-rubella vaccine prior to the current infection. The outbreak was firstly reported in the Wawa district of Togo in week 41, 2024 (ending 13 October). According to 2023 WHO-UNICEF independent estimates, the immunization coverage for measles-containing vaccine 2 (MCV2) is 58% in the Republic of Togo.									
Togo	Mpox	Grade 3	12-May-25	2-May-25	10-Jun-25	18	18		0.00%
On 16 May 2025, the Government of Togo reported the country's first confirmed case of Mpox, a 22-year-old woman residing in the Golfe health district, Greater Lomé region. As of 10 June 2025, a total of 18 confirmed cases have been recorded.									
Uganda	Anthrax	Ungraded	7-Apr-25	10-Apr-25	23-Jul-25	83	31		0.00%
Cumulatively, 31 human anthrax cases have been confirmed out of 83 suspected cases recorded from the beginning of January 2025 to 13 July 2025.									
Uganda	Cholera	Protracted 3	12-Jun-25	26-Jun-25	31-Jul-25	227	13	2	0.90%
An outbreak of cholera is ongoing in Uganda with 13 cases registered and two deaths.									
Uganda	Measles	Ungraded	7-Jan-25	7-Jan-25	31-Jul-25	620	112	3	0.50%
Since January 2025, measles outbreaks have been reported in several locations in Uganda. A total of 26 districts were affected; however, as of 4 July 2025, a total of 620 cases (112 confirmed), with three deaths reported.									
Uganda	Mpox	Grade 3	26-Jul-24	29-Jul-24	9-Sep-25	8,041	8,041	50	0.60%
As of 9 September 2025, Uganda has reported 8 041 confirmed cases of mpox with 50 deaths (CFR 0.6%) from 120 districts affected across the country.									
Zambia	Cholera	Protracted 3	30-Dec-24	25-Dec-24	9-Jul-25	907	541	9	1.00%
As of 22 June 2025, a total of 907 cholera cases with 0 deaths have been reported. Recent cases (18 suspected cases) have been reported from Southern provinces.									
Zambia	Mpox	Grade 3	8-Oct-24	8-Oct-24	14-Sep-25	1,106	233	3	0.30%
Since the outbreak began in October 2024, 1 181 suspected cases of mpox have been tested, with 233 confirmed with three deaths have been reported in Zambia as of 14 September 2025.									
Zimbabwe	Cholera	Protracted 3	12-Nov-24	4-Nov-24	31-Jul-25	778		23	3.00%
From 3 November 2024 to 6 July 2025, Zimbabwe recorded 778 suspected cholera cases, with 154 confirmed by culture and 23 deaths, 14 of them confirmed. The outbreak affected 23 districts across eight provinces, with Mashonaland Central (422 cases) and Mashonaland East (165 cases) accounting for 75% of the total. The 20–30-year age group was the most affected, representing 16% of suspected cases, and males made up 52% of all cases. The last case was reported on 18 June 2025, and the outbreak was declared over on 17 July 2025. Priority Area Mapping Initiatives (PAMIs) identified 276 wards at high risk, covering 3.56 million people, with an additional 13 wards later added based on vulnerability assessments									
Zimbabwe	Malaria	Ungraded		1-Jan-25	6-Jul-25	126,229	126,229	358	0.30%
From week 1 to week 27 (ending 6 July 2025), 126 229 confirmed malaria cases were reported across the country. This represents a 296.8% increase compared to the same period in 2024 (n=31 813). Mashonaland Central province contributed the highest number of cases with 49 944 cases (39.6%), followed by Manicaland with 27 398 cases (21.7%). Cumulatively, 358 malaria-related deaths were recorded (CFR 0.3%), which represents a 506.8% increase compared to the same period in 2024 (n=59). Mashonaland Central recorded the highest number of deaths (85, 23.7%), followed by Mashonaland West (76; 21.2%) and Manicaland (67; 18.7%).									

†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

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