

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 06: 03 - 09 February 2025

Data as reported by: 17:00; 09 February 2025



World Health
Organization

African Region

2

New events

84

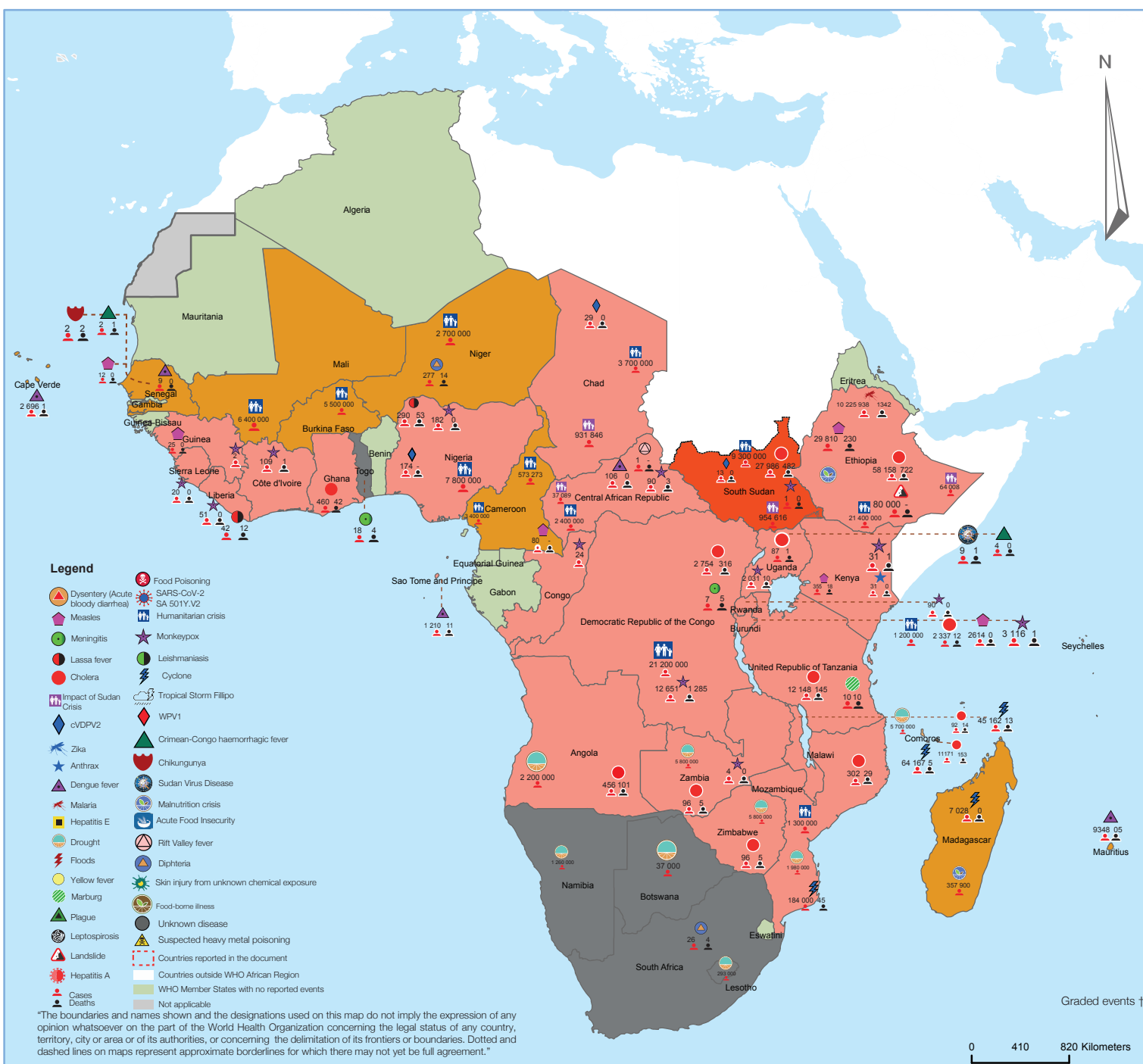
Ongoing events

54

Outbreaks

32

Humanitarian crises



5

Grade 3 events

4

Grade 2 events

0

Grade 1 events

1

Protracted 3 events

6

Protracted 2 events

0

Protracted 1 events

29

Ungraded 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:

- [Cholera in Angola](#)
- [Sudan Virus Disease in Uganda](#)
- [Lassa fever in Nigeria](#)

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..

- **Cholera in Angola:** A cholera outbreak is ongoing in Angola, with a rapid increase in cases and geographic spread. A major concern is the high case fatality ratio reported during the first six weeks of the outbreak. In response, the country has launched a single-dose oral cholera vaccination campaign in the three most affected provinces. However, the outbreak continues to spread to new areas, particularly during the current rainy season, when water sources are more likely to be contaminated. This poses a significant risk of sustained transmission and rising case numbers.

To effectively contain the outbreak, Angola must implement a comprehensive set of proven public health measures. Strengthening surveillance, enhancing case management, and improving risk communication are crucial to reducing both incidence rates and fatalities. Additionally, community-based interventions to improve access to clean water, sanitation, and hygiene (WASH) must be integrated into the response efforts to prevent further surges in cases across the country.

- **Lassa fever in Nigeria:** Lassa fever cases and deaths are on the rise in Nigeria, following the expected seasonal increase during the dry season. The cumulative number of cases reported in the first four weeks of 2025 has already surpassed the figures from the same period in 2024. Lassa fever remains a persistent public health challenge in Nigeria, with a high case fatality ratio among confirmed cases. The recurrent outbreaks highlight the urgent need for enhanced surveillance, early detection, and effective response strategies. Given its potential for spread, and being one of the WHO Research and Development priority diseases, Lassa fever warrants sustained international attention and support for control efforts.

Angola

3 043
cases

101
Deaths

3.3%
CFR

Cholera

EVENT DESCRIPTION

The cholera outbreak in Angola, officially declared by the Ministry of Health on 7 January 2025, is continuing to evolve rapidly, with a marked increase in the weekly number of new cases. In epidemiological week 6 (03 – 09 February 2025), a total of 1 118 new cases with 32 deaths were reported across the country. This represents a 42% increase in new cases compared to the previous week, and a 39% rise in deaths (from 23 in the preceding week).

From 31 December 2024 to 09 February 2025, a cumulative total of 3 043 cholera cases with 101 deaths (CFR 3.3%) have been reported from 10 provinces across the country. The majority of the cases and deaths are concentrated in three provinces: Luanda (1 501 cases, 46 deaths), Bengo (1 119 cases, 41 deaths), and Icolo e Bengo (390 cases, 12 deaths), which together account for 98.9% of the cases and 98.0% of the deaths. Males have been disproportionately affected, accounting for 56.0% (*n*=1 703) of the cases and 73.3% (*n*=74) of the deaths. The highest proportions of cases and deaths are among individuals under 20 years of age, accounting for 50.4% (*n*=1 534) of the total cases and 40.6% (*n*=41) of the deaths. Children aged 5 years and below account for 15.4% (*n*=470) of the cases and 12.9% (*n*=13) of the deaths. Notably, the highest case fatality ratio (CFR) is observed among individuals aged 50 years and above, with a CFR of 8.8% (21/238), indicating that older adults are at greater risk of dying from the disease. A total of 35 deaths, accounting for 35.0% of the fatalities, occurred within the communities, outside of health facilities.

The outbreak was first detected in Cacuaco Municipality, a densely populated suburban area of Luanda with over 1.2 million residents, before spreading to other parts of the country. Cacuaco Municipality in Luanda Province has been at the epicenter of the outbreak, however, in the past week an increase in cases in the municipalities of Dande, Barra do Dande and Panguila in the Bengo Province has been observed. As of 09 February 2025, more than 200 cases are admitted in designated cholera treatment centers across the country.

The last major outbreak of cholera in Angola was reported in 2018, involving more than 1 200 cases across several provinces in the country.

PUBLIC HEALTH ACTIONS

- Under the leadership of the Ministry of Health, Angola has launched a multisectoral response to the cholera outbreak, bringing together key government sectors

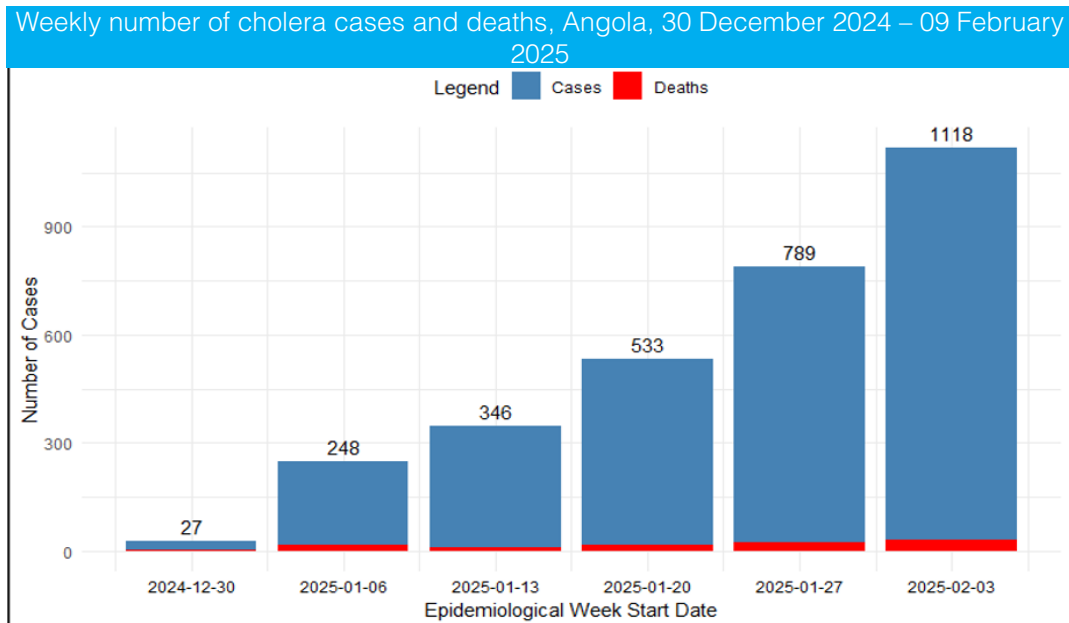
such as Education, Tourism, Energy and Water, Social Communication, Agriculture, and Environment, with support from WHO and health partners.

- The national cholera response plan has been updated and activated, focusing on enhanced surveillance, laboratory testing, risk communication, and water, sanitation, and hygiene (WASH) interventions to curb the spread of the disease.
- Epidemiological surveillance has been intensified, with active case finding in affected areas. Clinicians are being refreshed on cholera case definitions through updated guidelines and dissemination of protocols to health facilities in affected provinces.
- While testing all suspected cases is not required, stool samples are systematically collected from a subset of cases as part of the outbreak sampling strategy. To date, *Vibrio cholerae*, the causative agent of cholera, has been confirmed in 289 cases through culture testing at the National Reference Laboratory.
- Risk communication and community engagement efforts are ongoing, leveraging Community Health Development Agents (ADECOS) to provide public awareness on cholera prevention, early symptom recognition, and early care-seeking behavior to reduce transmission and fatalities.
- On 27 January 2025, a batch of 948 500 doses of Euvichol-S oral cholera vaccine (OCV) arrived in the country. With support from WHO, UNICEF, and the World Bank, the Ministry of Health launched a single-dose OCV campaign on 3 February 2025, targeting one million people aged one year and older in the provinces of Luanda, Bengo, and Icolo e Bengo. The results of the vaccination campaign are pending.
- Environmental health measures are being implemented to improve access to safe water, hygiene, and sanitation. These include regular treatment of water sources, distribution of Aquatab tablets for household water disinfection, and environmental sanitation activities in affected areas.

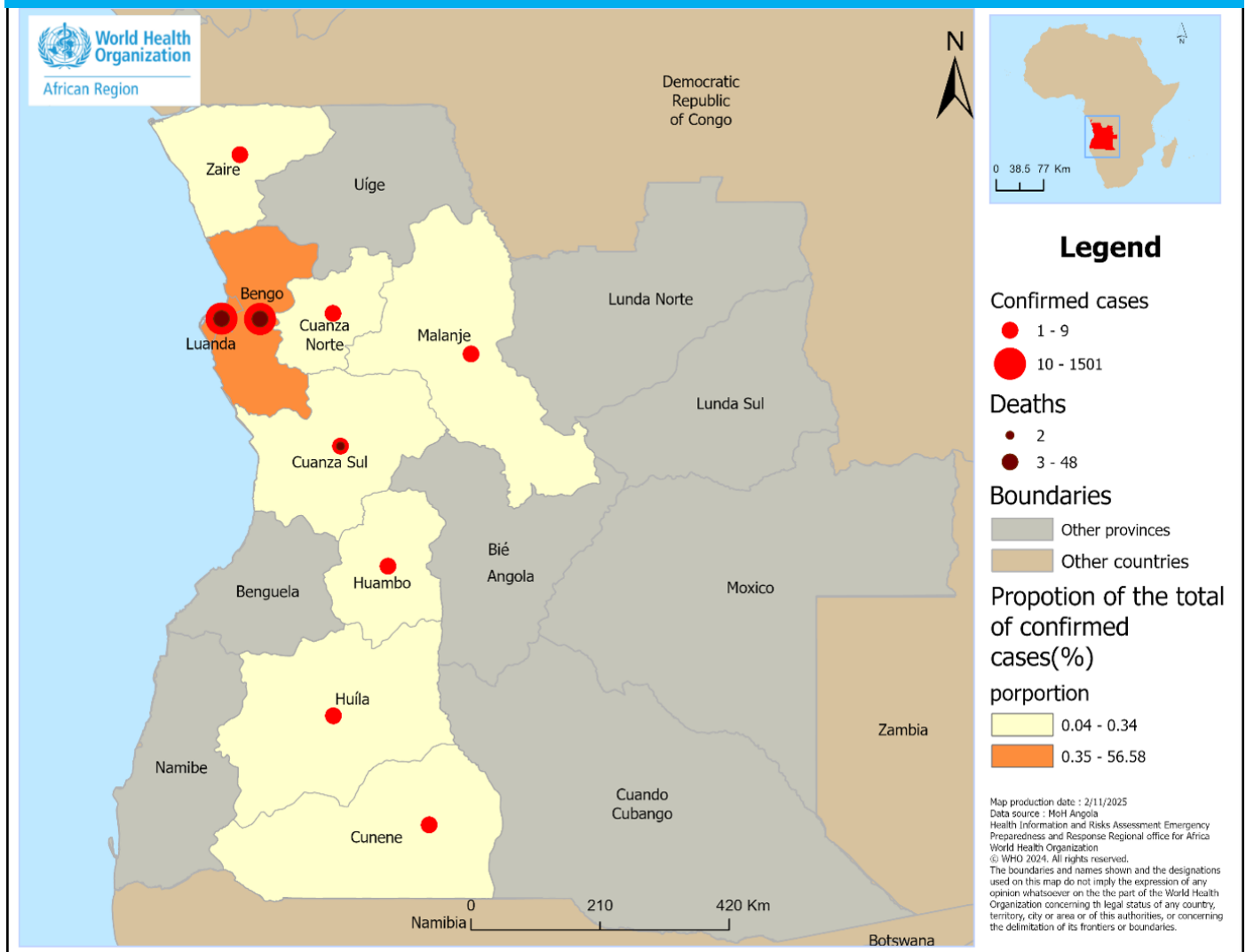
SITUATION INTERPRETATION

The rapid spread of the cholera outbreak in Angola, coupled with the high case fatality ratio, is deeply concerning. While the launch of an oral cholera vaccination campaign provides short-term relief and aims to boost control efforts in three provinces, this strategy alone is insufficient given the broader geographic scope, with the outbreak already affecting 10 provinces. The high case fatality ratio and disproportionate

mortality among older adults underscore challenges in early detection and timely case management. Additionally, Angola's ongoing rainy season (November to April) exacerbates the situation by creating favorable conditions for disease spread, particularly in densely populated areas with inadequate water, sanitation, and hygiene infrastructure, where water sources are at risk of contamination. To effectively control the outbreak, national authorities must urgently strengthen early detection, improve case management, and implement comprehensive risk communication and WASH interventions to curb ongoing transmission.



Geographic distribution of cholera cases by provinces in Angola, 30 December 2024 – 09 February 2025



Uganda

9
cases

1
Death

11.1%
CFR

Sudan Virus Disease

EVENT DESCRIPTION

The outbreak of Sudan Virus Disease (SVD) declared by the Ministry of Health of Uganda continues with new cases reported over the past week. During epidemiological week 6 (03 – 09 February 2025), seven (7) new confirmed cases were reported from five districts across the country. The new cases were reported among contacts of the index case. This brings to five the total number of districts affected across the country.

From 30 January to 09 February, a total of nine (9) confirmed cases with one (1) death (CFR 11.1%) have been reported from five districts in the country, namely; Wakiso (*n*=4), Kampala (*n*=2), Mbale (*n*=1), Jinja (*n*=1), and Mukono (*n*=1). The index case died and was accorded a safe and dignified burial on 31 January 2025. The remaining eight confirmed cases are currently admitted in SVD treatment units and receiving care at the Mulango National Referral Hospital (*n*=7) and the Mbale Regional Referral Hospital (*n*=1).

A total of 308 contacts have so far been identified as of 09 February 2025. Of these, 265 high-risk contacts have been quarantined at designated facilities. Contact tracing activities are ongoing with identification and daily follow up of contacts.

The outbreak was initially detected following post-mortem laboratory confirmation of Sudan virus infection on 30 January 2025 through real-time polymerase chain reaction (RT-PCR) tests in a 32-year-old male nurse, resident of Wakiso District, Central Region, Uganda. Results of genomic sequencing conducted at the Uganda Virus Research Institute shows that the virus is closely related to a strain which emerged in Luwero District, Uganda, in May 2011, suggesting that the current outbreak is not link to the recent 2022 outbreak and may have originated from a separate spill-over event.

SVD belongs to the same family as Ebola Virus Disease, both classified as filoviruses. This is the sixth outbreak of SVD in Uganda, the most recent outbreak was reported in September 2022, involving 164 cases with 55 deaths before being declared over.

PUBLIC HEALTH ACTIONS

- The national incident management team, led by the Ministry of Health of Uganda with technical support from WHO and its health partners, continues to coordinate the response to the SVD outbreak. At the subnational

level, district-level task forces are coordinating response efforts, with technical and operational support from national-level rapid response teams.

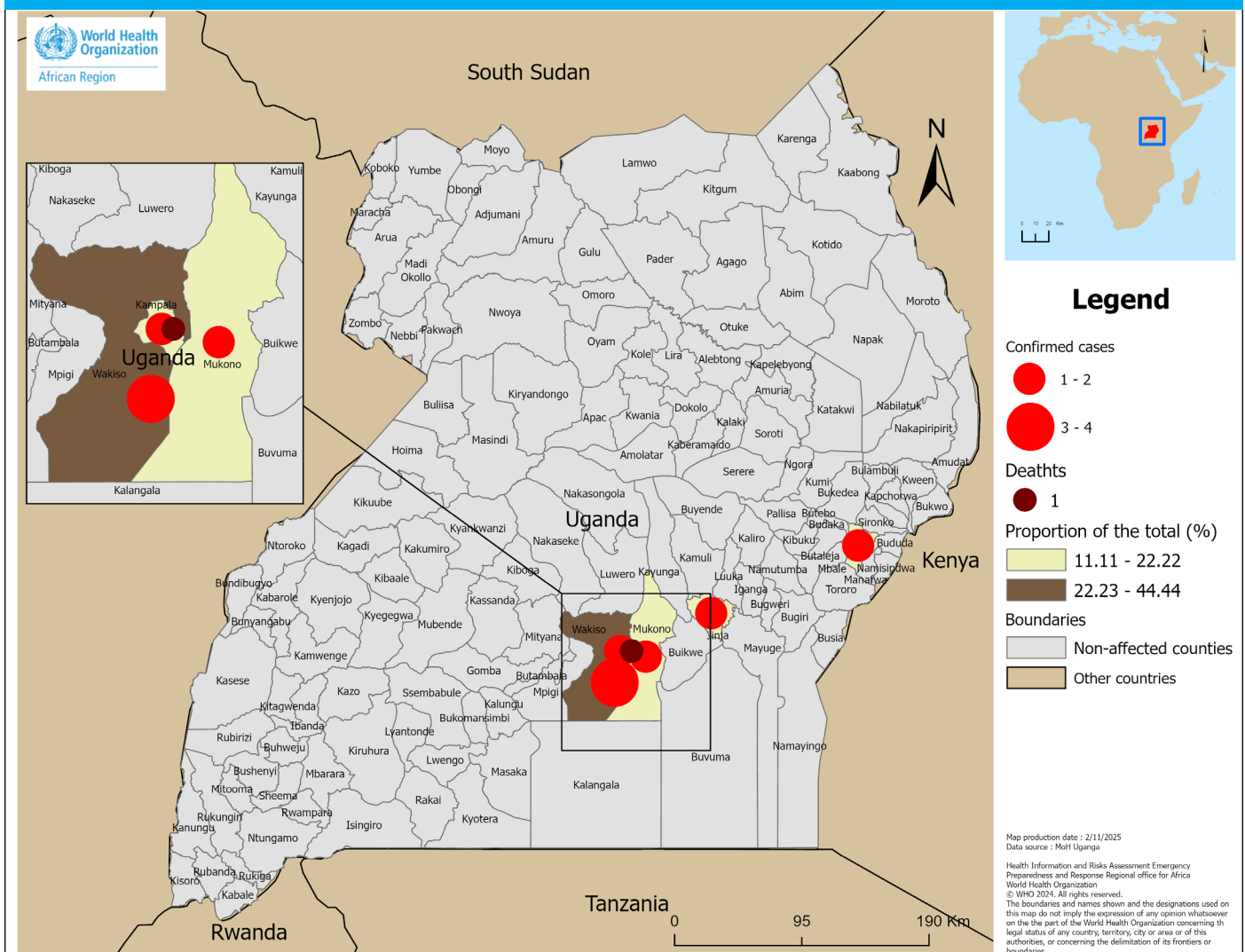
- On 3 February 2025, following the necessary administrative, ethical, and regulatory approvals, Uganda launched a ring vaccination campaign targeting primary and secondary contacts using a candidate vaccine. Nine vaccination rings have been established, with six randomized for the clinical trial.
- Active surveillance is ongoing, with alerts reported daily by communities and investigated by surveillance officers to assess whether the outbreak case definition is met. Suspected cases are being routinely sampled and tested to rule out SVD infection. As of 9 February 2025, a total of 272 samples from six districts have been tested.
- Contact tracing continues across the affected districts, with 308 contacts identified and under daily monitoring. Of these, 265 contacts are currently quarantined at designated facilities. Ninety-nine per cent (99%) of the contacts were physically monitored within the last 24 hours as of 9 February 2025.
- Three treatment units at Mulango, Mbale, and Jinja isolation centers have been set up for case management, with bed capacities of 84, 28, and 8 respectively. As of 9 February 2025, eight (8) confirmed and 13 suspected cases were admitted across the three centers.
- Daily infection prevention and control (IPC) drills are being conducted for all health workers at the treatment sites. These drills focus on IPC practices, including the proper use of personal protective equipment (PPE) and the preparation of chlorine solutions for disinfection. Compliance with standard precautions and transmission-based precautions is being reinforced through routine supervision and monitoring in health facilities in the affected districts.
- Risk communication and community engagement activities have been intensified, with widespread messaging through mass media, community dialogues, and awareness meetings in churches, markets, schools, and other community gatherings.

SITUATION INTERPRETATION

The Ugandan authorities, with support from WHO and health partners, are scaling up measures to control the current outbreak of SVD, leveraging past experience and expertise. The robust surveillance and response strategies implemented so far are commendable. The launch of a vaccination trial early in the response

demonstrates how preparedness activities, including research, remain vital to controlling epidemics and mitigating their impacts. While this trial provides an opportunity to assess the efficacy of the vaccine under outbreak conditions, potentially providing a tool for future SVD outbreaks, the success of the vaccination trial will depend on several factors, including the ability to quickly identify contacts, ensure their participation in the vaccination, and maintain high levels of surveillance and monitoring throughout the process. Vaccination, a crucial component of outbreak control, should be seen as part of a broader strategy that includes robust surveillance (active case search and contact tracing), case management, effective infection prevention and control, and heightened risk communication and community engagement.

Geographic distribution of cases and deaths of Sudan Virus Disease in Uganda, 30 January – 09 February 2025



Nigeria

290
cases

53
Death

18.3%
CFR

Lassa fever

EVENT DESCRIPTION

Nigeria is currently facing an outbreak of Lassa fever, with a significant increase in cases reported in early 2025. During epidemiological week 4 (20 - 26 January 2025), 76 new confirmed cases with 12 deaths were reported from eight states: Ondo (25 cases, 2 deaths), Taraba (17 cases, 6 deaths), Bauchi (14 cases, 1 death), Edo (14 cases, 0 deaths), Ebonyi (3 cases, 1 death), Gombe (1 case, 1 death), Nasarawa (1 case, 1 death), and Kogi (1 case, 0 deaths).

From 30 December 2024 to 26 January 2025, a cumulative total of 290 laboratory-confirmed cases with 53 deaths (CFR 18.3%) have been reported from 10 states across the country. Ondo (107 cases, 10 deaths), Edo (61 cases, 10 deaths), Bauchi (49 cases, 5 deaths), and Taraba (48 cases, 15 deaths) are the most affected states, which together accounts for 91.4% of the total confirmed cases and 75.5% of the deaths.

Cases range from 1 to 94 years of age, with a median age of 32 years. Males are the most affected, accounting for 52.6% (**n=153**) of the total cases reported. Notably, two healthcare workers have been infected.

Comparing the outbreak in 2025 to the same period in 2024, there has been a 12.4% increase in cases and a 10.4% increase in deaths, signalling a concerning trend. The current rise in cases correspond to the usual period of increase in Lassa fever cases in Nigeria, coming at the beginning of the dry season in November with a sustain increase until March.

PUBLIC HEALTH ACTIONS

- The Nigeria Centre for Disease Control and Prevention (NCDC) activated the Lassa Fever Incident Management System (IMS), with coordination from the National Public Health Emergency Operations Centre (PHEOC). National Rapid Response Teams were deployed using a One Health approach, and a risk assessment for the 2025 outbreak season was conducted.
- Enhanced surveillance continues in affected states. So far, 1 171 suspected cases have been reported across the country. The viral haemorrhagic fever Case Investigation Form (CIF) database and monitoring of emergency indicators are being updated.
- There are eight laboratories across the country with capacity to test for Lassa fever. External Quality Assurance panel preparations are underway.
- Confirmed cases are managed at designated treatment

centers, with updated guidelines on case management and safe burial practices disseminated. A monthly case management webinar, launched by Georgetown Global Health Nigeria (GGHN) in collaboration with NCDC, is ongoing.

- Infection Prevention and Control (IPC) compliance is reinforced through offsite support for treatment centers, with IPC guidelines and advisories distributed to health workers and facilities.
- Public awareness efforts include media campaigns, press releases, and community sensitization in hotspot LGAs. A community survey in Bauchi, Ebonyi, and Edo states informed targeted communication strategies.
- The Federal Ministry of Environment launched environmental response campaigns in high-burden states, including training workshops on rodent control and Lassa fever prevention, in collaboration with Breakthrough Action Nigeria (BA-N).
- A Lassa fever commodity distribution plan was developed, ensuring the ongoing supply of oral Ribavirin to hotspot states. Other essential response items, including personal protective equipment, body bags, thermometers, sodium hypochlorite, hand sanitizers, and information, education, and communication (IEC) materials, have been distributed to states and treatment centers.

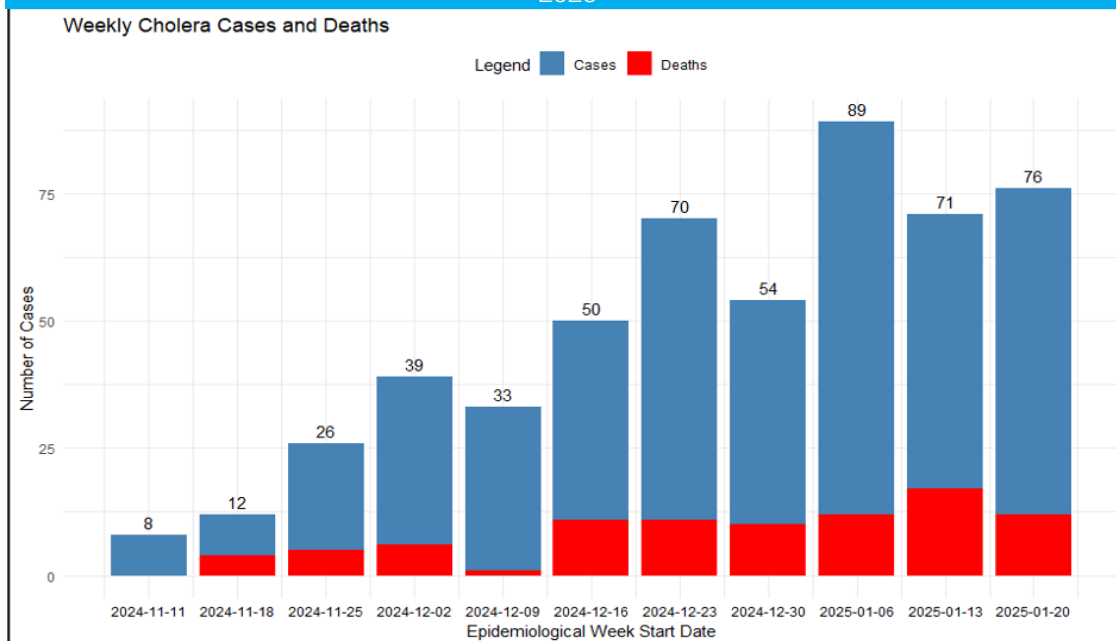
SITUATION INTERPRETATION

The ongoing Lassa fever outbreak in Nigeria highlights the persistent public health threat posed by the disease, with a notable increase in cases and deaths compared to the same period in 2024. This trend underscores the seasonal nature of Lassa fever, which typically increases during the dry season. The infection, caused by the Lassa virus, is primarily transmitted to humans through contact with food or household items contaminated by rodent urine or feces, with secondary human-to-human transmission occurring in healthcare and household settings.

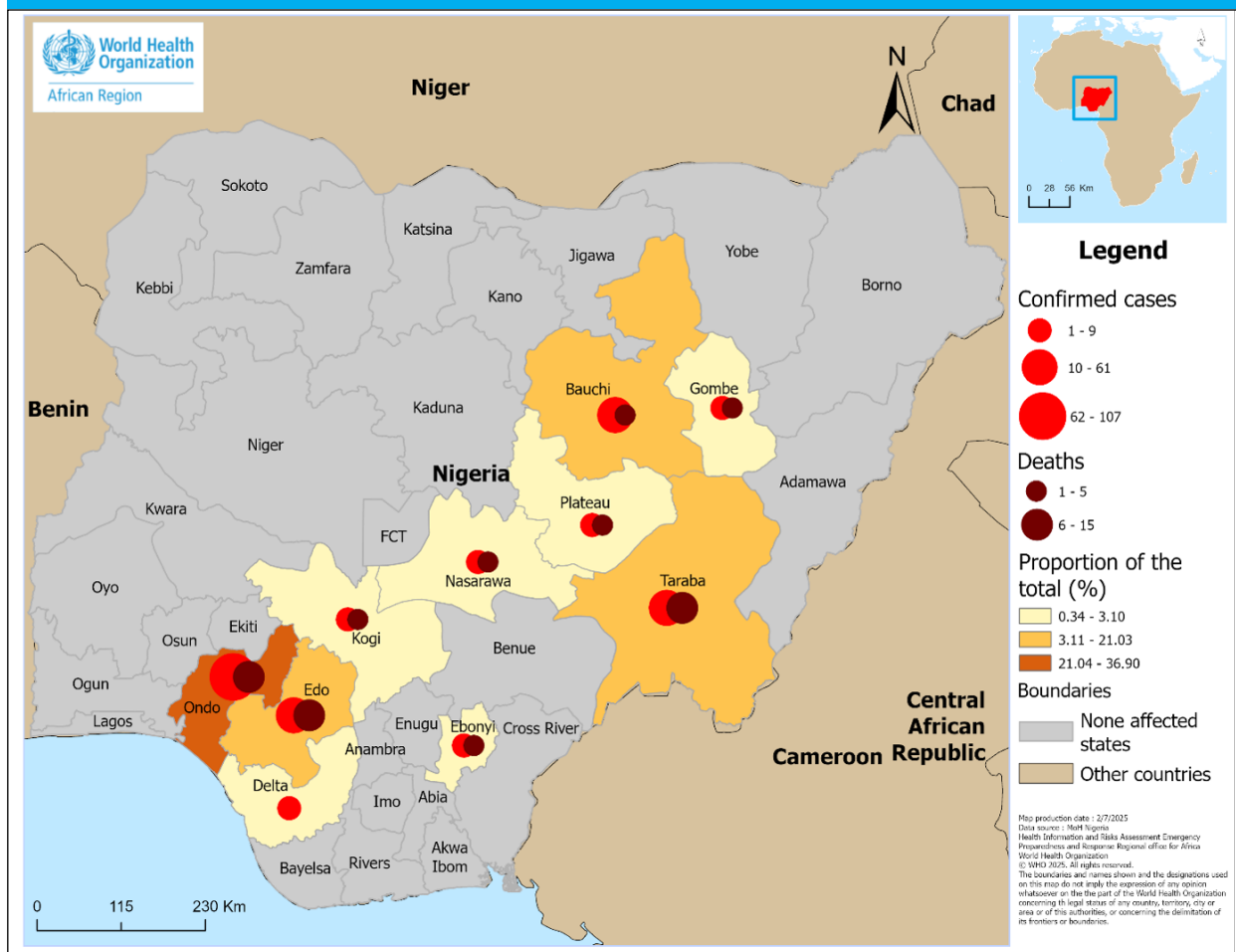
The rising case numbers, coupled with infections among healthcare workers, emphasize the urgent need for improved infection prevention and control measures. The activation of the national response system, enhanced surveillance, and expanded laboratory capacity demonstrate a proactive approach based on Nigeria's experience in responding to the disease over the years. However, continued efforts in risk communication and community engagement remain crucial to curbing transmission and reducing mortality.

The distribution of essential commodities, including Ribavirin, PPE, and rodent control measures, is a positive step, but sustained intervention is necessary to prevent further escalation of the outbreak.

Weekly number of Lassa fever cases and deaths, Nigeria, 11 November 2024 – 26 January 2025



Geographic distribution of confirmed cases of Lassa fever, Nigeria, 30 December 2024 – 26 January 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									
Senegal	Chikungunya	Ungraded		23-Jan-25	28-Jan-25	2	2		0.00%
The Ministry of Health and Social Action of Senegal reported an outbreak of chikungunya involving two cases in Gossas District (Fatick Region) and Goudomp District (Sedhiou Region) following laboratory confirmation. The country usually experience sporadic outbreaks of the disease due to mosquito vector activity.									
South Sudan	Mpox	Grade 3	7-Feb-25	7-Feb-25	7-Feb-25	1	1		
On 7 February 2025, South Sudan's Ministry of Health declared an outbreak of mpox following the confirmation of a case on 6 February 2025 at the National Public Health Reference Laboratory. The case is a 31-year-old Ugandan male and a resident of Kupuri Camp, Juba City. The case-patient reportedly developed symptoms on 22 January 2025, following recent travel history to Uganda. The exact source of exposure is under investigation. The Ministry of Health indicated that genomic sequencing results confirmed the presence of Clade I mpox virus.									
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. Crisis (IPC Phase 3) outcomes are expected through May 2025, specifically in Cunene, Cuando Cubango, and parts of Huila, Namibe, and Moxico provinces.									
Angola	Cholera	Grade 3	7-Jan-25	31-Dec-24	9-Feb-25	3,043	456	101	3.30%
See details in the article									
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-23	8-Feb-25	2337		12	0.50%
In epidemiological week 6 (week ending 9 February 2025), Burundi reported three new cholera cases. Between 1 January 2023 and 8 February 2025, a total of 2,316 cases with 12 deaths were reported. The outbreak has impacted fourteen districts, with five 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 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	27-Jan-25	27743	18,690	8	0.00%
In epidemiological week 4 (ending on 27 January 2025), 50 confirmed cases of dengue fever were reported from Sao Vicente (n=26), Sao Filipe (n=18), Praia(n=4), Mosteiros (n=1), and Santa Catarina do Fogo (n=1) municipalities. As of 27 January 2025, a total of 27 743 cases, including eight deaths has been reported. Of these, 1 8690 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	31-Dec-24	106	106	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 in the commune of Bangui. From 13 July to 31 December 2024, 106 cases were laboratory-confirmed for dengue serotypes 1 and 2 at Institut Pasteur of Bangui. Since the beginning of the outbreak, five health districts reported at least one confirmed case of dengue, namely, Bangui 1, Bangui 2, Bangui 3, Bimbo, and Bégoua.									
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	19-Jan-25	552	109	1	4.00%
Côte d'Ivoire reported two new confirmed cases of Mpox in the last six months. From 1 January 2024 to 19 January 2025, Côte d'Ivoire reported 552 suspected cases, including 109 confirmed cases and one death. Thirty-five districts have recorded 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	29-Jan-25	64	7	6	9.40%
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 <i>Neisseria meningitidis</i> 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%
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.									

Ethiopia	Complex Humanitarian crisis	Grade 3	4-Nov-20	4-Nov-20	10-Jan-25	21,400,000	-	-	
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			
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	-	-	
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	-	-	-	
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%
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%
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%
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%
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	Measles	Ungraded	3-Jul-24	1-Jan-25	26-Jan-25	619	25	0	0.00%
From W1 to W4, 2025, a total of 619 suspected measles cases with no death were reported. Of the 175 cases tested, 25 were laboratory-confirmed (IgM+). In week 4, 2025, six districts were in epidemic phase. From week 1 to week 48, 2024, a total of 2 947 suspected measles cases including 39 deaths (CFR 1.32%) were reported. Of the 1 217 cases tested, 830 were laboratory-confirmed (IgM+). In week 48, 2024, 11 districts were in epidemic phase.									

Guinea	Mpox	Grade 3	2-Sep-24	2-Sep-24	8-Dec-24	70	2	0	0.00%
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%
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	4-Feb-25	2949	355	18	0.60%
Since January 2024, a total of 18 counties in Kenya have reported measles outbreaks. Currently, ten sub-counties in eight counties have active outbreaks. Two (2) new cases were reported in the last week (Epi week five). As of 3 February 2025, cumulative cases of 2 949 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	4-Feb-25	37	37	1	2.70%
As of 3 February 2025, the total confirmed cases are thirty-seven (37), with one (1) death (CFR 2.7%) from twelve (12) counties. Thirty-two (32) patients have recovered, while three (3) remain hospitalized.									
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.									
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		-	-
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%
Niger faces a multidimensional crisis stemming from extreme climate events, growing insecurity, rapid population growth, and chronic poverty. With low resilience to shocks, the country remains highly vulnerable. In addition to the deteriorating security situation, severe flooding has further intensified the crisis, impacting over 1.4 million people nationwide. In 2025, 2.7 million people will need humanitarian assistance.									
Niger	Diphtheria	Ungraded	28-Aug-23	1-Jan-25	1-Feb-25	277		14	5.10%
In epidemiological week 5 (week ending on 2 February 2025), a total of fifty-eight new cases of diphtheria, including five deaths, were reported by eight health districts, representing 11.1% of all 72 health districts in the country. The Banibangou Health District (Tillabéri Region) reported the highest number of cases (16 cases, including zero deaths, representing 27.5% of all diphtheria cases this week). As of Week 05, of 2025, the country had recorded 277 cases, including 14 deaths (CFR: 5.1%).									
Nigeria	Humanitarian crisis (Sahel region)	Protracted 2	10-Oct-16	10-Oct-16	23-Jan-25	7,800,000			0.00%
Nigeria continues to face extensive humanitarian challenges. There is significant population displacement, with approximately 2.3 million internally displaced persons (IDPs) recorded by the end of 2024 with an estimated 33 million people projected to experience food insecurity during the 2025 lean season. Additionally, 1.8 million children in six north-eastern and north-western states are at risk of severe acute malnutrition (SAM)– among the highest global levels according to the IPC. Recent floods affected 34 out of 36 states, with Borno being the most severely impacted. High levels of inflation, including food inflation has impacted on the humanitarian situation. . In 2025, 7.8 million people will need humanitarian assistance.									
Nigeria	Lassa Fever	Ungraded	30-Nov-24	1-Jan-25	26-Jan-25	290	290	53	18.3%
See details in the article.									
Nigeria	Mpox	Grade 3	31-Jan-22	1-Jan-22	2-Jan-25	1754	182	0	0.00%
From 1 January to 2 January 2025, a total of 1 754 cases including 182 confirmed cases and zero deaths were reported.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-22	5-Feb-25	229	229	0	0.00%
No new case of cVDPV2 was reported this week. The total number of cVDPV2 cases reported in 2024 stands at 94. A total of 87 cVDPV2 cases were reported in 2023 and 48 cases in 2022.									
Rwanda	Mpox	Grade 3	24-Jul-24	24-Jul-24	12-Jan-25	90	90	0	0.00%
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%
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%
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%
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	7-Feb-25	116	20	0	0.00%
One suspected case of Mpox was reported in epidemiological week 6 (week ending on 7 February 2025). As of 7 February 2025, there were twenty confirmed cases with zero deaths reported from seven districts: Western Area Urban District (5 cases), Tonkolili District (3 cases), Western Area Rural District (3 cases), Bombali District (2 cases), Bo District (2 cases), Moyamba (2 cases), Port Loko (2 cases) and Karene (1 case).									
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-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	5-Feb-25	9,300,000	-	-	-
In 2025, the humanitarian crisis in South Sudan has persisted due to a combination of sporadic armed clashes and intercommunal violence, food insecurity, public health challenges and climatic shocks. A total of 9.3 million people need humanitarian assistance this year. Following the recent events in Wad Madani in Sudan, where control of the city shifted from the Sudanese army, there were reports alleging the killing of South Sudanese individuals in the area. In response, a series of retaliatory incidents occurred in several parts of South Sudan in mid-January 2025.									
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	4-Feb-25	27,986	-	482	1.70%

During week 5, 2025, a total of 2 881 cholera cases were reported and 24 deaths. Cumulatively, a total of 27 986 cholera cases have been reported from 34 counties across seven states and one administrative area so far. The cumulative number of deaths is 482, of which 256 are health facility deaths and 226 from the community, resulting in overall CFR of 1.7%. The cumulative number of deaths has been revised compared to the previous report of 488 deaths.									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-24	1-Jan-23	4-Feb-25	13	13	0	0.00%
There was no new case of polio reported during week 5 of 2025, keeping the total number of confirmed Circulating Vaccine Derived Polio Virus type-2 (cVDPV2) at 13 reported from eight counties in four 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	4-Feb-25	10	2	10	100.00%
Marburg Virus Disease (MVD) outbreak in Kagera Region, Tanzania, was suspected on 9 January 2025, following the death of a 27-year-old female on 16 December 2024. The outbreak was officially declared on 20 January 2025, with all cases linked to Ruziba in Biharamulo Council. As of 1 February 2025, a total of 10 deaths (CFR 100%) have been recorded with two cases confirmed and eight considered probable due to their epidemiological link to the outbreak. The last confirmed death occurred on 28 January 2025. Currently, nine suspected cases are under investigation, and 281 contacts have been identified, with 21 contacts still under follow-up (7 in the community and 15 in institutions). No new cases have been reported.									
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	Crimson-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.									
Uganda	Sudan virus disease	Grade 2	30-Jan-25	29-Jan-25	9-Feb-25	9	9	1	11.10%
See details in the article									
Zambia	Drought/food insecurity	Ungraded	8-Mar-24	15-Jan-24	20-Jan-25	5,800,000	-	0	0.00%
An estimated 5.8 million people (33 percent of the analysed population) will likely experience heightened hunger between October 2024 and March 2025. The IPC projects that nearly 5.6 million people will likely experience IPC Phase 3 (Crisis) and 236,000 people IPC Phase 4 (Emergency).									
Zambia	Cholera	Grade 3	30-Dec-24	25-Dec-24	29-Jan-25	96	2	5	5.20%
On 29 January 2025, Zambia reported 15 new cholera cases, with 13 from Chililabombwe and two from Kitwe district. Since the outbreak began on 24 December 2024, a total of 96 cases, including five deaths (CFR: 5.2%), have been recorded. Chililabombwe (70 cases, five deaths) remains the most affected district, followed by Nakonde (21 cases), Kitwe (four cases), and Chingola (one case). Of the cumulative cases, 20 have been culture-confirmed, with Nakonde (10), Kitwe (three), Chililabombwe (six), and Chingola (one).									
Zambia	Mpox	Grade 3	8-Oct-24	8-Oct-24	5-Jan-25	4	4		0.00%
An IHR notification of an mpox case was reported by Zambia on 9 October 2024. From 8 October 2024 to 5 January 2025, a total of four confirmed cases with zero deaths were reported in Zambia.									
Zimbabwe	Drought/food insecurity	Ungraded	5-Apr-24	5-Apr-24	25-Jan-25	5,900,000		0	0.00%
In Zimbabwe, Crisis (IPC Phase 3) outcomes are expected throughout the country from October 2024 through May 2025. Following the 2023/24 El Niño-induced drought, own-produced food stocks are widely unavailable. The areas of highest concern are likely to be typical deficit-producing areas, where larger portions of the population are expected to face Crisis (IPC Phase 3) outcomes. In 2025, 5.9 million people will need food security and livelihood assistance.									
Zimbabwe	Cholera	Grade 3	12-Nov-24	1-Jan-25	8-Jan-25	48			0.00%
From 1 to 8 January 2025, Zimbabwe reported 48 cholera cases with no deaths. The outbreak, which began on 4 November 2024, had recorded 29 suspected cases by 29 November 2024, including one death (CFR: 3.4%), in Kariba District, Mashonaland West Province. Of these, 19 cases tested positive on rapid diagnostic tests (RDT), and five samples were confirmed positive through culture.									

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: <http://www.who.int/hac/about/erf/en/>.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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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.