

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 13: 24 - 30 March 2025

Data as reported by: 17:00; 30 March 2025



World Health
Organization

African Region

0

New events

84

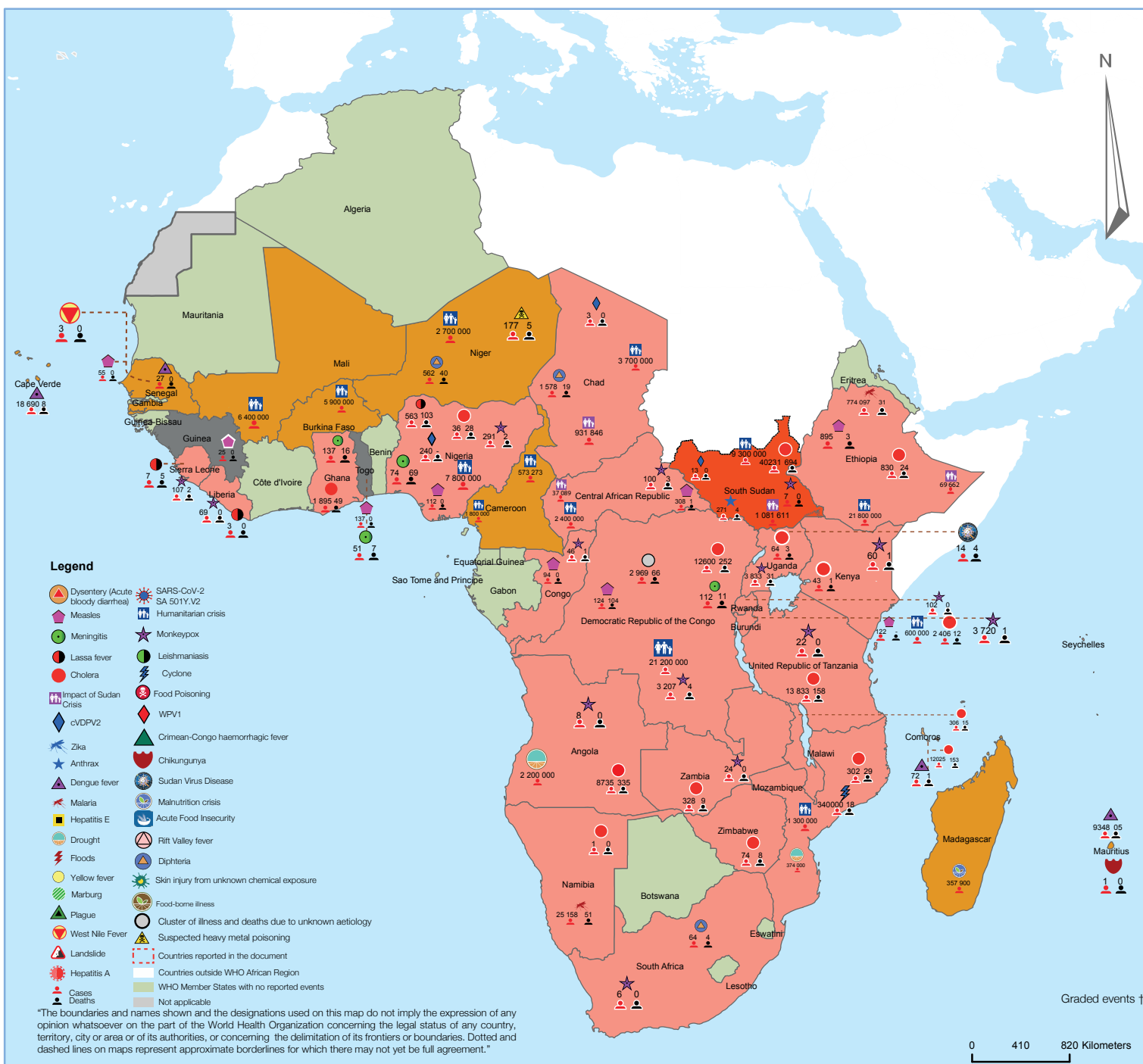
Ongoing events

65

Outbreaks

19

Humanitarian crises



5

Grade 3 events

2

Grade 2 events

0

Grade 1 events

1

Protracted 3 events

6

Protracted 2 events

0

Protracted 1 events

28

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:

- Mpox in the Republic of Congo
- Mpox in Burundi
- Humanitarian Crisis in Madagascar

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

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

Major Issues

- **Mpox in the Republic of Congo:** The mpox outbreak in the Republic of Congo presents a growing public health concern, with cases reported from urban areas, particularly the capital Brazzaville, along with the first recorded death highlighting concerns about early detection and management of cases. The presence of multiple viral strains, including Clade Ib linked to the Democratic Republic of the Congo, signals concerns about cross-border transmission. Resource constraints continue to challenge response efforts. Immediate action is needed to scale up surveillance, including genomic surveillance, and strengthen targeted interventions to control the outbreak.
- **Humanitarian Crisis in Madagascar:** Madagascar continues to grapple with a complex humanitarian crisis driven by climate shocks, food insecurity, and multiple disease outbreaks, posing a significant threat to vulnerable populations. The acute malnutrition crisis, compounded by prolonged drought and cyclone-induced displacement, requires urgent, sustained interventions to prevent worsening health outcomes. Critical gaps in healthcare infrastructure, including health facilities damaged by cyclones, further hinder access to essential services. Additionally, the resurgence of malaria, measles, and plague underscores weaknesses in disease surveillance and immunization coverage. Immediate high-level action is needed to scale up life-saving assistance, strengthen health system resilience, and implement long-term climate adaptation strategies to mitigate recurring crises.

Congo

26
Cases

1
Deaths

3.8%
CFR

Mpox

EVENT DESCRIPTION

The mpox outbreak in the Republic of Congo has entered a new phase, with the first mpox-related death recorded in epidemiological week 10 (week ending 16 March 2025). The death, reported from Moundali District in Brazzaville Department, occurred in a known contact of a confirmed case, raising public health concerns.

From 1 January to 30 March 2025, a total of 26 confirmed cases, including one death (CFR 3.8%), have been reported from four departments across the country. The majority of cases (n=13) have been reported from the capital, Brazzaville, where six of the nine health districts are affected. The other affected departments are Cuvette (n=6), Cuvette Ouest (n=4), and Pointe Noire (n=3).

Males are more affected, accounting for 53.6% (n=14) of the cases. Cases range from 1 to 65 years old, with a median age of 28 years. Age group 20 to 40 years are the most affected, accounting for 61.5% of the total cases.

As of 30 March 2025, there are six active cases in the country, three (3) of which are currently hospitalized and receiving clinical care, while the remaining three (3) are isolated and being managed at home. Of the confirmed cases reported in 2025, samples from 20 cases were sequenced. The genomic analysis showed nine (9) Clade Ib from Brazzaville and Pointe Noire Departments and 11 Clade Ia distributed across the Brazzaville, Pointe-Noire, Cuvette, and Cuvette Ouest Departments.

Genomic sequencing of the mpox virus (MPXV) in 2024 in the Republic of Congo revealed multiple strains were circulating in the country and some strains had up to 99.9% genetic similarity to MPXV sequences from the Democratic Republic of the Congo (DRC). This suggests multiple introductions of the virus into the human population through both zoonotic spillover and human-to-human transmission, including potential cross-border spread from the DRC.

PUBLIC HEALTH ACTIONS

- The Ministry of Health is leading the Mpox response, coordinating efforts at national and district levels. Regular coordination meetings are being held, including weekly surveillance briefings, and preparations are underway to update the mpox Preparedness and Response Plan.
- Active surveillance activities, including contact tracing and active case finding, are ongoing in both affected and non-affected districts. A total of six contacts are currently under follow-up. Data harmonization efforts are being conducted in collaboration with the National Public Health Laboratory to strengthen surveillance capabilities.

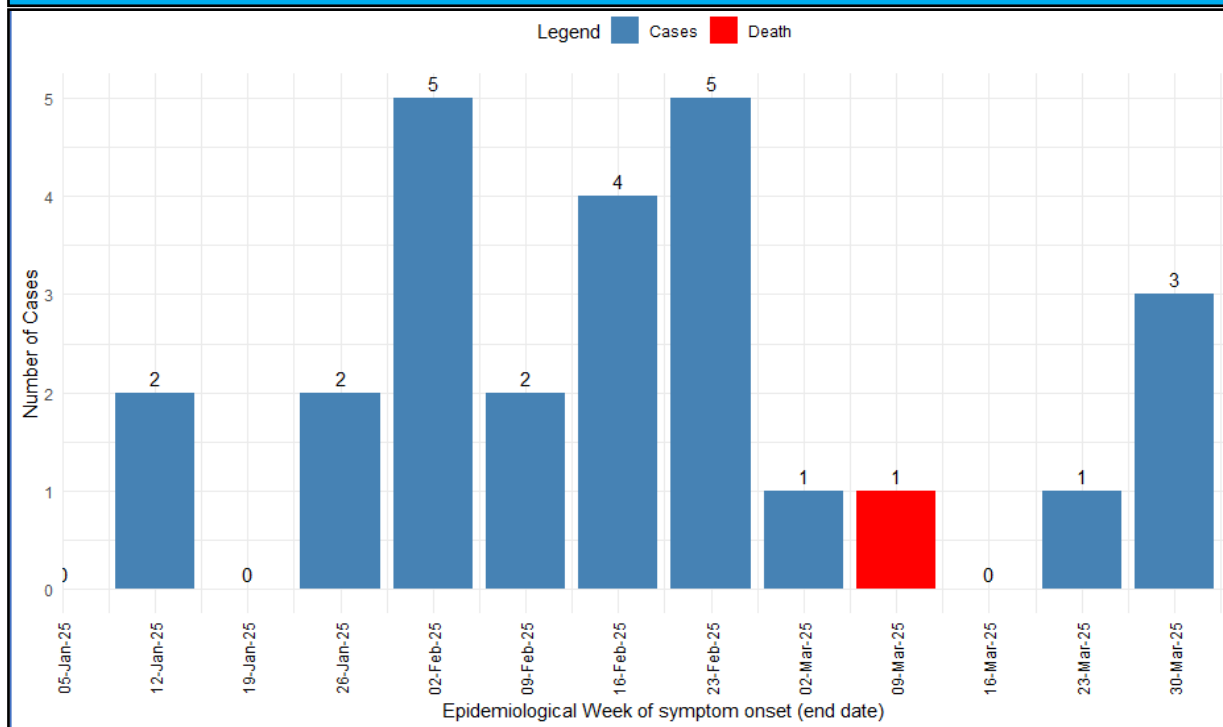
- Data collection for the national knowledge attitude and practice mpox survey is in progress in the Republic of Congo, with the survey aimed at improving public health strategies based on community knowledge and behaviours.
- Case management remains a priority, with three cases admitted for clinical care. Isolation measures have been established for treatment and follow-up to prevent further spread.
- Communication activities are ongoing in affected departments to raise public awareness of Mpox and promote preventive measures.
- Decontamination exercises have been organized in healthcare facilities and residential homes, though there is a lack of necessary inputs and rolling stock to carry out these activities effectively.

SITUATION INTERPRETATION

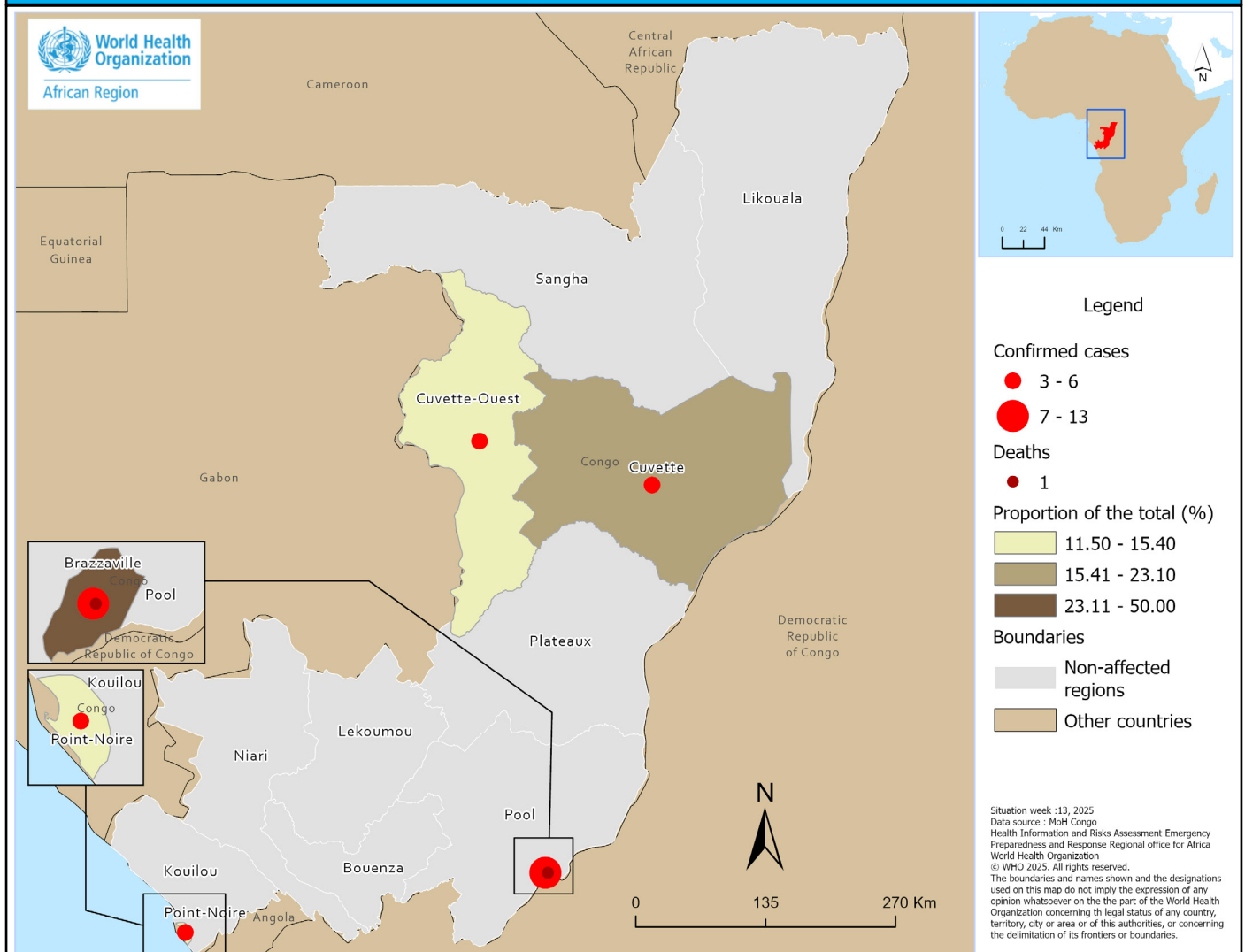
The ongoing mpox outbreak in the Republic of Congo poses a public health risk, with its spread across multiple departments and a concentration of cases in the capital, Brazzaville. The first recorded mpox-related death highlights concerns about disease severity, particularly in the context of potential delays in diagnosis and case management. While endemic zoonotic spillover remains a known risk in Central Africa, the increasing role of sustained human-to-human transmission raises the threat of prolonged transmission chains, especially in densely populated urban settings. Brazzaville's proximity to Kinshasa, a major population hub with significant cross-border movement, further heightens the risk of cross-border spread.

The identification of Clade Ib, in addition to genomic sequencing analysis in 2024 showing links to mpox virus (MPXV) strains from the Democratic Republic of the Congo (DRC), suggests potential ongoing cross-border transmission. Also, the predominance of cases among males and individuals aged 20 to 40 years highlights specific exposure dynamics, potentially influenced by occupational, social, or behavioural factors. These findings emphasize the need for enhanced surveillance, genomic monitoring, and targeted interventions to interrupt transmission and prevent further spread of the outbreak. Strengthening cross-border collaboration and implementing targeted interventions for the most affected groups will be critical to containing the outbreak and preventing further spread.

Weekly number of mpox cases and death, 1 January – 30 March 2025, Republic of Congo



Geographic distribution of mpox cases and death, 1 January - 30 March 2025, Republic of Congo



Burundi

3 720

Cases

1

Deaths

0.03%

CFR

mpox

EVENT DESCRIPTION

Burundi continues to grapple with an active outbreak of mpox, since the confirmation of the first mpox case on 25 July 2024. In epidemiological week 13 (week ending 30 March 2025), 22 new cases were confirmed across the country. This marks a 56% decrease in new cases compared to the previous week when 50 confirmed cases were reported.

From 25 July 2024 to 29 March 2025, a total of 3 720 cases with one death (CFR 0.03%) have been reported from 46 districts across the country. Most cases were reported from Bujumbura Nord (n=1422), Gitega (n=511), Bujumbura Centre (n=425), Bujumbura Sud (n=299), and Isare (n=282) districts, which together accounts for 79.0% of the cumulative cases reported from the country. In the last three week, the outbreak remains active in 11 districts.

Males are more affected, accounting for 52.2% of the cumulative cases reported. Age group 20 to 30 years old are the most affected, accounting for 30.6% (n=1140) of the cumulative cases, followed by those less than five years old who accounts for 20.1% (n=747) of the cases. Of genomic sequences that were analysed, clade Ib was identified, indicating linkage to outbreak in the DRC.

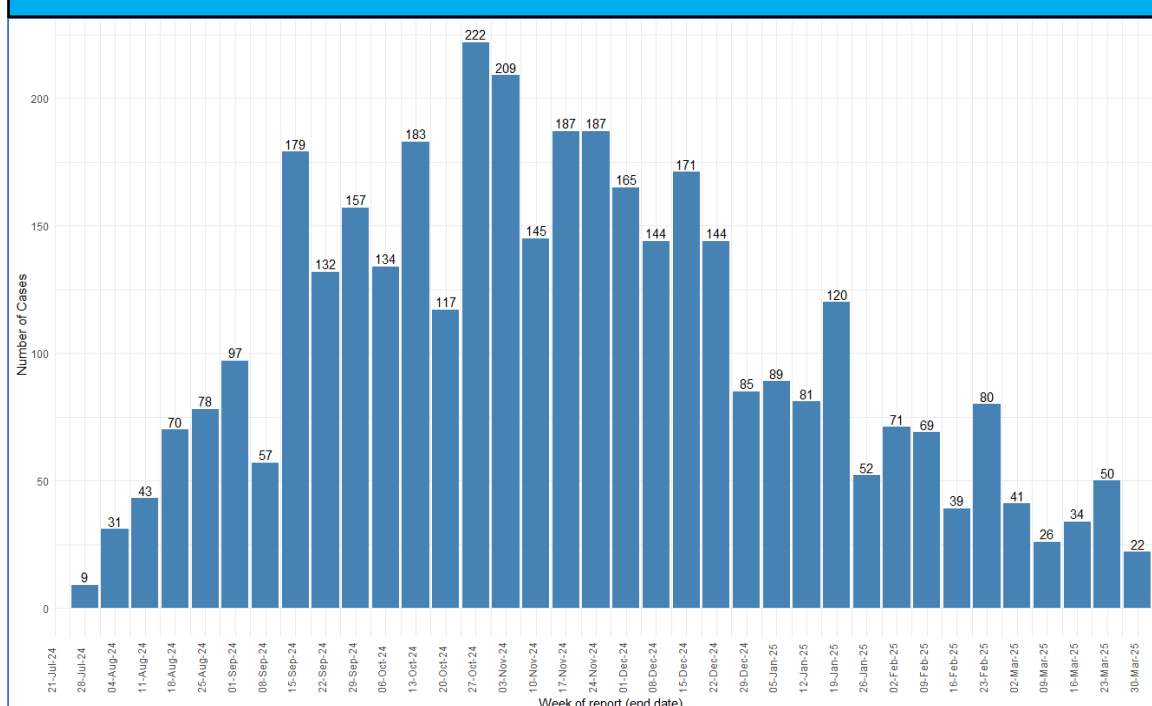
Mpox cases showed a gradual rise from late July 2024, followed by a sharp increase in September 2024. The outbreak peaked in epidemiological week 43 of 2024 (week ending 27 October 2024) when 222 cases were

reported and remained high for a few weeks. From late November 2024, cases began to decline steadily. The decline continued between January and March 2025, with some fluctuations, including small spikes in mid-January and late February, suggesting that while the outbreak is slowing, localized transmission or new introductions may still be occurring.

PUBLIC HEALTH ACTIONS

- The Ministry of Health of Burundi continues to lead the mpox response, coordinating efforts at both national and district levels. Daily situation reports are being disseminated, and response activities are being decentralized to improve outbreak management. Resource mobilization efforts are ongoing in collaboration with government and development partners to sustain response operations.
- Surveillance teams are actively engaged in case investigation, contact tracing, and alert verification across affected districts. Active case search is ongoing in affected districts, with intensified efforts to detect and respond to new infections. Data harmonization and analysis are being conducted to strengthen surveillance and guide decision-making.
- Case management remains a priority, with 114 active cases currently receiving treatment in designated health facilities. Nutritional support is being provided to hospitalized patients, and isolation measures are in place

Weekly number of confirmed mpox cases, 25 July 2024 to 29 March 2025, Burundi



to prevent further transmission.

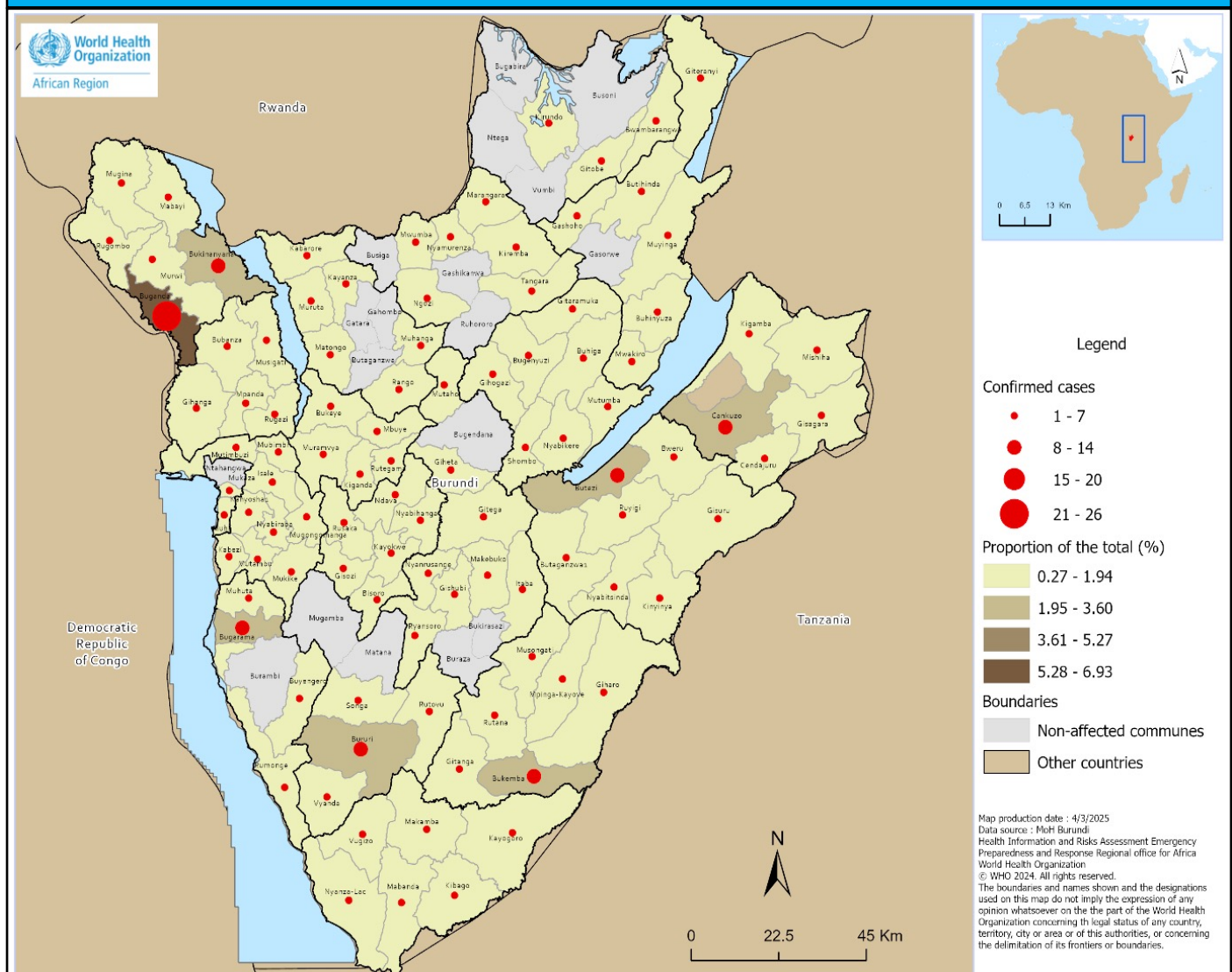
- Laboratory capacity is being strengthened through the decentralization of diagnostic services to selected hospitals. Sample collection and testing are ongoing to confirm new cases and monitor viral circulation.
- Infection prevention and control measures are being implemented, including decontamination of affected households and treatment centres. Water supply interventions are ongoing in parts of Bujumbura to ensure adequate hygiene conditions in affected areas.

Risk communication and community engagement activities are being implemented to enhance public awareness and promote preventive measures. Radio and video messages are being broadcasted, while interactive theatre sessions and community dialogues in Gitega, Bujumbura Nord, and Kayanza are being conducted to address concerns, gather feedback, and counter misinformation.

SITUATION INTERPRETATION

The ongoing mpox outbreak in Burundi remains a public health concern, with sustained community transmission in densely populated urban centres like Bujumbura Nord. While recent declines in new cases are encouraging, gaps in medical supplies, financial resources, and water availability threaten response effectiveness. The presence of Clade 1b, linked to the outbreak in the Democratic Republic of the Congo, underscores the risk of cross-border transmission and sustained local circulation. Although active surveillance, case management, and risk communication efforts are in place, logistical constraints and limited resources hinder outbreak control. Strengthening surveillance and risk communication and community engagement capacities, and ensuring sustained funding for response activities are critical to breaking transmission and controlling the outbreak.

Geographical distribution of confirmed mpox cases, 25 July 2024 to 29 March 2025, Burundi



Madagascar

Complex Humanitarian Crisis

EVENT DESCRIPTION

The humanitarian crisis in Madagascar is exacerbated by endemic poverty and ongoing climate shocks. In particular, the Grand Sud and Grand Sud-Est regions are experiencing severe drought and malnutrition, with projections indicating that 357 900 children will be acutely malnourished by August 2025, including 83 400 severe cases. According to the Integrated Food Security Phase Classification (IPC), the food insecurity situation at crisis levels from January to April 2025, with some districts classified as IPC Phase 3 (Serious).

While humanitarian aid is anticipated to stabilize basic needs for the affected population, the overall food insecurity situation has worsened compared to the current period. The combined effects of climatic conditions, including low rainfall, cyclones, and floods in certain regions, alongside the lean season, have heightened household vulnerability.

Between May and August 2025, an overall improvement in the food situation is expected, though pockets of vulnerability will persist. The number of people facing high levels of acute food insecurity is projected to decrease to approximately 1.12 million (11.0% of the population). However, if adverse weather conditions continue, the risk of reduced agricultural production in 2025 increases, which could worsen food insecurity later in the year. Cyclonic activity could also disrupt livelihoods and damage standing crops, exacerbating the already dire food insecurity situation.

Additionally, 20 cyclone-damaged basic health centres urgently require rehabilitation, affecting healthcare provision for over 21 600 children. Approximately 500 000 people will continue to require Water, Sanitation, and Hygiene (WASH) interventions to mitigate the risks of malaria and polio outbreaks.

Tropical Storm Jude which recently made its second landfall on 15 March 2025, affected at least 15 000 people in the Atsimo Andrefana Region, primarily in the southern part of the country. The storm resulted in one death and displaced 10 587 individuals across 24 temporary sites.

Madagascar is also facing numerous health challenges, including acute malnutrition, as well as recurrent outbreaks of malaria, measles, and plague. Between September 2024 and August 2025, over 357 900 children are expected to suffer from malnutrition. Malaria remains a leading cause of death, affecting more than 1.2 million people in 2024. Declining measles immunization coverage has led to recent outbreaks, and plague continues to be endemic, with cases reported annually,

particularly in the central highlands. These outbreaks, combined with high rates of respiratory infections and tuberculosis, are exacerbated by poor sanitation, limited healthcare access, and the country's ongoing financial constraints.

PUBLIC HEALTH ACTIONS

- The Government of Madagascar, in partnership with the International Organization for Migration (IOM) and other humanitarian organizations, has launched the 2024 Crisis Response Plan. The plan, with an estimated budget of \$17.34 million USD, aims to provide assistance and protection to 127 700 individuals in need of humanitarian aid.
- The National Emergency Operations Coordination Centre has been activated to oversee national-level crisis management and coordination. Additionally, operational centres in the affected regions and districts have been mobilized to coordinate emergency response efforts at the local level.
- Regular coordination meetings are being held with the Ministry of Health and health cluster partners at the national level, as well as with various sectoral groups. The health sector's response focuses on restoring access to essential health services, ensuring free health services for the most vulnerable populations, establishing a responsive surveillance and public health emergency system at the district level, and coordinating health interventions. Monitoring and evaluation mechanisms are in place to track the effectiveness of activities.
- In collaboration with the Intersectoral Coordination Committee, the Government has disseminated alerts and safety instructions to inform the public and humanitarian actors about evolving weather conditions and preventive measures during cyclonic landfall. To reduce risks, sea travel has been prohibited, and school and work activities have been suspended during red alert periods to minimize movement and safeguard at-risk populations.
- To address the underlying causes of food insecurity and drought, the Government, in collaboration with international organizations, is focusing on long-term climate adaptation strategies. These include enhancing early warning systems for droughts, promoting sustainable agricultural practices that can withstand climate variability, and strengthening disaster preparedness efforts to build resilience against future shocks.
- WHO is working with health partners and the Ministry of Health to maintain essential health services for affected populations. Their efforts focus on ensuring continuity of healthcare delivery during the crisis and preventing

further deterioration of public health.

- ▶ IOM is collaborating with national and local authorities, international organizations, UN agencies, NGOs, and community-based organizations to support displaced communities. This collaboration aims to provide sustainable solutions and build resilience against future shocks, with particular emphasis on assisting displaced populations, host communities, and vulnerable groups impacted by climate change and environmental degradation.
- ▶ UNICEF has launched a Humanitarian Action for Children appeal to provide conflict- and disaster-affected children with access to essential services, including water, sanitation, nutrition, education, health, and protection. The appeal requires \$46.3 million in funding to reach 1.7 million vulnerable children, including 365 000 children in need of treatment for wasting. The response integrates multisectoral emergency efforts, linking humanitarian and development interventions to enhance resilience and strengthen government systems.

WHO and its partners are supporting the Government of Madagascar in responding to multiple disease outbreaks. This includes strengthening disease surveillance, ensuring access to essential health services, and working to control the spread of disease and mitigate the impact on affected communities.

SITUATION INTERPRETATION

The Republic of Madagascar is currently facing a severe and multifaceted humanitarian crisis, driven largely by climate-related factors. These challenges have caused widespread damage to homes, livelihoods, and infrastructure, leading to significant displacement of populations. The interplay of drought and flooding has exacerbated persistent food insecurity across large areas of the country, further escalating protection issues and triggering public health emergencies. The situation requires sustained, comprehensive humanitarian support, including a strong focus on immediate public health needs and maintenance of essential health services. Given the ongoing and intensifying effects of climate change, urgent efforts are needed to strengthen the country's ability to cope with future shocks and mitigate the cascading impacts of these crises.



Source: OCHA

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ongoing Events									
Angola	Cholera	Grade 3	7-Jan-25		27-Mar-25	8,735		335	3.80%
Cumulatively, 8,735 cases with 335 deaths (CFR 3.8%) have been reported from 15 provinces across the country as of 24th March 2025									
Angola	Mpox	Grade 3	15-Nov-24	15-Nov-24	24-Mar-25	8	8	0	0.00%
From 15 November 2024 to 10 March 2025, Angola has reported eight (8) confirmed cases of mpox. The cases are from Luanda (n=4), Uige (n=3), and Cuanza Norte (n=1) provinces.									
Burkina Faso	Humanitarian crisis (Sahel Region)	Protracted 2	1-Jan-19	1-Jan-19	15-Jan-25	5,900,000		-	-
The security situation in Burkina Faso and the entire Sahel Region remains fluid, with a significant impact on civilian populations due to attacks by armed groups. Access to healthcare services remains a major challenge in the affected areas. As of February 2025, 5.9 million people need humanitarian assistance. Humanitarian organizations are targeting 3.7 million people with critical needs, though funding constraints continue to challenge response efforts.									
Burundi	Complex Humanitarian crisis	Ungraded	1-Sep-23	1-Jan-24	22-Mar-25	600,000	-	-	
The ongoing volatile security situation in eastern Democratic Republic of the Congo (DRC) has forced civilians to flee. This year, since January up to 22 March, 69 854 new arrivals to Burundi from DRC need international refugee protection. Prior January, Burundi was hosting 88 980 refugees and 1 960 asylum seekers, with the majority (99%) from the DRC. About 600 000 people need humanitarian assistance in Burundi this year									
Burundi	Cholera	Grade 3	1-Jan-23	1-Jan-23	30-Mar-25	2406		12	0.50%
In epidemiological week 13 (24 to 30 March 2025), 10 new cases of cholera were reported from Cibitoke (n=6), North Bujumbura (n=3), and Bujumbura centre (n=1) health districts. From 1 January 2023 to 30 March 2025, a cumulative total of 2 406 cases with 12 deaths (CFR 0.5%) have been reported. The outbreak has impacted fourteen districts, with three remaining active in the last four weeks.									
Burundi	Measles	Ungraded	26-Feb-25	1-Jan-25	9-Mar-25	279	122		0.00%
From week 1 to week 10, 2025(ending 9 March), a total of 279 suspected cases of measles were reported. Among the total cases reported: 25 cases were IgM positive for measles, 93 measles cases confirmed with epi-Link, and four were compatible. Four districts with ongoing measles outbreaks: Bujumbura Centre, Kiremba, Gahombo and Citiboke.									
Burundi	Mpox	Grade 3	25-Jul-24	25-Jul-24	30-Mar-25	3,720	3,720	1	0.03%
See details in article.									
Cameroon	Humanitarian crisis (North-West & South-West)	Protracted 2	1-Oct-16	27-Jun-18	10-Mar-25	1,800,000		-	-
The humanitarian crisis in Cameroon's northwest and southwest regions remains severe, with 1.8 million people needing assistance and 991 000 targeted for aid. The conflict has displaced 583 112 people internally, while 459 605 returnees and 76 303 Cameroonian refugees in Nigeria continue to face hardships. Violence, including IED attacks and lockdowns by non-state armed groups, has restricted movement and humanitarian access. Food assistance reached 241,629 people, while 220 children with severe acute malnutrition received treatment. Protection concerns persist, especially for women and internally displaced persons (IDPs), who face discrimination and eviction risks. Shelter assistance has reached only 30,686 people so far due to funding shortfalls, far below the 238,640 planned.									
Cameroon	Humanitarian crisis (Sahel Region)	Protracted 2	31-Dec-13	27-Jun-17	15-Jan-25	573,273	-	-	-
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									
Cape Verde	Dengue fever	Protracted 2	6-Nov-23	6-Nov-23	9-Mar-25	28038	18,741	8	0.00%
In epidemiological week 10 (ending on 9 March 2025), 1 confirmed case of dengue fever was reported from Mosteiros (Fogo) municipality. As of 9 March 2025, a total of 28 038 cases, including eight deaths (CFR 0.03%) have been reported. Of these, 18 741 were laboratory-confirmed cases. The national incidence rate remains low at 0.02 cases per 10 000 inhabitants.									
Central African Republic	Complex Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	15-Feb-25	2,400,000		-	-
The Central African Republic has been facing a humanitarian crisis for more than a decade following military-political conflicts. The country has been affected by conflict, with the ongoing presence of armed groups. Violence against civilians and frequent disasters, like flooding, continue to drive new displacements. Of the 6.4 million country's inhabitants, 2.4 million will need humanitarian assistance in 2025.									
Central African Republic	Impact of Sudan crisis	Grade 3	1-May-23	1-May-23	14-Mar-25	-	-	-	-
Since mid-April 2023, following the violence that broke out in Sudan between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), the Central African Republic (CAR) has been hosting thousands of Sudanese refugees through several entry points, the majority passing through Am-dafock, in the Vakaga region of CAR. Since 15 April 2023, and as of 14 March 2025, 41 736 people arrived from Sudan, including 35 376 refugees and 6 360 central African returnees. Eighty-four percent of the refugees are women and children.									
Central African Republic	Measles	Ungraded		1-Jan-25	9-Mar-25	423	308	1	0.20%
Since epi-week 3, 2025, measles outbreak is affecting six districts (Mbaiki, Sangha-Mbaere, Gamboula, Berberati , Baboua-Abba and Carnot-Gadzi) in Central African Republic (CAR). As of epi-week 10, a total of 423 cases including 40 lab-confirmed and 268 epi-link confirmed and one death have been reported									

Central African Republic	Mpox	Grade 3	3-Mar-22	4-Mar-22	10-Mar-25	100	100	3	3.00%
From 4 March 2024 to 10 March 2025, a total of 100 confirmed cases of mpox with three deaths (CFR 3.0%) have been reported across the country. Currently, two health districts, Mbaiki and Kemo, remain with active outbreaks. Genomic sequencing identified Clade 1a as the circulating strain. Surveillance activities have so far identified 625 suspected cases which have been tested.									
Chad	Humanitarian crisis (Sahel region)	Protracted 2	11-Feb-22	1-Mar-16	13-Mar-25	-	-	-	-
Chad continues to grapple with a complex humanitarian situation exacerbated by climatic shocks, health emergencies and the influx of Sudanese refugees fleeing the conflict between the Sudanese Armed Forces and the Rapid Support Forces. As of 13 March 2025, at least 1.3 million refugees, 224 internally displaced persons, and over 300 000 returnees were recorded, mainly in the Ouaddai province. In 2025, over seven million people are in need of humanitarian assistance and about 3.6 million people are in need of health services.									
Chad	Impact of Sudan crisis	Grade 3	15-Apr-23	15-Apr-23	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, Ouaddai, 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	Diphtheria	Ungraded	1-Jan-25	1-Jan-25	16-Mar-25	1,775	3	19	1.10%
Chad is experiencing an ongoing outbreak of diphtheria. In epidemiological week 11 (week ending 16 March 2025), 100 suspected cases with zero deaths were reported from two provinces: Barh Elgazel (n= 62), and Batha (n= 38). From 1 January to 16 March 2025, a cumulative total of 1 775 suspected cases with 19 deaths (CFR 1.1%) have been reported across the country. Of these, <i>Corynebacterium diphtheriae</i> , the causative agent of diphtheria, has been isolated by culture from samples of three suspected cases.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	1-Jan-25	17-Mar-25	3	3	0	0.00%
From 1 January to 17 March 2025, three human cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported, with the most recent case having an onset of paralysis on 1 February 2025. Chad reported 39 cVDPV2 cases in 2024, 55 cVDPV2 cases in 2023, and 44 cVDPV2 cases in 2022. In 2020, 106 cVDPV2 cases were reported from three different outbreaks. Nine cases were reported in 2019.									
Comoros	Cholera	Grade 3	2-Feb-24	2-Feb-24	20-Feb-25	12025		153	1.30%
A total of 11 220 cholera cases with 153 deaths (CFR 1.4%) have been reported from Comoros from 1 February 2024 to 1 February 2025. Ndzuwani, one of the three main islands of Comoros, has been the most affected, reporting 9,126 cases with 126 deaths.									
Comoros	Dengue fever	Protracted 2		3-Feb-25	16-Mar-25	275	158	1	0.40%
Since week 5, 2025, suspected cases of dengue have been reported in Comoros, first in Ndzuwani. Then in week 9, other suspected cases of dengue testing positive for rapid diagnostic test were also reported in Ngazidja and then in Mwali. The serotype of the circulating dengue virus is not yet identified. From week 5 to week 1, a total of 275 suspected dengue cases and one death have been recorded, including 223 cases in Ndzuwani, 48 cases in Ngazidja, and four cases in Mwali. A total of 158 cases were positive through rapid diagnostic test.									
Congo	Measles	Ungraded	26-Jan-25	20-Jan-25	9-Mar-25	94	94		0.00%
In week 10, 2025 (ending 9 March 2025), 4 epi-linked measles cases were reported from Talangai district. From week 4 to week 10, 2025, a total of 94 measles cases with zero death (CFR 0.0%) were reported from three districts, namely, Talangai (37), Ignié-Ngabé (47), and Enyéllé-Bétou (10). Of these, twelve (12) were laboratory-confirmed as IgM-positive by serology. According to 2023 WHO-UNICEF independent estimates, the immunization coverage for measles-containing vaccine 1 (MCV1) is 65% in the Republic of Congo.									
Congo	Mpox	Grade 3	23-May-22	1-Jan-25	30-Mar-25	26	26	1	3.85%
See details in article.									
Democratic Republic of the Congo	Complex Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	10-Mar-25	21,200,000	-	-	-
The Democratic Republic of the Congo (DRC) is facing an unprecedented humanitarian crisis, particularly in the east. Over 2 million people are affected in Goma alone, with widespread national and regional repercussions. The situation deteriorated in late January 2025, as non-state armed groups seized Goma, followed by Bukavu and a further expansion of the conflict. This escalation has resulted in mass casualties, injuries, and the displacement of hundreds of thousands. The closure of Goma airport has severely hindered humanitarian access, while the destruction of displacement camps, looting of aid warehouses, and critical shortages of medical supplies have further strained the response. Amid growing insecurity, disease outbreaks, and deepening food shortages, 21.2 million people across the DRC are in urgent need of humanitarian assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-25	16-Mar-25	12600		252	2.00%
As of 16 March 2025, the Democratic Republic of Congo has recorded 12 600 suspected cholera cases including 252 deaths since the start of the year, representing a case fatality rate (CFR) of 2.0%. Notably, 3 817 of these cases and 134 deaths were reported in the past four weeks alone, with a higher CFR of 3.5%.									
Democratic Republic of the Congo	Cluster of illness and deaths due to unknown aetiology	Ungraded	27-Jan-25	10-Jan-25	15-Mar-25	2,969	-	66	2.20%
Cumulatively, 2 957 cases with 58 deaths (CFR 2.0%) have been recorded in the Basankusu Health Zone from 9 February to 15 March 2025. No new cases have been reported from the cluster in Bolomba Health Zone, which previously recorded 12 cases with 8 deaths (CFR 66.7%), predominantly among children under five years old, between 10 and 27 January 2025. In total, 2969 cases with 66 deaths (CFR 2.2%) have been reported in the two separate clusters.									
Democratic Republic of the Congo	Measles	Ungraded	5-Jan-25	1-Jan-25	2-Mar-25	8,145	124	104	1.30%
Between week 1 and week 8 of 2025, the Democratic Republic of the Congo (DRC) reported a total of 8 145 suspected measles cases and 104 deaths, resulting in a case fatality rate of 1.3%. Confirmed outbreaks have been identified in 17 health zones. Among the 245 investigated cases with samples collected, 124 tested IgM-positive for measles. Notably, 82% of suspected cases occurred in children under five.									
Democratic Republic of the Congo	Meningitis	Ungraded	29-Dec-24	21-Dec-24	16-Feb-25	112	7	11	9.80%

In epidemiological week 7 (week ending on 16 February 2025), fifteen new suspected cases of meningitis, including one death (CFR: 15%), were reported. From epidemiological week 1 to week 7, 2025, the health zone of Banalia in Tshopo province reported 112 cases, including 11 deaths (case fatality rate of 29%). In week 1 of 2025, seven cases with one death were recorded. As of 6 January 2025, the INRB Kinshasa received 12 samples from the Banalia health zone, of which seven tested positive for *Neisseria meningitidis* W135 (confirmation rate of 58%).

Democratic Republic of the Congo	Mpox	Grade 3	30-Mar-19	1-Jan-25	16-Mar-25	3207	3,207	4	0.10%
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From 3 February to 16 March 2025 (past six weeks), the Democratic Republic of the Congo (DRC) reported 1 134 new confirmed cases of mpox, with zero deaths. Since the start of 2025, a cumulative total of 3 207 confirmed cases and four deaths (CFR: 0.1%) have been recorded. The ongoing outbreak involves both Clades Ia and Ib, which have been detected across the country.

Ethiopia	Complex Humanitarian crisis	Grade 3	4-Nov-20	4-Nov-20	23-Feb-25	21,800,000	-	-	
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The Government of Ethiopia and humanitarian partners work in close partnership to address many humanitarian challenges, ranging from recurrent climatic shocks (droughts, floods and landslides) alongside conflict, displacement, and outbreaks of infectious diseases including in areas still recovering from the lasting impacts of previous climatic or conflict-driven crises. For 2025, 21.8 million people need humanitarian assistance with 10.0 million people targeted for assistance

Ethiopia	Impact of Sudan crisis	Grade 3	1-May-23	1-May-23	17-Feb-25	69,662	-	-	
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Armed conflict between rival factions of the military government of Sudan began on 15 April 2023, resulting in an influx of 69 662 people to Ethiopia as of 17 February 2025.

Ethiopia	Cholera	Grade 3	17-Sep-22	1-Jan-25	27-Feb-25	830		24	2.90%
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From 1 January to 27 February 2025, Ethiopia reported 830 cholera cases, including 24 deaths (CFR: 2.9%), across 17 woredas. The outbreak began on 3 January 2025 at the Bermel Georgis holy water site in Quara, Amhara region, previously linked to a major outbreak in 2023. Gambella accounts for 75% of reported cases, while 25% are from the Amhara region. On 10 February, additional acute watery diarrhoea (AWD) cases were detected in Gambella, all linked to travel history from South Sudan. Four refugee camps have been affected by the outbreak.

Ethiopia	Malaria	Ungraded	20-Jun-23	1-Jan-25	2-Feb-25	774097		31	0.00%
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The malaria outbreak in Ethiopia is still ongoing. A total of 139 774 confirmed and clinical malaria cases and three deaths were reported in Epi-week 5. The malaria cases decreased by 2.3% compared to previous Epi-week 4. Nationally, a total of 774 097 confirmed and clinical malaria cases and 31 deaths were reported in 2025.

Ethiopia	Measles	Ungraded	13-Apr-17	1-Jan-25	2-Feb-25	912	895	3	0.30%
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In 2025, confirmed measles outbreaks are reported from 19 districts (woredas) including five districts since last year. As of week 5, a total of 912 measles cases and three deaths are reported. Among the total cases reported, 97 are laboratory confirmed and 798 are epi-linked

Ghana	Cholera	Grade 3	31-Aug-24	1-Oct-24	17-Feb-25	6290	1,895	49	0.80%
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Between 1 January and 16 February 2025, Ghana reported 1,355 suspected cholera cases, including 12 probable and 150 confirmed cases. Since the outbreak began in October 2024, a total of 4,951 suspected cases, including 790 probable cases, 549 confirmed cases, and 49 deaths among confirmed cases, have been recorded. The outbreak has spread to 58 out of 261 districts, with Greater Accra (200 confirmed cases), Central (210), and Western (132) being the hardest-hit regions. Young adults (21-40 years, 277 confirmed cases) are the most affected, with men comprising 63% of confirmed cases.

Ghana	Meningitis	Ungraded	12-Feb-25	12-Feb-25	26-Feb-25	370		16	4.30%
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The upper West Region in Ghana has reported a total of 370 suspected cases and 20 deaths of meningitis with CFR of 5.4% from weeks 1-11 of 2025. Two districts, Nadowli and Nandom are affected and currently. Nadowli district reached an alert threshold in week 3, 2025.

Guinea	Measles	Ungraded	3-Jul-24	1-Jan-25	18-Mar-25	2334	25	0	0.00%
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From W1 to W9, 2025, a total of 2334 suspected measles cases were reported with no deaths. Of the 175 cases tested, 25 were laboratory-confirmed (IgM+). Children between the ages of 1 and 11 years account for 68% of the cases. Mass immunization is underway in over 25 health districts.

Kenya	Cholera	Grade 3	17-Feb-25	10-Feb-25	20-Mar-25	43	12	1	2.30%
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There is an ongoing cholera outbreak in Kenya affecting Migori county since 10 February 2025. As of 20 March 2025, 43 cases with one death (CFR 2.3%) have been reported. This cholera outbreak is linked to potential contamination to River Tebesi which is the main source of water for the affected community.

Kenya	Mpox	Grade 3	3-Aug-24	22-Jul-24	20-Mar-25	60	60	1	1.70%
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From 13 - 20 March 2025, five new cases reported from Busia (3), Mombasa (1) and Migori (1) Counties. Cumulatively, 60 confirmed cases with one death (CFR 1.7%) have been reported as of 20 March 2025 across the country.

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

Liberia	Mpox	Grade 3	31-Aug-24	31-Aug-24	5-Feb-25	69	69	0	0.00%
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On 6 February, Liberia reported one new confirmed Mpox case from the capital, Monrovia. Six cases were confirmed between 17 January and 5 February 2025. Cumulatively, from 1 January 2024 to 5 February 2025, 69 cases have been confirmed for Mpox.

Madagascar	Malnutrition crisis	Protracted 2	1-Jul-21	1-Jan-21	24-Mar-25	357,900		-	-
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In Madagascar, approximately 357 900 children aged 6 and 59 months are expected to suffer acute malnutrition between September 2024 and August 2025, with almost 51 % (182 700) of cases expected in the Grand Sud-Est and 49 % (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 %), compared to 40 % in the Grand Sud.

Malawi	Cholera	Grade 3		12-Sep-24	23-Mar-25	306	306	15	4.90%
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From 8 September 2024 when the outbreak began to 16 March 2025, a total of 306 confirmed cases of cholera with 15 deaths (CFR 4.9%) have been reported from from 10 districts in the country. The outbreak remains active in Balaka and Machinga districts.

Mali	Humanitarian crisis (Sahel region)	Protracted 2	11-Sep-17	11-Sep-17	20-Jan-25	6,400,000		0	0.00%
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The humanitarian context in Mali remains marked by a complex crisis that stems from a volatile security situation, exacerbated by structural vulnerability factors, socio-economic challenges, as well as climate change. In 2025, 6.4 million Malians will have multi-sectoral humanitarian needs.

Mauritius	Chikungunya	Ungraded	17-Mar-25	15-Mar-25	1-Apr-25	23	23	0	0.00%
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On 17 March 2025, Mauritius notified an autochthonous case of chikungunya, following laboratory confirmation. This is the first cases reported in the country since 2009. The case involves a 37-year-old woman who is currently in admission at a private facility. Positive test results were released on 15 March 2025. Currently 23 cases have been reported cumulatively.

Mozambique	Cyclone Jude	Ungraded	10-Mar-25	8-Mar-25	19-Mar-25	-	-	-	
Cyclone Jude made landfall in Mozambique on 10 March 2025, and as of 19 March 2025, 390 222 people (83 933 households) have been affected across six provinces, namely, Nampula, Zambézia, Cabo Delgado, Sofala, Tete and Niassa, and at least 16 deaths have been reported. The cyclone partially or totally destroyed 89 007 houses, 81 health units, 272 schools, at least 18 bridges and 48 water systems. Nampula is the most affected accounting for 85% (332 583) of the affected population. Over 28 000 people were hosted in 71 temporary accommodation sites in Nampula and Zambezia at the height of the cyclone. As of 19 March 2025, 12 324 people remain in 36 temporary accommodation sites. Seventeen (17) districts across five provinces remain isolated due to extended road cuts. The cyclone hit southern Malawi on 11 March 2025, bringing heavy rains and strong winds. By 18 March 2025, nearly 20 650 people had been affected across at least nine districts in southern Malawi, with Phalombe and Nsanje being the hardest hit. Over 4 800 people were displaced, and search and rescue efforts continue for three missing individuals. In Madagascar, cyclone Jude made its first landfall in the northern part of the country on 8 March 2025, affecting 4 100 people, including 3 617 internally displaced across nine temporary displacement sites, one person injured and one death. On 15 March 2025, the cyclone made its second landfall in southern Madagascar, affecting over 15 000 people mainly across southern districts, with 10 587 people internally displaced across 24 temporary sites and one death recorded. Four southern districts remain inaccessible, namely, Ampanihy, Beloha, Tshihombe and Bekily. On 16 March 2025, the storm exited the island through Tolagnaro district.									

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	30-Nov-24	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	Cholera	Grade 3	13-Mar-25	11-Mar-25	1-Apr-25	1		1	
On 11 March 2025, Namibia's Ministry of Health and Social Services declared an outbreak of cholera following laboratory confirmation of <i>Vibrio cholerae</i> in a 55-year-old woman. The patient, admitted with watery diarrhoea on 2 March 2025, recovered fully and was discharged. No new confirmed case has been reported since then.									

Namibia	Malaria	Ungraded	24-Dec-24	4-Nov-24	16-Mar-25	25,159	25,159	51	0.20%
On 23 December 2024, the Ministry of Health and Social Services issued a Public Notice informing the nation about the increasing number of Malaria cases in most of Namibia's malaria-endemic regions. By 16 March 2025, Namibia reported a total of 25 159 malaria cases and 51 deaths (CFR 0.2%).									

Niger	Humanitarian crisis (Sahel region)	Protracted 2	1-Feb-15	1-Feb-15	28-Feb-25	-	-	-	-
Niger faces a multidimensional crisis stemming from extreme climate events, growing insecurity, rapid population growth, and chronic poverty. With low resilience to shocks, the country remains highly vulnerable. In addition to the deteriorating security situation, severe flooding has further intensified the crisis, impacting over 1.4 million people nationwide. In 2025, 2.7 million people will need humanitarian assistance.									

Niger	Diphtheria	Ungraded	28-Aug-23	1-Jan-25	23-Mar-25	610		42	6.90%
In epidemiological week 12 (week ending on 23 March 2025), a total of forty-nine new cases of diphtheria, including two deaths, were reported by thirteen health districts, representing 18 % of all 72 health districts in the country. The Ingall (Zinder Region) health district reported the highest number of cases (13 cases and one death). From epidemiological week 1 to week 12 of 2025, the country had recorded 610 cases, including 42 deaths (CFR: 6.9%).									

Niger	Suspected heavy metal poisoning	Ungraded	12-Jun-24	1-Jan-25	23-Mar-25	177		5	
Niger continues to report clusters of cases of ascitic syndrome, which was first identified in Nigeria in 2024. In epidemiological week 12 (week ending on 23 March 2025), 22 new cases and zero deaths were reported in the Dosso region. From 1 January to 23 March 2025, a total of 177 cases, including five deaths, were reported in the same region. The most affected districts in the Dosso region are Tibiri and Dogondoutchi, with the most affected age group being 5-14 years. In 2024, five regions, namely Dosso, Tahoua, Maradi, Zinder, and Niamey, reported clusters of cases of ascitic syndrome.									

Nigeria	Humanitarian crisis (Sahel region)	Protracted 2	10-Oct-16	10-Oct-16	1-Mar-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 and 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). As of 1 March 2025, Nigeria is hosting 127 176 refugees and asylum seekers. In 2025, 7.8 million people will need humanitarian assistance.									

Nigeria	Cholera	Grade 3		2-Mar-25	23-Mar-25	1,214	36	28	2.30%
In epidemiological week 12, seventeen new suspected cases and zero deaths were reported from Gombe (n=10), Lagos (n=5), Adamawa (n=1) and Ekiti (n=1). From 1 January to 12 March 2025, a total of 1 214 suspected cases of Cholera, including 28 deaths (CFR: 2.3%), were reported. Of the total cases reported, 36 were confirmed by culture. This outbreak spans 26 states and 84 Local Government Areas (LGAs), with 63 % of cases reported in Bayelsa (n=763).									

Nigeria	Lassa Fever	Ungraded	30-Nov-24	1-Jan-25	16-Mar-25	610	604	103	16.90%
In epidemiological week 11 (10 to 16 March 2025), 40 new confirmed cases of Lassa fever, including 10 deaths, were reported from nine states across Nigeria. From 1 January to -16 March 2025, a cumulative total of 610 cases with 113 deaths (CFR 18.7 %) have been reported from 16 states. 71% of all confirmed cases were reported from three states, namely Ondo, bauchi and Edo.									

Nigeria	Measles	Ungraded	1-Jan-25	1-Jan-25	31-Jan-25	627	112		0.00%
From epidemiological week 1 to week 5, 2025 (the week ending on 31 January 2025), Nigeria reported 627 measles cases with zero deaths. Of the reported cases, 112 were confirmed IgM+ at the laboratory. Katsina (n=102), Jigawa (n=84), Akwa Ibom (n=56), Kebbi (n=52), and Enugu (n=32) states account for 51.9% of the 627 suspected cases reported.									

Nigeria	Meningitis	Ungraded		30-Sep-24	16-Mar-25	825	69	74	8.90%
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From week 40, 2024 to week 11, 2025 (ending 16 March), 825 suspected cases, including 74 deaths (CFR=8.9%) have been reported across 92 Local Government Areas (LGAs) in 23 states. The majority of cases (96.2%) and all deaths have been reported from Kebbi (262 cases, 29 deaths), Katsina (160 cases, 16 deaths), Jigawa (147 cases, 6 deaths), Yobe (61 cases, 5 deaths), Gombe (42 cases, 2 deaths), Sokoto (36 cases, 7 deaths), Borno (28 cases, 1 death), Adamawa (25 cases, 1 death), Oyo (23 cases, 1 death), and Bauchi (10 cases, 1 death). Of the 191 CSF samples collected and tested by PCR, 69 (36%) returned positive, of which 84% (58) for *N. Meningitis* (NmC, NmW, NmX). *S. Pneumoniae* and *H. Influenzae* were also detected.

Nigeria	Mpox	Grade 3	31-Jan-22	1-Jan-22	16-Mar-25	291	291	2	0.70%
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In the last six weeks, Nigeria reported 74 cases of Mpox. Cumulatively, from 1 January 2024 to 16 March 2025, 291 confirmed cases with two deaths were reported.

Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-22	26-Mar-25	243	243	0	0.00%
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Three new cVDPV2 cases were reported this week from Yobe, Sokoto and Jigawa, with the onset of paralysis in January and February. This brings the total number of cVDPV2 cases in 2025 to ten. The cumulative total for 2024 stands at 98 cases. In comparison, 87 cases were reported in 2023, and 48 cases were reported in 2022.

Rwanda	Mpox	Grade 3	24-Jul-24	24-Jul-24	9-Feb-25	102	102	0	0.00%
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Rwanda confirmed its first two cases of Mpox on 24 July 2024. The current situation, as of 9 February 2025 is as following: 102 total confirmed cases and cumulative suspected cases: 6 309.

Senegal	Dengue fever	Protracted 2	14-Nov-22	6-Jan-25	23-Mar-25	31	31	0	0.00%
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In Week 12 of 2025 (ending 23 March), one new case of dengue was confirmed in Senegal. Since the beginning of 2025, a total of 31 cases have been reported, with males accounting for 55% (17 cases). The majority of cases (84% or 26 cases) are among individuals aged 15-60 years. Cases have been recorded in eight regions, with the highest numbers reported in Fatick (8), Thiès (8), Matam (4), and Dakar (4). Currently, Kounghoul district is experiencing an active outbreak.

Senegal	Measles	Ungraded	4-Jul-22	1-Jan-25	23-Mar-25	57	57	0	0.00%
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In Week 12 of 2025 (ending 19 March), two new measles confirmed cases were reported in Senegal. Since the start of 2025, a total of 57 confirmed cases have been reported, with males accounting for 53% (30 cases). Cases have been recorded across nine regions, with Louga being the most affected (35 cases), followed by Thiès (6), Dakar (4), Saint Louis (3), Kédougou (3), Matam (2), Diourbel (2), Fatick (1), and Tambacounda (1). Currently, active outbreaks are ongoing in three districts: Linguère, Keur-Momar-Sarr, and Louga.

Senegal	West Nile fever	Ungraded	27-Feb-25	6-Feb-25	23-Mar-25	4	4		0.00%
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On 19 March 2025, one new case was confirmed in a female resident of Podor district, with date of symptom onset on 25 February 2025. Cumulatively, as of 23 March 2025, four West Nile fever cases have been reported in Goudomp, Fatick, Tambacounda, and Podor districts. All cases were confirmed by Elisa (IgM positive) and neutralisation assay at Institut Pasteur of Dakar.

Sierra Leone	Lassa Fever	Ungraded		1-Jan-25	2-Mar-25	7	7	5	71.40%
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Sierra Leone is experiencing an outbreak of Lassa fever. From 1 January to 2 March 2025, a total of seven (7) confirmed cases with five (5) deaths (CFR 71.4%) have been reported from Sierra Leone. Most of the cases are reportedly from Kenema District, which is at the epicentre of the current outbreak.

Sierra Leone	Mpox	Grade 3	11-Jan-25	9-Jan-25	16-Mar-25	107	107	2	1.90%
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In epidemiological week 11 (10 - 16 March 2025), Sierra Leone reported 35 new confirmed cases of mpox with one death. Cumulatively, 107 confirmed cases with two deaths (CFR 1.9%) have been reported from eight districts across the country. Western Area Urban, encompassing the capital Freetown is the most affected, accounting for 73.8% (n=79) of the total cases reported.

South Africa	Diphtheria	Ungraded	19-Jul-24	24-Dec-24	9-Mar-25	64	64	4	6.30%
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In epidemiological week 10 (3 - 9 March 2025), two new asymptomatic carriers of toxigenic *C. diphtheriae*, one from the Western Cape and one from Mpumalanganine were reported. From 1 January 2024 to 09 March 2025, a cumulative total of 64 cases (29 symptomatic and 35 asymptomatic carriers) have been reported across South Africa. The majority of confirmed cases and carriers (93.8%, 60/64) are from the Western Cape Province.

South Africa	Mpox	Grade 3	25-Feb-25	25-Feb-25	24-Mar-25	7	7		0.00%
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On 19 March 2025, the Government of South Africa notified WHO of a new cluster of three mpox cases in Ekurhuleni Metropolitan Municipality, Gauteng Province, following laboratory confirmation. The total number of mpox cases now stands at seven.

South Sudan	Complex Humanitarian crisis	Protracted 3	15-Aug-16	15-Aug-16	22-Mar-25	9,300,000	-	-	-
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Tensions are running high in South Sudan in recent weeks, with the country likely to slip toward a renewed conflict and political upheaval. More recently, changes in the humanitarian funding environment since January risks disrupting the provision of basic services for vulnerable population groups entering the country from Sudan, as well as for communities across the state. A total of 9.3 million people need humanitarian assistance this year

South Sudan	Impact of Sudan crisis	Grade 3	15-Apr-23	1-May-23	23-Mar-25	1,088,463	-	-	
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Since the start of the Sudan emergency in April 2023, a total of 1 088 463 people fleeing conflict arrived from Sudan, including 737 294 returnees as of 23 March 2025

South Sudan	Anthrax	Ungraded	1-Aug-24	1-Jan-24	9-Mar-25	271		4	1.50%
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There was no new case reported in week 10 of 2025 (ending 9 March), keeping the total number to 271 anthrax human cases, including four deaths (CFR 1.5%), since January 2024. The cases are reported from Western Bahr el Ghazal and Warrap States

South Sudan	Cholera	Grade 3	11-Oct-24	28-Sep-24	16-Mar-25	40,231	-	694	1.70%
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Cumulatively, 40,231 cases with 694 deaths (CFR 1.7%) have been reported from 11 states across the country as of 16 March 2025.

South Sudan	Mpox	Grade 3	7-Feb-25	7-Feb-25	9-Mar-25	7	7		0.00%
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In week 10 of 2025, there was one new confirmed case reported from Juba, keeping the total number to seven, with zero deaths. The confirmed cases are reported from Juba County (6) and Malakal County (1). There are currently 31 active contacts in Juba and 14 listed in Malakal for close monitoring

South Sudan	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-24	1-Jan-23	9-Mar-25	13	13	0	0.00%
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There was no new case of polio reported during week 10 of 2025, keeping the total number of confirmed acute flaccid paralysis Polio cases at 13

Tanzania, United Republic of	Cholera	Grade 3	3-Oct-23	5-Sep-23	19-Feb-25	13833		158	1.10%
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Since 1 January 2024 cholera outbreaks have been reported in 23 regions out of 31 of Tanzania. Currently seven regions have active outbreaks (Simiyu, Morogoro, Rukwa, Lindi, Mbeya, Tabora, and Mara). In 2025, a total of 1 716 cases and 11 deaths (CFR 0.6%) have been reported as of 19 February. Cumulatively from Jan 2024 to 19 Feb 2025, a total of 13 833 cases and 158 deaths (CFR 1.1%) have been reported countrywide

Tanzania, United Republic of	Mpox	Grade 3	10-Mar-25	10-Mar-25	1-Apr-25	31	31	0	0.00%
On 10 March 2025, the Ministry of Health of Tanzania notified WHO of two laboratory-confirmed cases of mpox in Dar es Salaam. One of the case patients is a truck driver who had recently travelled from a neighbouring country to Dar es Salaam. As of 28 March 2025, a cumulative total of 31 confirmed cases have been reported from 10 regions across the country.									
Togo	Measles	Ungraded	13-Oct-24	13-Oct-24	16-Mar-25	248	147		0.00%
In week 11, 2025 (ending 16 March), 27 new suspected cases were reported of which 8 were laboratory-confirmed. Cumulatively, as of 16 March 2025, a total of 248 suspected cases were reported of which 147 were laboratory-confirmed for measles in 14 out of the 39 districts of Togo. No death has been reported. Of the 147 confirmed cases, 36 (24.5%) had received at least two doses of the measles-rubella vaccine prior to the current infection. The outbreak was firstly reported in the Wawa district of Togo in week 41, 2024 (ending 13 October).									
Togo	Meningitis	Ungraded	15-Jan-25	1-Jan-25	10-Feb-25	51	9	7	13.70%
During epidemiological week 2, 2025, the Dankpen 2 locality from the Dankpen district in Togo crossed the epidemic threshold with nine suspected cases (an attack rate of 24.93 cases per 100,000 inhabitants). From epidemiological week 1 to epidemiological week 7, a total of 51 suspected cases and 7 deaths were reported in three districts (Dankpen I, Dankpen2 and Dankpen 3), with a sex ratio (M/F) of 1.21 (28 males and 23 females). The most affected age group is 15 to 29 years.									
Uganda	CCHF	Ungraded		9-Mar-25	22-Mar-25	1	1		0.00%
On 9 March, the Kyegegwa health authorities in Uganda received a report of one CCHF confirmed case in a 28-year-old man admitted at the Bujubuli health center since 7 March 2025. The case is from Kazizi village, Katamba Parish, Kyatega Sub-county, Kyegegwa district and was admitted on 7 March 2025 with excessive nose bleeding, headache and general body weakness. The disease was confirmed on 9 March 2025 at UVRI									
Uganda	Cholera	Grade 3	12-Jan-25	7-Jan-25	9-Mar-25	122	64	3	2.50%
An outbreak of cholera is ongoing in Lamwo district, Northern region of Uganda. From 7 January - 9 March 2025, a total of 122 cases, including three deaths (CFR 2.5%), have been reported from Kiryandongo and Lamwo districts. Of these cases, 64 have been laboratory-confirmed for <i>Vibrio cholerae</i> O1 Ogawa infection.									
Uganda	Mpox	Grade 3	26-Jul-24	29-Jul-24	4-Mar-25	3833	3,833	31	0.80%
As of 4 March 2025, Uganda has reported 3833 confirmed cases of mpox with 31 deaths (CFR 0.8%) from 95 districts across the country.									
Uganda	Sudan virus disease	Grade 2	30-Jan-25	29-Jan-25	30-Mar-25	14	14	4	28.60%
No new confirmed cases of Sudan virus disease were reported from Uganda during epidemiological week 13 (25 - 31 March 2025). Since the official declaration of the SVD outbreak in Uganda on 30 January 2025, a total of 14 cases (12 confirmed and 2 probable) with four deaths (CFR 28.6%) have been reported.									
Zambia	Cholera	Grade 3	30-Dec-24	25-Dec-24	6-Mar-25	328	-	9	2.70%
From 24 December 2024 to 6 March 2025, a total of 328 cases with nine (9) deaths (CFR 2.7%) have been reported from six provinces, namely, Copperbelt (265), Muchinga (27), Central (5), North-Western (4), Lusaka (24) and Eastern (1).									
Zambia	Mpox	Grade 3	8-Oct-24	8-Oct-24	7-Mar-25	24	24		0.00%
One new confirmed case was reported from Kalulushi, Copperbelt Province between 1 to 7 March 2025. From 8 October 2024 to 7 March 2025, a total of 24 confirmed cases with zero deaths have been reported from four provinces: Lusaka (n=15), Copperbelt (n=7), Central (n=1), and Western (n=1).									
Zimbabwe	Cholera	Grade 3	12-Nov-24	4-Nov-24	26-Feb-25	439	74	8	1.80%
From 4 November to 26 February 2025, a total of 439 cases with eight (8) deaths (CFR 1.8%) have been reported. Of these, 74 have been laboratory-confirmed by culture. A total of 16 districts across seven (7) provinces have been affected, with Mashonaland Central (n=235) and Mashonaland West (n=128) accounting for 83% of the cases.									

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

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

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Data sources

Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.