Protracted 3 events

Grade 3 events

Ungraded events

Grade 1 events

Protracted 2 events

New events

154

Ongoing events

129

Outbreaks

25

Humanitarian crises

Legend

Dengue fever
Typhoid fever
Plague
Deaths
Acute Food Insecurity
Enteric Outbreak
Sudan virus disease
Crimean-Congo haemorrhagic fever
Diphteria
Meningitis
Yellow fever
Rubella
Malaria
Lassa fever
African trypanosomiasis
Marburg
Hepatitis E
Severe food insecurity
Crimean-Congo haemorrhagic fever
Diphteria
Meningitis
Yellow fever
Rubella
Malaria
Lassa fever
African trypanosomiasis
Marburg
Hepatitis E
Severe food insecurity

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African region. This week’s articles cover:

- Suspected anthrax in Ghana
- Cholera in South Africa
- Cholera in Democratic Republic of the Congo

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.

**Major issues and challenges include:**

- Health authorities in Ghana have been responding to a suspected anthrax outbreak in Binduri District since 1 June. Rapid response teams have been deployed to support the investigation and response. Available resources are insufficient to carry out response activities, including contact tracing, case management and vaccination of animals. In addition, those involved in the response are challenged with poor community cooperation and compliance with the animal movement ban. The region’s laboratory is poorly equipped to carry out anthrax diagnostics, leading to delays in obtaining results for confirmatory tests on human samples.

- Although there has been a reported decline in cases of cholera in South Africa, there remains a risk for imported cases following travel from other African countries currently experiencing cholera outbreaks. The cholera outbreak is spreading at a time when the government is responding to other public health emergencies; diphtheria, mumps and measles outbreaks, amidst a regress in childhood immunisation coverage. Parents and caregivers are advised to not only maintain good hygiene practices but also ensure that their children are up to date with their routine immunisation for protection from vaccine-preventable diseases. It is crucial that continuous engagement with the local municipality to address the waste management and sewage leakages and intensification of risk communication activities in hotspot communities are maintained.

- The ongoing cholera outbreak in the Democratic Republic of the Congo presents major challenges, including the spread of the disease across multiple provinces, concentration of cases in certain health zones, water scarcity and poor sanitation in some areas, limitations in laboratory capacity, resource mobilization difficulties, and the need for better coordination and awareness.
On 2 June 2023, Ghana health authorities declared a suspected anthrax outbreak in Binduri District of the Upper East Region. The first two cases, including one death, were reported to the Upper East Regional Health Directorate of the Ghana Health Service on 1 June 2023, following the consumption of cattle carcasses.

The first case is a 65-year-old man who became ill and died 10 days after consuming the carcass on 21 May 2023. He was buried the same day by his family under the strict supervision of health personnel. The second case who also ate the same carcass is a 55-year-old man who presented himself at a District Hospital on 27 May 2023 with a swollen face and lesions on his head, legs, and arms. He was referred to the Regional Hospital on 30 May 2023 and then to another Hospital on the same day.

As of 11 June, a total of 13 suspected cases with one death were reported in Binduri district. All 11 samples collected from suspected cases tested negative for human anthrax at the Pong-Tamale Veterinary Laboratory.

Prior to reports of human cases, four cattle died in the affected community between 20 May and 1 June. The first cattle death was recorded on 21 May and was consumed by over 100 people. The second cattle death was recorded around 28 May and was untouched and destroyed. The third and fourth cattle death which occurred around 30 May and 31 May respectively, was sold to some butchers, contrary to instructions from the veterinarian.

As of 11 June, 85 animal deaths were recorded in five districts of the Upper East Region, including 45 cattle, 39 goats, one sheep and one pig. Of the five samples taken from the animals, three tested positive for animal anthrax at the Pong Tamale Veterinary Laboratory.

**PUBLIC HEALTH ACTIONS**

- The Regional Public Health Emergency Management Committee has been activated to coordinate response activities, with strong ownership by the regional minister and political structures.
- Regional and District Rapid Response Teams have been deployed to investigate the outbreak. Active case finding and contact tracing are ongoing.
- Total ban on movement of animals (cattle, sheep, goats, donkeys, pigs) and their products throughout the region for one month from June 7, 2023.
- One-month ban on slaughter, consumption, and sale of fresh or cooked animals and closure of slaughterhouses throughout the region from June 7, 2023.
- Case management with antibiotics for all eleven suspected cases.
- Mass vaccination of animals in all districts began on 6 June to prevent further spread of the outbreak in animals. A total of 16 800 livestock vaccinated as of 11 June.
- Intensified risk communication activities for the upcoming Eid festival.

**SITUATION INTERPRETATION**

Prevention and control of the disease in animals and implementation of appropriate public health measures will enable prevention and control of human outbreaks. The ongoing response could be jeopardized by weak cooperation from the affected community. Strengthening the current measures is necessary to bring this outbreak under control.
Suspected anthrax cases by date of onset, Binduri district, 21 May – 2 June 2023

Distribution of suspected cases of anthrax in Ghana, 21 May – 2 June 2023
**South Africa**

**Cholera**

**EVENT DESCRIPTION**

South Africa continues to respond to a cholera outbreak that was first reported in February 2023, however with a declining trend, particularly in the outbreak hotspot area of Hermanskraal township.

The first three cases in this outbreak were imported following history of travel to one of the outbreak affected neighbouring countries.

All subsequent cases are indigenous and transmission of cholera has been established in South Africa with outbreaks confirmed in five Provinces; Gauteng, Free State, North West, Limpopo, and Mpumalanga. Some cases reported exposure to, or consumption of, untreated water from rivers and these are being investigated as possible sources of infection.

Cumulatively, 902 suspect cholera cases including 190 confirmed cases and 37 cholera related deaths (17 deaths among confirmed cases) have been reported with a Case Fatality Ratio (CFR) of 4.0% between 1 February and 13 June 2023.

Majority of cases are from Gauteng, which accounts for at least 63.0% (565) cases, while Free State accounts for 2.5%, translating to 223 infections. Gauteng has reported (82%) 14 deaths (among confirmed cases), while Free State accounts for two deaths, and Mpumalanga one fatality.

The ages of patients in Gauteng range from one to 91 years, while in the Free State it ranges from 10 to 50 years. The 41-50 years age group accounted for 23% (44) of cases; followed by 31-40 years at 17% (32) and 51-60 years at 12% (22). The median age among confirmed cases is 40 years (IQR: 23-50) and 40% of patients are aged 31-50 years. Females accounted for 53% (101) of the laboratory-confirmed cases.

A high CFR observed at the onset of the outbreak is attributed to delayed initiation of appropriate treatment, late reporting (before the field treatment unit was set up), low index of suspicion for cholera by healthcare workers, suboptimal clinical monitoring and adherence to cholera case management protocols, and underlying comorbidities like diabetes, hypertension, tuberculosis, and HIV.

**PUBLIC HEALTH ACTIONS**

- The Government of the Republic of South Africa, under the leadership of the National Department of Health, has coordinated all state and non-state actors at the national, provincial, district and local levels to control the cholera outbreak.
- The National Department of Health has established an Incident Management System (IMS) and has appointed key team leads with clear terms of reference. National IMT meetings are held three times weekly.
- The Incidence Management Team (IMT) is reviewing the National Cholera Plans to guide and improve the response. IMT is activated in all nine provinces.
- WHO conducted a case management support mission to Free State (12-14 June 2023), and separate teams are supporting the cholera outbreak response team trainings and drills in Mpumalanga and Eastern Cape Provinces.
- WHO in collaboration with other stakeholders is supporting the data collation and analysis; including support for retrospective health facility record review for acute diarrhoea cases and updating of line lists and case investigation forms to inform investigations into the source of the outbreak and drivers of the current incident cases.
- Sample collection from suspect cholera cases is ongoing in the affected and at risk provinces with isolates from hospital laboratories being sent to NICD for culture and biochemical testing.
- Community sensitization on cholera has been intensified within the hotspot areas of Hermanskraal in Gauteng and Ngwathe in Free State provinces, and all other provinces. A temporary post (gazebo) erected at the field hospital in Hermanskraal to target community members visiting the facility.
- Initiated OCV application on 26 May 2023 as per ICG Guidance. A total of 230 000 OCV doses would be
SITUATION INTERPRETATION

The Department of Health, working with various stakeholders continue to make significant progress in response to the cholera outbreak in South Africa to contain the spread of the disease and save lives, while the investigations into the cause of the outbreaks are ongoing. There is a notable decline in the number of confirmed cases reported. Active case finding is ongoing in the community.

The cholera outbreak reiterates the importance of ensuring access to safe water and sanitation systems and encouraging good hygiene practices among children, caregivers and communities to help protect them from cholera and other diseases.
The cholera outbreak in the Democratic Republic of the Congo (DRC) continues to spread with more than 500 cases reported weekly for the past two months. In epidemiological Week 18 (ending May 17, 2023), there were 1 051 suspected cases and six deaths (CFR: 0.6%) reported from 34 health zones across six provinces of the country. This is an 80% increase in comparison to 219-suspected cases and one death reported from 20 health zones across five provinces during the same period in 2022.

Between epidemiological Week 1 and Week 18, 18 844 suspected cholera cases, including 102 deaths (case fatality rate: 0.5%), were reported in 73 health zones across 13 provinces. This is in contrast to 5 730 suspected cholera cases and 80 deaths (case fatality rate: 1.45%) reported in 52 health zones across 11 provinces during the same period in 2022. Out of the 3 739 stool samples analyzed in various laboratories, including (Institut National de Recherche Biomédical), and (Appui Médical Intégral), 1 370 samples tested positive for Vibrio cholerae O1 (positivity rate: 36.6%) between epidemiological Week 1 and Week 18 of 2023.

The temporal trends in weekly cholera case notifications shows that following the peak of 2 226 cases in Week 11, there was a consistent decline observed until Week 17, with only 980 cases reported. However, there was a subsequent increase in cases between Week 17 and Week 18, with 1 051 cases recorded. Notably, the overwhelming majority of cases 96.6% (1 015 cases) were concentrated in the endemic provinces of Haut-Katanga, Haut-Lomami, Tanganyika, North Kivu, and South Kivu. The cholera incidence rate (per 100,000 inhabitants) for the whole Country is 26, with the provinces of North Kivu (139), Tanganyika (43), and South Kivu (17) recording the highest numbers.

The overall situation of cholera in DRC shows different pattern across provinces. While North Kivu province has seen a decline in reported cases from the peak in Week 11 with 2005 cases to Week 18, 2023, with 701 cases recorded, certain health zones such as Nyiragongo (273 cases), Karisimbi (201 cases), Kirotshie (79 cases), and Goma (62 cases) continue to experience a significant number of cases. These four health zones account for around 87.7% of cases in North Kivu (615 cases) and 58.5% of cases nationwide.

Displaced camps in Goma, Karisimbi, and Nyiragongo are identified as the main hotspots of the disease. On the other hand, South Kivu witnessed a notable increase in suspected cholera cases, reaching 116 cases across 12 health zones by the end of Week 18. Haut-Katanga reported 96 cases and one death, while Tanganyika province saw an 86.3% surge in cases. Lusambo health zone in Sankuru Province recorded 169 suspected cases and seven deaths, highlighting the challenges posed by water scarcity and poor sanitation. Initial stool sample analysis showed negative results, nonetheless further confirmation is awaited.

**PUBLIC HEALTH ACTIONS**

- Coordination and epidemiological Surveillance are ongoing including the support of Provincial Health Departments, the National Cholera Elimination Program and Fight against Other Diarrheal Diseases, in collaboration with WHO, to strengthen their response to the epidemic, resource mobilization, and regular coordination meetings and advocacy initiatives.
- Multiple laboratory training sessions have taken place, such as a trainer workshop on the deployment of rapid diagnostic tests and the implementation of cholera PCR for routine surveillance.
- The ongoing risk communication activities include the continued reinforcement of awareness raising efforts in Lusambo health zone in Sankuru and organization of educational talks on environmental hygiene, proper use of latrines, and handwashing practices in the affected health zones.
- Sensitization campaigns for the population and training of health care providers are actively being conducted to increase awareness and knowledge regarding the importance of protection against sexual exploitation and abuse, with a particular focus on promoting the hotline number and complaint reporting mechanism.
- Continued free medical care for cholera cases...
in treatment centres in various provinces, strengthening patient care in affected provinces with the support of implementing partners.

Ongoing WASH and infection prevention and control activities are being conducted in the affected provinces, including the deployment of teams, construction of latrines, putting in place operational oral rehydration points and chlorination and disinfection of water.

SITUATION INTERPRETATION

The cholera outbreak in DRC persists, with notable variations across provinces. While North Kivu province has seen a decline in reported cases, certain health zones continue to be heavily affected, particularly those with internally displaced camps. Conversely, South Kivu has witnessed an increase in suspected cases, while challenges related to water scarcity and poor sanitation are evident in the Lusambo health zone in Sankuru Province. To address this ongoing crisis, it is recommended to strengthen prevention and control measures, intensify awareness campaigns, enhance coordination among stakeholders, improve access to clean water and sanitation facilities, strengthen surveillance and laboratory capacity, and mobilize resources for an effective response.
## Update on Reporting - Epidemiological Week 24: 12 – 18 June, 2023

### Point du rapportage hebdomadaire – Semaine 24: 12 – 18 juin 2023

### 2023 Summary of Reporting - Frequency of weekly reports received at AFRO

Please refer to the calendar below to submit your IDSR data on a weekly basis:

Veuillez-vous référer au calendrier ci-dessous pour soumettre vos données de la SIMR sur une base hebdomadaire:

**afrooutbreak@who.int**
## All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ongoing events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>18-Jun-23</td>
<td>271 851</td>
<td>271 851</td>
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<tr>
<td>Angola</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Jul-22</td>
<td>11-Apr-22</td>
<td>14-Jun-23</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>3-May-23</td>
<td>28 014</td>
<td>28 014</td>
<td>163</td>
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<tr>
<td>Benin</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jun-22</td>
<td>14-Jun-22</td>
<td>15-Jun-23</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Sep-20</td>
<td>14-Sep-20</td>
<td>15-Sep-20</td>
<td>3</td>
<td>3</td>
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</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>30-Mar-20</td>
<td>30-Mar-20</td>
<td>6-May-23</td>
<td>329 862</td>
<td>329 862</td>
<td>2 797</td>
<td>0.90%</td>
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<td>Botswana</td>
<td>Measles</td>
<td>Ungraded</td>
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<td>28-Mar-23</td>
<td>31-Mar-23</td>
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<td>13</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>31-Mar-23</td>
<td>2 100 000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>3-May-23</td>
<td>22 056</td>
<td>22 056</td>
<td>396</td>
<td>1.80%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Jan-23</td>
<td>28-May-23</td>
<td>3-May-23</td>
<td>450</td>
<td>450</td>
<td>7</td>
<td>1.60%</td>
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<td>Burundi</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>8-May-23</td>
<td>53 749</td>
<td>53 749</td>
<td>15</td>
<td>0.00%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Mar-23</td>
<td>17-Mar-23</td>
<td>17-May-23</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>7-Jun-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
The eastern façade (North, Adamawa, Est regions) of Cameroon is experiencing a protracted humanitarian situation due to the presence of refugees from CAR. Although refugees from the Central African Republic (CAR) are protracted, waves of refugee influxes continue to arrive in the East, Adamawa, and North regions. By the end of 2023, it is expected that there will be 351,000 refugees from CAR in Cameroon. According to UNHCR, this trend will likely continue, given the fragile political and security situation in the CAR.

The humanitarian situation in the NWSW regions remained dire, marked by continued violent attacks on schools and children, as well as on healthcare. Continued fighting between non-state armed groups (NSAGs) and State security forces led to the killing and displacement of civilians. Humanitarian activities continue to be hampered by roadblocks, theft of humanitarian supplies, bureaucratic impediments, and risk of IDEs in public spaces and roads used by humanitarians. As of 30 Apr 2023, 628,196 people are internally displaced in the area.

Cameroon continues to be impacted by conflict in the Lake Chad basin, North-West, South-West, and by the Central African Republic crisis in the eastern regions (East, Adamawa, and North). An estimated 4.7 million people need humanitarian assistance across the country (affecting the equivalent to one out of six people). Women and children make up 77% of those in need. An estimated three million people are facing acute food insecurity in 2023 and more than two million people are on the move as internally displaced persons, returnees, or refugees, many of whom are lacking essential services. In Feb 2023, 1,652 people were newly registered in Minawao camp between 1-15 Feb 2023. More than 82 civilians were abducted in Feb 2023 by armed individuals in Logone and Chari. The Ouzal Health Center was also attacked by armed individuals in Mayo-Sava.

From 25 Oct 2021 to 15 May 2023, a total of 17,081 cases of cholera including 1,856 laboratory-confirmed cases and 384 deaths (CFR 2.25%) have been reported from eight regions. Patients’ ages range from 2 months to 103 years with a median of 28 years, and the sex ratio M/F is 1.3.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 23 April 2023, a total of 125,036 cases have been reported, including 1,972 deaths.

From 1 to week 12 of 2023 (ending 7 May), a total of 4,504 suspected cases with 18 deaths (CFR 0.4%) have been reported including 4,152 total confirmed cases. The number of deaths reported this year has been reviewed.

From 1 to week 22, 2023 (ending 7 May), 17 new suspected case of Mpox have been reported and no confirmed case. Since January 2022 a total of 126 suspected cases including 18 confirmed and three deaths have been reported in the country.

No cVDPV2 case was reported this week as of 17 May 2023. There were three cases reported in 2022, three others reported in 2021, and seven cases reported in 2020.

Health authorities in Cameroon have communicated through press releases on deaths among children under five related to a consumption of a fake cough syrup. Since 9 March 2023 through 24 April 2023, a total of 11 cases including 10 deaths have been reported. Among deaths, six deaths are from North-West region, three deaths are from South-West region and one death is from Littoral region.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 18 June 2023, a total of 64,016 confirmed COVID-19 cases including 414 deaths and 63,509 recoveries were reported in the country.

The humanitarian situation in the country remains critical with populations continuing to suffer from insecurity. One in five Central Africans is either displaced within their own country or refugees in a neighboring country. In 2023, 3.4 million people will need humanitarian assistance and protection, an increase of 10% compared to 2022. The ongoing conflict in Sudan is exacerbating the humanitarian situation in the northern region of the country which is already facing food insecurity, and insufficient basic services such as health and education and livelihoods. As of 7 June 2023, a total of 13,824 people, including 3,456 Central African returnees have prevenitely crossed the border from Sudan and are living in host families and spontaneous settlements in Am-Dafok, women and children constitute 98% of asylum seekers and 87% of returnees.

The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 23 April 2023, a total of 15,396 confirmed cases, 113 deaths and 15,200 recovered were reported.
Health Emergency Information and Risk Assessment

WEEKLY BULLETIN ON OUTBREAKS AND OTHER WEEK 25: 12 JUNE - 18 JUNE 2023

Since the beginning of 2023 to week 16 (ending 23 April), the Ministry of Health and Population has recorded a cumulative of 756 confirmed cases of measles including 105 laboratory-confirmed cases, 651 cases confirmed by epidemiological link and zero deaths. The measles outbreak is ongoing in eight (23%) out of 35 health districts, namely Bozoum, Bossembélé, Haut-Mbomou, Boda, BAMARI, Bangui 1, Bimbo and Boular-Baaro.

<table>
<thead>
<tr>
<th>Central African Republic</th>
<th>Mpox</th>
<th>Protracted 2</th>
<th>3-Mar-22</th>
<th>4-Mar-22</th>
<th>23-Apr-23</th>
<th>31</th>
<th>31</th>
<th>1</th>
<th>3.20%</th>
</tr>
</thead>
</table>

From 4 March 2022 through 23 April 2023, a total of 31 confirmed cases of Mpox and one death have been reported in the country. Since the start of 2023, the country has reported 14 laboratory-confirmed cases, including one death.

<table>
<thead>
<tr>
<th>Central African Republic</th>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>24-May-19</th>
<th>24-May-19</th>
<th>17-May-23</th>
<th>37</th>
<th>37</th>
<th>0</th>
<th>0.00%</th>
</tr>
</thead>
</table>

Two cVDPV2 cases were reported this week as of 17 May. There have been seven cases reported in the country this year. Although no new cases were reported in 2021, four cVDPV2 cases were reported in 2020 and 21 cases in 2019 from several outbreaks.

<table>
<thead>
<tr>
<th>Chad</th>
<th>Humanitarian crisis (Sahel region)</th>
<th>Grade 2</th>
<th>11-Feb-22</th>
<th>1-Mar-16</th>
<th>10-May-20</th>
<th>6 100 000</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

The Lac Chad province is experiencing a double security and environmental crisis. Since 2015, the region is impacted by attacks of non-state armed groups which have forced local communities to flee their homes. The province experienced heavy rainfall which has affected 229 000 people, and caused extensive damage to homes and schools. The floods added a new challenge to an already critical situation. As of 28 Feb 2023, Chad has 381K internally displaced persons and hosts 595K refugees. As of 10 May 2023, Chad has had an estimated 27K refugees arrive from neighboring Sudan where the humanitarian situation is deteriorating. The refugees are mainly displaced in Guassdi, Sila, and Wadi Fira.

<table>
<thead>
<tr>
<th>Chad</th>
<th>COVID-19</th>
<th>Protracted 3</th>
<th>19-Mar-20</th>
<th>19-Mar-22</th>
<th>26-Apr-23</th>
<th>7 822</th>
<th>7 822</th>
<th>194</th>
<th>2.50%</th>
</tr>
</thead>
</table>

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 26 April 2023, a total of 7 822 confirmed COVID-19 cases were reported in the country including 194 deaths.

<table>
<thead>
<tr>
<th>Chad</th>
<th>Measles</th>
<th>Ungraded</th>
<th>24-May-18</th>
<th>1-Jan-23</th>
<th>23-Apr-23</th>
<th>5 378</th>
<th>412</th>
<th>4</th>
<th>0.10%</th>
</tr>
</thead>
</table>

As at Week 16 of 2023 (ending 23 April), 5 378 suspected cases and four measles-related deaths (CFR 0.1%) have been reported from 136 out of 150 districts in the country. A total of 412 samples tested IgM+ for measles out of 1 393 cases investigated with blood samples (31.5%); and 157 tested IgM+ for rubella from 1 057 tested samples (14.8%). Only 21% of confirmed cases known to have received at least one dose of measles vaccine. There are 39 districts with laboratory confirmed measles outbreak since the start of 2023.

<table>
<thead>
<tr>
<th>Chad</th>
<th>Poliomyelitis (cVDPV1)</th>
<th>Grade 2</th>
<th>18-Oct-19</th>
<th>9-Sep-19</th>
<th>17-May-23</th>
<th>165</th>
<th>165</th>
<th>0</th>
<th>0.00%</th>
</tr>
</thead>
</table>

One case was reported this week as of 17 May. A total of six cases have been reported in 2023. A total of 44 cVDPV2 cases were reported in 2020 from three different outbreaks, while nine other cases were reported in 2019.

<table>
<thead>
<tr>
<th>Comoros</th>
<th>COVID-19</th>
<th>Protracted 3</th>
<th>30-Apr-20</th>
<th>30-Apr-20</th>
<th>27-Apr-23</th>
<th>9 109</th>
<th>9 109</th>
<th>161</th>
<th>1.80%</th>
</tr>
</thead>
</table>

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 27 April 2023, a total of 9 109 confirmed COVID-19 cases, including 161 deaths were reported in the country.

|-------|----------|-------------|---------|---------|---------|-------|-------|-----|-------|

The Government of Congo announced the confirmation of the first COVID-19 in Congo on 14 March 2020. As of 14 May 2023, a total of 25 195 cases including 389 deaths have been reported in the country.

<table>
<thead>
<tr>
<th>Congo</th>
<th>Mpox</th>
<th>Protracted 2</th>
<th>23-May-22</th>
<th>1-Jan-22</th>
<th>14-May-23</th>
<th>5</th>
<th>5</th>
<th>0</th>
<th>0.00%</th>
</tr>
</thead>
</table>

From 1 January 2022 to 14 May 2023, the Republic of Congo has reported five laboratory-confirmed cases, with zero death (CFR 0.0%).

<table>
<thead>
<tr>
<th>Congo</th>
<th>Poliomyelitis (cVDPV1)</th>
<th>Grade 2</th>
<th>21-Mar-23</th>
<th>1-Mar-23</th>
<th>14-Jun-23</th>
<th>1</th>
<th>1</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

A case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was confirmed on 1 March 2023 in a 15-year-old child living in Dolisie, Niari Department, with onset of paralysis on 26 September 2022.

<table>
<thead>
<tr>
<th>Côte d'Ivoire</th>
<th>COVID-19</th>
<th>Protracted 3</th>
<th>11-Mar-20</th>
<th>11-Mar-20</th>
<th>29-May-23</th>
<th>88 330</th>
<th>88 330</th>
<th>835</th>
<th>0.90%</th>
</tr>
</thead>
</table>

Since 11 March 2020, a total of 88 330 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 835 deaths, and a total of 87 497 recoveries.

<table>
<thead>
<tr>
<th>Côte d'Ivoire</th>
<th>Yellow Fever</th>
<th>Ungraded</th>
<th>17-May-23</th>
<th>8-May-23</th>
<th>8-May-23</th>
<th>1</th>
<th>1</th>
<th>0</th>
<th>0.00%</th>
</tr>
</thead>
</table>

A polymerase chain reaction (PCR)-positive case of yellow fever was reported in Côte d’Ivoire on 8 May following confirmation at the Institut Pasteur in Dakar. The patient is a 35-year-old male from Cocody-Bengerville in Abidjan. His yellow fever vaccination status is unknown. The date of onset of illness is 4 April 2023 and the sample was collected on 6 April 2023.

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>Floods</th>
<th>Ungraded</th>
<th>5-May-23</th>
<th>6-May-23</th>
<th>19-May-23</th>
<th>-</th>
<th>-</th>
<th>430</th>
</tr>
</thead>
</table>

From 2 to 4 May 2023, heavy rain fell throughout the territory of Kaléhe of South Kivu which led to the overflow of rivers causing floods and landslides. As of 19 May 2023, a total of 430 deaths including 404 at community level and 26 deaths in health care facilities were recorded. A total of 197 people were injured and about 5 536 people missing.

The affected population is estimated at 34 556 people and those in need of humanitarian assistance in relation to this situation are estimated at 100 000.
As of 30 Apr 2023, more than 6.2 million people are in a situation of internal displacement (IDPs) in the DRC mostly located within North Kivu (2.4 million, 39%), South Kivu (1.7 million, 27%), and Ituri (1.6 million, 26%) provinces of the country. There are also another 520K refugees in the country mostly now located in the provinces of North Kivu (165K, 32%) and North Ubangi (112K, 21.7%) and mostly coming from Central African Republic (210K, 40%) and Rwanda (208K, 40%). In Ituri Province, intercommunal violence escalated in the last quarter where there is a worrying increase in attacks in the territories of Djugu and Irumu, with more than 70 civilians were killed during Feb 2023. In addition, around 380 houses had been burnt down in repeated attacks in Ituri province since Jan 2023. Humanitarian partners are also affected by access constraints linked to armed clashes, popular demonstrations, the presence of illegal barriers, but also logistical constraints and incidents of violence against them.

### Cholera

**Democratic Republic of the Congo**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Protracted</th>
<th>20-Dec-16</th>
<th>17-Apr-17</th>
<th>30-Apr-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera (Nord Kivu : Nyiragongo and Karisimbi HZs)</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-23</td>
<td>7-May-23</td>
<td>18 794</td>
</tr>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>14-Dec-22</td>
<td>1-Jan-23</td>
<td>7-May-23</td>
<td>4 868</td>
</tr>
</tbody>
</table>

Following a massive influx of Internal Displaced Persons (IDPs) in Nyiragongo and Karisimbi health zones (HZs), the cholera outbreak was declared in those two HZs on 14 December 2022 after an increase in number reported of cholera cases above the epidemic threshold in these HZs. From week 1 through week 18, 2023 (ending 7 May) a total of 8 468 cases with 8 deaths (CFR 0.1%) have been reported. The number of deaths has been reviewed.

From epidemiological week 1 to 18, 2023 (ending 7 May), 18 794 cases of cholera, including 104 deaths (CFR 0.6%), have been recorded. Nord Kivu province is leading in number of cases reported with 14 276 cases and 20 deaths followed by Tanganyika province with 1 501 cases and four deaths and Sud Kivu province with 1 449 cases and four deaths, Haut Katanga province with 1 029 cases with 41 deaths.

### Measles

**Democratic Republic of the Congo**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>10-Mar-20</th>
<th>10-Mar-20</th>
<th>23-Apr-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>1-Jan-23</td>
<td>23-Apr-23</td>
</tr>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>30-Mar-19</td>
<td>1-Jan-22</td>
<td>14-May-23</td>
</tr>
</tbody>
</table>

A total of 82 601 suspected cases with 1 442 measles related deaths (CFR 1.70%), 1 546 IgM+ for measles from 2 722 tested samples and 282 IgM+ for Rubella, have been reported since the beginning of this year. As of 25 April 2023, a total of 141 health zones with confirmed outbreaks since the beginning of this year.

### Polio

**Democratic Republic of the Congo**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>26-Feb-21</th>
<th>1-Jan-22</th>
<th>17-May-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>27-Aug-22</td>
<td>27-Aug-22</td>
<td>17-May-23</td>
</tr>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-21</td>
<td>1-Jan-22</td>
<td>17-May-23</td>
</tr>
</tbody>
</table>

The first cVDPV1 case was reported in Haut Lomami bringing the number of 2022 cases to 145. There are 12 cVDPV1 cases reported this year.

### Suspected Meningitis

**Democratic Republic of the Congo**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>31-May-22</th>
<th>2-Jun-22</th>
<th>14-May-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningitis</td>
<td>Ungraded</td>
<td>31-May-22</td>
<td>2-Jun-22</td>
<td>14-May-23</td>
</tr>
</tbody>
</table>

No cVDPV2 cases were reported this week. The number of 2023 cases remains 22. There were 362 cVDPV2 cases last year.

### Equatorial Guinea

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>14-Mar-20</th>
<th>14-Mar-20</th>
<th>23-Feb-23</th>
<th>17 229</th>
<th>17 229</th>
<th>183</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Protracted</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>23-Feb-23</td>
<td>17 229</td>
<td>17 229</td>
<td>183</td>
</tr>
</tbody>
</table>

Equatorial Guinea reported a total of 183 deaths and 1 907 recoveries.

### Eritrea

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>21-Mar-20</th>
<th>21-Mar-20</th>
<th>30-Oct-22</th>
<th>10 189</th>
<th>10 189</th>
<th>103</th>
</tr>
</thead>
</table>

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 30 October 2022, a total of 10 189 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 085 patients have recovered from the disease.

### Eswatini

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>3-Apr-23</th>
<th>3-Apr-23</th>
<th>8-May-23</th>
<th>2</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>3-Apr-23</td>
<td>3-Apr-23</td>
<td>8-May-23</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 23 February 2023, a total of 17 229 cases have been reported in the country with 183 deaths and 16 907 recoveries.

### Guinea

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>26-Feb-21</th>
<th>1-Jan-22</th>
<th>17-May-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>27-Aug-22</td>
<td>27-Aug-22</td>
<td>17-May-23</td>
</tr>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-21</td>
<td>1-Jan-22</td>
<td>17-May-23</td>
</tr>
</tbody>
</table>

No cVDPV2 case was reported this week. The number of 2023 cases remains 22. There were 362 cVDPV2 cases last year.

### Guine-Bissau

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>14-Mar-20</th>
<th>14-Mar-20</th>
<th>23-Feb-23</th>
<th>17 229</th>
<th>17 229</th>
<th>183</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Protracted</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>23-Feb-23</td>
<td>17 229</td>
<td>17 229</td>
<td>183</td>
</tr>
</tbody>
</table>

The suspected meningitis outbreak is ongoing in the Banalia health zone, Tshopo province in the Democratic Republic of the Congo. From 2 June 2022 to 14 May 2023, a total of 557 suspected cases with 95 deaths (CFR 17.1%) have been reported.

### Sudan

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>14-Mar-20</th>
<th>14-Mar-20</th>
<th>23-Feb-23</th>
<th>17 229</th>
<th>17 229</th>
<th>183</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Protracted</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>23-Feb-23</td>
<td>17 229</td>
<td>17 229</td>
<td>183</td>
</tr>
</tbody>
</table>

No cVDPV2 case was reported this week. The number of 2023 cases remains 22. There were 362 cVDPV2 cases last year.

### Togo

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>14-Mar-20</th>
<th>14-Mar-20</th>
<th>23-Feb-23</th>
<th>17 229</th>
<th>17 229</th>
<th>183</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Protracted</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>23-Feb-23</td>
<td>17 229</td>
<td>17 229</td>
<td>183</td>
</tr>
</tbody>
</table>

No cVDPV2 case was reported this week. The number of 2023 cases remains 22. There were 362 cVDPV2 cases last year.

### Zambia

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>14-Mar-20</th>
<th>14-Mar-20</th>
<th>23-Feb-23</th>
<th>17 229</th>
<th>17 229</th>
<th>183</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Protracted</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>23-Feb-23</td>
<td>17 229</td>
<td>17 229</td>
<td>183</td>
</tr>
</tbody>
</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 23 February 2023, a total of 17 229 cases have been reported in the country with 183 deaths and 16 907 recoveries.
### Weekly Bulletin on Outbreaks and Other
#### Week 25: 12 June - 18 June 2023

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Suspected Cases</th>
<th>Confirmed Cases</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Measles</td>
<td>Ungraded</td>
<td>24 May 2023</td>
<td>28 May 2023</td>
<td>5,052</td>
<td>2,972</td>
<td>0.10</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Dengue</td>
<td>Ungraded</td>
<td>10 May 2023</td>
<td>10 May 2023</td>
<td>1,638</td>
<td>103</td>
<td>0.50</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>COVID-19</td>
<td>Protracted</td>
<td>13 Mar 2020</td>
<td>26 Apr 2023</td>
<td>500,816</td>
<td>500,816</td>
<td>1.50</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Cholera</td>
<td>Grade 3</td>
<td>17 Sep 2022</td>
<td>13 May 2023</td>
<td>6,592</td>
<td>39</td>
<td>1.60</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>4 Nov 2022</td>
<td>10 May 2023</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Floods</td>
<td>Ungraded</td>
<td>16 May 2023</td>
<td>24 May 2023</td>
<td>58,909</td>
<td>45</td>
<td>0.10</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Measles</td>
<td>Ungraded</td>
<td>13 Apr 2023</td>
<td>28 Apr 2023</td>
<td>5,052</td>
<td>180</td>
<td>3.70</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Polioviruses (cVDPV2)</td>
<td>Grade 2</td>
<td>24 Jun 1926</td>
<td>17 May 2023</td>
<td>64</td>
<td>64</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Visceral leishmaniasis</td>
<td>Ungraded</td>
<td>1 Jan 2023</td>
<td>30 Apr 2023</td>
<td>180</td>
<td>21</td>
<td>11.70</td>
</tr>
<tr>
<td><strong>Gabon</strong></td>
<td>COVID-19</td>
<td>Protracted</td>
<td>12 Mar 2020</td>
<td>30 Apr 2023</td>
<td>48,982</td>
<td>48,982</td>
<td>0.60</td>
</tr>
<tr>
<td><strong>Gambia</strong></td>
<td>COVID-19</td>
<td>Protracted</td>
<td>17 Mar 2020</td>
<td>4 Nov 2022</td>
<td>12,586</td>
<td>12,586</td>
<td>3.00</td>
</tr>
<tr>
<td><strong>Ghana</strong></td>
<td>Anthrax outbreak</td>
<td>Ungraded</td>
<td>5 Jun 2023</td>
<td>1 Jun 2023</td>
<td>12</td>
<td>1</td>
<td>8.30</td>
</tr>
<tr>
<td><strong>Eswatini</strong></td>
<td>COVID-19</td>
<td>Protracted</td>
<td>13 Mar 2020</td>
<td>13 Mar 2020</td>
<td>74,670</td>
<td>1425</td>
<td>1.90</td>
</tr>
</tbody>
</table>

The Kingdom of Eswatini reported the first confirmed case of cholera on 29 March 2023 (non-Swazi 20yr-old male) in the Manzini Region. The second confirmed case is a 14-year-old male national from Shiselweni region without any travel history or epi-link to the first case. Samples from both patients were positive for Vibrio cholerae and serotype O1 Ogawa.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 17 March 2020. As of 29 April 2023, a total of 74,670 cases have been reported with 1,425 associated deaths.

The conditions of drought and insecurity-affected regions in Ethiopia is ongoing. The regions of Oromia, Somali, and parts of SNPR, and SWEP are facing an extremely dire situation with high need for humanitarian response. There has been a dramatic increase in food insecurity, malnutrition, displacements, as well as deteriorating health and protection conditions with lack of access to clean water. A total of 2 million people (out of targeted 13 million) are prioritized for assistance through a four-month Drought Response Operational Action Plan. The drought situation remains severe in the southern parts of SNPR and lowland woredas of Dawuro and West Omo zones. Zabagezo woreda in Dawuro are reportedly the most affected, with more than 45K people in need of food assistance and requiring more partner presence and technical support for all sectors including health, nutrition, water, health, and hygiene.

In Ethiopia, some 2.7 million people have been displaced and another 887K refugees are located in the country as of 28 Feb 2023. Humanitarian partners have assisted more than 3.7 million people as of 4 January 2023, representing 68.5% of the total planned caseload of 5.4 million people in Tigray under the current round (Round 2) of food distribution. Hundreds of thousands of people continue to be uprooted from their homestead, with a consequential increase in humanitarian needs. Approximately, 18,000 individuals have crossed into Ethiopia fleeing conflict in neighboring Sudan between 15-10 May 2023.

A cholera outbreak has been ongoing in Ethiopia since 27 August 2022. The index case was reported from Bekay Kebele, Oromia Region and the outbreak was confirmed on 9 September. As of 13 May 2023, a total of 6,592 suspected cases of cholera with 104 deaths (CFR 1.6%) have been reported. There were 128 cases and four new deaths reported in week 19, 2023. At least 62 woredas have reported cholera cases since the beginning of the outbreak; however, during week 18, 53 woredas have active cholera outbreaks.

Since 4 April 2023, two districts (Logia and Mille) in the Afar region of northeastern Ethiopia have been experiencing an outbreak of dengue fever. As of 10 May 2023, a total of 1,638 suspected and confirmed cases and nine associated deaths (case fatality ratio = 0.5%) have been reported.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week 19 of 2023 (ending 14 May 2023). There was one case reported in 2022. In addition, ten cases were reported in 2021, 38 in 2020 and 15 in 2019.

From 1 January 2023 to 30 April 2023, a total of 180 cases of visceral leishmaniasis and 21 deaths (CFR 11.7%) were reported. WHO is supporting capacity building, active case finding and scaling up of rapid serological testing in health facilities. In addition, Médecins Sans Frontières (MSF) is supporting case management.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 30 April 2023, a total of 48,982 cases including 307 deaths and 48,676 recoveries have been reported in the country.
<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Protracted</th>
<th>Start Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea-Bissau</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>25-Mar-20</td>
<td>9-Apr-23</td>
<td>9 614</td>
<td>177</td>
<td>1.80%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>4-Jun-23</td>
<td>5 400 000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Liberia</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>16-Mar-20</td>
<td>7-May-23</td>
<td>10 297</td>
<td>464</td>
<td>1.60%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>10-Apr-23</td>
<td>11-May-23</td>
<td>15</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Kenya</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>19-Oct-22</td>
<td>7-May-23</td>
<td>10 297</td>
<td>464</td>
<td>1.60%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Enteric outbreak</td>
<td>Ungraded</td>
<td>13-Apr-23</td>
<td>18-May-23</td>
<td>1062</td>
<td>4</td>
<td>0.40%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis (visceral)</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>11-May-23</td>
<td>2 300</td>
<td>2 097</td>
<td>10</td>
</tr>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Jun-22</td>
<td>11-May-23</td>
<td>270</td>
<td>108</td>
<td>4</td>
</tr>
<tr>
<td>Liberia</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>16-Mar-20</td>
<td>21-May-23</td>
<td>8 136</td>
<td>8 136</td>
<td>294</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>3-Mar-22</td>
<td>21-Apr-23</td>
<td>71</td>
<td>71</td>
<td>19</td>
</tr>
</tbody>
</table>

**Ghana**

- Mopox: Protracted 2 8-Jun-22 15-May-23 24-May-22 127 127 4 3.10%
- Polioymelit (cVDPV2): Grade 2 23-Aug-19 23-Jul-19 17-May-23 34 34 -

**Kenya**

- Acute watery diarrhoea: Ungraded 3-Apr-23 17-Mar-23 14-Apr-23 84 84 10 11.90%
- Cholera: Grade 3 19-Oct-22 5-Oct-22 7-May-23 10 297 464 164 1.60%
- Enteric outbreak: Ungraded 13-Apr-23 31-Mar-23 18-May-23 1062 4 0.40%
- Measles: Ungraded 29-Jun-22 1 Jan-23 11-May-23 270 108 4 1.50%

**Guinea-Bissau**


**Liberia**

- COVID-19: Protracted 3 16-Mar-20 16-Mar-20 21-May-23 8 136 8 136 294 3.60%
- Lassa Fever: Ungraded 3-Mar-22 6-Jan-22 21-Apr-23 71 71 19 26.80%

**On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 9 April 2023, the country has reported 9 614 confirmed cases of COVID-19 with 9 315 recoveries and 177 deaths.**

---

**Weekly Bulletin on Outbreaks and Other Events**

**Week 25: 12 June - 18 June 2023**

- There have been 127 confirmed and four deaths reported from 14 over 16 administrative regions, with the Greater Accra region reporting the most cases.
- The outbreak has been continuous from year 2022, nine counties this year have been affected as follows: Garissa, Isiolo, Kitui, Baringo, West Pokot, Mandera, Wajir, Tharaka Nithi, and Isiolo. The outbreak is active in West Pokot County from Pokot North, Pokot south, West Pokot and Pokot Central Sub Counties.

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**Guinea-Bissau COVID-19 Protracted**

- On 8 June 2022, the Director General of the Ghana Health Service confirmed that five cases of monkeypox have been detected in the country. From 24 May-15 May 2023, there have been 127 confirmed and four deaths reported from 14 over 16 administrative regions, with the Greater Accra region reporting the most cases.

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**Ghana Polioymelit (cVDPV2)**

- According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cases in 2022. No cases were reported in 2021. In addition, 12 cases were reported in 2020, and 19 were reported in 2019.

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**Guinea COVID-19**

- The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 3 May 2023, a total of 38 462 cases, including 37 407 recovered cases and 467 deaths, have been reported in the country.

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**Guinea-Bissau COVID-19**

- On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 9 April 2023, the country has reported 9 614 confirmed cases of COVID-19 with 9 315 recoveries and 177 deaths.

---

**Kenya Acute watery diarrhoea**

- A total of 84 cases of acute watery diarrhoea have been reported from Mombasa county. All six sub-counties have reported cases, however, the most affected have been Kisauni with 33 cases (39.3%) and Nyali with 17 cases (20.2%) reported. A surge of diarrhoeal cases was officially notified on 3 April 2023.

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**Kenya Cholera**

- The cholera outbreak has affected 23 counties namely: Nairobi, Kiambu, Nakuru, Uasin Gishu, Kajiado, Murang’a, Machakos, Garissa, Meru, Nyeri, Wajir, Tana River, Kitui, Homa Bay, Mandera, West Pokot, Bomet, Samburu, Marsabit, Krimonya, Kisumu, Siaya and Isiolo counties. A total of 10 297 cases, with 464 confirmed by culture, and 164 (CFR 1.6 %) have been reported.

---

**Kenya COVID-19**

- On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 4 May 2023, there have been 343 073 confirmed COVID-19 cases including 5 688 deaths and 337 333 recoveries have been reported in the country.

---

**Kenya Measles**

- The outbreak has been continuous since 2020, 2 300 and 10 deaths (CFR 0.4 %) have been reported. Overall, 2 097 cases have been confirmed from the following counties: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir, Tharaka Nithi, and Isiolo. The outbreak is active in West Pokot County from Pokot North, Pokot south, West Pokot and Pokot Central Sub Counties.

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**Lesotho**

- The outbreak has been continuous from year 2022, nine counties this year have been affected as follows: Garissa, Isiolo, Kitui, Kwale, Lamu, Mombasa, Nairobi, Tana River and Turkana. A total of 270 cases and four deaths (CFR 2.0%) have been reported. A total of 108 cases have been confirmed.

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**Liberia COVID-19**

- Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 12 September 2023, a total of 34 490 cases of COVID-19 have been reported, and 706 deaths.

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**Liberia Lassa Fever**

- From 16 March 2020 to 20 April 2023, Liberia has recorded a total of 8 136 cases including 294 deaths and 7 853 recoveries have been reported.

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**Liberia Measles**

- Since the beginning of 2022 up to 21 April 2023, a total of 71 confirmed cases of Lassa fever with 19 deaths (CFR 27%) have been reported in Liberia.
<table>
<thead>
<tr>
<th>Country</th>
<th>Outbreak Type</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Affected</th>
<th>Deaths</th>
<th>Displaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>26-Mar-19</td>
<td>363</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Malawi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>3-Mar-22</td>
<td>16-Jun-23</td>
<td>58 821</td>
<td>1 761</td>
<td>2 267 458</td>
</tr>
<tr>
<td>Malawi</td>
<td>Poliomyelitis (WPV1)</td>
<td>Grade 2</td>
<td>31-Jan-22</td>
<td>14-Jun-23</td>
<td>88 728</td>
<td>2 686</td>
<td>0</td>
</tr>
<tr>
<td>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>26-Mar-19</td>
<td>363</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Measles</td>
<td>Ungraded</td>
<td>7-Mar-23</td>
<td>7-May-23</td>
<td>285</td>
<td>186</td>
<td>3</td>
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<tr>
<td>Mauritius</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>25-Mar-20</td>
<td>11-Jun-23</td>
<td>33 150</td>
<td>743</td>
<td>2.20%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Floods</td>
<td>Grade 2</td>
<td>13-Feb-23</td>
<td>16-May-23</td>
<td>1 400 000</td>
<td>314</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Since the measles outbreak started on 13 December 2021, a total of 11 181 suspected cases, including 10 664 confirmed and 93 deaths (CFR: 1%) were reported from all 15 counties. Among the confirmed cases, 4.5% (482) were laboratory confirmed, 11.6% (1 233) clinically confirmed and 83.9% (8 949) epidemiologically linked.

On 19 Jan 2023, the cyclonic system Cheneso landed in Madagascar north of Antalaha district, SAVA region, with an average wind speed of 90 km/h and gusts up to 120 km. Last reports provided by the National Bureau for the Management of risks and catastrophes released on 31 January 2023 indicated that 91 960 people had been affected, 52 275 displacements and 36 deaths. Cyclone Freddy made landfall in Madagascar 5 Mar 2023, and affected nearly 299 000 people, displacing 72 700, and causing at least 17 deaths. Therefore, since the beginning of 2023, a total of 391 000 people have been affected by cyclones in the country causing 53 deaths and 124 975 displacements.

The Government of Malawi and Humanitarian Partners continue to respond to the consequences of cyclone Freddy passage in the 16 local authorities of the Southern region between 12-15 March 2023. 86 Internally Displaced Person (IDP) camps still active as of 25 May, with 120 124 IDPs. Between 4-30 May 2023, over five camps were decommissioned per day. Completeness of daily reporting from the camps is low, at 7.3% over the past week. Conditions in camps still driven by acute respiratory infections and malaria.

One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

The people of Mali are suffering the effects of years of conflict, deep poverty, climate shocks, and growing insecurity. In 2021, humanitarian partners reached 2.8 million people in Mali. Today, 7.5 million people are in need of humanitarian assistance. One in four Malians (4.8 million people) are currently food insecure due to insecurity and the effects of climate change. During this year’s lean season (June to August), a staggering 1.8 million people will be acutely food insecure. However, the Humanitarian Response Plan for Mali is currently only 11 percent funded.

Due to heavy rain that occurred between 31 January and 12 March 2023 including rains from the Freddy cyclone system which has made landfall twice, over one million people have been affected by Tropical Cyclone Freddy, floods, and cholera. Since the beginning of the rainy/cyclonic season, 1.4 million people have been affected by natural disasters with 314 deaths, 1 043 schools destroyed, affecting about 1.2 million students, and 133 979 hectares of land lost.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 7 May 2023, a total of 304 233 confirmed COVID-19 cases including 1 050 deaths have been reported in the country.

The Government of Mauritania announced its first confirmed COVID-19 case on 20 March 2020. As of 12 May 2023, a total of 68 266 confirmed cases including 1 424 deaths have been reported in the country.

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Most poor and very poor households in Mozambique face Minimal (IPC Phase 1) outcomes as the ongoing harvest improves food access and availability. In Cabo Delgado, ongoing humanitarian assistance is driving stressed (IPC Phase 2) outcomes, with Crisis (IPC Phase 3) outcomes persisting in conflict-affected areas. There have been reduced number of attacks.

### Mozambique

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>14-Sep-22</td>
<td>29-May-23</td>
<td>31 327</td>
<td>31 327</td>
<td>138</td>
<td>0.40%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>22-Mar-20</td>
<td>24-Apr-23</td>
<td>233 417</td>
<td>233 417</td>
<td>2 243</td>
<td>1.00%</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Grade 1</td>
<td>1-Dec-22</td>
<td>4-Mar-23</td>
<td>1 064</td>
<td>389</td>
<td>62</td>
<td>5.80%</td>
<td></td>
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<td></td>
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<td></td>
</tr>
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</table>

### Nigeria

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Jan-20</td>
<td>16-Nov-22</td>
<td>29-May-23</td>
<td>31 327</td>
<td>31 327</td>
<td>138</td>
<td>0.40%</td>
<td></td>
<td></td>
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<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>27-Feb-20</td>
<td>21-Apr-23</td>
<td>266 675</td>
<td>266 675</td>
<td>3 155</td>
<td>1.20%</td>
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<tr>
<td>Meningitis</td>
<td>Ungraded 2022</td>
<td>1-Mar-20</td>
<td>1-Jun-23</td>
<td>911</td>
<td>105</td>
<td>30</td>
<td>3.30%</td>
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<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>5-Apr-22</td>
<td>18-Mar-23</td>
<td>423</td>
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<td>0</td>
<td>0.00%</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Ungraded 2022</td>
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<td>105</td>
<td>30</td>
<td>3.30%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>14-Jun-23</td>
<td>31</td>
<td>33</td>
<td>0</td>
<td>0.00%</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

### Namibia

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>14-Mar-20</td>
<td>4-Jun-23</td>
<td>171 718</td>
<td>171 718</td>
<td>4 093</td>
<td>2.40%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Poliomyelitis (WPV1)</td>
<td>Grade 2</td>
<td>17-May-22</td>
<td>14-Jun-23</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0.00%</td>
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</tr>
</tbody>
</table>

According to the Global Polio Eradication Initiative, there was no WPV1 case reported this week. There were eight cases reported in 2022.

### Namibia

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
<th>Protracted</th>
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<tbody>
<tr>
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<td>14-Mar-20</td>
<td>4-Jun-23</td>
<td>171 718</td>
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<td>4 093</td>
<td>2.40%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>14-Jun-23</td>
<td>31</td>
<td>33</td>
<td>0</td>
<td>0.00%</td>
<td></td>
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</table>

### Nigeria

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
<th>Protracted</th>
<th>Phase</th>
<th>IPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Jan-20</td>
<td>31-May-23</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.00%</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>1-Jan-20</td>
<td>14-Jun-23</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0.00%</td>
<td></td>
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</tr>
</tbody>
</table>

More than half a million people could face emergency levels of food insecurity, with very high rates of severe acute malnutrition that could lead to death in Borno, Adamawa and Yobe states. A rapid scale-up of humanitarian assistance is needed to prevent this from happening. An estimated two million children under the age of five in the three states are at risk of acute malnutrition this year. About 700,000 children are at risk of severe acute malnutrition, which means they are 11 times more likely to die than well-nourished children.
Health Emergency Information and Risk Assessment

WEEKLY BULLETIN ON OUTBREAKS AND OTHER
WEEK 25: 12 JUNE - 18 JUNE 2023

Between week 19 of 2022 and week 9 of 2023, 1064 suspected cases of diphtheria were reported from 21 states in Nigeria. Kano (843), Yobe (86), Katsina (45), and Lagos (22) states reported the most cases (96%). A total of 62 deaths were recorded among all confirmed cases, with a CFR of 15.9%. Of suspected cases, 389 cases were confirmed, including 45 laboratory-confirmed and 343 clinically compatible. Both sexes are affected, and children aged 2-14 years account for the majority of confirmed cases (78%).

Since the beginning of 2023 to 26 March, 823 confirmed and four probable cases of Lassa fever with 144 deaths (CFR 17%) have been reported in 23 states and the Federal Capital Territory (FCT). Of all confirmed Lassa fever cases, 71% were reported from Ondo (32%), Edo (29%) and Bauchi (10%) States. The National Multi-sectoral Emergency Operations Centers for Lassa fever have been activated at national level and in affected states to coordinate and strengthen the ongoing response activities.

From 1 October 2022 to 30 April 2023, 11 Local Government Areas (LGAs) from 22 out of 36 administrative states and the Federal Capital Territory (FCT) reported 2,376 suspected meningitis cases, including 270 confirmed cases and 176 deaths (CFR 7.4%). The age group most affected was 5-14 years, and 54% of suspected cases were males; 91% were from four states: Jigawa (1,438 cases), Yobe (464 cases), Katsina (145 cases), and Bauchi (119 cases).

From 1 to 9 May 2023, Nigeria has reported 829 monkeypox confirmed cases with nine deaths.

From 14 March to 26 February 2023, a total of 133,194 cases with 1,468 deaths have been reported. A CFR of 15.9%.

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 28 February 2023, a total of 50,937 confirmed cases have been reported. Seychelles COVID-19 Protracted 3 14-Mar-20 14-Mar-20 28-Feb-23 50,937 50,937 172 0.30%

The Rwandan Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 26 February 2023, a total of 133,194 cases with 1,468 deaths and 131,647 recovered cases have been reported in the country.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 26 April 2023, a total of 6,562 confirmed cases and 80 deaths have been reported.

The Ministry of Health of Senegal has reported a confirmed case of Crimean-Congo hemorrhagic fever in 21 April 2023 in a 35-year-old male patient. He is a butcher residing in Fadia city, Guédiawaye district, Dakar region. The date of onset of symptoms was 10 April with fever and flu-like syndrome. Samples were collected on 20 April and sent to the laboratory. On 22 April, the laboratory report was done on 5 May 2023. Investigations are underway and the response is being prepared.

From epidemic week 1 to 19 of 2023 (ending 14 May 2023), 371 confirmed cases of measles with no deaths were reported from 13 regions in Senegal, with the most affected regions being Diourbel (236 cases), Kéloougou (18 cases), Tambacounda (17 cases), Louga (15 cases), Tess (14 cases), Dakar (12), and Kolda (10). Of the 160 children aged 9 months to 5 years with confirmed measles, 140 (88%) were not vaccinated against measles.

In 2019, the Dakar Pasteur Institute laboratory reported one confirmed case of Yellow Fever in a 29-year-old male. The date of first illness onset was 29 May 2019. The patient was a blood donor at the Serulet blood bank, where he worked as a nurse. The laboratory result was confirmed on 20 June 2019. The ministry of health informed the world health organization of the case on 27 June 2019. Investigations are underway and the response is being prepared.

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 28 February 2023, a total of 50,937 confirmed cases have been reported, including 50,750 recoveries and 172 deaths have been reported.
WEEKLY BULLETIN ON OUTBREAKS AND OTHER
WEEK 25: 12 JUNE-18 JUNE 2023

South Africa COVID-19 Protracted 3 31-Mar-20 27-Mar-20 13-Mar-23 7 763 7 763 125 1.60%

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 13 March 2023, a total of 7 763 confirmed COVID-19 cases were reported in the country, including 125 deaths and 4 888 recovered cases.

South Africa Cholera Grade 3 3-Feb-23 3-Feb-23 13-Jun-23 902 190 37 4.10%

As of 13 June 2023, a total of 902 cholera cases and 37 deaths have been reported in South Africa. Currently, five provinces have been affected: Gauteng Province, Free State, Mpumalanga, Limpopo and North West.

South Africa COVID-19 Protracted 3 5-Mar-20 5-Mar-20 24-Apr-23 4 072 533 4 072 533 102 595 2.50%

Since the start of the COVID-19 pandemic in South Africa through 24 April 2023, a cumulative total of 4 072 533 confirmed cases and 102 595 deaths have been reported.

South Africa Measles Ungraded 17-Oct-22 13-Oct-22 9-Jun-23 6 264 1 054 0 0.00%

From 8 October 2022 to 9 June 2023, a total of 1 054 laboratory-confirmed cases were reported from eight provinces with declared measles outbreaks in Limpopo (476 cases), Mpumalanga (109 cases), North West (217 cases), Gauteng (176 cases), Free State (32 cases), Western Cape (16), KwaZulu-Natal (21) and Northern Cape (7).

South Africa Mpox Protracted 2 23-Jun-22 23-Jun-22 12-May-23 5 5 0 0.00%

From 22 June 2022 to 12 May 2023, there have been five unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 2), Limpopo (n = 1) and Johannesburg (n = 1) provinces. No new cases have been reported since October 2022.

South Sudan Drought/food insecurity Grade 3 18-Dec-20 5-Apr-21 1-May-23 6 310 000 - - -

The food insecurity situation in South Sudan is projected to worsen during the lean season from Apr-Jul 2023, as some 7.8 million people (63% of the population) will likely be in emergency levels (IPC Phase 3 or worse) of food insecurity.

South Sudan Floods Ungraded 7-Oct-22 3-May-23 1 000 000 - - -

Since July 2022, an estimated 1 million people were affected by severe flooding in 36 counties across South Sudan and in the southern part of the Abyei Administrative Area. Flood waters continue to block humanitarian access in Unity State, especially in the southern part of the state including Bentiu and into Jonglei State where the water, sanitation, and hygiene situation in the IDP camps have become worse as of May 2023. An estimated 7 380 people are displaced by flooding in areas of Rubkona county.

South Sudan Humanitarian crisis Protracted 3 15-Aug-16 15-Aug-16 9-May-23 9 400 000 - - -

An estimated 9.4 million people including 2.2 million women, 4.9 million children, and 337K refugees are projected to need humanitarian assistance and protection services in 2023. Communities faced critical needs in January 2023 owing to the impact of multiple emergencies such as recurring subnational violence, food insecurity, flooding, Inaccessibility, and public health emergencies. Floodwater levels remained high in Bentiu and Rubkona towns in Unity, and multiple locations in Jonglei and Upper Nile impeding livelihood activities, exposing people to waterborne diseases, and disrupting the provision of basic services. From 16 Apr - 9 May, 47 901 people have been registered to have crossed the border from Sudan into South Sudan as civilians are fleeing. Those crossing are South Sudanese returnees, Sudanese seeking asylum, and Eritrean refugees. People have been registered at Malakal, Maban, Bentiu, and Northern Bahr el Ghazal.

South Sudan Cholera Grade 3 7-Mar-23 22-Feb-23 16-May-23 1 471 19 2 0.10%

On 7 March 2023, the Ministry of health of South Sudan declared cholera outbreak in Malakal, Upper Nile State. From 22 February to 16 May 2023, a total of 1 471 cases including two deaths (CFR 0.1%) have been reported. Cases were reported from Malakal town and the IDP camp. Approximately 52% of cases are male and the majority of them are children aged 1-4 accounting for 48% of all cases.

South Sudan COVID-19 Protracted 3 5-Apr-20 5-Apr-20 23-Apr-23 42 973 42 973 846 2.00%

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 3 May 2023, a total of 18 499 confirmed COVID-19 cases were reported in the country including 138 deaths and 18 353 recovered cases.

South Sudan Hepatitis E Ungraded 3-Jan-18 1-Jan-19 8-May-23 4 283 1 517 33 0.80%

The current outbreak in the Bentiu IDP camp is ongoing. As of 8 May 2023, a total of 4 136 cases of hepatitis E including 27 deaths (CFR: 0.67%) have been reported since January 2019. Approximately 54% of cases are male. The most affected age group were those 15-44 years, accounting for 40% of all followed by children ages 1-4 years, accounting for 24%. On 14 April 2023, an outbreak was reported in Wau, Western Bahr el Ghazal state. Since 8 May 2023, 147 cases and 6 deaths were reported.

South Sudan Measles Ungraded 23-Feb-22 13-Oct-22 9-Jun-23 6 264 1 054 0 0.00%

On 2 June 2022, the Ministry of Health (MoH) of the Republic of Tanzania declared the end of the Marburg virus disease (MVD) outbreak. In accordance with WHO recommendations, the declaration was made 42 days after the second negative test of the last confirmed MVD case in Tanzania done on 19 April 2023. The countdown to the end of the outbreak commenced on 20 April 2023 up to 31 May 2023. Until 31 May 2023. A total of nine cases, including eight laboratory-confirmed cases and one probable (the index case), have been reported in this outbreak. Among the confirmed cases, three have recovered. The last confirmed case was reported on 11 April 2023. A total of six deaths have been reported, the case fatality ratio (CFR) of 67%, of which five were confirmed and one was a probable case

Tanzania, United Republic of Cholera Grade 3 21-Feb-23 15-Feb-23 4-May-23 82 23 3 3.70%

For the cholera outbreak in Tanzania, nine days have passed since the last recorded case on 25 April 2023. As of 4 May 2023, a total of 82 cases, three deaths (CFR 3.6%) have been reported.

Tanzania, United Republic of COVID-19 Protracted 3 16-Mar-20 16-Mar-20 23-Apr-23 42 973 42 973 846 2.00%

The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Tanzania reported the country’s first case of COVID-19 on 16 March 2020. As of 23 April 2023, a total of 42 973 confirmed cases have been reported in Tanzania mainland including 846 deaths.

Togo COVID-19 Protracted 3 6-Mar-20 1-Mar-20 3-May-23 39 483 39 483 290 0.70%

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 3 May 2023, a total of 39 483 cases, including 290 deaths and 39 178 recovered cases, have been reported in the country.

Togo Poliomyelitis (cVDPV2) Grade 2 18-Oct-19 13-Sep-19 14-Jun-23 19 19 0 0.00%

Since the start of the COVID-19 pandemic in South Africa through 24 April 2023, a cumulative total of 4 072 533 confirmed cases and 102 595 deaths have been reported.
The Ministry of Health of Equatorial Guinea declared the end of the Marburg virus disease (MVD) outbreak on 8 June 2023 after two consecutive incubation periods (42 days).

In Uganda, 20 cases of Rift Valley Fever including 19 confirmed, one probable and four deaths have been reported for the ongoing outbreak since January this year. From 1 January 2022 to 24 April 2023, a total of 1,178 suspected cases have been reported (984 during 2022, and 194 during 2023 so far). Four cases have been confirmed from the following districts: Kasese (1), Bulukwe (2), and Bukwima (1) classified by having positive PRNT results and no record of yellow fever vaccination.

In Uganda, the first COVID-19 confirmed case was reported on 21 March 2020. As of 11 May 2023, a total of 343,995 confirmed COVID-19 cases were reported in the country including 4,058 deaths.

In Zimbabwe, the first COVID-19 confirmed case was reported on 20 March 2020. As of 10 June 2023, a total of 265,307 confirmed COVID-19 cases were reported in the country including 5,701 deaths.

The Ministry of Health of Equatorial Guinea declared the end of the Marburg virus disease (MVD) outbreak on 8 June 2023 after two consecutive incubation periods (42 days). The outbreak started on 2 March 2023 in the city of Mbandaka.

On 21 March 2023, the Ministry of Health of Guinea notified WHO of a confirmed case of Lassa fever in a three-year-old male child from the Kobela health area, Nzerokore health district. The date of onset of symptoms was 13 March 2023, with fever, asthenia, anorexia, and dry cough. On 20 March 2023, the child was taken to the regional hospital for medical attention due to the persistence of the disease. On 21 March 2023, the child presented with bleeding from the mouth and blackish blood from the anus. Laboratory tests on the blood sample taken the same day were positive for Lassa fever varus. The child died in the community, in a remote village, after escaping from the hospital. A safe and dignified burial was not performed. Public health measures are being taken.

In Zimbabwe, the first cholera outbreak in the country in 2023 started on the 12 February 2023 in Chegutu town, Mashonaland West Province. Cumulatively there were 2,371 cholera cases with 58 deaths (CFR=2.4%) as of 11 June 2023. All of the ten provinces are affected with majority of the cases reported from Manicaland, Harare, Mash West and Mash Cent provinces.

In Guinea, 384 suspected cases of typhoid since 17 October 2022. Of these, 69 cases were reported in the last epi week. The cases have been reported mainly from Harare Province and Bulawayo (6 cases) which are the largest cities in the country. Harare has heightened surveillance and has responded to the outbreak by rolling out TCV vaccine to the affected areas/suburbs.
†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.