

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 05: 27 January to 02 February 2025
Data as reported by: 17:00; 02 February 2025

1

New events

88

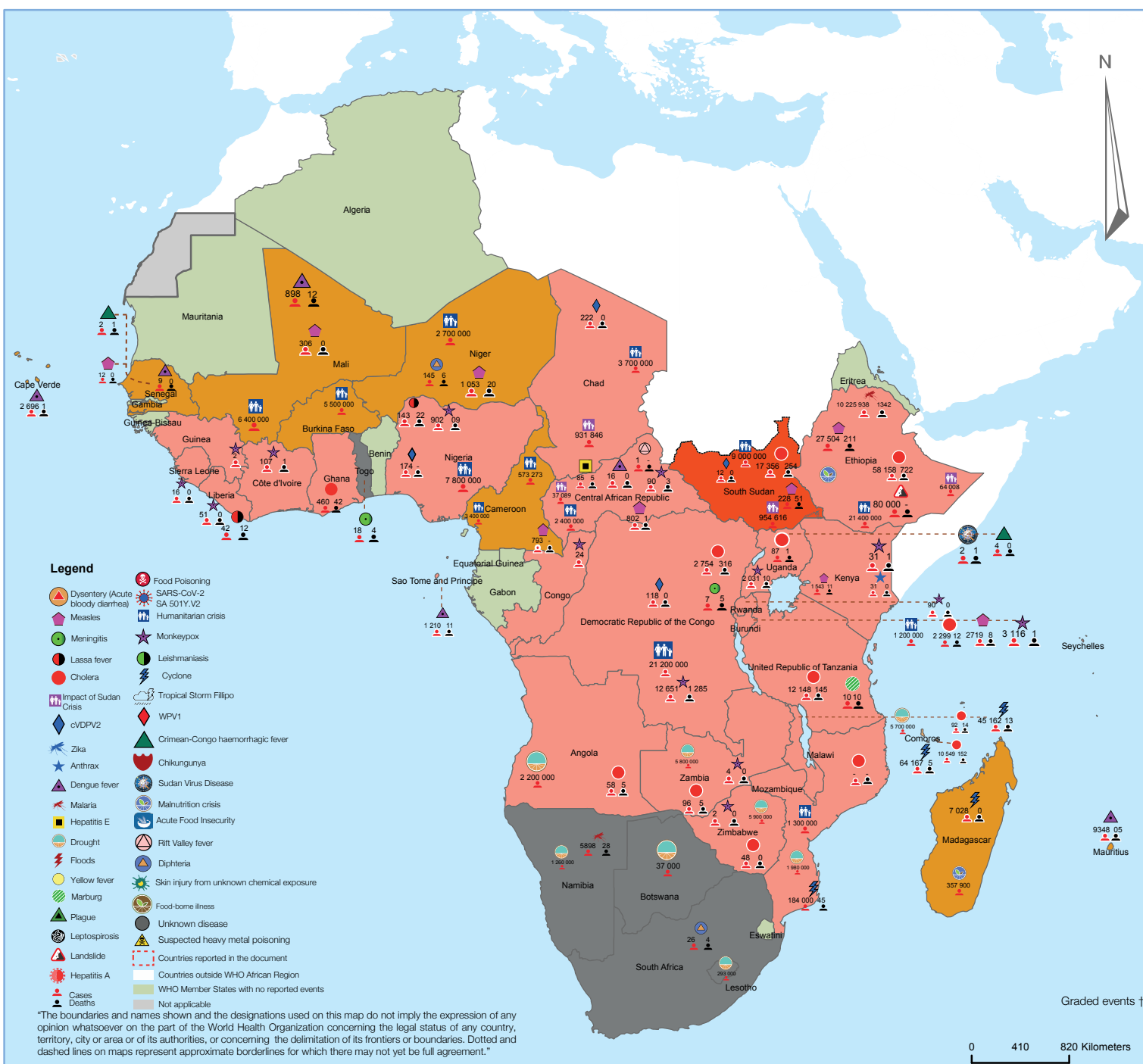
Ongoing events

57

Outbreaks

32

Humanitarian crises



5

Grade 3 events

4

Grade 2 events

0

Grade 1 events

30

Ungraded events

1

Protracted 3 events

6

Protracted 2 events

0

Protracted 1 events

Overview

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8 All events currently being monitored

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

- [Sudan Virus Disease in Uganda](#)
- [Marburg Virus Disease in the United Republic of Tanzania](#)
- [Complex Humanitarian Crisis in Eastern Democratic Republic of the Congo](#)

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

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

- Uganda has reported an outbreak of Sudan Virus Disease (SVD), with the index case detected posthumously in a health worker in the capital, Kampala. The source of exposure remains unknown, raising concerns about undetected transmission chains or a new zoonotic spillover. Of particular concern is the extensive travel of the index case while symptomatic, visiting multiple healthcare facilities in high-population density areas like Wakiso District, the international travel hub of Kampala, and as far as Mbale District in Eastern Uganda, increasing the risk of widespread transmission. While Uganda has prior experience managing SVD outbreaks, this situation presents new challenges, including an unknown source of infection, the urgent need for contact tracing, and rapid implementation of public health measures to prevent further spread. The outbreak comes at a time when Uganda is already managing multiple public health crises, including cholera and mpox, thus straining response capacity. Immediate mobilization of resources, enhanced surveillance, cross-border coordination, and engagement with global health partners are critical to containing this outbreak before it escalates into a major health emergency. Decisive leadership and urgent action are required to prevent further transmission and mitigate the impact of this evolving crisis.
- The humanitarian crisis in eastern Democratic Republic of Congo has reached critical levels due to the escalating conflict between M23 armed group and the Congolese Army. Mass displacement of civilians, rising casualties, and widespread destruction of infrastructure have further destabilized the region, while ongoing outbreaks of mpox, cholera, and other infectious diseases pose an imminent public health threat. Health services are severely disrupted, with remaining facilities overwhelmed beyond their coping capacity, leaving thousands without access to essential medical care, including treatment for the wounded. The collapse of basic humanitarian services, including water, sanitation, and shelter, increases the risk of disease transmission and worsening malnutrition, particularly among children and other vulnerable populations. The security situation continues to deteriorate, limiting humanitarian access and putting frontline responders at risk, further delaying critical interventions. Urgent international diplomatic efforts are needed to de-escalate hostilities, facilitate humanitarian corridors, and restore essential services. Without swift action, the crisis risks regional destabilization, increased cross-border displacement, and further amplification of disease outbreaks.

Uganda

2
cases

1
Deaths

50%
CFR

Sudan Virus Disease

EVENT DESCRIPTION

On 30 January 2025, the Ministry of Health of Uganda notified WHO of an outbreak of Sudan Virus Disease (SVD) following confirmation of a case in the capital city, Kampala. This is the second reported outbreak of SVD in the country in the past three years.

The case is a 32-year-old male nurse, resident of Wakiso District, Central Region, Uganda. He initially developed symptoms of fever on 19 January 2025, which progressed to chest pain, dyspnoea, unexplained haemorrhage from multiple orifices, and multi-organ failure leading to his death. He died on 29 January 2025 at a referral hospital in Kampala, where he worked, following disease progression. Post-mortem blood samples tested positive for Sudan virus infection on 30 January 2025 through real-time polymerase chain reaction (RT-PCR) tests conducted at three different national reference laboratories: the Central Public Health Laboratory in Kampala, the Uganda Virus Research Institute (UVRI), and the Public Health Laboratory at Makerere University.

The source of the case's exposure to the Sudan virus is under investigation. However, while symptomatic, he reportedly sought care from a traditional healer in Mbale District and visited three different health facilities - one in his home district of Wakiso, another in Mbale District, Eastern Uganda, and the third in Kampala, where he ultimately died.

A second case, the wife of the index case, tested positive for Sudan virus infection on 02 February 2025, after developing signs and symptoms indicative of the disease.

A total of 234 contacts have so far been identified as of 02 February 2025. Of these, 118 are contacts while seeking health care. Three close contacts of the index case have developed symptoms and have been transferred to isolation wards for clinical management and testing.

Sudan Virus Disease belongs to the same family as Ebola Virus Disease, both classified as filoviruses. There have been eight previous outbreaks of SVD, five in Uganda and three in Sudan. The most recent outbreak, reported in September 2022 in Uganda, resulted in 164 cases with 55 deaths before being declared over. Currently, no licensed vaccines or specific therapeutics exist for the prevention or treatment of SVD, but there are candidate therapeutics and vaccines that can be administered under clinical trial protocol.

PUBLIC HEALTH ACTIONS

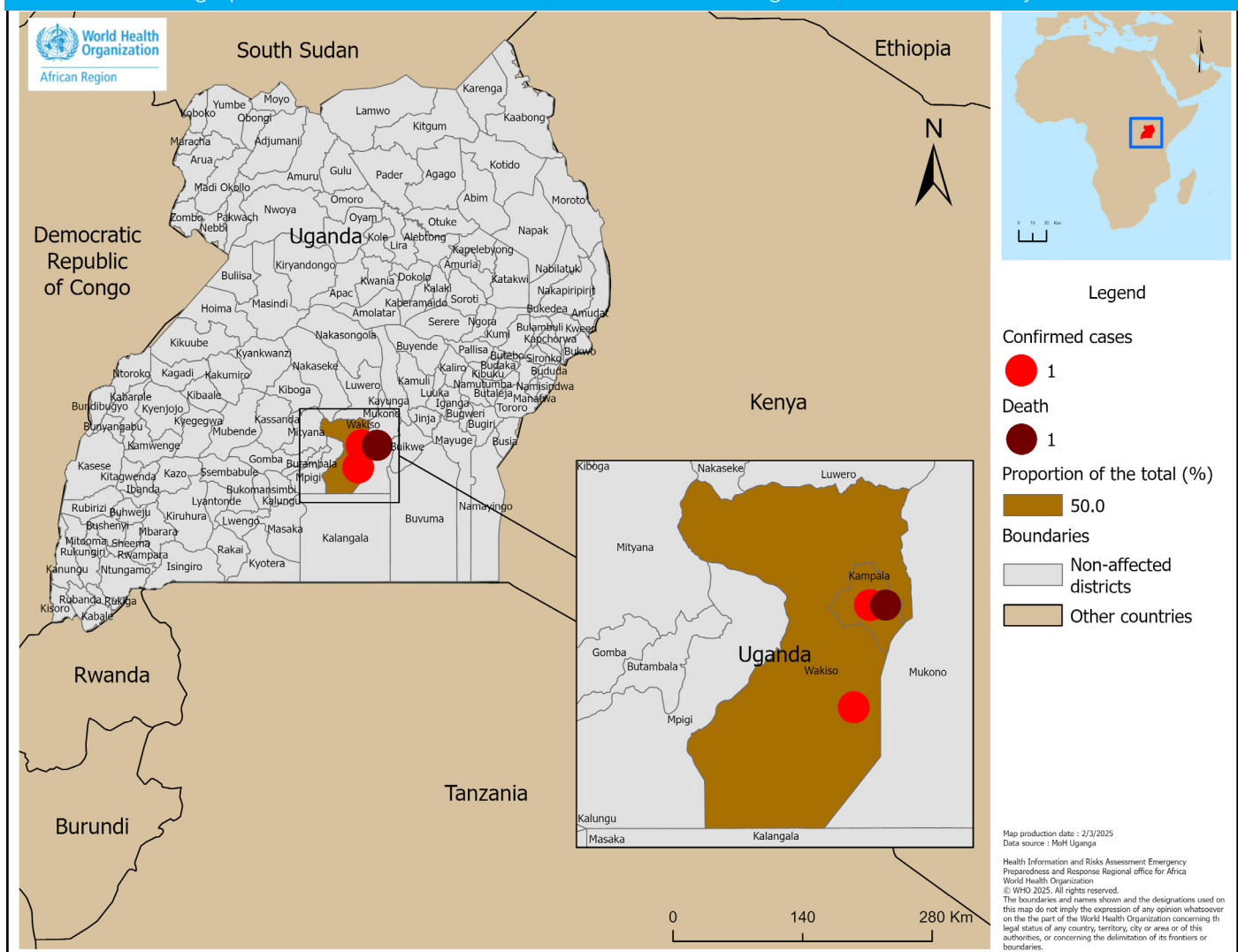
- The Ministry of Health of Uganda has activated the national Incident Management Team (IMT) to coordinate the outbreak response with support from WHO and its health partners. Rapid response teams have been deployed to Kampala, Mbale, and Wakiso districts to investigate the outbreak, determine its source, and trace contacts. At the district level, task forces have been activated to oversee the response, with support from the national level. Response activities are being coordinated from the Public Health Emergency Operations Centres (PHEOC).
- WHO has allocated US\$ 1 million from its Contingency Fund for Emergencies to help the country accelerate early response actions, including procuring and dispatching medical supplies, such as personal protective equipment (PPE), from its Regional Emergency Response Hub in Nairobi.
- Surveillance for SVD has been enhanced in the affected districts. Case investigation and contact tracing activities are ongoing, with 234 contacts identified and placed under daily monitoring. Healthcare workers are receiving refresher training on detecting and reporting suspected cases of SVD.
- Uganda's national reference laboratories have the molecular capacity to diagnose filovirus infections, including SVD, using RT-PCR and next-generation sequencing. A national testing strategy for filoviruses is in place, and mobile laboratories have been deployed to the subnational level to support testing.
- Three isolation facilities, established in Kampala, Wakiso, and Mbale districts, are available for case management. One case is currently in admission undergoing clinical care. The capital has a national emergency medical team trained in infectious disease response and a dedicated isolation center with 84 beds.
- A safe and dignified burial was conducted for the index case on 31 January 2025.
- With support from WHO, the country is planning to launch a ring vaccination approach among primary and secondary contacts as part of a trial using a candidate vaccine. A total of 2,160 doses have already been prepositioned in Uganda. The vaccines will be deployed in the coming days once all administrative, ethical, and regulatory approvals are obtained.
- A protocol for transmission-based infection prevention and control (IPC) practices in healthcare facilities is in place to prevent healthcare-associated infections.

- Risk communication and community engagement activities have commenced in the affected districts.

SITUATION INTERPRETATION

The confirmation of an SVD case in Kampala, Uganda's capital, poses a high risk of further spread due to the case's movements across multiple districts and healthcare facilities. Given Kampala's dense and highly mobile population and Mbale's proximity to the Kenyan border, rapid containment measures are critical. The source of the outbreak remains unknown, indicating the possibility of undetected transmission chains or a new zoonotic spillover. Enhanced surveillance, including case investigation and contact tracing, as well as infection prevention and control in health facilities and risk communication, are essential to controlling this outbreak. Although Uganda has experience in responding to SVD outbreaks, robust technical and logistical support to mount an effective response will be crucial in averting a larger outbreak.

Geographic distribution of Sudan Virus Disease cases in Uganda, as of 02 February 2025



United Republic of Tanzania

10
cases

10
Deaths

100.0%
CFR

Marburg Virus Disease

EVENT DESCRIPTION

On 20 January 2025, the Government of Tanzania officially declared an outbreak of Marburg virus disease (MV D) following post-mortem laboratory confirmation of a deceased patient in Kagera Region, northwestern Tanzania. This marks the country's second reported Marburg virus outbreak, the first of which occurred in March 2023 in the same region, involving nine cases and six deaths (case fatality ratio: 67.0%).

The index case is a 27-year-old female from Biharamulo District, Kagera Region, who died on 19 January 2025 after presenting with signs and symptoms typical of Marburg virus disease. Confirmation of this outbreak followed earlier reports of suspected cases received by WHO from credible sources on 10 January 2025. A retrospective investigation established an epidemiological link between the index case and a cluster of eight deaths that occurred between December 2024 and early January 2025 in Biharamulo and Muleba districts. The deceased individuals reportedly exhibited Marburg-like symptoms before their deaths but were not sampled or tested prior to burial. The first case in this cluster was reported to have developed symptoms on 9 December 2024.

A second confirmed case was reported on 20 January 2025, following positive laboratory test results for Marburg virus obtained at the Kabaile Mobile Laboratory in Kagera Region. The diagnosis was subsequently confirmed by RT-PCR at the National Reference Laboratory in Dar es Salaam. The case died on 28 January 2025 while undergoing care.

As of 31 January 2025, a total of 10 cases, all dead (CFR 100.0%), have been reported in Kagera Region. Of these, two are laboratory-confirmed, while the remaining eight are classified as probable cases with epidemiological links to the index case. The reported cases range in age from 1 to 75 years, with a median age of 30 years. Females account for 70.0% (n=7) of the total cases.

No new cases have been reported since 20 January 2025. A total of 281 contacts have been identified for follow-up, of whom 241 have reportedly completed the 21-day follow-up period as of 02 February 2025.

PUBLIC HEALTH ACTIONS

- A national task force was set up to coordinate the response to the event. At the subnational level, regular coordination

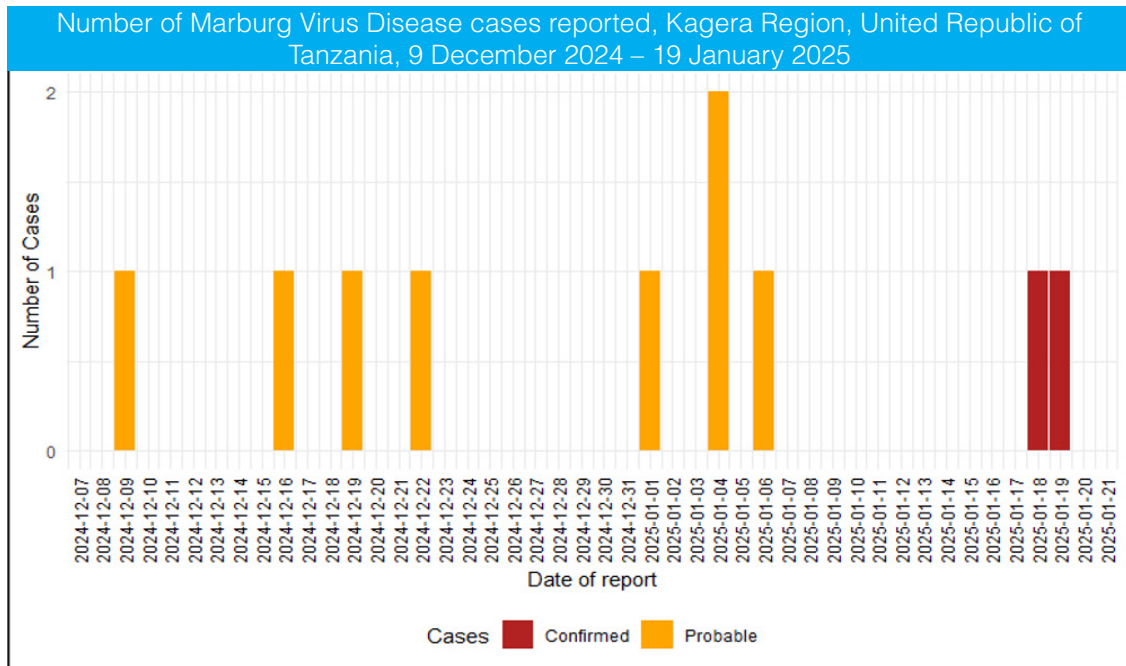
meetings are being held in Kagera Region, including joint pillar meetings at the Biharamulo District command post. The Ministry of Health developed a national response plan to guide response activities. Additionally, a national rapid response team was deployed to the affected region to enhance outbreak investigation and response, with technical and operational support from WHO and health partners.

- Surveillance activities continue with active case finding and contact tracing across affected areas. Suspected cases meeting the outbreak case definition are routinely sampled and tested for Marburg virus disease. As of 2 February 2025, 79 suspected cases have been tested, all of which returned negative results.
- Contact tracing is ongoing, with 281 contacts identified and followed daily as of 2 February 2025. Of these, 241 have completed the 21-day follow-up period. Screening of travellers departing from Kagera Region is in progress at key points of entry and exit, including Lushunga and Arusha airports. So far, 7,975 travellers have been screened across 15 screening points.
- Healthcare worker sensitization sessions on infection prevention and control are ongoing across Kagera and other regions. The Katoke Marburg Treatment Unit has been upgraded with enhanced decontamination and doffing areas, and the facility has been fully decontaminated. Daily decontamination of ambulances, treatment units, and affected locations is being conducted to minimize the risk of further transmission.
- Public awareness campaigns, including health education, door-to-door outreach by community health workers, and public announcements in high-risk areas, are ongoing.
- The national Afya call center remains active and available to the public for reporting rumours or seeking other public health inquiries.

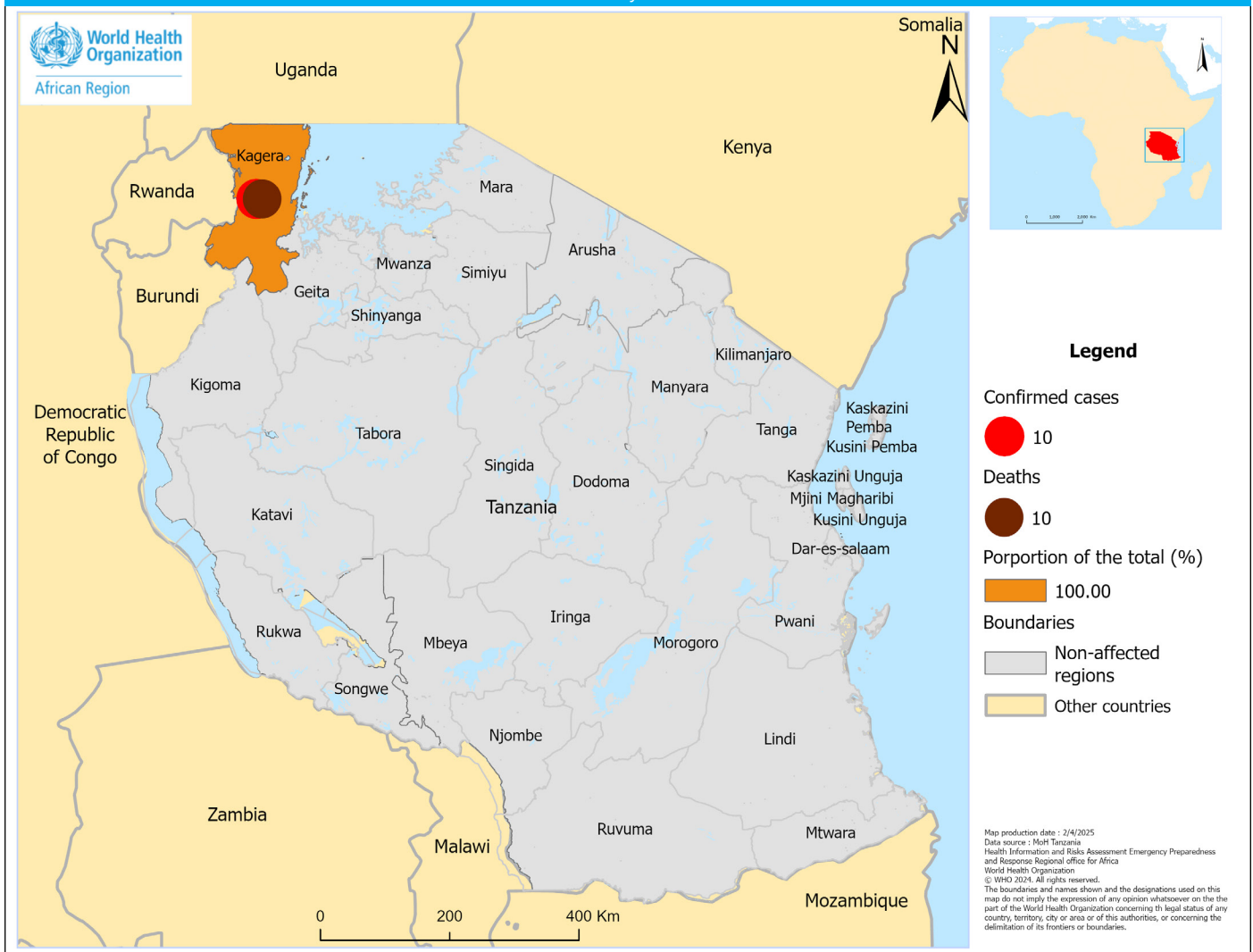
SITUATION INTERPRETATION

The confirmation of a second MVD outbreak in Tanzania within two years, particularly in the same region, raises concerns about persistent transmission risks. The virus may have an established ecological niche in the region, particularly among fruit bats that typically inhabit mines or caves, creating the possibility for zoonotic spillovers during visits to these areas or when conditions are favorable. The high case fatality ratio underscores the severity of the outbreak, resulting from the late detection. Delayed recognition of unusual deaths without timely sampling and testing indicates missed opportunities for early intervention, possibly due to gaps in community-

based surveillance, leading to further exposure and transmission before control measures were implemented. In the current outbreak, national authorities need to continue implementing enhanced surveillance, risk communication, and infection prevention and control measures. Preparedness efforts, including targeted risk communication and community engagement activities, are needed to mitigate the potential for future outbreaks.



Geographic distribution of Marburg Virus Disease cases in the United Republic of Tanzania, 9 December 2024 – 20 January 2025



Eastern Democratic Republic of the Congo

Complex Humanitarian Crisis

EVENT DESCRIPTION

On 27 January 2025, the Mouvement du 23 Mars (M23) armed group took control of Goma, North Kivu, following intense clashes with the Congolese army. Reports indicate widespread looting of shops, offices, and humanitarian warehouses, as well as violations of International Humanitarian Law, including sexual assaults by armed groups. Explosions and gunfire persisted in several parts of the city, and multiple lifeless bodies seen littering the streets. The capture of Goma also triggered violent protests in Kinshasa, leading to attacks on embassies and international institutions.

The crisis in Goma has severely disrupted essential services. Since 26 January 2025, water and electricity have been cut off, while internet access was lost on 27 January 2025, leaving only mobile networks operational. The closure of Goma Airport since 26 January 2025 has halted air evacuations and humanitarian flights, further paralyzing humanitarian assistance. Medical services are overwhelmed, with hospitals struggling to treat the injured amid critical shortages of medicine and medical supplies. Between 6 and 25 January 2025, at least 43 500 people arrived at displacement sites in Goma, however, many Internally Displaced Persons (IDP) sites, including those at Kanyaruchinya, Bushagara, and Rusayo 1 and 2, have emptied due to renewed violence. On 26 January 2025, shelling killed 12 people and injured around 10 others in Rusayo 1 and 2, destroying water, sanitation, and shelter facilities.

The human impact of the crisis is devastating. Between 26 and 31 January 2025, 2 958 injured individuals were recorded in healthcare facilities, while many remain stranded in their homes, awaiting medical assistance. Morgues have exceeded capacity, with hundreds of bodies awaiting burial, raising serious public health concerns. With response activities halted due to insecurity, there is an increased risk of disease spread. Of the 143 confirmed mpox cases admitted across three health zones in Goma, 128 patients have escaped from the treatment centers, many of which were looted and rendered inoperable. The risk of cholera has also increased, with North Kivu being the second most affected province after Haut-Lomami, recording 499 cases with 47 deaths between 1 and 19 January 2025.

This escalation has further worsened the already severe humanitarian crisis in eastern DRC. Before the recent upsurge in fighting, Goma and its surroundings in North Kivu hosted 700 000 displaced people, many living in overcrowded and under-resourced sites. Since October 2024, over 480 000 additional people have been

displaced in North Kivu, alongside 178 000 in South Kivu, further straining humanitarian resources. Hospitals are operating beyond capacity, and critical health supplies are running dangerously low. Reports of forced recruitment and forced labour in South Kivu underscore the growing vulnerability of civilians.

The ongoing conflict has severely restricted humanitarian access. Many aid operations remain suspended due to insecurity. Roads leading to Minova, Bunyakiri, and Idjwi in South Kivu remain blocked, and Goma's key supply routes are inaccessible.

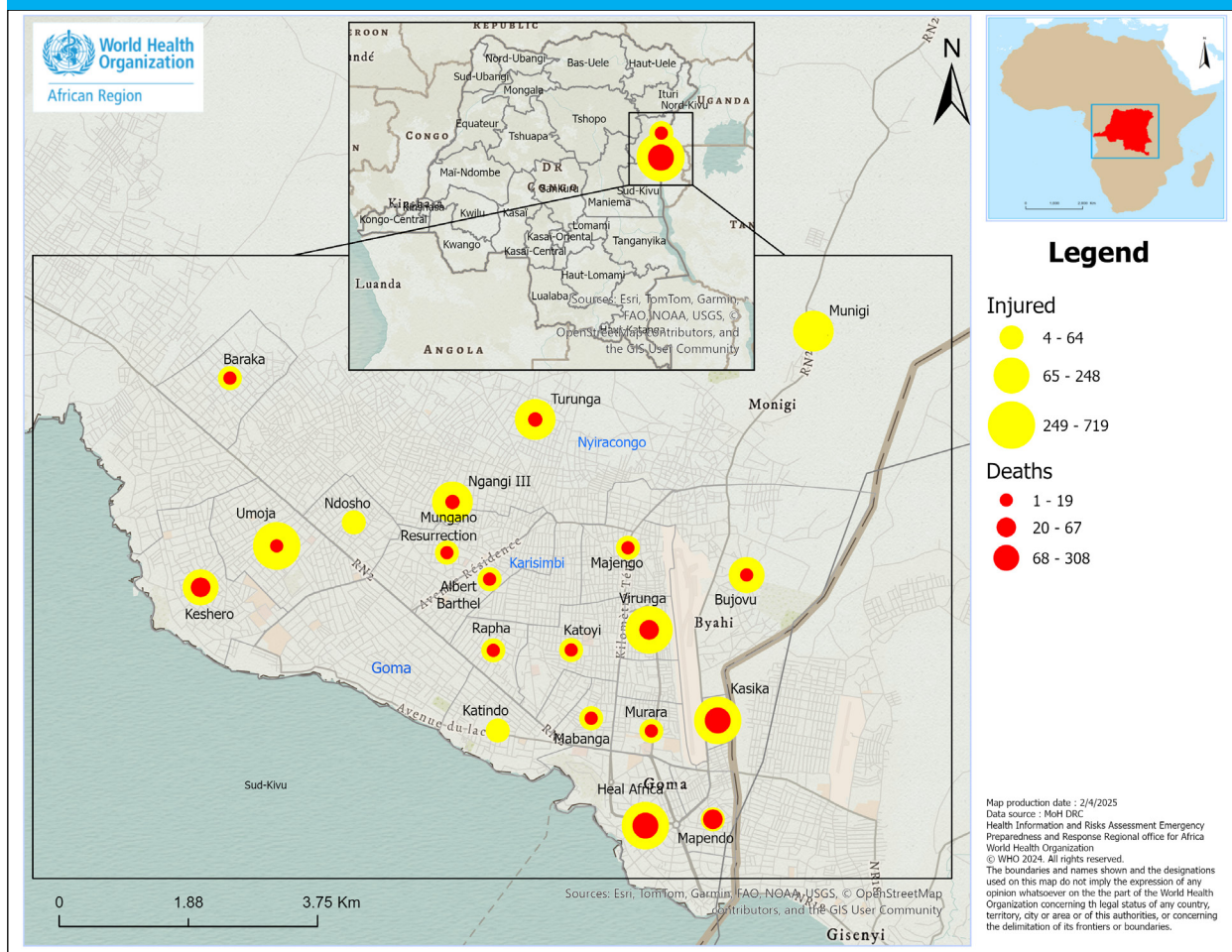
PUBLIC HEALTH ACTIONS

- On 26 January 2025, the Emergency Relief Coordinator allocated US\$17 million through the Central Emergency Response Fund (CERF) to support affected populations. An assessment of response capacities is ongoing in coordination with humanitarian partners.
- The Health Cluster response strategy prioritizes integrated health assistance for displaced people, including emergency mobile clinics and flexible response measures adapted to the volatile situation.
- International organizations are preparing to scale up aid efforts despite severe resource shortages. On 28 January 2025, they raised concerns over the ongoing fighting in Goma, which has forced the suspension of most humanitarian operations. They are calling for the establishment of humanitarian corridors to facilitate safe aid deliveries and civilian movement.

SITUATION INTERPRETATION

The upsurge in violence due to the armed conflict in Goma and other parts of Eastern DRC has further exacerbated an already dire humanitarian crisis. Clashes and mass displacements have severely strained essential resources, disrupting access to food, water, healthcare, and shelter, while insecurity continues to impede humanitarian operations. If humanitarian access is not urgently restored and the fighting further escalates, the crisis risks spiraling into a large-scale disaster, driving uncontrolled displacement, worsening health conditions, and heightened regional instability. Immediate international intervention and increased funding are essential to avert a total humanitarian collapse.

Injuries and deaths reported during the latest armed clashes in Goma, Eastern Democratic Republic of the Congo, 01 February 2025



All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Uganda	Sudan virus disease	Grade 2	30-Jan-25	29-Jan-25	2-Feb-25	2	2	1	50.00%
See details in the article									
Ongoing Events									
Angola	Drought/food insecurity	Ungraded	1-May-24	1-May-24	21-Jan-25	2,200,000			0.00%
El Niño conditions have impacted the southern and eastern regions of the country, causing the most protracted drought in 40 years. The El Niño-induced drought is hitting areas of the country where vulnerable communities are already grappling with the effects of six consecutive years of below-average rainfall, dry conditions, and annually decreasing harvests. Based on the figures included in the Southern African Development Community (SADC) Humanitarian Appeal, 2.2 million people in Angola need assistance due to the El Niño-induced drought. The provinces of Cunene, Cuando Cubango, and parts of Huíla, Namibe, and Moxico are projected to be heavily affected in the coming months.									
Angola	Cholera	Grade 3	7-Jan-25	31-Dec-24	28-Jan-25	1,216	289	48	3.90%
The outbreak of cholera in Angola continues to evolve. A total of 463 new cases with 14 deaths were reported from 22 to 28 January 2025 across the country. Cumulatively, 1216 cases with 48 deaths (CFR 3.9%) have been reported from six provinces across the country from 31 December 2024 to 28 January 2025. Luanda Province is the most affected, accounting for 67% of the cases and 69% of the deaths.									
Botswana	Drought/food insecurity	Ungraded	24-May-24	1-May-24	31-Dec-24	37,000			0.00%
The government of Botswana declared severe drought conditions for the 2023/2024 agricultural season. Food shortages, with their attendant consequence of high mortality rates among livestock, are affecting a number of regions, particularly Hukuntsi, Mabutsane, and the Northeast. Humanitarian organizations continue to support the government to mitigate the impact of the ongoing drought.									
Burkina Faso	Humanitarian crisis (Sahel Region)	Protracted 2	1-Jan-19	1-Jan-19	15-Jan-25	5,900,000		-	-
Since 2015, the security situation in the Sahel and Eastern Burkina Faso has gradually deteriorated due to attacks by armed groups. Access to healthcare services remains a major challenge for the affected population. In 2025, a total of 5.9 million people need humanitarian assistance including 3.7 million targeted by the humanitarian organizations due to funding constraints.									
Burundi	Complex Humanitarian crisis	Ungraded	1-Sep-23	1-Jan-24	31-Dec-24	1,200,000	-	-	
According to the Integrated Food Security Phase Classification (IPC) analysis, an estimated 484 490 children aged 6-59 months are suffering or expected to suffer elevated levels of acute malnutrition between June 2024 and May 2025. It is projected that from October 2024 to May 2025, the nutritional situation will deteriorate, with five districts likely to move into IPC Acute Malnutrition Phase 2 (Alert) and six into IPC Acute Malnutrition Phase 3 (Serious). The country is also hosting nearly 91 100 refugees and asylum seekers, with two-thirds of them living in displacement camps in the eastern part of the country.									
Burundi	Cholera	Grade 3	1-Jan-23	1-Jan-24	12-Jan-25	940		3	0.30%
In the past 28 days, Burundi reported 74 cholera cases, primarily in Bujumbura Nord (69 cases), with Bujumbura Centre (three cases) and Isale (two cases) also affected. Between 1 January 2024 and 12 January 2025, a total of 940 cases with three deaths have been reported. The outbreak has impacted eight districts, with three remaining active in the last four weeks.									
Burundi	Measles	Ungraded	15-Feb-24	1-Jan-24	31-Dec-24	2905	2,614	0	0.00%
On 14 February 2024, Burundi's Ministry of Health reported a measles outbreak in Burundi. From 1 January to 31 December 2024, a total of 2 905 suspected cases, including 2 614 confirmed cases were reported across the country. In 2024, 23 out of the country's 49 districts reported an outbreak of measles.									
Burundi	Mpox	Grade 3	25-Jul-24	25-Jul-24	20-Jan-25	6283	3,116	1	0.00%
From 25 July 2024 to 20 January 2025, Burundi has reported 6 283 suspected cases of mpox with one death. Of these, 3 116 cases have been confirmed across 46 health districts in the country. The outbreak was initially declared on 25 July 2024 by the Ministry of Health of Burundi following the confirmation of the first three cases at the National Reference Laboratory.									
Cameroon	Humanitarian crisis (North-West & South-West)	Protracted 2	1-Oct-16	27-Jun-18	31-Dec-24	3,400,000		-	-
In December 2024, the security situation in the North-West and South West (NWSW) regions of Cameroon remained tense and volatile, marked by increased clashes between armed groups and government forces in both regions. An increase in abductions for ransom and extortion/illegal taxation was reported.									
Cameroon	Humanitarian crisis (Sahel Region)	Protracted 2	31-Dec-13	27-Jun-17	15-Jan-25	573,273	-	-	-
Since 2014, the Far North region of Cameroon has been the victim of attacks by non-state armed groups, in addition to disasters and intercommunity conflicts that have created humanitarian crises marked by population movements. Return movements and short- and long-term displacements are reported in the various departments of the region. The Far North region is home to 573 263 people who have been displaced by violence and natural disasters, including IDPs, and refugees from Nigeria									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-25	28-Jan-25	80	13		0.00%
An active outbreak of measles is ongoing in four districts in Cameroon. In the first four weeks of 2025, 80 cases have been reported from Japoma (Littoral region), Olamze and Lolodorf (South region) and Ndelele (East region). Of these, 10 were laboratory-confirmed as IgM-positive for measles virus.									
Cape Verde	Dengue fever	Protracted 2	6-Nov-23	6-Nov-23	31-Dec-24	25290	2,696	1	0.00%
An outbreak of dengue fever which was first detected on 6 November 2023, is still ongoing. As of 31 December 2024, a total of 25 290 cases, including one death have been reported. Of these, 2 696 are laboratory-confirmed cases.									

Central African Republic	Complex Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	15-Jan-25	2,400,000	-	-	-
The Central African Republic (CAR) has been facing a humanitarian crisis for more than a decade following military-political conflicts. The country has been affected by conflict, with the ongoing presence of armed groups. Violence against civilians and frequent disasters, like flooding, continue to drive new displacements. Of the 6.4 million country's inhabitants, 2.4 million will need humanitarian assistance in 2025									
Central African Republic	Impact of Sudan crisis in CAR	Grade 3	1-May-23	1-May-23	17-Jan-25	37,089	-	-	-
Since mid-April 2023, following the violence that broke out in Sudan between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), the Central African Republic (CAR) has been hosting thousands of Sudanese refugees through several entry points, the majority passing through Am-dafock, in the Vakaga region of CAR. As of 17 January 2025, there were 37 089 forcibly displaced people from Sudan who arrived in CAR since 15 April 2023. Out of this number, 30 729 are refugees.									
Central African Republic	Dengue fever	Protracted 2	10-Sep-24	13-Jul-24	7-Sep-24	16	16	0	0.00%
On 10 September 2024, WHO was informed of a confirmed dengue outbreak in Central African Republic. The first case was confirmed on 13 July 2024 in a 29-year-old woman from SICA I commune of Bangui. From 13 July to 7 September 2024, a total of 13 cases (7 females and 6 males) were laboratory-confirmed for dengue serotype 2 (DEN 2) at Institut Pasteur of Bangui. The 13 confirmed cases were from Bangui 1, Bangui 2 and Bimbo health districts.									
Central African Republic	Measles	Ungraded	13-Mar-22	1-Jan-24	31-Dec-24	3626		5	0.10%
From week 1 to week 52, 2024, a total of 3626 suspected measles cases including five deaths (CFR 0.1%) were reported from 15 districts in CAR. As of 22 December 2024, two districts were in active epidemic phase, namely, Bocaranga-koui and Kémo. The volatile security situation in Bocaranga-koui impeded the outbreak investigation in 2024.									
Central African Republic	Mpox	Grade 3	3-Mar-22	4-Mar-22	8-Jan-25	550	90	3	0.50%
From 1 to 8 January 2025, 550 suspected cases of mpox with three deaths (CFR 3.3%) were reported across the country. Of these, 90 have been laboratory confirmed. Mbaiki Health District is at the epicenter of the outbreak, accounting for 21% of the cases.									
Central African Republic	Rift Valley Fever (RVF)	Ungraded	31-Dec-24	23-Dec-24	17-Jan-25	6	1		0.00%
On 10 January 2025, a new outbreak of Rift Valley Fever (RVF) was declared in the Ngaoundaye health district (HD) within Health Region No. 3. This health district is situated in the northeast of the country, in the tri-border area of the Central African Republic (CAR), Chad, and Cameroon. As of 17 January 2025, a total of six cases, including one confirmed case with no deaths, have been reported in the Ngaoundaye health district.									
Chad	Humanitarian crisis (Sahel region)	Protracted 2	11-Feb-22	1-Mar-16	10-Jan-25	3,700,000	-	-	-
In Chad, it is estimated that more than 3.7 million people (or 21% of the Chadian population) could be in acute food insecurity (phases 3 and above) during the next lean season (June-September). Nearly 50 departments are affected, with more than 3.2 million people in crisis phase and more than 400,000 people in emergency phase. This is the largest number of people in food insecurity ever recorded in Chad. Regarding malnutrition, health facilities have recorded high admission rates of children under 5 years old in malnutrition care facilities, compared to the average of the last 9 years. The situation is exacerbated by aggravating factors such as: atypical increases in food prices, massive influx of refugees, population movements linked to insecurity and climatic shocks (floods and drought).									
Chad	Impact of Sudan crisis in Chad	Grade 3	15-Apr-23	15-Apr-23	23-Jan-25	931,846	-	-	-
An estimated 931 846 people have crossed into Chad since the onset of the crisis in Sudan, of which 216,337 are Chadian returnees as of end of December 2024. The refugees live in 21 camps in nine health districts spread across Ennedi Est, Ouaddaï, Sila, and Wadi Fira provinces. In the camps, challenges in accessing essential health services remain due to multiple factors, including difficult physical access, limited medical supplies, and a lack of health care workers									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	1-Jan-24	27-Jan-25	29	29	0	0.00%
In 2024, Chad reported 29 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2), with the most recent case having an onset of paralysis on 15 November 2024. This follows 55 cVDPV2 cases recorded in 2023. In 2022, 44 cVDPV2 cases were reported. In 2020, 106 cVDPV2 cases were reported from three different outbreaks. Nine cases were reported in 2019. As of 27 January 2025, no human case and cVDPV2-positive environmental samples were reported.									
Comoros	Cyclone Chido	Grade 2	15-Dec-24	18-Dec-24	18-Dec-24	64,167		5	0.00%
In Comoros, on 14 December Tropical Cyclone Chido passed close to the south of the Anjouan, Moheli and Ngazidja islands with wind conditions less violent than those experienced in Mayotte. At least five people were injured and 64,167 were affected including more than 47,000 in Anjouan including 171 who lost their homes, 140 displaced. Nine schools and 218 houses were damaged or destroyed while an average of 45 per cent of agricultural crops have been affected, as per preliminary report									
Comoros	Cholera	Grade 3	2-Feb-24	2-Feb-24	29-Dec-24	11171		153	1.40%
From 2 February to 29 December 2024, 11 171 suspected cholera cases and 153 deaths were reported in Comoros (CFR: 1.4%), with 65 deaths in healthcare facilities and 88 in the community. The outbreak affected all three health regions, with Ndzuwani (9126 cases) most affected, followed by Ngazidja (1398) and Mwali (647). Since September, 763 cases have been reported, mainly in Ngazidja, while Mwali has recorded suspected cases since November, though none have tested positive by RDT.									
Congo	Mpox	Grade 3	23-May-22	1-Jan-24	12-Jan-25	290	24	0	0.00%
No new confirmed case of Mpox was reported in Congo in week 1, 2025. From Week 1, 2024, to Week 1, 2025, a total of 290 suspected cases of Mpox were reported, including 24 confirmed cases and zero deaths. Most of the confirmed cases were reported in the Cuvette department (15 cases), followed by the Likoula (4 cases) department.									
Côte d'Ivoire	Mpox	Grade 3	5-Jul-24	5-Jul-24	4-Jan-25	500	107	1	4.00%
A case of Mpox was confirmed on 4 July 2024 in Côte d'Ivoire, in the San Pedro region (Tabou). The patient is a male in his 40s. As of 4 December, Cote d'Ivoire has reported a total of 500 suspected cases, including 107 confirmed and one death. thirty five over 113 districts have reported at least one confirmed case.									
Democratic Republic of the Congo	Complex Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	23-Jan-25	21,200,000	-	-	-
The DRC continues to face persistent humanitarian challenges related to growing insecurity in some regions and entrenched structural problems exacerbating humanitarian needs. Thus, the sharp deterioration of the humanitarian situation in 2023 had adverse consequences for millions of people, particularly in the east part of the country. Since the renewed M23 offensives near Goma on 23 January 2025, hundreds of thousands of people have once again been forced to flee multiple active conflict zones, with reception and assistance capacities already overstretched. In 2025, 21.2 million people need humanitarian assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-24	19-Jan-25	23887	2,754	316	1.30%

In week 3 of 2025 (ending 19 January), the Democratic Republic of the Congo (DRC) reported 1065 suspected cholera cases and 22 deaths (CFR: 2.1%), with 84% of cases from Haut-Lomami (523 cases), Nord-Kivu (192), Haut-Katanga (131), and Tanganyika (106) provinces. From 1 to 19 January 2025, a total of 2849 suspected cases and 47 deaths were recorded. The outbreak has affected nine of 26 provinces, with 90% of cases concentrated in Haut-Lomami (1424 cases), Nord-Kivu (499), Haut-Katanga (375), and Tanganyika (263) provinces. Haut-Lomami also accounts for 40% of the country's reported deaths.

Democratic Republic of the Congo	Meningitis	Ungraded	29-Dec-24	21-Dec-24	5-Jan-25	17	7	5	29.40%
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From epidemiological week 51 of 2024 to the first epidemiological week of 2025, the health zone of Banalia in Tshopo province reported 17 cases, including five deaths (case fatality rate of 29%). In week 1 of 2025, seven cases with one death were recorded. As of 6 January 2025, the INRB Kinshasa received 12 samples from the Banalia health zone, of which seven tested positive for *Neisseria meningitidis* W135 (confirmation rate of 58%). Preliminary investigations indicate that the cases are concentrated on the right bank of the Aruwimi River, in the Mangi Health Area (HA), the epicentre of the recent meningitis outbreak in the Banalia health zone, which reported a total of 2,662 cases and 205 fatalities in 2021.

Democratic Republic of the Congo	Mpox	Grade 3	30-Mar-19	1-Jan-24	16-Dec-24	57415	12,651	1285	2.20%
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From 1 January 2022 to 17 December 2024, a total of 57415 cases and 1285 deaths (CFR: 2.2%) were reported. Clades Ia and Ib have been detected in the country.

Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-21	1-Jan-24	22-Nov-24	24	24	0	0.00%
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In 2024, the Democratic Republic of the Congo (DRC) reported 24 polio cases, comprising 10 cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) and 14 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2). The most recent case had an onset of paralysis on 22 November 2024.

Ethiopia	Complex Humanitarian crisis	Grade 3	4-Nov-20	4-Nov-20	10-Jan-25	21,400,000	-	-	
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In Ethiopia, the humanitarian situation remains concerning. The combination of natural (drought, floods, earthquake) and manmade (conflict) has deteriorated the humanitarian situation in the country. Access restrictions imposed by local militia prevent population's access to services. Low crop production, high food prices, and lack of humanitarian and social protection support, have increased acute food insecurity. The ongoing conflict in the Amhara and Oromia regions is severely affecting public health, with increased violence and barriers to accessing health services. This complicates the response to outbreaks like cholera, measles, and malaria. More to that, at least 10 earthquakes were recently reported in Ethiopia and there are signs of possible volcanic activity. Ethiopia's government said it is evacuating approximately 80,000 people following a series of small-scale earthquakes in the Afar, Oromia and Amhara regions.

Ethiopia	Earthquake	Ungraded	8-Jan-25	8-Jan-25	17-Jan-25	80,000			
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The seismic activity in Ethiopia increased in the Fentale volcanic complex since 27 September 2024, with a significant spike in late December 2024. Between 7 and 8 January 2025, multiple seismic events were observed throughout this timeframe, with significant activity occurring around 17:00, 01:30, and 07:00 UTC, the most intense being at 01:30 UTC. The seismogram indicates active seismic conditions in the region, with several notable events during the monitored period. Significant damage to the Kesem Sugar Factory and other infrastructure (homes, health centers, schools, roads) is reported. As of 17 January 2025, 80 000 people are affected, with over 60 000 people relocated; two people injured and no fatality reported so far. Nine health facilities have sustained severe or partial damage

Ethiopia	Impact of Sudan crisis in Ethiopia	Grade 3	1-May-23	1-May-23	5-Jan-25	68,008	-	-	
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Following the outbreak of armed conflict in Sudan on 15 April 2023, Ethiopia is receiving thousands of forcibly displaced people at various points of entry along the land border between Sudan and Ethiopia. As of 5 January 2025, a total of 68 008 arrivals in need of international protection since April 2023 have been registered.

Ethiopia	Malnutrition	Ungraded	5-Dec-24	1-Jan-24	24-Nov-24	-	-	-	
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The nutrition situation in Ethiopia is concerning as indicated by recent surveys, particularly in zones affected by drought, fueled by El Niño. In 2024, from 1 January to 24 November, a total of 363 829 under 5 years of age severe acute malnutrition (SAM) cases and 591 deaths have been reported. The moderate acute malnutrition (MAM) under 5 years old cases reported for the same period are 981 383 with 701 296 MAM cases among pregnant and lactating (PLW).

Ethiopia	Cholera	Grade 3	17-Sep-22	1-Aug-22	30-Dec-24	58158		722	1.20%
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The ongoing cholera outbreak in Ethiopia started on 27 August 2022. As of 30 December 2024, a total of 58 158 cases, 722 deaths (CFR 1.2%) are reported. In 2024, from January to 30 December, a total of 27 076 cases and 269 deaths (CFR 1.0%) are reported.

Ethiopia	Malaria	Grade 3	20-Jun-23	1-Jan-24	22-Dec-24	10225938		1342	0.00%
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A total of 10 225 938 cases and 1 342 deaths were reported from Epi week 1 to 51, 2024. In Epi-week 51, a total of 260 208 cases and 18 new deaths were reported. Malaria case is decreased by 3.6% when compared with Epi-week 50 of 2024

Ethiopia	Measles	Ungraded	13-Apr-17	1-Jan-24	30-Dec-24	32521	29,810	230	0.70%
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Measles outbreak is still ongoing in Ethiopia. From 1 January 2024 to 30 December 2024, a total of 32 521 cases including 1 903 lab-confirmed, 27 853 epi-linked and 54 measles compatible cases with 230 deaths were reported.

Ghana	Cholera	Grade 3	31-Aug-24	1-Oct-24	14-Jan-25	5293	460	42	0.80%
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Between 1 and 14 January 2025, Ghana reported 475 suspected cholera cases, including three deaths (CFR: 0.6%). Since the outbreak began on 1 October 2024, a total of 5293 cases, including 460 confirmed cases and 42 deaths (CFR: 0.8%), have been recorded. Suspected cases have been reported across 109 districts in five of the country's 16 regions, with 98% occurring in Central (1625 cases), Western (2225), and Greater Accra (1340) regions. Among confirmed cases, 51% are aged 21–40 years, and 65% are male.

Guinea	Mpox	Grade 3	2-Sep-24	2-Sep-24	8-Dec-24	70	2	0	0.00%
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On 2 September 2024, WHO was informed of a mpox confirmed case in a 7-year-old schoolgirl of Koyamah locality in the southern Macenta health district of Guinea. From 2 September to 8 December 2024, a total of 50 suspected cases with no death were reported, of which two were confirmed for Mpox virus Clade IIB.

Kenya	Anthrax (suspected)	Ungraded	13-Jan-25	14-Dec-24	5-Jan-25	31			0.00%
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Suspected anthrax cases have been reported in Embu County, with 31 suspected cases line- listed from 14 December 2024 to 5 January 2025. The cases are clustered within Kyeni North and Kagaari wards of Runyenjes sub county. The cases were exposed through domestic slaughter and handling of animal products from cows with suspected anthrax.

Kenya	Measles	Ungraded	29-Jun-22	1-Jan-23	24-Jan-25	2949	355	18	0.60%
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Since January 2024, a total of 17 counties in the country have reported measles outbreaks. Currently, seven subcounties in six counties reported active outbreaks. As of 20 January 2025, Ten cases were reported in th last week. main active, with outbreaks reported in 19 sub-counties. As of 20 January 2025, 2 949 cases have been reported, including 355 confirmed cases and 18 deaths, resulting in a case fatality rate (CFR) of 0.6%.

Kenya	Mpox	Grade 3	3-Aug-24	22-Jul-24	13-Jan-25	31	31	1	3.20%
Now new case of mpox was reported in week 1, 2025. From 1 January 2024 to 13 January 2025, the total confirmed cases is thirty-one (31) , with one (1) death (CFR 3.2%) from twelve (12) counties.									
Lesotho	Drought/food insecurity	Ungraded	22-Jul-24	12-Jul-24	20-Jan-25	293,000	293,000	-	-
Prolonged dry spells, high temperatures, and economic challenges have left approximately 293,000 people in rural Lesotho (19 percent of the population) facing severe food insecurity, classified as IPC Phase 3 (Crisis) or worse, from May to September 2024. Immediate interventions are crucial to address food gaps, protect livelihoods, and prevent acute malnutrition. The situation is expected to worsen, with around 403,000 people (27 percent of the rural population) projected to be in Crisis (IPC Phase 3) from October 2024 to March 2025.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	1-Jan-24	12-Jan-25	248	42	12	16.90%
From 1 January 2024 to 12 January 2025, a cumulative total of 248 cases of Lassa Fever have been reported, with 42 confirmed and 12 deaths (CFR:16.9%) at the country level.									
Liberia	Mpox	Grade 3	31-Aug-24	31-Aug-24	19-Jan-25	431	51	0	0.00%
From 1 January 2024 to 19 January 2025, a total of 431 suspected cases of mpox, including 51 confirmed positive with no deaths, were reported from 29 districts across 13 over 15 counties in Liberia. The district rapid response team has been activated. Investigations, along with active case searches, are ongoing.									
Madagascar	Cyclone Dikeledi	Ungraded	14-Jan-25	13-Jan-25	15-Jan-25	7,028	-	-	-
The number of people directly affected by Tropical Cyclone Dikeledi passage on 11 January 2025 in the extreme north of Madagascar increased to 7 028 people (2 284 families) including in Diana and Sava with 3 809 and 3 203 people respectively which were the most affected regions, according to the National Office for Risk and Disaster Management (BNGRC). At least three people were killed									
Madagascar	Malnutrition crisis	Protracted 2	1-Jul-21	1-Jan-21	20-Jan-25	357,900	-	-	-
Approximately 357 900 children aged 6 and 59 months are suffering or expected to suffer acute malnutrition between September 2024 and August 2025, with almost 51 percent (182 700) of cases expected in the Grand Sud-Est and 49 percent (175,200) in the Grand Sud. Of that total, 83 400 children are likely to suffer Severe Acute Malnutrition (SAM) and 274 500 are likely to suffer Moderate Acute Malnutrition (MAM). The highest caseload of children suffering SAM is in the Grand Sud-Est region (60 percent), compared to 40 percent in the Grand Sud.									
Malawi	Cyclone Chido	Grade 2	15-Dec-24	18-Dec-24	18-Dec-24	45,162	-	13	0.00%
Between 7 and 8 December 2024, Tropical depression Chido developed in the south-eastern Indian Ocean Basin, progressing westward. In Malawi , the remnants of Tropical Cyclone Chido affected southern Malawi from 15 to 16 December, bringing heavy rain (100mm) and strong wind gusts (80-100km). Chido has left 13 people dead, 29 injured, 227 displaced and 45,162 people (10,159 families) affected compared to 34,741 reported yesterday, according to the Department of Disaster Management Affairs (DoDMA)									
Malawi	Drought/food insecurity	Ungraded	26-Mar-24	28-Mar-24	20-Jan-25	5,700,000	-	-	-
In Malawi, the food insecurity situation is expected to deteriorate during the projection period (October 2024 – March 2025) which coincides with the lean season. Nearly 5.7 million people (28 % of the analyzed population) are estimated to be in Phase 3 or above with 416 000 people expected to be in Phase 4.									
Malawi	Cholera	Grade 3	-	12-Sep-24	24-Jan-25	265	92	14	5.30%
On 26 August 2024, Chitipa has reported 10 suspected cases at Kapenda Health Centre, with 3 RDT positive, one culture positive, and one sample pending. The cases are sporadic, initially coming from the Songwe River area, 29 Districts have been affected. As of 12 January 2025, five districts out of the 29 have active outbreaks Namely Balaka 107 (24.9%), Chitipa 92 (21.4%), Karonga 84 (19.5%), Machinga 79(18.4%) and Mzimba North 61 (14.2%). A total of 14 deaths have been recorded for the same period.									
Mali	Humanitarian crisis (Sahel region)	Protracted 2	11-Sep-17	11-Sep-17	20-Jan-25	6,400,000	-	0	0.00%
The humanitarian context in Mali remains marked by a complex crisis that stems from a volatile security situation, exacerbated by structural vulnerability factors, socio-economic challenges, as well as climate change. In 2025, 6.4 million Malians will have multi-sectoral humanitarian needs.									
Mali	Dengue fever	Protracted 2	12-Sep-23	1-Jan-24	15-Nov-24	7137	898	12	0.20%
From 1 January to 15 November 2024, Mali reported 7 137 suspected cases of dengue including 898 confirmed cases and twelve deaths.									
Mauritius	Dengue fever	Protracted 2	17-Dec-23	17-Dec-23	31-Dec-24	9917	9348	5	0.10%
The index case for the ongoing dengue outbreak in Mauritius was reported on 27 August 2024, as of 31 December 2024, a total of 9 917 cases and five deaths have been reported									
Mozambique	Cyclone Chido	Grade 2	15-Dec-24	18-Dec-24	18-Dec-24	184,000	-	45	-
Between 7 and 8 December 2024, Tropical depression Chido developed in the south-eastern Indian Ocean Basin, progressing westward. On 15 December 2024, the Tropical Cyclone Chido made landfall in Mozambique, bringing strong winds and heavy rain,wreaking havoc mainly in Cabo Delgado and Nampula provinces in the north. It has left 45 people dead (37 in Cabo Delgado, 5 in Nampula and 3 in Niassa), 493 injured and 184,000 people affected, according to the National Institute for Natural Disaster (INGD) as of 17 December. More than 35,000 houses have been destroyed or severely damaged, while approximately 48 health centres and 149 schools were damaged. The most heavily impacted province was Cabo Delgado with at least 128,000 people impacted and 25,000 homes affected									
Mozambique	Drought/food insecurity	Ungraded	5-Sep-24	5-Sep-24	20-Jan-25	1,980,000	-	-	0.00%
In Mozambique, between October 2024 and March 2025, 1.98 million people are projected to experience high levels of acute food insecurity (IPC Phase 3 or above). Of that total, 212 000 are likely to experience IPC Phase 4 (Emergency) and 1.7 million people are likely to be in IPC Phase 3 (Crisis).									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	31-Oct-24	20-Jan-25	1,300,000	-	-	-
In 2024, the compound effects of armed conflict in Cabo Delgado province, and vulnerability to natural hazards countrywide drove humanitarian needs in Mozambique. The year was marked by a recrudescence of the conflict in coastal districts of Cabo Delgado. The operational environment became more complex as non-State armed groups demonstrated increased capacity to plan and execute complex attacks. The displaced population remained vulnerable amid scarcer resources. An estimated 580,000 people remain displaced, predominantly women and children, with the largest concentrations in Pemba, Metuge, and Macomia. In 2025, 1.3 million people will need humanitarian assistance.									
Mozambique	Cholera	Grade 3	-	28-Oct-24	12-Jan-25	302	-	29	9.60%

A cholera outbreak was declared in Mogovolas District, Nampula Province on 28 October 2024. As of 12 January 2025, 302 suspected cases and 29 deaths (including 25 community deaths) had been reported. The outbreak primarily affected Namitil Sede locality (94% of cases), with smaller clusters in Rieque (2%), Mavuruta (2%), Moquito (1%), and Ilute Sede (0.4%) localities. In week 51, 19 suspected cases and eight community deaths were recorded. No further data has been reported since week 51 due to the destruction of the cholera treatment center (CTC) and a health facility in the district.

Namibia	Drought/food insecurity	Ungraded	31-May-24	22-May-24	25-Jan-25	1,260,000		-	-
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From October 2024 – March 2025, the food security situation is expected to worsen due to the start of the lean season, and seasonal price increases, where 1.26 million people (41 % of the analysed population) are expected to be in IPC Phase 3 or above. Most of the areas are likely to remain classified in Crisis (IPC Phase 3).

Niger	Humanitarian crisis (Sahel region)	Protracted 2	1-Feb-15	1-Feb-15	20-Jan-25	2,700,000		0	0.00%
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Niger faces a multidimensional crisis stemming from extreme climate events, growing insecurity, rapid population growth, and chronic poverty. With low resilience to shocks, the country remains highly vulnerable. In addition to the deteriorating security situation, severe flooding has further intensified the crisis, impacting over 1.4 million people nationwide. In 2025, 2.7 million people will need humanitarian assistance.

Niger	Diphtheria	Ungraded	28-Aug-23	4-Jul-23	18-Jan-25	145		6	4.10%
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An outbreak of diphtheria has been confirmed in Matameye health district, Zinder region. The first case was reported on 17 July 2023. From week 1 to week 3, 2025 a total of 145 suspected cases of Diphtheria, including six deaths (CFR:4.5%) were reported at the country level.

Niger	Measles	Ungraded	5-Apr-22	1-Jan-24	24-Nov-24	4703	1,053	20	0.40%
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As of epidemiological week 47, a total of 4 703 suspected cases of measles were reported, including 1053 confirmed cases and 20 deaths (case fatality rate: 0.4%), across 68 health districts in epidemic areas.

Nigeria	Humanitarian crisis (Sahel region)	Protracted 2	10-Oct-16	10-Oct-16	23-Jan-25	7,800,000			0.00%
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Nigeria continues to face extensive humanitarian challenges. There is significant population displacement, with approximately 2.3 million internally displaced persons (IDPs) recorded by the end of 2024 with an estimated 33 million people projected to experience food insecurity during the 2025 lean season. Additionally, 1.8 million children in six north-eastern and north-western states are at risk of severe acute malnutrition (SAM)– among the highest global levels according to the IPC. Recent floods affected 34 out of 36 states, with Borno being the most severely impacted. High levels of inflation, including food inflation has impacted on the humanitarian situation. . In 2025, 7.8 million people will need humanitarian assistance.

Nigeria	Lassa Fever	Ungraded	30-Nov-24	1-Jan-25	25-Jan-25	484	143	22	4.50%
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Nigeria is reporting an upsurge of Lassa fever cases since epidemiological week 51, 2025. From epidemiological week 2 to week 3 of 2025, a total of 484 suspected cases of Lassa fever have been reported, including 143 confirmed cases and 22 deaths, resulting in a case fatality rate (CFR) of 15.4%. Seven states have recorded at least one confirmed case across 32 Local Government Areas. Seventy-seven per cent (77%) of all confirmed Lassa fever cases were reported from these three states: Ondo, Edo, and Bauchi, while 23% were reported from four other states with confirmed Lassa fever cases. Of the 77% confirmed cases, Ondo reported 38%, Edo 22%, and Bauchi 17%. The predominant age group affected is between 21 and 30 years (Range: 3 to 78 years, Median Age: 32 years). The male-to-female ratio for confirmed cases is 1:0.7

Nigeria	Mpox	Grade 3	31-Jan-22	1-Jan-22	1-Dec-24	1754	152	0	0.00%
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Nigeria continues to report cases of Mpox. From 1 January to 1 December 2024, a total of 1 754 cases including 152 confirmed cases and zero deaths were reported.

Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-22	20-Nov-24	216	216	0	0.00%
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One cVDPV2 case was reported this week from Kano, with onset of paralysis on 20 September, bringing the total number of cVDPV2 cases for 2024 to 81. A total of 87 cVDPV2 cases was reported in 2023 and 48 cases in 2022.

Rwanda	Mpox	Grade 3	24-Jul-24	24-Jul-24	12-Jan-25	90	90	0	0.00%
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Rwanda confirmed its first two cases of Mpox on 24 July 2024. The current situation, as of 12 January is as following: 90 total confirmed cases; cases under follow-up: 19 and cumulative suspected cases: 5 898.

Senegal	Crimean-Congo haemorrhagic fever	Ungraded	13-Jan-25	2-Jan-25	24-Jan-25	2	2	1	50.00%
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WHO was notified of a new outbreak of Crimean-Congo Haemorrhagic Fever (CCHF) on 14 January 2025 in Kaffrine Region, Senegal. As of 24 January 2025, there have been two confirmed cases with one death (CFR 50.0%) reported from the Kaffrine Department. A total of 51 contacts have been identified. Of these, 28 have completed follow-up, while 23 are still under follow-up as of 24 January 2025.

Senegal	Dengue fever	Protracted 2	14-Nov-22	6-Jan-25	26-Jan-25	9	9	0	0.00%
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Between 6 and 26 January 2025, Senegal reported nine confirmed dengue cases, with four cases in week 2, four in week 3, and one in week 4. The majority of cases were male (five cases) and aged 15–60 years (seven cases), with one case in the 10–15 age group and one over 60 years old. By region, Fatick (six cases, 56%) was the most affected, followed by Dakar (two cases, 22%) and Saint-Louis (two cases, 22%).

Senegal	Measles	Ungraded	4-Jul-22	1-Jan-25	26-Jan-25	12	12	0	0.00%
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In week 4 of 2025 (ending 26 January), Senegal reported four confirmed measles cases from two districts. Since the beginning of the year, a total of 12 confirmed cases, all unvaccinated, have been recorded in seven districts, with seven cases among females. Linguère remains the only district experiencing an outbreak. Cases have been reported from Louga (six cases, 50%), Dakar (two cases, 17%), Thiès (two cases, 17%), Matam (one case, 8%), and Saint-Louis (one case, 8%) regions.

Sierra Leone	Mpox	Grade 3	11-Jan-25	9-Jan-25	25-Jan-25	150	16	0	0.00%
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The Ministry of Health of Sierra Leone notified the WHO of a confirmed Mpox case on 11 January 2025. The index case is a 27-year-old male from the Hamilton community in the Western Area Rural District. As of 25 January 2025, there were sixteen confirmed cases with zero deaths reported from seven districts: Western Area Urban District (4 cases), Tonkolili District (3 cases), Western Area Rural District (2 cases), Bombali District (2 cases), Bo District (2 cases), Moyamba (2 cases), and Port Loko (1 case).

South Africa	Diphtheria	Ungraded	19-Jul-24	24-Dec-24	24-Jan-25	26	26	4	
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According to the Western Cape Department of Health as at 18 December 2024, the Western Cape Province recorded 25 positive diphtheria results. This includes 10 positive results from a cluster in Kensington in August – September 2024. On 19 December 2024, 8 more laboratory positive results were recorded: one in a patient that presented to Groote Schuur Hospital on 18 December 2024 and seven contacts of a laboratory confirmed case (case number 4 in Table 1 below) in Pollsmoor Prison. Three more diphtheria suspects were recorded in week 51 with laboratory results still outstanding. A non-toxicogenic, cutaneous diphtheria case was recorded in week 25; however, this case is not included in the 25 confirmed diphtheria case count.

South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	15-Aug-16	31-Dec-24	-	-	-	-
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In December 2024, acute food insecurity and the malnutrition situation in South Sudan continued to deteriorate due to multiple factors including the economic crisis, repeated climatic shocks and insecurity among others. An estimated 6.1 million people – 45% of the population were experiencing IPC Phase 3 or above (Crisis or worse) including 31,000 South Sudanese returnees experiencing catastrophic levels of acute food insecurity (IPC Phase 5, Catastrophe). Across the country, intercommunal violence was the primary driver of conflict and continued to affect people. The cholera outbreak continued to escalate in most parts of the country.									
South Sudan	Impact of Sudan crisis in South Sudan	Grade 3	15-Apr-23	1-May-23	5-Jan-25	954,616	-	0	
Since the start of the Sudan emergency in April 2023, a total of 954 616 people fleeing conflict arrived from Sudan, including 686 376 returnees as of 5 January 2025. In December, over 100,000 people fleeing conflict arrived from Sudan the majority settling in communities along the border, straining already stretched humanitarian resources.									
South Sudan	Cholera	Grade 3	11-Oct-24	28-Sep-24	28-Jan-25	25,612	-	488	1.90%
Over the past week, 2 465 suspected cholera cases were reported, and zero deaths in 24 Counties. From 28 September to 28 January 2025, a total of 25 612 cholera cases have been reported across 32 counties, spanning from seven states and one administrative area. The cumulative number of deaths stands at 488, of which 230 are health care facility deaths, resulting in overall CFR of 1.9%.									
South Sudan	Measles	Ungraded	23-Feb-22	1-Jan-24	31-Dec-24	3501	228	51	1.50%
No report of measles outbreak received since week 48, 2024. As of Epidemiological week 48, 2024, South Sudan has reported 3 501 suspected measles cases, with 228 laboratory-confirmed cases. The outbreak resulted in 51 measles-related deaths, leading to a case fatality rate of 1.5%. The event will be closed this week 6, 2025.									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-24	1-Jan-23	26-Jan-25	13	13	0	0.00%
There was no new case of polio reported during week 4 of 2025, keeping the total number of confirmed acute flaccid paralysis Polio cases at 13 reported from 8 counties in 4 states namely; Western Equatoria, Central Equatoria, Unity and Jonglei state									
Tanzania, United Republic of	Cholera	Grade 3	3-Oct-23	5-Sep-23	30-Dec-24	12148		145	1.20%
Since 1 January 2024 cholera outbreaks have been reported in 23 regions (Mara, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi, Pwani, Mtwara, Tanga, Arusha, Songwe, Lindi, Mbeya and Dar es Salaam) in Tanzania Mainland, where a total of 12 148 cases and 145 deaths (CFR 1.2%) were reported. Out of 23 regions, Cholera outbreak was declared over in 13 regions (Mtwara, Arusha, Tabora, Geita, Kagera, Singida, Ruvuma, Dar es Salaam, Mara, Rukwa, Shinyanga, Pwani and Songwe).									
Tanzania, United Republic of	Marburg virus disease	Grade 2	9-Dec-24	10-Dec-24	31-Jan-25	10	2	10	100.00%
See details in the article									
Togo	Meningitis	Ungraded	15-Jan-25	1-Jan-25	15-Jan-25	18	1	4	22.20%
During epidemiological week 2, 2025, Dankpen 2 locality from the Dankpen district in Togo crossed the epidemic threshold with nine suspected cases (attack rate of 24.93 cases per 100,000 inhabitants). From epidemiological week 1 to epidemiological week 2, a total of 18 suspected cases and 4 deaths were reported in the same district, with a sex ratio (M/F) of 1.57 (11 males and 7 females). The most affected age group is 15 to 29 years.									
Uganda	Cholera	Grade 3	12-Jan-25	7-Jan-25	17-Jan-25	87	11	1	1.10%
An outbreak of cholera is ongoing in Lamwo district, Northern region of Uganda. From 7 - 17 January 2025, a total of 87 cases, including one death (CFR 1.1%), have been reported from six parishes in Agoro Subcounty: Pobar (n=34 cases), Laruc (n=24 cases), Rudi (n=10 cases), Ngacino (n=4 cases), Lopulingi (n=5 cases), and Lorunya (n=4 cases). Of these cases, 11 have been laboratory-confirmed for Vibrio cholerae O1 Ogawa infection.									
Uganda	Crimean-Congo haemorrhagic fever	Ungraded	21-Jan-25	7-Jan-25	7-Jan-25	4	1		0.00%
The index case is a 45-year-old male livestock trader from Lusaira village, Nkandwa parish, Kibalinga Sub County, Mubende District. The symptoms onset date is 27 December 2024, when he developed fever, general body weakness, sore throat and loss of appetite. On 2 January 2025, he developed abdominal pain, vomiting and later that day started bleeding from the gums and nose, bloody stools and blood in vomit and was taken the same day to Mubende Regional Referral Hospital, where he was suspected to have a viral haemorrhagic fever, isolated and a sample collected. On 3 January 2025, he received a positive result for CCHF. As of 7 January 2025, a total of four cases including one confirmed and zero death are reported									
Uganda	Mpox	Grade 3	26-Jul-24	29-Jul-24	17-Jan-25	2031	2,031	10	0.50%
As of 17 January 2025, Uganda has reported 2031 confirmed mpox cases , with 10 deaths (CFR = 0.4%). The most affected districts include Kampala and Mbalala City.									
Zambia	Drought/food insecurity	Ungraded	8-Mar-24	15-Jan-24	20-Jan-25	5,800,000	-	0	0.00%
An estimated 5.8 million people (33 percent of the analysed population) will likely experience heightened hunger between October 2024 and March 2025. The IPC projects that nearly 5.6 million people will likely experience IPC Phase 3 (Crisis) and 236,000 people IPC Phase 4 (Emergency).									
Zambia	Cholera	Grade 3	30-Dec-24	25-Dec-24	29-Jan-25	96	2	5	5.20%
On 29 January 2025, Zambia reported 15 new cholera cases, with 13 from Chililabombwe and two from Kitwe district. Since the outbreak began on 24 December 2024, a total of 96 cases, including five deaths (CFR: 5.2%), have been recorded. Chililabombwe (70 cases, five deaths) remains the most affected district, followed by Nakonde (21 cases), Kitwe (four cases), and Chingola (one case). Of the cumulative cases, 20 have been culture-confirmed, with Nakonde (10), Kitwe (three), Chililabombwe (six), and Chingola (one).									
Zambia	Mpox	Grade 3	8-Oct-24	8-Oct-24	5-Jan-25	4	4		0.00%
An IHR notification of an mpox case was reported by Zambia on 9 October 2024. From 8 October 2024 to 5 January 2025, a total of four confirmed cases with zero deaths were reported in Zambia.									
Zimbabwe	Drought/food insecurity	Ungraded	5-Apr-24	5-Apr-24	25-Jan-25	5,900,000		0	0.00%
In Zimbabwe, Crisis (IPC Phase 3) outcomes are expected throughout the country from October 2024 through May 2025. Following the 2023/24 El Niño-induced drought, own-produced food stocks are widely unavailable. The areas of highest concern are likely to be typical deficit-producing areas, where larger portions of the population are expected to face Crisis (IPC Phase 3) outcomes. In 2025, 5.9 million people will need food security and livelihood assistance.									
Zimbabwe	Cholera	Grade 3	12-Nov-24	1-Jan-25	8-Jan-25	48			0.00%

From 1 to 8 January 2025, Zimbabwe reported 48 cholera cases with no deaths. The outbreak, which began on 4 November 2024, had recorded 29 suspected cases by 29 November 2024, including one death (CFR: 3.4%), in Kariba District, Mashonaland West Province. Of these, 19 cases tested positive on rapid diagnostic tests (RDT), and five samples were confirmed positive through culture.

Zimbabwe	Mpox	Grade 3	13-Oct-24	13-Oct-24	6-Dec-24	2	2		0.00%
As of 6 December 2024, Zimbabwe has reported no new mpox cases beyond the two initially confirmed. The first case, involving an 11-year-old male in Harare, and the second, a 24-year-old male in Mberengwa, were both linked to recent travel and have fully recovered. Contact tracing and monitoring for both cases have been completed, and no active cases remain.									

South Africa	Diphtheria	Ungraded	19-Jul-24	24-Dec-24	24-Jan-25	26	26	4	
According to the Western Cape Department of Health as at 18 December 2024, the Western Cape Province recorded 25 positive diphtheria results. This includes 10 positive results from a cluster in Kensington in August – September 2024. On 19 December 2024, 8 more laboratory positive results were recorded: one in a patient that presented to Groote Schuur Hospital on 18 December 2024 and seven contacts of a laboratory confirmed case (case number 4 in Table 1 below) in Pollsmoor Prison. Three more diphtheria suspects were recorded in week 51 with laboratory results still outstanding. A non-toxigenic, cutaneous diphtheria case was recorded in week 25; however, this case is not included in the 25 confirmed diphtheria case count									

South Africa	Mpox	Grade 3	15-May-24	15-May-24	29-Sep-24	25	25	3	12.00%
Through IHR notification from South Africa, WHO received a report of one laboratory confirmed mpox case from Johannesburg. This case was confirmed after initial testing by Lancet Laboratory on 9 May 2024. As of 29 September 2024, 25 cases with three deaths have been reported in South Africa.									

South Sudan	Floods	Ungraded	4-Sep-24	29-Aug-24	31-Dec-24	-	-	-	-
In South Sudan, heavy rains and significant water release from Lake Victoria in Uganda into the Nile River have caused widespread flooding nationwide. According to UNOSAT, as of 18 December 2024, within the cloud free analyzed areas of about 630,000 km ² , a total of about 38,000 km ² of lands appear to be affected with flood waters. Based on Worldpop population data and the maximal flood water extent, around 655,000 people are potentially exposed or living close to flooded areas									

South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	15-Aug-16	31-Dec-24	-	-	-	-
In December 2024, acute food insecurity and the malnutrition situation in South Sudan continued to deteriorate due to multiple factors including the economic crisis, repeated climatic shocks and insecurity among others. An estimated 6.1 million people – 45% of the population were experiencing IPC Phase 3 or above (Crisis or worse) including 31,000 South Sudanese returnees experiencing catastrophic levels of acute food insecurity (IPC Phase 5, Catastrophe). Across the country, intercommunal violence was the primary driver of conflict and continued to affect people. The cholera outbreak continued to escalate in most parts of the country.									

South Sudan	Impact of Sudan crisis in South Sudan	Grade 3	15-Apr-23	1-May-23	5-Jan-25	954,616	-	0	
Since the start of the Sudan emergency in April 2023, a total of 954 616 people fleeing conflict arrived from Sudan, including 686 376 returnees as of 5 January 2025. In December, over 100,000 people fleeing conflict arrived from Sudan the majority settling in communities along the border, straining already stretched humanitarian resources.									

South Sudan	Anthrax	Grade 2	1-Aug-24	1-Jan-24	1-Dec-24	168		3	1.80%
As of 1 December 2024, a cumulative total of 168 human cases, including three deaths (CFR 1.8%), have been reported across four counties in two states in South Sudan.									

South Sudan	Cholera	Grade 3	11-Oct-24	25-Oct-24	6-Jan-25	17,356	-	254	1.50%
The Ministry of Health declared an outbreak in Renk, Upper Nile State, on the 28 October 2024. This declaration comes after reports of 44 suspected cholera cases, and six laboratory-confirmed cases on 23 October 2024. From 28 September to 6 January 2025, there were 17 356 cases, including 254 deaths (CFR 1.5%) have been reported									

South Sudan	Hepatitis E	Ungraded	3-Jan-19	1-Jan-19	1-Dec-24	7473		95	1.30%
The Hepatitis E outbreak in South Sudan is still active. in Rukoba county (Bentiu IDPs camp), Unity State (6 120 cases and 34 deaths) since December 2018; in Fangak county (701 cases, 28 deaths), Jonglei State since week 1 2023; in Abyei(64 cases and seven deaths) since week 21, 2024; in Twic county (32 cases), Warrap State since February 2024 ; In Wau , Western Bahr EL-Ghazal State (556 cases including 26 deaths) were reported. As of 1 December 2024, a total of 7 473 cases and 95 (CFR 1.3%) deaths are reported in the country									

South Sudan	Malaria	Ungraded	8-Nov-24	1-Jan-24	1-Dec-24	-	-		
Malaria transmission is year-round and peaks between July and November. Plasmodium falciparum is the dominant species. In week 48 (ending 1 December 2024), the national malaria situation during this week 48 indicates that the incidence is above the epidemic threshold, making ongoing monitoring critical at all levels. Malaria outbreak was recorded in two states and 35 counties during this week 48.									

South Sudan	Measles	Ungraded	23-Feb-22	1-Jan-24	1-Dec-24	3488	228	51	1.50%
Over the past week (48), there was no case of suspected measles reported. The cumulative number of suspected measles cases remained 3 488 as at week 48. During the epidemiological week 48, there were no newly confirmed measles cases by IgM, and therefore the cumulative total number of confirmed measles cases remained 228 (of the 384 cases from whom serum samples were collected). Furthermore, 80% of these cases are found among children aged between 6 months and 9 years, making this age group the optimal focus for measles outbreaks response Supplementary Immunization Activities (SIAS).									

South Sudan	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-24	1-Jan-23	8-Jan-25	12	12	0	0.00%
The Ministry of Health declared the cVDPV2 as a public health emergency on 22 December 2023, following confirmation of cVDPV2 in Yambio. The total number of laboratory-confirmed cVDPV2 isolates from AFP cases are 12. During epi-week 2, 2025, one cVDPV2 case, with an onset of paralysis in November 2024, was reported from Unity. The total number of cases for 2024 is 10 and two in 2023									

Tanzania, United Republic of	Cholera	Grade 3	3-Oct-23	5-Sep-23	30-Dec-24	12148		145	1.20%
Since 1 January 2024 cholera outbreaks have been reported in 23 regions (Mara, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi, Pwani, Mtwara, Tanga, Arusha, Songwe, Lindi, Mbeya and Dar es Salaam) in Tanzania Mainland, where a total of 12 148 cases and 145 deaths (CFR 1.2%) were reported. Out of 23 regions, Cholera outbreak was declared over in 13 regions (Mtwara, Arusha, Tabora, Geita, Kagera, Singida, Ruvuma, Dar es Salaam, Mara, Rukwa, Shinyanga, Pwani and Songwe).									

Uganda	Cholera	Grade 3	12-Jan-25	7-Jan-25	17-Jan-25	87	11	1	1.10%
See article for details									

Uganda	Mpox	Grade 3	26-Jul-24	29-Jul-24	17-Jan-25	2031	2,031	10	0.50%
As of 17 January 2024, Uganda has reported 2 031 confirmed pox cases, with 10 deaths (CFR = 0.4%). The most affected districts include Kampala and Mbalala City.									

Uganda	Rift Valley fever	Ungraded	24-May-24	23-Feb-24	27-Oct-24	321	24	1	0.30%
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As of week 43, 2024, Rift Valley Fever outbreaks have been recorded with a cumulative number of 321 suspected cases, 24 confirmed, and one deaths since week 1, 2024.									
Zambia	Drought/food insecurity	Ungraded	8-Mar-24	15-Jan-24	20-Jan-25	5,800,000	-	0	0.00%
An estimated 5.8 million people (33 percent of the analysed population) will likely experience heightened hunger between October 2024 and March 2025. The IPC projects that nearly 5.6 million people will likely experience IPC Phase 3 (Crisis) and 236,000 people IPC Phase 4 (Emergency).									
Zambia	Cholera	Grade 3	30-Dec-24	25-Dec-24	30-Dec-24	13	2	0	0.00%
On 30 December 2024, Zambia health authorities notified WHO on the cholera outbreak that has been confirmed in Nakond District, Muchinga Province. As per the notification, on 24 December 2024, Nakonde Urban Clinic received three patients, two males aged 52 and 20 years respectively and one female aged 40, all from the same household. They presented with diarrhoea, vomiting, muscle cramps, and dehydration. Following the collection and culturing of samples cholera was confirmed in two of the cases on 25 December 2024. By 30 December 2024, the district had reported a total of 13 cholera cases. There have been no fatalities thus far. Nakonde district borders Songwe District in Tanzania which has an active cholera outbreak.									
Zambia	Mpox	Grade 3	8-Oct-24	8-Oct-24	29-Dec-24	3	3		0.00%
An IHR notification of an MPox case was reported by Zambia on 9 October 2024. The patient, a 32-year-old male truck driver, presented with muscle aches, fatigue, sore throat, and a rash starting on the face and spreading. He travelled from Tanzania to Chitambo District, Zambia, and reported to Mukando Health Post. Blood samples collected on 4 October 2024 were confirmed positive for MPox on 8 October 2024. The Zambia National Public Health Reference Laboratory (ZNPRL) confirmed two additional mpox cases on 26 and 29 December 2024 in Kitwe District, Copperbelt province.									
Zimbabwe	Drought/food insecurity	Ungraded	5-Apr-24	5-Apr-24	25-Jan-25	5,900,000		0	0.00%
In Zimbabwe, Crisis (IPC Phase 3) outcomes are expected throughout the country from October 2024 through May 2025. Following the 2023/24 El Niño-induced drought, own-produced food stocks are widely unavailable. The areas of highest concern are likely to be typical deficit-producing areas, where larger portions of the population are expected to face Crisis (IPC Phase 3) outcomes. In 2025, 5.9 million people will need food security and livelihood assistance.									
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Zimbabwe	Mpox	Grade 3	13-Oct-24	13-Oct-24	6-Dec-24	2	2		0.00%
As of 6 December 2024, Zimbabwe has reported no new mpox cases beyond the two initially confirmed. The first case, involving an 11-year-old male in Harare, and the second, a 24-year-old male in Mberengwa, were both linked to recent travel and have fully recovered. Contact tracing and monitoring for both cases have been completed, and no active cases remain.									

†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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