

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 35: 25 to 31 August 2025  
Data as reported by: 17:00; 31 August 2025

**0**

New events

**102**

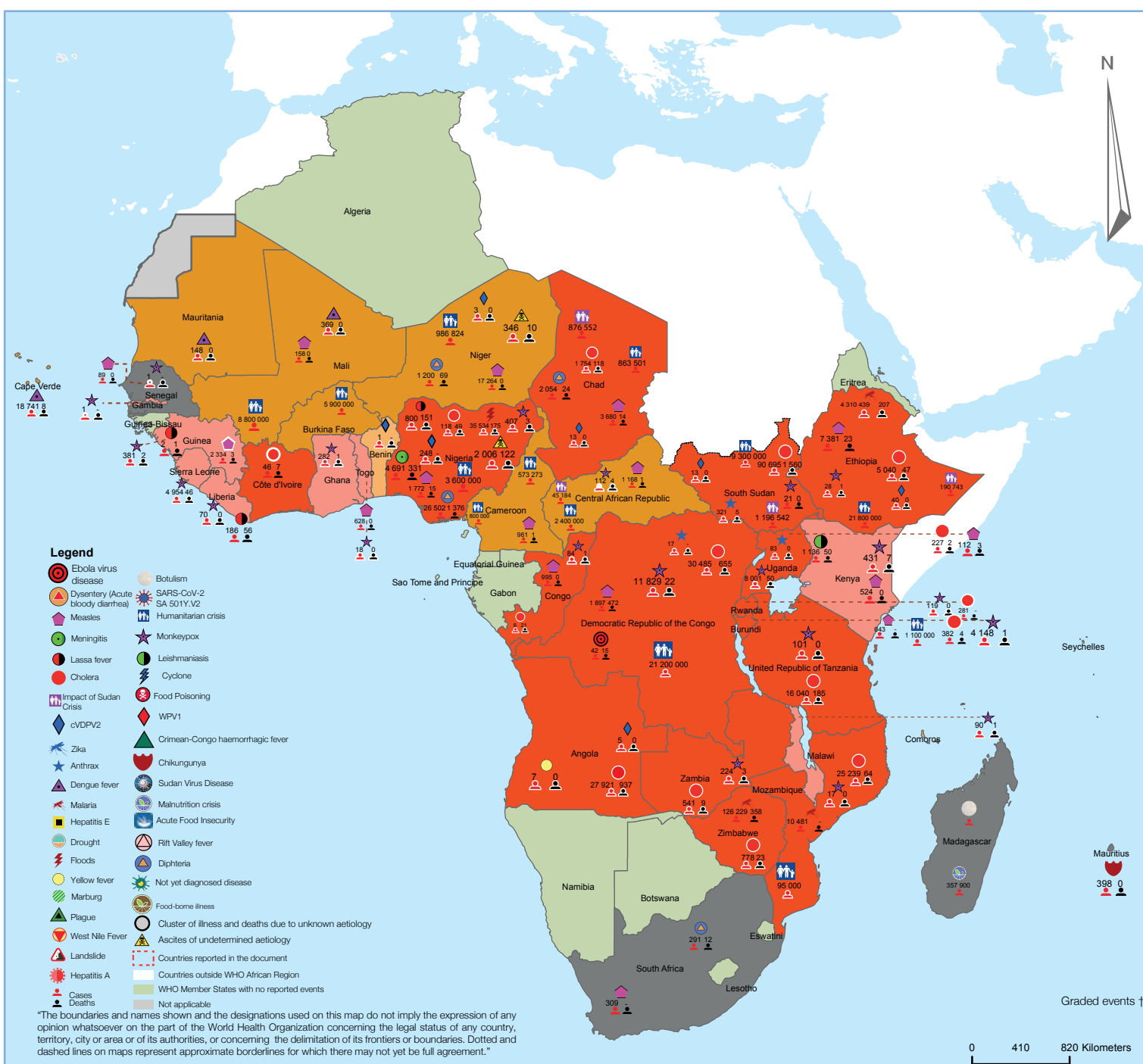
Ongoing events

**82**

Outbreaks

**19**

Humanitarian crises



**28**

Grade 3 events

**7**

Grade 2 events

**0**

Grade 1 events

**39**

Ungraded events

**15**

Protracted 3 events

**12**

Protracted 2 events

**0**

Protracted 1 events

# Overview

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being monitored

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

- Cholera in the Republic of Congo
- Mpox in Kenya

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.

# Republic of Congo

491

Cases

35

Deaths

7.1%

CFR

## Cholera

### EVENT DESCRIPTION

The cholera outbreak officially declared on 26 July 2025 by the Ministry of Health of the Republic of Congo continues. Since our last report on 3 August 2025 (Weekly Bulletin 31, 2025), 148 new cases with six deaths have been reported. The outbreak remains active in three districts across two departments, namely Mbamou Island and Talangai districts in Brazzaville department, and Mossaka district in Congo-oubangui department.

Since the symptom onset of the first cholera case on 21 June 2025, and as of 24 August 2025, a total of 491 cholera cases with 35 deaths (case fatality ratio 7.1%) have been reported. The majority of cases have been reported from Brazzaville department (282, 57.4%). As of 24 August 2025, Mbamou island (272, 55.4%) and Talangai (10, 2%) remain the two affected districts in Brazzaville department. In the Congo-Oubangui department, cases have been reported in Mossaka district (209, 42.6%) since the beginning of the outbreak. Cumulatively, 40 out of 84 (47.6%) specimens tested at the National Public Health Laboratory returned positive for *Vibrio cholerae* serogroup 01 Ogawa by culture.

Of the 35 deaths reported cumulatively, 62.9% (n=22) have been recorded in the Mossaka district in the Congo Oubangui department, while Mbamou island and Talangai districts have reported 13 and 1 deaths, respectively. The highest case fatality ratio (10.5%, 22/209) has been recorded in Mossaka district. Mbamou Island and Talangai districts have recorded CFR of 4.4% (13/272) and 10% (1/10), respectively. Over 70% (n=25) of these fatalities occurred in the community. As of 24 August 2025, 448 cases have recovered, while eight cases are still active in Mbamou Island (2) and Mossaka (6) districts.

The most affected age group is 15-24 years, constituting 20.2% (99) of the cases, followed by 5-14 years (89, 18.1%). Children aged less than 5 years account for 13.2% (65) of the cases. Males are more affected than females, accounting for 61.1% (300) of the total cases and 71.4% (25) of deaths.

The main challenges facing the public health response to the cholera outbreak in the Republic of Congo include accessibility to the affected areas, delays in the deployment of people and equipment to support the response, and challenges around case management, with the majority of deaths occurring in the community and the case fatality ratio remaining above 1% in all the affected areas.

Limited funding also continues to hamper the implementation of a comprehensive response to this outbreak, with contact tracing not being conducted

in most of the affected areas due to lack of dedicated personnel. Given the high population mobility between Congo and neighbouring countries that are also experiencing major cholera outbreaks, such as Angola and the Democratic Republic of Congo, the risk of the outbreak being fueled by importation of cases from neighbouring countries remains high.

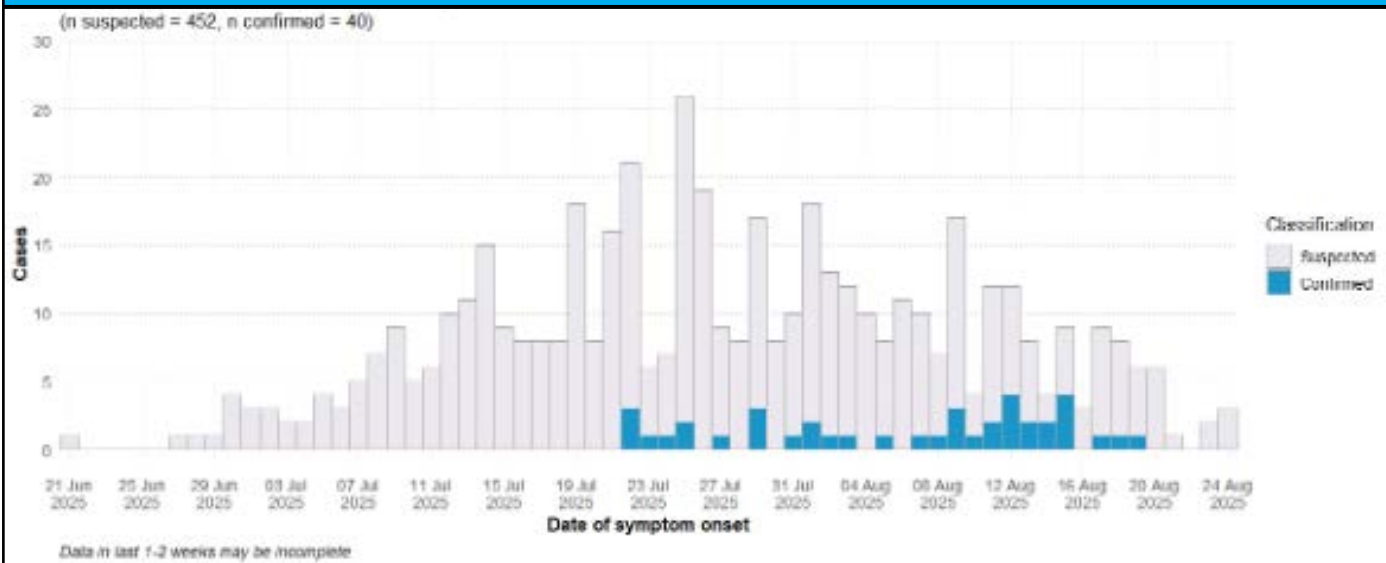
### PUBLIC HEALTH ACTIONS

- The Ministry of Health of Congo continues to coordinate the response with the support of WHO and partners.
- Active case search and case investigation are ongoing in the affected areas.
- A training on cholera outbreak response has been conducted for 55 responders during the third week of August 2025.
- Construction of the Sossolo Cholera Treatment Center in Mossaka health district has been finalized with technical and logistical support from WHO. The infrastructure includes a 16-bed hospitalisation unit, a triage and observation area, a sanitary block, a fluid pit, and a 1 000-liter water storage tank.
- A mobile laboratory has been deployed in Tchikapika in the Cuvette department, with WHO support, to cover cholera sample analysis in the river corridor.
- Water disinfection and rehabilitation of boreholes are ongoing in the Mossaka health district.
- Cholera kits have been delivered to the affected areas by UNICEF to treat 400 cholera patients.
- Community sensitisation on cholera prevention continues to be conducted through the distribution of posters in the affected departments, community dialogues, and participation of national health authorities in TV shows.

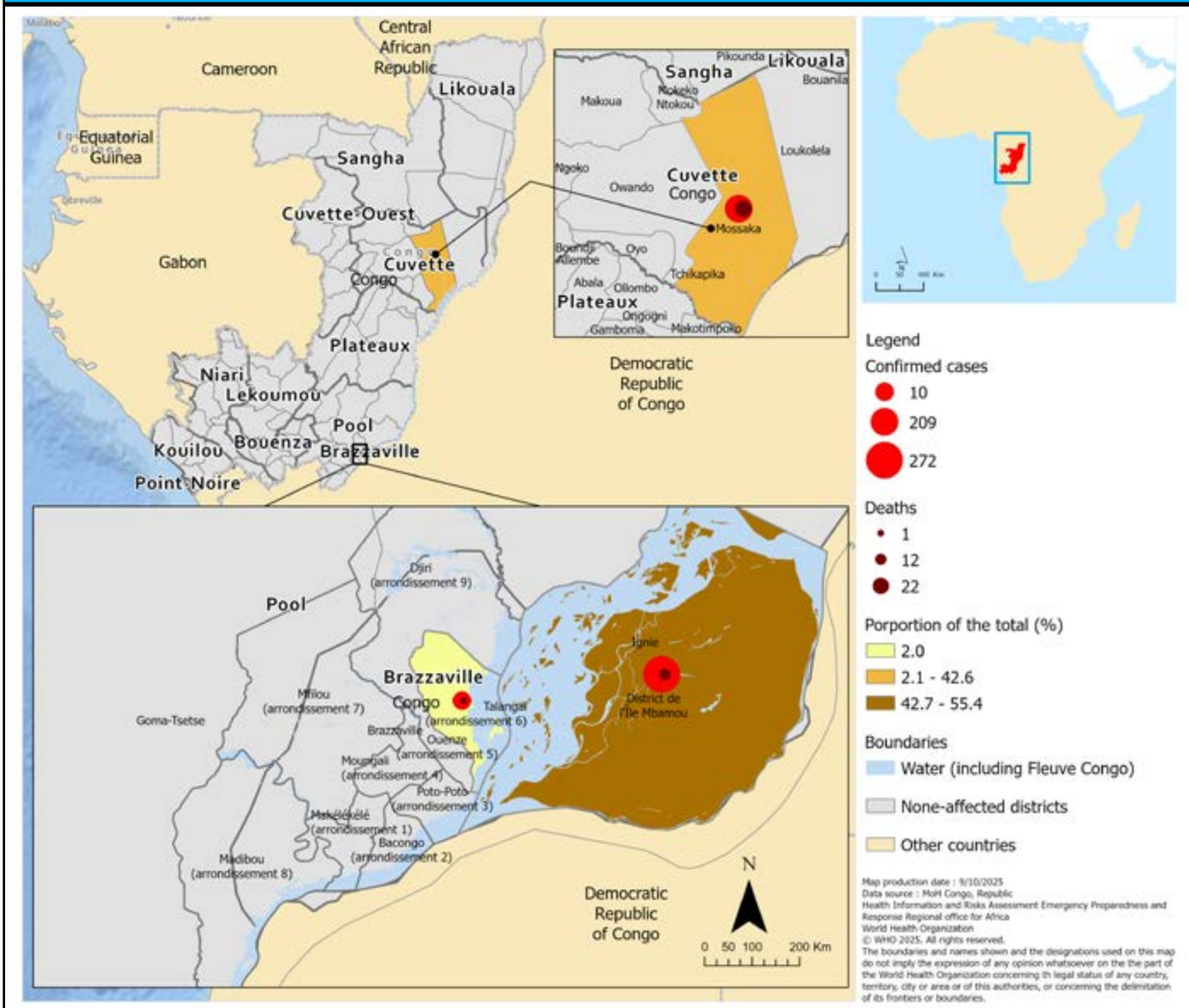
### SITUATION INTERPRETATION

National health authorities and partners are to be commended for the efforts made to limit the spread of the cholera outbreak across the country. Nonetheless, given the persistent challenges around case management, there is a need to enhance interventions related to community sensitisation and the early detection and management of cases. The establishment of oral rehydration points in the affected localities remains a crucial action to take to reduce community deaths, as well as the arrival of cases at health facilities at a stage of moderate or severe dehydration. In addition, maintaining a strong cross-border collaboration with neighbouring countries is key to preventing the importation of cases. National and international technical and financial partners are encouraged to continue providing the necessary support to national health authorities to bring this outbreak to an end.

## Epi curve of cholera cases, Republic of Congo, 21 June – 24 August 2025



## Geographical distribution of cholera cases and deaths, Republic of Congo, 21 June – 24 August 2025





# Kenya

431

Cases

7

Deaths

1.6%

CFR

## mpox

### EVENT DESCRIPTION

The ongoing mpox outbreak in Kenya was officially declared on 31 July 2024, following the detection of the index case on 22 July 2024, a 42-year-old male truck driver, at the Taveta One-Stop Border Point located on the border between Kenya and Tanzania. The index case had a recent travel history, arriving in Kenya from Uganda on 12 July 2024. Since then, the outbreak had spread in Kenya, affecting 27 counties (57.4%) out of the 47 in the country as of week 35.

Despite the control measures implemented so far, new cases continue to be reported from counties, necessitating a thorough evaluation of the ongoing response strategies. In the past six weeks, 175 confirmed cases have been reported, with an average of 29 new confirmed cases per week, showing a sustained community transmission of the disease.

During week 35, a total of 30 new confirmed cases have been reported from nine Counties, including eight in Mombasa; six each in Makueni and Nairobi, where one death was also recorded; three in Kiambu; two in Kwale; and one case each in Nyamira, Kakamega, Busia and Uasin Gishu counties.

From 31 July 2024 (week 31) through 31 August 2025 (week 35), Kenya has reported 431 confirmed mpox cases with seven deaths (CFR 1.6%). Mombasa County reports the highest number of cases (n=181), followed by Busia County (n=65) and Nairobi County (n=48). To date, 225 patients have recovered, 103 remain admitted to health facilities, and 97 are under home-based care.

Out of 1 285 samples tested, 431 were positive, 827 were negative, and no samples were pending results as of week 35. To date, only clade Ib has been detected in the country. Most confirmed cases have been reported among young adults, with individuals aged 30–40 years being the most affected (28.7%), followed by those aged 20–30 years (26.8%). Sexual contact transmission continues to be a major factor in disease spread, particularly at the intersection of truck drivers, sex workers, and traders along the main East African transnational highway.

Out of all confirmed mpox cases, 24 cases (6.0%) are contacts of the confirmed cases, 26 cases (6.0%) had a history of travel to countries with ongoing mpox outbreaks, 277 cases (64%) had no known exposure, and 76 cases (18%) had no documented exposure or epidemiological linkages. The increasing proportion of cases without known exposures may point to community transmission or a data quality issue.

This year, the outbreak is showing a gradual upward trend in confirmed cases reported throughout 2025, with 400 cases and six deaths reported, compared to last year, when only 31 confirmed cases and one death were reported. The highest weekly number of confirmed cases was reported in week 32 with 36 cases, as shown in the epi-curve below.

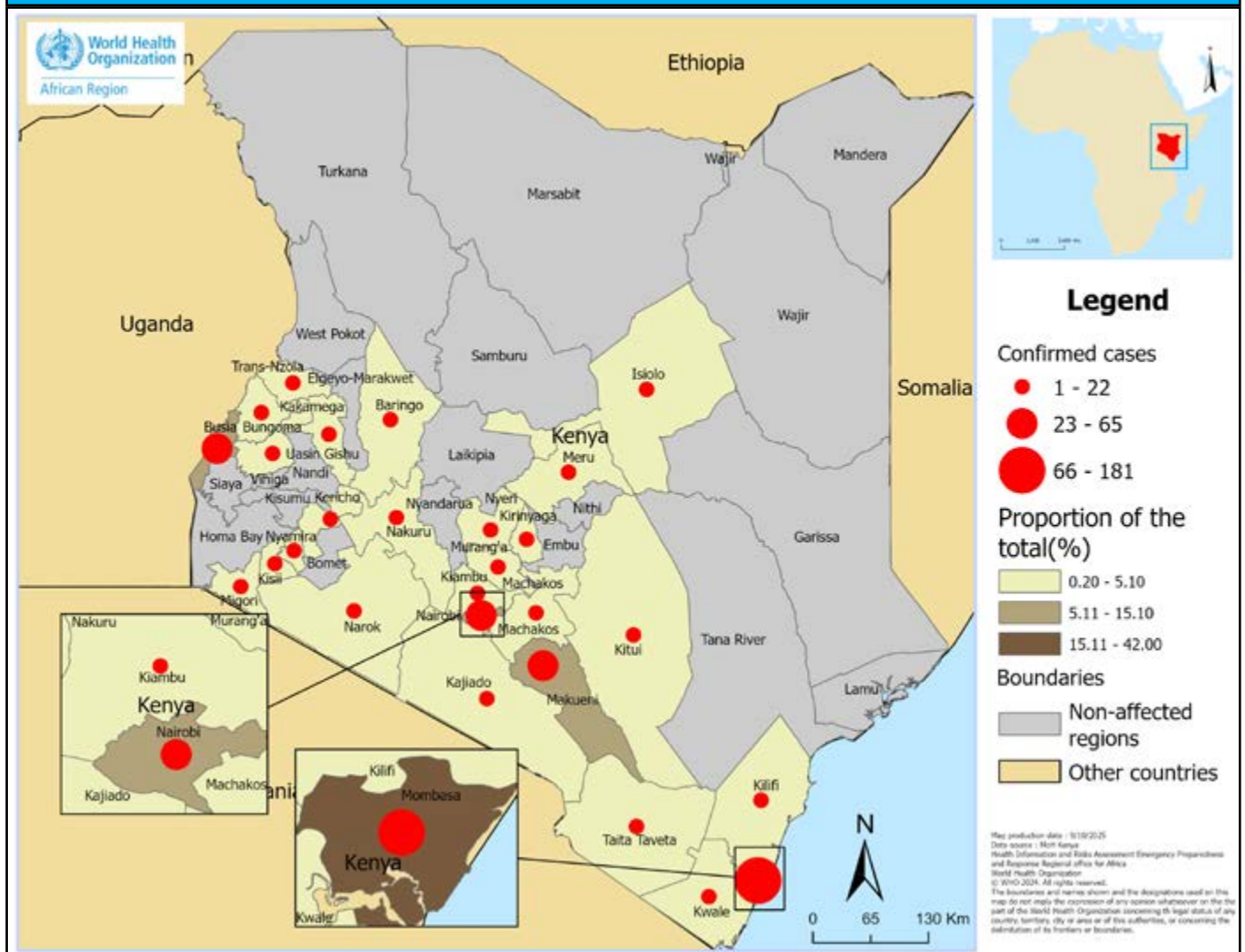
### PUBLIC HEALTH ACTIONS

- Following the confirmation of the index case on 22 July 2024, health authorities officially declared the mpox outbreak on 31 July 2025 and the national and county public health Emergency Operation Centres were activated, an mpox response plan was developed, and Incident Management Systems were constituted for outbreak response.
- WHO and Partners continue to support health authorities for the implementation of response activities, and stakeholders' coordination meetings continue to be organised to assess and adjust response strategies.
- With the support from WHO and partners, health authorities developed case management guidelines, and their implementation continues to be monitored. Risk communication plan and risk communication messages were developed and distributed to the public and Points of Entry (POEs).
- Disease surveillance has been enhanced in all counties, and all Points of Entry and Rapid Response Teams established at national and county levels continue to undertake case investigation, rapid risk assessment, and contact tracing.

### SITUATION INTERPRETATION

The ongoing mpox outbreak in Kenya presents a concerning situation, with an increasing number of cases reported weekly, indicating persistent community transmission. This highlights the need for an urgent review of current response strategies to adapt them and reverse the epidemic trend. The ongoing community transmission may suggest a low-risk perception of the disease among the population. Enhancing risk communication and community engagement strategies to make them more targeted and responsive to emerging realities is becoming increasingly essential. Finally, as the mpox outbreak is affecting multiple countries, strengthening collaboration with neighbouring nations for a coordinated response is also vital to prevent cross-border transmission of the disease.

Geographic distribution of mpox cases in affected counties, Kenya, as of 31 August 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
Ongoing Events									
Angola	Cholera	Protracted 3	7-Jan-25	8-Jan-25	1-Sep-25	27,962	937	780	2.8%
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		0.0%
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	20-Mar-25	5,900,000	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	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	1.0%
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		0.0%
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, Murore, Mutaho, Nyabikere and Nyanza-Lac									
Burundi	Mpox	Grade 3	25-Jul-24	25-Jul-24	13-Jul-25	4,148	4,148	1	0.0%
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	9-Apr-25	573,273	573,273	-	-
Since 2014, the Far North region of Cameroon has been the victim of attacks by non-state armed groups, in addition to disasters and intercommunity conflicts that have created humanitarian crises marked by population movements. Return movements and short- and long-term displacements are reported in the various departments of the region. The Far North region is home to 573 263 people who have been displaced by violence and natural disasters, including IDPs, and refugees from Nigeria									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-25	17-Jun-25	961	853	1	0.1%
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	0.1%
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	3.6%
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 Ouaddaï, 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 Ouaddaï, Sila, Wadi-Fira and Ennedi Est.									
Chad	Cholera	Protracted 3	24-Jul-25	13-Jul-25	6-Sep-25	1,754	56	118	6.7%
The ongoing cholera in Chad was declared on 24 July 2025 in the Ouaddaï 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	1.2%
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	3,68	3,68	14	
From January to June 2025, Chad reported 3 680 measles cases, including 14 deaths, with outbreaks concentrated in N'Djamena, Ouaddaï, 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 Ouaddaï, 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	0.0%
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	11.2%
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 01 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		0.0%
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 Enyéllé-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	1.2%
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	7-Jun-25	46	3	7	15.2%
There is an ongoing cholera outbreak in the village of Vridi-Akobrakre, Port-Bouet-Vridi district, Abidjan, with onset reported on 25 May 2025. As of 7 June 2025, a total of 46 cases and 7 deaths (CFR 15.2%) have been reported.									
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		0.0%
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 <i>Bacillus Anthracis</i> 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	2.1%
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	Ebola virus disease outbreak	Grade 3	1-Sep-25	1-Sep-25	5-Sep-25	42	5	15	35.7%
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.									
Democratic Republic of the Congo	Measles	Ungraded	5-Jan-25	1-Jan-25	8-Jun-25	30,69	1,897	472	1.5%
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	0.2%
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	0.9%
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	0.0%
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	0.3%
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	3.6%
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		0.0%
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		0.0%
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	25-Jul-25	282	282	1	0.4%
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 25 July 2025, 282 mpox confirmed cases were reported from 69 out of 261 districts across 14 out of 16 regions of Ghana (Greater Accra, Western, Volta, Bono, Bono East, Ahafo, Northern, Western North, Ashanti, Central, Eastern, North East, Upper East and Upper West). In 2024, five mpox confirmed cases were reported. Clade IIb has been identified as the circulating clade.									

Guinea	Lassa Fever	Ungraded	14-Jun-25	16-May-25	20-Jul-25	2	2	1	50.0%
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	0.1%
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	27-Jul-25	381	381	2	0.5%
From 4 June to 27 July 2025, 381 Clade IIb mpox confirmed cases with 02 deaths (CFR 0.5%) were reported from 15 health districts of Guinea. Over 50% (n=206) of cases are aged between 20 and 39 years. Males account for 68.2% (n=260) of confirmed cases. In 2024, two clade IIa mpox cases were confirmed in Guinea.									
Kenya	Measles	Ungraded	29-Jun-22	1-Jan-25	31-Aug-25	524	222	0	0.0%
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	31-Aug-25	431	431	7	1.6%
Thirty new cases have been reported in week 35 across nine counties: eight in Mombasa; six each in Makueni and Nairobi, where one new death occurred; three in Kiambu; two in Kwale; and one case each in Nyamira, Kakamega, Busia and Uasin Gishu. New counties reporting cases this week are Meru, Nyamira and Kwale. 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	Visceral Leishmaniasis	Ungraded	1-Aug-24	1-Jan-24	31-Aug-25	1768	1136	50	2.8%
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	14-Apr-25	186	186	56	30.1%
As of 23 March 2025, Liberia has reported nine confirmed Lassa fever cases in 2025, with no new confirmed cases in the latest update. Grand Bassa County remains the only area with active transmission. Since January 2022, the cumulative total stands at 186 confirmed cases, including 56 deaths (CFR 30%), with Bong, Nimba, and Lofa counties being the most affected historically.									
Liberia	Mpox	Grade 3	31-Aug-24	31-Aug-24	14-Apr-25	586	70	0	0.0%
During the reporting week of March 24–30, 2025, Liberia recorded 7 new suspected Mpox cases from four counties—Margibi, Nimba, River Gee, and Bomi—bringing the cumulative total to 586 suspected cases and 70 laboratory-confirmed cases since January 2024. No new confirmed cases or deaths were reported during this period. All confirmed cases to date have recovered, with no fatalities recorded, maintaining a case fatality rate of 0%. The most affected counties include Nimba, Lofa, and Montserrado. Clade IIa and Clade IIb strains of the Mpox virus in circulation. No patients are currently in isolation, and no contacts are under follow-up as of 30 March 2025.									
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	31-Aug-25	457	90	1	0.2%
From 16 April to 31 August 2025, Malawi confirmed 90 Mpox cases (two imported) with one death. Seventy-three (73) of the confirmed cases have been reported from Lilongwe district, three cases (3) each from Blantyre and Mangochi, two (2) from Salima and Karonga district, and one each from Chitipa (cross border), Zomba, Nkhatabay, Ntcheu, Mzimba South, Ntchisi and Likoma (cross border).									
Mali	Humanitarian crisis (Sahel region)	Protracted 2	11-Sep-17	11-Sep-17	3-Aug-25	8,800,000		2	0.0%
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 humanitarian workers caused 10 cases, including two deaths in Segou. In Kidal, armed actors intercepted eight trucks on the Anéfif-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			0.0%
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		0.0%
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		0.0%
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	0.0%
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	95	-	0.0%
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	0.3%
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		
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		0.0%
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.									
Niger	Humanitarian crisis (Sahel region)	Protracted 2	1-Feb-15	1-Feb-15	31-May-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. As of 31 May 2025, 986 824 forcibly displaced people were recorded in Niger, including 432 116 internally displaced persons (IDPs), 507 438 refugees and asylum-seekers, and 47 270 other people registered. The majority of IDPs are located in the regions of Tillabéry (44%), Diffa (33%), and Tahoua (45%). In 2025, at least 2.7 million people are in need of humanitarian assistance.									
Niger	Ascites of undetermined aetiology	Ungraded	12-Jun-24	1-Jan-25	1-Jun-25	346		10	2.9%
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	5.8%
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			0.0%
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		
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	2-Jun-25	35,534	35,534	175	0.5%
Severe overnight rainfall on 28–29 May 2025 triggered extensive flooding across Mokwa LGA in Niger State, affecting six major settlements. The flood submerged homes, roads, farmlands, and public infrastructure, leading to over 175 deaths, 186 injuries, and the displacement of approximately 4,500 individuals. More than 450 households were affected and 180 hectares of farmland destroyed. Five health facilities were submerged and access to services remains limited, particularly in rural areas.									
Nigeria	Humanitarian crisis (Sahel region)	Protracted 2	10-Oct-16	10-Oct-16	1-Jun-25	3,600,000			0.0%
Nigeria continues to face significant humanitarian challenges. As of 1 June 2025, approximately 3.6 million people are forcibly displaced, including internally displaced people and Nigeria refugees registered in neighboring countries such as Cameroon, Chad and Niger, due to ongoing conflict and insecurity. The country is also hosting 138 921 refugees and asylum seekers from over 45 countries, with the majority from Cameroon.									
Nigeria	Ascites of undetermined aetiology	Ungraded		1-Jan-25	29-Jun-25	2,006		122	6.1%
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	14-Jul-25	1,535	118	49	3.2%
From 1 January to 14 July 2025, a total of 1 535 suspected cases of Cholera, including 49 deaths ( CFR: 3.2 %), were reported. Of the total cases reported, 42 were confirmed by culture.									
Nigeria	Diphtheria	Ungraded	10-Mar-25	9-May-22	19-May-25	43,758	26,502	1,376	7.1%
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	18.7%
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	31-May-25	6,596	1,772	15	0.2%
From 1 January to 31 May 2025, Nigeria reported 6 596 measles cases with 15 deaths. Yobe (522), Katsina (499), Jigawa (349), Bauchi (411), Adamawa (315), Akwa Ibom (302), and Gombe (296) accounted for 42.18% of the 6 596 suspected cases reported. Of the suspected cases reported, 1 772 (26.86%) were confirmed (1403 lab-confirmed, 169 epi-linked and 200 clinically compatible), 3456 (52.40%) were discarded and 1368 (20.74%) were pending classification. The age group 9 - 59 months accounted for 51.24% of all confirmed cases									
Nigeria	Meningitis	Ungraded		30-Sep-24	8-Jun-25	4,691	282	331	7.3%
A decline case trend has been observed since week 13, 2025. In week 23, 2025 (ending 8 June), 04 new suspected 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	21-Jul-25	407	407	3	0.7%
In the last six weeks, Nigeria reported 39 cases of Mpox. Cumulatively, from 1 January 2024 to 21 July 2025, 407 confirmed cases with three deaths were reported.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-22	23-Jun-25	248	248	0	0.0%
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		0.0%
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	27-Apr-25	119	119	0	0.0%
From 24 July 2024 to 27 April 2025, Rwanda has reported 119 confirmed cases of mpox with zero deaths. There are five active cases under follow-up as of 27 April 2025.									
Senegal	Measles	Ungraded	4-Jul-22	1-Jan-25	15-Jun-25	89	89	0	0.0%
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		0.0%
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	25-Jul-25	4,954	4,954	46	0.9%
From 9 January to 25 July 2025, 4 954 mpox confirmed cases with 46 deaths (CFR 0.9%) were reported from all the 16 districts of Sierra Leone. Close to 76% of the cases have been reported from densely populated areas, namely, Western Area Urban (n=2 767) and Western Area Rural (n=996) districts. Males account for 52.3% (n=2 591) of the confirmed cases, with the most affected age-group between 25 and 39 years. A total of 16 328 contacts have been listed for follow-up. Clade IIb has been identified as the circulating strain.									
South Africa	Diphtheria	Ungraded	19-Dec-24	24-Dec-24	13-Jul-25	291	61	12	22.0%
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		0.0%
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	-	-	-
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	-	-	
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	1.6%
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	2-Sep-25	90,695	518	1,56	1.7%
As of 2 September 2025, South Sudan has reported a total of 90 659 suspected and 518 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	2-Sep-25	435	21		0.0%
As of 2 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	0.0%
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	1.2%
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	28-Aug-25	125	101	0	0.0%
From 25 February to 28 August 2025, Tanzania reported 125 confirmed Mpox cases across 15 regions. Six 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		0.0%
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		0.0%
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		
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	0.9%
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	0.5%
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	2-Sep-25	8,001	8,001	50	0.6%
As of 2 September 2025, Uganda has reported 8 001 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	1.0%
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	28-Aug-25	1,181	224	3	0.3%
Since the outbreak began in October 2024, 1 181 suspected cases of mpox have been tested, with 224 confirmed with three deaths as of 28 August 2025.									
Zimbabwe	Cholera	Protracted 3	12-Nov-24	4-Nov-24	31-Jul-25	778	154	23	3.0%
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	0.3%
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

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.