WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 6: 5 - 11 February 2024
Data as reported by: 17:00; 11 February 2024

3
New events

129
Ongoing events

107
Outbreaks

25
Humanitarian crises

Legend

Malaria
Measles
Monkeypox
Plague
Typhus
Typhoid fever
Vaccinia
COVID-19
Anthrax
African swine fever
Lassa fever
Hepatitis E
Dengue fever
Yellow fever
Meningitis
Yellow fever
Meningitis
Helminths
Smallpox
Guinea fever
Diphteria
Diphteria
Skin injury from unknown chemical exposure

Countries reported in the document
Countries outside WHO African Region
WHO Member States with no reported events
Not applicable

*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:

- Yellow fever in South Sudan
- Lassa Fever in Guinea
- Measles in Burkina Faso

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:

- South Sudan is among the nine countries in the WHO African region that reported YF confirmed cases in 2023. The risk of further spread within South Sudan is concerning due to several factors, including the presence of unvaccinated populations, frequent population movements, favourable environments for the vectors, and other contributing factors. The country’s ability to effectively respond to multiple concurrent outbreaks, such as measles, poliomyelitis, Mpox, cholera, diphtheria, hepatitis E, Lassa fever, and dengue, is severely strained. Additionally, challenges such as food insecurity, security constraints, and a complex humanitarian context further exacerbate the situation.

- Guinea has commenced public health efforts through rapid response teams and contact tracing to fully mitigate the Lassa Fever outbreak. The response has been hindered by the limited access to Ribavirin, a crucial antiviral treatment, and poor infection prevention and control (IPC) measures in healthcare facilities. To control the outbreak, urgent action is needed from national authorities and partners to secure Ribavirin supplies and strengthen IPC practices to effectively control the spread of Lassa fever.
Yellow Fever

EVENT DESCRIPTION
On 21 December 2023, the Ministry of Health received notification of a suspected case of viral hemorrhagic fever from Yambio County, Western Equatoria State, bordering the Democratic Republic of the Congo and, to a lesser extent, the Central African Republic. The suspected case was a 24-year-old male who presented with generalized body weakness, headache, epigastric discomfort, fever, vomiting of blood and jaundice of eyes.

The patient was isolated at the health facility, and a sample was taken for further investigation. The sample tested positive for yellow fever (YF) on 24 December 2023 at the National Public Health laboratory. Two additional samples tested positive for Yellow Fever on 2 February, 2024, at the National Public Health Laboratory and were subsequently reconfirmed at the Uganda Virus Research Institute (UVRI).

Within the past seven days, 14 newly suspected cases of YF were reported: six in Yambio, three in Tambura, two in Ezo, two in Nzara, and one in Ibba counties.

As of 11 February, 2024, a cumulative total of 64 Yellow Fever cases (comprising 61 suspected and 3 confirmed) had been reported across six counties in Western Equatoria state: Yambio (33), Tambura (12), Nzara (9), Ezo (5), Ibba (4), and Maridi Counties (1). Yambia and Tambura counties have contribute 70.3% of all reported cases.

No new deaths were reported within the last seven days. However, a cumulative total of six suspected deaths were recorded, resulting in a case fatality ratio of 9.4%.

PUBLIC HEALTH ACTIONS
- The National Ministry of Health of the Republic of South Sudan declared a YF outbreak on 24 December 2023 following confirmation of the case and this led to immediate activation of the Public Health Emergency Operation Center to response mode to facilitate pillar-based response to control and contain the outbreak.

- A multidisciplinary team comprising members from the Ministry of Health, WHO, and partner organizations at both national and subnational levels was deployed to conduct extensive epidemiological investigations, active case searches, and community mobilization efforts in the epicenter, as well as surrounding Payams and Counties.

- Preparations to conduct the YF reactive vaccination campaign are ongoing following the deployment of 410,596 doses of vaccines to Yambio Western Equatoria state on 30 January 2024.

- Response activities (coordination, surveillance, laboratory, case management, risk communication and community engagement, vaccination, infection prevention and control etc) are being reinforced by State Ministry of Health and supported by several partners.

- Preparedness activities are being strengthened in state and counties bordering Tambura and Ibba through guidance from Ministry of Health.

SITUATION INTERPRETATION
AFRO and the Eliminate Yellow Fever Epidemics (EYE) Strategy have supported several countries including South Sudan in preventing and responding to YF outbreaks, yet challenges persist. The country’s surveillance systems are strained by several emergencies and struggle to reach vulnerable populations. Western Equatoria State lacks capacity for timely sample collection and transportation, potentially leading to underestimation of the disease’s spread. Additionally, the ongoing outbreak in this region poses a risk of cross-border transmission to neighboring countries like the Democratic Republic of the Congo and the Central African Republic.
Distribution of cases of yellow fever in South Sudan by County, as of 11 February, 2024

Legend
- Yellow fever cases
  - 4 - 5
  - 6 - 12
  - 13 - 33

Proportion of the total
- 6.35% - 7.94%
- 7.95% - 19.05%
- 19.06% - 52.38%

Boundaries
- Non-affected counties
- Other countries
- Outside WHO AFRO
- Not applicable

Situation as of 11 February 2024
Data source: MoH South Sudan
Emergency Preparedness and Response
Regional Office for Africa
World Health Organization
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Two Lassa Fever cases were confirmed in Guinea during epidemiological week 5 (ending 4 February 2024). The first case-patient is a 27-year-old female from Firawa sub-prefecture of Kissidougou prefecture in Faranah region, east-central Guinea. The case has no travel history to any place with an active Lassa Fever outbreak. She delivered at Health Centre on 24 January 2024 and was referred to the prefectural hospital on 31 January 2024, seven days postpartum, for nose and vaginal bleeding, fever, headache, cough, and fatigue.

A blood specimen collected and tested on 31 January 2024 at Guéckédou viral hemorrhagic fever laboratory returned positive for Lassa fever by reverse transcriptase-polymerase chain reaction (RT-PCR). Twenty-nine (29) contacts to the case-patient have been identified in Kissidougou prefecture and are monitored daily. The patient died on 3 February 2024 and a safe and dignified burial was conducted. The newborn tested negative for Ebola, Lassa and Marburg and died 16 days after birth.

On 2 February 2024, a 40-year-old driver from N’zérékoré prefecture, N’zérékoré region in Southeastern Guinea, was confirmed with Lassa fever by RT-PCR at the viral hemorrhagic fever laboratory of N’zérékoré regional hospital. He had symptoms onset of fever, headache, fatigue, dizziness, vomiting, abdominal pain and passing of liquid stools on 25 January 2024. He had no travel history in the 21 days before symptoms onset.

Following self-medication with no improvement, on 29 January 2024, he was admitted to N’zérékoré regional hospital where he was first diagnosed with malaria. On 1 February 2024, his clinical condition deteriorated, and he was transferred to the intensive care unit of the N’zérékoré regional hospital. On 2 February 2024, the case-patient presented with conjunctival hyperaemia and a blood specimen collected returned positive for Lassa and negative for Ebola and Marburg. A total of eighteen contacts including seven healthcare workers are under a 21-day follow-up period.

No epidemiological link has been established between the two confirmed cases, and further investigations are ongoing.

The Public Health Emergency Operations Center has been activated to coordinate the response activities. Multi-disciplinary rapid response teams have been deployed to the affected areas to support the local teams in setting up the response activities; a One Health coordination has been put in place in N’zérékoré.

In-depth investigations, involving active case finding, contact identification and follow-up are ongoing in the affected areas. Community sensitization activities are ongoing.

Health workers in the affected areas have been oriented in the detection and management of Lassa fever cases.

WHO and partners are supporting the procurement of Ribavirin for case management.

Lassa fever is endemic in Guinea with occasional outbreaks reported annually. One of the main challenges currently faced by the country is the lack of Ribavirin known to be an effective treatment for Lassa fever. Concerted efforts have been made by WHO and partners to support the procurement of the antiviral drug. More efforts should be initiated to strengthen infection prevention and control in healthcare facilities to prevent further healthcare workers infections.
Distribution of cases and deaths of Lassa Fever in Guinea per region, 24 January-2 February 2024
**Measles**

**EVENT DESCRIPTION**

Burkina Faso has been experiencing a surge in measles cases since the week 1 of 2024. In week 5 (ending on 4 February 2024), a total of 318 measles cases, and one death (CFR 0.3%), were reported in the country. This marks a 40% increase in new cases compared to the previous week, during which 193 cases and one death were reported.

During epidemiological week 5, four health districts—specifically Bogodogo and Boulmiougou in the Central Health Region and Tougouri and Ouahigouya districts in the North and North-Central Health Regions surpassed the epidemic threshold. In week five alone, these districts recorded 236 cases and one death. Cumulatively, from week 1 to week 5, they reported 747 cases and three deaths.

From week 1 to week 5, Burkina Faso reported a total of 960 measles cases, including four deaths (0.4%), across 13 health regions. The most affected regions were Centre, 37.0% (n=354) with three deaths, Centre Nord, 24.0% (n=230) with no deaths), Nord, 21.0% (n=205) with no deaths), Hauts Bassin, 5.1% (n=45) with no deaths, and Boucle du Mouhoun, 5.0% (n=44) with no deaths. Among the 272 laboratory samples collected and analysed by the reference laboratory in 2024, 215 tested positive (79.0%).

The median age of confirmed measles cases was two years, ranging from 1 month to 50 years. About 27.6% of cases were aged 1 to 11 months, 39.3% were aged 12 to 59 months, 21.5% were aged 5 to 14 years, and 11.7% were 15 years and older. Males constituted 50.5% of the confirmed cases. The majority of confirmed cases were concentrated in districts experiencing measles outbreaks, notably Bodogodo (33.6%), Ouahigouya (28.5%), and Boulmiougou (17.3%). Notably, majority of the cases were unvaccinated, 89.3%.

The current outbreak is a continuation of the epidemic that commenced in 2023. Between week 46 of 2023 and week 5 of 2024, Burkina Faso documented 1 335 suspected measles cases, and four fatalities.

**PUBLIC HEALTH ACTIONS**

- Ongoing coordination activities for measles response include holding coordination meetings, advocating for Expanded Program on Immunization funding with partners, collaborating with defence and security forces to supply challenging security zones and developing micro-plans to address measles outbreaks in affected health districts.
- The case management team is providing medical care for cases in healthcare facilities, as well as providing free treatment for measles cases, and redistributing vitamin A.
- Vaccines and refrigerators have been transported to Yalgo and mobilizing vaccine doses for the intensification of reactive measles vaccination campaigns is ongoing.
- Ongoing activities to strengthen epidemiological surveillance include improving the reporting of suspected cases, actively searching for cases, supporting field investigations in affected regions by multidisciplinary teams, reinforcing the use of national measles guidelines, and analyzing data from impacted health districts.
- Risk communication activities include advocacy with local leaders in affected regions, conducting community communication activities through community-Based volunteers, and developing a media plan.

**SITUATION INTERPRETATION**

The measles outbreak in Burkina Faso is alarming due to a significant increase in reported cases since the beginning of 2024. Available data indicates a low vaccination rate among confirmed cases, highlighting the need for immediate attention. Accelerating vaccination campaigns and enhancing case management, surveillance, and risk communication efforts are imperative to halt the outbreak's spread. Furthermore, mobilizing funds to support the implementation of planned activities is essential in effectively combating the outbreak.
All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</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>
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<tbody>
<tr>
<td><strong>New Events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Burkina Faso</td>
<td>Measles</td>
<td>Ungraded</td>
<td>6-Feb-24</td>
<td>14-Jan-24</td>
<td>2-Feb-24</td>
<td>642</td>
<td>148</td>
<td>3</td>
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<tr>
<td>Kenya</td>
<td>Suspected brew poisoning</td>
<td>Ungraded</td>
<td>9-Feb-24</td>
<td>6-Feb-24</td>
<td>8-Feb-24</td>
<td>21</td>
<td>9</td>
<td>0</td>
<td>42.90%</td>
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<td>Senegal</td>
<td>West Nile fever</td>
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<td>7-Feb-24</td>
<td>23-Jan-24</td>
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<td>0</td>
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<td><strong>Ongoing Events</strong></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>10-Jan-24</td>
<td>3</td>
<td>3</td>
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<td>-</td>
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<tr>
<td>Benin</td>
<td>Dengue fever</td>
<td>Grade 3</td>
<td>1-Jan-23</td>
<td>20-Dec-23</td>
<td></td>
<td>6</td>
<td>3</td>
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<td>Grade 2</td>
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<td>24-Aug-19</td>
<td>31-Jan-24</td>
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<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>13-Feb-24</td>
<td>5,500,000</td>
<td>5,500,000</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Burkina Faso</td>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>6-Sep-23</td>
<td>19-Sep-23</td>
<td>7-Jan-24</td>
<td>311</td>
<td>311</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Dengue</td>
<td>Grade 3</td>
<td>11-Sep-23</td>
<td>1-Jan-23</td>
<td>7-Jan-24</td>
<td>156,870</td>
<td>70,964</td>
<td>714</td>
<td>0.50%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Jan-23</td>
<td>14-Dec-22</td>
<td>7-Jan-24</td>
<td>1,382</td>
<td>175</td>
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<td>Burundi</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Mar-23</td>
<td>1-Jan-22</td>
<td>10-Jan-24</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>0.00%</td>
</tr>
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<td>Cameroon</td>
<td>Humanitarian crisis (North-West &amp; South-West)</td>
<td>Protracted 2</td>
<td>1-Oct-16</td>
<td>27-Jun-18</td>
<td>13-Feb-24</td>
<td>4,700,000</td>
<td>4,700,000</td>
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<td>-</td>
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<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>13-Feb-24</td>
<td>-</td>
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**Health Emergency Information and Risk Assessment**

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EVENTS**

**WEEK 6: 5 - 11 FEBRUARY 2024**

**Burkina Faso** is experiencing an increase in measles cases. Between week 1 and week 04 of 2024, a total of 642 suspected measles cases, resulting in 2 deaths, have been recorded. This rise indicates a growing trend in 2024 compared to previous years during the same period.

On 9 February 2024, a brew poisoning incident was reported from Kirinyaga County involving 21 people who developed blurred vision, abdominal pain, body weakness and vomiting between 6 and 8 February 2024 after consuming a brew on 5 February 2024 at a local bar in a village in Kirinyaga Central sub county. Nine fatalities were recorded.

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.

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 February 2024, 5.5 million People needed humanitarian assistance, 3.2 million of which are children and over 2.06 million IDPs registered and 5478 schools closed. The situation remains fluid.

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 neighbouring villages and communities. By February 2024, the following observations were made: 4.7M people in need, 2.7M people targetted, 1M IDPs, 658k Returnees and 485K Refugees and Asylum Seekers.

**Go to map of the outbreaks**

**Go to overview**
### Measles

**Country:** Cameroon  
**Weeks:** 24-Mar-22 to 19-Dec-23  
**Cases:** 3,027  
**Deaths:** 4  
**Proportion:** 0.1%  
**Grade:** 2  
**Ungraded:** 3

From 1 January to 30 November 2023, 113 suspected cases of Measles, including 27 laboratory-confirmed and no deaths have been reported. In 2022, 18 confirmed cases and three deaths were reported in the country.

### Poliomyelitis

**Country:** Cameroon  
**Weeks:** 4-Mar-15 to 1-Dec-23  
**Cases:** 6,682  
**Deaths:** 1  
**Proportion:** 0.01%  
**Grade:** 2  
**Ungraded:** 13

From 1 January to 30 November 2023, 113 suspected cases of Poliomyelitis, including 27 laboratory-confirmed and no deaths have been reported. In 2022, 18 confirmed cases and three deaths were reported in the country.

### Yellow Fever

**Country:** Cameroon  
**Weeks:** 1-Mar-16 to 30-Nov-23  
**Cases:** 6,535  
**Deaths:** 3  
**Proportion:** 0.09%  
**Grade:** 2  
**Ungraded:** 5

Between weeks 35 and 45 of 2023, Cameroon recorded eight PCR-positive cases of yellow fever. This is in addition to 51 cases that tested positive by plaque reduction neutralization test (PRNT) between weeks 4 and 45 of 2023. Of the 59 PCR- and PRNT-positive cases, 30 were classified as confirmed cases, including 19 reportedly unvaccinated against yellow fever. These cases were reported from 48 health districts in the Central, Littoral, South, West, East, North-West, South-West, North, Adamawa and Far-North regions. Only two cases benefited from in-depth investigation with entomological investigation.

### Mpox

**Country:** Cameroon  
**Weeks:** 1-Jan-22 to 4-Nov-23  
**Cases:** 35  
**Deaths:** 1  
**Proportion:** 0.1%  
**Grade:** 2  
**Ungraded:** 13

From 1 January to 30 November 2023, 113 suspected cases of Mpox, including 27 laboratory-confirmed and no deaths have been reported. In 2022, 18 confirmed cases and three deaths were reported in the country.

### Cape Verde

**Country:** Cape Verde  
**Weeks:** 6-Nov-23 to 19-Dec-23  
**Cases:** 410  
**Deaths:** 0  
**Proportion:** 0.00%  
**Grade:** 2  
**Ungraded:** 5

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 case in the city of Praia, Santiago Island, Cabo Verde. The same day three more suspected cases were reported from the Central Hospital Dr. Agostinho Neto giving a total of six cases including two confirmed with zero death. As of 19 December 2023, a total of 410 suspected cases, including 193 confirmed cases and no deaths, were reported.

### Central African Republic

**Country:** Central African Republic  
**Weeks:** 1-Mar-16 to 30-Nov-23  
**Cases:** 6,535  
**Deaths:** 3  
**Proportion:** 0.09%  
**Grade:** 2  
**Ungraded:** 5

Between weeks 35 and 45 of 2023, Cameroon recorded eight PCR-positive cases of yellow fever. This is in addition to 51 cases that tested positive by plaque reduction neutralization test (PRNT) between weeks 4 and 45 of 2023. Of the 59 PCR- and PRNT-positive cases, 30 were classified as confirmed cases, including 19 reportedly unvaccinated against yellow fever. These cases were reported from 48 health districts in the Central, Littoral, South, West, East, North-West, South-West, North, Adamawa and Far-North regions. Only two cases benefited from in-depth investigation with entomological investigation.

### Chad

**Country:** Chad  
**Weeks:** 1-Jan-23 to 30-Nov-23  
**Cases:** 204  
**Deaths:** 2  
**Proportion:** 0.1%  
**Grade:** 2  
**Ungraded:** 5

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.
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 2019.

|--------------------------|-----------------------|---------|-----------|-----------|----------|----------|-----------|-----------|----------|----------|----------|-----------|-----------|

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

Côte d’Ivoire

An unusual disease outbreak began in the Comoros around late October 2023. 471 suspected cases hospitalized distributed between Ngazidja and Moili, in nine health districts. Symptoms included flu-like illness and gastroenteritis; 2% had 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.

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.

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

Democratic Republic of the Congo

**Floods**

714 suspected cases (14 crew members and 11 passengers) who travelled from Tanzania to Comoros in the same boat. Between 2 and 4 February 2024, a total of 10 cases (8 men and 2 women) were confirmed positive for V. cholerae by RDT, including 2 healthcare workers. Ten cases are currently admitted at the cholera treatment unit in Samba hospital in Grande Comore. Drinking water samples collected from the boat for laboratory analyses returned negative for V. cholerae. Investigations to determine the source of infection as well as five missing passengers are ongoing.

Democratic Republic of the Congo

**Humanitarian crisis**

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 87 516 people affected so far, including 71 388 internally displaced persons (IDPs). There was an arrival in week 48 of 2 135 new IDPs in the provinces of Tshopo

Democratic Republic of the Congo

**Anthrax**

A human case of anthrax was confirmed on 15 November 2023 in Lume health area, Muhwanga 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.

Democratic Republic of the Congo

**Cholera**

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

Democratic Republic of the Congo

**Measles**

A total of 305 404 suspected measles cases and 5 688 deaths have been reported from week 1 through week 49 (ending 10 December), 2023. About 77% of these suspected cases are children under five years of age. Among the suspected cases reported, 7 214 were investigated through the case based surveillance system and 3 980 were IgM positive for measles, while 603 were IgM positive for rubella.

Democratic Republic of the Congo

**Mpox**

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.
### 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>0.00%</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 2023 and 372 in 2022.

<table>
<thead>
<tr>
<th>Eritrea</th>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>2-Jun-22</th>
<th>7-Jun-22</th>
<th>15-Dec-23</th>
<th>2</th>
<th>2</th>
<th>0.00%</th>
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</table>

No new case of cVDPV2 in 2023 as at week 50. 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.

<table>
<thead>
<tr>
<th>Ethiopia</th>
<th>Floods</th>
<th>Ungraded</th>
<th>8-Nov-23</th>
<th>2-Nov-23</th>
<th>13-Dec-23</th>
<th>-</th>
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</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Ethiopia</th>
<th>Food insecurity (Horn of Africa crisis)</th>
<th>Grade 3</th>
<th>17-Feb-22</th>
<th>1-Jan-22</th>
<th>31-Jan-24</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

According to the January 2024 Famine Early Warning Systems Network (FEWS NET) food security outcomes projection. Households in northern Ethiopia increasingly face extreme hardships accessing food and income which are driving ongoing Emergency (IPC Phase 4) and Crisis (IPC Phase 3) outcomes. Households have limited food stocks resulting from the failure of the 2023 meher harvest, and income-earning activities have yet to recover from recent conflict.

<table>
<thead>
<tr>
<th>Ethiopia</th>
<th>Humanitarian crisis (Northern Ethiopia)</th>
<th>Grade 3</th>
<th>4-Nov-20</th>
<th>4-Nov-20</th>
<th>25-Jan-24</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

In northern Ethiopia, humanitarian crisis continues affecting the three regions (Tigray, Amhara and Afar). Amhara 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

<table>
<thead>
<tr>
<th>Ethiopia</th>
<th>Cholera</th>
<th>Grade 3</th>
<th>17-Sep-22</th>
<th>1-Aug-22</th>
<th>13-Feb-24</th>
<th>32,548</th>
<th>32,548</th>
<th>488</th>
<th>1.50%</th>
</tr>
</thead>
</table>

Since the index case in August 2022, there have been 32 548 cholera cases as at week 5 of 2024. Within this same period, there have been 488 deaths (CFR 1.46%).

<table>
<thead>
<tr>
<th>Ethiopia</th>
<th>Dengue</th>
<th>Grade 3</th>
<th>16-May-23</th>
<th>10-May-23</th>
<th>17-Jan-24</th>
<th>21,469</th>
<th>21,469</th>
<th>17</th>
<th>0.00%</th>
</tr>
</thead>
</table>

Since April 2023, two districts (Logia and Mille) in the Afar region of northeastern Ethiopia have been experiencing an outbreak of dengue fever. As of 24 December 2023, a total of 21 469 cases and 17 deaths associated deaths (CFR 0.08%) have been reported.

<table>
<thead>
<tr>
<th>Ethiopia</th>
<th>Malaria</th>
<th>Ungraded</th>
<th>31-Jan-23</th>
<th>1-Jan-23</th>
<th>7-Jan-24</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Ethiopia</th>
<th>Measles</th>
<th>Ungraded</th>
<th>13-Apr-17</th>
<th>1-Jan-23</th>
<th>17-Jan-24</th>
<th>30,389</th>
<th>30,389</th>
<th>233</th>
<th>0.80%</th>
</tr>
</thead>
</table>

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 at 24 December 2023, a total of 30 89 cases with 233 deaths have been reported, a Case Fatality Rate (CFR) of 0.8%.

<table>
<thead>
<tr>
<th>Ethiopia</th>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>24-Jun-19</th>
<th>20-May-19</th>
<th>13-Feb-19</th>
<th>69</th>
<th>69</th>
<th>0.00%</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Gabon</th>
<th>Diptheria</th>
<th>Grade 2</th>
<th>23-Jan-24</th>
<th>1-Dec-23</th>
<th>25-Jan-24</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>100.00%</th>
</tr>
</thead>
</table>

On 23 January 2024, Cameroon reported a confirmed case of Diptheria. 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 Diptheria on 23 January 2024.

<table>
<thead>
<tr>
<th>Ghana</th>
<th>Dengue fever</th>
<th>Grade 3</th>
<th>2-Nov-23</th>
<th>1-Jan-23</th>
<th>19-Dec-23</th>
<th>18</th>
<th>9</th>
<th>0.00%</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Ghana</th>
<th>Mpx (Protract 2)</th>
<th>8-Jun-22</th>
<th>24-May-22</th>
<th>13-Feb-24</th>
<th>138</th>
<th>138</th>
<th>5</th>
<th>3.60%</th>
</tr>
</thead>
</table>

As of week 5 of 2024, there have been 138 confirmed cases and 5 deaths (CFR 3.6%) reported from the 261 Districts.

<table>
<thead>
<tr>
<th>Ghana</th>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>23-Aug-19</th>
<th>23-Jul-19</th>
<th>13-Feb-24</th>
<th>34</th>
<th>34</th>
<th>0.00%</th>
</tr>
</thead>
</table>

Ghana first reported a cVDPV2 outbreak in 2019. The country has a cumulative of 34 cVDPV2 AFP cases. 19 cVDPV2 cases were documented in 2019, 12 in 2020, 3 in 2022 and no cases in 2023. No new case was documented as of week 6 of 2024.

<table>
<thead>
<tr>
<th>Guinea</th>
<th>Diphtheria</th>
<th>Grade 2</th>
<th>21-Aug-23</th>
<th>4-Jul-23</th>
<th>31-Dec-23</th>
<th>2,240</th>
<th>2,081</th>
<th>85</th>
<th>3.80%</th>
</tr>
</thead>
</table>

An outbreak of diphtheria has been reported in the Kankan region of Guinea since 4 July 2023. As of 31 December 2023, 2 240 suspected cases had been reported from the Kankan, Faranah, Labé, Mamou, Conakry and N’Zérékoré regions, including 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.

| Guinea | Fire in oil depot | Ungraded | 17-Dec-23 | 17-Dec-23 | 27-Dec-23 | 196 | 18 | 9.20% |
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 Corinion. This powerful explosion is reported to have caused collapses of buildings (doors, windows, blown away), cracked structures, and torn ceilings and resulted in the death of persons living in the affected area. As of 18 December 2023, 18 deaths and 178 wounded persons were reported.

**Guinea**
- **Lassa fever**: Ungraded 3-Feb-24 25-Jan-24 3-Feb-24 1 1 0 0.00%
- **Food insecurity (Horn of Africa crisis)**: Grade 3 17-Feb-22 1-Jan-22 27-Jan-24 - - - -

On 03 February 2024, WHO was notified of a confirmed case of Lassa fever in a 40-year-old driver of N’Zérékoré prefecture, Guinée forestière region of southeastern Guinea. The case-patient is under care at the N’Zérékoré regional hospital. A total of 19 contacts were initially identified. Investigations are ongoing.

**Kenya**
- **Fire incident**: Ungraded 2-Feb-24 1-Feb-24 2-Feb-24 - - - -
- **Cholera**: Grade 3 19-Oct-22 5-Oct-22 5-Feb-24 12,501 577 206 1.60%

At least 3 people died and nearly 300 people were injured in a fire incident following a gas explosion in Embakasi district in Nairobi, Kenya, in the night of 1 February 2024. Some 271 people were evacuated in different hospitals in Nairobi.

**Kenya**
- **Flooding**: Ungraded 9-Nov-23 8-Nov-23 28-Nov-23 - - - -

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 56 845 households affected by the floods and 307 161 people displaced from 15 counties, with 129 fatalities reported.

**Kenya**
- **Lassa fever**: Grade 2 6-Jul-23 26-May-23 10-Jan-24 13 13 0.00%

A cholera outbreak has been ongoing in Kenya since 26 October 2022. As of 5 February 2024, a total of 12 501 cases, with 577 confirmed by culture, and 206 deaths (CFR 1.7%) have been reported in 28 affected counties.

**Kenya**
- **Leishmaniasis (visceral)**: 31-Mar-19 3-Jan-20 18-Dec-23 2,395 2,205 10 0.40%

Since January 2020, a total of 2295 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.

**Kenya**
- **Measles**: Ungraded 29-Jun-22 1-Jan-23 4-Feb-24 1,992 403 27 1.40%

The ongoing outbreak has affected 17 counties so far. Cumulatively, 1 992 cases, with 403 confirmed cases and 27 deaths (CFR 1.4%).

**Kenya**
- **Polio (cVDPV2)**: Ungraded 24-Jan-24 25-Jan-24 25-Jan-24 13 1 0 0.00%

**Kenya**
- **Rift Valley Fever (RVF)**: Ungraded 29-Dec-23 2-Jan-24 2-Jan-24 94 94 51 54.30%

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.

**Liberia**
- **Fuel Tanker Explosion**: Ungraded 29-Dec-23 2-Jan-24 2-Jan-24 94 94 51 54.30%

In the late afternoon of 26 December 2023, a fuel tanker veered off the road and crashed into a community house in 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.

**Liberia**
- **Lassa Fever**: Ungraded 3-Mar-22 6-Jan-22 13-Feb-24 376 110 32 8.50%

From January 6, 2022, to week 6 of 2024, a cumulative total of 376 cases of Lassa Fever have been reported with 110 confirmed and 32 deaths (CFR 29%).

**Liberia**
- **Measles**: Ungraded 3-Feb-22 13-Dec-21 13-Feb-24 13,124 12,475 95 0.70%

Since the measles outbreak started on 13 December 2021, there have been 13 124 suspected cases, 12 475 confirmed cases, and 95 deaths with CFR 0.7%, as of week 5 of 2024. Only Maryland County remains in outbreak with 433 ongoing cases.

**Liberia**
- **Mpx**: Protracted 2 21-Jul-22 23-Jul-22 13-Feb-24 119 7 0.00%

Liberia confirmed its first case of Mpx on 23 July 2022, with a cumulative total of 119 suspected cases reported and 7 confirmed. The most recent case was in week 42 of 2023 in Grand Kru and Nimba counties. No new cases have been reported in 2024.

**Madagascar**
- **Malnutrition crisis**: Protracted 2 1-Jul-21 1-Jan-21 17-Jan-24 3,900,000 3,900,000 - -

In the Grand Sud, malnutrition has stabilized due to increased humanitarian aid and good rainfall from January to June 2023. Drought conditions improved in June 2023 compared to the previous two months owing to increased rainfall. However, the situation remains fragile: 3.9 million people are in need, with four of 11 districts in Crisis phase (IPC 3) until September, affecting 575,470 severely food-insecure individuals. A worsening of food security is anticipated from January 2024, mainly due to El Niño effect.

**Malawi**
- **Anthrax**: Grade 2 27-Nov-23 28-Nov-23 28-Nov-23 1 1 0.00%

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.

**Malawi**
- **Cholera**: Grade 3 3-Mar-22 3-Mar-22 7-Jan-24 59,125 59,125 1,771 3.00%

Twenty-nine districts have reported Cholera cases since March 2022 in the Machinga district. As of 17 January 2024, a cumulative total of 92 125 cases and 1 771 deaths (CFR 3.0%) have been reported since the onset of the outbreak.

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**Notes:**
- 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.

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**Abbreviations:**
- IPC: Integrated Phase Classification
- CFR: Case Fatality Rate
- WCO: World Central Office
### Health Emergency Information and Risk Assessment

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EVENTS**

#### WEEK 6: 5 - 11 FEBRUARY 2024

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease Description</th>
<th>Grade</th>
<th>Dates</th>
<th>Numbers</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Malawi</strong></td>
<td>Measles outbreak</td>
<td>Ungraded</td>
<td>6-Nov-23</td>
<td>32</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>On 6 November 2023, the Ministry of Health released a press statement on confirmed measles outbreak in Lilongwe district following the notification of 11 laboratory confirmed cases within the same geographical area 36. As of 6 November, 32 suspected cases including 11 confirmed are reported. Two suspected measles related deaths were also reported.</td>
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<tr>
<td></td>
<td>Malawi</td>
<td>Poliomyelitis (WPV1)</td>
<td>Grade 2</td>
<td>31-Jan-22</td>
<td>7-Feb-24</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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<tr>
<td><strong>Mali</strong></td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>11-Sep-17</td>
<td>19-Dec-23</td>
<td>7,500,000</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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<td></td>
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<tr>
<td><strong>Mauritania</strong></td>
<td>Dengue</td>
<td>Grade 3</td>
<td>12-Sep-23</td>
<td>31-Aug-23</td>
<td>5,532</td>
</tr>
<tr>
<td></td>
<td>On 6 December 2023, the Ministry of Health of Mali reported 12 cases and zero deaths of Zika virus disease confirmed by real time polymerase chain reaction (RT-PCR) at the University Clinical Research Center (UCRC) laboratory. As of 7 January 2024, 6,532 suspected cases, including 846 confirmed cases and 34 deaths have been reported.</td>
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<tr>
<td><strong>Mauritania</strong></td>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>17-Jan-24</td>
<td>6-Aug-23</td>
<td>2,000,000</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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<tr>
<td><strong>Mauritania</strong></td>
<td>Diphtheria</td>
<td>Grade 2</td>
<td>26-Oct-23</td>
<td>8-Oct-23</td>
<td>988</td>
</tr>
<tr>
<td></td>
<td>On 19 October 2023, the Mauritania 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.</td>
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<td></td>
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</tr>
<tr>
<td><strong>Mauritania</strong></td>
<td>Rift Valley fever (RVF)</td>
<td>Ungraded</td>
<td>27-Nov-23</td>
<td>1-Dec-23</td>
<td>1-Dec-23</td>
</tr>
<tr>
<td></td>
<td>A case of Rift Valley fever confirmed on 23 November 2023 from the locality of Ejare in Radhi municipality was reported in a a 32-year-old male shepherd in Ejare, Radhi. He developed symptoms including fever and epistaxis, consulted at Tintan Health Center where RVF was suspected.</td>
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<tr>
<td><strong>Mauritania</strong></td>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>17-Jan-24</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>From week 50, 2023 (ending 17 December 2023) to week 2, 2024 (ending 14 January 2024), the country has recorded an upsurge in dengue cases (40 confirmed cases reported). In week 2, 2024 (ending 14 January 2024), 16 laboratory confirmed cases were reported. With the recent rains that have fallen on Mauritius, this situation is expected to worsen.</td>
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</tr>
<tr>
<td><strong>Mozambique</strong></td>
<td>Humanitarian crisis in Cabo Delgado</td>
<td>Protracted</td>
<td>1-Jan-20</td>
<td>12-Oct-23</td>
<td>6-Aug-23</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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</tr>
<tr>
<td><strong>Mozambique</strong></td>
<td>Cholera</td>
<td>Grade 3</td>
<td>14-Sep-22</td>
<td>19-Dec-23</td>
<td>38,793</td>
</tr>
<tr>
<td></td>
<td>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 (CRF 0.4%) in 11 affected provinces,..</td>
<td></td>
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</tr>
<tr>
<td><strong>Mozambique</strong></td>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>17-Jan-24</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>One cVDPV1 case was reported in Zambezia bringing the number of 2023 cases to four.</td>
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<tr>
<td><strong>Mozambique</strong></td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-May-22</td>
<td>18-May-22</td>
<td>10-Jan-24</td>
</tr>
<tr>
<td></td>
<td>According to the Global Polio Eradication Initiative report for 10 January 2024, No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) 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.</td>
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</tbody>
</table>
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.

The number of internally displaced people in Nigeria has reached a record high, with an increase from 1.9 million in 2017 to 4.3 million individuals (15% population) in 2024, 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.

Dengue fever has been confirmed in Matameye health district, Zinder region. The first case was reported on 17 July 2023. As of 24 December 2023, 2721 suspected cases, including 141 deaths ( CFR 5.5%) were reported. Public health response activities are ongoing in affected districts.

Diphtheria has been confirmed in Matameye health district, Zinder region. The first case was reported on 17 July 2023. As of 24 December 2023, 2721 suspected cases, including 141 deaths ( CFR 5.5%) were reported. Public health response activities are ongoing in affected districts.

An outbreak of diphtheria has been confirmed in Matameye health district, Zinder region. The first case was reported on 17 July 2023. As of 24 December 2023, 2721 suspected cases, including 141 deaths ( CFR 5.5%) were reported. Public health response activities are ongoing in affected districts.

As of epidemiological week 41, 2023 ( ending 16 October ), 1 802 suspected measles cases were reported, of which 956 were investigated across 66 districts in the eight regions. Of these cases, 57% (n=578) were laboratory-confirmed. Additionally, 91% (n=86) 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.

With an estimated 3.7 million people displaced throughout the country, many in poor health, the risk of communicable disease outbreak increases. Over 1.9 million inhabitants, or 70% of the population, remain affected in northern regions.

In 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.

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.

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.

Between week 19, 2022 and week 51, 2023, 22 293 suspected cases of diphtheria were reported from 36 states in Nigeria. Kano (14 126), Yobe (2 238), Katsina (1 734), Bauchi (1 376), Borno (1 148), Kaduna (573) and Jigawa (256) accounted for 96.2% of reported suspected cases. Of the 22,293 suspected cases reported, 13 387 (60.1%) were confirmed, including 346 laboratory-confirmed, 510 epidemiologically linked, and 12,531 clinically compatible cases. The majority (9,048; 67.6%) of the confirmed cases were in children aged 1-14 years. Only 3 376 (25.2%) of the 13 387 confirmed cases were fully vaccinated with a diphtheria toxoid-containing vaccine. A total of 598 deaths (CFR: 4.5%) were recorded among the confirmed cases.

From 1 January to 11 November 2023, a cumulative total of 3 441 suspected cholera cases and 108 deaths (CFR 3.1%) were reported in Nigeria.

Currently, there is an ongoing outbreak of Dengue fever in Sokoto state, Nigeria, with 72 cases, including 14 laboratory-confirmed cases and zero deaths. Males represent 53% of all cases and the age group between 31 to 40 years old is more affected (43%).

Between week 19, 2022 and week 51, 2023, 22 293 suspected cases of diphtheria were reported from 36 states in Nigeria. Kano (14 126), Yobe (2 238), Katsina (1 734), Bauchi (1 376), Borno (1 148), Kaduna (573) and Jigawa (256) accounted for 96.2% of reported suspected cases. Of the 22,293 suspected cases reported, 13 387 (60.1%) were confirmed, including 346 laboratory-confirmed, 510 epidemiologically linked, and 12,531 clinically compatible cases. The majority (9,048; 67.6%) of the confirmed cases were in children aged 1-14 years. Only 3 376 (25.2%) of the 13 387 confirmed cases were fully vaccinated with a diphtheria toxoid-containing vaccine. A total of 598 deaths (CFR: 4.5%) were recorded among the confirmed cases.

As of week 3 of 2024, 892 suspected cases, including 211 laboratory-confirmed cases, were reported, with 43 reported deaths among confirmed cases, resulting in a CFR of 20.4%. Confirmed cases, including four HCWs, were reported from 17 states and 54 LGAs, with the highest number of cases (91.5%) reported from Ondo (53 cases, five deaths), Edo (52 cases, 8 deaths), Bauchi (48 cases, 15 deaths), and Benue (17 cases, three deaths) states.

An increase in meningitis cases has been reported in Nigeria since October 2023. From W40, 2023 (ending 8 Oct 2023) to W4, 2024 (ending 28 Jan 2024), a total of 281 cases including 40 deaths (CFR 14%) were reported from 47 LGAs in 19 states. Cumulatively, twenty-six cases were laboratory confirmed, of which over 80% tested positive for Neisseria meningitidis C. Children aged less than 15 years old are the most affected. The ICGS recommendation for meningococcal vaccines is under finalization.

Overall, since the re-emergence of Mpox in September 2017, 3771 suspected cases have been reported from 36 States and FCTs in the country. Of these 3771 suspected cases, 1086 (28.7%) were confirmed (with males predominantly affected) from 34 States and FCT. Seventeen (17) deaths have been recorded since the re-emergence in 2017.

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.

In 2023, the first confirmed case of dengue was recorded in week 1. As of week 52 (ending 31 December), 310 confirmed cases of dengue were reported, of which 55% were male. Of the reported cases, 270 (87%) were confirmed by PCR and 28 cases (9%) were only IgM positive for dengue. Of the PCR-confirmed cases, 12 cases were also IgG positive. There were six cases of severe dengue and one associated death. Pikine district (135 cases, 43.5%) has the highest number of dengue cases, followed by Thioligne (38 cases, 12.3%), and Yeumbeul (31 cases, 10%).
**Senegal**

**Measles**  Ungraded  4-Jul-22  1-Jan-23  31-Dec-23  1,699  539  0.00%

From epidemic 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 (Malém Hoddar, Podor, Kafrifir) and two for the second time in 2023 (Velingara, Koulac).  

**Yellow fever**  Ungraded  28-Dec-23  7-Dec-23  27-Dec-23  2  2  0.00%

On 27 December 2023, the Institut Pasteur de Dakar (IDP) reported two cases of yellow fever positive by PCR from a research project. Both cases are male, one from Saraya district and the other from the Kédougou district in Kédougou region. The Saraya case is 9 years old, unvaccinated against yellow fever, with onset of symptoms on 30 November 2023 with fever and headache. The Kédougou case is 25 years old with unknown vaccination status. His symptoms included fever, headache, and chills. The sample was collected on 7 December 2023, one day after the onset of symptoms. He also tested IgM positive for Dikungunya. Neither case had jaundice. Investigations are ongoing.

**Zika**  Ungraded  11-Dec-23  14-Nov-23  18-Dec-23  2  2  0.00%

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 premature birth or miscarriage. Investigation reports are forthcoming.

**South Africa**

**Cholera**  Grade 3  20-Jan-24  22-Jan-24  22-Jan-24  2  2  0.00%

A cholera outbreak was reported in South Africa on 15 January 2024, with two imported cases of toxigenic Vibrio cholerae O1 Ogawa confirmed by PCR. The first case involved a 43-year-old Zimbabwean male who recovered after hospital treatment. The second case was a 27-year-old Zimbabwean male who had traveled to Zimbabwe in December 2023 and returned to South Africa in January 2024, testing positive for cholera with symptoms of diarrhea, cramps, and vomiting starting from 11 January 2024.

**Measles**  Ungraded  17-Oct-22  13-Oct-22  26-Dec-23  7,054  1,338  0.00%

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

**Dengue**  0.30%

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.

**South Sudan**

**Food insecurity  (Horn of Africa crisis)**  Grade 3  18-Dec-20  5-Apr-21  27-Jan-24

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, compounded by 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 to Sudan from South Sudan since 15 April 2023, with 81% of these arrivals being South Sudanese and 18 % being Sudanese.

**Hepatitis E**  Ungraded  1 Jan-19  19-Dec-23  4,253  63  12  0.30%

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**  Ungraded  23-Feb-22  1-Jan-23  24-Dec-23  7,862  586  173  2.20%

Measles outbreak is still active in South Sudan with new counties confirming outbreaks that include Magwi, Tonj East, Maridi, and Mundri East. As of week 50, 2023, 7 862 suspected cases were reported, with 586 (7.6%) lab-confirmed, 173 deaths with a case fatality ratio of 2.2%.

**Yellow fever**  Ungraded  24-Dec-23  24-Dec-23  28-Jan-24  38  1  5  13.20%

In South Sudan, the official yellow fever outbreak was declared on 6 January 2024 by the health authorities, after confirmation of one yellow fever case on 24 December 2023. The sample collected tested positive for yellow fever by polymerase chain reaction (PCR) on 24 December 2023 at the National Public Health Laboratory and later the quality control check at the Regional Reference Laboratory of Uganda Virus Research Institute (UVRI) confirmed the result on 4 January 2024. As of 28 January 2024, 38 yellow fever cases including 37 suspected cases and one confirmed case were reported from counties in Western Equatoria State.

**Tanzania, United Republic of**

**Floods in Tanzania**  Ungraded  5-Dec-23  5-Dec-23  26-Jan-24  88  88  0.00%

The death toll due to flooding and mudslides has risen to at least 88 people, with at least 80, 133 injured and 5,600 people affected, according to the Tanzania government officials on 11 December. Rains and mudslides have contaminated most of the water sources in the affected areas, risking an outbreak of communicable diseases like Cholera and others. The Government and its partners continue to provide and mobilise food and non-food items for the response. The President of Tanzania has urged communities living in flood-prone areas and other at-risk locations to relocate to safer areas to mitigate or reduce the impact of disasters.

**Cholera**  Grade 3  3-Oct-23  7-Sep-23  12-Dec-23  660  53  19  2.90%

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.

**Togo**

**Cholera**  Grade 3  15-Dec-23  15-Dec-23  31-Jan-24  1  1  0.00%

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.

**Dengue**  Grade 3  14-Nov-23  14-Nov-23  14-Nov-23  8  2  1  12.50%

The Togo Ministry of Health officially notified cases of dengue fever to WHO on 14 November 2023. 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.


**Health Emergency Information and Risk Assessment**

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EVENTS**

**WEEK 6: 5 - 11 FEBRUARY 2024**

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<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Weeks</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>26-Oct-23</td>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</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.

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**Uganda** hosts slightly over 1.4 million refugees in 13 districts. The population analyzed includes 12 refugee host districts in which 6 are classified in IPC Phase 3 or above: Adjumani, Kiyandongo, Kyegyegwa, Lamwo, Obongi and Yumbe. The food security situation is projected to gradually deteriorate during the projection period of February to June 2024, with the population in IPC Phase 3 or above increasing from 846,000 people (29% of the analyzed population) to 963,000 people (23% of the analyzed population).

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**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%).

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**Measles outbreak is still ongoing in Uganda.** On 1 December 2023, WHO was notified of a human anthrax outbreak in Zambia. The first cases were recorded in the Sinazongwe district of Southern province in October 2022.

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**On 1 January 2024, 14 suspected chlorella 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 Nyanzani HC III. As of January 31, 2024, there were 4 confirmed and 10 suspected cases in the isolation unit.

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**The Uganda Public Health Operation Centre (PHOC) is currently activated for malaria outbreak in three districts: Serere, Amolatar and Kibuku.**

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**Zambia experienced a measles outbreak in the North Western province of the country.** This is in a district that borders with DR Congo. A measles outbreak continued to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces had recorded 3,715 measles cases and 31 deaths as of 12 August 2023. As of 18 December 2023, 148 cases of measles were reported in 6 districts (Chitambo, Chiengi, Samfya, Kanchibiya, Ikelenge, Kaputa) with 0 deaths.

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**Between 12 October 2022 and 1 December 2023, a total of 895 cases and 4 deaths (CFR 0.45%) were reported from nine provinces.**

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**Since week 1 through week 44 (ending 19 November 2023), about 182 rift valley fever (RVF) 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 16 January 2024, only Nakaseke district is experiencing an active RVF outbreak with one case and zero death reported so far.

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**On 1 December 2023, WHO was notified of a human anthrax outbreak in Zambia.** The first cases were recorded in the Sinazongwe district of Southern province in October 2022. Between 12 October 2022 and 1 December 2023, a total of 895 cases and 4 deaths (CFR 0.45%) were reported from nine provinces.

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**The current chlorella outbreak started with Lusaka Province confirming cases in the chlorella-prone areas (peri-urban).** From October 2023 to 4 February 2024, nine provinces have reported cases of chlorella with seven provinces confirming chlorella outbreaks. A total of 40 districts have confirmed local transmission. Cumulative cases stand at 17,373 with 626 deaths (CFR 4.0%).

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**Zambia experienced a measles outbreak in the North Western province of the country.** This is in a district that borders with DR Congo. A measles outbreak continued to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces had recorded 3,715 measles cases and 31 deaths as of 12 August 2023. As of 18 December 2023, 148 cases of measles were reported in 6 districts (Chitambo, Chiengi, Samfya, Kanchibiya, Ikelenge, Kaputa) with 0 deaths.

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**Zimbabwe hosts slightly over 1.4 million refugees in 13 districts.** The food security situation is projected to gradually deteriorate during the projection period of February to June 2024, with the population in IPC Phase 3 or above increasing from 846,000 people (29% of the analyzed population) to 963,000 people (23% of the analyzed population).

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**Uganda hosts slightly over 1.4 million refugees in 13 districts.**

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

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