**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES**

Week 4: 22-28 January 2024
Data as reported by: 17:00; 28 January 2024

- **2** New events
- **123** Ongoing events
- **101** Outbreaks
- **24** Humanitarian crises

### Grades of Events

- **Grade 3 events**: 5
- **Grade 2 events**: 5
- **Grade 1 events**: 0
- **Ungraded events**: 44

### Protracted Events

- **Protracted 3 events**: 1
- **Protracted 2 events**: 5
- **Protracted 1 events**: 0

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Overview

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

- Rift Valley Fever in Kenya
- Measles in Mauritania
- Lassa Fever 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:

- Kenyan health authorities issued an alert on Rift Valley fever (RVF) outbreak on 24 January 2024 following the confirmation of a human case of RVF in Marsabit County. Despite only one confirmed human case, various factors could contribute to the worsening of the outbreak. Recent El Nino rainfalls and flooding may have increased mosquito vectors with the capacity to transmit RVF in endemic areas. The displacement of humans and animals due to late 2023’s flooding may lead to aggregation in potential RVF virus amplification areas. Furthermore, underreporting and misdiagnosis of cases could result in underestimating the true burden of the outbreak in Kenya.

- Mauritania’s response to the ongoing measles outbreak is hindered by several obstacles. Firstly, the planned measles vaccination campaign from 2023 is still pending, and national administrative vaccination coverage is lacking. The situation is further complicated by multiple border crossing points, hindering disease control efforts. Timely data reporting from crucial healthcare facilities remains a persistent challenge. Limited awareness and outreach efforts on vaccination are observed, especially in remote areas and among special populations. Additionally, the suboptimal functionality of isolation units for suspected cases in health centers aggravates the complexities of the response.
Rift Valley Fever

EVENT DESCRIPTION
On 24 Jan 2024, the Ministry of Health (MoH) of Kenya issued a Rift Valley fever (RVF) alert following confirmation through RT-PCR at CDC laboratory in Nairobi of a human case of RVF from Marsabit County. The confirmed case is a 38-year-old female resident of Shuur location of Turbi ward, Saku Sub-County in Marsabit County. She presented at the outpatient Department of Marsabit County Referral Hospital (MCRH) and was identified through the Acute Febrile Illness surveillance supported by US CDC.

The primary symptom in this index case was fever of 38.7°C, and no other clinical signs were observed. The patient had no underlying health conditions. Important to note is that this confirmed case was among 13 suspected RVF cases reported by the MCRH from 9 to 19 January 2024 from whom 13 blood samples were collected and sent to CDC laboratory in Nairobi for testing and one out 13 (7.7%) samples tested came out positive for RVF.

Recent occurrence of animal deaths in Marsabit and Wajir Counties further support that an outbreak was likely occurring in the areas before the confirmation of the human case. Additionally, between December 2023 and 19 January 2024 there have been reports of suspected RVF cases in livestock in the Mandera, Wajir, Garissa, Marsabit, and Tana River counties. The Department of Veterinary services has also reported serological evidence of both IgG and IgM antibodies in livestock in Garissa, Mandera, Marsabit, Tana River and Wajir counties.

In December 2023, routine RVF surveillance led to collection of 275 animal samples that were submitted for screening at the Regional Veterinary Laboratory. Out of the 275 samples analyzed, 52 were positive for IgG and one sample for IgM signifying active infection within the animal population.

PUBLIC HEALTH ACTIONS
- The Ministry of Health issued a RVF alert to all County Directors of Health highlighting the importance of early detection, laboratory confirmation and management of suspected cases.
- The national and county Emergency Operations Centres have been activated with a functional Incident Management System that have deployed a Rapid Response Teams to conduct rapid assessment of the outbreak in Marsabit and Wajir.
- The national government is working closely with affected county governments with financial and technical support from several partners and WHO to effectively respond to the outbreak.
- County departments of health have started responding to the outbreak by identifying critical and life-threatening gaps, triggering one health multisectoral coordination mechanisms, and reviewing the response interventions.
- Sensitization activities for the community and animal breeders on Rift Valley fever are ongoing.

SITUATION INTERPRETATION
Rift valley fever is endemic in Kenya with recurrent outbreaks in animals and humans reported. The major outbreaks in humans the country experienced was in 1997 with about 89,000 human infections and 170 human deaths reported in Garissa County and Southern Somali. Like other RVF outbreaks reported in Africa, the disease exposure factors frequently identified include but not limited to the breeder profession, the non-use of mosquito nets, contact or manipulation of tissues of suspect animals and the transhumance lifestyle. For the current outbreak, the increased livestock trade due to festive season or as an adaptation to the climate hazards or flooding may have potential to introduce infections in rather naive or healthy animal herds. Low knowledge and lack of awareness on the causes, transmission, clinical symptoms, and management of RVF at the community level are also reported for the current outbreak. There is a need for additional resources to scale up response activities.
Measles

EVENT DESCRIPTION

The measles outbreak that commenced in 2023 in Mauritania continues with a rising trend. In the last three epidemiological weeks (from week 51, 2023, to week 2, 2024), a total of 187 new suspected cases were reported, including 130 confirmed cases (29 IgM+ and 101 confirmed by epidemiological link), across 10 administrative regions (Moughataas). There is a noticeable increase in trends during the initial weeks of 2024 (week 1 and week 2) compared to the same period in 2023.

From 1 January 2023 to 14 January 2024, the country reported a cumulative total of 1,169 suspected measles cases. Among the 533 samples collected, 281 were confirmed positive for measles based on the presence of IgM antibodies. Additionally, 197 cases were classified as positive by epidemiological links to previously confirmed cases. During this period, eight deaths were reported, including two community deaths, resulting in a lethality rate of 0.7%.

Confirmed cases were notified from 40 Moughataas of 15 Wilayas. The most affected Moughataas are Moudjriya (143 cases per 100,000 inhabitants), Tidjikdja (75 cases per 100,000 inhabitants), Bassiknou (52.7 cases per 100,000 inhabitants), Touil (39.5 cases per 100,000 inhabitants), and Ksar (35.5 cases per 100,000 inhabitants).

Since the beginning of this outbreak, 28 Moughataas have surpassed the epidemic threshold in these 15 provinces (Wilayas), including the three provinces of Nouakchott. Among these 28 Moughataas that have exceeded the epidemic threshold, five are currently experiencing an active epidemic phase, while the remaining 23 have transitioned into the post-epidemic phase.

Data from epidemiological week 52, 2023, to week 2, 2024, reveals a significant attack rate, notably with a high incidence of 38.8 cases per 100,000 inhabitants in the age category less than one year. The age group between 1 and 4 years follows with an attack rate of 13.5 per 100,000 inhabitants, while the age category between 5 and 14 years shows a rate of 8.7 per 100,000 inhabitants. Individuals aged less than 15 years represent 67% of all cases. The gender ratio, female to male, is 1.04. Among children aged 9 to 59 months, 56% have not received vaccinations.

The outbreak of measles in Mauritania can be attributed to a significant number of susceptible individuals, as the latest follow-up measles vaccination campaign dates back to 2018. Additionally, vaccine coverage is low in certain communities, particularly among nomadic populations and those hesitant or resistant to vaccination activities.

PUBLIC HEALTH ACTIONS

- The incident management team is operational at the national level, convening regularly to synchronize response efforts. The elaboration of the response plan for the ongoing outbreak is currently underway.
- Ongoing surveillance activities include epidemiological investigations in affected Moughataas, distribution of case definitions in health facilities and the dissemination of information on Integrated Disease Surveillance and Response procedures during measles outbreaks.
- Case management activities including a specialized care service at the Mother and Child Hospital and the provision of a support medication batch at the N’beika Health Center are ongoing. Currently, 59 confirmed cases are being managed in N’beika.
- Ongoing risk communication activities include raising awareness among the population about the importance of vaccinating children. Additionally, home visits are being conducted for families with suspected or confirmed cases.
- Vaccination efforts are underway, including the vaccination of 678 contacts and non-vaccinated children around confirmed cases. Targeted vaccination is also being implemented around cases in specific regions such as Assaba, Tagant, and Trarza.

SITUATION INTERPRETATION

The rise in the number of measles cases in Mauritania is linked mainly to the low vaccination rate and important number of susceptible individuals is very concerning. Immediate actions should be taken to curb this outbreak including the strengthening of the surveillance system.
especially in hospitals, for efficient data reporting, strengthening routine vaccination efforts, improving measles case management (including free healthcare and the availability of vitamin A), and advocating for a nationwide follow-up measles vaccination campaign. Additionally, reinforcing Infection Prevention and Control measures in healthcare facilities, and enhancing coordination at regional and departmental levels are essential.
Lassar Fever

**EVENT DESCRIPTION**

The Lassa fever outbreak in Nigeria has seen a significant development in the first epidemiological week of 2024, (1 to 7 January). Comparing the data with the previous year, 2023, there has been an evident increase in both suspected and confirmed cases. In week 4, there were 190 suspected cases and 53 confirmed cases of Lassa Fever, a notable rise from the 143 suspected and 29 confirmed cases in the same period of the previous year.

The reported deaths due to confirmed cases in the first week of 2024 are six, resulting in a Case Fatality Rate (CFR) of 11.3%. This CFR, although significant, is a decrease from the previous year’s 27.6% in the same period. The outbreak has spread across nine states, affecting 27 Local Government Areas (LGAs).

The majority of the confirmed cases, about 71% (n=38), are concentrated in three states: Ondo, Edo, and Bauchi. The remaining 29% (n=15) of cases are spread across six other states. Ondo and Edo states each reported 25% (n=13) of the confirmed cases, while Bauchi reported 21% (n=11). The age group most affected by the outbreak is 21-30 years, with a median age of 32 years. The gender distribution among confirmed cases shows a nearly balanced ratio, with a male-to-female ratio of approximately 1:0.9.

**PUBLIC HEALTH ACTIONS**

In response to the outbreak, the following measures have been implemented:

- Activation of the Incident Management System/Multi-sectoral Public Health Emergency Operation Centres at the national level and in some affected states.
- Treatment of confirmed cases at designated treatment centers across the affected states.
- Distribution of updated guidelines for case management and safe burial practices.
- Diagnosis of samples in Lassa fever testing laboratories nationwide.
- Dissemination of reports on the preparedness survey conducted in the 36 States and the Federal Capital Territory to assess readiness and response to Lassa fever.
- Dissemination of media content, including press releases, tweets, and public advisories.
- Hosting of the first Lassa Fever webinar for 2024, focusing on “Empowering Communities to Combat Lassa Fever.”
- Collaboration with the Coalition for Epidemic Preparedness Innovations to enhance the implementation of research activities.
- Provision of off-site support on Infection Prevention and Control (IPC) and safe burial practices to the affected states.
- A team is monitoring of outbreak emergency composite indicators to guide further action.

**SITUATION INTERPRETATION**

The ongoing Lassa fever outbreak in Nigeria has recently demonstrated a worrying escalation in cases compared to the previous year, underscoring the need for continued vigilance and robust response mechanisms. The concentrated nature of the outbreak in certain states and the demographic profile of those affected indicate specific areas where targeted interventions might be most effective. A multi-faceted approach to responding to the outbreak has been applied, with comprehensive response activities, including case management, dissemination of guidelines, diagnosis improvements, and the emphasis on community empowerment and research. Progressively, it is crucial to maintain and enhance these response efforts, focusing on high-burden areas while ensuring nationwide preparedness. Continued monitoring, and alongside community engagement and awareness campaigns, will be key to controlling the spread of Lassa fever and mitigating its impact in Nigeria.
Distribution of cases and deaths of Lassa Fever in affected States in Nigeria, as of 28 January 2024
## All events currently being monitored by WHO AFRO

### New Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabon</td>
<td>Diphtheria</td>
<td>Grade 2</td>
<td>23-Jan-24</td>
<td>1-Dec-23</td>
<td>25-Jan-24</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

On 23 January 2024, Cameroon reported a confirmed case of Diphtheria. The affected individual is a 9-year-old male from Bitam Health District in Gabon. The onset of symptoms occurred on 1 December 2023, and he sought medical consultation on 3 December 2023 in the Enongal health area, Ebolowa health district in Cameroon. The person died on 7 December 2023. The sample tested positive for Diphtheria on 23 January 2024.

| Kenya | Rift Valley fever (RVF) | Ungraded | 24-Jan-24 | 25-Jan-24 | 25-Jan-24 | 13 | 1 | 0 | 0.0% |

Between 9 and 19 January, 2024, Marsabit County Referral Hospital reported 13 suspected cases of Rift Valley Fever (RVF). CDC lab tests in Nairobi confirmed one positive case on 18 January from a 38-year-old woman in Marsabit County. This coincides with reports of animal deaths in Marsabit and Wajir Counties, suggesting a possible outbreak in these areas prior to the confirmed human case.

### Ongoing Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Jul-22</td>
<td>11-Apr-22</td>
<td>10-Jan-24</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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.

| Benin | Dengue fever | Grade 3 | 1-Jan-23 | 20-Dec-23 | 6 | 3 | 1 | 16.7% |

As of 20 December 2023, Benin reported six cases of dengue fever, including three confirmed cases and one death. Confirmed cases were reported from Littoral (n=2) and Couffo (n=1).

| Benin | Poliomyelitis (cVDPV2) | Grade 2 | 8-Aug-19 | 24-Aug-19 | 17-Jan-24 | 30 | 30 | - | - |

There have been three cases reported in 2023. There are 13 cases reported in 2021 and 2020, and eight in 2019.

| Burkina Faso | Humanitarian crisis (Sahel Region) | Grade 2 | 1-Jan-19 | 1-Jan-19 | 27-Nov-23 | 5,500,000 | 5,500,000 | - | - |

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 November 2023, 5.5 million People were in need of humanitarian assistance, 3.2 million of which are children and over 2.06 million IDPs registered. The situation remains fluid.

| Burkina Faso | Chikungunya | Ungraded | 6-Sep-23 | 19-Sep-23 | 7-Jan-23 | 311 | 311 | - | - |

On 6 September 2023, the reference laboratory for viral hemorrhagic fevers confirmed a case of chikungunya in a patient from the Pouytenga health district whose sample was collected as part of sentinel surveillance for dengue and other arboviruses. As of 7 January 2024, 311 confirmed cases and no deaths were reported from six health districts: Pouytenga (274, 88%), Ouagadougou (23), Zorgho (8), Koudougou (4), and Bobo Dioulasso (2). No new confirmed cases were reported during week 1 of 2024.

| Burkina Faso | Dengue | Grade 3 | 11-Sep-23 | 1-Jan-23 | 18-Dec-23 | 146,878 | 68,346 | 688 | 0.5% |

From the beginning of the outbreak in January 2023 to 18 December 2023, a total of 146,878 suspected cases have been documented, with 68,346 confirmed cases and 688 fatalities.

| Burundi | Cholera | Grade 3 | 1-Jan-23 | 14-Dec-22 | 7-Jan-24 | 1,382 | 175 | 9 | 0.7% |

The ongoing cholera outbreak was officially declared on 1 January 2023. Cumulatively, a total of 1,382 cases with nine deaths have been reported as of 7 January 2024.

| Burundi | Poliomyelitis (cVDPV2) | Grade 2 | 17-Mar-23 | 1-Jan-22 | 10-Jan-24 | 2 | 2 | - | - |

No cVDPV2 case was reported this week. There is one case reported in 2023 and one in 2022.

| Cameroon | Humanitarian crisis (North-West & South-West) | Protracted 2 | 1-Oct-16 | 27-Jun-18 | 15-Nov-23 | - | - | - | - |

In the North-West and South-West regions, the unstable security situation and persistent violence are exacerbating humanitarian needs. Affected people continue to flee their homes to neighboring villages and communities. Between January and July 2023, humanitarian and security partners reported the displacement of more than 42,000 people in both regions.

| Cameroon | Humanitarian crisis (Sahel Region) | Grade 2 | 31-Dec-13 | 27-Jun-17 | 13-Nov-23 | - | - | - | - |

In the North-West and South-West regions, the unstable security situation and persistent violence are exacerbating humanitarian needs. Affected people continue to flee their homes to neighboring villages and communities. Between January and July 2023, humanitarian and security partners reported the displacement of more than 42,000 people in both regions.
The Far North region of Cameroon is still facing humanitarian crisis. The region situated at the border area with Nigeria and Chad, as well as the Lake Chad area, remain the most affected by the armed conflict. Between August and September this year, nearly 6 000 newly displaced people were registered in the Mokolo district following repeated attacks by non-state armed groups. More than 2 200 new asylum seekers/refugees were registered for the same period at the Gourenguel transit site, in Mokolo district of Mayo-Tsansa department.

Cape Verde

Dengue

Grade 2

6-Nov-23

6-Nov-23

19-Dec-23

410

193

1.2%

On 6 November 2023, the Ministry of Health Surveillance Service reported two confirmed cases of Dengue through Polymerase Chain Reaction (PCR) testing and one borderline positive for measles and 178 tested IgM+ for rubella.

Central African Republic

Humanitarian crisis

Protracted 2

11-Dec-13

11-Dec-13

20-Nov-23

-

-

-

-

The Central African Republic has been facing humanitarian crisis for more than a decade following military-political conflicts. Of the country population of 6.1 million inhabitants, more than half (3.4 million), need humanitarian assistance in 2023. More than 520 000 people are currently internally displaced, 2.5 million are registered as returnees, and 0.75 million are refugees mainly from Chad and Sudan.

Central African Republic

Measles

Ungraded

13-Mar-22

1-Jan-23

26-Nov-23

3.027

1.145

4

0.1%

At the end of epi-week 47, 2023, the country recorded 3 027 suspected cases and 4 deaths. Since the start of 2023, 15 out of 35 health districts (43%) experienced measles outbreak.

Central African Republic

Mpox

Protracted 2

3-Mar-22

4-Mar-22

26-Nov-23

35

35

1

2.9%

From 4 March 2022 to 26 November 2023, 35 confirmed cases of Mpox and one death have been reported in the country. Since the start of 2023, the country has reported 18 laboratory-confirmed cases, including one death.

Central African Republic

Poliomyelitis (cVDPV2)

Grade 2

24-May-19

24-May-19

13-Dec-23

45

45

0.0%

A total of 14 cases have been reported in the country in 2023. 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. The number of confirmed cases reported in 2023 was revised to 14 so far.

Central African Republic

Yellow Fever

Ungraded

12-Jun-23

1-Jan-23

26-Nov-23

5

5

0.0%

There is an ongoing yellow fever outbreak in the Central African Republic. In 2023, from week 1 through week 47 (ending 26 November), five confirmed cases of yellow fever were recorded for the following districts: Sangha-Mbaéré (1), Berbérati (1), Bambéri (2), and Bossembélé (1). The number of the confirmed cases this year has been reviewed.

Chad

Humanitarian crisis (Sahel region)

Grade 2

11-Feb-22

1-Mar-16

12-Nov-23

-

-

-

-

With the ongoing Sudanese crisis, over 570 000 Sudanese and Chadian people fled Darfur to converge to the eastern entry points of Chad. Chad is the most affected country by the crisis in Sudan as it hosts 49.6% of Sudanese refugees, with thousands of new arrivals every week. These refugees live in numerous formal and informal camps located in 11 health districts across four provinces (Ennedi East, Ouaddai, Sila and Wadi Fira).

Chad

Measles

Ungraded

24-May-18

1-Jan-23

10-Dec-23

10.552

820

8

0.1%

As of Week 49 of 2023 (ending 10 December), 10 552 suspected cases and eight measles-related deaths (CFR 0.1%) were reported in Chad. A total of 820 samples tested IgM positive for measles and 178 tested IgM+ for rubella.

Chad

Poliomyelitis (cVDPV2)

Grade 2

18-Oct-19

9-Sep-19

13-Dec-23

204

204

0.0%
One cVDPV2 case was reported this week, bringing the total number of cases this year to 45. This latest reported case had onset of paralysis on 15 September, from Salamat region of Chad. 44 cVDPV2 cases were reported in 2022, 106 cVDPV2 cases were reported in 2020 from three different outbreaks and nine others were reported in 1999.

<table>
<thead>
<tr>
<th>Comoros</th>
<th>Rift Valley Fever</th>
<th>Ungraded</th>
<th>12-Jan-24</th>
<th>12-Jan-24</th>
<th>12-Jan-24</th>
<th>471</th>
<th>9</th>
<th>1.9%</th>
</tr>
</thead>
</table>

An unusual disease outbreak began in the Comoros around late October 2023. 471 suspected cases hospitalized distributed between Ngazidja and Mo'li, in nine health districts. Symptoms included flu-like illness and gastroenteritis; 2% had meningococcal meningitis, epistaxis, and petechiae. 16 blood samples were taken from these cases for biological analyses and lab results ruled out dengue, Rift Valley fever, influenza, and COVID-19. Mohéli Island also reports cattle and goat deaths. As of January 5, 2024, four samples (3 cattle, 1 human) tested positive for past RVF infection but negative for IgM. Further investigation continues.

<table>
<thead>
<tr>
<th>Congo</th>
<th>Floods</th>
<th>Ungraded</th>
<th>1-Jan-24</th>
<th>4-Jan-24</th>
<th>7-Jan-24</th>
<th>320.891</th>
<th>320.891</th>
<th>17</th>
<th>0.0%</th>
</tr>
</thead>
</table>

This crisis is attributed to a consistent increase in rainfall over the last two months of 2023, which caused the Congo River’s water level to rise by 30 cm. As of week 1 of 2023, an estimated 320 891 individuals were directly impacted by the floods. There have been 17 deaths reported across Likouala, Plateaux, Brazzaville, and Pointe-Noire, along with 6 people reported missing in Likouala and the Cuveau regions. A total of 361 villages and 36 neighborhoods experienced either complete or partial flooding with 2,292 hectares of farmland inundated. Residential structures have been severely affected, leading to widespread destruction of homes and the flooding of administrative buildings. Additionally, the flooding has contaminated local drinking water sources.

From 22 August to 27 November 2023, 21 laboratory-confirmed cases of Mpxox, 5 probable cases and 5 deaths were reported.

<table>
<thead>
<tr>
<th>Congo</th>
<th>Mpxox</th>
<th>Protracted 2</th>
<th>23-May-22</th>
<th>22-Aug-23</th>
<th>27-Nov-23</th>
<th>26</th>
<th>21</th>
<th>5</th>
<th>19.2%</th>
</tr>
</thead>
</table>

No Circulating vaccine-derived poliovirus type 1 (cVDPV1) cases were reported this week. As of 6 December 2023, only one case reported this year.

<table>
<thead>
<tr>
<th>Côte d'Ivoire</th>
<th>Dengue</th>
<th>Grade 3</th>
<th>10-Jul-23</th>
<th>19-Jun-23</th>
<th>3-Dec-23</th>
<th>3,895</th>
<th>321</th>
<th>27</th>
<th>0.7%</th>
</tr>
</thead>
</table>

An outbreak of Dengue fever is ongoing in Ivory Coast. A total of 3895 cases have been reported from 19 June to 3 December 2023, with 321 confirmed cases and 27 deaths (CFR: 0.8%).

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>Floods</th>
<th>Ungraded</th>
<th>9-Jan-24</th>
<th>9-Jan-24</th>
<th>9-Jan-24</th>
<th>43.75</th>
<th>43.75</th>
<th>300</th>
</tr>
</thead>
</table>

Severe floods in the Democratic Republic of Congo for many weeks have caused catastrophic impacts across multiple regions. Some of the most affected areas are Hurai and Mongola provinces as well as the capital Kinshasa. As of 5 January 2024, the Minister of Social Affairs, Humanitarian Actions and National Solidarity announced that at least 300 people have died due to the floods and over 43,750 houses destroyed.

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>Humanitarian crisis</th>
<th>Grade 3</th>
<th>20-Dec-16</th>
<th>17-Apr-17</th>
<th>9-Dec-23</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

In the latest reporting week (week 49), the humanitarian situation in the Democratic Republic of the Congo (DRC) was marked by flooding in several localities of the Tshopo province with 97,516 people affected so far, including 7,188 internally displaced persons (IDPs). There was an arrival in week 48 of 2,135 new IDPs in the provinces of Tshopo (1,104) and South Kivu (1,031) fleeing violence in their respective localities.

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>Anthrax</th>
<th>Grade 2</th>
<th>17-Jan-24</th>
<th>15-Nov-23</th>
<th>15-Nov-23</th>
<th>5</th>
<th>1</th>
<th>2</th>
<th>40.0%</th>
</tr>
</thead>
</table>

A human case of anthrax was confirmed on 15 November 2023 in Lume health area, Mutwanga health district, Beni territory, North Kivu Province. At that time, 5 suspected cases including 2 deaths were reported. In December 2023, suspected anthrax cases were reported in another health district of Beni, Mangina. Investigations are ongoing.

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>Cholera</th>
<th>Grade 3</th>
<th>16-Jan-15</th>
<th>1-Jan-23</th>
<th>12-Nov-23</th>
<th>62,803</th>
<th>1,866</th>
<th>715</th>
<th>1.1%</th>
</tr>
</thead>
</table>

As of 12 November 2023, the country had reported 62,803 cumulative cases, with 715 deaths (CFR 1.1%) across 12 affected provinces.

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>Measles</th>
<th>Ungraded</th>
<th>12-Oct-21</th>
<th>1-Jan-23</th>
<th>10-Dec-23</th>
<th>305,404</th>
<th>7,214</th>
<th>5,684</th>
<th>1.9%</th>
</tr>
</thead>
</table>

As of 22 August to 27 November 2023, 21 laboratory-confirmed cases of Mpxox, 5 probable cases and 5 deaths were reported.

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>Mpxox</th>
<th>Protracted 2</th>
<th>30-Mar-19</th>
<th>1-Jan-23</th>
<th>3-Dec-23</th>
<th>13,357</th>
<th>714</th>
<th>607</th>
<th>-</th>
</tr>
</thead>
</table>

In the Democratic Republic of the Congo, this year, from January to 3 December 2023, a total of 714 confirmed cases are reported out of 13,357 suspected cases and 607 related deaths.

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>Poliomyelitis (cVDPV1)</th>
<th>Grade 2</th>
<th>27-Aug-22</th>
<th>27-Aug-22</th>
<th>3-Jan-24</th>
<th>247</th>
<th>247</th>
<th>-</th>
<th>0.0%</th>
</tr>
</thead>
</table>

As per the Global Polio Eradication Initiative (GPEI), two cVDPV1 cases were reported this week in Tanganyika bringing the number of cases to 97 last year and 150 in 2022.

<table>
<thead>
<tr>
<th>Democratic Republic of the Congo</th>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>26-Feb-21</th>
<th>1-Jan-22</th>
<th>3-Jan-24</th>
<th>489</th>
<th>489</th>
<th>-</th>
<th>0.0%</th>
</tr>
</thead>
</table>

As per the Global Polio Eradication Initiative (GPEI), one cVDPV2 case was reported this week in Haut Lomami. There have been 117 cases in 2022 and 372 in 2022.
In northern Ethiopia, humanitarian crisis continues affecting the three regions (Tigray, Amhara and Afar). Afar is currently with ongoing conflict. Drought conditions continue to worsen in the three regions. An integrated multi-sectoral humanitarian response is urgently needed in drought-affected regions to avert a deterioration.

Since August 12, 2023, a total of 237 Woredas across all regions in Ethiopia have been affected by measles outbreak. Currently outbreak remains active in 67 Woredas across the country. As of 24 December 2023, a total of 30.89 cases with 233 deaths have been reported, a Case Fatality Rate (CFR) of 0.8%.

As of week 50, 2023, there have been a total of 69 reported cases of circulating vaccine-derived poliovirus type 2 (cVDPV2). There was one case reported in 2022, one case in 2021, 10 cases in 2020, and 43 cases in 2019. It’s important to highlight that no cases have been reported in 2023.

A total of 18 cases of dengue fever including 9 confirmed cases and zero deaths, have been reported in Ghana in 2023.

A strong explosion with a detonation followed by a fire occurred around midnight on the night of December 17 to 18, 2023, in the Kaloum area, specifically at the central fuel depot located in Coronthie. This powerful explosion is reported to have caused collapses of buildings (doors, windows, blown away), cracked structures, and torn ceilings and roofs.

A total of 110 710 malaria cases and 23 deaths were reported in Epi-week 1, 2024, a 10% increase from previous week. Nearly 60% of the new cases reported from Oromia and Amhara regions. Disruption of malaria elimination activities mainly due to conflict, climate change contributed to massive outbreak.

An outbreak of diphtheria has been reported in the Kankan region of Guinea since 7 July 2023. As of 31 December 2023, 2 081 confirmed cases and 85 deaths. Of the confirmed cases, 42 were laboratory-confirmed, 1 945 were clinically compatible and 94 were epidemiologically linked. The Siguiri health district in the Kankan region is the epicenter of the outbreak, with 97% of suspected cases reported.

A fire in oil depot on 17-Nov-23 resulted in the deaths of 44 people, mostly from the Somali region.

Heavy rains, flash, and river floods have caused flood emergency affecting more than 56 woredas in five regions affecting over 1 431 347 people and displaced over 682 197 people and resulted in the deaths of 44 people, mostly from Somali region.

The impact of the El Niño phenomenon continues to be experienced in the Horn of Africa sub-region. In Kenya, since the beginning of November, heavy rain have resulted in flooding and overflow of rivers, displacing people, causing deaths and properties destruction including roads and households. As of 28 November, it is estimated that 33 counties have experienced above rainfall with a total of 93 645 households affected by the floods and 307 161 people displaced from 15 counties, with 120 fatalities reported.

The Acute Food Insecurity Situation projection period (October 2023 to January 2024) suggests that, despite some seasonal improvements, Turkana, Marsabit, and Mandera will likely remain in Crisis, IPC Phase 3, while other counties are expected to transition to Stressed, IPC Phase 2. Approximately 1.5 million people are likely to be classified in IPC Phase 3 or above, out of which 1.3 million are in IPC Phase 3, Crisis and 266 000 are in IPC Phase 4, Emergency.
**Kenya**

**Anthrax**
- Grade 2
- 10-Apr-23
- 17-Jan-24
- 4
- 15.0%

As of 31 August 2023, cumulative 20 cases and 3 deaths were reported. Seventeen of these cases and three deaths were reported in April-May 2023. In August 2023, three new cases emerged in Kandara sub-county, all cases were linked to the handling of an infected animal. No new cases have been reported after August.

**Cholera**
- Grade 3
- 19-Oct-22
- 5-Oct-22
- 17-Jan-24
- 12,432
- 577
- 206
- 1.7%

A cholera outbreak has been ongoing in Kenya since 26 October 2022. As of 17 January 2023, a total of 12,432 cases, with 577 confirmed by culture, and 206 deaths (CFR 1.7%) have been reported in 27 affected Counties.

**Leishmaniasis (visceral)**
- Ungraded
- 31-Mar-19
- 3-Jan-20
- 18-Dec-23
- 2,395
- 2,205
- 10
- 0.4%

Since January 2020, a total of 2395 visceral leishmaniasis confirmed and suspected cases with 10 deaths (CFR 0.5%), have been reported in nine counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir, Tharaka Nithi and Isiolo. The outbreak is active in West Pokot County. No new cases were reported as of 17 December 2023.

**Measles**
- Ungraded
- 29-Jun-22
- 1-Jan-23
- 22-Oct-23
- 1,325
- 256
- 23
- 1.7%

The outbreak has been continuous since 2022, affecting 13 counties in 2023. Cumulatively, 1,325 cases, with 256 confirmed cases and 23 deaths (CFR 1.7%). No new cases have been reported as of 17 December 2023.

**Polioymelitis (cVDPV2)**
- Grade 2
- 6-Jul-23
- 26-May-23
- 10-Jan-24
- 13
- 13
- 0.0%

According to Global Polio Eradication Initiative, no cVDPV2 cases were reported this week. There have been eight cases reported in 2023.

**Liberia**

**Fuel Tanker Explosion**
- Ungraded
- 29-Dec-23
- 2-Jan-24
- 2-Jan-24
- 94
- 94
- 51
- 54.3%

In the late afternoon of 26 December 2023, a fuel tanker veered of the road and crashed on the Monrovia-Gbarnga highway. The accident occurred in Totota. After the accident, several persons went to the accident site and others started to scoop fuel from the capsized tanker. As of 29 December, 94 cases have been recorded with an estimated 51 deaths. Response is still ongoing according to WCO.

**Lassa Fever**
- Ungraded
- 3-Mar-22
- 17-Jan-24
- 3.0%
- 23
- 20
- 0.6%

Cholera outbreak has been ongoing in Kenya since 26 October 2022. As of 17 January 2023, a total of 12,432 cases, with 577 confirmed by culture, and 206 deaths (CFR 1.7%) have been reported in 27 affected Counties.

**Malawi**

**Anthrax**
- Grade 2
- 27-Nov-23
- 28-Nov-23
- 28-Nov-23
- 1
- 1
- 0.0%

On 27 November 2023, a case of human cutaneous anthrax was confirmed from Mzimba district, northern Malawi in a 6-year-old female, no death reported so far.

**Cholera**
- Grade 3
- 3-Mar-22
- 3-Mar-22
- 7-Jan-24
- 59,125
- 59,125
- 1,771
- 3.0%

Twenty-nine districts have reported Cholera cases since March 2022 in the Machinga district. As of 17 January 2024, a cumulative total of 59,125 cases and 1,771 deaths (CFR 3.0%) have been reported since the onset of the outbreak.

**Polioymelitis (WPV1)**
- Grade 2
- 31-Jan-22
- 1-Feb-22
- 24-Jan-24
- 1
- 1
- 0.0%

One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. As of December 18 2023, there were 12 cases in 9 districts of Malawi. No other cases have been reported. Malawi continues participating in the multi-country, subregional outbreak response to control the WPV1 outbreak.

**Mali**

**Humanitarian crisis (Sahel region)**
- Grade 2
- 11-Sep-17
- 19-Dec-23
- 7,500,000
- 7,500,000
- 0.0%

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 50, over 7.5 million people are in need of humanitarian assistance.

**Dengue**
- Grade 3
- 12-Sep-23
- 31-Aug-23
- 7-Jan-24
- 5,532
- 846
- 34
- 0.6%

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 7 January 2024, 5,532 suspected cases, including 846 confirmed cases and 34 deaths have been reported.

**Measles**
- Ungraded
- 20-Feb-18
- 1-Jan-23
- 31-Dec-23
- 780
- 354
- 0.0%

From week 1 to week 52 of 2023, 780 suspected measles cases were laboratory tested in Mali, of which 354 were positive and 426 were negative. A total of 32 of the 75 health districts (42.7%) recorded at least one confirmed measles outbreak in 2023.
**WEEKLY BULLETIN ON OUTBREAKS AND OTHER**

**WEEK 4: 22 - 28 JANUARY 2024**

### Health Emergency Information and Risk Assessment

**Mauritania**
- Diphtheria: Grade 2
  - On 19 October 2023, the Mauritanian Ministry of Health reported suspected cases of diphtheria. The first case had onset of symptoms on 8 October 2023. A total of eight suspected cases, including four deaths, have been reported as of 29 October 2023.

**Mauritania**
- Measles: Ungraded
  - Mauritania has been experiencing a measles outbreak since early 2023. As of 31 December 2023, the country has reported 988 suspected cases of measles, including 161 laboratory-confirmed cases and six deaths.

**Mauritania**
- Rift Valley fever (RVF): Ungraded
  - A case of Rift Valley fever confirmed on 23 November 2023 from the locality of Ejare in Radhi municipality was reported in a 32-year-old male shepherd in Ejare, Radhi. The development symptoms including fever and epistaxis, consulted at Tintan Health Center where RVF was suspected.

**Mauritania**
- Cyclone: Ungraded
  - Tropical Cyclone Belal hit Mauritius on 15 January, causing two deaths, affecting 100,000 people, and leading to significant infrastructure damage and 100s of vehicle losses. In Port-Louis, floods made roads impassable, prompting the evacuation of over 1,000 people and power outages in 40,000 households.

Since January 1, 2024, the country has recorded nearly thirty cases of dengue. With the recent rains that have fallen on Mauritius, this situation could worsen, according to the Ministry of Health. Currently, the country has about 15 active cases, most of which are those residing in the north of the country. Following the torrential rains caused by Belal at the beginning of last week, a meeting was held to organize to prevent the spread of these tiger mosquitoes that spread the outbreak.

**Mozambique**
- Humanitarian crisis in Cabo Delgado: Protracted 2
  - A meningitis outbreak was been declared in the Dungass health district in Zinder region. The first case was reported on 31 October 2022 and confirmed on 23 November 2022, 15 December 2022.

**Mozambique**
- Cholera: Grade 3
  - The current cholera outbreak in the country started in Niassa province on 14 September 2022. As of 07 December 2023, 38,793 cholera cases have been recorded with 153 deaths (CFR 0.4%) in 11 affected provinces.

**Mozambique**
- Poliomyelitis (cVDVP1): Grade 2
  - One cVDVP1 case was reported in Zambezia bringing the number of 2023 cases to four.

**Mozambique**
- Poliomyelitis (cVDVP2): Grade 2
  - According to the Global Polio Eradication Initiative report for 10 January 2024, No case of circulating vaccine-derived poliovirus type 2 (cVDVP2) has been reported in 2024, One case was reported in 2023. The number of cases in 2022 remains four. There were two cases reported in 2021.

**Mozambique**
- Poliomyelitis (WPV1): Grade 2
  - A wild poliovirus type 1 (WPV1) was detected in Mozambique from samples collected in late March 2022 from Changara district in Tete province. This new WPV1 is an orphan virus and is linked to the virus detected in Malawi (for which outbreak response vaccinations are ongoing in Malawi and neighbouring countries). The patient, a 12-year old female, had onset of paralysis on 25 March 2022. Her stool samples were collected on 1 April and 2 April 2022, and sent to the laboratory on 4 April 2022. According to the Global Polio Eradication Initiative, there were eight cases reported on 10 August 2022. As of 17 December 2023, there were no new cases reported for wild polio in Mozambique.

**Niger**
- Humanitarian crisis (Sahel region): Grade 2
  - 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 crisis (Sahel) Grade 2 district.”

**Niger**
- Dengue fever: Grade 3
  - A total of 148 cases of dengue fever, including zero deaths, have been reported in Niger in 2023.

**Niger**
- Diphtheria: Grade 2
  - An outbreak of diphtheria has been confirmed in Matameye health district, Zinder region. The first case was reported on 17 July 2023. As of 26 November 2023, a total of 2346 suspected cases, including 128 deaths (CFR 5.5%) were reported. Public health response activities are ongoing in affected districts.

**Niger**
- Measles: Ungraded
  - As of epidemiological week 41, 2023 ( ending 16 October ), 1 802 suspected measles cases were reported, of which 995 were investigated across 66 districts in the eight regions. Of these cases, 57% (n=578) were laboratory-confirmed. Additionally, 91% (n=66) of the districts reported at least one suspected case, and 36 (49%) health districts have reached the epidemic threshold since the beginning of the year.

**Niger**
- Meningitis: Ungraded
  - A meningitis outbreak was been 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 16 October 2023, 2 261 suspected cases of meningitis, including 736 laboratory-confirmed cases and 129 deaths (CFR 5.7%) were reported.
<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Dates</th>
<th>No. Confirmed</th>
<th>No. Deaths</th>
<th>CFR (%</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20, 1-Jan-21</td>
<td>1-25-Oct-23</td>
<td>34, 34</td>
<td>0.0%</td>
<td>Grade 2</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>10-Oct-16, 10-Oct-16</td>
<td>15-Nov-23</td>
<td>8,300,000, 8,300,000</td>
<td>0.0%</td>
<td>Grade 2</td>
</tr>
</tbody>
</table>

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 50, 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Dates</th>
<th>No. Confirmed</th>
<th>No. Deaths</th>
<th>CFR (%</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Jan-23, 11-Nov-23</td>
<td>3,441</td>
<td>108</td>
<td>3.1%</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Dengue fever</td>
<td>Grade 3</td>
<td>1-Nov-23, 1-Jan-23</td>
<td>19-Dec-23</td>
<td>72</td>
<td>14</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Diphtheria</td>
<td>Grade 2</td>
<td>1-Dec-22, 1-Dec-22</td>
<td>24-Dec-23</td>
<td>22,293, 13,387</td>
<td>598</td>
<td>Grade 2</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>8-Jan-23, 1-Jan-23</td>
<td>17-Sep-23</td>
<td>7,352, 1,068</td>
<td>181</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Mpox</td>
<td>Protracted</td>
<td>31-Jan-22, 1-Jan-22</td>
<td>9-Jul-23</td>
<td>843</td>
<td>43</td>
<td>Grade 3</td>
</tr>
</tbody>
</table>

No cVDPV2 case was reported this week. There have been 26 cVDPV2 cases reported this year and 48 cases in 2022.

The first case of Chikungunya in Senegal in 2023 was reported on 20 January 2023 from the district of Kebemer. As of 31 December 2023, the cumulative number of confirmed cases is 344.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Dates</th>
<th>No. Confirmed</th>
<th>No. Deaths</th>
<th>CFR (%</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Dengue</td>
<td>Grade 3</td>
<td>14-Nov-22, 31-Jan-23</td>
<td>31-Dec-23</td>
<td>310, 310</td>
<td>1</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Senegal</td>
<td>Measles</td>
<td>Ungraded</td>
<td>4-Jul-22, 1-Jan-23</td>
<td>31-Dec-23</td>
<td>1,699</td>
<td>539</td>
<td>Grade 3</td>
</tr>
</tbody>
</table>

From epidemi week 1 to 52 of 2023 (ending 31 December 2023), 1,699 suspected cases of measles were reported in Senegal, including 539 confirmed cases and no deaths. In week 52, 2023, five districts crossed the epidemic threshold, including three for the first time (Malem Hoddar, Podor, Kaffrine) and two for the second time in 2023 (Vilingara, Kaolack).

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Dates</th>
<th>No. Confirmed</th>
<th>No. Deaths</th>
<th>CFR (%</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>28-Dec-23, 7-Dec-23</td>
<td>27-Dec-23</td>
<td>2</td>
<td>2</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Senegal</td>
<td>Zika</td>
<td>Ungraded</td>
<td>11-Dec-23, 14-Nov-23</td>
<td>18-Dec-23</td>
<td>2</td>
<td>2</td>
<td>Grade 3</td>
</tr>
</tbody>
</table>

In week 49, Senegal health authorities has reported the confirmation of two cases of Zika virus disease in the districts of Sédhiou and Sokone through Polymerase Chain Reaction (PCR) testing. Details regarding the age of the women in Sokone remain unspecified, and their pregnancy status has not been disclosed. There is a potential risk for adverse outcomes including microcephaly, other congenital malformations in infants, and possibilities of prematurity birth or miscarriage. Investigation reports are forthcoming.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Dates</th>
<th>No. Confirmed</th>
<th>No. Deaths</th>
<th>CFR (%</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>20-Jan-24, 22-Jan-24, 22-Jan-24</td>
<td>2</td>
<td>2</td>
<td>Grade 3</td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>Measles</td>
<td>Ungraded</td>
<td>17-Oct-22, 13-Oct-22, 21-Dec-23</td>
<td>7,054</td>
<td>1,338</td>
<td>Grade 3</td>
<td></td>
</tr>
</tbody>
</table>

From 8 October 2022 to 21 December 2023, a total of 1,338 laboratory-confirmed cases were reported from eight provinces. Limpopo had the most number of cases (533), followed by Gauteng (265), North West (226) and Western Cape (56).

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Dates</th>
<th>No. Confirmed</th>
<th>No. Deaths</th>
<th>CFR</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Food insecurity (Horn of Africa crisis)</td>
<td>Grade 3</td>
<td>18-Dec-20, 5-Apr-21, 27-Jan-24</td>
<td>-</td>
<td>-</td>
<td>Grade 3</td>
<td></td>
</tr>
</tbody>
</table>

In the projection period of December 2023 to March 2024 (harvest/post-harvest season), the situation is projected to improve marginally as a result of seasonal availability of harvests. An estimated 5.79 million people (45.8% of the country population) are projected to face IPC Phase 3 or above (Crisis or worse), including 25,000 people likely to be in IPC Phase 5 (Catastrophe) and 1.71 million people likely to be in Phase 4.
The humanitarian situation in South Sudan remains grim, with insecurity, sub-national violence and climatic shocks adversely affecting the food and nutrition security situation of many families, compound the Sudan crisis influx. The most recent Integrated Food Security Phase Classification results show that South Sudan remains one of the countries with the highest proportion of food-insecure people globally. Regarding the impact of the ongoing Sudan conflict crisis, as of 21 January 2024, 516,658 people were recorded crossing the border from Sudan to South Sudan since 15 April 2023, with 81% of these arrivals being South Sudanese and 18% being Sudanese.

The current outbreak in Bentiu POC continues. As of 18 September 2023, a cumulative total of 63 cases with symptoms and signs consistent with HEV disease and 12 deaths (CFR 19%) were reported from Fangak. Most cases (36.5%) are from the village of Old Fangak. The median age group affected is 33 years (Interquartile range: 2 - 59). Males are the most affected accounting for 58.7% of all reported cases.

Measles outbreak is still active in South Sudan with new counties confirming outbreaks that include Magwiri, Tonj East, Maridi, and Mundri East. As of week 50, 2023, 7,862 suspected measles cases were reported, with 356 (7.0%) lab-confirmed, 173 deaths with a case fatality ratio of 2.2%. For the ongoing cholera outbreak, as of 12 December 2023, a total of 660 cholera cases and 19 deaths (CFR 2.9%) are reported. Of the reported cases, female (54.1%, 358) accounted for the majority of cases. The index case was reported in Mara region on 6 September 2023.

On 14 December, the Togolese Ministry of Health and Public Hygiene has announced the confirmation of a cholera case in the Gulf health district of Greater Lomé. The patient is a 45-year-old woman from Anfamé. In response, the Ministry is actively conducting community investigations to identify any additional cases or fatalities.

No cVDPV2 cases were reported this week. There have been two cases reported in the country this year.

Tanzania, United Republic of

Floods in Tanzania

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Dates</th>
<th>Lab-confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania, United Republic of</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>15-Dec-23</td>
<td>12-Dec-23</td>
<td>660</td>
<td>53</td>
</tr>
</tbody>
</table>

For the ongoing cholera outbreak, as of 12 December 2023, a total of 660 cholera cases and 19 deaths (CFR: 2.9%) are reported. Of the reported cases, female (54.1%, 358) accounted for the majority of cases. The index case was reported in Mara region on 6 September 2023.

On 14 December, the Togolese Ministry of Health and Public Hygiene has announced the confirmation of a cholera case in the Gulf health district of Greater Lomé. The patient is a 45-year-old woman from Anfamé. In response, the Ministry is actively conducting community investigations to identify any additional cases or fatalities.

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

Uganda

Food insecurity (Horn of Africa crisis)

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Dates</th>
<th>Lab-confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Anthrax</td>
<td>Grade 2</td>
<td>27-Nov-23</td>
<td>19-Nov-23</td>
<td>7-Jan-24</td>
<td>88</td>
</tr>
</tbody>
</table>

Human anthrax outbreak which started in 2023 is still ongoing in Uganda. The following districts have been affected: Kyotera, Kween, Ibanda, Lwengo and Kazo. The later confirmed the outbreak on 5 January 2024. So far, since the start of the outbreak on 3 August 2023 through 5 January 2024, 88 cases have been reported including 22 confirmed and 11 deaths (CFR: 12.5%).

On January 21, 2024, 14 suspected cholera cases from Madani, Sudan, were reported by Elegu PoE to Adjumani DHT, Uganda. Suspected to have consumed contaminated fruits, 13 showed symptoms and were admitted to Nyamuri HC III. As of January 31, 2024, there are 4 confirmed and 10 suspected cases in the isolation unit.

The Uganda Public Health Operation Centre (PHOC) is currently activated for malaria outbreak in three districts: Serere, Amolatar and Kibuku. During the last reporting period (week 52,2023), a total of 127 districts are in watch mode and 17 in alert mode.

On 1 December, WHO received a report from the MoH reporting a measles outbreak in another district (Kyeggegwa) with 68 cases including 64 probable, four confirmed cases and zero death. Cumulatively, a total of 147 measles cases including 18 confirmed and zero death are reported so far from two districts of Kiryandongo and Kyeggegwa. As of 7 December, only Kiryandongo has an active outbreak.

On 14 November 2023, the Togolese Ministry of Health officially notified cases of dengue fever to WHO. As of 16 November, eight cases have been detected, including two confirmed by polymerase chain reaction (PCR) testing at the national reference laboratory. Among the eight cases, one has died.

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.
Since week 1 through week 44 (ending 19 November 2023), about 182 rift valley fever (RFV) cases have been reported including 54 confirmed cases and 13 deaths from Kabale, Rubanda, Mbarara, Isingiro, Bushenyi, Nakaseke, Kazo, Lira and Kakumiro districts. As of 19 November, only Lira district is experiencing an active RFV outbreak with one case and zero death reported so far.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>Anthrax</td>
<td>Grade 2</td>
<td>1-Nov-23</td>
<td>31-Dec-23</td>
<td>895</td>
<td>40</td>
<td>0.4%</td>
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<tr>
<td>Zambia</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Dec-23</td>
<td>21-Jan-24</td>
<td>12.791</td>
<td>329</td>
<td>3.8%</td>
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<tr>
<td>Zambia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Jun-22</td>
<td>18-Dec-23</td>
<td>3,715</td>
<td>367</td>
<td>0.8%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Grade 2</td>
<td>13-Nov-23</td>
<td>14-Nov-23</td>
<td>412</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Zimbabwe</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>12-Feb-23</td>
<td>21-Jan-24</td>
<td>19.649</td>
<td>2,261</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

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

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