Overview

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

- Poliovirus in the United Republic of Tanzania
- Cholera in Malawi
- Diphtheria in Nigeria

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:

- If not addressed proactively, the ongoing polio outbreak in Tanzania could face challenges due to inadequate surveillance performance in certain districts, sub immunization coverage, a lack of sufficient population immunity, resulting in vulnerable children, and ongoing population movement with neighbouring countries.

- A diphtheria outbreak in Nigeria, first reported in December 2022 in Kano and Lagos states, has continued to grow, with an increase in cases and geographical spread. Between June 30 and August 31, 2023, Kano, Katsina, and Yobe States have reported the highest numbers. Most cases were in the 1-14 age group, and the majority were not fully vaccinated. Laboratory testing identified C. diphtheriae as the primary pathogen, and antibiotic resistance was observed. Low vaccination coverage, insecurity, and regional challenges contribute to the outbreak’s persistence and susceptibility.
Poliovirus

**EVENT DESCRIPTION**

On 4 July 2023, the Ministry of Health of the United Republic of Tanzania notified WHO of a case of circulating vaccine-derived poliovirus type 2 (cVDPV2). The case is a 22-month-old female child with onset of paralysis on 28 May 2023. The child is a resident of Sumbawanga District Council, Rukwa Region, Southwestern Tanzania, bordering Lake Tanganyika to the West and Zambia to the South.

The isolate has 15 nucleotide changes and is genetically related to cVDPV2 circulating in South Kivu, Democratic Republic of the Congo. The case had no travel history and had received two doses of bivalent oral polio vaccine (bOPV) during last year's supplementary immunization activities (SIA).

Since 2022, Tanzania has been an active participant in a multi-country outbreak response in south-east Africa, responding to different strains of poliovirus in the subregion, including by boosting immunity and strengthening subnational surveillance capacity.

According to historical data, the last recorded case of indigenous wild poliovirus (WPV) in Tanzania was in 1996, and this is the first cVDPV2 recorded in the country since 2000.

**PUBLIC HEALTH ACTIONS**

- Coordination meetings are held weekly at the national level and three times a week with the regions.
- In response to this cVDPV2 outbreak, a nOPV2 SIA campaign is planned in 37 districts from six regions: Kigoma, Kagera, Mbeya, Songwe, Katavi, and Rukwa. The campaign is expected to reach a total of 3,250,598 children under 8 years of age.
- Training for vaccination teams, including vaccine accountability managers, has been rescheduled and will be physically cascaded from regions to districts, starting on 14 September 2023.
- Following the national primary school exams, the dates of the Round 1 campaign have been revised to 21 September 2023 to ensure quality preparation.
- Acute flaccid paralysis and environmental surveillance are ongoing and have been strengthened.
- Radio and TV sessions and messages have begun to be broadcast on national and local radio stations.
- Risk Communication and Community Engagement teams have been deployed to the regions to support regional and district teams in preparing for social mobilization and advocacy activities, including Primary Health Committee meetings.

**SITUATION INTERPRETATION**

According to WHO-UNICEF estimates of national immunization coverage, the third dose of oral polio vaccine (OPV3) and the first dose of inactivated polio vaccine (IPV1) were 88% in Tanzania in 2022. The presence of low population immunity against type 2 poliovirus and the ongoing population movement could potentially increase the public health risk.
Location of the circulating vaccine-derived poliovirus type 2 in the United Republic of Tanzania, as of 10 September 2023
The cholera outbreak in Malawi is steadily subsiding, as evidenced by a consistent decrease in the weekly count of new cases. In epidemiological week 34 (ending 3 September 2023), there were three new cases reported across two counties in the country, and no fatalities occurred. This signifies a 200% rise in the number of new cases in comparison to the previous week, during which only one case was recorded. These new cases originated from Nsanje (n=2) and Mulanje (n=1) Districts. Importantly, there have been no new deaths reported in the past month.

Cumulatively, 58 989 cases with 1 768 deaths (case fatality ratio 3.0%) have been reported from 29 Districts in Malawi since the onset of the outbreak in March 2022. The cholera outbreak has been characterized by two significant waves. The initial wave reached its peak in week 45 2022, with an alarming count of nearly 1 500 reported cases. Subsequently, a second and more substantial surge occurred in week 04, 2023, recording over 4 500 cases. Notably, the peak of deaths coincided with the second surge in 2023, where more than 150 fatalities were reported. Since that time, there has been a gradual decline in both the weekly number of cases and deaths. Encouragingly, 25 districts have not reported any new cases in the past 14 days, signifying progress in containment efforts.

Most of the cases have been reported from Lilongwe (n= 12 778), Blantyre (n= 8 933), and Mangochi (n=8 512) districts, which together constitute 51.2% of the cumulative cases reported to date. Lilongwe has reported the most deaths (n=31.6%).

Overall, infections have remained high among males (54.7%) compared to females (45.3%) for 58 031 cases (98% of all cases) for whom sex and age were reported, representing 98% of all cases. Similarly, most deaths (134, 62.1%) have occurred among males. Cumulatively, the most affected age groups are 20-29 years (25.5%) and 10-19 years (20%) age groups.

Of the cumulative cases reported, Vibrio cholerae was isolated from 482 stool samples cultured. A total of 3 438 samples also tested positive by rapid diagnostic test (RDT). In the last four weeks, the outbreak has mainly been concentrated in four districts, with most new cases being reported from Chikwawa (n=14), Nsanje (n=14), Mulanje (n=2), and Blantyre (n=1).

### Public Health Actions

- The government through the Presidential Taskforce on Cholera and COVID-19 continues to lead the cholera outbreak response. Cholera incident management team meetings are being held once a week by the Ministry of Health together with the partners.
- At the sub-national level, District health teams are in charge of coordinating outbreak response activities. Training on cholera preparedness, readiness and response has been conducted for health workers in the affected areas in order to build subnational capacities for cholera response operations.
- Enhanced surveillance in affected districts is ongoing for early detection and reporting of cases. Health workers, at both health facility and community levels, have been orientated on cholera case definitions.
- An after-action review (AAR) to review Cholera outbreak response activities in planned.
- Laboratory supplies are prepositioned at health facilities for the rapid diagnosis of cases.
- Case management team participated in the case area targeted interventions standard operation procedures development workshop.
- Cholera Treatment Units/Centres (CTU/CTC) are operational Districts with active outbreaks to manage patients with the disease.
- WASH and infection prevention and control activities are ongoing. Participated in the district led quality improvement/ infection prevention control mentorship at Bwaila hospital in Lilongwe.
- Oral cholera vaccine (OCV) reactive campaign was conducted from 28 August to 01 September 2023 in three targeted districts selected based on Cholera outbreak persistence: Chikwawa, Mangochi, and...
Nsanje. The overall coverage was at 101.4% with the district-specific coverage at the end of the OCV campaign as follows; Chikwawa (96.5%), Nsanje (108.1%), and Mangochi (106.4%).

Risk communication and community engagement and social mobilization activities in the affected communities and at-risk communities are also ongoing through the distribution of Information, Education and Communication materials and mass media engagements.

**SITUATION INTERPRETATION**

The sustained outbreak of cholera in Malawi highlights the consistent WASH issues. The government response to the outbreak, with support from WHO and partners must be acknowledged as a contribution to the current downward trend. It is imperative that concerted efforts are exerted to end the current outbreak before the onset of the upcoming rainy season to avoid a resurgence of new cases. Increased funding in support of response efforts remains paramount.
Weekly trend of cholera cases and deaths in Malawi, 29 February 2022 – 10 September 2023

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**EVENT DESCRIPTION**

The Diphtheria outbreak that was initially notified in December 2022 by the Nigeria Centre for Disease Control and Prevention (NCDC) in Kano and Lagos State is ongoing with increased cases and geographic expansion. We observe an upsurge in the number of new cases and deaths starting from epidemiological week 26 (ending on 2 July 2023).

From 30 June to 31 August 2023, a total of 5,598 new suspected cases were reported from 59 LGAs in 11 states across the country. Kano (1,816), Katsina (234), and Yobe (158) States reported the most cases (39.4%) for the same reporting period. In week 34, only 234 suspected cases have been reported from 20 LGAs in five states, with one laboratory confirmed case from the 22 samples collected. Eighteen were epidemiologically linked and 141 were clinically compatible.

From epidemiological week 19, 2023 (14 May 2023) to week 34, 2023 (ending 31 August 2023), a cumulative total of 8,353 suspected cases was reported. Of the cumulative suspected cases, 4,717 (56.5%) cases were confirmed; (117, 2.4%) epidemiologically linked, laboratory confirmed (169, 3.5%), and (4,431, 93.9%) were clinically compatible. A total of 1,857 (22.2%) were discarded as not compatible with diphtheria, 1,048 (12.5%) cases are pending classification and 731 (8.7%) cases had unknown diagnosis.

The case fatality rate is 6.1%. Out of the 4,717 confirmed cases, 3,466 (73.4%) were in the 1-14 age group, with 1,262 (26.7%) falling within the 10-14 age range, and 699 (14.8%) among those aged 0-4 years. Females have been most affected, representing (55.3%) 2,656 of all cases. Only 1,074 (22.7%) of confirmed cases were fully vaccinated against diphtheria, and 299 (6.3%) were partially vaccinated.

Definitive diagnosis through laboratory molecular testing has identified Corynebacterium diphtheriae and Corynebacterium ulcerans isolates as the species driving this outbreak, particularly C. diphtheria as the major etiologic pathogen associated with the current outbreak. Antibiotic susceptibility tests for 62 isolates of C. diphtheriae have been carried out and the findings revealed that all isolates were resistant to penicillin, and most were resistant to trimethoprim-sulfamethoxazole and ciprofloxacin, while being susceptible to erythromycin. Thus, erythromycin became the drug of choice in the management of this outbreak.

The coverage of Pentavalent vaccine (Penta3) administered in routine immunization is low at the national level (57%), and it is suboptimal in the pediatric population—with 43% of the target population unvaccinated. This underscores the risk of further spread and the accumulation of a critical mass of susceptible population in the country with sub-optimal herd or population immunity. One of the significant challenges impacting vaccination rates is insecurity, particularly in north-eastern Nigeria, where vaccination coverage remains inadequate, especially in regions controlled by non-state armed groups.

**PUBLIC HEALTH ACTIONS**

- The coordination and monitoring of response activities are underway, led by the Nigeria Centre for Disease Control and Prevention (NCDC), including organising weekly diphtheria National Technical Working Group meetings; revision of the Incident management system and activation of the Emergency Operation Centre in the diphtheria high burden Kaduna, Katsina, Borno States.
- Surveillance activities are ongoing, such as contact tracing and follow up, line listing, data analysis and visualisation.
- Rapid Response Teams have been deployed in the affected states, and continuous supervision ensures the smooth implementation of response activities.
- Laboratory activities are also being carried out, including collecting samples and testing and capacity strengthening, procurement of commodities; activation of Kano lab to perform testing and culture at state level.
- The reinforcement of routine immunisation activities throughout the country is in progress. The reactive vaccination is planned in Kano (phase 1 and 2), Katsina, Bauchi, Yobe, Kaduna (phase 1) with WHO financial support.
- Case management activities, such as Diphtheria patients care in Diphtheria treatment centres and outpatient care in health centres, continue to be provided (deployment of specialists to treatment centers). The national guideline...
for case management and surveillance has been developed
• Risk communication and community engagement efforts, such as airing radio jingles on five radio stations twice daily, are ongoing to raise awareness and keep the public informed.
• Monitoring treatment centers on IPC measures is underway.

SITUATION INTERPRETATION

Nigeria is currently facing a second wave of diphtheria outbreak in 2023. This emphasises the urgent need to strengthen diphtheria vaccination coverage nationwide, especially in the most affected states, such as Kano. Additionally, particular attention is necessary for regions experiencing insecurity challenges, like the Northwest, as it hampers vaccine accessibility. Mobilising funds is crucial to conduct vaccination campaigns and improve coverage rates. Comprehensive public health response activities, including enhanced surveillance, risk communication, and improved case management, are essential to detect and treat cases promptly, ultimately saving more lives.
### All events currently being monitored by WHO AFRO

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<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>
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<td>Grade 2</td>
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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.

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.

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.

The first confirmed COVID-19 case was reported in Angola on 21 March 2020. As of 30 August 2023, 105,952 confirmed COVID-19 cases have been reported in the country, with 1,936 deaths.

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.

There have been three cases reported in 2023. There are 13 cases reported in 2022. Six cases were reported in 2021 and eight in 2019.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 2 September 2023, a total of 330,256 confirmed COVID-19 cases were reported in the country including 2,799 deaths.

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.

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.

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).

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.

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

Cameroon hosts about 469,276 refugees as of 30 June 2023. Refugees from the Central African Republic are mostly hosted in the rural refugee 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.

The humanitarian crisis in North-West and South-West is being monitored by WHO AFRO.

No overview or map of outbreaks is provided in the text.
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.

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.

The Cameroon Ministry of Health confirmed the first COVID-19 case on 6 March 2020. As of 18 June 2023, a total of 15 404 confirmed COVID-19 cases, including 1 137 deaths and 13 487 recoveries, were reported in the country.

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.

The increase in number of attacks from Non-States Armed Groups (NSAGs) in the localities bordering Nigeria has driven almost 10 000 in the Far North region from their homes between January and May 2023. In July, violence targeting civilians rose in the Far North region for the third consecutive month as the Lake Chad faction of the Islamic State West Africa (ISWAP) and Boko Haram (JAS) militants carried out numerous attacks in Logone-et-Chari, Mayo Sava, and Mayo Tsanaga departments.

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

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.

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.

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 Paoua departments.

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).
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 first case of confirmed COVID-19 was notified 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 suspected cases with 52 deaths (CFR 2.2%) 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 14 March 2020. As of 14 May 2023, a total of 25,195 cases, including 389 deaths, had 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 88,338 confirmed cases of COVID-19 have been reported from Côte d’Ivoire, including 835 deaths and a total of 87,497 recoveries.

An outbreak of Dengue fever is ongoing in Ivory Coast. A total of 2,414 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 Mai-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 85 deaths (CFR 0.3%) have been documented across six provinces in the country.

The crisis in Sudan is therefore aggravating the humanitarian situation 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 deaths among the confirmed cases.

According to the Global Polio Eradication Initiative, one cVDPV1 case was reported in Haut Katanga. There have been 47 cases reported this year and 146 cases in 2022.

Two cVDPV2 cases were reported; one each in Kasai Oriental and Tanganyika. There are 62 cases reported this year and 368 cases in 2022.

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 (CFR 1.5%) have been reported.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 500,946 confirmed cases, including 7,574 deaths, have been reported as of week 33 of 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.

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 who 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 returnees.

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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.

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Since 4 April 2023, two districts (Logia and Mille) in the Afar region of northeastern Ethiopia have been experiencing an outbreak of dengue fever. 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.

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## Health Emergency Information and Risk Assessment

### WEEKLY BULLETIN ON OUTBREAKS AND OTHER WEEK 36: 4 - 10 SEPTEMBER 2023

#### Data Table

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<tr>
<th>Country</th>
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<th>Beginning</th>
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<td>3.0%</td>
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<tr>
<td>Kenya</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>19-Oct-22</td>
<td>5-Oct-22</td>
<td>12079</td>
<td>577</td>
<td>201</td>
<td>1.7%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>38462</td>
<td>38462</td>
<td>467</td>
<td>1.2%</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>25-Mar-20</td>
<td>25-Mar-20</td>
<td>9614</td>
<td>9614</td>
<td>177</td>
<td>1.8%</td>
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<tr>
<td>Lesotho</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>13-May-20</td>
<td>13-May-20</td>
<td>343950</td>
<td>343950</td>
<td>5689</td>
<td>1.7%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>1-Jan-22</td>
<td>14-Aug-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Kenya</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>10-Apr-23</td>
<td>4-Aug-23</td>
<td>365</td>
<td>3</td>
<td>-</td>
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<tr>
<td>Kenya</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>19-Oct-22</td>
<td>5-Oct-22</td>
<td>12079</td>
<td>577</td>
<td>201</td>
<td>1.7%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis (visceral)</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>3-Jan-20</td>
<td>17-Jul-23</td>
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<td>Measles</td>
<td>Ungraded</td>
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<td>1-Jan-23</td>
<td>18-Jul-23</td>
<td>964</td>
<td>180</td>
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<td>Kenya</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>6-Jul-23</td>
<td>26-May-23</td>
<td>16-Aug-23</td>
<td>3</td>
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<td>0.0%</td>
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<tr>
<td>Lesotho</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>13-May-20</td>
<td>13-May-20</td>
<td>34490</td>
<td>34490</td>
<td>706</td>
<td>2.1%</td>
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<td>COVID-19</td>
<td>Protracted</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>8161</td>
<td>8161</td>
<td>295</td>
<td>3.6%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>3-Mar-22</td>
<td>6-Jan-22</td>
<td>23-Aug-23</td>
<td>153</td>
<td>89</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

### Health Emergency Information

#### COVID-19
- **Ghana**: 5,689 deaths reported, with 343,955 confirmed cases as of 3 September 2023.
- **Kenya**: 12,079 cholera cases reported, with 577 culture-confirmed cases as of 3 September 2023.
- **Guinea**: First COVID-19 case confirmed on 25 March 2020, with 9,614 cases as of 9 April 2023.
- **Lesotho**: First COVID-19 case confirmed on 13 May 2020, with 34,490 cases as of 18 August 2023.

#### Other Health Emergencies
- **Ghana**: Poliomyelitis cases reported, with a cumulative of 34 circulating vaccine-derived poliovirus type 2 (cVDPV2) cases.
- **Kenya**: Drought and food insecurity affecting 5.4 million people.
- **Kenya**: Measles outbreak in West Pokot County.

### Data Analysis
- The negative impacts of the prolonged drought in Kenya are likely to persist throughout 2023.
- The outbreak has been continuous since 2020, with 22 new cases reported in the last week ending 18 August 2023.
- Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, there have been 34,490 cases as of 18 September 2023, with 706 deaths.

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### Additional Information

- **Guatemala**: Three genetically linked cVDPV2s were isolated from two acute flaccid paralysis (AFP) cases in 2023.
- **Guinea**: 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.
- **Gambia**: No new cases reported in the country.

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**Health Emergency Information and Risk Assessment**

Health officials continue to monitor and respond to various health emergencies and risks within affected regions, ensuring effective containment and management strategies are in place to mitigate potential outbreaks and ensure public health security.
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).

On 24 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.

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.

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. No new case reported since then.

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.

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 (CFR 0.4%) in 11 affected provinces.
The first confirmed COVID-19 case was reported in Mozambique on 22 March 2020. As of 2 August 2023, a total of 233,417 confirmed COVID-19 cases were reported in the country, including 2,243 deaths.

Mozambique

| Poliomyelitis (cVDPV2) | Grade 2 | 7-Dec-18 | 1-Jan-21 | 4-Aug-23 | 6 | 6 | 0 | 0.0% |

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.

Mozambique

| Poliomyelitis (WPV1) | Grade 2 | 17-May-22 | 18-May-22 | 6-Sep-23 | 8 | 8 | 0 | 0.0% |

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

Namibia

| Suspected lead intoxication | Ungraded | 19-Jul-23 | 19-Jul-23 | 28-Aug-23 | - | - | - | - |

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.

Namibia

| COVID-19 | Protracted 3 | 14-Mar-20 | 14-Mar-20 | 9-Jul-23 | 171,998 | 171,998 | 4098 | 2.4% |

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

Niger

| Humanitarian crisis (Sahel region) | Grade 2 | 1-Feb-15 | 1-Feb-15 | 18-Aug-23 | - | - | - | - |

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, while a staggering 7.3 million are at risk of their situation deteriorating due to the ongoing crisis.

Niger

| COVID-19 | Protracted 3 | 19-Mar-20 | 19-Mar-20 | 1-May-23 | 9513 | 9,513 | 315 | 3.3% |

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.

Niger

| Diphtheria | Ungraded | 28-Aug-23 | 4-Jul-23 | 27-Aug-23 | 665 | 7 | 30 | 4.5% |

An outbreak of diphtheria has been confirmed in Matameye health district, Zinder region. The first case was reported on 17 July 2023. As of 11 September 2023, a total of 665 suspected cases, including 50 deaths (CFR) were reported from 12 health districts. Four districts are currently in outbreak mode. 496 over 665 recovered from the disease and 139 are under treatment. Public health response activities are ongoing in affected districts.

Niger

| Measles | Ungraded | 5-Apr-22 | 1-Jan-22 | 19-Aug-23 | 1743 | 517 | 0 | 0.0% |

As of epidemiological week 33, 2023, 1,743 suspected measles cases were reported, of which 934 were investigated across 65 districts in the eight regions. Of these cases, 56% (n=517) were laboratory-confirmed. Additionally, 90% (n=65) of the districts reported at least one suspected case, and 35 (49%) health districts have reached the epidemic threshold since the beginning of the year.

Niger

| Meningitis | Ungraded | 7-Dec-22 | 31-Oct-22 | 19-Aug-23 | 2162 | 325 | 129 | 6.0% |

A meningitis outbreak was declared in the Dungass health district in Zinder region. The first case was reported on 31 October 2022 and confirmed on 23 November 2022, with Neisseria meningitidis identified as the causative agent. As of 15 July 2023, 2,162 suspected cases of meningitis, including 325 laboratory-confirmed cases and 129 deaths (CFR 6.1%) were reported.

Niger

| Poliomyelitis (cVDPV2) | Grade 2 | 1-Jan-20 | 1-Jan-21 | 16-Aug-23 | 34 | 34 | 0 | 0.0% |

No new case of cVDPV2 was reported during this week. The total number of cases reported in 2022 is 16. There were 18 cases reported in 2021.

Nigeria

| Humanitarian crisis (Sahel region) | Grade 2 | 10-Oct-16 | 10-Oct-16 | 1-Aug-23 | 8300000 | 8,300,000 | - | - |

People 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. As of week 30, 2023, over 6 million people are targeted for humanitarian aid, 8.3 million people are in need of humanitarian assistance, 2.2 million IDPs, and 4.3 million people in need of food security aid.

Nigeria

| Cholera | Grade 3 | 1-Jan-23 | 30-Jul-23 | 2309 | 57 | 2.5% |

From 1 January to 30 July 2023, a cumulative total of 2,309 suspected cholera cases and 57 deaths (CFR 2.7%) were reported from 111 Local Government Areas in 26 states, with Cross River State accounting for 31% of the reported cases (718 cases). Males account for 51% of all suspected cholera cases.

Nigeria

| COVID-19 | Protracted 3 | 27-Feb-20 | 27-Feb-20 | 21-Apr-23 | 266675 | 266,675 | 3155 | 1.2% |

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 were reported.

Nigeria

| Diphtheria | Grade 2 | 1-Dec-22 | 1-Dec-22 | 31-Jul-23 | 4160 | 1,534 | 137 | 7.5% |

Between 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.

Nigeria

| Lassa Fever | Ungraded | 8-Jan-23 | 1-Jan-23 | 23-Jul-23 | 6597 | 1,009 | 171 | 2.6% |

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.

Nigeria

| Mpox | Protracted 2 | 31-Jan-22 | 1-Jan-22 | 9-Jul-23 | 843 | 843 | 9 | 1.1% |

From 1 January to 9 July 2023, Nigeria has reported 843 monkeypox confirmed cases with nine deaths (CFR 1.1%).
### Health Emergency Information and Risk Assessment

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER**

**WEEK 36: 4 - 10 SEPTEMBER 2023**

#### COVID-19

- **Rwanda**: Confirmed 1st case on 14 Mar 2020. As of 26 Feb 2023, total of 133,194 cases with 1,468 deaths and 131,647 recovered cases have been reported in the country.
- **Sao Tome and Principe**: Confirmed 1st case on 14 Mar 2020. As of 4 Jul 2023, there was 1 confirmed case.
- **Senegal**: Confirmed 1st case on 6 Apr 2020. As of 28 Aug 2023, 6,462 cases have been reported as recoveries.
- **South Africa**: Confirmed 1st case on 5 Apr 2020. As of 24 Apr 2023, total of 4,072,533 confirmed cases and 102,595 deaths have been reported.
- **Seychelles**: Confirmed 1st case on 14 Mar 2020. As of 23 Feb 2023, 50,937 cases have been confirmed, including 50,750 recoveries and 172 deaths have been reported.
- **Sierra Leone**: Confirmed 1st case on 15 Aug 2016. As of 4 Apr 2023, total of 9,400,000 cases have been confirmed.

#### Measles

- **Namibia**: 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**: 138,420 people are facing critical food insecurity, with 76% of the population in critical food insecurity (IPC5) expected to be 43,000.

#### Cholera

- **South Africa**: 1,388 suspected cases, with 47 deaths (CFR=3.7%) from six provinces – Gauteng, Free State, North West, Limpopo, Mpumalanga and recently KwaZulu-Natal.

#### Measles

- **South Sudan**: On 5 Apr 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 3 May 2023, total of 18,499 confirmed COVID-19 cases were reported including 1,388 suspected cases, 47 deaths (CFR=3.7%) from six provinces.
- **South Sudan**: 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.

---

**Table:**

<table>
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<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Date From</th>
<th>Date To</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
<th>Recovered</th>
<th>Deaths</th>
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<tbody>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td></td>
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<td></td>
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<tr>
<td>South Africa</td>
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<tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Notes:**

- 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 4 July 2023, there was another case notified on 4 July 2023 by the Dakar Pasteur Institute laboratory (IgM-confirmed case of Chikungunya) from Pikine district.
- 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.
- 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.
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 cases have been reported in Tanzania Mainland including 846 deaths.

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.

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

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.

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%).

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). 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 confirmed on 27 July 2023.

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 confirmed cases of malaria and 29 deaths have been reported and 205 424 confirmed cases and 31 deaths reported in the previous week.

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.

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.

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.

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 cases have been reported in Tanzania Mainland including 846 deaths.

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.

1Grading 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.
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.