WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 35: 27 August - 3 September 2023
Data as reported by: 17:00; 3 September 2023

1 New events
142 Ongoing events
124 Outbreaks
19 Humanitarian crises

Protracted 3 events
Protracted 2 events
Protracted 1 event
Ungraded events

Legend

Malaria
Humanitarian crisis
Typhoid fever
Measles
Lassa fever
Cholera
AIDS
Enteric Outbreak
Measles
Hepatitis E
Dengue fever
Acute Food Insecurity
Diphteria
Typhoid fever
Acute watery diarrhoea
Diphteria
Skin injury from unknown chemical exposure
Meningitis

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

- Bacterial intestinal infections in the Republic of Congo
- Diphtheria in Niger
- Cholera in Zimbabwe

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 diphtheria outbreak that started in mid-July in Niger is now showing a declining trend, however, sustained active case finding at the community level remains a critical strategy for early detection and containment. Even with the ongoing challenges, the collaborative response to this outbreak underscores the support of both local and international organizations. While the situation remains demanding, these combined efforts offer a hopeful prospect of controlling the outbreak and preventing future occurrences, ultimately safeguarding the health and well-being of Niger’s population.
Bacterial intestinal infections

EVENT DESCRIPTION

The gastrointestinal infection outbreak declared by the Ministry of Health of the Republic of Congo on 17 July 2023 continues, although with a decline in caseload since epidemiological week 29 (week ending on 23 July 2023). Since our last report as of 30 July 2023 (Weekly Bulletin 30), 700 new suspected cases and 15 new deaths have been reported.

From the first case notification on 28 June 2023 to 24 August 2023, a cumulative total of 2,389 suspected cases of shigellosis (1,120), typhoid (1,200) and cholera (69) were reported including 52 deaths (case fatality ratio 2.2%). The majority of cases (2,087; 87.4%) and deaths (33; 63.5%) were reported from the epicenter, Dolisie, a capital city of Niari department. Among the suspected cases, 88 (4.0%) patients have undergone emergency surgery due to intestinal perforation.

A total of 126 cases have been confirmed at the National Public Health Laboratory, among which 83 cases were positive for Shigella (flexneri & dysenteriae), 22 cases for Salmonella typhi, and 21 cases for Vibrio cholerae. Vibrio cholerae O1 INABA was identified in 8 out of 9 samples for which serotyping was conducted. At the same time, co-infections were reported in 11 cases for Vibrio cholerae and Shigella and in one case for Vibrio cholerae and Salmonella typhi.

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The confirmed cases have been reported from 24 health districts in 9 out of the 12 departments of the Republic of Congo, namely, Bouenza, Brazzaville, Cuvette-Ouest, Kouilou, Lekoumou, Likouala, Niari, Pointe-Noire and Pool. Niari department is the most affected, with 72.2% (n=91) of the confirmed cases followed by Brazzaville (10; 7.9%) and Pointe-Noire (10; 7.9%).

The most affected age groups are 5-20 years (40; 48.2%) and 25-30 years (10; 12.05%) among cases with shigellosis, 5-10 years (5; 22.7%) and 20-25 years (4; 18.2%) among cases with typhoid, and 5-10 years (5; 23.8%) and 25-30 years (6; 28.6%) among cases with vibrio cholerae infection. Men make up the majority of cases with Vibrio cholerae (14; 66.7%) and Salmonella typhi (14; 63.6%) while women represent 56.6% (n=47) of shigellosis cases.

PUBLIC HEALTH ACTIONS

• The National Response Technical Committee continues to lead the response activities, with technical support from WHO and partners.
• The integrated national response plan to cholera, shigellosis and typhoid fever is being validated.
• WHO conducted a rapid risk assessment at national, regional and global levels.
• Surveillance activities continue, including in-depth epidemiological investigations around suspected and confirmed cases and mapping of the affected neighbourhoods and health districts.
• A mobile laboratory has been put in place in Dolisie.
• Case management continues and has been enhanced with the deployment of surgeons to support emergency surgery, the ongoing procurement of necessary drugs and medical supplies, and mentoring of healthcare workers.
• Disinfection of wells and pit latrines as well as environmental cleaning are ongoing in Dolisie.
• Awareness campaigns are ongoing, carried out by community health workers.

SITUATION INTERPRETATION

Although the number of reported cases has been declining since epidemiological week 29, the gastrointestinal infection outbreak in the Republic of Congo remains of concern due to a number of challenges including the high number of people with complications (intestinal perforation), the suboptimal water, sanitation and hygiene conditions, limited laboratory and case management capacities, and insufficient funding to sustain the response activities.

There is need to start scaling up control interventions to end this outbreak including quicker provision of safe water and sanitation facilities to affected communities, adequate use of surveillance and laboratory data as evidence to plan and implement effective interventions, stronger social mobilization and community engagement strategies.
Distribution of cases of Shigellosis, Typhoid fever and Cholera in the Republic of Congo, 28 June – 24 August 2023
Niger has been grappling with a severe outbreak of diphtheria, a highly contagious bacterial infection caused by Corynebacterium diphtheriae. The outbreak's first recorded case occurred on July 17, 2023. The outbreak reached its peak on August 16, 2023, triggering swift action. The Special Unit for Rapid Response to Epidemics (SURGE) team was deployed on August 18, 2023, to address the escalating crisis.

During week 35, the highest cases cumulatively recorded by Niger was within the 5 to 9 years age group (86 cases) while the lowest cases recorded were within the age demographics, 30 to 34 years (5 cases) and infants less than 1 year (5 cases). Reports from the country also indicate a higher incidence of diphtheria among females, accounting for 62.0% of the reported cases (194 cases), as compared to males, who accounted for 38.0% of the cases.

Since 17 July to 24 August 2023, Niger has recorded a total of eight deaths from 313 reported cases resulting in a fatality rate of 2.6%. With the disease’s rapid spread, numerous cases have been reported across ten regions with most cases, 80.7% (n=288) coming from Kantché.

The outbreak has had a significant impact on public health in Niger and its severity has stretched healthcare resources, particularly in areas with limited access to medical facilities. The outbreak’s toll has been especially pronounced among children and adults, with patients between the ages of 1 and 29 representing 92.9% of the total cases reported, highlighting the vulnerability of communities in urban and rural areas.

More than half of the cases 55.9% (n=200), have successfully recovered, reflecting a hopeful trend for the Nigerien health team. Meanwhile, 41.5% of individuals are currently under treatment.

PUBLIC HEALTH ACTIONS

In response to this dire situation, both international organizations and local health authorities, including WHO and the Health Cluster, have initiated a series of critical actions:

- Courtesy visits to administrative and health authorities, including the Prefect of Kantché and Canton Chief of Kantché.
- The deployment of investigation and support missions was conducted by the Disease Surveillance and Response Team, in collaboration with the Coordination of Urgent Health Response and SURGE. Additionally, the Department of Regional Health in Zinder and the Department of Health Services in Matameye played crucial roles in these missions.
- Conducted a survey to estimate Pentavalent vaccination coverage in children under 5 years.
- Sharing of case definitions at health facility level.
- Conducted investigations of cases in the Integrated Health Center of Kantché and active case finding at the community level.
- Installation of three tents at the Kantché site and demarcation of zones.
- Reinforcement of infection control and prevention measures.
- Sensitization of the population on preventive measures and vaccination.
- Sensitization of the population on the urgency of seeking health training when signs of the disease are present, conducted through community relays, traditional chiefs, and town criers.
- Training of 160 community workers on the symptoms of diphtheria and the importance of routine vaccination in preventing the disease.

SITUATION INTERPRETATION

The response to the diphtheria outbreak in Niger has encountered numerous challenges, including isolating cases at the health hut and insufficient personnel at the Comprehensive Health Center. However, there are encouraging signs on the trend. A vaccination campaign,
supported by MSF Switzerland, is already ongoing, aimed at bolstering immunity levels and curbing the outbreak’s spread. Additionally, ongoing efforts to strengthen coordination among local and international stakeholders are expected to enhance the effectiveness of the response. The commitment to providing free case management ensures that individuals affected by the disease receive necessary care without financial barriers.

Distribution of cases of Diphtheria by Province in Niger, as of 3 September, 2023

Trends of cases of Diphtheria by Province in Niger, as of 3 September, 2023
Zimbabwe has been tirelessly battling a cholera outbreak since its onset in February 2023 and is making significant strides in outbreak control, nearing the achievement of tangible objectives marked by a notable reduction in both cases and fatalities within affected regions.

The epidemiological landscape has undergone notable transformations since the outbreak’s inception earlier this year. Notably, there has been marked stability in case numbers, a vital health indicator. From Epidemiological Week 33 (ending August 19, 2023), through Epidemiological Week 35 (ending September 3), the maximum weekly case count reached 12 cases, signifying a remarkable 33.0% reduction compared to the prior week, ending on August 12, 2023.

However, a concern has arisen with the emergence of a case in a new non-traditional hotspot district, Umguza, which is in Matabeleland North Province. In Epidemiological Week 35, ending September 3, 2023, Umguza reported a solitary case, underscoring the fragility of health gains made in outbreak management.

Cholera cases have been reported from all 10 provinces and 42 districts. As of September 2, 2023, cases have been reported from three Provinces, with Manicaland still having the highest number of cases 55.6% (n=5), followed by Matabeleland South and Masvingo provinces both having 22.2% (n=2) each. Significantly, Harare, which was originally the epicentre of the epidemic, did not report any new cases during this period.

A recent situational report, dated September 3, 2023, highlights a promising health picture. On this date, the country recorded nine new cases, with no reported deaths. These trends are an evidence of effective multifaceted strategies employed to control the cholera outbreak, including heightened healthcare interventions, augmented surveillance, robust risk communication, and extensive community engagement. As Zimbabwe continues to navigate this health challenge, the prospects of curbing the outbreak’s trajectory and achieving a sustained reduction in cases remain within reach.

Cumulatively, as of September 3, 2023, Zimbabwe has reported 3,913 cases with 96 deaths, resulting in a case fatality ratio of 2.5%.

Most cases have been reported from Harare (1,616) and Manicaland (1,539), collectively representing 80.6% of all reported cases nationwide. Notably, Manicaland Province continues to account for the highest number of deaths, comprising 61.5% (n=59) of the cumulative fatalities reported.

As the outbreak takes root in traditional hotspot districts, where persistent challenges related to limited access to clean water, sanitation, and hygiene persist, the risk of increased incidence in the forthcoming weeks remains a concern. Limited access to WASH services continues to be a driving factor behind the outbreak, particularly in densely populated urban, peri-urban, and informal settlements.

While progress is being made, vigilance remains paramount and it necessitates continued, sustained efforts until cholera is entirely under control in the country. Zimbabweans, along with their government and healthcare workers, must persevere in their fight against this persistent public health challenge.

PUBLIC HEALTH ACTIONS

In response to this situation, public health authorities have mobilized comprehensive efforts to curb the spread of cholera and mitigate its impact on the population. Key actions include:

- Activation of Provincial and District: Provincial and district Cholera Public Health Units (CPUs) have been activated to ensure a coordinated response to the outbreak. These units play a crucial role in orchestrating containment efforts and resource allocation.
- Case Management: Cholera Treatment Centres (CTCs) have been established in affected districts, providing vital medical care to those affected. In addition to CTCs, Oral Rehydration Points (ORPs) have been set up, particularly in the densely populated urban area of Harare. The distribution of cholera-related medical supplies to affected areas is ongoing.
- Surveillance and Laboratory: Vigilant surveillance efforts are in place, including active contact tracing to identify and isolate potential cases. Complementing these efforts...
is the pre-positioning of critical supplies in cholera hotspot districts, ensuring that healthcare facilities are well-equipped to respond swiftly. Community health workers and leaders are actively engaged in notifying health facilities about potential cases in their communities.

- Risk Communication and Community Engagement: Recognizing the importance of community involvement, health workers and community health workers have been extensively sensitized. They are actively disseminating cholera awareness messages through local community radios and digital platforms like WhatsApp groups. Furthermore, continuous health education is being conducted in places of worship and other community gatherings. Local authorities and influential leaders are actively participating in efforts to provide safe water and sanitation facilities. Hygiene promoters are tirelessly delivering health education across all districts in the provinces.

- Most of the districts in Zimbabwe that recorded cholera cases were not classified as hotspot districts during the last mapping exercise which took place in 2018/2019. Plans are underway to map and review the classification of the districts to help prepare towards any future outbreak.

**SITUATION INTERPRETATION**

The cholera outbreak in Zimbabwe have seen a significant improvement in the past month as evidenced by the current weekly trend. The intensified response efforts in hotspot locations are yielding promising results which is evident in the decrease in new suspected cases and increase in recoveries. However, having seen that the initial challenges stemming from the lack of clean water and sanitation facilities played a pivotal role in the rapid spread of the disease, coupled with expected rains in the coming days, there is still a risk of surge in the cholera cases. Collaboration between the government and partners is essential to enhance surveillance systems at all levels, ensuring early detection, prompt referrals, and treatment of cases. Additionally, addressing risk factors for outbreak spread among the affected population must be a top priority.
# All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Events</strong></td>
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<tr>
<td>Niger</td>
<td>Diphtheria</td>
<td>Ungraded</td>
<td>28-Aug-23</td>
<td>4-Jul-23</td>
<td>27-Aug-23</td>
<td>117</td>
<td>7</td>
<td>37</td>
<td>31.60%</td>
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</table>

An outbreak of diphtheria has been confirmed in Matameye health district, Zinder region. The first case was reported on 17 July 2023. As of 25 August, 327 cases have been reported, including eight deaths (case fatality rate 2.4%). To date, 11 health areas have been affected, including Kantché and Amsoudou, with 83.8% (274/327) and 7.3% (24/327) of reported cases, respectively.

<table>
<thead>
<tr>
<th>Ongoing Events</th>
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<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>24-Aug-23</td>
<td>271853</td>
<td>271 853</td>
<td>6881</td>
</tr>
</tbody>
</table>

From 25 February 2020 to 24 August 2023, a total of 271 853 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria.

| Algeria        | Diphtheria                    | Ungraded | 3-Aug-23             | 3-Aug-23                 | 3-Aug-23                | 80          | 16             | 0      | 0.00% |

On August 3, 2023, the Ministry of Health announced emergency measures to contain a diphtheria outbreak in the southern regions. There have been 80 cases, including 16 confirmed cases reported.

| Algeria        | Poliomyelitis (cVDPV2)       | Grade 2 | 14-Jul-22           | 11-Aug-22                | 16-Aug-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-Aug-23   | 105384         | 105 384| 1934  | 1.80% |

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

| Benin          | COVID-19                      | Protracted | 3                   | 17-Aug-20                | 16-Aug-23               | 3-May-23    | 28014          | 28 014 | 163   | 0.60% |

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 3 May 2023, a total of 28 014 cases have been reported in the country, with 163 deaths and 27 847 recoveries.

| Benin          | Poliomyelitis (cVDPV2)       | Grade 2 | 8-Aug-19            | 24-Aug-19                | 16-Aug-23               | 30          | 30             | 0      | 0.00% |

There have been three cases reported in 2023. There are 13 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               | 23-Aug-23   | 330215         | 330 215| 2800  | 0.90% |

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 16 August 2023, a total of 330 215 confirmed COVID-19 cases were reported in the country including 2 800 deaths.

| Burkina Faso   | Humanitarian crisis (Sahel Region) | Grade 2 | 1-Jan-19            | 1-Jan-19                 | 2-Aug-23               | 2100000     | -              | -      | -     |

Since 2015, the security situation in the Sahel and Eastern Burkina Faso has gradually deteriorated due to attacks by armed groups. Access to healthcare services remains a major challenge for the affected population. As of 30 June 2023, 5.5 million People were in need of humanitarian assistance and over 2.0 million IDPs registered.

| Burkina Faso   | COVID-19                      | Protracted | 3                   | 10-Mar-20                | 9-Mar-20                | 3-May-23    | 22056          | 22 056 | 396   | 1.80% |

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                | 13-Aug-23              | 609         | 175            | 9      | 1.50% |

The ongoing cholera outbreak was officially declared on 1 January 2023. The outbreak is showing a downsized trend since epidemiological week 26. Cumulatively, a total of 609 cases with nine deaths (CFR 1.5%) have been reported from four provinces (Bujumbura Mairie, Cibitoke, Bujumbura and Bubanza).

| Burundi        | COVID-19                      | Protracted | 3                   | 31-Mar-20                | 18-Mar-20               | 13-Aug-23   | 54 359         | 54 359 | 15    | 0.00% |

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 13 August 2023, the total number of confirmed COVID-19 cases is 54 359, including 54 255 recoveries and 15 deaths.

| Burundi        | Poliomyelitis (cVDPV2)       | Grade 2 | 17-Mar-23           | 1-Jan-22                 | 23-Aug-23              | 2           | 2              | 0      | 0.00% |

No cVDPV2 case was reported this week. There is one case reported this year and one last year.

| Cameroon       | Humanitarian crisis (North, Adamawa & East) | Protracted | 3                   | 31-Dec-13                | 27-Jun-17               | 14-Aug-23   | -              | -      | -     |

Go to overview

Go to map of the outbreaks
Cameroon hosts about 469,276 refugees as of 30 June 2023. Refugees from the Central African Republic are mostly hosted in the rural refugees camps in the eastern part of the country (North, Adamawa and East) and are estimated to be 355,448 refugees by the UNHCR as of 30 June.

### Cameroon

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Protracted</th>
<th>From</th>
<th>To</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian crisis (NORTH-)</td>
<td>Protracted 2</td>
<td>1-Oct-16</td>
<td>27-Jun-18</td>
<td>21-Aug-23</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Humanitarian crisis (Sahel)</td>
<td>Grade 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>21-Aug-23</td>
<td>-</td>
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</tr>
</tbody>
</table>

The North-West and South-West regions in Cameroon are still experiencing humanitarian crisis which has led to the displacement of over 630,000 people into the country and more than 86,000 people to Nigeria. The crisis resulted in the collapse of essential services and infrastructure in some of the most affected areas, approximately 18% of health facilities have been forced to close, and a number of operational ones are struggling to function adequately.

The Central African Republic (CAR), has been ravaged by conflict and subsequent violence for over a decade. In 2023, the humanitarian community in CAR plans to assist 2.4 million most vulnerable people. With 50% of the population not having enough food, CAR has one of the highest proportions of critically food-insecure people in the world.

### Cameroon Poliomyelitis (cVDPV2)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Protracted</th>
<th>From</th>
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<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>23-May-19</td>
<td>1-Jan-20</td>
<td>16-Aug-23</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>

There were three cases reported in 2022, three others reported in 2021, and seven cases reported in 2020.

### Cameroon Measles

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Protracted</th>
<th>From</th>
<th>To</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>2-Apr-19</td>
<td>1-Jan-23</td>
<td>13-Aug-23</td>
<td>5683</td>
<td>5 838</td>
</tr>
</tbody>
</table>

From week 1 through week 32, 2023 (ending 13 Aug), 5,838 measles cases have been reported in Cameroon, including 419 IgM+. At least 30 related deaths (CFR 0.5%) have been reported in 2023.

### Cameroon COVID-19

<table>
<thead>
<tr>
<th>Disease</th>
<th>Protracted</th>
<th>From</th>
<th>To</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>6-Mar-20</td>
<td>6-Mar-20</td>
<td>13-Aug-23</td>
<td>125132</td>
</tr>
</tbody>
</table>

The Cameroon Ministry of Health confirmed the first COVID-19 case on 6 March 2020. As of 13 August 2023, 125,132 cases have been reported, including 1,974 deaths.

### Cameroon Measles

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Protracted</th>
<th>From</th>
<th>To</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>19-Mar-20</td>
<td>18-Mar-20</td>
<td>8-Jul-23</td>
<td>64143</td>
<td>414</td>
</tr>
</tbody>
</table>

The first confirmed COVID-19 case was reported in Cape Verde on 19 March 2020. As of 8 July 2023, 64,143 confirmed COVID-19 cases, including 414 deaths and 63,645 recoveries, were reported in the country.

### Cameroon Cholera

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Protracted</th>
<th>From</th>
<th>To</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>31-Aug-21</td>
<td>25-Oct-21</td>
<td>22-Jun-23</td>
<td>19400</td>
<td>1,880</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Protracted</th>
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<th>To</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Mar-22</td>
<td>1-Jan-23</td>
<td>2-Jul-23</td>
<td>1736</td>
<td>1,003</td>
</tr>
</tbody>
</table>

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

### Cameroon COVID-19

<table>
<thead>
<tr>
<th>Disease</th>
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</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>18-Jun-23</td>
<td>15404</td>
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</tbody>
</table>

The Ministry of Health and Population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 18 June 2023, a total of 15,404 confirmed cases, 113 deaths and 15,252 recoveries were reported.

### Cameroon Measles

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<tr>
<th>Disease</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Mar-22</td>
<td>1-Jan-23</td>
<td>2-Jul-23</td>
<td>1736</td>
<td>1,003</td>
</tr>
</tbody>
</table>

Since the beginning of 2023 to 2 July, the Ministry of Health and Population has recorded 1,736 confirmed measles cases, including 129 laboratory-confirmed cases, 874 epidemiologically linked cases and one death. The measles outbreak is ongoing in 12 (34%) out of 35 health districts.

### Cameroon Mpox

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Protracted</th>
<th>From</th>
<th>To</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mpox</td>
<td>Protracted 2</td>
<td>3-Mar-22</td>
<td>4-Mar-22</td>
<td>28-May-23</td>
<td>31</td>
<td>31</td>
</tr>
</tbody>
</table>

From 4 March 2022 to 28 May 2023, 31 confirmed cases of Mpox and one death have been reported in the country. Since the start of 2023, the country has reported 14 laboratory-confirmed cases, including one death. The last cases were reported during week 21 (ending 28 May) in from Baboua-Abba and Pauoa districts.

### Cameroon Yellow Fever

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Protracted</th>
<th>From</th>
<th>To</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>12-Jun-23</td>
<td>1-Jan-23</td>
<td>20-Aug-23</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Ten cases have been reported in the country this year. In addition, six cases were reported in 2022. Although no new cases were reported in 2021, four cVDPV2 cases were reported in 2020 and 21 cases in 2019 from several outbreaks.
There is an ongoing yellow fever outbreak in the Central African Republic (CAR). This year from week 1 through week 33 (ending 20 August), five confirmed cases of yellow fever were recorded including four new confirmed cases following the classification conducted on 7 July 2023, these new confirmed cases are from the following districts: Sangha-Mbaéré (1), Berbérati (1) and Bambari (2).

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>New Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Ungraded</td>
<td>19-Mar-20</td>
<td>19-Mar-22</td>
<td>13</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Chad</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>5-Aug-23</td>
<td>10-Aug-23</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-23</td>
<td>8984</td>
<td>820</td>
<td>0.00%</td>
</tr>
<tr>
<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>26-Jul-23</td>
<td>182</td>
<td>182</td>
<td>0.00%</td>
</tr>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>30-Apr-20</td>
<td>16-Aug-23</td>
<td>9109</td>
<td>9109</td>
<td>1.80%</td>
</tr>
<tr>
<td>Congo</td>
<td>bacterial intestinal infection (Cholera/ Shigellosis)</td>
<td>Ungraded</td>
<td>14-Jul-23</td>
<td>24-Aug-23</td>
<td>2389</td>
<td>126</td>
<td>52</td>
</tr>
<tr>
<td>Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-May-22</td>
<td>14-May-23</td>
<td>5</td>
<td>5</td>
<td>0.00%</td>
</tr>
<tr>
<td>Congo</td>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>21-Mar-23</td>
<td>16-Aug-23</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Congo</td>
<td>Mpox</td>
<td>Protracted</td>
<td>22-Mar-23</td>
<td>14-May-23</td>
<td>88338</td>
<td>88338</td>
<td>385</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>Dengue fever</td>
<td>Ungraded</td>
<td>10-Jul-23</td>
<td>19-Jun-23</td>
<td>2414</td>
<td>235</td>
<td>0</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>17-May-23</td>
<td>15-Jun-23</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>5-Aug-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The humanitarian situation in Chad is a result of a combination of four major crises: forced population movements, food insecurity and malnutrition, health emergencies and the effects of climate change. Chad is the most affected country for the ongoing conflict in Sudan. As of 30 July 2023, the country is hosting 348 306 Sudanese refugees. The crisis in Sudan is therefore aggravating the humanitarian situation in the country.

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

Chad health authorities declared the dengue outbreak officially on 15 August 2023 after eight out of 12 samples collected from Ouaddai province in Eastern Chad tested positive for Dengue by RT-PCR. All samples were negative for Chikungunya.

As of Week 31 of 2023 (ending 6 August), 8 489 suspected cases and four measles-related deaths (CFR 0.1%) have been reported from 143 out of 150 districts in Chad. A total of 820 samples tested IgM positive for measles and 178 tested IgM+ for rubella.

There have been 23 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 others were reported in 2019.

The trend of the ongoing gastroenteritis outbreak in Congo is declining for the number of new suspected cases. Cumulatively, from 28 June through 24 August 2023, a total of 2 389 cases with 52 deaths (CFR 1.8%) are reported mainly from Niari department. Of the reported cases: 21 are confirmed for cholera, 83 for shigellosis and 22 for typhoid fever.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 30 April 2020 in Comoros. As of 23 May 2023, a total of 9 109 confirmed COVID-19 cases, including 160 deaths, were reported in the country. No new cases have been reported in Comoros since then.

The trend of the ongoing gastroenteritis outbreak in Congo is declining for the number of new suspected cases. Cumulatively, from 28 June through 24 August 2023, a total of 2 389 cases with 52 deaths (CFR 1.8%) are reported mainly from Niari department. Of the reported cases: 21 are confirmed for cholera, 83 for shigellosis and 22 for typhoid fever.

The first confirmed COVID-19 case was reported in Côte d’Ivoire on 30 April 2020. As of 26 April 2023, a total of 88 338 confirmed COVID-19 cases, including 389 deaths, have been reported in the country.

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 2414 cases have been reported from 19 June to 19 August 2023, with 235 confirmed cases and no fatalities. Males are more affected (51%), and the age group of more than 15 years is predominant (54.5%).

A polymerase chain reaction -positive case of yellow fever was reported in Côte d’Ivoire on 8 May 2023 following confirmation at the Institut Pasteur in Dakar. The patient is a 35-year-old male from Abidjan with an unknown yellow fever vaccination status. The date of onset of illness is 4 April 2023.

The humanitarian situation in DRC remains difficult and dominated by internally displaced persons (IDPs). In Ituri and Tshopo, about 80 400 IDPs and 71 new IDPs remain without humanitarian assistance respectively. In Kasai, on 28 July, inter-community conflicts resulted in 1 500 IDPs, and one death. In Mar-Ndombe, new clashes were recorded and around 500 IDPs and in North Kivu, 15 000 IDPs in Mokolo health area remain without humanitarian assistance.
During the epidemiological week 29 (week ending 22 July 2023), 600 new cases and two deaths were reported. This marks a decrease compared to the preceding week (691 cases, 2 deaths). Cumulatively, 24 121 cases with 65 deaths (CFR 0.3%) have been documented across six provinces in the country.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 96 230 confirmed cases, including 1 468 deaths, have been reported as of week 33 of 2023.

A total of 204 822 suspected cases with 3 594 measles-related deaths (CFR 1.8%) across six provinces as of 16 August 2023.

From 1 January 2022 through 13 April 2023, the Democratic Republic of the Congo reported 734 confirmed Mpox cases, with three death among the confirmed cases.

There was a slight increase in number of new cases (n=46) reported in week 29 compared to the previous week (n=43). Since the beginning of 2023, a total of 1 462 cases and 111 deaths (CFR 7.6%) have been reported in six provinces. The most affected provinces are North Kivu (570 cases, 17 deaths; CFR 3%), and Tshopo (430 cases, 60 deaths, CFR 14%).

No new case of cVDPV2 was reported in 2023. One case was reported in 2022, and another one reported in 2021. The latter case was confirmed on 2 June 2022 by the Ethiopian National Polio Laboratory.

Across Ethiopia, high food insecurity persists with over 20 million people in urgent need of food assistance. An estimated 8.8 million people need food assistance in the Afar, Amhara and Tigray region. In Tigray, a pause in food aid in early 2023 has led to an increased number of people consuming less food, worsening the food security situation.

In Ethiopia, reports indicate 3.14 million Internal Displaced Persons and around 1.9 million returnees across the country. Currently in Tigray, there are over 1 million people that remain displaced with an estimated 700 000 previously returning home since the end of the conflict. Regionally, the heavy fighting in Sudan has resulted in 844 574 individuals having moved into neighboring countries, including 69 946 arrivals to Ethiopia as of July 23rd 2023.

Since the index case in September 2022, there have been 18 937 cholera cases, including 80 new cases reported from Orioma & Sidama as of 23 August 2023. Within this same period, there have been 247 deaths (CFR 1.3%).

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 500 946 cases of COVID-19 as of 16 August 2023, with 7 574 deaths and 488 159 recoveries.

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>Cholera</th>
<th>Grade 3</th>
<th>16-Jan-15</th>
<th>1-Jan-23</th>
<th>5-Aug-23</th>
<th>24121</th>
<th>1 866</th>
<th>65</th>
<th>0.30%</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>19-Aug-23</td>
<td>96230</td>
<td>96 230</td>
<td>1468</td>
<td>1.50%</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>1-Jan-23</td>
<td>16-Aug-23</td>
<td>204822</td>
<td>2 210</td>
<td>3594</td>
<td>1.80%</td>
<td></td>
</tr>
<tr>
<td>Mpox</td>
<td>Protracted 2</td>
<td>30-Mar-19</td>
<td>1-Jan-22</td>
<td>4-Jul-23</td>
<td>734</td>
<td>734</td>
<td>3</td>
<td>0.40%</td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>27-Aug-22</td>
<td>27-Aug-22</td>
<td>16-Aug-23</td>
<td>193</td>
<td>193</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-21</td>
<td>1-Jan-22</td>
<td>16-Aug-23</td>
<td>430</td>
<td>430</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Suspected Meningitis</td>
<td>Ungraded</td>
<td>31-May-22</td>
<td>2-Jun-22</td>
<td>5-Aug-23</td>
<td>1462</td>
<td>111</td>
<td>7.60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>26-Jul-23</td>
<td>17229</td>
<td>17 229</td>
<td>183</td>
<td>1.10%</td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>3-May-23</td>
<td>10189</td>
<td>10 189</td>
<td>103</td>
<td>1.00%</td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>31-May-22</td>
<td>2-Jun-22</td>
<td>5-Aug-23</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
<td></td>
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<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>29-Apr-23</td>
<td>74670</td>
<td>74 670</td>
<td>1425</td>
<td>1.90%</td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>29-Apr-23</td>
<td>74670</td>
<td>74 670</td>
<td>1425</td>
<td>1.90%</td>
<td></td>
</tr>
<tr>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 3</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>4-Aug-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>COVID-19</th>
<th>Protracted 3</th>
<th>17-Sep-22</th>
<th>17-Sep-22</th>
<th>25-Aug-23</th>
<th>18937</th>
<th>18 937</th>
<th>247</th>
<th>1.30%</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>17-Aug-23</td>
<td>500946</td>
<td>500 946</td>
<td>7574</td>
<td>1.50%</td>
<td></td>
</tr>
<tr>
<td>Dengue</td>
<td>Ungraded</td>
<td>16-May-23</td>
<td>10-May-23</td>
<td>31-Jul-23</td>
<td>1638</td>
<td>103</td>
<td>9</td>
<td>0.50%</td>
<td></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 (CFR 0.5%) have been reported.

A total of 7 852 suspected measles cases were reported as of week 25 current year (ending 23 June). Confirmed cases are 3 945, including 975 (20%) laboratory confirmed, 3 940 (79%) epidemiologically linked cases and 30 (1%) clinically compatible.

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.

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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.
A circulating vaccine-derived poliovirus type 2 (cVDPV2) has been confirmed in Kenya. Three genetically linked cVDPV2s were isolated from two acute flaccid paralysis cases, and one asymptomatic community contact. Genetic sequencing confirms the isolated cVDPV2s are linked to cVDPV2s currently circulating in Banadir, Somalia.

Lesotho COVID-19 Protracted 3 13-May-20 13-May-20 1-Jan-23 34490 34 490 706 2.10%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020 until 12 September 2023, a total of 34 400 cases of COVID-19 have been reported, and 706 deaths.

Liberia COVID-19 Protracted 3 16-Mar-20 16-Mar-20 18-Aug-23 8161 8 161 295 3.60%

Cumulatively, from March 16, 2020, when the first case was confirmed in Liberia, until July 17, 2023, there have been 8 161 confirmed cases and 294 deaths. No new confirmed COVID-19 cases have been reported, and there are currently zero active cases in the country.

Liberia Lassa Fever Ungraded 3-Mar-22 6-Jan-22 23-Aug-23 153 89 24 15.70%

From January 6, 2022, to August 23, 2023, a total of 153 cases have been reported with 89 confirmed and 24 deaths. (CFR 15.7%).

Liberia Measles Ungraded 3-Feb-22 13-Dec-21 26-Jul-23 12637 11 995 95 0.80%

Since the measles outbreak started on 13 December 2021, there have been 12 637 suspected cases, 11 995 confirmed cases, and 95 deaths with CFR 1.0% in nine affected Counties as of 12 July 2023. Montserrado County recorded the highest number of deaths (69).

Liberia Mpox Protracted 2 21-Jul-22 23-Jul-22 23-Aug-23 104 7 0 0.00%

Liberia confirmed its first case of Mpox on 23 July 2022, with a cumulative total of 104 cases reported and 7 confirmed. The most recent case was in week 33 of 2023 in Maryland county.

Madagascar Malnutrition crisis Protracted 2 1-Jul-21 1-Jan-21 6-Aug-23 2200000 - - - -

2.2 million people in Madagascar face food insecurity, including 479 000 children with acute malnutrition. Over 115 000 children need treatment for acute malnutrition this year. The situation is particularly dire in the Grand South and Grand South-east regions, where 2 out of 5 people are severely food insecure.

Madagascar COVID-19 Protracted 3 20-Mar-20 20-Mar-20 23-Aug-23 68289 68 289 1425 2.20%

The Madagascar Ministry of Health confirmed the first COVID-19 case on 20 March 2020. As of 2 August 2023, a total of 68 289 confirmed cases, including 1 425 deaths, have been reported in the country. No new case reported since then.

Malawi Cholera Grade 3 3-Mar-22 3-Mar-22 11-Aug-23 58961 58 961 1768 3.00%

Twenty-nine districts have reported Cholera cases since March 2022 in the Machinga district. As of 11 August 2023, a cumulative total of 58 981 cases and 1 768 deaths (CFR 3.0%) have been reported since the onset of the outbreak.

Malawi Measles Ungraded 2-Apr-20 2-Apr-20 23-Jul-23 88825 88 825 2686 3.00%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 23 July 2023, the country has 88 825 confirmed cases with 2 686 deaths.

Malawi Poliomyelitis (WPV1) Grade 2 31-Jan-22 1-Feb-22 30-Aug-23 1 1 0 0.00%

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 participating in the multi-country, subregional outbreak response to control the WPV1 outbreak.

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

Mali is facing prolonged conflict, poverty, climate shocks, and growing insecurity. However, the current Humanitarian Response Plan for Mali is severely underfunded, with only 11% of the required funding secured. There has been a significant increase in IDPs in the regions of Kidal (32.8%) and Ménaka (20%). As of week 30, over 7.5 million people are in need of humanitarian assistance.

Mali COVID-19 Protracted 3 25-Mar-20 25-Mar-20 11-Jun-23 33150 33 150 743 2.20%

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 0.00%

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 3 13-Mar-20 13-Mar-20 2-Jul-23 63712 63 712 997 1.70%

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 recovered have been reported in the country.

Mauritania Crimean-Congo haemorrhagic fever (CCHF) Ungraded 27-Jul-23 27-Jul-23 21-Aug-23 1 1 100.00%

On 27 July 2023, health authorities of the Islamic Republic of Mauritania were informed about the confirmation and death of a case of Crimean-Congo Hemorrhagic Fever in Senegal with travel history to Mauritania. Laboratory analyses at the Pasteur Institute in Dakar confirmed a recent infection with the Crimean-Congo Hemorrhagic Fever virus.

Mauritania Measles Ungraded 7-Mar-23 26-Dec-22 11-Jun-23 508 224 4 0.80%

Since the beginning of 2023, measles cases have been reported in the three wilayas of Nouakchott and in eight other wilayas in the country. As of 11 June 2023, the country has reported 508 suspected measles cases (224 confirmed, including 133 laboratory-confirmed cases and 91 epidemiologically linked cases). Four deaths, including two community deaths, have been reported among the confirmed cases.
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 9 July 2023, a total of 171 998 confirmed cases with 4 098 deaths have been reported.

Following a detection of elevated lead concentration in the blood among six children screened at a private health facility. Further investigations are ongoing.

On 18 July 2023, WHO received a notification from the Namibia health authorities regarding suspected lead intoxication among children in Rosh Pinah, Kharas region.

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 drives Stressed (IPC Phase 2) outcomes, with Crisis (IPC Phase 3) outcomes persisting in conflict-affected areas. There have been a reduced number of attacks.

Cholera is endemic in Mozambique and the current outbreak in the country started in Niassa province on 14 September 2022. As of 1 August 2023, 33 534 cholera cases have been recorded with 141 deaths (CRF 0.4%) in 11 affected provinces.

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.

On 18 July 2023, WHO received a notification from the Namibia health authorities regarding suspected lead intoxication among children in Rosh Pinah, Kharas region following a detection of elevated lead concentration in the blood among six children screened at a private health facility. Further investigations are ongoing.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 9 July 2023, a total of 171 998 confirmed cases with 4 098 deaths have been reported.

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% population) in 2023, indicating a significant rise in the need for humanitarian assistance. On 28 July, Niger experienced a military coup and this marks the third Sahel country in less than three years. Acute food insecurity affects 3.3 million people, while a staggering 7.3 million are at risk of their situation deteriorating due to the ongoing crisis.

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 drives Stressed (IPC Phase 2) outcomes, with Crisis (IPC Phase 3) outcomes persisting in conflict-affected areas. There have been a reduced number of attacks.

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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.

During week 19, 2022 and week 31, 2023, 4,160 suspected cases of diphtheria were reported from 27 states in Nigeria. Kano (3,233), Yobe (477), and Katsina (132) States have reported the most cases. A total of 137 deaths were recorded among confirmed cases (CFR 7.5%). Of suspected cases, 1,534 were confirmed, including 87 laboratory-confirmed, 158 epidemiologically linked, and 1,289 clinically compatible.

In week 29, 2023, Nigeria recorded 114 cases of Lassa fever, with zero deaths. From week 1 to week 29, a cumulative total of 6,597 suspected cases were reported across 28 states and 111 local government areas. Among these cases, 1,009 were confirmed, and 171 are deaths (CFR 16.9%). The states of Ondo, Edo, and Bauchi account for 73% of all confirmed cases.

From 1 January to 9 July 2023, Nigeria has reported 843 monkeypox confirmed cases with nine deaths (CFR 1%).

No cVDPV2 case was reported this week. There have been 19 cVDPV2 cases reported this year and 48 cases in 2022.

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.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 9 August 2023, a total of 6,586 confirmed cases of COVID-19 have been reported, including 80 deaths. A total of 6,462 cases have been reported as recoveries.

On 24 July 2023, the Dakar Pasteur Institute laboratory reported one IgM-confirmed case of Chikungunya from Sokone district. There was another case notified on 4 July 2023 by the Dakar Pasteur Institute laboratory (IgM-confirmed case of Chikungunya) from Pikine district.

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.

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.

The Ministry of Health of Senegal reported a confirmed case of Crimean-Congo hemorrhagic fever on 21 April 2023 in a 35-year-old male, butcher. The date of onset of symptoms was 10 April. On 9 May 2023, a second confirmed case was reported followed by a third confirmed case on 10 July.

There were no new cases reported in epidemiological week 30, 2023. From epidemic week 1 to 29 of 2023 (ending 22 July 2023), 445 confirmed cases of measles with no deaths were reported from 13 regions in Senegal, with the most affected regions being Diourbel (294 cases), Kédougou (27 cases), and Tambacounda (24 cases). Of the 197 children aged 9 months to 5 years with confirmed measles, 188 (95%) were not vaccinated against measles.

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.

As of 25 July 2023, South Africa has reported 1,275 suspected cases, with 47 deaths (CFR=3.7%) from six provinces – Gauteng, Free State, North West, Limpopo, Mpumalanga and recently KwaZulu-Natal.

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.

From 8 October 2022 to 18 August, 2023, a total of 1,130 laboratory-confirmed cases were reported from eight provinces with declared measles outbreaks in Limpopo (516 cases), Mpumalanga (113 cases), North West (218 cases), Gauteng (185 cases), Free State (33 cases), Western Cape (18), KwaZulu-Natal (31) and Northern Cape (7).

The 2022 Integrated Phase Classification (IPC) analysis in South Sudan, projected that over half of the population in the country (63%) will be facing acute food insecurity 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 45,000.
The humanitarian community in South Sudan estimates that 9.4 million people need humanitarian assistance in 2023. With the ongoing conflict in Sudan, South Sudan has received 195,242 individuals from Sudan since April 2023. Host communities and healthcare systems are struggling to cope with the increased demand for health and other services.

South Sudan COVID-19 Protracted 3 5-Apr-20 5-Apr-20 3-May-23 18,499 18,499 138 0.70%

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

South Sudan Hepatitis E Ungraded 3-Jan-18 1-Jan-19 13-Aug-23 4,253 1,517 27 0.60%

The current outbreak in the Bentiu IDP camp is ongoing. In 2023, 326 cases of AJS have been reported, of which 28 tested positive for HEV by RDT. As of 13 August 2023, a total of 4,253 cases of acute jaundice syndrome (AJS) including 27 deaths (CFR 0.7%) have been reported since January 2019.

South Sudan Measles Ungraded 23-Feb-22 1-Jan-23 13-Aug-23 5,581 418 128 2.30%

The ongoing measles outbreak in South Sudan is a continuation of the measles outbreak that was officially declared by health authorities on 23 February 2022. In 2023, from epi-week 1 to week 32 (ending 13 August), a total of 5,581 suspected cases, 418 lab-confirmed and 128 related deaths (CFR 2.3%) have been reported.


The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 25 August 2023, a total of 265,731 confirmed COVID-19 cases were reported in the country including 5,714 deaths.

Tanzania, United Republic of COVID-19 Protracted 3 16-Mar-20 16-Mar-20 23-Aug-23 43,973 43,078 846 1.90%

The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Tanzania reported the country’s first case of COVID-19 on 16 March 2020. As of 2 August 2023, a total of 43,078 confirmed COVID-19 cases have been reported in Tanzania Mainland including 846 deaths.

Tanzania, United Republic of Poliomyelitis (cVDPV2) Grade 2 19-Jul-23 17-Jul-23 23-Aug-23 1 1 0 0.00%

No cVDPV2 case was reported this week. There is one case in 2023.

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

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

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

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 Grade 3 17-Feb-22 1-Jan-22 13-Aug-23 - - - -

In Karamoja region of Uganda, the deterioration in the food security situation is attributable to the continued localized insecurity. However, according to the Integrated Food Security Phase Classification (IPC), it is anticipated that the food security situation will slightly improve in the projection period (September 2023 – February 2024), with the population in IPC Phase 3 or above reducing from 582,000 people (45%) to 342,000 (27%).

Uganda Cholera Grade 3 25-Jul-23 25-Jul-23 16-Aug-23 65 31 9 13.80%

Cholera outbreak was officially confirmed on 25 July, 2023 after 3 samples turned positive for cholera in Uganda. The four samples were collected from suspected cholera cases from Sigiul district, Namayingo district. Cumulatively, 65 cases of cholera (Kayunga (48), Namayingo (17) with 9 deaths have been reported as of 16 August 2023.

Uganda COVID-19 Protracted 3 21-Mar-20 21-Mar-20 31-Jul-23 171,829 171,829 3,632 2.10%

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 31 August 2023, a total of 171,829 confirmed COVID-19 cases with 3,632 deaths were reported.

Uganda Malaria Ungraded 5-Jun-23 2-Jul-23 30-Jul-23 - - - -

There is an ongoing malaria outbreak in Uganda in 15 health districts; 10 health districts are in alert threshold. During week 30 (ending 30 July 2023), a total of 215,078 suspected cases, 4,058 deaths were reported.

Uganda Yellow Fever Ungraded 7-Mar-22 2-Jan-22 27-Jun-23 1178 4 0 0.00%

From 1 January 2022 to 24 April 2023, a total of 1,187 suspected cases have been reported (984 during 2022, and 194 during 2023). 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 was reported in February 2023. The National Yellow Fever vaccination campaign phase I has been completed and the second phase is scheduled for October 2023.

Zambia Cholera Grade 3 24-Jan-23 20-Jan-23 12-Aug-23 789 329 14 1.80%

Cumulatively, 789 cases from eight districts; Mpuungu, Vubwi, Nsama, Nchelenge, Mwansabombe, Chipata, Chipangali and Lusangazi. A total of 14 deaths have been reported. Public health actions are ongoing.

Zambia COVID-19 Protracted 3 18-Mar-20 18-Mar-20 11-May-23 343,995 343,995 4058 1.20%

The first COVID-19 confirmed case was reported in Zambia 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.

Zambia Measles Ungraded 13-Jun-22 13-Jun-22 12-Aug-23 3715 367 31 0.80%

A measles outbreak continues to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces have recorded 3,715 measles cases and 31 deaths as of 12 August 2023.

Zimbabwe Cholera Grade 3 12-Feb-23 12-Feb-23 3-Sep-23 3913 868 96 2.50%

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 3,613 cholera cases with 96 deaths (CFR 2.5%) as of 3 September 2023. All of the ten provinces are affected with majority of the cases reported from Manicaland, Harare, Mash West and Mash Cot provinces.

Zimbabwe COVID-19 Protracted 3 20-Mar-20 20-Mar-20 25-Jul-23 265,731 265,731 5714 2.20%

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 25 August 2023, a total of 265,731 confirmed COVID-19 cases were reported in the country including 5,714 deaths.

*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/](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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Health Emergency Information and Risk Assessment

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