Overview

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

- Cholera in Comoros
- Floods in Malawi

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and closed.

Major issues and challenges include:

- The Union of Comoros is facing a recent cholera outbreak. Shortages of human resources is crippling efforts to trace and investigate confirmed cases, potentially sustaining the disease’s spread. Furthermore, essential infrastructure and resources are inadequate with some Cholera treatment centres lacking proper beds and tents. Financial constraints have also affected work especially with teams at Points of Entry. Furthermore, the absence of a national WASH or Infection Control team is hampering hygiene and sanitation efforts. Therefore, immediate action is required to address staffing shortages, secure essential supplies, and establish proper sanitation protocols to effectively contain the outbreak.
The Union of Comoros is currently battling a cholera outbreak impacting two regions of Ngazidja (Grande Comore) and Mwali (Mohéli). In Ngazidja health region, the Center, Hankounou, Bacha, Badjanani, Coulée, Naziko, and Sans fil districts are affected while in Mwali health region, the districts of Foumboni and Noumachoua are affected.

Out of the 318 suspected cases tested by Rapid Diagnostic Test (RDT), there were a total of 142 positive cases with six deaths recorded, representing a 45.0% positivity rate (142/318) by RDT. Ngazidja health region accounts for 98.0% (n=139) of confirmed cases, and Mwali health region accounts for 2.0% (n=3) of confirmed cases. The epicenter lies within the Center District, particularly the town of Moroni, where the first locally acquired cases were reported on 4 February 2024. Men are disproportionately affected accounting for 67% (n=95) of total confirmed cases compared to women (33%, n=47).

Since the onset of the outbreak, 127 patients have recovered from cholera and nine patients are still on admission in Mohéli and Grande-Comore, the largest island in the Comoros archipelago. A downward trend in new cases has been observed since week 8, when 25.0% decrease was reported. A further fall of 16.0% was seen in week 9.

As of Week 9 ending 3 March 2024, cases of cholera continued to be reported in Ngazidja region, especially in Center district where the capital Moroni is located.

**PUBLIC HEALTH ACTIONS**
- The Ministry of Health holds daily meetings of the coordination committee for the fight against cholera
- Epidemiological surveillance at points of entry have been strengthened and investigation, tracking and listing of confirmed cases and case contacts is ongoing
- Sampling of cases and readmission of culture of cases in the current cholera treatment centre is ongoing
- Case management has been strengthened in treatment centres through notification of cases and manufacturing of picot beds in affected areas
- Infection prevention and control through distribution of kits and infection prevention has been conducted
- Logistical support from WHO for supplies like beds, solar lamps, sprayers, 100 RDTs, 125 safety boxes is ongoing.
- Mobilization and awareness meeting for community leaders in several regions have been conducted to raise awareness against Cholera in the commune through songs and other forms of art.

The situation in Comoros reveals a concerning situation in Center District, emphasizing the urgent need for effective public health interventions and community engagement to control the spread of cholera. A targeted approach is needed to ensure early detection of cases in the affected districts and other districts. Measures should also be taken to increase cholera vaccination coverages across the Country.
Distribution of cases and deaths of cholera by health region in Comoros, as of 3 March, 2024
**Floods**

**EVENT DESCRIPTION**

Between March 5 and 6, 2024, continuous heavy rains caused flash floods in Malawi’s lakeshore district of Nkhotakota, killing seven people, including two children under the age of 5, and affecting 14,800 people, of whom nearly 10,000 were displaced by 7 March.

For four consecutive days, torrential rain had battered Nkhotakota relentlessly, causing the Dwangwa River to swell beyond its capacity. Eventually, it succumbed to the pressure, bursting its banks and unleashing floods into surrounding communities, leaving a trail of devastating destruction. The most affected communities were those under the Traditional Authorities of Kanyenda and Mphonde.

The toll of the floods extends beyond displaced families and reported deaths. The impact has been heavily felt in transport and logistics, with a number of challenges hindering aid delivery and exacerbating the plight of affected communities. The livelihoods of communities have been severely affected, with rice irrigation schemes and fish dams being washed away, rendering families destitute.

Accessibility to affected areas remains a challenge hindering the delivery of essential services, as the main road has been cut off on five points, according to the Department of Disaster Management Affairs (DoDMA).

Malawi has yet to recover from effects of Cyclone Freddy which hit mostly the southern region of the country subsequently affecting over 2 million people and displaced over half a million as it washed away homes, roads and other infrastructure.

**SITUATION INTERPRETATION**

The situation in Malawi highlights the critical need for effective disaster response and health sector preparedness amidst natural disasters such as floods. With a population exceeding 2,400, the majority being children, the camp is facing significant hygiene issues due to inadequate toilet facilities, prompting fears of a potential outbreak. Moreover, food scarcity is a pressing issue. Additionally, the prevalence of mosquitoes in the camp exposes children to the risk of malaria. The ongoing efforts by local and national authorities, in collaboration with international organizations are pivotal in mitigating the health impacts of this crisis. Strengthening surveillance, ensuring access to healthcare, and enhancing community awareness are essential steps in responding to and recovering from this disaster.

**PUBLIC HEALTH ACTIONS**

- Malawian President Lazarus Chakwera on 7 March visited Nkhotakota district where flash floods triggered by heavy rains left over 14,800 affected, including 10,000 residents completely displaced.

- The search and rescue team led by the Malawian Defense Force continues to undertake operations, including ferrying humanitarian workers and relief items to and from areas inaccessible by roads.

- A total of 12 camps have been established to accommodate the displaced, including more than 1,600 children under the age of five, 287 pregnant women, and 82 elderly persons.

- Save the Children has developed a response plan, focusing largely on Protection and Education. The organisation is also implementing projects aimed at enhancing community resilience to climate change across Malawi.

- District and National Health Sector Coordination structures have been activated.

- Mobilization of surge staff and deployment of an anaesthetic machine to support obstetric care. Continued health service delivery through Primary Health Care facilities and referral to Nkhotakota district hospital.

- Disease surveillance, health education on diarrhoeal diseases, and red eye prevention are underway. Cholera prevention measures and resource mobilization for a preventive Oral Cholera Vaccine campaign are underway.
Snapshots of Flooding Situation in Malawi, as of 20 February, 2024

Sources: MakaluKhabar.com (Top) and Malawi24 (Bottom)
**Integrated Disease Surveillance and Response**

**Weekly data submission report**

Health Emergency Information Management & Risk Assessment Programme

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### Update on Reporting - Epidemiological Week 10: 04 – 10 March, 2024

**Point du rapportage hebdomadaire – Semaine 10: 04 – 10 mars 2024**

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#### 2024 Summary of Reporting - Frequency of weekly reports received at AFRO

- **36 Countries** out of 47, reported for week 10
- **62 %** Timeliness for weekly reporting
- **77 %** Completeness for weekly reporting

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**Reminder**: Upcoming deadlines for weekly data submission

**Rappel** : Dates limites prochaines de soumission des données hebdomadaires

<table>
<thead>
<tr>
<th>Week 10</th>
<th>Week 11</th>
<th>Week 12</th>
<th>Week 13</th>
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All the correspondences related to this document should be directed to:

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Emergency Preparedness and Response, WHO Regional Office for Africa

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Please, refer to the calendar below to submit your IDSR data on a weekly basis:

Veuillez vous référer au calendrier ci-dessous pour soumettre vos données de la SIMR sur une base hebdomadaire:

- **afrououtbreak@who.int**
- **afrogeprhir@who.int**

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Health Emergency Information and Risk Assessment

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Go to overview  
Go to map of the outbreaks


## All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>Drought/food insecurity</td>
<td>Ungraded</td>
<td>8-Mar-24</td>
<td>15-Jan-24</td>
<td>29-Feb-24</td>
<td>-</td>
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On 29 February 2024, the Zambia President declared the drought the country is currently facing a national disaster and emergency as it had devastated food production and power generation and the country struggles to recover a recent cholera outbreak. The lack of rain has devastated the agricultural sector, affecting more than one million families. The dry spell has from mid-January this year affected most of the central and southern half of the country, which has received less than normal rainfall leaving one million hectares of maize destroyed, almost half of the country’s maize cultivation. It is also projected that the drought will lead to a power deficit and affect ground and surface water levels, with severe consequences for sectors beyond agriculture since more than 80% of Zambia electricity generation comes from hydropower.

### New Events

- **Burkina Faso**: Humanitarian crisis (Sahel Region)
  - Grade 2
  - 1-Jan-19
  - 13-Feb-24
  - 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 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.

### Ongoing Events

- **Algeria**: Poliomyelitis (cVDPV2)
  - Grade 2
  - 14-Jul-22
  - 6-Mar-24
  - 3
  - 3
  - 0.00%

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**: Poliomyelitis (cVDPV2)
  - Grade 2
  - 8-Aug-19
  - 6-Mar-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**: Measles
  - Grade 2
  - Ungraded
  - 14-Jan-24
  - 4-Mar-24
  - 3059
  - 362
  - 10
  - 0.30%

Burkina Faso is experiencing an increase in measles cases. Between Week 1 and Week 09 of 2024, a total of 3050 suspected measles cases, resulting in 10 deaths, have been recorded. This rise indicates a growing trend in 2024 compared to previous years during the same period.

- **Burundi**: Cholera
  - Grade 3
  - 1-Jan-23
  - 14-Dec-22
  - 7-Jan-24
  - 1,382
  - 175
  - 9
  - 0.70%

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

- **Cameroon**: Humanitarian crisis (North, Adamawa & East)
  - Protracted 2
  - 31-Dec-13
  - 27-Jun-17
  - 3-Dec-23

According to UNHCR, Cameroon hosts about 484,969 refugees and asylum-seekers (475,729 refugees and 9,240 asylum seekers) as of 30 October 2023. Refugees from the Central African Republic are mostly hosted in the rural areas in the eastern part of the country (North, Adamawa, and East) and are estimated to be 354,678 refugees by the UNHCR as of 31 October 2023. As of 3 December 2023, no acute new development reported and the event was closed.

- **Cameroon**: Humanitarian crisis (North-West & South-West)
  - Protracted 2
  - 1-Oct-16
  - 27-Jun-18
  - 13-Feb-24
  - 4,700,000
  - 4,700,000

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 targeted, 1M IDPs, 658k Returnees and 485K Refugees and Asylum Seekers.
### Cameroon

<table>
<thead>
<tr>
<th>Health Emergency</th>
<th>Region</th>
<th>Outbreak</th>
<th>Grade</th>
<th>31-Dec-13</th>
<th>27-Jun-17</th>
<th>13-Feb-24</th>
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</thead>
<tbody>
<tr>
<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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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-Tsanaga department.

From week 1 through week 48 (ending 3 December 2023), 6,535 confirmed measles cases have been reported in Cameroon, including 476 IgM+ and 6,059 epidemiologically linked. At least 31 related deaths (CFR 0.5%) have been reported in 2023.

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.

No cVDPV2 cases were reported this week. There were three cases reported in 2022, three others reported in 2021, and seven cases reported in 2020.

In 2023, an estimated 2 million people were assisted and in 2024, 1.9 million people have been targeted. Of the country’s population of 6.1 million inhabitants, more than half (3.4 million), need humanitarian assistance in 2024. More than 512,000 people are currently internally displaced, 2.5 million suffer from food insecurity, and 751,000 are CAR refugees.

### Central African Republic

<table>
<thead>
<tr>
<th>Health Emergency</th>
<th>Region</th>
<th>Outbreak</th>
<th>Grade</th>
<th>31-Dec-13</th>
<th>27-Jun-17</th>
<th>13-Feb-24</th>
<th>-</th>
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<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian crisis</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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</table>

The Central African Republic has been facing a humanitarian crisis for more than a decade following military-political conflicts. In 2023, an estimated 2 million people were assisted and in 2024, 1.9 million people have been targeted. Of the country’s population of 6.1 million inhabitants, more than half (3.4 million), need humanitarian assistance in 2024. More than 512,000 people are currently internally displaced, 2.5 million suffer from food insecurity, and 751,000 are CAR refugees.

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.

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.

### Cape Verde

<table>
<thead>
<tr>
<th>Health Emergency</th>
<th>Region</th>
<th>Outbreak</th>
<th>Grade</th>
<th>31-Dec-13</th>
<th>27-Jun-17</th>
<th>13-Feb-24</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
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</thead>
<tbody>
<tr>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>23-May-19</td>
<td>1-Jan-20</td>
<td>6-Dec-23</td>
<td>13</td>
<td>13</td>
<td>-</td>
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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 outbreaks.

### Chad

<table>
<thead>
<tr>
<th>Health Emergency</th>
<th>Region</th>
<th>Outbreak</th>
<th>Grade</th>
<th>31-Dec-13</th>
<th>27-Jun-17</th>
<th>13-Feb-24</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>11-Feb-22</td>
<td>1-Mar-16</td>
<td>12-Nov-23</td>
<td>-</td>
<td>-</td>
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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).

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, 196 cVDPV2 cases were reported in 2020 from three different outbreaks and nine others were reported in 2019.
<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Date(s)</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comoros</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>2-Feb-24, 2-Feb-24, 25-Feb-24</td>
<td>119</td>
<td>6</td>
<td>5.00%</td>
</tr>
<tr>
<td>Congo</td>
<td>Floods</td>
<td>Grade 2</td>
<td>1-Jan-24, 4-Jan-24, 7-Jan-24</td>
<td>320,891</td>
<td>17</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
| Congo         | Mpx          | Protracted 2 | 23-May-22, 22-Aug-23, 27-Nov-23 | 26 | 21 | 5 | 19.20%
| Côte d’Ivoire | Dengue       | Grade 3 | 10-Jul-23, 19-Jun-23, 25-Feb-24 | 4,006 | 325 | 0.10%
| Democratic Republic of the Congo | Anthrax | Grade 2 | 17-Jan-24, 15-Nov-23, 15-Nov-23 | 5 | 1 | 2 | 40.00%
| Democratic Republic of the Congo | Cholera  | Grade 3 | 16-Jan-15, 1-Jan-23, 12-Nov-23 | 62,803 | 1,866 | 715 | 1.10%
| Democratic Republic of the Congo | Measles   | Ungraded | 12-Oct-21, 1-Jan-23, 10-Dec-23 | 305,404 | 7,214 | 5,684 | 1.90%
| Democratic Republic of the Congo | Mpx        | Protracted 2 | 30-Mar-19, 1-Jan-23, 3-Dec-23 | 13,357 | 714 | 607 | -
| Democratic Republic of the Congo | Plague suspected | Ungraded | 26-Feb-24, 1-Jan-24, 20-Feb-24 | 99 | 7 | 7.10%
| Democratic Republic of the Congo | Poliomyelitis (cVDPV1) | Grade 2 | 27-Aug-22, 27-Aug-22, 3-Jan-24 | 247 | 247 | - | 0.00%
| Democratic Republic of the Congo | Poliomyelitis (cVDPV2) | Grade 2 | 26-Feb-21, 1-Jan-22, 3-Jan-24 | 489 | 489 | - | 0.00%

**Health Emergency Information and Risk Assessment**

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 Cuvelette 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.

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.
**Ethiopia**

**Humanitarian crisis (Northern Ethiopia)**

<table>
<thead>
<tr>
<th>Grade</th>
<th>4-Nov-20</th>
<th>4-Nov-20</th>
<th>25-Jan-24</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 mehar harvest, and income-earning activities have yet to recover from recent conflict.

**Eritrea**

<table>
<thead>
<tr>
<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>
</tr>
</thead>
</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.

**Guinea**

**Dengue**

| Grade 3 | 17-Sep-22 | 1-Aug-22 | 25-Feb-24 | 36,061 | 36,061 | 515 |

Since the index case reported in August 2022 through 25 February 2024, there have been a total of 36,061 cholera cases and 515 deaths (CFR 1.4%). In 2024, a total of 4,836 cases and 48 deaths are reported.

Ethiopia is experiencing malaria outbreak for years now. Cumulatively in 2024, from 1 January to 11 February, a total of 525,790 malaria cases and 120 deaths were reported nationwide. Most malaria cases, over 70%, were reported from four regions: Oromia, Amhara, Southwest Ethiopia (SWEPRS), and South Ethiopia.

**Eritrea**

| Poliomyelitis (cVDPV2) | Grade 2 | 21-Sep-19 | 13-Jul-19 | 13-Feb-24 | 62 | 62 |

No cVDPV2 case was reported this week. There was no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported in 2023, one case reported in 2022, 10 cases in 2021, 38 cases in 2020, and 13 cases in 2019, giving a total number of reported cases. The total number was reviewed since 2019.

**Gabon**

**Diphtheria**

| Grade 2 | 23-Jan-24 | 1-Dec-23 | 25-Jan-24 |

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

**Ghana**

**Mpox**

Protracted 2 8-Jun-22 24-May-22 13-Feb-24 138 138 5 3.60%

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

**Guinea**

| Diphtheria | Grade 2 | 21-Aug-23 | 4-Jul-23 | 14-Jan-24 | 2,240 | 2,081 | 85 |

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.

**Kenya**

**Food insecurity (Horn of Africa crisis)**

| Grade 3 | 17-Feb-22 | 1-Jan-22 | 27-Jan-24 |

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**

**Cholera**

| Grade 3 | 19-Oct-22 | 5-Oct-22 | 25-Feb-24 |

On 03 February 2024, WHO 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**

**Anthrax**

| Grade 2 | 9-Jan-24 | 4-Mar-24 | 13-Mar-24 | 66 |

An outbreak of Anthrax was reported on 9 January 2024 from Kandara, Maragwa, and Kigumo sub-counties. As of 22 February 2024, there have been 66 cumulative cases and zero deaths. Kigumo reported the most cases (42), followed by Kandara (22) and Maragwa (2) cases.

**Kenya**

**Poliomyelitis**

| Grade 3 | 23-Aug-19 | 23-Jul-19 | 13-Feb-24 | 34 | 34 |

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

**Kenya**

| Poliomyelitis (cVDPV2) | Grade 2 | 21-Aug-23 | 4-Jul-23 | 14-Jan-24 | 2,240 | 2,081 | 85 |

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

**Kenya**

**Malaria**

Ungraded 31-Jan-23 1-Jan-23 11-Feb-24 - - -

Since 4 April 2023, two districts (Logia and Mille) in the Afar region of northeastern Ethiopia have been experiencing an outbreak of dengue fever. As of 13 February 2024, a total of 23,251 cases and 17 deaths associated deaths (CFR 0.8%) have been reported from five affected regions.

**Kenya**

**Dengue**

| Grade 2 | 17-Sep-22 | 1-Aug-22 | 25-Feb-24 |

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 66 Woredas across the country: As at 12 February 2024, a total of 50,400 cases with 412 deaths have been reported, a Case Fatality Rate (CFR) of 0.82%.

**Kenya**

**Poliomyelitis**

| Grade 2 | 24-Jun-19 | 20-May-19 | 13-Feb-24 | 62 | 62 |

No new case was reported in 2022. There was no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported in 2023, one case reported in 2022, 10 cases in 2021, 38 cases in 2020, and 13 cases in 2019, giving a total number of reported cases. The total number was reviewed since 2019.

**Kenya**

**Crisis and emergency response**

| Grade 3 | 17-Feb-22 | 1-Jan-22 | 27-Jan-24 |

The case-patient is under care at the N’Zérékoré regional hospital. A total of 19 contacts were initially identified. Investigations are ongoing.

**Kenya**

**Cholera**

| Grade 3 | 19-Oct-22 | 5-Oct-22 | 25-Feb-24 |

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 mehar harvest, and income-earning activities have yet to recover from recent conflict.

**Kenya**

**Poliomyelitis**

| Grade 2 | 23-Aug-19 | 23-Jul-19 | 13-Feb-24 | 34 | 34 |

No new case was documented as of week 6 of 2024.

**Kenya**

**Crisis and emergency response**

| Grade 3 | 17-Feb-22 | 1-Jan-22 | 27-Jan-24 |

Since the index case reported in August 2022 through 25 February 2024, there have been a total of 36,061 cholera cases and 515 deaths (CFR 1.4%). In 2024, a total of 4,836 cases and 48 deaths are reported.
A cholera outbreak has been ongoing in Kenya since 26 October 2022. As of 25 February 2024, a total of 12,521 cases, with 577 confirmed by culture, and 206 deaths (CFR 1.7%) have been reported in 28 affected Counties.

The ongoing outbreak has affected 17 counties so far. Cumulatively, 1,992 cases, with 437 confirmed cases and 27 deaths (CFR 1.4%).

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

Rift valley fever outbreak has been confirmed in two counties: Marsabit and Wajir. A total of 138 suspected cases with seven confirmed human cases have been reported. Marsabit has reported 75 suspected cases with five confirmed by RT-PCR, while Wajir reported 63 suspected cases with two confirmed by RT-PCR.

Liberia confirmed its first case of Mpox 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.

Malawi has experienced heavy rains affecting northern Malawi and lakeshore districts during the months of February and March 2024, leading to flooding of rivers in the districts of Karonga and Nkhotakota. As of 3 March 2024, about 10,944 people were internally displaced and 4 deaths were recorded.

Since weeks 6 and 7, 2024 heavy rainfall has triggered flooding in the central and northeastern parts of Madagascar. This has resulted in population displacements and the loss of homes and infrastructure, including roads, bridges, agriculture, health facilities, water, sanitation, and hygiene infrastructure. The three regions affected by the situation are Atsinanana, Analanjirofo, and Analamanga.

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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 and no new cases have been reported in 2024. Only Maryland County remains in outbreak with 433 ongoing cases.

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

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%).

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.

Madagascar is experiencing malaria outbreak since last year and the same trend continues in 2024. Form week 1 to week 7, 2024, a total of 526,127 cases and 42 deaths are reported. 72 districts are in outbreak and 26 in alert.

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Mali faces 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.
On 9 September 2023, the Malian Ministry of Health reported a case of dengue in a 44-year-old female resident of Bacodjicoroni 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, 5 322 suspected cases, including 846 confirmed cases and 34 deaths have been reported.

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.

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 Molecular and Genomic Biology Laboratory of the University Center for Clinical Research (UCRC) of Point G. Three cases were confirmed on 1 December 2023 and nine cases on 4 December 2023. As of 24 December 2023, a total of 22 confirmed cases and zero deaths were reported from 10 health districts in Koulikoro region (9), Sikasso region (1), and Bamako district (12).

Mauritania

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

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. He developed symptoms including fever and epistaxis, consulted at Tintan Health Center where RVF was suspected.

Mauritius

From week 50, 2023 (ending 17 December 2023) to week 2, 2024 (ending 14 January 2024), the country has reported 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.

Mozambique

A wild poliovirus type 1 (WPV1) was detected in Mozambique, in a 12-year-old female patient from Changara district, Tete province, the paralysis onset was on 25 March 2022. The stool samples investigation, collected on 1 and 2 April 2022, showed that the virus was linked to the virus found in Malawi. Laboratory analysis began on 4 April 2022. No new wild polioEight io cases were reported in Mozambique as of 21 February 2024.

Mozambique

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.

Mozambique

A wild poliovirus type 1 (WPV1) was detected in Mozambique, in a 12-year-old female patient from Changara district, Tete province, the paralysis onset was on 25 March 2022. The stool samples investigation, collected on 1 and 2 April 2022, showed that the virus was linked to the virus found in Malawi. Laboratory analysis began on 4 April 2022. No new wild polioEight io cases were reported in Mozambique as of 21 February 2024.

Namibia

On 26 February 2024, suspected food poisoning was reported from Livayi village in Nyanga district of Kavango East region where ten people from 4 households, aged between 1 and 17 years, presented vomiting, abdominal pain, convulsions and fitting after consuming a meal made of maize porridge, fresh traditional vegetable (mutate) and soup. Two deaths were recorded while the other case-patients are being treated at the Nyanga district hospital.

Niger

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 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.

Niger

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.

Niger
As of epidemiological week 41, 2023 (ending 16 October), 1,002 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.

A meningitis outbreak was declared in the Dungass health district in Zinder region. The first case was reported on 31 October 2022 and confirmed on 23 November 2022, with Neisseria meningitidis identified as the causative agent. As of 16 October 2023, 2,261 suspected cases of meningitis, including 736 laboratory-confirmed cases and 129 deaths (CFR 5.7%) were reported.

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.

A meningitis outbreak was declared in the Dungass health district in Zinder region. The first case was reported on 31 October 2022 and confirmed on 23 November 2022, with Neisseria meningitidis identified as the causative agent. As of 16 October 2023, 2,261 suspected cases of meningitis, including 736 laboratory-confirmed cases and 129 deaths (CFR 5.7%) were reported.

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.

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 targetted 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.

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 states) states.

An increase in meningitis cases has been reported 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. Children aged less than 15 years old are the most affected. The ICRC request for meningococcal vaccines is under finalization.

Overall, since the re-emergence of &nbsp;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.

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 IgM positive. There were six cases of severe dengue and one associated death. Pikine district (135 cases, 53.1%) has the highest number of cases, followed by Thilogne (38 cases, 26.1%).

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 (Malem Hodar, Podor, Kafrin) and two for the second time in 2023 (Vlingara, Kaolack).

On 7 February 2024, the Ministry of Health of Senegal was informed by Institut Pasteur of Dakar of a confirmed West Nile virus case in Matam region. The case is a 23-year-old man residing in Thiloune commune, Matam department, who had onset of symptoms of fever, headache and myalgia on 23 January 2024. On 26 January 2024, he presented at a health facility where he tested negative for malaria. A symptomatic treatment was initiated. A blood sample was sent to Institut Pasteur of Dakar on 2 February 2024 for further testing. The sample tested IgM positive for West Nile virus on 07 February 2024. No additional case was reported. Further investigations are ongoing.

In week 49, Senegal health authorities have reported the confirmation of two cases of Zika virus disease in the districts of Sédehou 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.
Cholera outbreak has been ongoing in South Africa since December 4, 2023. It started with imported cases linked to ongoing outbreaks in Southern Africa and two locally transmitted cases from Limpopo in January. As of February 13, 2024, 117 cumulative suspected and six confirmed cases have been reported with no deaths.

<table>
<thead>
<tr>
<th>South Africa</th>
<th>Measles</th>
<th>Ungraded</th>
<th>17-Oct-22</th>
<th>13-Oct-22</th>
<th>26-Dec-23</th>
<th>7,054</th>
<th>1,338</th>
<th>0.00%</th>
</tr>
</thead>
</table>

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 (333), followed by Gauteng (265), North West (226) and Western Cape (56).

**South Sudan**

<table>
<thead>
<tr>
<th>Food insecurity (Horn of Africa crisis)</th>
<th>Grade 3</th>
<th>18-Dec-20</th>
<th>5-Apr-21</th>
<th>27-Jan-24</th>
<th>Ungraded</th>
<th>Ungraded</th>
<th>Ungraded</th>
<th>Ungraded</th>
</tr>
</thead>
</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.

**South Sudan**

<table>
<thead>
<tr>
<th>Humanitarian crisis</th>
<th>Protracted 3</th>
<th>15-Aug-16</th>
<th>15-Aug-16</th>
<th>25-Jan-24</th>
<th>Ungraded</th>
<th>Ungraded</th>
<th>Ungraded</th>
<th>Ungraded</th>
</tr>
</thead>
</table>

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

**South Sudan**

<table>
<thead>
<tr>
<th>Hepatitis E</th>
<th>Ungraded</th>
<th>3-Jan-18</th>
<th>1-Jan-19</th>
<th>19-Dec-23</th>
<th>4,253</th>
<th>63</th>
<th>12</th>
<th>0.30%</th>
</tr>
</thead>
</table>

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.

**South Sudan**

<table>
<thead>
<tr>
<th>Measles</th>
<th>Ungraded</th>
<th>23-Feb-22</th>
<th>1-Jan-23</th>
<th>24-Dec-23</th>
<th>7,862</th>
<th>586</th>
<th>173</th>
<th>2.20%</th>
</tr>
</thead>
</table>

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 of 2023, 7,862 suspected measles cases were reported, with 586 (7.6%) lab-confirmed, 173 deaths with a case fatality ratio of 2.2%.

**South Sudan**

<table>
<thead>
<tr>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>26-Feb-24</th>
<th>1-Jan-24</th>
<th>28-Feb-24</th>
<th>2</th>
<th>2</th>
<th>0</th>
<th>0.00%</th>
</tr>
</thead>
</table>

There is an ongoing polio vaccine derived type 2 outbreak in South Sudan reported to AFRO during week 9, 2024. So far, two cVDPV2 cases were reported from Yambio, in Western Equatoria and Juba in Central Equatoria.

**South Sudan**

<table>
<thead>
<tr>
<th>Yellow fever</th>
<th>Ungraded</th>
<th>24-Dec-23</th>
<th>19-Dec-23</th>
<th>3-Mar-24</th>
<th>81</th>
<th>3</th>
<th>6</th>
<th>7.40%</th>
</tr>
</thead>
</table>

Yellow fever outbreak is still ongoing in South Sudan since it was officially declared by the health authorities on 6 January 2024. As of 5 March 2024, a total of 81 cases including 78 suspected and three confirmed cases have been reported. About six suspected deaths have been also reported. All cases were reported from six counties in Western Equatoria state: Yambio (45), Tambura (15), Nzara (10), Ezo (6), Ibba (4), and Maridi Counties (01) as of 3 March 2024.

**Tanzania, United Republic of**

<table>
<thead>
<tr>
<th>Cholera</th>
<th>Grade 3</th>
<th>3-Oct-23</th>
<th>7-Sep-23</th>
<th>12-Dec-23</th>
<th>660</th>
<th>53</th>
<th>19</th>
<th>2.90%</th>
</tr>
</thead>
</table>

No cVDPV2 cases were reported this week. The total number of cases for 2023 remains three.

<table>
<thead>
<tr>
<th>Togo</th>
<th>Cholera</th>
<th>Grade 3</th>
<th>15-Dec-23</th>
<th>15-Dec-23</th>
<th>31-Jan-24</th>
<th>1</th>
<th>1</th>
<th>0.00%</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Togo</th>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>18-Oct-19</th>
<th>13-Sep-19</th>
<th>26-Oct-23</th>
<th>19</th>
<th>19</th>
<th>0.00%</th>
</tr>
</thead>
</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.

**Uganda**

<table>
<thead>
<tr>
<th>Food insecurity (Horn of Africa crisis)</th>
<th>Grade 3</th>
<th>17-Feb-22</th>
<th>1-Jan-22</th>
<th>27-Jan-24</th>
<th>Ungraded</th>
<th>Ungraded</th>
<th>Ungraded</th>
<th>Ungraded</th>
</tr>
</thead>
</table>

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, Kiryandongo, Kyegwiga, 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 (20 % of the analyzed population) to 963 000 people (23 % of the analyzed population).

<table>
<thead>
<tr>
<th>Antrax</th>
<th>Grade 2</th>
<th>27-Nov-23</th>
<th>19-Nov-23</th>
<th>7-Jan-24</th>
<th>88</th>
<th>22</th>
<th>11</th>
<th>12.50%</th>
</tr>
</thead>
</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 latest confirmed 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: 13.5%).

<table>
<thead>
<tr>
<th>Cholera</th>
<th>Grade 3</th>
<th>22-Jan-24</th>
<th>4-Feb-24</th>
<th>25-Feb-24</th>
<th>25</th>
<th>5</th>
<th>2</th>
<th>8.00%</th>
</tr>
</thead>
</table>

On 21 January 2024, the Port health focal point person at Elegu Point of Entry notified Adjumani health authorities of a cluster of 14 suspected cholera cases that had arrived from Khartoum (Madari). The suspected cases were asylum seekers from Sudan to Uganda. Following investigation, one case out of the 14 was discarded. As of 7 February 2024, the number of cases is 13 including four confirmed and zero death and the outbreak was controlled without local transmission. However, on 4 February 2024, a new cholera outbreak was detected in Mbale city, as of 25 February, 25 cases including five confirmed and one death are reported.
Zimbabwe is currently responding to an outbreak of a circulating Vaccine Derived Poliovirus type 2 (cVDPV2). The cVDPV2 outbreak was first detected through Environmental Surveillance (ES) in October 2023 in Harare City. So far there is human cases of vaccine deprived polio type 2 (cVDPV2). This cVDPV2 case was detected in Sanyati district through Acute Flaccid Paralysis (AFP) surveillance. Two cVDPV2 isolates were detected from healthy children whose samples were collected as part of the initial detailed outbreak investigation. The country is now responding through strengthened routine immunization, enhanced surveillance and nOPV2 vaccination campaigns. First round of the nOPV2 campaign was conducted from 20 to 23 February 2024.

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

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.