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

- Humanitarian crisis in Chad
- Cholera in Zimbabwe
- Cholera in Burundi

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:**

- The humanitarian crisis in eastern Chad is fast evolving with the influx of refugees from neighbouring Sudan resulting from the wanton armed conflict and violence perpetrated by warring parties. Resources are constrained to meet the basic needs of the refugees, including the provision of care services for those who have sustained critical injuries in Sudan. There is a dire need for urgent mobilization of much-needed resources to meet the growing demand of the refugee population and host communities.

- Cholera remains a major public health problem in the African region. Burundi and Zimbabwe are among two of the sub-Saharan countries currently experiencing an outbreak of cholera with epicentres in densely-populated informal settlements, where there are inadequate water, sanitation and hygiene infrastructures and services. In Zimbabwe the situation looks worrisome, with a spike in cases in the past week and the spread of the outbreaks in known hotspot areas in the Harare Province. Robust response measures, particularly for strengthening surveillance, risk communication, case management, and provision of clean water, sanitation, and hygiene services are urgently needed to swiftly control the outbreaks.
Humanitarian crisis resulting from Armed conflict in Sudan

EVENT DESCRIPTION

The humanitarian crisis in Chad, resulting from the armed conflict in neighbouring Sudan, has reached alarming levels in recent weeks. The volatile political landscape and frequent clashes along the Sudanese border have led to a surge in refugees and displaced persons, exacerbating the already vulnerable socio-economic and political situation in Chad. Widespread poverty, limited resources, and simmering ethnic tensions among host communities further compound the dire circumstances.

Even prior to the recent influx, Chad was already hosting over 570,000 refugees, with 70% originating from Sudan. However, the recent surge has strained the availability of essential resources such as food, water, and shelter. The influx of wounded individuals, with more than 1,433 arriving with critical injuries further compounds the situation. Insufficient supplies, including medicines and medical equipment, have placed immense pressure on local health facilities, rendering them unable to meet the escalating demand for routine and emergency services. Additionally, blood banks are grappling with limited supplies to address the critical transfusion needs of individuals with life-threatening injuries.

The magnitude of the crisis is underscored by the latest data as of 1 July 2023, which shows more than 268,100 individuals in urgent need of humanitarian assistance. This overwhelming demand has necessitated the diversion of funds originally allocated for other critical internal commitments, redirecting them toward emergency healthcare and refugee support.

Further compounding the situation, an additional influx of 20,000 individuals has been observed in the past week alone in Adré, the main town of the Assoungha department in the Ouaddaï Region. Situated just 400 meters from Chad’s eastern border with Sudan, this sudden surge in population has amplified the humanitarian situation, with increasing risk of epidemics. Notably, a measles epidemic continues to spread in Sila and Ouaddaï regions, with Sila alone reporting nine confirmed cases.

As the crisis rapidly evolves, continuous monitoring, rigorous assessment, and prompt response remain paramount to alleviate human suffering and prevent further loss of life. International solidarity and collaboration are imperative to ensure the effective delivery of humanitarian assistance and address the urgent needs of the affected population in Chad. Immediate mobilization of resources and coordinated efforts are essential to provide both immediate healthcare responses and long-term stability and development.

The gravity of the situation necessitates urgent international action to address the escalating humanitarian crisis in Chad. It is crucial to secure additional funding to replenish diverted resources and provide the necessary support for healthcare and refugee care.

PUBLIC HEALTH ACTIONS

• WHO and its health cluster partners are supporting the government of Chad to mount a response to the crisis.
• WHO has deployed three Emergency Medical Team (EMT) experts from Togo, including two surgeons (vascular and plastic) and one nurse specialized in burn and wound care, to provide supervision and technical support in Abéché City, capital of the Ouaddaï Region.
• The National Incident Management System (IMS) has been activated, with an Incident Manager, Health Cluster Coordinator, and OSL Manager, swiftly deployed to the affected regions.
• In Ouaddaï, Médecins Sans Frontières (MSF) administered vaccinations to 5,000 individuals, while the United Nations Population Fund (UNFPA) deployed delivery kits, provided care at gender-based violence (GBV) clinics, and distributed dignity kits for pregnant women and menstrual hygiene kits for girls. NGOs also mobilized vehicles and medical equipment to support the response efforts.
• MSF Switzerland has extended tents to the Adré Hospital to accommodate the influx of wounded individuals arriving from Sudan. Currently, 72 wounded individuals are being received and cared for, with patients being distributed between the Abéché University Hospital and the Adré
District Hospital.

- WHO has provided crucial support to Médecins Sans Frontières (MSF) and the International Rescue Committee (IRC) by supplying them with 97 emergency health kits. These include 70 Trauma, Emergency Surgery, and Obstetrics (TESK) kits, 10 Integrated Emergency Health Kits (IEHK), 8 cholera kits, 7 Post-Exposure Prophylaxis (PEP) kits, and 2 multi-purpose tents.
- In anticipation of the rainy season, which poses a risk of cholera outbreaks, WHO is conducting an epidemiological watch. As part of preparedness measures, WHO has delivered eight (8) cholera kits designed to address up to 800 cases, to enhance response capabilities.
- WHO staff actively support health delegations in epidemiological surveillance, undertaking vital tasks such as case finding, logistics, investigations, and case definition, among others.

SITUATION INTERPRETATION

The humanitarian situation in eastern Chad is evolving rapidly with the influx of refugees, including individuals with severe gunshot wounds in need of emergency care. The critical shortage of emergency supplies and constraints on available resources necessitate the urgent need for mobilizing much-needed humanitarian resources, including food, shelter, and medical supplies. While steps are being taken to meet the huge humanitarian needs in Chad which could continue to worsen in the coming weeks, cessation of the wanton violence and armed conflict in Sudan should be prioritized to stem the tide of refugees’ influx.
Cholera

EVENT DESCRIPTION

Zimbabwe is currently grappling with a concerning surge in cholera cases and deaths after a dip in the previous week. In epidemiological week 27, the week ending 9 July 2023, 233 new cases with six (6) deaths were reported across Zimbabwe. This represents a 35% increase in new cases compared to the previous week, when 172 cases with one death were reported. Most (n=156, 66.9%) of the new cases were reported from Harare Province, which appears to be currently at the epicentre of the outbreak. The other three provinces with new cases were Manicaland (n=73), Mashonaland South (n=3), and Mashonaland East (n=1). Deaths also increased by 500% from one (1) in the previous week to six (6) in week 27. All six deaths were reported from Manicaland.

Cumulatively, 3 430 cases with 78 deaths (case fatality ratio 2.3%) have been reported from all 10 provinces across Zimbabwe since the onset of the outbreak on 12 February 2023. Of 2 667 cases with known age and sex characteristics, males are slightly more affected than females, constituting 50.5% (n=1 347) of the cases. Children below five years and those aged 35 years and above are the most affected, constituting 21.0% (n=558) and 29.0% (n=768) respectively of cases with known age. Most cases have been reported from Manicaland (1 397) and Harare (1 375) provinces which together constitute 80.8% of all cases reported across the country. Deaths in Manicaland Province are the highest in the country, accounting for 55.1% (n=43) of the cumulative deaths reported. Of 2 557 stool samples cultured for Vibrio cholerae, 804 returned with growth of the bacteria.

The recent spike in deaths, with all from Manicaland Province, highlights a worrying development pointing to sub-optimal capacities for early detection and treatment of cases. The 78 deaths already reported in the current outbreak put the case fatality ratio (CFR) above the 1% threshold set by the World Health Organization, which indicates an unacceptably high CFR in the current outbreak. The last major outbreak of cholera in Zimbabwe occurred between September 2018 and March 2019 when more than 10 678 cases with 69 deaths were reported.

PUBLIC HEALTH ACTIONS

- The national response is being coordinated from the Public Health Emergency Operations Centre (PHEOC), through the Incident Management Team. Provincial and district coordination mechanisms, which are intersectoral in nature and referred to as Civil Protection Committees are also in place to coordinate field activities.
- Routine surveillance activities for case detection are ongoing in healthcare facilities across the country. In healthcare facilities, health workers are being sensitized on the case definitions for detecting the reporting cases of cholera. Community workers and leaders have also been engaged to report suspected cases in the communities.
- Rapid diagnostic tests (RDT) are routinely being performed for persons suspected of cholera. As of 9 July 2023, at total of 1 479 RDTs were performed, of which 215 were positive. Culture of stool samples are also being performed for the pathogen, Vibrio cholerae.
- Essential supplies for the management of cholera cases have been pre-positioned in high risk districts. These include investigation kits, RDTs, Oral rehydration salts (ORS), laboratory kits and peripheral and community kits.
- A total of 39 Cholera Treatment Centres (CTCs) have been set up across the country. On 9 July 2023, there were 31 patients in admission in eight (8) CTCs across the country. Oral rehydration points (ORPs) have also been set up in hotspot communities in Harare.
Province for early management of cases.

- Risk communication and community engagement activities are ongoing. Awareness campaigns through local community radios broadcast, as well as religious and local community gatherings are being implemented to sensitize the population.
- UNICEF in collaboration with local authorities and influential leaders are providing safe water and sanitation facilities in some areas.

**SITUATION INTERPRETATION**

Cholera is endemic in Zimbabwe, with the last major outbreak reported from 2018 to 2019. The current outbreak trends remain worrying, with the spread to new hotspot areas and deaths already having surpassed those reported in the last major outbreak. Despite the concerted efforts of government and partners, the current response seems to be dogged by sub-optimal coordination and limited resources to mount an effective response. The new spike in cases and deaths underscores the urgency of robust concerted and coordinated efforts to bring the outbreak under control. The strengthening of the surveillance system, including at the community level for early detection and prompt referral and treatment of cases, must be prioritized, as well as addressing risk factors for outbreak spread among the affected population.
**Cholera**

**EVENT DESCRIPTION**

An outbreak of cholera has been ongoing in Burundi since mid-December 2022. In epidemiological week 27, the week ending 9 July 2023, 12 new cases with zero deaths were reported across Burundi. This represents a 43% decrease in new cases compared to the previous week when 21 cases with zero deaths were reported. The new cases were reported from the provinces of Bujumbura Mairie (n=8) and Rural Bujumbura (n=4) with the North and Isare districts respectively being the main hotspots. No new death has been reported since 10 June 2023, when the last recorded death was reported.

Cumulatively, 574 cases with nine (9) deaths (case fatality ratio 1.6%) have been reported from four (4) provinces across Burundi since the onset of the outbreak on 14 December 2022. Males are slightly more affected than females, constituting 50.2% (n=288) of the cases. Young people between 11 to 20 years old are the most affected, accounting for 22.0% (n=126) of the cases, followed by children below five years old (21.0%, n=121). Most cases have been reported from Rural Bujumbura (n=288) and Bujumbura Mairie (n=192) provinces which together constitute 83.6% of all cases reported across the country. The other provinces reporting cases are Cibitoke (n=92) and Bubanza (n=2). Of the nine (9) deaths reported, six (6) are from Rural Bujumbura and three (3) are from Bujumbura Mairie provinces. The outbreak is largely concentrated in Isare, North, and Cibitoke districts of Rural Bujumbura, Bujumbura Mairie, and Cibitoke provinces respectively.

The districts at the current epicentre of the outbreak are known cholera hotspots, particularly in Bujumbura Mairie and Bujumbura Rural, which encompass the capital city of Burundi, Bujumbura, and its surrounding areas, due to the presence of overcrowded informal settlements with inadequate sanitation infrastructures and poor hygiene practices which are known drivers and risk factors for cholera transmission. The country is currently in the dry season when case numbers are usually low, but as the outbreak continues to spread insidiously in the hotspot areas this could result in a spike in cholera incidence and cause a major emergency. The last major outbreak of cholera in Burundi occurred between March and September 2019, when more than 1 064 cases with 6 deaths were reported.

**PUBLIC HEALTH ACTIONS**

- The Ministry of Public Health of Burundi continues to coordinate response activities to the cholera outbreak with support from WHO and its partners.
- Cholera surveillance activities are being routinely performed across the country, particularly in the affected districts, with health workers orientated to detect and report suspected cases of cholera. Data on cases and deaths are being generated daily and analyzed to inform response activities.
- The management of cholera cases is ongoing across Cholera Treatment Centres (CTCs), with doctors and nurses initially assigned to manage COVID-19 cases being redeployed to provide clinical care for cholera patients.
- The disinfection of the households of case patients is routinely performed by a team of health workers.
- Engagement of the local population in affected areas to mitigate at-risk activities and practices for cholera infection are ongoing through several awareness-raising activities.

**SITUATION INTERPRETATION**

Cholera is endemic to Burundi, with sporadic cases reported throughout the year. However, the protracted nature of the current outbreak, which began at the end of last year, is of concern. The government and partners have instituted some response efforts, but critical gaps remain in the areas of surveillance, risk communication and community engagement, as well as the provision of adequate WASH services to the affected areas. The response needs to be strengthened, and the government and partners need to race against time to bring the outbreak under control before the onset of the upcoming rainy season, when there is an amplification of risk factors for increased transmission of the disease.
Weekly trend of cholera cases and deaths, Burundi, 14 December 2022 – 09 July 2023

Mpox in Africa, as of 25 June 2023

Cholera cases and deaths in Burundi
### All events currently being monitored by WHO AFRO

#### New Events

<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>Kenya</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>6-Jul-23</td>
<td>26-May-23</td>
<td>8-Jul-23</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Two cases of acute flaccid paralysis from the Hagadera refugee camp in Garissa County, Kenya, have been confirmed as circulating vaccine-derived poliovirus type 2 (cVDPV2) at the Kenya Medical Research Institute (KEMRI). The first case is a 2-Year-old male child who had received three doses of oral poliovirus vaccine (OPV) and developed paralysis on 26 May, with stool samples collected on 1 and 2 June. The second case is a 31-month-old girl vaccinated with three doses of OPV who developed paralysis on 27 May and had stool samples collected on 2 and 3 June. Investigations are ongoing, and control measures are being implemented.

#### Ongoing Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</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>Algeria</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>3-Jul-23</td>
<td>271 852</td>
<td>271 852</td>
<td>6 881</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

From 25 February 2020 to 3 July 2023, a total of 271 852 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 183 061 recovered.

| Algeria       | Poliomyelitis (cVDPV2) | Grade 2 | 14-Jul-22 | 11-Apr-22 | 14-Jun-23 | 3 | 3 | - | - |

According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were three cases reported in 2022.

| Angola        | COVID-19               | Protracted 3 | 21-Mar-20 | 21-Mar-20 | 20-Apr-23 | 105 384 | 105 384 | 1 934 | 1.8%    |

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 20 April 2023, a total of 105 384 confirmed COVID-19 cases have been reported in the country with 1 934 deaths.

| Benin         | COVID-19               | Protracted 3 | 17-Mar-20 | 16-Mar-20 | 3-May-23 | 28 014 | 28 014 | 163 | 0.6%    |

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 26 March 2023, a total of 28 014 cases have been reported in the country, with 163 deaths and 27 847 recoveries.

| Benin         | Measles               | Ungraded | 28-Mar-23 | 28-Mar-23 | 31-Mar-23 | 13 | 13 | 0 | 0.0%    |

Three suspected cases of Monkeypox were notified to WHO by the Benin Ministry of Health on 3 June 2022. Two of the three suspected cases were from Nigeria, and one person was from the North of the country. Laboratory samples were sent to the Institute Pasteur laboratory in Dakar, which confirmed the three samples positive on 14 June 2022.

| Benin         | Poliomyelitis (cVDPV2) | Grade 2 | 8-Aug-19 | 24-Aug-19 | 5-Jul-23 | 27 | 27 | 0 | 0.0% |

One cVDPV2 case was reported in Oueme this week. There have been three cases reported in 2023. There are 10 cases reported in 2022. Six cases were reported in 2021 and 2020, and eight in 2019.

| Botswana      | COVID-19               | Protracted 3 | 30-Mar-20 | 30-Mar-20 | 6-May-23 | 329 862 | 329 862 | 2 797 | 0.9%    |

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 6 May 2023, a total of 329 862 confirmed COVID-19 cases were reported in the country including 2 797 deaths.

| Botswana      | Measles               | Ungraded | 28-Mar-23 | 28-Mar-23 | 31-Mar-23 | 13 | 13 | 0 | 0.0%    |

The Botswana Ministry of Health notified a total of 13 cases of measles and one case of rubella on 28 March 2023 in Greater Gaborone DHMT, Kweneng DHMT, Greater Francistown DHMT, Serowe/Palapye DHMT and Greater Selebi Phikwe DHMT. In collaboration with health partners, the ministry has activated its rapid response teams to investigate, manage and conduct contact tracing of confirmed cases.

| Burkina Faso  | Humanitarian crisis (Sahel Region) | Grade 2 | 1-Jan-19 | 1-Jan-19 | 27-Jun-23 | 2 100 000 | - | - | - |

Since 2015, the security situation in the Sahel and East regions of Burkina Faso has gradually deteriorated due to attacks by armed groups, resulting in a staggering 2 100 000 registered displaced persons as of January 31, 2023. Access to healthcare services remains a major challenge for the affected population. Furthermore, torrential rain on the night of June 18, 2023, inflicted severe damage upon temporary hosting sites for internally displaced persons (IDPs) in Ouahigouya, the regional seat of the Nord Region. The Gourga, Ferme 09, and Raminsé sites in Ouahigouya were particularly affected, raising concerns among humanitarian actors about the state of emergency shelters during the ongoing rainy season.

| Burkina Faso  | COVID-19               | Protracted 3 | 10-Mar-20 | 9-Mar-20 | 3-May-23 | 22 056 | 22 056 | 396 | 1.8%    |

Between 9 March 2020 and 3 May 2023, a total of 22 056 confirmed cases of COVID-19 with 396 deaths and 21 596 recoveries have been reported from Burkina Faso.

| Burundi       | Cholera                | Grade 3 | 1-Jan-23 | 14-Dec-22 | 9-Jul-23 | 574 | 175 | 9 | 1.6%    |

An outbreak of cholera has been declared in Burundi on 1 January 2023. As of 9 July 2023, 574 suspected cases, including 175 laboratory-confirmed, and nine deaths (CFR 1.6%) have been reported. Cases have originated from eight districts including Isara (261 cases; 6 deaths), Bujumbura North (147 cases; 2 deaths), Cibitoke (84 cases), Bujumbura South (33 cases; 1 death), Kabezi (22 cases), Bujumbura Centre (14 cases), Mbanda (2 cases), and Rwibaga (1 case). Encouragingly, Cibitoke, Kabezi, and Rwibaga have notified no further case for more than five weeks.

| Burundi       | COVID-19               | Protracted 3 | 31-Mar-20 | 18-Mar-20 | 2-Jul-23 | 54 321 | 54 321 | 15 | 0.0%    |

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- Go to map of the outbreaks
### Cape Verde COVID-19 Protracted

<table>
<thead>
<tr>
<th>Grade 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>Grade 2</td>
<td>17-Mar-23</td>
<td>21-Jun-23</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
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</table>

The health authorities of Cape Verde have declared an outbreak of circulating poliovirus type 2 (cVDPV2) on 17 March 2023. The case is a 4-year-old male child with acute flaccid paralysis (AFP) with onset date of 24 November 2022 that was reported in Isale District in Bujumbura Rural province. No further cVDPV2 case has been reported as of 21 June 2023.

### Cameroon Covid-19 Protracted

<table>
<thead>
<tr>
<th>Grade to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>6-Mar-20</td>
<td>25-Jun-23</td>
<td>19 400</td>
<td>1 880</td>
<td>460</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Between 16-22 June, 121 new cases of cholera including three deaths have been reported from Centre (116 cases; 3 deaths) and Littoral regions (5 cases). From 25 Oct 2021 to 22 June 2023, a total of 19 400 cases of cholera including 1 880 laboratory-confirmed cases and 460 deaths (CFR 2.4%) 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.

### Cameroon Measles Ungraded

<table>
<thead>
<tr>
<th>Grade to WCO</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>2-Apr-19</td>
<td>25-Jun-23</td>
<td>4 671</td>
<td>4 671</td>
<td>18</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

From week 1 through week 25, 2023 (ending 25 June), a total of 4 671 measles cases with epidemiological link have been reported in Cameroon including 383 IgM+, a total of 18 deaths (CFR. 0.4%) reported in 2023.

### Cameroon Mpox Protracted

<table>
<thead>
<tr>
<th>Grade 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>Grade 2</td>
<td>24-Feb-22</td>
<td>22-Jun-23</td>
<td>207</td>
<td>23</td>
<td>3</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

From 1 January to 22 June 2023, 92 suspected cases of Mpox including five laboratory-confirmed and no deaths have been reported. Since January 2022, a total of 207 suspected cases including 23 confirmed and three deaths have been reported in the country.

### Cameroon Poliomyelitis (cVDPV2)

<table>
<thead>
<tr>
<th>Grade 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>Grade 2</td>
<td>23-May-19</td>
<td>21-Jun-23</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No cVDPV2 case was reported this week ending 21 June 2023. There were three cases reported in 2022, three others reported in 2021, and seven cases reported in 2020.

### Cameroon Suspected deadly drug intoxication in children

<table>
<thead>
<tr>
<th>Grade 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>Grade 2</td>
<td>9-Mar-23</td>
<td>2-May-23</td>
<td>11</td>
<td>10</td>
<td>0</td>
<td>90.9%</td>
</tr>
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</table>

### Cameroon Covid-19 Protracted

<table>
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<tr>
<th>Grade 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>Grade 2</td>
<td>19-Mar-20</td>
<td>18-Jul-23</td>
<td>64 143</td>
<td>64 143</td>
<td>414</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 8 July 2023, a total of 64 143 confirmed COVID-19 cases including 414 deaths and 63 645 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 preventively crossed the border from Sudan and are living in host families and spontaneous settlements in Am-Dafock, women and children constitute 98 % of asylum seekers and 87 % of returnees.

The humanitarian situation in Chad is characterised by a combination of four major crises: forced population movements, food insecurity and malnutrition, health emergencies and the effects of climate change. The situation in 2023 is more worrying than in 2022, with 6.9 million people in need, including 4.4 million targeted in the 2023 Humanitarian Response Plan (HRP), compared to 6.1 million people in need in 2022, including 3.6 million targeted. The crisis in Sudan is aggravating the humanitarian situation in Chad, where nearly 200 000 people, including 38 099 Chadian returnees, have already arrived on Chadian territory. Projections indicate that nearly 310 000 people including 60 000 Chadian returnees are expected to arrive in the provinces of Ouaddaï, Sila and Wadi Fira in the next six months.

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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: Outbreaks and Other Events

<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>Central African Republic</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Mar-22</td>
<td>1-Jan-23</td>
<td>17-Jun-23</td>
<td>1 656</td>
<td>969</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>COVID-19</td>
<td>Protraced 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>18-Jun-23</td>
<td>15 404</td>
<td>15 404</td>
<td>113</td>
<td>0.7%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Mar-22</td>
<td>1-Jan-23</td>
<td>17-Jun-23</td>
<td>1 656</td>
<td>969</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis(cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>21-Jun-23</td>
<td>38</td>
<td>38</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Chad</td>
<td>Humanitarian crisis(Sahel region)</td>
<td>Grade 2</td>
<td>11-Feb-22</td>
<td>1-Mar-16</td>
<td>2-Jul-23</td>
<td>6 900 000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Protraced 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>3-May-23</td>
<td>7 822</td>
<td>7 822</td>
<td>194</td>
<td>2.5%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-23</td>
<td>25-Jun-23</td>
<td>8 189</td>
<td>518</td>
<td>4</td>
<td>0.0%</td>
</tr>
<tr>
<td>Chad</td>
<td>Poliomyelitis(cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>9-Sep-19</td>
<td>5-Jul-23</td>
<td>169</td>
<td>169</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Protraced 3</td>
<td>30-Apr-20</td>
<td>30-Apr-20</td>
<td>27-Apr-23</td>
<td>9 109</td>
<td>9 109</td>
<td>161</td>
<td>1.8%</td>
</tr>
<tr>
<td>Congo</td>
<td>Mpox</td>
<td>Protraced 2</td>
<td>23-May-22</td>
<td>1-Jan-22</td>
<td>14-May-23</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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 18 June 2023, a total of 15 404 confirmed cases, 113 deaths and 16 252 recovered were reported.

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 18 June 2023, a total of 15 404 confirmed cases, 113 deaths and 16 252 recovered were reported.

The humanitarian crisis (Sahel region) in Chad is characterised by a combination of four major crises: forced population movements, food insecurity and malnutrition, health emergencies and the effects of climate change. The situation in 2023 is more worrying than in 2022, with 6.9 million people in need, including 4.4 million targeted in the 2023 Humanitarian Response Plan (HRP), compared to 6.1 million people in need in 2022, including 3.6 million targeted. The crisis in Sudan is aggravating the humanitarian situation in Chad, where nearly 200 000 people, including 38 099 Chadian returnees, have already arrived on Chadian territory. Projections indicate that nearly 310 000 people including 60 000 Chadian returnees are expected to arrive in the provinces of Ouaddaï, Sila and Wadi Fira in the next six months.

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 involving 194 deaths.

As at Week 25 of 2023 (ending 26 June), 8 189 suspected cases and four measles-related cases (CFR 0.1%) have been reported from 143 out of 150 districts in the country. A total of 518 samples tested IgM positive for measles out of 1 535 cases investigated with blood samples (31.5%); and 171 tested IgM+ for rubella.

Two cVDPV2 cases were reported: one each in Ouaddaï and Logone Oriental. There have been 10 cases reported this year. In addition, 44 cVDPV2 cases were reported in 2022, 106 cVDPV2 cases were reported in 2020 from three different outbreaks, and nine other cases were reported in 2019.

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 case of 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.

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

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.

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.

The Democratic Republic of the Congo (DRC) is classified as one of the largest hunger hotspots worldwide. Across the country, an estimated 26.4 million people are food insecure, making DRC among the most food insecure country in the world. The revised Integrated Food Security Phase Classification (IPC) estimates that 6.7 million people are in crisis and at emergency levels of food insecurity in North Kivu, South Kivu and Ituri (34% of the population). The conflicts in these provinces have caused a 10% rise in food insecurity since July 2022 (up from 6.1 million), driven by poor harvests, violence-driven displacement, disease, unemployment, and collapsing infrastructure. DRC has the largest number of internally displaced people (IDP) on the African continent. Over the past 12 months, the humanitarian situation has been exacerbated by a spike in violence with 6.3 million people internally displaced in Ituri, North Kivu and South Kivu. Of those displaced, 2.3 million were displaced in North Kivu since after clashes escalated in March 2022. In neighbouring Ituri province, localities have been and continue to be the scene of inter-communal massacres.

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 8 486 cases with 8 deaths (CFR 0.1%) have been reported. The number of deaths has been reviewed.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 96 211 confirmed cases and two probable case, including 1 464 deaths have been reported. A total of 84 576 people have recovered.

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 23 April 2023. The number of deaths has been reviewed.

From 1 January 2022 through 13 April 2023, the Democratic Republic of the Congo (DRC) reported 556 confirmed Mpox cases with no death among the confirmed cases. All confirmed cases belong to Clade I.

According to the Global Polio Eradication Initiative (GPEI), no cVDPV1 cases were reported this week. There have been 28 cases reported in 2023 and 146 cases in 2022.

No cVDPV2 case reported this week. There have been 43 cases so far this year and 364 cases reported last year.

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.
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.

**Eritrea COVID-19**

Protracted 3

<table>
<thead>
<tr>
<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>13-Mar-20</td>
<td>13-Mar-20</td>
<td>3-May-23</td>
<td>500</td>
<td>500</td>
<td>7 574</td>
<td>1.5%</td>
</tr>
</tbody>
</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.

**Eritrea Poliomyelitis (cVDPV2)**

Grade 2

<table>
<thead>
<tr>
<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>13-Mar-20</td>
<td>2-Jun-22</td>
<td>21-Jun-23</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new case of cVDPV2 was reported this week ending 21 June. There was one case reported in 2022 and another one reported in 2021. This latter one was however confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.

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 serotypes 01 Ogawa.

**Eswatini Cholera**

Grade 3

<table>
<thead>
<tr>
<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>13-Mar-20</td>
<td>3-Apr-23</td>
<td>31-May-23</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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.

Over 20.1 million people are food insecure in various regions, due to conflict, drought and floods, including 2.73 million IDPs and 1.88 million returnees. Drought conditions have disrupted livelihoods in the southern and south-eastern parts of the country, resulting in more than 11 million people being food insecure in the affected regions. Food needs have worsened in low-lying areas that were affected by flooding during the rainy season, mainly due to population displacements, loss of livestock and crop damage. Affected regions includes Afar, Oromia, SNNP (Southern Nations Nationalities and People) and Somali. An estimated 8.8 million people are in need of food assistance in the Afar, Amhara and Tigray regions, particularly in zones that were affected by the conflict. In Tigray, there is a concern on worsening food insecurity among the vulnerable population groups, following the pause of food distributions due to reports of significant diversion of humanitarian food assistance in the region.

**Ethiopia Floods**

Ungraded

<table>
<thead>
<tr>
<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>16-May-23</td>
<td>12-May-23</td>
<td>5-Jul-23</td>
<td>119 769</td>
<td>91</td>
<td>0</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Since the beginning of March 2023, heavy rainfall has affected several regions in Ethiopia (Particularly Somali, Afar, SNNP and Oromia Region). In the Somali Region, data from the Disaster Risk Management Bureau reveals that 58 909 households have been impacted by the floods since March, with 35 350 households displaced and 45 human casualties reported. In the Oromia region, flooding has displaced over 5 803 households, affecting approximately 29 015 individuals, and eight people dead. In the Southern Nations, Nationalities, and Peoples’ (SNNP) Region has experienced significant loss of life and property due to flooding. As of 05 May 2023, 38 fatalities have been reported, a total of 12 585 people have been affected and displaced. The Afar region has faced unexpected flash and river floods, as indicated by a regional government-led assessment conducted as of 1 May. At least 19 260 people have been affected, with an estimated 9 110 individuals displaced.

**Ethiopia Humanitarian crisis (Conflict in Tigray)**

Grade 3

<table>
<thead>
<tr>
<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>4-Nov-20</td>
<td>4-Nov-20</td>
<td>3-Jul-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

As per the OCHA report, humanitarian partners are supporting areas of IDP returns in the Tigray Region. More than a reported 54 600 people who returned to Guilo Meckeda Woreda in the Eastern Zone have received emergency shelter and non-food item (ESNFI) assistance, services in health, water, sanitation, and hygiene (WASH), as well as with agricultural seeds to support farmers in the current planting season, as of 22 June 2023.

**Ethiopia Cholera**

Grade 3

<table>
<thead>
<tr>
<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>17-Sep-22</td>
<td>17-Sep-22</td>
<td>13-May-23</td>
<td>6 592</td>
<td>39</td>
<td>104</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

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.

**Ethiopia COVID-19**

Protracted 3

<table>
<thead>
<tr>
<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>13-Mar-20</td>
<td>13-Mar-20</td>
<td>26-Apr-23</td>
<td>500 816</td>
<td>500 816</td>
<td>7 574</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 500 816 cases of COVID-19 as of 26 April 2023, with 7 574 deaths and 487 838 recoveries.

**Ethiopia Dengue**

Ungraded

<table>
<thead>
<tr>
<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>16-May-23</td>
<td>10-May-23</td>
<td>10-May-23</td>
<td>1 638</td>
<td>103</td>
<td>9</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

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.

**Ethiopia Measles**

Ungraded

<table>
<thead>
<tr>
<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>13-Apr-17</td>
<td>1-Jan-23</td>
<td>28-Apr-23</td>
<td>5 052</td>
<td>2 972</td>
<td>3</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

A total of 5 052 suspected measles cases reported as of week 17 current year (ending 12 July). Confirmed cases are 2 972 including 17 (1%) laboratory confirmed, 2 439 (82%) epidemiologically linked cases and 16 (1%) clinically compatible. Total of 45 confirmed active outbreaks affecting eight regions as of week 17, 2023

**Ethiopia Poliomyelitis (cVDPV2)**

Grade 2

<table>
<thead>
<tr>
<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>24-Jun-19</td>
<td>20-May-19</td>
<td>21-Jun-23</td>
<td>64</td>
<td>64</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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.

**Ethiopia Visceral leishmaniasis**

Ungraded

<table>
<thead>
<tr>
<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>1-Jan-23</td>
<td>1-Jan-23</td>
<td>30-Apr-23</td>
<td>180</td>
<td>21</td>
<td>11.7%</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Event</td>
<td>Grade</td>
<td>Date notified to WCO</td>
<td>Start of reporting period</td>
<td>End of reporting period</td>
<td>Total cases</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------</td>
<td>-------------</td>
<td>-----------------------</td>
<td>---------------------------</td>
<td>-------------------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>

**Ghana**

- **Poliomyelitis (cVDPV2)**
  - Grade 2
  - Start of reporting period: 23-Aug-19
  - End of reporting period: 17-May-23
  - Total cases: 34
  - Cases Confirmed: 34
  - Deaths: -
  - CFR: -

According to the 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 2019.

- **Anthrax outbreak suspected**
  - Start of reporting period: 5-Jun-23
  - End of reporting period: 1-Jun-23
  - Total cases: 12
  - Cases Confirmed: 1
  - Deaths: 8
  - CFR: 8.3%

On 31 May 2023, the Veterinary officer in Binduri district received report that community in Bologo village, Binduri District shared a carcass of a dead cow and consumed. As a result, two people were taken ill and were admitted to hospital and both had history of consuming the meat from the dead cow. They were presenting with swollen face and cutaneous lesions on the hands and face. One person succumbed to the illness. On 1 June, a multisectoral investigative team (made up of veterinary, public health and environmental health units) was deployed to the affected area to conduct further investigation. The following are preliminary findings: one person with symptoms died in the hospital, 11 people showing symptoms of cutaneous lesions on hands and faces, diarrhoea, stomach pains suggestive of cutaneous Anthrax. Samples have been taken from all the eleven people and sent to the laboratory for confirmation.

- **COVID-19**
  - Start of reporting period: 12-Mar-20
  - End of reporting period: 24-Apr-23
  - Total cases: 171,657
  - Cases Confirmed: 171,657
  - Deaths: 1,462
  - CFR: 0.9%

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 12 confirmed and four deaths reported from 14 over 16 administrative regions, with the Greater Accra region reporting the most cases.

- **Mpox**
  - Start of reporting period: 8-Jun-22
  - End of reporting period: 15-May-23
  - Total cases: 127
  - Cases Confirmed: 127
  - Deaths: 4
  - CFR: 3.1%

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 12 confirmed and four deaths reported from 14 over 16 administrative regions, with the Greater Accra region reporting the most cases.

- **Drought/food insecurity**
  - Start of reporting period: 17-Feb-22
  - End of reporting period: 1-Jul-23
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -
  - CFR: -

According to the 2023 Global report on food crises for the Intergovernmental Authority on Development (IGAD), despite abundant precipitation in most parts of the country since the onset of the March-May long rains, the drought situation and its effects on food security remain critical. The negative impacts of the prolonged drought are likely to persist throughout 2023, especially for pastoralists who have lost a significant number of animals. While above average rains have improved vegetation conditions and water levels, recovery of livestock body conditions and productivity will take longer, impacting on livelihoods and limiting access to income.

- **Anthrax**
  - Start of reporting period: 10-Apr-23
  - End of reporting period: 22-Jun-23
  - Total cases: 17
  - Cases Confirmed: 17
  - Deaths: 3
  - CFR: 17.6%

The outbreak has been reported from Murang’a County. A total of 17 cases and three deaths have been reported from five sub counties; Gatanga (1), Kandara (5, including 2 deaths), Kirumu (7, including 1 death, Maragwa (1) Mathioya (1), and Maragwa (2). The last case has been reported between 22-29 May 2023.

- **Cholera**
  - Start of reporting period: 19-Oct-22
  - End of reporting period: 29-Jun-23
  - Total cases: 11,694
  - Cases Confirmed: 464
  - Deaths: 194
  - CFR: 1.7%

The cholera outbreak has affected 23 counties namely: Nairobi, Kiambu, Nakuru, UasinGishu, Kajiado, Murang’a, Machakos, Garissa, Meru, Nyeri, Wajir, Tana River, Kitui, Homa Bay, Mombasa, West Pokot, Samburu, Marsabit, Kirinyaga, Kisumu, Siaya and Isiolo counties. A total of 11,694 cases, with 464 confirmed by culture, and 194 deaths (CFR 1.4%) have been reported.

- **COVID-19**
  - Start of reporting period: 13-Mar-20
  - End of reporting period: 25-Jun-23
  - Total cases: 343,753
  - Cases Confirmed: 343,753
  - Deaths: 5,689
  - CFR: 1.7%

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.

- **Leishmaniasis (visceral)**
  - Start of reporting period: 31-Mar-19
  - End of reporting period: 11-May-23
  - Total cases: 2,300
  - Cases Confirmed: 2,097
  - Deaths: 10
  - CFR: 0.4%

The outbreak has been continuous since 2020. A total of 2,300 cases 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.

- **Measles**
  - Start of reporting period: 29-Jun-22
  - End of reporting period: 11-May-23
  - Total cases: 270
  - Cases Confirmed: 108
  - Deaths: 4
  - CFR: 1.5%

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.

- **COVID-19**
  - Start of reporting period: 13-May-20
  - End of reporting period: 12-Sep-22
  - Total cases: 34,490
  - Cases Confirmed: 34,490
  - Deaths: 706
  - CFR: 2.1%

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.
<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>Liberia</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>21-May-23</td>
<td>8 136</td>
<td>8 136</td>
<td>294</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

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.

Liberia  | Lassa Fever            | Ungraded  | 3-Mar-22               | 6-Jan-22                  | 21-Apr-23               | 71          | 71              | 19     | 26.8%|

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.

Liberia  | Measles                | Ungraded  | 3-Feb-22               | 13-Dec-21                 | 21-Mar-23               | 10 664      | 10 664          | 93     | 0.9%|

Since the measles outbreak started on 13 December 2021 as of 21 April 2023, a total of 11 181 suspected cases, including 10 664 confirmed and 93 deaths (CFR: 1%) were reported from all the 15 counties in Liberia. Among the confirmed cases, 4.5% (482) were laboratory confirmed, 11.6% (1 233) clinically confirmed and 83.9% (8 949) epidemiologically linked.

Liberia  | Measles                | Ungraded  | 3-Feb-22               | 13-Dec-21                 | 21-Mar-23               | 10 664      | 10 664          | 93     | 0.9%|

Liberia confirmed a case of Monkeypox on 23 July 2022 through the National Public health Reference Laboratory in the country. As of 29 March 2023, 10 confirmed cases of monkeypox with 0 deaths were reported.

Madagascar  | Malnutrition crisis    | Protracted | 1-Jul-21               | 1-Jan-21                  | 1-Jun-23                | 2 200 000   | -               | -      | -   |

According to Reliefweb, 2.2 million people face food insecurity and need humanitarian assistance. 479,000 children suffer acute malnutrition in the Grand South and Grand South-east.115,000 children need to be treated for acute malnutrition this year.

Madagascar Ministry of Health announced the confirmation of the first 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.

Malawi  | Cholera                | Grade 3    | 3-Mar-22               | 3-Mar-22                  | 9-Jul-23                | 58 936      | 58 936          | 1 766  | 3.0%|

A total of 29 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 9 July 2023, cumulative confirmed cases and deaths reported since the onset of the outbreak is 58 936 and 1 766 respectively, with Case Fatality Rate at 3.0%.

Malawi  | COVID-19               | Protracted | 2-Apr-20               | 2-Apr-20                  | 7-Jul-23                | 88 791      | 88 791          | 2 686  | 3.0%|

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 7 July 2023, the country has a total of 88 791 confirmed cases with 2 686 deaths.

Malawi  | Poliomyelitis (WPV1)   | Grade 2    | 31-Jan-22              | 1-Feb-22                  | 5-Jul-23                | 1           | 1               | 0      | 0.0%|

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.

Mali  | Humanitarian crisis (Sahel region) | Grade 2 | 11-Sep-17 | 31-May-23 | - | - | - |

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.

Mali  | COVID-19               | Protracted | 25-Mar-20              | 25-Mar-20                 | 11-Jun-23               | 33 150      | 33 150          | 743    | 2.2%|

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 11 June 2023, a total of 33 150 confirmed COVID-19 cases have been reported in the country including 743 deaths and 32 331 recoveries.

Mali  | Measles                | Ungraded  | 20-Feb-18              | 1-Jan-23                  | 2-Jul-23                | 276         | 276             | 0      | 0.0%|

From the beginning of the year through 2 July 2023, 634 suspected measles cases were tested in Mali and 276 were laboratory confirmed.

Mauritania  | COVID-19               | Protracted | 12-Mar-20              | 12-Mar-20                 | 2-Jul-23                | 63 712      | 63 712          | 997    | 1.7%|

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 2 July 2023, a total of 63 712 cases including 997 deaths and 62 713 recoveries have been reported in the country.

Mauritania  | Measles                | Ungraded  | 7-Mar-23               | 26-Dec-22                 | 7-May-23                | 285         | 186             | 3      | 1.1%|

Since the beginning of 2023, cases of measles have been reported in the three wilayas of Nouakchott and eight other wilayas in the interior of the country. As of 7 May 2023, the country has reported 285 suspected measles cases of which 192 cases were collected and tested with 111 positive IgM+ cases. Active contact tracing resulted in 75 epidemiologically confirmed cases. Three deaths including two community deaths have been recorded to date.

Mauritius  | COVID-19               | Protracted | 18-Mar-20              | 18-Mar-20                 | 7-May-23                | 304 233     | 304 233         | 1 050  | 0.4%|

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.

Mozambique  | Humanitarian crisis in Cabo Delgado | Protracted | 1-Jan-20 | 1-Jan-20 | 21-May-23 | - | - | - |

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  | Cholera                | Grade 3    | 14-Sep-22              | 16-Nov-22                 | 29-May-23               | 31 327      | 31 327          | 138    | 0.4%|
<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>Mozambique</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>22-Mar-20</td>
<td>22-Mar-20</td>
<td>24-Apr-23</td>
<td>233 417</td>
<td>233 417</td>
<td>2 243</td>
<td>1.0%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>MPox</td>
<td>Protracted 2</td>
<td>6-Oct-22</td>
<td>7-Oct-22</td>
<td>12-May-23</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-May-22</td>
<td>18-May-22</td>
<td>5-Jul-23</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Namibia</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>4-Jun-23</td>
<td>171 718</td>
<td>171 718</td>
<td>4 093</td>
<td>2.4%</td>
</tr>
<tr>
<td>Namibia</td>
<td>Crimean-Congo hemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>22-May-23</td>
<td>22-May-23</td>
<td>22-May-23</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>1-Feb-15</td>
<td>1-Feb-15</td>
<td>27-Jun-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>Measles</td>
<td>Ungraded</td>
<td>5-Apr-22</td>
<td>1-Jan-22</td>
<td>24-Jun-23</td>
<td>1 530</td>
<td>342</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Niger</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>7-Dec-22</td>
<td>31-Oct-22</td>
<td>26-Mar-23</td>
<td>911</td>
<td>105</td>
<td>30</td>
<td>3.3%</td>
</tr>
<tr>
<td>Niger</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-21</td>
<td>28-Jun-23</td>
<td>31</td>
<td>33</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Jan-23</td>
<td>2-Apr-23</td>
<td>1 336</td>
<td>79</td>
<td>5.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>27-Feb-20</td>
<td>27-Feb-20</td>
<td>21-Apr-23</td>
<td>266 675</td>
<td>266 675</td>
<td>3 155</td>
<td>1.2%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Diphtheria</td>
<td>Grade 1</td>
<td>1-Dec-22</td>
<td>1-Dec-22</td>
<td>4-Mar-23</td>
<td>1 064</td>
<td>389</td>
<td>62</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 14 September 2022 to 29 May 2023, a total of 31 327 cases and 138 deaths (CFR 0.4%) have been reported from 11 provinces and 60 districts.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 24 April 2023, a total of 233 417 confirmed COVID-19 cases were reported in the country including 2 243 deaths.

The case was diagnosed Wednesday, 12 October 2022 in Maputo City in a man, Health minister Armindo Tiago said. As of 5 May 2023, no additional case has been reported.

According to the Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of cases in 2022 remains four. There were two cases reported in 2021.

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

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 4 June 2023, a total of 171 718 confirmed cases with 4 093 deaths have been reported.

Namibia has confirmed a single case of Crimean-Congo hemorrhagic fever (CCHF). The case is a 55-year-old male farmer. He was seen at a private clinic on 14 May 2023 with a history of a tick bite. Samples were collected and sent to the National Institute for Communicable Diseases (NICD) for testing, and confirmation of CCHF was made on 21 May 2023. The case died on 18 May 2023.

Namibia has confirmed a single case of Crimean-Congo hemorrhagic fever (CCHF). The case is a 55-year-old male farmer. He was seen at a private clinic on 14 May 2023 with a history of a tick bite. Samples were collected and sent to the National Institute for Communicable Diseases (NICD) for testing, and confirmation of CCHF was made on 21 May 2023. The case died on 18 May 2023.

The number of internally displaced people in Niger has reached a record high, with an increase from 1.9 million in 2017 to 4.3 million individuals (15% of the population) in 2023, indicating a significant rise in the need for humanitarian assistance. Tragically, during the night of June 15 to 16, a devastating incident took place in Chetima Wango in the region of Makalla, resulting in the loss of seven soldiers’ lives and the injury of two others, marking the fourth reported IED-related incident in the region since April. These incidents underscore the ongoing security challenges faced by the area.

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.

As of epidemiological week 25, 2023, a total of 1 530 suspected cases of measles were reported, of which 602 were investigated across 61 districts in the eight regions. Among these cases, 46% (342 out of 602) were laboratory-confirmed. Additionally, 85% (61 out of 72) of the districts reported at least one suspected case of measles, surpassing the target of at least 80%. Furthermore, 32 health districts, accounting for 44%, have reached the epidemic threshold at least once since the beginning of the year.

From 19 March 2020 to 1 May 2023, a total of 9 513 cases with 315 deaths have been reported across the country. A total of 9 203 recoveries have been reported from the country.

No cVDPV2 case was reported this week. There were 15 cases reported last year in 2022. There were 18 cases reported in 2021.

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.

From 1 January to 2 April 2023, a cumulative 1 336 suspected cholera cases and 79 deaths (CFR: 5.9%) have been reported from 43 Local Governmental Areas (LGAs) in 12 states, namely Abia, Bauchi, Bayelsa, Cross River, Ebonyi, Kano, Katsina, Niger, Ondo, Osun, Sokoto and Zamfara. Males represent 53% of all cholera suspected cases.

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 21 April 2023, a total of 266 675 confirmed cases with 259 953 recovered and 3 155 deaths have been reported.
<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>Nigeria</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>8-Jan-23</td>
<td>1-Jan-23</td>
<td>26-Mar-23</td>
<td>827</td>
<td>823</td>
<td>144</td>
<td>17.4%</td>
</tr>
<tr>
<td></td>
<td>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 Multisectoral Emergency Operations Centers for Lassa Fever have been activated at national level and in affected states to coordinate and strengthen the ongoing response activities.</td>
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<tr>
<td>Nigeria</td>
<td>Meningitis</td>
<td>Grade 1</td>
<td>1-Oct-22</td>
<td>1-Oct-22</td>
<td>30-Apr-23</td>
<td>2767</td>
<td>270</td>
<td>176</td>
<td>7.4%</td>
</tr>
<tr>
<td></td>
<td>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 for states: Jigawa (1 438 cases), Yobe (464 cases), Katsina(145 cases), and bauchi(119 cases).</td>
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<tr>
<td>Nigeria</td>
<td>Mpx</td>
<td>Protraced 2</td>
<td>31-Jan-22</td>
<td>1-Jan-22</td>
<td>29-Mar-23</td>
<td>829</td>
<td>829</td>
<td>9</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>From 1 January to 29 March 2023, Nigeria has reported 829 monkeypox confirmed cases with nine deaths.</td>
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</tr>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (c/DPV2)</td>
<td>Grade 2</td>
<td>1-Jun-18</td>
<td>1-Jan-22</td>
<td>14-Jun-23</td>
<td>54</td>
<td>54</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Three c/DPV2 cases were reported in Kebbi, all being from 2021. There have been 10 c/DPV2 cases reported this year and 48 cases in 2022.</td>
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<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Protraced 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>26-Feb-23</td>
<td>133 194</td>
<td>133 194</td>
<td>1 468</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>The Rwanda 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.</td>
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<tr>
<td>Sao Tome and</td>
<td>COVID-19</td>
<td>Protraced 3</td>
<td>7-Apr-20</td>
<td>6-Apr-20</td>
<td>26-Apr-23</td>
<td>6 562</td>
<td>6 562</td>
<td>80</td>
<td>1.2%</td>
</tr>
<tr>
<td>Principipe</td>
<td>Dengu</td>
<td>Grade 2</td>
<td>11-Apr-22</td>
<td>15-Apr-22</td>
<td>30-Apr-23</td>
<td>1 210</td>
<td>1 210</td>
<td>11</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td>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 of COVID-19 have been reported, including 80 deaths. A total of 6 338 cases have been reported as recoveries.</td>
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</tr>
<tr>
<td>Senegal</td>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>8-Jun-23</td>
<td>8-Jun-23</td>
<td>8-Jun-23</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>On 8 June 2023, the Dakar Pasteur Institute laboratory reported one IgM-confirmed case of Chikungunya from Dioffior district, Fatick region. The date of disease onset is 28 May 2023 and searched medical care on 29 May and the laboratory test was done on 8 June 2023.</td>
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</tr>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Protraced 3</td>
<td>2-Mar-20</td>
<td>2-Mar-20</td>
<td>28-Apr-23</td>
<td>88 997</td>
<td>88 997</td>
<td>1 971</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td>From 2 March 2020 to 28 April 2023, a total of 88 997 confirmed cases of COVID-19 including 1 971 deaths and 87 024 recoveries have been reported in Senegal.</td>
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<tr>
<td>Senegal</td>
<td>Crimean-Congo hemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>21-Apr-23</td>
<td>21-Apr-23</td>
<td>14-May-23</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>50.0%</td>
</tr>
<tr>
<td></td>
<td>The Ministry of Health of Senegal has reported a confirmed case of Crimean-Congo hemorrhagic fever on 21 April 2023 in a 35-year-old male patient. He is a butcher residing in Fadia city, Guidiawaye district, Dakar region. The date of onset of symptoms was 10 April with fever and flu-like syndrome. Samples were collected on 20 April for suspected viral hemorrhagic fever after he developed a hemorrhagic syndrome and thrombocytopenia. He died on 22 April. On 8 May 2023, a second confirmed case was reported from the Linguère district in the Louga region.</td>
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</tr>
<tr>
<td>Senegal</td>
<td>Measles</td>
<td>Ungraded</td>
<td>4-Jul-22</td>
<td>1-Jan-23</td>
<td>14-May-23</td>
<td>371</td>
<td>371</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>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 (256 cases), Kédougou (18 cases), Tambacounda (17 cases), Louga (15 cases), Thiès (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.</td>
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</tr>
<tr>
<td>Senegal</td>
<td>Rift Valley fever</td>
<td>Ungraded</td>
<td>5-Jun-23</td>
<td>1-Jun-23</td>
<td>1-Jun-23</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
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<td>On 1 June 2023, the Dakar Pasteur Institute laboratory reported one confirmed case of Rift Valley fever, a 30-year-old man who searched medical care at the arboviruses sentinel surveillance site in Rosso, bordering Mauritania in the Saint Louis region. The consultation took place on 22 May 2023, the estimated date of illness onset is 19 May 2013. Investigations are ongoing.</td>
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</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Protraced 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>28-Feb-23</td>
<td>50 937</td>
<td>50 937</td>
<td>172</td>
<td>0.3%</td>
</tr>
<tr>
<td></td>
<td>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 cases have been confirmed, including 50 750 recoveries and 172 deaths have been reported.</td>
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<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Protraced 3</td>
<td>31-Mar-20</td>
<td>27-Mar-20</td>
<td>13-Mar-23</td>
<td>7 763</td>
<td>7 763</td>
<td>125</td>
<td>1.6%</td>
</tr>
<tr>
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<td>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 4 898 recovered cases.</td>
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<tr>
<td>South Africa</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>3-Feb-23</td>
<td>3-Feb-23</td>
<td>3-Jul-23</td>
<td>1 265</td>
<td>198</td>
<td>47</td>
<td>3.7%</td>
</tr>
<tr>
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<td>As of 3 July 2023, a total of 1 265 cholera cases and 47 deaths have been reported in South Africa. Currently, five provinces have been affected: Gauteng Province, Free State, Mpumulanga, Limpopo and North West.</td>
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</tbody>
</table>
Most cases (129; 74%) are males and the median age is 20 years. On 14 April 2023, an outbreak was declared in Wau, Western Bahr el Ghazal state. As of 5 June, 174 HEV cases have been reported, including seven deaths (CFR 4.0%). Approximately 54% of cases are males. The most affected age group are those aged 15-44 years (40%), followed by children aged 1-4 years (24%).

More than 68 000 children under five were admitted to nutrition programmes for Severe Acute Malnutrition (SAM) management in the first quarter of 2023. Nearly 50 000 of them were reported during February to March 2023. The highest admissions were from Jonglei, Northern Bahr el Ghazal (NBeG), Unity and Warrap and Lakes states respectively.

In South Sudan, persistent flooding from July 2022 into 2023 has affected at least one million people, many of whom were already facing urgent needs due to conflict and violence. In 2023, heavy rainfall (greater than 200 mm) is expected over isolated areas in central, western, and southern parts of the country and light rainfall (less than 50 mm) expected over northern parts of the country.

In South Sudan, persistent flooding from July 2022 into 2023 has affected at least one million people, many of whom were already facing urgent needs due to conflict and violence.

In 2019, 2020 and 2021, 1 000, 1 481 and 871 cases tested positive for HEV by RDT. In 2023, 326 cases of AJS have so far been reported, of whom 28 tested positive for HEV by RDT. A total of 4 165 cases of acute jaundice syndrome (AJS) including 27 deaths (CFR: 0.7%) have been reported since January 2019. Some 1 481 of these cases tested positive for HEV by RDT.

Since 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 current outbreak in the Bentiu IDP camp is ongoing. As of 15 April, the total of 4 165 cases of acute jaundice syndrome (AJS) including 27 deaths (CFR 0.7%) have been reported since January 2019. Some 1 481 of these cases tested positive for HEV by RDT. Approximately 54% of cases are males. The most affected age group are those aged 15-44 years (40%), followed by children aged 1-4 years (24%).

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.

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.

From 8 October 2022 to 7 July, 2023, a total of 1 092 laboratory-confirmed cases were reported from eight provinces with declared measles outbreaks in Limpopo (506 cases), Mpumalanga (111 cases), North West (217 cases), Gauteng (182 cases), Free State (32 cases), Western Cape (16), Kwazulu-Natal (21) and Northern Cape (7).

The current outbreak in the Bentiu IDP camp is ongoing. As of 15 April, the number of arrivals is projected to increase as the crisis continues. Onward transportation of South Sudanese returnees and Sudanese refugees from transit sites remains a significant challenge due to the combination of poor road infrastructure and large distances, insecurity in some areas and the additional logistical challenges posed by the onset of the rainy season.

The 2022 Integrated Phase Classification (IPC) analysis in South Sudan, projects that over half of the population in the country (63%) are facing acute food insecurity during the lean season of between April 2022 and July 2023. Of these, 4.8 million people will be in crisis (IPC3), 2.9 million are projected to be in emergency (IPC4) and the number of people in catastrophe (IPC5) are expected to be 43 000. The drivers of acute food insecurity in the country are economic decline, climatic shocks, low production and conflict and insecurity. Regarding the nutrition situation, an estimated 1.4 million children under five are acutely malnourished with 346 000 in a severe condition in 2023. No new cases have been reported since October 2022.

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.

In 2019, 2020 and 2021, 1 000, 1 481 and 871 cases tested positive for HEV by RDT. In 2023, 326 cases of AJS have so far been reported, of whom 28 tested positive for HEV by RDT. A total of 4 165 cases of acute jaundice syndrome (AJS) including 27 deaths (CFR: 0.7%) have been reported since January 2019. Some 1 481 of these cases tested positive for HEV by RDT.

The current 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.

Since 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.
Health Emergency Information and Risk Assessment

WEEKLY BULLETIN ON OUTBREAKS AND OTHER

WEEK 27: 03 JULY - 09 JULY 2023

Zambia: Cholera outbreak in two districts – Chiengi district in Luapula province and Mpulungu district in Northern Province - of Zambia are reporting cholera cases. A total of 14 deaths have been reported. Cumulatively, 757 cases from eight districts; Mpulungu, Vubwi, Nsama, Nchelenge, Mwansabombwe, Chipata, Chipangali and Lusangazi. Currently, two districts in two provinces – Chiengi district in Luapula province and Mpulungu district in Northern Province - of Zambia are reporting cholera cases. A total of 14 deaths have been reported. According to Integrated Food Security Phase Classification (IPC) In the Karamoja region of Uganda, the impact of ongoing average to below-average food and livestock production over the last three years due to climate related shocks / hazards and endemic pests/diseases, coupled with a currently fragile security situation are causing widespread food insecurity. In the current analysis (April – August 2023), which corresponds to the lean season of 2023, all the nine districts of Karamoja region are classified in IPC Phase 3 (Crisis), with 45 % of the population analysed (582 000 people) facing high levels of acute food insecurity (IPC Phase 3 or above). An estimated 102 000 people (8% of the population analysed) are classified in IPC Phase 4 (Emergency) while 460 000 people (37% of the population analysed) are classified in IPC Phase 3 (Crisis). Of all the nine districts analysed, Kaabong district has very high levels of acute malnutrition (18%). The food security situation in the region has continued to deteriorate with the population in IPC Phase 3 or above increasing from 27 percent in June 2020, to 30 % in April 2021, to 41 percent in April 2022 and to 45 % in May 2023.

Uganda: Yellow fever outbreak in the following districts Kasese (1), Buikwe (2), and Buvuma (1) classified by having positive PRNT results and no record of yellow fever vaccination. The last cases were reported in February 2023. The National Yellow Fever vaccination campaign phase I has been completed: 6/6 regions were covered; the second phase is scheduled for October 2023.

Zambia: Measles outbreak continues to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces have recorded 2 157 measles cases and 31 deaths as of 28 May 2023. WHO is supporting the Ministry of Health investing other cases with similar symptoms.

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 3 430 cholera cases with 78 deaths (CFR=2.3%) as of 9 July 2023. All of the ten provinces are affected with majority of the cases reported from Manicaland, Harare, Mash West and Mash Cent provinces.

Closed Events

Democratic Republic of the Congo: Floods

- 5-May-23
- 6-May-23
- 6-Jul-23
- 100 000
- 
- 500

Since April 2023, floods, and landslides in more than 10 provinces have affected thousands of people who have lost their livelihoods. In Kalaehe territory, more than 500 people died, with around 3,000 houses destroyed, and more than 300 hectares of fields devastated, and livestock washed away. According to the Famine Early Warning Systems Network (FEWS NET), these natural disasters could reduce agricultural participation for the upcoming agricultural season and reduce food access for affected households to the short to medium term. As of 6 July 2023 in Kalaehe territory, UN agencies, national and international NGOs and the Red Cross Movement deployed in Kalaehe since 10 May and are continuing their emergency operations in the affected areas, in support of Provincial and local authorities. At least 17,000 people received assistance, including food, health care, shelter and psychosocial support. More than 50,000 litres of clean water are provided to affected communities daily . The affected area is also hosting 107 700 displaced people, mainly from North Kivu.

Kenya: Rotaviral enteritis

- 3-Apr-23
- 23-Mar-23
- 14-Apr-23
- 84
- 84
- 10
- 11.9%

A total of 84 cases of acute watery diarrhoea with 10 deaths (CFR 12%) 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. Approximately, 47 (56%) of cases are males while 35 (41.7%) are females with the age group of 0-3 years accounting for 31% of cases. Cumulatively, 21 samples have been collected with nine samples returning positive for rotavirus, Vibrio cholerae has been ruled out. As of 6 July , no more updates, the outbreak was controlled.

Madagascar: Cyclones

- 25-Jan-23
- 19-Jan-23
- 6-Jul-23
- 391 000
- 53

No cVDPV2 case was reported this week. There were two cases reported in 2022. No cases were reported in 2021. There were nine cases in 2020, while the total number of cVDPV2 cases reported in 2019 remains at eight.

Uganda: Drought/food insecurity

- 7-Mar-22
- 1-Jan-22
- 30-Jun-23
- -
- -
- -
- -

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), Buikwe (2), and Buvuma (1) classified by having positive PRNT results and no record of yellow fever vaccination. The last cases were reported in February 2023. The National Yellow Fever vaccination campaign phase I has been completed: 6/6 regions were covered; the second phase is scheduled for October 2023.

Uganda: Rift Valley fever

- 1-Mar-23
- 2-Mar-23
- 17-Mar-23
- 20
- 19
- 4
- 20.0%

A total of 20 cases of Rift Valley Fever including 19 confirmed, one probable and four deaths have been reported for the ongoing outbreak in Uganda since January this year . Among deaths, one is probable and three confirmed. The affected District are two : Mbarara district and City of Kampala.

Uganda: Yellow Fever

- 7-Mar-22
- 2-Jan-22
- 27-Jun-23
- 1 178
- 4
- 0
- 0.0%

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), Buikwe (2), and Buvuma (1) classified by having positive PRNT results and no record of yellow fever vaccination. The last cases were reported in February 2023. The National Yellow Fever vaccination campaign phase I has been completed: 6/6 regions were covered; the second phase is scheduled for October 2023.

Zambia: Cholera

- 24-Jan-23
- 20-Jan-23
- 22-Jun-23
- 757
- 263
- 14
- 1.8%

Cumulatively, 757 cases from eight districts; Mpuungu, Vubwi, Nsama, Nchelenge, Mwansabombe, Chipata, Chingapali and Lusangazi. Currently, two districts in two provinces – Chiengi district in Luapula province and Mpulungu district in Northern Province - of Zambia are reporting cholera cases. A total of 14 deaths have been reported. Public health actions are ongoing.

Zimbabwe: COVID-19

- 18-Mar-20
- 18-Mar-20
- 11-May-23
- 343 995
- 343 995
- 4 058
- 1.2%

The first COVID-19 confirmed case was reported in Zimbabwe on 18 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.

Zimbabwe: Measles

- 13-Jun-22
- 13-Jun-22
- 28-May-23
- 2 157
- 132
- 31
- 1.4%

The first COVID-19 confirmed case was reported in Zimbabwe on 18 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.

Zimbabwe: Cholera

- 23-Feb-23
- 12-Feb-23
- 9-Jul-23
- 3 430
- 804
- 78
- 2.3%

The first cholera outbreak in the country in 2023 started on the 12 February 2023 in Chegutu town, Mashonaland West Province. Cumulatively there were 3 430 cholera cases with 78 deaths (CFR=2.3%) as of 9 July 2023. All of the ten provinces are affected with majority of the cases reported from Manicaland, Harare, Mash West and Mash Cent provinces.

Zimbabwe: COVID-19

- 20-Mar-20
- 20-Mar-20
- 9-Jul-23
- 265 642
- 265 642
- 5 709
- 2.1%

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 9 July 2023, a total of 265 642 confirmed COVID-19 cases were reported in the country including 5 709 deaths.
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. No further updates have been received so far. On 6 July 2023, an internal WHO review was organized and the decision to remove the grade for this event and its closure was agreed, after action review (AAR) will be conducted for this event to inform preparedness to an eventual cyclones.

<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>Malawi</td>
<td>Cyclone</td>
<td>Ungraded</td>
<td>14-Mar-23</td>
<td>14-Mar-23</td>
<td>6-Jul-23</td>
<td>2,267,458</td>
<td>2</td>
<td>679</td>
<td>0.0%</td>
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<tr>
<td>Mozambique</td>
<td>Floods</td>
<td>Ungraded</td>
<td>13-Feb-23</td>
<td>11-Feb-23</td>
<td>6-Jul-23</td>
<td>1,400,000</td>
<td>1</td>
<td>314</td>
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<td>Rwanda</td>
<td>Floods</td>
<td>Ungraded</td>
<td>4-May-23</td>
<td>4-May-23</td>
<td>6-Jul-23</td>
<td>131</td>
<td>131</td>
<td></td>
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</tbody>
</table>

†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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