WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 40: 02 October - 08 October 2023
Data as reported by: 17:00; 08 October 2023

3 New events
148 Ongoing events
131 Outbreaks
20 Humanitarian crises

Legend
- Measles
- Meningitis
- Lassa fever
- Typhoid fever
- COVID-19
- Anopheles
- Dengue fever
- Malaria
- Hepatitis E
- Chikungunya
- Ebola virus disease
- Crimean-Congo haemorrhagic fever
- Enteric Outbreak
- Yellow fever
- Rift Valley fever
- Typhoid fever
- Measles
- Humanitarian crisis

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*
Overview

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

- Measles in Ethiopia
- Cholera in Tanzania
- Humanitarian situation in South Sudan

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:

- Since August 2021, Ethiopia has been grappling with a measles outbreak with a sharp increase in cases in December 2022. Children under five years were the most affected due to suboptimal vaccination coverage in the country. In December 2022, a nationwide campaign was conducted to control the outbreak and currently a downward trend has been observed. The protracted outbreak in Ethiopia emphasises the importance of strengthening surveillance systems to detect and control outbreaks and maintaining high vaccination coverage.

- The United Republic of Tanzania confirmed a cholera outbreak in July 2023, and as of 3 October 2023, all three affected regions including Arusha, Kigoma, and Mara are still active. Poor sanitation and hygiene conditions, along with the disruption of water supply networks in the affected regions are the primary factors contributing to the persistence and spread of this outbreak to new areas. Immediate water, sanitation and hygiene measures, including enhanced monitoring and enforcement of water quality treatment standards, should be reinforced and maintained, particularly in Mara Region, the current hotspot, to effectively control the outbreak.
**EVENT DESCRIPTION**

In August 2021, suspected cases of measles were reported from all 13 Regional Health Bureaus in Ethiopia, spanning (28.5%) 237 woredas out of a total of 832 woredas across the country.

During epidemiological week 40 (ending 8 October), a total of 539 new measles cases and 4 deaths were reported. The outbreak is still active in 17 woredas within six regions including Oromia, Sidama, Somali, SWERP, Tigray, and Gambella.

As of 01 October 2023, a cumulative total of 17 252 cases and 131 deaths (CFR= 0.8%), have been documented, and almost 80.0% of these cases were from four regions: Amhara (23.9%), South West Ethiopia Peoples’ Region (SWERP) (20.9%), Oromia (18.8%), and Somali region (16.8%). Over 50.0% of cases were children under five years of age, and among them, 48.0% had not received vaccination against measles.

From 22 to 30 December 2022, the Ministry of Health (MoH) in Ethiopia conducted a nationwide measles vaccination campaign during which a total of 14 579 818 children under 5 years of age were vaccinated out of a target of 15 471 740 representing a coverage rate of 94.2%.

**PUBLIC HEALTH ACTIONS**

- MoH is coordinating the response to the outbreak with the support of partners through a Response Team deployed to support the field-activities in South West Ethiopia Peoples’ Region
- Regular coordination meetings with stakeholders are being conducted at the MoH
- Surveillance activities including active case search, root cause analysis are ongoing and have been intensified in the affected areas.
- Routine immunization activities have been intensified in all woredas especially for children under 5 years, through outreach activities.
- Case management activities including administration of vitamin A supplements and nutritional screening for cases, as well as training for frontline responders are ongoing.
- Risk communication and community mobilization activities are ongoing through locally tailored approach.

**SITUATION INTERPRETATION**

The ongoing measles outbreak has been faced with increased efforts to bolster vaccination coverage and enhance routine immunization strategies. However, the challenges facing the measles response in Ethiopia include a shortage of reactive vaccines and the compounding issues of the drought and malnutrition experienced in areas where measles is active. It is essential for the Ethiopian health authorities, in collaboration with its partners, to ensure the continuity of vaccine supply systems and other essential inputs, along with maintaining timely surveillance and response activities.
Distribution of cases of measles by region in Ethiopia, as of 1 October 2023
The Ministry of Health in the United Republic of Tanzania notified the World Health Organization about a cholera outbreak in three regions, namely Arusha, Kigoma, and Mara, in July 2023. On 11 September 2023, Mara region recorded 13 suspected cases, which were subsequently laboratory-confirmed at the Tanzania National Public Health Laboratory (NPHL), followed by five confirmed cholera cases reported in Kigoma region on 13 September 2023.

During epidemiological week 40 (ending 8 October 2023), 16 new cases were reported, including 14 in Arusha, and two in Mara region with no reported deaths.

As of 8 October 2023, a total of 268 cholera cases with nine deaths (CFR= 3.3%) have been reported and Most of the cases (61.0%, n=164) were recorded in the Mara region, followed by Arusha (24.0%, n=66) and Kigoma (14.0%, n=38).

Eight (88.9%) out of the nine reported deaths occurred in the Mara region, with one in Kigoma. Among all the reported cases, 56.0% (n=150) were female and nearly 50.0% (n=130) of the cases were between 15˗44 years old.

Laboratory samples were screened using the Rapid Diagnostic Test and further subjected to culture at the NPHL. Out of the 53 culture-positive samples, 62.2% (n=33) were from Mara region, 20.8% (n=11) from Arusha, and 17.0% (n=9) from Kigoma.

A major risk factor for the ongoing cholera outbreak in Tanzania is the poor Water, Sanitation and Hygiene (WASH) situation, primarily attributed to the disruption of water supply networks leading to the limited access to safe water. Additional risk factors include the lack of knowledge about the proper dilution of chlorine used for water treatment and decontamination.

**PUBLIC HEALTH ACTIONS**

- The Ministry of Health is leading the coordination of response efforts in the affected regions by holding regular coordination meetings with Regional Health Management Teams and district teams.
- Follow-up and monitoring of contacts identified from confirmed cholera cases remains a priority action under the surveillance pillar.
- Case management activities are ongoing at Moshono Cholera Treatment Centre, Tarime and Ronya DC.
- Health care workers are conducting health education on WASH in Bangwe, Mwanga kaskazini, katubuka and Kibilizi wards in Kigoma region. WASH activities, including the collection of water samples to assess water source contamination of Vibrio cholerae are currently in progress in Arusha.
- Decontamination of shallow wells in Magoma area using chlorine and the inspection of WASH services in Kibaga and Kugete Matenkini streets are underway in Mara region.
- Risk communication and community engagement activities, including health education on cholera prevention and control through local radios are ongoing. Community health workers are distributing risk communication materials in the affected wards.

**SITUATION INTERPRETATION**

The cholera outbreak in Tanzania continues to escalate both in case numbers and geographic spread. A primary concern is the persistently poor Water, Sanitation, and Hygiene conditions. To address this, continued sanitations actions along with behavior change communication should be strengthened. Mobilizing funds by the government and health partners is imperative to support the regional response plan.
Distribution of cases of cholera by District in Tanzania, as of 8 October 2023
South Sudan

Humanitarian Situation

EVENT DESCRIPTION
South Sudan is grappling with an array of intersecting crises. Insecurity, subnational violence, regional and national macroeconomic challenges, global economic downturn, climate change, and the ongoing Sudan conflict collectively conspire to undermine the food security of South Sudanese families.

As of 6 October 2023, a steady influx of people from the Sudan conflict continues, with over 300,000 individuals recorded at border crossing points. These arrivals, averaging 1,741 people per day, have put immense pressure on the humanitarian response.

Notably, refugees and asylum-seekers make up a significant portion of these arrivals, with the majority arriving from Khartoum and heading to destinations such as Aweil, Maban, and Juba. Despite the challenges, aid agencies have provided support, offering hot meals, high-energy biscuits, dry rations, and cash transfers. Protection teams are working tirelessly to prioritize vulnerable individuals for transportation and essential services, including health and mental health support.

However, health concerns persist, with reported cholera outbreaks in South Sudan, necessitating dedicated health screening at border points. In Upper Nile State, there is a shortage of bathing units, forcing new arrivals to use the river. Malnutrition among children under age 5 remains a concern, with 16.0% classified as malnourished. Support is being provided, but challenges persist.

PUBLIC HEALTH ACTIONS
- The South Sudan Humanitarian Fund has allocated $5 million to the response, complementing an additional $10 million from the Central Emergency Response Fund (CERF).
- United Nations Humanitarian Air Service has facilitated transportation to Renk, with plans to explore airstrip rehabilitation for increased efficiency.
- The Logistics Cluster airlifted essential supplies to Rubkona on behalf of partner organizations.
- Water, sanitation, and hygiene efforts have expanded, providing thousands of people with access to clean water and sanitation.
- Despite funding constraints, various agencies and organizations are working tirelessly to alleviate the humanitarian crisis in South Sudan. Humanitarian partners have provided food, antenatal care services, and support for vulnerable individuals.
- Biometric registration of new arrivals continues, with thousands of Sudanese refugees registered in Juba.

SITUATION INTERPRETATION
The situation in South Sudan remains complex and dire demanding concerted and sustained efforts from various stakeholders. Furthermore, the ongoing conflict in Sudan has led to significant trade disruptions between Sudan and South Sudan, resulting in soaring food prices in border areas. The heavy rains and flooding have further compounded challenges by making road travel difficult. As the global community grapples with numerous ongoing crises, it is imperative that South Sudanese authorities and their partners continue to prioritize and support those affected by the humanitarian crisis. Immediate action, efficient resource allocation, and diplomatic efforts are crucial to mitigating the suffering and helping the people of South Sudan rebuild their lives.
### 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>Mali</td>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>02-Oct-23</td>
<td>26-Sep-23</td>
<td>05-Oct-23</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>The Ministry of Health of Mali has announced that a case of Chikungunya has been confirmed by real-time polymerase chain reaction (RT-PCR) on 30 September 2023 in commune VI of the Bamako district. The case is a 35-year-old male resident of Kayes Liberté in the Kayes health district with onset of symptoms on 26 September 2023. Active case finding has identified 13 contacts who are currently being followed up.</td>
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<td><strong>Ongoing Events</strong></td>
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<tr>
<td>Tanzania, United Republic of</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>03-Oct-23</td>
<td>07-Sep-23</td>
<td>07-Oct-23</td>
<td>268</td>
<td>53</td>
<td>9</td>
<td>3.40%</td>
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<tr>
<td>On 3 October 2023, WHO was notified about a Cholera outbreak affecting three regions of Tanzania Mainland: Mara, bordering Kenya, Arusha and Kigoma. As of 7 October 2023, a total of 268 cases including 9 deaths (CFR 3.4%) were reported from eight districts of Mara, Kigoma and Arusha regions. Seventeen cases were admitted in Mara (3) and Arusha (14). Of the 72 samples tested by culture, 53 showed growth of Vibrio cholerae. Women account for 56% (150) of cases, and 48.5% (130) of cases are aged between 15 and 44 years.</td>
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<tr>
<td>Uganda</td>
<td>Measles</td>
<td>Ungraded</td>
<td>04-Oct-23</td>
<td>28-Sep-23</td>
<td>30-Sep-23</td>
<td>11</td>
<td>6</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>The Ministry of Health declared a measles outbreak on 28 September 2023 following confirmation of suspected measles cases at the Uganda Virus Research Institute (UVRI) from Panyadoli Health Center IV in Kiryandongo District. As of 30 September 2023, 11 suspected cases with six confirmed cases and no deaths have been reported.</td>
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<td><strong>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.</strong></td>
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<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>24-Aug-23</td>
<td>271 853</td>
<td>271 853</td>
<td>6881</td>
<td>2.50%</td>
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<tr>
<td>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.</td>
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<td>Algeria</td>
<td>Diphtheria</td>
<td>Ungraded</td>
<td>03-Aug-23</td>
<td>03-Aug-23</td>
<td>03-Aug-23</td>
<td>80</td>
<td>16</td>
<td>0</td>
<td>0.00%</td>
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<td>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.</td>
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<tr>
<td>Algeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Jul-22</td>
<td>11-Apr-22</td>
<td>04-Oct-23</td>
<td>3</td>
<td>3</td>
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<td>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.</td>
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<tr>
<td>Angola</td>
<td>Polio</td>
<td>Protracted</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>25-Sep-23</td>
<td>105968</td>
<td>105968</td>
<td>1936</td>
<td>1.80%</td>
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<tr>
<td>The first confirmed COVID-19 case was reported in Angola on 21 March 2020. As of 25 September 2023, 105 968 confirmed COVID-19 cases have been reported in the country, with 1 936 deaths.</td>
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<td>Benin</td>
<td>Mass burn</td>
<td>Ungraded</td>
<td>25-Sep-23</td>
<td>23-Sep-23</td>
<td>26-Sep-23</td>
<td>57</td>
<td>36</td>
<td>63.20%</td>
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<tr>
<td>On 23 September 2023, a fire broke out after a fuel explosion at an oil depot in SEME KRAKE city located in the South-East region of Benin. A total of 57 people were affected of which 34 died on the spot and 2 died at the University Hospital of Cotonou. As of 26 September 2023, 21 people were hospitalized at the University hospital of Cotonou (9) and the Epidemic Treatment Center of Abomey Calavi (12). Of the 21 hospitalized victims, 8 sustain severe burns and are being treated at the intensive care unit of the University hospital of Cotonou.</td>
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<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>03-May-23</td>
<td>28014</td>
<td>28 014</td>
<td>163</td>
<td>0.60%</td>
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<tr>
<td>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.</td>
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<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>08-Aug-19</td>
<td>24-Aug-19</td>
<td>04-Oct-23</td>
<td>30</td>
<td>30</td>
<td>0</td>
<td>0.00%</td>
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<td>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.</td>
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<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>30-Mar-20</td>
<td>30-Mar-20</td>
<td>14-Sep-23</td>
<td>330215</td>
<td>330 215</td>
<td>2800</td>
<td>0.90%</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>01-Jan-19</td>
<td>01-Jan-19</td>
<td>07-Sep-23</td>
<td>2100000</td>
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<tr>
<td>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. The situation remains fluid.</td>
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</table>
Burkina Faso COVID-19 Protracted 3 10-Mar-20 09-Mar-20 03-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.

Burkina Faso Dengue Fever Ungraded 11-Sep-23 01-Jan-23 09-Sep-23 3 618 75 28 0.80%

Upsurge in Dengue fever cases in the Haut-Bassins region since week 29, 2023. Seventy-five cases have been confirmed for DEN 1 (6%) and DEN 3 (94%) by RD1 and/or PCR at the national reference laboratory.

Burundi Cholera Grade 3 01-Jan-23 14-Dec-22 01-Oct-23 1082 175 9 0.80%
The ongoing cholera outbreak was officially declared on 1 January 2023. Cumulatively, a total of 1 082 cases with nine deaths (CFR 0.8%) have been reported.

Burundi COVID-19 Protracted 3 31-Mar-20 18-Mar-20 10-Sep-23 54 366 54 262 15 0.00%

On 31 March 2020, the Ministry of Health in Burundi reported the first two confirmed cases of COVID-19. As of 10 September 2023, the total number of confirmed COVID-19 cases is 54 366, including 54 262 recoveries and 15 deaths.

Burundi Poliomyelitis (cVDPV2) Grade 2 17-Mar-23 01-Jan-22 05-Oct-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 COVID-19 Protracted 3 06-Mar-20 06-Mar-20 24-Sep-23 125190 125190 1974 1.60%
The Cameroon Ministry of Health confirmed the first COVID-19 case on 6 March 2020. As of 24 September 2023, 125 190 cases have been reported, including 1 974 deaths.

Cameroon Measles Ungraded 02-Apr-19 01-Jan-23 13-Aug-23 5863 5 838 30 0.50%

From week 1 through week 32, 2023 (ending 13 Aug), 5 863 measles cases have been reported in Cameroon, including 419 IgM+. At least 30 related deaths (CFR 0.5%) have been reported in 2023.

Cameroon Mpox Protracted 2 24-Feb-22 01-Jan-22 22-Jun-23 207 23 3 1.40%

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

Cape Verde COVID-19 Protracted 3 19-Mar-20 18-Mar-20 08-Jul-23 64143 64 143 414 0.60%
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.

Central African Republic Cholera Grade 3 11-Dec-13 11-Dec-13 04-Oct-23 - - - -

The protracted humanitarian crisis in Central African Republic (CAR) is still presenting worrying situations. Recently, the northwest part of the country received over 37 000 Chadians, mainly women and children seeking refuge due to insecurity in their villages. More to that, since this April this year, a total of 18 545 Sudanese refugees and returnees arrived in the north-east prefecture of Vakaga, seeking safety from the ongoing conflict in Sudan. These displacements have exacerbated the humanitarian situation in those regions.
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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Mar-22, 01-Jan-23, 02-Jul-23</td>
<td>1736</td>
<td>1,003</td>
<td>1</td>
<td>0.10%</td>
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</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.

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<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Mpx</td>
<td>Protracted</td>
<td>03-Mar-22, 04-Mar-22, 28-May-23</td>
<td>31</td>
<td>31</td>
<td>1</td>
<td>3.20%</td>
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</tbody>
</table>

From 4 March 2022 to 28 May 2023, 31 confirmed cases of Mpx 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 districts.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19, 24-May-19, 16-Aug-23</td>
<td>37</td>
<td>37</td>
<td>0</td>
<td>0.00%</td>
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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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>12-Jun-23, 01-Jan-23, 20-Aug-23</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

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).

Chad is consistently facing multidimensional crises including conflict induced displacements, nutritional crisis, natural disasters due to climate changes, epidemics, economic crisis, and political instability. Regarding the ongoing conflict in Sudan, there is no immediate prospect of resolving the conflict and since mid-April, hundreds of Sudanese refugees, and Chadian returnees, including wounded, continue to cross the border to seek refuge in Chad. Since the beginning of the Sudanese crisis and as of 22 September, UNHCR has counted 420,834 refugees. IOM has reported 52,786 returnees. Among refugees, 85% are women and children and 67% of the returnees are children under 18.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>19-Mar-20, 19-Mar-22, 03-May-23</td>
<td>7,822</td>
<td>7,822</td>
<td>194</td>
<td>2.50%</td>
<td></td>
</tr>
</tbody>
</table>

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. As of 1 October 2023, a total of 1,342 suspected cases, 41 confirmed and one death are reported.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18, 01-Jan-23, 06-Aug-23</td>
<td>8,984</td>
<td>820</td>
<td>4</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19, 09-Sep-19, 26-Jul-23</td>
<td>182</td>
<td>182</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>30-Apr-20, 30-Apr-20, 16-Aug-23</td>
<td>9109</td>
<td>9,109</td>
<td>160</td>
<td>1.80%</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo</td>
<td>Bacterial intestinal infections (Cholera/ Shigellosis)</td>
<td>Grade 1</td>
<td>14-Jul-23, 30-Jun-23, 24-Sep-23</td>
<td>2483</td>
<td>126</td>
<td>52</td>
<td>2.10%</td>
<td></td>
</tr>
</tbody>
</table>

The trend of the ongoing Bacterial Intestinal Infections outbreak in Congo continues to decline for the number of new suspected cases. Cumulatively, from 28 June through 24 September 2023, a total of 2,483 suspected cases with 52 deaths (CFR 2.1%) are reported mainly from Niari department. Of the reported cases: 21 are confirmed for cholera, 92 for shigellosis and 25 for typhoid fever.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Protracted</td>
<td>14-Mar-20, 14-Mar-20, 14-May-23</td>
<td>25,195</td>
<td>25,195</td>
<td>389</td>
<td>1.60%</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Onset Dates</th>
<th>Total Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>CFR</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo</td>
<td>Mpx</td>
<td>Protracted</td>
<td>23-May-22, 01-Jan-22, 14-May-23</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>
From 1 January 2022 to 14 May 2023, the Republic of Congo has reported five laboratory-confirmed cases, with zero death (CFR 0.0%).

<table>
<thead>
<tr>
<th>Congo</th>
<th>Poliomyelitis (cVDPV1)</th>
<th>Grade</th>
<th>21-Mar-23</th>
<th>01-Mar-23</th>
<th>16-Aug-23</th>
<th>1</th>
<th>1</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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, Niani Department, with onset of paralysis on 26 September 2022.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>11-Jul-23</td>
<td>88 338</td>
<td>88 338</td>
<td>835</td>
<td>0.90%</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
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<td></td>
<td></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>09-Feb-23</td>
<td>3029</td>
<td>259</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>An outbreak of Dengue fever is ongoing in Ivory Coast. A total of 3029 cases have been reported from 19 June to 02 September 2023, with 259 confirmed cases and no fatalities. Males are more affected (51%), and the age group of more than 15 years is predominant (54.5%).</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>17-May-23</td>
<td>08-May-23</td>
<td>15-Jun-23</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>07-Oct-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>In The Democratic Republic of the Congo (DRC), the humanitarian situation remains concerning. In Ituri province, recent security incidents have been reported including kidnapping and robbery in Bunia health zone. In Kasai and Mai-Ndombe provinces, conflicts between local communities continue with thousands of people fleeing their homes. Recent armed fights are reported in Nord Kivu and Tshopo provinces</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>01-Jan-23</td>
<td>17-Sep-23</td>
<td>29874</td>
<td>1 866</td>
<td>107</td>
<td>0.40%</td>
</tr>
<tr>
<td></td>
<td>During the epidemiological week 37 (week ending 17 September 2023), 741 new cases and ten deaths were reported. This marks an increase compared to the preceding week (624 cases, 0 deaths). Cumulatively, 29 874 cases with 107 deaths (CFR 0.4%) have been documented across six provinces in the country.</td>
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</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<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>
</tr>
<tr>
<td></td>
<td>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.</td>
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</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>01-Jan-23</td>
<td>10-Sep-23</td>
<td>240716</td>
<td>3 142</td>
<td>4567</td>
<td>1.90%</td>
</tr>
<tr>
<td></td>
<td>Measles outbreak is still ongoing in the Democratic Republic of the Congo (DRC). As of week 36 (ending 10 September), a total of 240 716 suspected measles cases and 4 567 deaths (CFR 1.9%) have been reported, 5 768 have been investigated of which 3 142 were IgM positive for measles, and 555 were IgM positive for rubella</td>
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</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Mpox</td>
<td>Protracted 2</td>
<td>30-Mar-19</td>
<td>01-Jan-22</td>
<td>04-Jul-23</td>
<td>734</td>
<td>734</td>
<td>3</td>
<td>0.40%</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
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</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>27-Aug-22</td>
<td>27-Aug-22</td>
<td>04-Oct-23</td>
<td>208</td>
<td>208</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>According to the Global Polio Eradication Initiative (GPEI), no cVDPV1 cases were reported this week. There have been 61 cases reported this year and 147 cases in 2022</td>
<td></td>
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</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-21</td>
<td>01-Jan-22</td>
<td>04-Oct-23</td>
<td>462</td>
<td>462</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>One cVDPV2 case was reported in Tshopo bringing the number of 2023 cases to 90. There were 372 cases reported in 2022.</td>
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<td></td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<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>
</tr>
<tr>
<td></td>
<td>The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 23 February 2023, a total of 17 229 cases have been reported in the country, with 183 deaths and 16 907 recoveries.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>03-May-23</td>
<td>10189</td>
<td>10 189</td>
<td>103</td>
<td>1.00%</td>
</tr>
<tr>
<td></td>
<td>The first confirmed COVID-19 case was reported in Eritrea on 21 March 2020. As of 30 October 2022, 10 189 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 085 patients have recovered from the disease.</td>
<td></td>
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</tr>
<tr>
<td>Eritrea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>02-Jun-22</td>
<td>07-Jun-22</td>
<td>21-Sep-23</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
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</tr>
<tr>
<td>Eswatini</td>
<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>
</tr>
<tr>
<td></td>
<td>The first case of COVID-19 was confirmed in the kingdom of Eswatini on 17 March 2020. As of 29 April 2023, a total of 74 670 cases have been reported with 1 425 associated deaths.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>01-Jan-22</td>
<td>30-Sep-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
In Amhara region, there is an ongoing security concern after conflict emerged early August. Partners are still unable to access many areas, and diseases surveillance is not fully resumed because of limited internet access. Furthermore, armed conflict in Sudan has forced hundreds of thousands of people to flee to neighboring countries. As of 16 September 2023, over 81,000 people have arrived in Amhara, Benishangul Gumz, and Gambella Regions.

Since the index case in August 2022, there have been 24,266 cholera cases, including 15 new cases reported in week 38 of 2023. Within this same period, there have been 295 deaths (CFR 1.2%).

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 501,060 cases of COVID-19 as of week 38, 2023, with 7,574 deaths and 488,159 recoveries.

Ethiopia is experiencing malaria outbreak since January this year with several regions reporting cases far above the epidemic threshold. From January to 17 September 2023, a total of 2,235,311 cases have been reported.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 501,060 cases of COVID-19 as of week 38, 2023, with 7,574 deaths and 488,159 recoveries.

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 1,633 suspected and confirmed cases with nine associated deaths (CFR 0.5%) have been reported.

Ethiopia Cholera Grade 3 17-Sep-22 17-Sep-22 21-Sep-23 24266 24 266 295 1.20%

Since the index case in August 2022, there have been 24,266 cholera cases, including 15 new cases reported in week 38 of 2023. Within this same period, there have been 295 deaths (CFR 1.2%).

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 501,060 cases of COVID-19 as of week 38, 2023, with 7,574 deaths and 488,159 recoveries.

Complementary data is available in the Excel file.
Climate forecasts indicate that the October to December 2023 short rains in northern and eastern Kenya will likely have an early onset and be cumulatively above average, supported by a strong ENSO event. The rains are expected to improve forage, pasture, and water resources in pastoral areas, supporting livestock body. However, there is an elevated risk that the above-average rainfall will result in flooding in the flood-prone parts of the country and outbreaks of diseases like Rift Valley Fever in pastoral areas. Pastoral areas remain in Crisis (IPC Phase 3) as the pastoral lean season concludes.

### Outbreaks and Other Events

**Kenya**

- **Polio (cVDPV2)**: Grade 2
  - 06-Jul-23: 5 cases
  - 05-Oct-23: 5 cases
  - CFR 0.0%

No cVDPV2 cases were reported this week. There have been five cases reported in 2021.

**Lesotho**

- **COVID-19**: Protracted 3
  - 13-Mar-20: 8161 cases
  - 03-Sep-23: 8161 cases
  - CFR 0.7%

Cumulatively, from March 16, 2020, when the first case was confirmed in Lesotho, until July 17, 2023, there have been 8161 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**

- **Measles**: Ungraded
  - 03-Feb-22: 12885 cases
  - 10-Sep-23: 12885 cases
  - CFR 0.7%

From January 6, 2022, to week 38 of 2023, a cumulative total of 343 cases have been reported with 90 confirmed and 27 deaths (CFR 7.9%).

- **COVID-19**: Protracted 3
  - 16-Mar-20: 8161 cases
  - 21-Sep-23: 8161 cases
  - CFR 3.6%

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

- **Measles**: Ungraded
  - 03-Feb-22: 12885 cases
  - 10-Sep-23: 12885 cases
  - CFR 0.7%

Since the measles outbreak started on 13 December 2021, there have been 12 885 suspected cases, 12 213 confirmed cases, and 95 deaths with CFR 0.7% in 15 affected Counties as of week 38 of 2023. Montserrat County has recorded the highest number of deaths (9).

**Liberia**

- **Measles**: Ungraded
  - 03-Feb-22: 12885 cases
  - 10-Sep-23: 12885 cases
  - CFR 0.7%

Since the measles outbreak started on 13 December 2021, there have been 12 885 suspected cases, 12 213 confirmed cases, and 95 deaths with CFR 0.7% in 15 affected Counties as of week 38 of 2023. Montserrat County has recorded the highest number of deaths (9).

- **Lassa Fever**: Ungraded
  - 03-Mar-22: 10926 cases
  - 01-Jan-23: 10926 cases
  - CFR 0.0%

Liberia confirmed its first case of Lassa fever on 31 December 2017, and a cumulative total of 113 suspected cases reported and 7 confirmed. The most recent case was in week 38 of 2023 in Grand Kru and Nimba counties.

**Madagascar**

- **Malnutrition crisis**: Protracted 2
  - 01-Jul-21: 2200000 cases

About 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 two out of five people are severely food insecure.

**Mali**

- **Humanitarian crisis (Sahel region)**: Grade 2
  - 11-Sep-17: 88905 cases
  - 07-Sep-23: 88905 cases
  - CFR 3.0%

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

**Malawi**

- **Cholera**: Grade 3
  - 01-Aug-23: 59013 cases
  - 30-Oct-23: 59013 cases
  - CFR 3.0%

Twenty-nine districts have reported Cholera cases since March 2022 in the Machanga district. As of 1 October 2023, a cumulative total of 59 013 cases and 1 768 deaths (CFR 3.0%) have been reported since the onset of the outbreak.

- **Polio (WPV1)**: Grade 2
  - 01-Feb-22: 1 case
  - 04-Oct-23: 1 case
  - CFR 0.0%

On 2 April 2020, the president of Malawi announced the confirmed cases of COVID-19 in the country. As of 27 August 2023, the country has 88 905 confirmed cases with 2 686 deaths.
WEEKLY BULLETIN ON OUTBREAKS AND OTHER
WEEK 40: 2 - 8 OCTOBER 2023

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 (ending 30 July 2023), 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 33150 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 Dengue Fever Ungraded 12-Sep-23 31-Aug-23 01-Oct-23 325 31 0 0.00%

On 9 September 2023, the Malian Ministry of Health reported a case of dengue in a 44-year-old female resident of Bacojicoroni Golf, commune V, Bamako district. The case had onset of symptoms on 31 August 2023. On 9 September 2023, the sample collected from the case was confirmed positive for dengue virus by real-time polymerase chain reaction (RT-PCR) at the University Clinical Research Center (UCRC) laboratory. As of 2 October 2023, 325 suspected cases including 11 confirmed cases and no deaths have been reported.

Mali Measles Ungraded 20-Feb-18 01-Jan-23 24-Sep-23 382 344 0 0.00%

From the beginning of the year through 24 September 2023, 760 suspected measles cases were tested in Mali, and 344 were laboratory confirmed.

Mauritania COVID-19 Protracted 3 13-Mar-20 13-Mar-20 02-Jul-23 63712 63712 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 17-Jul-23 17-Sep-23 2 2 1 50.00%

Two Crimean-Congo haemorrhagic fever (CCHF) cases were confirmed in Mauritania since the beginning of 2023. The first case was a 58-year-old male from Tevarett district of Nouakchott North region who had reportedly been infected in the Ouad Naga district of Trarza region and developed a febrile illness on 17 July 2023. He was tested and died in Dakar, Senegal, on 26 July 2023. His results returned positive for CCHF on 27 July 2023. The second case is a 23-year-old female from Libheir locality in Barkeol district of Assaba region with date of symptom onset as of 5 September 2023. She tested positive for CCHF by RT-PCR on 9 September 2023. No epidemiological link was established between the two confirmed cases.

Mauritania Measles Ungraded 07-Mar-23 26-Dec-22 17-Sep-23 730 269 5 0.70%

Mauritania has been experiencing a measles outbreak since early 2023. A total of 20 districts have reached the epidemic threshold, including four currently experiencing an outbreak (Kaedi, Ksar, Monguel et Rosso). As of 17 September 2023, the country has reported 730 suspected cases of measles (269 confirmed, including 173 laboratory-confirmed cases and 96 epidemiologically linked cases). Five deaths, including two community deaths, have been reported among confirmed cases.

Mauritius COVID-19 Protracted 3 18-Mar-20 18-Mar-20 02-Jul-23 295883 295883 1052 0.40%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 1 October 2023, a total of 295 883 confirmed COVID-19 cases, including 1 052 deaths have been reported in the country.

Mauritius Dengue fever Ungraded 10-Jul-23 08-Jun-23 01-Oct-23 262 0 0.00%

Mauritius has been experiencing an outbreak of dengue fever since early June. As of 1 October 2023, 262 suspected cases have been reported, including 203 in Mauritius Island and 59 in Rodrigues Island.

Mozambique Humanitarian crisis in Cabo Delgado Protracted 2 01-Jan-20 01-Jan-20 06-Aug-23 - - - -

Most poor and very poor households in Mozambique face Minimal (IPC Phase 1) outcomes as the ongoing harvest improves food access and availability. In Cabo Delgado, ongoing humanitarian assistance 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.

Mozambique Cholera Grade 3 14-Sep-22 16-Nov-22 04-Aug-23 33443 33534 141 0.40%

The current cholera 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.

Mozambique COVID-19 Protracted 3 22-Mar-20 22-Mar-20 23-Aug-23 233417 233417 2243 1.00%

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 07-Dec-18 01-Jan-21 04-Aug-23 6 6 0 0.00%

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 04-Oct-23 8 8 0 0.00%

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 Rosha Pinah, Khomas 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 09-Jul-23 171998 171998 4098 2.40%

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.

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.

From 1 January to 27 August 2023, a cumulative total of 2 860 suspected cholera cases and 84 deaths (CFR 2.9%) were reported from 124 Local Government Areas in 25 states. Of all suspected cases, 51% are male, and the age groups most affected are <5 years, followed by 5-14 years. The most affected states are Zamfara (787), Cross River (718), Katsina (302), Bayelsa (265) and Ebonyi (227).

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 15 August 2023, a total of 266 675 confirmed cases with 259 953 recoveries and 3 155 deaths have been reported.

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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.
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 27 August 2023, a total of 55 dengue confirmed cases have been reported in 15 districts of South Sudan from week 1 to week 39 of 2023. The majority of cases have been reported from Thilonge (38, 69.1%) and Pikine (4, 7.3%) districts.

From epidemic week 1 to 39 of 2023 (ending 1 October 2023), 467 confirmed cases of measles with no deaths were reported in South Sudan.

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 South Sudan. The number of people in need of humanitarian assistance is estimated to be 9.4 million this year in South Sudan according to the humanitarian community. With the ongoing conflict in Sudan, as of 29 September, 291,224 individuals have been recorded at border crossing into South Sudan since the fighting in Sudan erupted on 15 April 2023.

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As per the Famine Early Warning Systems Network (FEWS NET) food security outlook June 2023 to January 2024 for South Sudan, the country continues to face extremely high levels of acute food insecurity, with over 60% of the population anticipated to face Crisis (IPC Phase 3) or worse outcomes. A risk of famine persists until at least the main harvest, despite relative calm and less intense flood risk.

On 31 March 2020, Sierra Leone reported the first confirmed COVID-19 case in the country. As of week 38, 2023, 7,636 cases, 126 deaths, CFR (1.7%). Since the beginning of 2023 there have been six confirmed COVID-19 cases.

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.

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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.

As of 21 April 2023, 1,388 suspected cases have been reported cummulatively.

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 750 recoveries and 172 deaths have been reported.

The Ministry of Health of South Africa 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 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.

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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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Vaccine/Outbreak</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>Recovered</th>
<th>CFR</th>
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<tbody>
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<td>13-Sep-19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
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</table>

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.

As per the Acute food insecurity classification reported in September 2023 by the Famine Early Warning Systems Network (FEWS NET), in Karamoja, below-average and erratic rainfall between April and August caused poor short-cycle harvests in August and September. Consequently, poor households saw only minimal improvements in food access and availability in the post-harvest period.

Cholera outbreak was officially confirmed on 25 July, 2023 after three samples turned positive for cholera in Uganda. The four samples were collected from suspected cholera cases from Sigulu Islands, Namayingo district. Cumulatively, 81 cases of cholera with 10 deaths have been reported as of 14 September 2023.

There is an ongoing malaria outbreak in Uganda, during week 35 (ending 3 September), 15 health districts are in outbreak and three health districts are in alert mode and a total of 178 309 confirmed cases of malaria and 36 deaths have been reported.

Between week 1 and week 36 (week ending 10 September 2023), a total of 181 suspected cases of RVF including 53 confirmed and 13 deaths (CFR 7.2%) were reported from Kabale, Rubanda, Mbarara, Isingiro, Bushenyi, Nakaseke, Kazo and Kakumiro districts. In week 36, districts with active human RVF outbreaks were Kakumiro, Mbarara and Nakaseke districts. The last RVF case from Kakumiro district was confirmed on 4 September 2023.

Cumulatively, 887 cases from eight districts; Mpulungu, Vubwi, Nsama, Nchelenge, Mwansabombwe, Chipata, Chippangali and Lusangazi. A total of 19 deaths have been reported.

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.

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 4 472 cholera cases with 125 deaths (CFR 2.8%) as of 2 October 2023. All of the ten provinces are affected with majority of the cases reported from Manicaland, Harare, Mash West and Mash Central provinces.

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.

From 1 January 2022 to 27 June 2023, a total of 1 178 suspected cases were reported (984 during 2022, and 194 during 2023). Four cases have been confirmed from the following districts Kasere (1), Buikwe (2), and Buvuma (1) classified by having positive results through Plaque Reduction Neutralization Tests and no record of yellow fever vaccination. The National Yellow Fever vaccination campaign phase 1 has been completed and the second phase is scheduled for October 2023.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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.