

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 37: 8 to 14 September 2025

Data as reported by: 17:00; 14 September 2025



World Health
Organization

African Region

0

New events

102

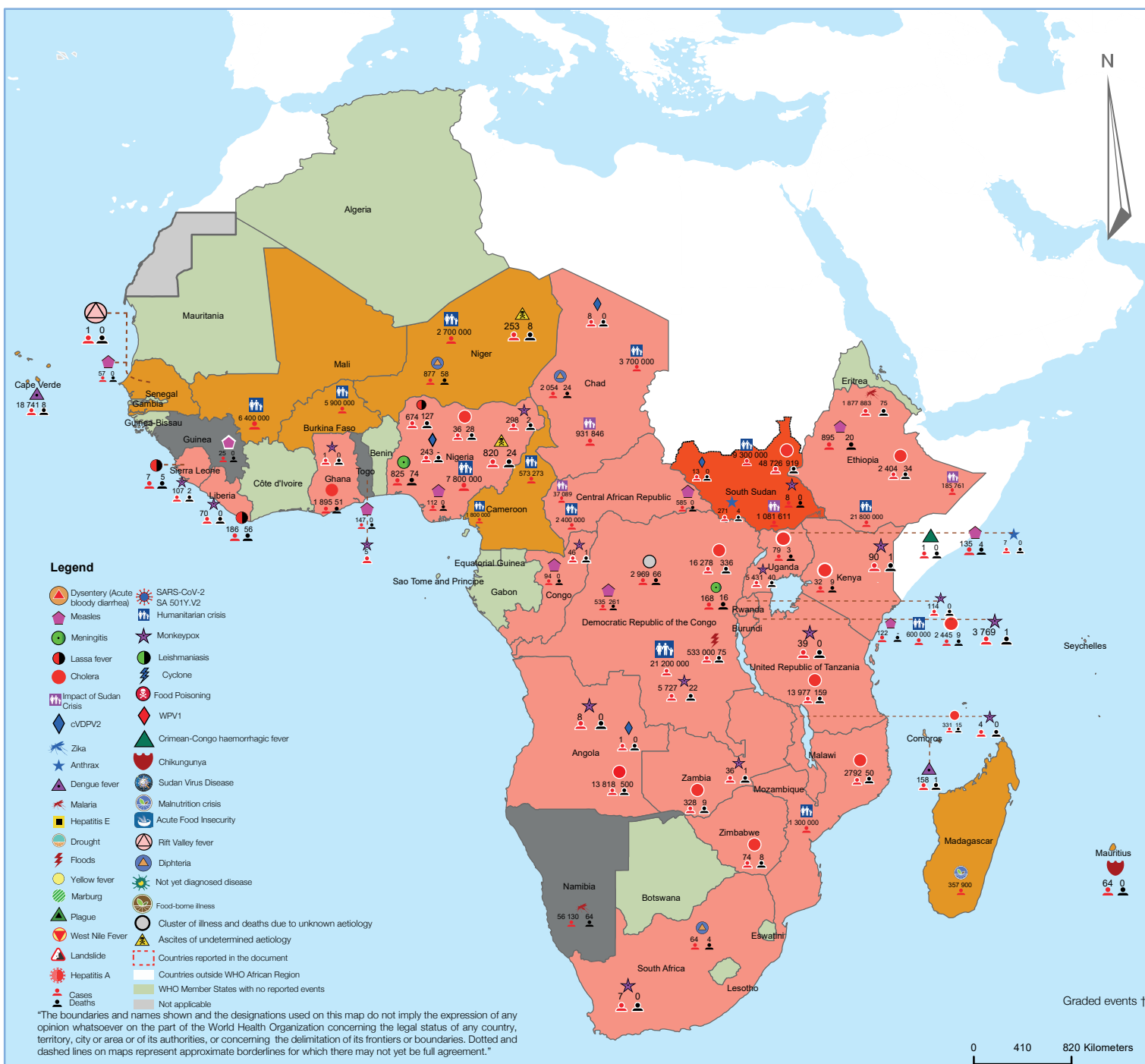
Ongoing events

82

Outbreaks

19

Humanitarian crises



5

Grade 3 events

1

Grade 2 events

0

Grade 1 events

1

Protracted 3 events

7

Protracted 2 events

0

Protracted 1 events

29

Ungraded events

Overview

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

- Cholera in the Democratic Republic of the Congo
- Floods in Cape Verde

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

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and closed.

Democratic Republic of the Congo

Cholera

EVENT DESCRIPTION

The Democratic Republic of the Congo (DRC) continues to face a widespread cholera outbreak in 2025. Between 19 and 31 August 2025 (epidemiological week 35), a total of 1,419 suspected cases and 50 deaths had been reported from 17 of the 26 provinces in the country, resulting in a case fatality rate (CFR) of 3.5%. Most cases were reported from six provinces: South Kivu (388), Maniema (312), North Kivu (207), Équateur (132), Tshopo (86), and Tanganyika (73), which together accounted for 84.4% of new cases in week 33.

From 1 January to 31 August 2025 (weeks 1–35), a total of 51 074 suspected cases and 1 539 deaths (CFR: 3.0%) were reported across 20 provinces. Compared to the same period in 2024 (49 655 cases; 1 489 deaths; CFR 3.0%), cases increased by 2.9% and deaths by 3.4%. Eight provinces accounted for 88.1% of the reported cases: South Kivu (16.4%), North Kivu (15.3%), Tshopo (12.8%), Haut Katanga (10.7%), Maniema (10.3%), Tanganyika (9.9%), Haut Lomami (8.5%) and Kinshasa (4.2%). Of the 6 648 samples analyzed, 2 866 (43.1%) tested positive by rapid diagnostic test. Children under five remain the most affected age group, while the majority of deaths occurred among individuals aged 20 to 40 years.

National cholera trends indicate a continued decline in cases, with most provinces reporting reductions, resulting in a 9.3% overall decrease in cases during epidemiological week 35 compared to week 34. However, localized surges are still concerning, particularly in health zones of Goma (North Kivu), in South Kivu, and in parts of Kinshasa. In week 35, CFRs remained high in Lomami (28%), Sankuru (19%), Mongala (11%), Equateur (6%), and Tshopo (6%). A substantial number of patients are still arriving at health facilities in advanced stages of dehydration (Plan C).

PUBLIC HEALTH ACTIONS

- National and provincial coordination continues through weekly meetings. The Ministry of Health, with support from WHO, has validated the Cholera Incident Management

51 074	1 539	3.0%
Cases	Deaths	CFR

System and developed targeted response plans for high-risk health zones in Kinshasa, including Kingabwa, Gombe, and Maluku I.

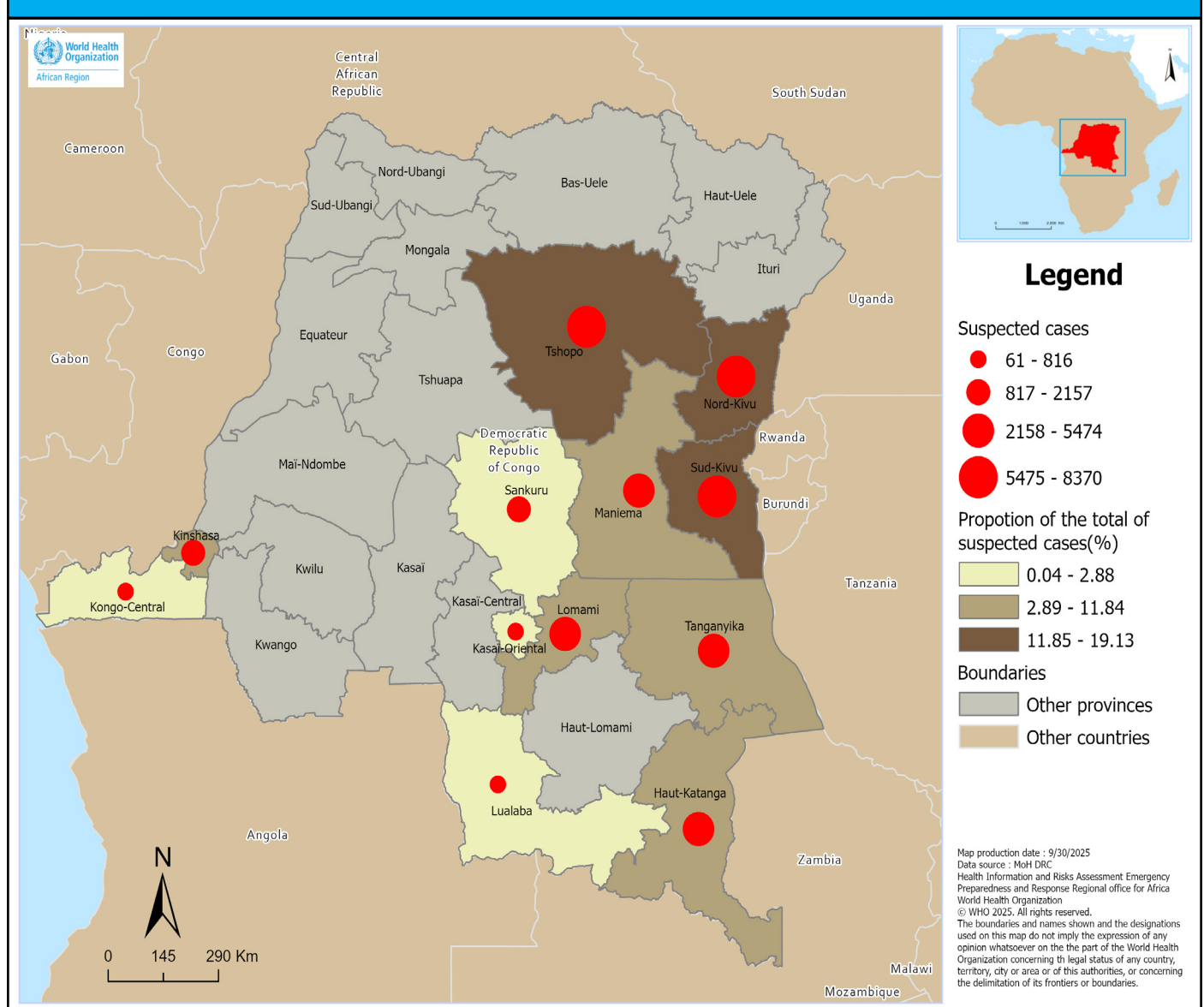
- Joint field missions involving WHO, provincial health authorities, and UNICEF were carried out in Maniema to strengthen subnational preparedness and response.
- Response planning is ongoing in multiple affected provinces, with rapid response teams deployed using government resources in Equateur, Kongo Central, Mongala, Kwilu, and Lomami.
- Community-based surveillance and pre-referral care were launched in three health zones of Kinshasa (Kingabwa, Limete, and Nsele), alongside the distribution of 2 060 ORS sachets and 9 800 AquaTabs to support early intervention.
- A reactive oral cholera vaccination campaign was launched in seven health zones of Kinshasa. Independent monitoring and supervision of the campaign are ongoing.
- Risk Communication and Community Engagement activities continue. More than 73 300 people have been reached with cholera prevention messages across Kinshasa, North Kivu, South Kivu, and Sankuru, through mass communication and community-level activities.
- Community dialogues were facilitated in South Kivu to strengthen local engagement and ownership of the response.
- Construction of semi-permanent latrines is underway in Port Baramoto and Camp Kokolo in Kinshasa to improve sanitation in high-risk areas.

SITUATION INTERPRETATION

The cholera outbreak in the DRC remains a serious public health emergency, with sustained transmission and entrenched hotspots in urban areas, including Kinshasa, Goma, Bukavu, and Mbandaka. Although national case numbers have shown a slight decline, localized surges continue to fuel new infections and deaths. High CFRs in some provinces are linked to delayed healthcare-seeking, as many patients present at health facilities in advanced stages of dehydration

(Plan C). Insecurity in eastern provinces, poor WASH conditions, and logistical constraints also hamper the response. A robust, multisectoral, and decentralised approach remains essential, with immediate priorities including expanded case management and IPC capacity, completion and scale-up of OCV campaigns, stronger community engagement, and strengthened surveillance.

Distribution of cholera cases in DRC, as of 14 September 2025



Cape Verde

Floods

EVENT DESCRIPTION

Since mid-August 2025, Cabo Verde has experienced an unusual pattern of heavy and prolonged rainfall. The islands of São Nicolau, São Vicente, and Santo Antão were severely affected by an easterly wave, which, although initially forecasted as moderate, abruptly intensified as it crossed the archipelago. The phenomenon triggered torrential rains, thunderstorms, and strong winds, with São Vicente being particularly impacted, recording 163 mm of rainfall in just one hour. The consequences were immediate and severe.

In São Vicente, as of 18 August 2025, nine deaths were confirmed, two people remained missing, and 12 families were displaced. In addition, a landslide compromised the water intake station, submerging equipment and completely halting production, which in turn affected the operation of Hospital Batista de Sousa. Structural damage to the Bela Vista Health Centre, including total loss of vaccines and supplies, as well as damage to equipment and furniture, resulted in the complete suspension of its operations.

Nearly 250 individuals were evacuated to temporary shelter centres. The floods caused widespread urban flooding, swept away vehicles, and led to structural damage to homes and public buildings. Critical

infrastructure, including power and communication networks, was compromised, resulting in outages.

The situation worsened considerably in early September when a second wave of heavy rainfall from 4 to 6 September caused severe flash floods, river overflows, and additional landslides across multiple municipalities. As of 10 September, the government has reported 21 injuries and nine deaths, including three children. Two people remain missing, and about 250 individuals have been temporarily relocated to three designated emergency shelters in São Vicente: the Internship Centre, Monte Sossego, and Liceu Augusto Pinto. These shelters accommodate a diverse population, including several vulnerable individuals needing medical and psychosocial support.

Disruptions to electricity, telecommunications, and drinking water supplies have been reported, further worsening the health and humanitarian situation.

Following the floods in São Vicente in August 2025, the threat of waterborne and vector-borne diseases has significantly risen due to the damage to water and sanitation infrastructure, including the collapse of the main intake station. Approximately 1,500 people were affected, with 275 displaced. A rise in diarrhoeal diseases has been observed, but limited diagnostic capacity for cholera and other infections hampers a



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timely response. Stagnant water has also increased mosquito breeding, raising the risk of dengue and malaria. The island, which experienced a major dengue outbreak in 2024, now faces a heightened risk of resurgence and potential imported malaria transmission.

PUBLIC HEALTH ACTIONS

- ▶ Through a Resolution, the Government of Cabo Verde declared a State of Calamity for six months on the three islands and activated the National Civil Protection and Fire Service, in addition to announcing two days of official mourning due to the human and material losses.
- ▶ The Cabo Verdean Civil Protection and Fire Service, together with local authorities and humanitarian partners, launched emergency response efforts including evacuation, shelter provision, and restoring essential infrastructure. Emergency actions are prioritising supply to the hemodialysis unit, with no forecast for complete restoration.
- ▶ The Ministry of Health activated its Emergency Operations Centre and is coordinating health assessments and public health interventions in the affected regions.
- ▶ Humanitarian access in São Vicente has been maintained since the start of the emergency through international support, with missions from the UN, Red Cross, Caritas, AECID (Spain), Portugal, the United States, and other partners providing food, logistical support, water, hygiene kits, and technical experts.
- ▶ The Ministry of Health deployed rapid response teams (RRTs) to perform disease surveillance and evaluate health service functionality in affected municipalities.
- ▶ Distribution of essential health kits, water purification tablets, and hygiene supplies is ongoing, with support from WHO and other partners.
- ▶ Mobile clinics have been dispatched to remote and cut-off communities to ensure continuity of care.
- ▶ A health communication campaign has been launched to raise awareness of waterborne diseases, food safety, and personal hygiene.



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- ▶ Vector control teams are monitoring stagnant water areas to mitigate the risk of mosquito-borne diseases such as dengue and malaria. .

SITUATION INTERPRETATION

The floods in Cabo Verde pose a significant public health risk due to increased vulnerability to waterborne and vector-borne diseases, potential disruptions in health service delivery, and challenges in accessing clean water and sanitation. The displacement of populations into overcrowded temporary shelters raises additional concerns regarding respiratory tract infections and other communicable diseases. The proactive deployment of rapid response teams, health supplies, and mobile clinics has helped to mitigate immediate health impacts. However, continued surveillance, risk communication, and intersectoral coordination are essential to prevent secondary health crises.



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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	8-Jan-25	28-Apr-25	13,818		500	3.60%
From 21 January to 19 April 2025, Angola has reported a cumulative total of 13,818 cholera cases and 500 deaths (CFR: 3.6%) across 15 provinces. In the 24-hour reporting period (18–19 April), 220 new cases and 2 deaths were recorded across 11 provinces.									
Angola	Mpox	Grade 3	15-Nov-24	15-Nov-24	28-Apr-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. Angola is in the control phase of Mpox outbreak and have not reported a case for more than 90 days									
Angola	Poliomyelitis (cVDPV2)	Grade 2	31-Mar-25	6-Jan-25	14-Apr-25	1	1		
One human case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported from Benguela province with onset of paralysis on 6 January 2025. In 2024, 9 cVDPV2 cases were recorded.									
Burkina Faso	Humanitarian crisis (Sahel Region)	Protracted 2	1-Jan-19	1-Jan-19	20-Mar-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.									
Burkina Faso	Zika Virus Disease	Ungraded		21-Apr-25	21-Apr-25	1	1		
On 8 April 2025, Burkina Faso confirmed a case of Zika virus in Ziniaré District, Plateau Central Region. The case was confirmed by the National Reference Laboratory for Viral Hemorrhagic Fevers (LNR-FHV). Zika is a priority disease under surveillance due to its epidemic potential. High Aedes mosquito presence and regional signals suggest ongoing transmission risk.									
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	13-Apr-25	2445		9	0.40%
In epidemiological week 15 (7 to 13 April, 2025), 13 new cases of cholera were reported from four health districts: South Bujumbura (n = 1), North Bujumbura (n = 2), Kabezi (n=1) and Cibitoke (n = 6). From 1 January 2023 to 13 April 2025, a cumulative total of 2 445 cases with 9 deaths (CFR 0.4%) have been reported. The outbreak has impacted fourteen districts, with nine 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 Cibitoke.									
Burundi	Mpox	Grade 3	25-Jul-24	25-Jul-24	12-Apr-25	3,769	3,769	1	0.00%
Burundi reported three new confirmed cases of Mpox on 12 April 2025. From 25 July 2024 to 12 April 2025, a total of 3 769 confirmed cases of Mpox and one death were reported in Burundi. The outbreak remains active in nine districts across the country. Burundi's capital, Bujumbura, remains the epicentre of the outbreak, accounting for 57 % of the total confirmed cases.									
Cameroon	Humanitarian crisis (Noth-West & South-West)	Protracted 2	1-Oct-16	27-Jun-18	1-Apr-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 according to the 2025 HRP. 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	9-Apr-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	1-Apr-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	8-Apr-25	585	585		0.00%
In epi-week 12, 2025, measles outbreak is affecting 35 districts including Mbaiki, Sangha-Mbaere, Gamboula, Berberati, Baboua-Abba and Carnot-Gadzi) in Central African Republic (CAR) from 6 districts in week 10. As of epi-week 12, a total of 585 cases and zero death have been reported									
Central African Republic	Mpox	Grade 3	3-Mar-22	4-Mar-22	21-Apr-25	812	100	3	0.40%
As of epidemiological week 15 in 2025, the Central African Republic has reported a cumulative total of 100 confirmed Mpox cases since the beginning of the outbreak in July 2024, including three deaths, all of which occurred in 2024. No new confirmed cases have been reported in the last 4 weeks, though 11 new suspected cases were tested, bringing the 2025 total to 300 suspected cases, with a positivity rate of 3.0% (0.2% drop). The most recent confirmed case was identified on 20 March 2025 in Bangui 3, the only district with active transmission. Since the onset of the outbreak, 17 out of 35 health districts—representing nearly 49% of the country—have reported confirmed cases. The median age of confirmed cases is 12 years, with children under 15 years accounting for 58% of all cases. A total of 812 samples have been analysed to date, and 100 contacts have been vaccinated in response to the most recent case.									
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	20-Mar-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	6-Apr-25	2,054	3	24	1.20%
Chad is experiencing an ongoing outbreak of diphtheria. In epidemiological week 14 (week ending 6 April 2025), 126 suspected cases with two deaths were reported. From 1 January to 6 April 2025, a cumulative total of 2 054 suspected cases with 24 deaths (CFR 1.2%) have been reported in three districts, namely Iriba, Adré, and Moussoro. Of these, <i>Corynebacterium diphtheriae</i> , the causative agent of diphtheria, has been isolated by culture from samples of three suspected cases.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	1-Jan-25	14-Apr-25	8	8	0	0.00%
From 1 January to 14 April 2025, 8 human cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported, with the most recent case having an onset of paralysis on 24 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	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-24	22-Mar-25	46	46	1	2.20%
The last two (2) confirmed case were reported from Brazzaville department in epidemiological week 11 (week ending 16 March 2025). From 1 January to 22 March 2025, 22 laboratory-confirmed cases with one death (CFR 4.5%) were reported from Brazzaville (n=11), Cuvette (n=4), Cuvette Ouest (n=4), and Pointe Noire (n=3). From 1 January 2024 to 22 March 2025, a cumulative total of 46 laboratory-confirmed cases with one death (CFR 2.2%) were reported from six departments, Cuvette (19), Brazzaville (n=13), Cuvette-Ouest (n=4), Pointe-Noire (n=4), Likouala (4), and Plateaux (n=2). Among cases reported in 2025, sequencing analysis of five samples identified clade 1a.									
Democratic Republic of the Congo	Complex Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	14-Apr-25	21,200,000	-	-	-
The humanitarian crisis in eastern DRC worsened between 16 and 31 March 2025, with over 2.29 million displaced in Nord-Kivu and more than 2 million in Sud-Kivu. Renewed violence in Walikale, Lubero, and Masisi triggered further displacement, while Goma remains largely inaccessible due to ongoing insecurity and the airport closure. Cholera and Mpox outbreaks are spreading in overcrowded sites, amid severe shortages of health services and funding. In Sud-Kivu, over 300 protection incidents, including killings and sexual violence, were reported. Overall, 21.2 million people across the country urgently need humanitarian aid.									
Democratic Republic of the Congo	Floods	Ungraded	5-Apr-25	4-Apr-25	15-Apr-25	533 000		75	-

From 4 to 5 April 2025, torrential rains in Kinshasa caused the Ndjili and Lukaya rivers to overflow, triggering severe floods and landslides. As of 15 April, the disaster had left 75 people dead, seven missing, over 166 injured. It has caused extensive damage to more than 3 260 homes, 3 893 latrines, 73 health facilities, as well as schools, bridges, and roads across 10 health zones. Approximately 23 613 households were affected, with around 11 000 people temporarily housed in four emergency shelters. In total, over 533 000 people are in need of humanitarian assistance. The risk of waterborne disease outbreaks, particularly cholera, is high due to contaminated water, collapsed sanitation systems, and the presence of cholera in neighboring provinces and countries such as Angola. With further heavy rains forecasted, the situation remains critical and the human toll could increase.

Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-25	6-Apr-25	16278		336	2.10%
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[See details in article.](#)

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%
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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	13-Apr-25	15,891	535	261	1.60%
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Between week 1 and week 15 of 2025 (week ending 13 April), the Democratic Republic of the Congo reported 15 891 suspected measles cases, including 261 deaths, resulting in a case fatality rate of 1.6%. Among the 1 047 samples collected from suspected cases, 521 tested IgM positive for measles. Additionally, 14 cases were classified as clinically compatible. Children under five years of age accounted for 84% of all suspected cases.

Democratic Republic of the Congo	Meningitis	Ungraded	29-Dec-24	21-Dec-24	6-Apr-25	168		16	9.50%
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Between week 1 and 15, a total of 168 suspected cases and 16 deaths were reported in the Banalia health zone, accounting for a case fatality rate of 9.5%. The epidemic threshold was last reached in week 10, during which 21 cases and three deaths were reported.

Democratic Republic of the Congo	Mpox	Grade 3	30-Mar-19	1-Jan-25	6-Apr-25	5727	5,727	22	0.40%
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From 3 March to 13 April 2025 (past six weeks), the Democratic Republic of the Congo (DRC) reported 1 316 new confirmed cases of mpox, with 10 deaths. Since the start of 2025, a cumulative total of 5 727 confirmed cases and 10 deaths (CFR: 0.4%) have been recorded. The ongoing outbreak involves both Clades Ia and Ib, which have been detected across the country.

Ethiopia	Complex Humanitarian crisis-ETH	Grade 3	4-Nov-20	4-Nov-20	16-Apr-25	21,800,000	-	-	
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Conflicts, drought, floods, disease outbreaks, and recent seismic activity continue to drive humanitarian needs across Ethiopia. Regions like Tigray, Amhara, Oromia, Afar, and Somali remain critically affected, with growing food insecurity, displacement, and limited access to services. As of 27 March 2025, 21.8 million people need humanitarian assistance, with 10.0 million targeted for support this year.

Ethiopia	Impact of Sudan crisis	Grade 3	1-May-23	1-May-23	16-Apr-25	185,761	-	-	
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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 185,761 people to Ethiopia as of 31 March 2025.

Ethiopia	Cholera	Grade 3	17-Sep-22	1-Jan-25	28-Mar-25	2404		34	1.40%
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From 1 January to 28 March 2025, Ethiopia reported 20404 cholera cases, including 34 deaths (CFR: 1.4%), 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. Four refugee camps have been affected by the outbreak.

Ethiopia	Malaria	Ungraded	20-Jun-23	1-Jan-25	28-Apr-25	1877883	204,237	75	0.00%
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From 1 January to 13 April 2025, Ethiopia reported 1,877,883 malaria cases and 75 deaths. During epidemiological week 15 (7–13 April 2025), 115,716 new cases and one death were recorded. Cases were reported from 1,158 woredas across the country.

Ethiopia	Measles	Ungraded	13-Apr-17	1-Jan-25	28-Apr-25	3754	895	20	0.50%
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From 1 January to 21 April 2025, Ethiopia reported 3,754 measles cases and 20 deaths (CFR: 0.53%). Between 14 and 21 April 2025, 242 new cases and four additional deaths were recorded. Currently, the measles outbreak remains active in 28 woredas.

Ghana	Cholera	Grade 3	31-Aug-24	1-Oct-24	13-Apr-25	7086	1,895	51	0.70%
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Between 23 February and 23 March 2025, Ghana reported 482 cholera cases 2 deaths. There is a 0.4% increase in the case fatality rate. 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	Mpox	Grade 3	4-Mar-25	21-Feb-25	6-Apr-25	1	1		
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On 4 March 2025, one clade IIb Mpox case was confirmed in a 29-year-old male in Greater Accra region with date of symptom onset on 21 February 2025. This is the first confirmed case since the beginning of 2025. In 2024, five cases were confirmed as Clade IIb. Epidemiological investigations, active case search and contact tracing are ongoing.

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	28-Apr-25	171	32	9	5.30%
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From 21 February to 27 April 2025, Kenya has reported 171 cholera cases, including 32 confirmed and 9 deaths (CFR: 5.2%), affecting Kisumu, Nairobi, and Migori Counties. This represents a 25.6% increase (n=136) over the previous week. Between 21 and 27 April 2025, 43 new cases were reported: 37 from Kisumu and 6 from Nairobi County.

Kenya	Mpox	Grade 3	3-Aug-24	22-Jul-24	28-Apr-25	90	90	1	1.10%
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From 31 July 2024 to 27 April 2025, Kenya has reported a cumulative total of 90 confirmed Mpox cases, including one death (CFR: 1.1%), across 13 counties. Ten new cases were reported during the week of 21–27 April 2025, including five from Busia, two from Mombasa, two from Nakuru, and one from Nairobi County.

Liberia	Lassa Fever	Ungraded	3-Mar-22	20-Dec-24	14-Apr-25	186	186	56	30.10%
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As of March 23, 2025, Liberia has recorded 186 confirmed Lassa fever cases since January 6, 2022, including 56 deaths, representing a case fatality rate of 30%. No new confirmed cases were reported during the most recent update, though 10 contacts are currently under 21-day follow-up. Grand Bassa County is the only location in active transmission. During Epi-week 12, two suspected cases were reported in Grand Bassa, both of which tested negative. Cumulatively, 42 suspected cases have been reported in 2025, with samples collected from all (100%) and 86% (36/42) tested to date—resulting in nine positive cases and 27 negatives. The most affected regions over the reporting period have been clustered in Bong, Nimba, and Lofa counties.

Liberia	Mpox	Grade 3	31-Aug-24	31-Aug-24	14-Apr-25	586	70	0	0.00%
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During the reporting week of March 24–30, 2025, Liberia recorded 7 new suspected Mpox cases from four counties—Margibi, Nimba, River Gee, and Bomi—bringing the cumulative total to 586 suspected cases and 70 laboratory-confirmed cases since January 2024. No new confirmed cases or deaths were reported during this period. All confirmed cases to date have recovered, with no fatalities recorded, maintaining a case fatality rate of 0%. The most affected counties include Nimba, Lofa, and Montserrado. Clade IIa and Clade IIb strains of the Mpox virus in circulation. No patients are currently in isolation, and no contacts are under follow-up as of 30 March 2025.

Madagascar	Malnutrition crisis	Ungraded	1-Jul-21	1-Jan-21	24-Apr-25	357,900	357,900	-	-
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From September 2024 to August 2025, 357,900 children in Madagascar are projected to suffer acute malnutrition, including 83,400 with SAM. The majority are in the Grand Sud-Est (51%) and Grand Sud (49%). While needs remain high, the nutrition situation is expected to improve between May and August 2025 with better food availability.

Malawi	Cholera	Grade 3		12-Sep-24	17-Apr-25	331	331	15	4.50%
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From 8 September 2024 to 13 April 2025, Malawi has reported 331 confirmed cholera cases with 15 deaths (CFR 4.9%) across 12 districts. Including 25 sporadic cases. The outbreak remains active in Karonga and Machinga districts.

Malawi	Mpox	Grade 3	17-Apr-25	21-Apr-25	28-Apr-25	4	4		
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From 16–24 April 2025, Malawi confirmed four Mpox cases from Lilongwe and Mangochi Districts. The onset of symptoms for the first case was 20 March 2025, and the outbreak was officially declared on 17 April 2025.

Mali	Humanitarian crisis (Sahel region)	Protracted 2	11-Sep-17	11-Sep-17	8-Apr-25	6,400,000		0	0.00%
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Displacement Tracking Matrix (DTM) publication is affected by suspended US funding, with the last report in September 2024. It detailed 378,363 IDPs (15% increase from May), driven by floods and insecurity, with 86% being women and children. A continued food crisis is predicted, threatening 2.3 million people in 2025, severely impacting child and maternal nutrition. Additionally, Malians are being forcibly repatriated from Mauritania, with 254 returnees recorded in Kayes, where 44 received medical care.

Mauritius	Chikungunya	Ungraded	17-Mar-25	15-Mar-25	17-Apr-25	64	64	0	0.00%
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From 17 March to 15 April 2025, a total of 64 confirmed chikungunya cases have been reported in Mauritius, including 11 imported cases. The outbreak has spread to four of the country's six regions, including Rodrigues Island.

Mozambique	Cyclone Jude	Grade 2	10-Mar-25	8-Mar-25	19-Mar-25	-	-	-	-
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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, Tsihombe 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	17-Apr-25	1,300,000		-	-
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According to OCHA, as of 11 April 2025 Cabo Delgado faces humanitarian disruptions due to low fuel after cyclones damaged infrastructure in Nampula province. Damaged N1 highway forces reroutes, increasing transport costs and impacting affordability. In Nampula, violence erupted in Mogovolas district on 17 March due to misinformation against health workers. This unrest forced health staff to abandon facilities, halting cholera and measles response. In Muidumbe, 1,264 displaced families from Muidumbe and Macomia received US\$156 in cash assistance. OCHA's workshop highlighted CVA effectiveness, supported by Muidumbe authorities. Repatriation of Mozambican refugees from Malawi is nearing completion. The Government of Mozambique facilitated the return of 6,382 individuals from Nsanje and Chikwawa districts. Approximately 90% of displaced individuals have returned. 1,500 individuals remain in the Nhamithuthu accommodation camp in Nsanje.

Mozambique	Cholera	Grade 3	30-Nov-24	28-Oct-24	17-Apr-25	302	2 792	50	16.60%
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In epidemiological week 14 (ending 06 April 2025), Nampula (288 cases, 1 death) and Zambezia (11 cases) reported 299 new cholera cases. From 28 October 2024 to 06 April 2025, there were 2,792 total cases with 50 deaths (CFR 1.8%) in Nampula (2,476 cases, 38 deaths) and Zambezia (316 cases, 12 deaths). 80% (40 deaths) occurred in the community, with males accounting for 51% (1,424 cases) and those 15+ years comprising 60% (1,675 cases). Cyclone Jude struck on 10 March 2025, affecting five provinces, most severely Nampula, impacting over one million people, causing 49 deaths, 138 injuries, and damaging 87 health facilities. The outbreak persists in seven districts across Nampula and Zambezia, with factors like poor WASH infrastructure and community mistrust complicating control efforts, including vandalism in Mogovolas district, Nampula Province.

Namibia	Malaria	Ungraded	24-Dec-24	4-Nov-24	20-Apr-25	56,130	56,130	95	0.20%
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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 20 April 2025, Namibia reported 56 130 malaria cases and 95 deaths (CFR 0.2%).

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

Niger	Ascites of undetermined aetiology	Ungraded	12-Jun-24	1-Jan-25	13-Apr-25	253		8	3.20%
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Niger continues to report clusters of cases of ascitic syndrome, which was first identified in Nigeria in 2024. In epidemiological week 15 (week ending on 13 April), five new cases and zero deaths were reported in the Dosso region. From 1 January to 6 April 2025, a total of 253 cases, including eight deaths (CFR 3.2%), were recorded across four districts. The majority of cases and all deaths occurred in Dogondoutchi (132 cases, 7 deaths) and Tibiri (103 cases, 1 death) in the Dosso region, accounting for nearly 93% of the total caseload.

Niger	Diphtheria	Ungraded	28-Aug-23	1-Jan-25	20-Apr-25	939		58	6.20%
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In epidemiological week 16 (week ending on 20 April 2025), a total of 62 new cases of diphtheria, with zero deaths, were reported by fifteen health districts, representing 20 % of all 72 health districts in the country. The Ingall (Zinder Region) health district reported the highest number of cases (20 cases). From epidemiological week 1 to week 16 of 2025, the country had recorded 939 cases, including 58 deaths (CFR: 6.2 %).

Nigeria	Humanitarian crisis (Sahel region)	Protracted 2	10-Oct-16	10-Oct-16	26-Mar-25	7,800,000			0.00%
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Nigeria continues to face significant humanitarian challenges. As of early 2025, approximately 3.7 million people are forcibly displaced, including internally displaced people, due to ongoing conflict and insecurity. Over 33 million people are expected to experience acute food insecurity during the 2025 lean season, and 1.8 million children in six north-eastern and north-western states remain at risk of severe acute malnutrition (SAM). The country is also hosting 127 176 refugees and asylum seekers, while an estimated 7.8 million people require urgent humanitarian assistance.

Nigeria	Ascites of undetermined aetiology	Ungraded		1-Jan-25	6-Apr-25	820		24	2.90%
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Since January 2025, an outbreak of an illness of unknown cause has been reported in Sokoto and Zamfara states. Common symptoms include abdominal pain and distension, fever, vomiting, shortness of breath, weight loss. Cumulatively, from 1 January to 6 April 2025, a total of 614 cases with 19 deaths (CFR 3.1%) were reported across 15 LGAs of Sokoto State. Isa LGA accounts for 57.8% (n=355) of the reported cases. In Zamfara, 206 cases with 5 deaths (CFR 2.4%) were reported across 11 LGAs, with the majority of cases (89.3%, 184 cases) reported from Talata Mafara, Bakura, Bungudu, Maradu LGAs. In 2024, over 700 cases with over 30 deaths were reported from Sokoto and Zamfara states.

Nigeria	Cholera	Grade 3		2-Mar-25	13-Apr-25	1,241	118	28	2.30%
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In epidemiological week 15, five new suspected cases of cholera and zero deaths were reported from Adamawa (n=2), Benue (n=1), Kaduna (n=1), and Katsina (n=1). From 1 January to 13 April 2025, a total of 1241 suspected cases of Cholera, including 28 deaths (CFR: 2.3%), were reported. Of the total cases reported, 118 were confirmed by culture. This outbreak spans 27 states and 88 Local Government Areas (LGAs), with 90% of cases reported in Baylesa, Rivers, Niger, Abia, Delta, Benue, Akwa-bon, Admawa, Katsina and Gombe.

Nigeria	Lassa Fever	Ungraded	30-Nov-24	1-Jan-25	6-Apr-25	681	674	127	18.60%
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In epidemiological week 14 (31 March to 6 April 2025), 15 new confirmed cases of Lassa fever, including 5 deaths, were reported from six states across Nigeria. From 1 January to -6 April 2025, a cumulative total of 681 cases with 127 deaths (CFR 18.8 %) have been reported from 18 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%
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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	4-Apr-25	298	298	2	0.70%
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In the last six weeks, Nigeria reported 50 cases of Mpox. Cumulatively, from 1 January 2024 to 4 April 2025, 298 confirmed cases with two deaths were reported.

Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-22	9-Apr-25	243	243	0	0.00%
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No cVDPV2 case was reported this week. The total number of cVDPV2 cases in 2025 is 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	21-Apr-25	6905	114	0	0.00%
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Rwanda confirmed its first two Mpox cases on 24 July 2024. As of epidemiological week 13, 2025, the country has reported a cumulative total of 6,905 suspected cases and 114 confirmed cases, with no associated deaths. During the reporting period from 24 to 30 March 2025, one new confirmed case was identified from among 68 suspected cases, while six cases remain under follow-up.

Senegal	Dengue fever	Protracted 2	14-Nov-22	6-Jan-25	13-Apr-25	32	32	0	0.00%
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In Week 15 of 2025 (ending 13 April), zero new cases of dengue were confirmed in Senegal. Since the beginning of 2025, a total of 32 cases have been reported, with males accounting for 56% (18 cases). The majority of cases (84% or 27 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 (5), and Dakar (4).

Senegal	Measles	Ungraded	4-Jul-22	1-Jan-25	13-Apr-25	68	68	0	0.00%
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In Week 15 of 2025 (ending 13 April), two new measles confirmed cases were reported in Senegal. Since the start of 2025, a total of 68 confirmed cases have been reported, with males accounting for 56% (38 cases). Cases have been recorded across nine regions, with Louga being the most affected (36 cases), followed by Thiès (7), Dakar (5), and Kaffrine (4). Currently, active outbreaks are ongoing in Linguère and Keur-Momar-Sarr districts.

Sierra Leone	Mpox	Grade 3	11-Jan-25	9-Jan-25	15-Apr-25	341	341	3	0.90%
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From 9 January to 15 April 2025, 341 mpox confirmed cases with 3 deaths (CFR 0.9%) were reported from 10 out of the 16 districts of Sierra Leone. Over 90% of the cases have been reported from densely populated areas, namely, Western Area Urban (n=276) and Western Area Rural (n=42) districts. Males account for 64% (n=218) of the confirmed cases, with the most affected age-group between 25 and 39 years. Clade IIb has been identified as the circulating strain.

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 -SS	Grade 3	15-Aug-16	15-Aug-16	15-Apr-25	9,300,000	-	-	-
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The general security situation in South Sudan has improved, with Juba's security level raised to Green, though a curfew remains in place. Tensions persist in Upper Nile, with clashes in Nasir, Ulang, Panyikang, and Baliet causing casualties and displacements. Humanitarian needs are rising due to damaged infrastructure, access restrictions, and the rainy season. Reduced funding since January threatens basic services for 9.3 million people in need, including Sudanese refugees.

South Sudan	Impact of Sudan crisis	Grade 3	15-Apr-23	1-May-23	23-Mar-25	1,088,463	-	-	
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	25-Apr-25	280		4	1.40%
No case was reported in week 16. In 2025, 119 cases were reported from Warrap (n=34) and WBeG (n=85), with one death (CFR 0.8%). Since 2024, a total of 280 cases have been reported from both states, with four deaths (CFR 1.4%).									
South Sudan	Cholera	Grade 3	11-Oct-24	28-Sep-24	14-Apr-25	48,726	224	919	1.90%
As of 14 April 2025, South Sudan has reported a total of 48,726 suspected and confirmed cholera cases since the onset of the outbreak on 28 September 2024. Among these, 224 cases have been confirmed by culture and 9,408 through RDT, with an overall RDT positivity rate of 83.0% and a culture positivity rate of 17.4%. A total of 919 deaths have been recorded, with a CFR of 1.9%. The outbreak has affected 44 counties across the country. In the past week alone, 436 new cases and six additional deaths were reported. Currently, 1,695 patients remain admitted while 46,112 have recovered. The gender distribution of cases is nearly even, with females representing 51% and males 49% of the total caseload.									
South Sudan	Mpox	Grade 3	7-Feb-25	7-Feb-25	14-Apr-25	68	8		0.00%
As of 4 April 2025, South Sudan has reported a total of 68 suspected Mpox cases, of which 8 have been confirmed, with no associated deaths. The affected areas include Central Equatoria, Upper Nile, and Western Equatoria states, with the majority of confirmed cases concentrated in Juba and one in Malakal. Genetic sequencing of initial samples confirmed the presence of the Clade 1b strain, establishing epidemiological linkages with the ongoing outbreak in Uganda. The index case, reported in early February 2025, involved a Ugandan road construction worker residing in Juba. Since then, the country has intensified Mpox surveillance and response efforts, building on systems initially established in August 2024. Most confirmed cases are adult males aged between 24 and 40 years. Community transmission remains limited at this stage, but continuous active case finding and contact tracing are ongoing to mitigate further spread.									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-24	1-Jan-23	7-Apr-25	13	13	0	0.00%
As of 7 April 2025, zero cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in South Sudan for 2025. In 2024, a total of 10 cases were confirmed, with the most recent case having a date of onset of paralysis on 16 November 2024. In 2023, three cases were reported.									
Tanzania, United Republic of	Cholera	Grade 3	3-Oct-23	5-Sep-23	1-Apr-25	13977		159	1.10%
Since 1 January 2024 cholera outbreaks have been reported in 23 regions out of 31 of Tanzania. As of 27 February 2025 Currently seven regions have active outbreaks (Simiyu, Morogoro, Rukwa, Lindi, Mbeya, Tabora, and Mara). The majority of cases are female (n=3675; 53.7%) and has largely affected the age ranges 15-44 years (34.9%). The case fatality ratio is 1.1%. Cumulatively from Jan 2024 to 27 Feb 2025, a total of 13 977 cases and 159 deaths (CFR 1.1%) have been reported countrywide									
Tanzania, United Republic of	Mpox	Grade 3	10-Mar-25	10-Mar-25	28-Apr-25	40	40	0	0.00%
During the period 19 to 25 April 2025, one new Mpox case was confirmed in Iringa Region. From 10 March to 25 April 2025, a cumulative total of 40 confirmed Mpox cases has been reported across 10 regions in Tanzania.									
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).									
Uganda	Anthrax	Ungraded	7-Apr-25	10-Apr-25	14-Apr-25	7	3		
An anthrax outbreak was detected in Kabale District on 7th April 2025. The first case developed symptoms on 1st April. Seven people involved in slaughtering dead cattle showed signs of cutaneous anthrax, and three out of five samples have tested positive for Bacillus anthracis on the 11th April 2025.									
Uganda	CCHF	Ungraded	9-Mar-25	18-Mar-25	13-Apr-25	2	1		0.00%
On 9 March, the Kyegegwa health authorities in Uganda received a report of a confirmed CCHF case in a 28-year-old man who had been admitted to a local health center since 7 March 2025. The case is from Kyegegwa district and was confirmed on 9 March 2025 at UVRI.									
Uganda	Cholera	Grade 3	12-Jan-25	7-Jan-25	13-Apr-25	116	79	3	2.60%
An outbreak of cholera is ongoing in Lamwo district, Northern region of Uganda. From 7 January - 13 April 2025, a total of 116 cases, including three death (CFR 2.6%), have been reported from Kiryandongo and Lamwo districts. Of these cases, 79 have been laboratory-confirmed for Vibrio cholerae O1 Ogawa infection.									
Uganda	Measles	Ungraded	24-Feb-25	6-Jan-25	13-Apr-25	251	135	4	1.60%
Since January 2025, measles outbreaks have been reported in several locations in Uganda. Currently, 17 districts have been affected. As of 13 April 2025, a total of 145 cases (135 confirmed) with four deaths have been reported.									
Uganda	Mpox	Grade 3	26-Jul-24	29-Jul-24	13-Apr-25	5431	5,431	40	0.70%
As of 15 April 2025, Uganda has reported 5 431 confirmed cases of mpox with 40 deaths (CFR 0.7%) from 110 districts affected across the country.									
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	14-Apr-25	317	36	1	0.30%
Between 22 and 28 March 2025, Zambia reported 5 new confirmed Mpox cases across Lusaka, Muchinga, and Western provinces, bringing the cumulative national total to 36 confirmed cases since the outbreak began in October 2024. Of these, 26 patients have recovered, one death has been recorded, and nine cases remain active—eight under home isolation and one hospitalized in Lusaka. The new cases include individuals from Bauleni, UTH, and Matero in Lusaka; Isoka in Muchinga; and Lukulu in Western Province. Lusaka remains the most affected province, accounting for over half of the confirmed cases. Clade 1b strain was identified in 21 of the 36 confirmed cases. Overall, 317 suspected cases have been tested, with an 11% positivity rate.									

†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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Correspondence on this publication may be directed to:

Dr Etien Luc Koua

Programme Area Manager, Health Emergency Information and Risk Assessment Programme.

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

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WCO Contributors

- Ministry of Health (DRC)
- Jean Baptiste NIKIEMA (DRC)
- Mouctar Amadou DIALLO (DRC)
- LINDSTRAND, Ann (Cabo Verde)
- SEMEDO, Flávia (Cabo Verde)

Design and Publication

- MLANDA, Tamayi
- HAMMA, Mouhiddine
- MASSIDI, Eric

AFRO Editorial Team

WILLIAMS, George Sie
HOLLIS, Sarah
VACCHER, Stefanie
DZOTSI, Emmanuel
KEITA, Mory
KAVOGA, Freddy Kambale
KIBANGOU, Emerencienne
CONTEH, Ishata
KIMENYI, Jean Paul
FORDAH, Sarah
MANGOSA, Zaza Ramazani
NGUNA, Joyce

Editorial Advisory Group

Dr Abdou Salam Gueye, Regional
Emergency Director

Dr Etien Koua, Program Area
Manager, HIR/EPR/AFRO

Dr Dick Chamla, Program Area
Manager, EMP/EPR/AFRO

Dr OTIM, Patrick Ramadan,
Program Area Manager,
EMR/EPR/AFRO

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.