WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
Week 15: 8 - 14 April 2024
Data as reported by: 17:00; 14 April 2024

1 New events
115 Ongoing events
85 Outbreaks
31 Humanitarian crises

Legend

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

- Mpox in the Democratic Republic of the Congo
- Measles in Mauritania
- Humanitarian Situation in South Sudan

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

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

**Major issues and challenges include**

- Mauritania’s efforts to control the ongoing measles outbreak are challenged by several factors including, a delayed follow-up vaccination campaign since planned for 2023 has contributed to low national vaccination coverage. At the same time, inadequate isolation facilities in health centers, insufficient public awareness about vaccination, particularly in remote areas, and inconsistent data reporting from health facilities complicate effective monitoring and response to the outbreak.

- South Sudan is facing overcrowding challenges mostly experienced in refugee transit centers. New arrivals fleeing from the ongoing conflict in Sudan primarily via Joda in Upper Nile State are being hosted in Renk and Malakal Counties. This has overwhelmed local communities due to increased insecurity and limited capacity to transport arrivals to their final destinations. Insecurity has also led to disruption of aid flow especially food assistance raising concerns in Renk, Abyei, and Malakal with some arrivals waiting extended periods for relocation causing them to deplete their supplies. Access to medical supplies has also been an issue and shortages of anti-rabies, antivenom, and antimalarial drugs were reported in Maban refugee settlements. Overcrowding in transit centers poses protection risks, especially for women and children who are exposed to sexual assault and violence. The humanitarian crisis in South Sudan is a complex situation that requires urgent response, increased funding, and improved coordination.
Democratic Republic of Congo

mpox

EVENT DESCRIPTION

Since December 16, 2022, the Democratic Republic of the Congo (DRC) has been experiencing an outbreak of mpox, as officially declared by the National Minister of Public Health, Hygiene, and Prevention. The outbreak was prompted by a notable surge in both cases and fatalities associated with mpox as well as a fast spread to non-endemic provinces.

Since the declaration of this outbreak in 2022, the country has recorded 25,318 suspected cases, with 5,697 occurring in 2022, 14,626 in 2023, and 5,133 in 2024. Among these cases, there have been 1,204 deaths, comprising 234 in 2022, 654 in 2023, and 321 in 2024 resulting in a case fatality ratio of 4.8%.

The outbreak has widely spread throughout the country, with 138 health zones (27.0% of the total 519) from 19 out of 26 provinces (73.1%) reporting at least one suspected case in 2024. Equateur Province has been significantly affected, reporting 2,929 suspected cases (57.0%) and 240 deaths (74.8%).

In epidemiological week 14, 2024, 283 new suspected cases and nine deaths were reported. From epidemiological weeks 1-14, a total of 5,133 suspected cases and 321 deaths reflecting a case fatality rate of 6.3% has been recorded. Children under 15 years old constitute the majority of both suspected cases (69.0%) and deaths (85.0%).

Among the suspected cases, 873 samples representing a 17.0% testing rate were collected and tested for mpox, resulting in 538 confirmed cases and a test positivity rate of 61.6%. Overall, males account for 62.0% (n=335) of confirmed cases, with children under 15 representing 51% (n=275) of these confirmed cases.

The urgent need for targeted health interventions and resources to address this public health crisis is underscored by the outbreak's extensive impact, which includes transmission dynamics such as sexual transmission and HIV co-infection.

PUBLIC HEALTH ACTIONS

Since the activation of the Public Health Emergency Operation Centre and the Incident Management System, in collaboration with WHO and other partners, the country has mounted response efforts to interrupt transmission. Key current actions include:

- Sustained Incident Management System and Public Health Emergency Operation Center operations since February 2023 including technical pillars and WHO deployed additional consultants to support response efforts
- Advocating for resource mobilization to implement the revised mpox national response plan (2024).
- Hosted a high-level regional emergency meeting on monkeypox in Africa on April 11-13, 2024.
- WHO has trained healthcare workers on surveillance, case management, laboratory, risk communication, infection prevention and control, and laboratory.
- WHO continues to support enhanced surveillance and genomic surveillance.
- With the support from USAID, the Ministry of Health has deployed MBA-VN vaccine targeting specific age groups in Kamituga, and contacts in endemic areas (Sankuru, Ecuador, Maniema, Tshopo)

Despite significant strides in response efforts, several response domains remain suboptimal due to inadequate resources to support critical response efforts compounded by multiple health emergencies (measles, cholera, conflicts). Additionally, Limited understanding of the epidemiology and transmission dynamics to inform response due to underlying weak health systems including epidemiological surveillance in terms of capacity for case investigation, sample collection, transportation, and analysis, genomic sequencing, and subclade characterization.

SITUATION INTERPRETATION

The current situation of the mpox outbreak in DRC is of grave concern. The sustained increase in suspected cases compared to previous years, with a significant burden in younger populations, particularly children under 15 years of age, who constitute the majority of both suspected cases and deaths. The widespread distribution of cases across most provinces, with a high caseload in the Equateur Province, underscores the extensive reach of the outbreak and potential challenges in surveillance and containment efforts. While the public health response, in collaboration with WHO and other partners, demonstrates a comprehensive approach to interrupt transmission chains, the response is impeded by various challenges that require escalated efforts and adequate resources to control the outbreak and prevent further spread.
Trend of suspected cases of mpox in DRC, 2022 to Week 14, 2024

Epicurve of suspected cases and deaths of mpox in DRC by epidemiological weeks, 2022—2024

Age and gender distribution of laboratory-confirmed mpox cases, epidemiological week 1—14, 2024 (n=538)
Humanitarian Crisis

EVENT DESCRIPTION

South Sudan continues to face a serious humanitarian crisis with the intersection of persistent insecurity and violence, regional and national economic instability compounded by global downturns, and the devastating effects of climate change. The compounded crisis continues to inflict severe hardships on millions of South Sudanese families, particularly in terms of displacement, and food and nutritional security.

Since April 2023, Sudan experienced an influx of refugees fleeing the conflict between the Rapid Support Forces and the Sudanese Armed Forces. This crisis has displaced people within Sudan and in five neighboring countries among which are the Central African Republic (CAR), Chad, Ethiopia, Egypt, and South Sudan. Over 542,000 people have fled Sudan and crossed into South Sudan, with an average of 1,850 daily arrivals. As of 6 March 2024, 124,751 refugees and 463,960 returnees were registered in South Sudan alone.

The recent escalation in fighting has driven a further increase, with over 22,800 people crossing the border from 20 January to 2 February 2024. Most refugees arrived in the Upper Nile State, with some heading to Western Bahr el Ghazal and Abyei. This resulted in overcrowding in transit centers in Renk and Malakal hence straining capacity for medicine, food, sanitation, capacity, and security in a country experiencing localised violence as observed from the attacks on the UN base and threats along transportation routes. The influx of new arrivals in South Sudan has led to increased food prices and limited capacity to contain disease outbreaks of cholera, measles, hepatitis E, yellow fever, and malaria all in the first quarter of 2024.

Displacement and security concerns in South Sudan have been compounded by natural disasters like floods in 2023 that contributed to the spread of cholera outbreaks and other water-borne diseases.

South Sudan is grappling with severe food insecurity, with 5.83 million people, about 46% of the population, facing acute food shortages. Approximately 1.64 million individuals are experiencing food insecurity at emergency levels, categorized as Integrated Food Security Phase Classification (IPC) Phase 3 or worse, with 35,000 people in IPC Phase 5 (Catastrophe) in specific areas. OCHA predicts that between July 2023 and June 2024, around 1.65 million children aged six months to five years and 870,000 pregnant or breastfeeding women will suffer from acute malnutrition.

PUBLIC HEALTH ACTIONS

- Coordination between aid agencies is ongoing to ensure efficient delivery of assistance. Refugee relocation efforts are ongoing in some areas, hampered by security concerns in Abyei.
- Fortified biscuits and cash assistance have been provided at border points and transit centers by partners.
- Screening of malnutrition in children is ongoing, children receive specialized food if needed.
- Vaccination against measles, polio, BCG, and other diseases among children is ongoing. Provision of medical services in some locations is ongoing, however with shortages of essential drugs.
- Construction of pit latrines is ongoing to improve sanitation conditions in transit centers.
- Partners are providing food items, water, sanitation, and healthcare to refugees and returnees.

SITUATION INTERPRETATION

The ongoing conflict in Sudan is causing a significant humanitarian crisis in South Sudan, with large numbers of people fleeing for safety and essential needs like food and shelter becoming strained. As such, overcrowding, limited onward transportation capacity, insufficient resources, and security concerns pose major protection risks and sanitation challenges. It is crucial to strengthen internal systems in Sudan through increasing funding for the country’s humanitarian crisis response.
Measles

EVENT DESCRIPTION

Mauritania has been experiencing a resurgence of measles cases since the beginning of 2024. Between week 10 (starting 4 March) and week 13 (ending 31 March) of 2024, the country recorded 685 suspected measles cases, including 23 laboratory-confirmed cases, and no deaths in 20 districts (Moughataas). Cumulatively, from 1 January to 31 March 2024 (week 1 to week 13), Mauritania reported 1,708 suspected measles cases, including 175 laboratory-confirmed cases, and four deaths, yielding a case fatality rate of 0.2%. Suspected cases reported in the first quarter of 2024 represent 65.7% increase compared to all suspected cases reported throughout 2023. Since 1 January 2023, of the 606 cases confirmed by PCR or epidemiological link, 61.0% were not vaccinated against measles. The first sporadic cases of measles were reported in week 20 of 2022.

Since the beginning of 2024, 49 (77.8%) out of the 63 districts across Mauritania’s 15 regions (wilayas) have reported confirmed cases of measles. Among these, 38 districts have surpassed the epidemic threshold, with 21 currently in an epidemic phase and 17 in a post-epidemic phase.

Bassiknou district, which hosts Malian refugee camps, is particularly affected. From the start of the year to week 14, 100 cases were confirmed epidemiologically, with the most affected age groups being those aged 15 years and older (27%) and 5-9 years (26%). There were two measles-related deaths in this district in 2024, indicating a fatality rate of 2.0%.

Infants under one year of age account for 16.0% of the cases (97 cases) and have the highest attack rate, at 60.8 per 100,000 inhabitants. The gender distribution of cases is relatively balanced, with a female-to-male ratio of 1.03.

PUBLIC HEALTH ACTIONS

- The Mauritanian Ministry of Health, in coordination with the WHO and other stakeholders, has intensified its response to the measles outbreak. The Incident Management System measles coordination meetings occur twice weekly, ensuring agile and responsive decision-making.
- Targeted vaccination campaigns, especially in regions with high caseloads. Plans are underway to extend vaccination to children aged 9 months to 14 years, supported by GAVI for those 9 to 59 months old. A draft plan is being finalized, and resource mobilization is ongoing, with 1 million out of the required 2,157,500 vaccine doses already secured.

SITUATION INTERPRETATION

The ongoing measles outbreak in Mauritania, marked by a significant rise in cases at the beginning of 2024 compared to the previous year, highlights the persistent public health challenge. The fact that a considerable number of confirmed cases were unvaccinated indicates broad gaps in immunization coverage. This shortfall has contributed to the spread of the disease, particularly in vulnerable populations, including residents of refugee camps. These findings underline the critical need for expanded and targeted vaccination efforts to effectively control the outbreak.
Weekly trend of suspected cases of measles in Mauritania, 2022 — 2024
Integrated Disease Surveillance and Response
Weekly data submission report
Health Emergency Information Management & Risk Assessment Programme

Update on Reporting - Epidemiological Week 15: 08 – 14 April, 2024
Point du rapportage hebdomadaire – Semaine 15: 08 – 14 avril 2024

35 Countries out of 47, reported for week 15
74 % Completeness for weekly reporting
66 % Timeliness for weekly reporting

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

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 :

afrounoutbreak@who.int
afroephrir@who.int

All the correspondences related to this document should be directed to: Toutes les correspondances relatives à ce document doivent être adressées à:
Dr Etien Luc Koura, HIR Programme Area Manager (kouae@who.int)
Emergency Preparedness and Response, WHO Regional Office for Africa

Reminder: Upcoming deadlines for weekly data submission
Rappel : Dates limites prochaines de soumission des données hebdomadaires

<table>
<thead>
<tr>
<th>Week 15</th>
<th>Week 16</th>
<th>Week 17</th>
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<td>Start date</td>
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<td>End date</td>
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All events currently being monitored by WHO AFRO

### New Events

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<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>
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<tr>
<td>Seychelles</td>
<td>Suspected Chemical Poisoning</td>
<td>Ungraded</td>
<td>8-Apr-24</td>
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On 12 April 2024, a report of suspected emission of unidentified Noxious Gas was reported by the country office to AFRO. The event, which on 8 April, has caused health concerns among the communities. Symptoms reported: headaches, dizziness, burning eyes, throat irritation, itchiness, skin rash, vomiting, respiratory symptoms, and a distinctive smell resembling fuel or burnt oil. As of 17 April 2024: 401 cases have been reported with one admission, no deaths.

### Ongoing Events

#### Burkina Faso

**Humanitarian crisis (Sahel Region)**

- **Grade**: 2
- **Date notified to WCO**: 6-Feb-24
- **Start of reporting period**: 1-Apr-24
- **End of reporting period**: 9-Mar-24
- **Total cases**: 3817
- **Cases Confirmed**: 362
- **Deaths**: 12
- **CFR**: 0.30%

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.

#### Burundi

**Measles**

- **Grade**: Ungraded
- **Date notified to WCO**: 15-Feb-24
- **Start of reporting period**: 1-Jan-23
- **End of reporting period**: 12-Feb-24
- **Total cases**: 1670
- **Cases Confirmed**: 1670
- **Deaths**: 22
- **CFR**: 1.30%

On 14 February 2024, Burundi’s Ministry of Health reported a measles outbreak, with 20 of the country’s 49 health districts experiencing active outbreaks. These districts were identified as having unvaccinated children in the 2022 National Vaccination Coverage Survey. The epidemic curve indicates a steady increase in cases since May 2023. In 2023, there were 1670 confirmed cases resulting in 22 deaths, representing a case fatality rate of 1.3%. Among the confirmed cases, 55% were aged 6-59 months, and 82% were under 15 years old. From 1 January to 12 February 2024, 34 deaths were reported in five health districts.

#### Cameroon

**Humanitarian crisis (Sahel Region)**

- **Grade**: Protracted 2
- **Date notified to WCO**: 31-Dec-13
- **Start of reporting period**: 27-Jun-17
- **End of reporting period**: 13-Feb-24
- **Total cases**: 3817
- **Cases Confirmed**: 3817
- **Deaths**: -
- **CFR**: -

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. For the period ending 31 March 2024, the following observations were made: 4.7M people in need, 2.7M people targetted, 1M IDPs, 658k Returns and 485K Refugees and Asylum Seekers.

#### Cameroon

**Humanitarian crisis (Sahel Region)**

- **Grade**: Grade 2
- **Date notified to WCO**: 31-Dec-13
- **Start of reporting period**: 27-Jun-17
- **End of reporting period**: 13-Feb-24
- **Total cases**: 4700000
- **Cases Confirmed**: 4700000
- **Deaths**: -
- **CFR**: -

In 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.

#### Cameroon

**Measles**

- **Grade**: Ungraded
- **Date notified to WCO**: 2-Apr-19
- **Start of reporting period**: 1-Jan-24
- **End of reporting period**: 31-Mar-24
- **Total cases**: 645
- **Cases Confirmed**: 232
- **Deaths**: 104
- **CFR**: 16.10%

From Week 1 to Week 13 (ending 31 March 2024), 645 suspected measles cases including 104 deaths (CFR 16%) were reported in Cameroon. A cumulative number of 232 cases were confirmed, including 129 IgM positive, 98 epidemiologically linked and 15 clinically compatible. In 2023, 6088 confirmed measles cases and at least 75 related deaths have been reported in Cameroon.

#### Cameroon

**Mpox**

- **Grade**: Protracted 2
- **Date notified to WCO**: 24-Feb-22
- **Start of reporting period**: 1-Oct-16
- **End of reporting period**: 14-Dec-22
- **Total cases**: 4700000
- **Cases Confirmed**: 4700000
- **Deaths**: -
- **CFR**: -

From 1 January to 4 April 2024, 15 suspected cases of Mpox including 2 laboratory-confirmed and 1 death have been reported. From 1 January to 28 December 2023, 113 suspected cases of Mpox, including 27 laboratory-confirmed and no death were reported. In 2022, 18 confirmed cases and three deaths were reported in the country.

#### Cameroon

**Yellow Fever**

- **Grade**: Ungraded
- **Date notified to WCO**: 20-Nov-23
- **Start of reporting period**: 23-Jan-23
- **End of reporting period**: 10-Mar-24
- **Total cases**: 59
- **Cases Confirmed**: 30
- **Deaths**: 5
- **CFR**: 8.50%

In Cameroon, three cases of yellow fever confirmed by polymerase chain reaction (PCR) were reported in the last quarter of 2022, specifically in weeks 42 and 45. Probable and confirmed cases of yellow fever were reported consistently throughout 2023, from week 4 onward. As of week 2 of 2024, a total of 32 confirmed cases have been reported in 10 regions, including 23 PRNT-positive and nine PCR-positive cases. Of these reported cases, 30 have been classified as confirmed, including six in Douala’s densely populated urban area.
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 deaths. As of 11 March 2023, a total of 992 suspected cases, including 543 confirmed cases and no deaths, were reported.

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.

On 15 April 2023, a conflict between the Rapid Support Forces (RSF) and the Sudanese Armed Force (SAF) broke out and displaced people within Sudan and in five neighboring countries among which four are part of the WHO African region (AFRO): the Central African Republic (CAR), Chad, Ethiopia, and South Sudan. As of 6 March 2024, a total of 22 627 refugees and 6 158 returnees have been recorded in CAR.

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

On 22 March 2024, health authorities declared meningitis outbreak in Batangafo-Kabo district following a confirmation of the disease at Institut Pasteur of Bangui with the detection of Neisseria meningitidis (Nm) serotype W135 in one cerebrospinal fluid (CSF) sample out of 18 analyzed. The epidemic threshold was crossed on week 9, 2024 (ending 3 March). From week 7 when the first suspected case was reported through week 12, 2024, a total of 35 cases, one confirmed and nine deaths (CFR 26%) have been reported.

In 2023, five confirmed cases of yellow fever were recorded for the following districts: Sangha-Mbaéré (1), Berbérati (1), Bambari (2), and Bossembélé (1). The number of confirmed cases this year has been reviewed. Since the beginning of 2024, four probable cases of yellow fever (PRNT positive) were recorded in the Mbaïki health district.

The Central African Republic is among the African countries most affected by the armed conflict in Sudan, hosting 46.7% of Sudanese refugees to date. As of 11 February 2024, a total of 6 380 new refugees have been 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 since the start of the conflict in Sudan.

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Chad is among the African countries most affected by the armed conflict in Sudan, hosting 46.7% of Sudanese refugees to date. As of 11 February 2024, a total of 6 380 new refugees have been 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 since the start of the conflict in Sudan.

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On 4 January 2024, the Ministry of Health Surveillance Service reported 14 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 15, an increase of 17 cases from 2022.

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As per the Global Polio Eradication Initiative (GPEI), no cVDPV1 cases were reported this week. The number of 2023 cases remains 105.

Since the official cholera outbreak declaration on 2 February 2024 through 17 March 2024, a total of 319 cases and 12 deaths (CFR 3.8%) are reported in Comoros with the cholera attack rate of 38 cases per 100 000 inhabitants. The anti-gram and serotyping confirmed Vibrio cholerae 01 Ogawa.

Since December 2023, nine of the twelve departments of the Republic of Congo (Cuvette, Likouala, Plateaux, Sangha, Kouilou, Niari, Pool, Brazzaville, Pointe-Noire) have been experiencing heavy floods following excessive rainfall and overflow of the Oubangui and Congo rivers As of 8 January 2024, 23 deaths were reported and an estimated 336 560 individuals were in need of humanitarian and health assistance. As of 24 February 2024, 196 769 internally displaced persons were recorded in seven departments, including 7 407 (7 pregnant women, 36 855 (3.8%) children less than five years old (18.7%), and 12 762 (6.5%) elderly.

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

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

An outbreak of Dengue fever is ongoing in Ivory Coast. A total of 4 006 cases have been reported from 1 January 2023 to 25 February 2024, with 325 confirmed cases and 3 deaths (CFR: 0.1%).

Severe floods in the Democratic Republic of Congo have caused catastrophic impacts across multiple regions for weeks. By December 2023, the affected area had expanded to over 1.6 million hectares, with significant damage along the Congo River and in provinces such as Equateur and Congo Central. The most impacted crops included cassava, corn, and peanuts, particularly in the Kinshasa peri-urban and central agricultural savannahs. As of 7 February 2024, 422,732 households had been affected, and 2,196,562 houses had collapsed across 17 provinces.

A human case of anthrax was confirmed on 16 November 2023 in Lume health area, Mutwanga health zone, North Kivu Province. From 4 November 2023 to 3 January 2024, a total of 30 144 cases, 654 deaths (CFR 4.5%) were reported.

In the eastern region of the Democratic Republic of Congo (DRC), particularly in North Kivu, a protracted and complex conflict persists, characterized by the presence of numerous armed groups and the Congolese Armed Forces (FARDC) and their respective allies. This situation has led to widespread instability and an unprecedented humanitarian crisis in North Kivu province. Between February 2nd and 8th, armed clashes between the FARDC and M23 rebels resulted in the displacement of approximately 150 000 people in North Kivu, including around 50% children. Most of these displaced individuals have experienced repeated displacements, particularly from collective centers in Bweremana, Kirotshe, and Shasha in the Masisi territory, and Katsiru in the Rutshuru territory. Additionally, the fighting has also triggered the displacement of around 60,000 people southward, towards Minova and Bunyakiri in South Kivu province.

Humanitarian crisis Grade 3 20-Dec-16 17-Apr-17 20-Feb-24 - - - -

In 2023, a total of 311 500 suspected measles cases and 6 799 deaths were reported. This year, from week 1 through week 11 (ending 17 March), a total of 30 144 cases, 1 178 confirmed and 791 deaths are reported so far; 18 out of 26 provinces have reported confirmed measles outbreaks since the beginning of this year.

As of 12 November 2023, the country had reported 62 803 cumulative cases, with 1,866 deaths (CFR 1.1%) across 12 affected provinces.

In 2024, cumulatively from week 1 through week 6 (ending 11 February), a total of 2 609 cases, 360 confirmed and 218 deaths (CFR 8.4%) have been reported in DRC; 18 out of 26 Provinces (69.0%) and 100 out of 519 health zones (19.3%) have reported at least one suspected case of mpox in 2024. In 2023, a total of 14 626 mpox cases and 654 deaths (CFR 4.5%) were reported.

The Democratic Republic of the Congo (DRC) is facing plague in two health zones (Rethy and Logo) in the Ituri province. A total of 205 cases have been reported including seven deaths (CFR 3.4%) since the beginning of this year.

As per the Global Polio Eradication Initiative (GPEI), no cVDPV1 cases were reported this week. The number of 2023 cases remains 105.
As per the Global Polio Eradication Initiative (GPEI), no cVDPV2 cases were reported this week. The number of 2023 cases remains 118.

As of 14 March, heavy rain and strong winds caused by Cyclone Felippe affected the eastern Lubombo region of Eswatini. Ka-Langa, Sitatsaweni, Makhevu, Lomahasha are areas that have been affected, and have suffered flooded houses and schools, damaged roads, downed power lines. Public transport has been heavily reduced and schools due to adverse weather. On a positive note, the rain helped alleviate drought conditions in the region.

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.

The conflict in northern Ethiopia has led to massive and acute humanitarian needs in Afar, Amhara, and Tigray, which are still only partially addressed. Vital infrastructure, such as health facilities, water installations, and schools have been destroyed. Ongoing armed conflicts in Amhara and Oromia, continue to threaten the lives of many, driving humanitarian and protection needs. As of 12 March 2024, in Amhara region, armed clashes continued to escalate between Fano militias and the Ethiopian National Defense Force (ENDF), while in Oromia region, Fano militias attacked civilians in border areas of North Shewa zone.

On 15 April 2023, a conflict between the Rapid Support Forces (RSF) and the Sudanese Armed Force (SAF) broke out and displaced people within Sudan and in five neighboring countries among which four are part of the WHO African region (AFRO); the Central African Republic (CAR), Chad, Ethiopia, and South Sudan. As of 6 March 2024, the conflict has displaced 6.3 million internally and 1.7 million in neighboring countries including 40,048 refugees and 7,760 returnees in Ethiopia.

Since the index cholera case reported on 27 August 2022 through 10 March 2024, there have been a total of 37,497 cholera cases and 525 deaths (CFR 1.4%). In 2024, a total of 8,606 cases and 38 deaths are reported.

Since 4 April 2023, two districts (Logia and Milie) in the Afar region of northeastern Ethiopia have been experiencing an outbreak of dengue fever. As of 7 April 2024, a total of 23,209 cases and 19 death associated cases (CFR 0.08%) have been reported from five affected regions. 699 of the cumulative cases have been reported in 2024 only. The outbreak is currently active in one out of the 26 initially affected Woredas.

Ethiopia is still experiencing malaria outbreak for years now. Cumulatively in 2024, from 1 January to 26 February, a total of 705,054 malaria cases and 153 deaths were reported nationwide. Most malaria cases, were reported from Oromia (34%), followed by Amhara (18%), Southwest (13%), and South (10%). Number of malaria cases so far this year is already higher than reported during the same period in 2023.

On 23 January 2024, Cameroon reported a confirmed case of Diphtheria. The affected individual is a 9-year-old male from Bitem Health District in Gabon. The onset of symptoms occurred on 1 December 2023, and he sought medical consultation on 3 December 2023 in the Enongo health area, Ebolowa health district in Cameroon. The person died on 7 December 2023. The sample tested positive for Diphtheria on 23 January 2024. As of 19 March 2024, a total of 28 suspected cases, including 2 laboratory confirmed cases, 8 clinically compatible cases and three deaths (CFR 10%) were notified.

From Week 1 to Week 8 of 2024, Ghana reported 1,398 suspected cases of measles, including 619 confirmed IgM positive cases and 25 compatible cases. Over the past four weeks, 30 health districts experienced a measles epidemic, yielding an incidence rate of 20 cases per one million inhabitants. In response to this outbreak, a measles reactive campaign is scheduled for late 2024.

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

An outbreak of diphtheria has been reported in the Kankan region of Guinea since 4 July 2023. As of 9 April 2024, 4,517 suspected cases were reported from the Kankan, Faranah, Labé, Mamou, Conakry and N’Zérékoré regions, including 4,307 confirmed cases and 105 deaths. Of the confirmed cases, 29 were laboratory-confirmed, 4,173 were clinically compatible and 105 were epidemiologically linked. The Siguir health district in the Kankan region is the epicenter of the outbreak, with 96.4% of suspected cases reported.

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. In addition to this case, there was another confirmed case of lassa fever confirmed in the health district of Kissidougou on 31 January 2024.
Kenya food security outlook of February to September 2022 shows that, from February to May, pastoral household access to food and income will likely improve with increased access to the short rains harvest, increased livestock birth rates, and agricultural labor opportunities. From June to September, household access to food and income will improve with the start of the long rains harvest in July as market prices temporarily decline. From early to mid-August, some households with small farms will likely have depleted their household food stocks and will turn to markets to meet their food needs, but above-average prices will likely keep their purchasing power lower than normal.

Kenya Cholera Grade 3 19-Oct-22 1-Jan-23 20-Mar-24 - - - -

A cholera outbreak has been ongoing in Kenya since 26 October 2022. As of 4 April 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.

Kenya Measles Ungraded 29-Jun-22 1-Jan-23 4-Apr-24 876 149 11 - -
The measles outbreak has been continuous since January 2023. Nine counties are actively reporting measles cases; Garissa, Kilifi, Mombasa, Turkana, Samburu, Wajir, Meru, Kwale, and Manderua, since early 2024. A total of 876 cases with 11 deaths (CFR 1.3%) have been reported.

Kenya Poliomyelitis (cVDPV2) Grade 2 6-Jul-23 26-May-23 10-Jan-24 13 13 - -

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

Kenya Rift Valley fever (RVF) Ungraded 24-Jan-24 25-Jan-24 10-Mar-24 145 7 0 -
The ongoing Rift valley fever (RVF) outbreak has been confirmed in two counties - Marsabit and Wajir counties. A total of 145 suspected cases with seven confirmed human cases have been reported. Marsabit has reported 82 suspected cases with five confirmed by RT-PCR, while Wajir reported 63 suspected cases with two confirmed by RT-PCR. The number of confirmed cases has been reviewed from 12 to seven.

Liberia Lassa Fever Ungraded 3-Mar-22 1-Jan-22 20-Mar-24 - - - -

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 Mpox Protracted 2 21-Jul-22 23-Jul-22 13-Feb-24 119 7 - -

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.

Madagascar Floods Ungraded 26-Feb-24 5-Feb-24 18-Feb-24 - - - -

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.

Madagascar Malnutrition crisis Protracted 2 1-Jul-21 1-Jan-21 21-Mar-24 - - - -

The humanitarian situation in the Grand Sud remained fragile and is expected to deteriorate further, thus reversing the marginal gains made in 2023. Malnutrition rates are expected to reach IPC Phase 4 (Emergency) in Ikongo and Varika during the lean season. Nearly 196 500 children under the age of five may suffer from acute malnutrition from October 2022 to April 2024. Two districts will reach a critical phase, nine will be in a serious phase, and four will be on alert for acute malnutrition between February and April 2024.

Malawi Cholera Grade 3 3-Mar-22 3-Mar-22 7-Apr-24 59,334 59,334 1,774 3.00%

Malawi Dengue Grade 3 12-Sep-23 1-Jan-24 3-Mar-24 1,627 296 - -

Malawi is facing prolonged conflict, poverty, climate shocks, and growing insecurity. However, the current Humanitarian Response Plan for Mali needs to be more funded, with only 11% of the required funding secured for the 4.1M(million) people targeted. There has been a significant increase in IDPs in the regions of Kidal (32.8%) and Ménaka (20%). As of March 2024, over 7.1M people require humanitarian assistance and as long as it persists, 2M people have access to water, 2.5M children are at risk of Acute Malnutrition, 1.6M excluded from alert/response mechanisms and 1.8M children are deprived the right education.

Malawi Humanitarian crisis (Sahel region) Grade 2 11-Sep-17 11-Sep-17 24-Mar-24 7,500,000 7,500,000 - -

From 1 January to 3 March 2024, Malawi reported 1 627 suspected cases of dengue and no deaths across 10 health districts in three regions. Of the 1 627 samples tested with a rapid diagnostic test, 296 were positive, resulting in a positivity rate of 18.2%. The attack rate at week 9 was 1.2 cases per 100 000 population.
Between week 1 and week 9 of 2024, out of 123 samples tested, 68 were IgM positive for measles, representing a positivity rate of 54.1%. There were 53 negative results and two were indeterminate. The incidence rate at week 9 is 0.3 per 100,000 population. No deaths have been reported. In 2023, 780 suspected measles cases were laboratory tested in Mali, of which 254 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 18 March 2024, 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).

The humanitarian situation in the Hodh Chargui region (HEC) of Mauritania is becoming critical with the massive arrival of thousands of Malian refugees fleeing insecurity and violence. It is estimated that over 180,000 refugees and returnees are registered or awaiting registration in the Bassikounou district. According to UNHCR data, over 40% are outside the formal camp system, many with livestock, putting pressure on natural resources (such as water and grazing land) and basic social services. Both displaced populations and host communities require protection, shelter, clean water, hygiene and sanitation facilities, as well as healthcare for their well-being.

From 1 January to 17 March 2024, Mauritania reported 1,406 suspected cases of measles, of which 170 were laboratory-confirmed, resulting in four deaths. Forty-one (41) Moughataas in the 15 wilayas have reported confirmed cases of measles in 2024. The worst affected Moughataa is Bir Mogrein. Of the 38 moughataas that have crossed the epidemic threshold this year, 25 are currently experiencing an outbreak, while 13 others are in the post-epidemic phase.

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.

As of 15 March 2024, the low-pressure system, named Filipo, delivered abundant, intense rain and strong gusts of rain as it hit multiple countries, with Mozambique the worst affected. Two people have died due to the system, and around 2,800 people have been displaced. Many structures collapsed in coastal areas due to the severe storm at sea. In the south of the country, waves exceeded 21 feet in height. Meanwhile, in Maputo, the capital, streets were flooded, and traffic was significantly impeded. In this city of more than one million inhabitants, dozens of vehicles were swept away. Rainfall was heavy, exceeding eight inches in some areas. Combined with wind speeds of more than 50 mph, it created a dangerous weather situation in a country still recovering from Freddy cyclone.

The current cholera outbreak in the country started in Niassa province on 14 September 2022. As of 7 April 2024, 47,561 cholera cases have been recorded, with 173 deaths (CFR 0.4%) in 11 affected provinces. The outbreak is currently active in eight provinces.

On 26 February 2024, suspected food poisoning was reported from Livayi village in Nyangana 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 Nyangana district hospital.

Niger is contending with a severe humanitarian crisis due to regional instability in the Tillaberi, Maradi, Diffa, and Tahoua regions. The instability stems from conflicts spilling over from Mali, Burkina Faso, and Nigeria, compounded by the country’s internal political turmoil following a military coup on 26 July 2023—the third such coup in the Sahel in under three years. International sanctions, environmental challenges, deep-seated poverty, and frail social support have further strained the relief efforts. Despite these adversities, there has been a slight decrease in refugee and asylum seeker figures, although new arrivals from Chad, Mali, Burkina Faso, and Nigeria persist post-21 March 2024. Concurrently, Niger has seen the internally displaced population escalate dramatically, from 1.9 million in 2017 to 4.3 million individuals, which is 15% of the population in 2024, significantly amplifying the demand for humanitarian aid. Acute food insecurity currently affects 3.3 million residents, with an alarming 7.3 million more expected to worsen.

An outbreak of diphtheria has been confirmed in Matameye health district, Zinder region. The first case was reported on 17 July 2023. As of 25 February 2024, 3,536 suspected cases, including 174 deaths (CFR 4.9%) were reported. Public health response activities are ongoing in affected districts.

As of epidemiological week 10, 2024 (ending 10 March), 718 suspected measles cases were reported, of which 404 were investigated across 42 districts in the eight regions. Of these cases, 53% (n=214) were laboratory-confirmed. Additionally, 58% (n=42) of the districts reported at least one suspected case, and 13 health districts have reached the epidemic threshold since the beginning of the year.
Niger continues to notify meningitis cases. From epidemiological week 1 to week 10, 2024, a total of 577 suspected cases including 281 confirmed cases and 28 deaths (CFR 4.9%) were notified in eight regions, namely Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillaberi and Zinder. Niamey and Zinder regions are the most affected.

### Table: Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Region</th>
<th>Outbreak Type</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
<tr>
<td>Niger</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Jan-24</td>
<td>28-Jan-24</td>
<td>169</td>
<td>9</td>
<td>2</td>
<td>1.20%</td>
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<tr>
<td>Nigeria</td>
<td>2024</td>
<td></td>
<td>April 8 - April 14</td>
<td></td>
<td></td>
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</tbody>
</table>
| People face emergency levels of food insecurity, with very high rates of severe acute malnutrition that could lead to death in Borno, Adamawa and Yobe states. As of week 11, 2024, over 6 million people are targeted for humanitarian aid, 8.3 million people need humanitarian assistance, 2.2 million IDPs, and 4.3 million people need food security aid. Due to the fluidity of the situation, the numbers are constantly changing.

From 1 to 28 January 2024, 169 suspected cholera cases were reported in two states, with nine confirmed cases and two deaths (CFR: 1.2%). Children under 5 are most affected, followed by those aged 5-14, with males comprising 52%. Bayelsa State reported 144 cases (85%), with Southern Ijaw LGA recording 81 cases (48% of the national total), Cross River State reported 25 cases (15%). Compared to 2023, suspected cases decreased by 71%, with cumulative deaths down by 90% in 2024.

Niger is responding to Dengue outbreak that started in 2023. As of 3 March 2024, there has been 72 suspected cases reported with 14 confirmed and zero deaths since 19 December 2023.

Between week 19 of 2022 and week 6 of 2024, a total of 27,078 suspected cases of diphtheria were reported from 36 states in Nigeria. Among these cases, 16,603 were confirmed, comprising 365 laboratory-confirmed, 483 epidemiologically linked, and 15,755 clinically compatible cases.

Between 1 October 2023 and 10 March 2024, a total of 1,852 suspected cases, including 682 laboratory-confirmed cases, were reported, with 128 reported deaths among confirmed cases, resulting in a CFR of 8.8%. Confirmed cases, including 25 HCWs, were reported from 27 states and 117 LGAs. three out of 36 states (Edo, Ondo, and Bauchi) account for 62% of confirmed cases.

From 1 to 10 March 2024, the meningitis outbreak was active in six states, namely Yobe, Jigawa, Bauchi, Gombe, Katsina, and Zamfara. Of the 135 confirmed cases, 119 (82%) were caused by Neisseria meningitidis serogroup C (NmC) while 5 cases (3.7%) were caused by streptococcus pneumoniae, 10 cases (7.4%) by Haemophilus influenzae and 1 (0.7%) by Neisseria meningitidis serogroup X (NmX). As of 10 March 2024, the outbreak remains active in six states, namely Yobe, Jigawa, Bauchi, Gombe, Katsina, and Zamfara.

From week 1 to week 12 of 2024, Nigeria reported a total of 4,646 suspected cases of measles, comprising 581 confirmed IgM positive cases, 2,011 cases confirmed by epidemiological link, and 15,755 clinically compatible cases.

Between 19 December 2023 and 10 March 2024, a total of 2,708 suspected cases of measles were reported from 36 states in Nigeria. Among these cases, 16,603 were confirmed, comprising 365 laboratory-confirmed, 483 epidemiologically linked, and 15,755 clinically compatible cases.

From 1 January to 17 March 2024, six confirmed cases of Chikungunya were reported from the regions of Dakar (1), Kolda (1), Matam (2), and Tambacounda (2) in Senegal. In 2023, the total number of confirmed cases was 544.

Overall, since the re-emergence of Mpox in September 2017, 3,771 suspected cases have been reported from 36 States and FCTs in the country. Of these 3,771 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 latest data shows that 5.83 million people (46% of the population) are experiencing high levels of acute food insecurity classified as IPC Phase 3 or above (Crisis or worse), with 1.64 million people in IPC Phase 4 (Emergency). An estimated 35,000 people are classified in IPC Phase 5 (Catastrophe) in the Duk (3,000) and Nyirolo (3,000) counties of Jongle State, and the Rubkona County (15,000) of Unity State. Between July 2023 and June 2024, an estimated 1.65 million children between 6-59 months are expected to suffer acute malnutrition including 480,000 million children expected to suffer Severe Acute Malnutrition (SAM) and 1.16 million expected to suffer Moderate Acute Malnutrition (MAM). 870 000 pregnant or breastfeeding women are expected to suffer acute malnutrition in this period.

South Sudan continues to face a dire humanitarian crisis. Persistent insecurity and violence, regional and national economic instability compounded by global downturns, and the devastating effects of climate change continue to inflict severe hardships on millions of South Sudanese families, particularly in terms of their food and nutritional security.

On 15 April 2023, a conflict between the Rapid Support Forces (RSF) and the Sudanese Armed Force (SAF) broke out and displaced people within Sudan and in five neighboring countries among which four are part of the WHO African region (AFRO): the Central African Republic (CAR), Chad, Ethiopia, and South Sudan. As of 6 March 2024, 124,751 refugees and 463,960 returnees are registered in South Sudan.

As of 24 March 2024, Hepatitis E outbreak was ongoing in South Sudan. On 04 March 2024, Warrap State government in South Sudan officially declared an outbreak of hepatitis E in Twic County, prompted by a 3-year-old girl’s positive test result, marking a significant public health concern in the region. This alarming declaration came after 2 individuals exhibited symptoms consistent with hepatitis E and one positive case was confirmed in Juba after laboratory tests. PH prevention measures are underway.

As of Epi week 9, 2024, a total of 429 suspected measles cases were reported, with 116(27%) lab-confirmed, four deaths, and a case fatality rate of 0.9%. However, there were five (5) ongoing outbreaks in Ibba, Juba, Yei, Rumbek Centre, and Tonj East, respectively. Suspected/confirmed cases in Abiemnhom, Aweil Centre, Aweil South, Aweil West, Bahr el Ghazal, Kuel, Terekeka, Torit, and Maridi continue to be reported in February. These cases have not reached the outbreak threshold and require more samples to be collected for testing in accordance with the revised SOP.

According to the Global Polio Eradication Initiative (GPEI), two cVDPV2 cases were reported in the Upper Nile. One had an onset of paralysis in December and the other in January, making it the first cVDPV2 case in the country this year giving a total of three cases reported since last year.

South Sudan Yellow fever Ungraded 24-Dec-23 24-Dec-23 3-Mar-24 81 3 6 7.40%

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 also been reported. All cases were reported from six counties in Western Equatoria state: Yambio (45), Tambura (15), Nara (10), Ezio (06), Iibba (04), and Maridi County (01) as of 3 March 2024.

Tanzania, United Republic of Cholera Grade 3 3-Oct-23 7-Sep-23 24-Mar-24 2 549 2 549 46 1.80%

As of 15 March 2024, since 5th September 2023 cholera outbreaks have been reported in 18 regions (Mara, Arusha, Kilimanjaro, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi and Dar es Salaam) in Tanzania Mainland, where a total of 2,549 cases and 46 deaths (CFR 1.8%) reported. Out of 18 regions, a Cholera outbreak was declared over in 6 regions (Geita, Mara, Arusha, Kilimanjaro, Ruvuma and Tabora).

Togo Measles Ungraded 14-Mar-24 14-Mar-24 14-Mar-24 133 0 0.00%

The Ministry of Health and Public Hygiene in Togo officially released a communication on 08 March informing the public about the notification of measles cases in the country, particularly in the districts of Kéré and Oti Sud, which have entered into an epidemic phase. Indeed, since the beginning of the year up to epidemiological week 9, the country has recorded a total of 133 confirmed cases of measles.

Uganda Food insecurity (Horn of Africa crisis) Grade 3 17-Feb-22 1-Jan-22 20-Mar-24 - - - -

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, Kyirandongho, Kyeegegwa, 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).

Human anthrax outbreak which started in 2023 is still ongoing in Uganda. Amudat district reported 2 suspected anthrax cases from Karita HC IV in epi week 10 and other 2 in epi week 9. The district rapid response team has been notified to investigate the event. There were zero new cases in the 8 remaining affected districts (except in Amudat) and zero deaths in all the 9 affected districts of Abim, Amudat, Kaabong, Karamoja, Kobido, Moroto, Nabilatuk, Nakapiripirit, Napak.

As of week 10, 2024, the Crimean-Congo hemorrhagic fever (CCHF) outbreak is still active in Kiruhura, Lyantonde and Kyankwanzi districts. The cumulative numbers are: seven cases, five confirmed and three deaths (CFR 42.9%). The outbreak was controlled in Kampala city (one case, one death) and Mbarara city (one death).
The measles outbreak in Kyenjonjo (81 cases, six confirmed and two deaths) was controlled, however the following districts are still in outbreak: Kasese (29 cases, three confirmed), Amuru (27 cases, three confirmed and one death), Kassanda (48 cases, four confirmed and three deaths), Hoima (421 cases, 14 confirmed and two deaths), Obongi (19 cases, five confirmed), Maracha (five cases, four confirmed), Koboko (13 cases, four confirmed), Yumbe (14 cases, 10 confirmed), Arua city (138 cases, 111 confirmed and one death) and Mbale (13 cases and five confirmed).

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, Kajo, Lira and Kakumiro districts. In 2024, only five cases have been reported. As of 3 March 2024, only Mbarara district is experiencing an active RVF outbreak with one case and zero death reported so far.

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.

In week 8, 2024, Zambia recorded a total of 54 suspected measles cases, with laboratory testing confirming 5 cases distributed across 5 districts. This adds to the cumulative count of suspected cases, at 1594, and lab-confirmed measles cases, totaling 57 since the first week of 2024.

On 3 April 2024, Zimbabwe authorities declared state of disaster over a devastating drought that’s sweeping across much of southern Africa due to El Nino phenomenon. It needs $2 billion for humanitarian assistance. Due to the El Niño-induced drought more than 80% of country received below normal rainfall.

As of 12 February 2023, there have been a total of 683 cases reported in Zimbabwe. Eight districts have reported cases since beginning of 2023 with the majority of cases coming from Gokwe North (63.1%) and Gokwe South (33.1%). The confirmed death was reported in 2023, from Gokwe South.

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 31912 cholera cases with 684 deaths (CFR 2.0%) as of 14 April 2024. All of the ten provinces are affected with majority of the cases reported from Manicaland, Harare, Masive West and Mash Cent provinces.

No cVDPV2 cases were reported since the beginning of 2024. There were three cases reported in 2022, three others reported in 2021, and seven cases reported in 2020.

†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.