WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 16: 15 - 21 April 2024
Data as reported by: 17:00; 21 April 2024

0 New events
118 Ongoing events
86 Outbreaks
32 Humanitarian crises

Legend
- Malaria
- Chikungunya
- Dengue fever
- Yellow fever
- Measles
- Polio
- Cholera
- Lassa fever
- Typhus
- Rift Valley fever
- Anthrax
- Plague
- Leishmaniasis
- Humanitarian crisis
- Acute Food Insecurity
- Cyclone
- Drought
- Floods
- Skin injury from unknown chemical exposure
- cVDPV1
- cVDPV2
- WPV1
- WPV2
- Disease outbreaks
- Countries reported in the document
- Countries outside WHO African Region
- WHO Member States with no reported events
- Not applicable

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

[Map showing various countries and regions marked with different colors and symbols indicating various health events and emergencies.]
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African region. This week’s articles cover:

- Cholera in Zimbabwe
- Dengue in Sao Tome and Principe
- Cholera in Burundi

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

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

**Major issues and challenges include**

- Since January 2023, Burundi has been grappling with a cholera outbreak, compounded by water, sanitation, and hygiene-related challenges and limited access to clean water for the population in most of the affected areas. Furthermore, Lake Tanganyika’s overflow due to heavy rains has exacerbated the situation. It underscores the need for the Government of Burundi and its partners to improve water supply and sanitation, maintain and strengthen surveillance, risk communication, and community engagement activities, and ensure the provision of vaccines to control the outbreak.
**Zimbabwe**

### Cholera

**EVENT DESCRIPTION**

The cholera outbreak in Zimbabwe, which started in Chegutu town, Mashonaland West Province, in February 2023, continues. The current trend indicates a decline compared to late 2023-early 2024 when the highest caseload was seen.

Since the declaration of this outbreak, Zimbabwe has recorded 32,579 suspected cholera cases, 3,939 confirmed cases, and 31,787 recoveries as of 21 April 2024, yielding a case fatality rate of 2.2%. Cumulative deaths were 701, with 87 being culture-confirmed and 614 suspected deaths. The outbreak has now spread to more than the 17 traditional cholera hotspot districts of Buhera, Chegutu, Chikomba, Chimanimani, Chipinge, Chitungwiza, Chiredzi, Harare, Gokwe North, Marondera, Mazowe, Shamva, Mutare, Murehwa, Mwenezi, Seke and Wedza.

Sixty-three (63) districts in 10 provinces of the country have reported cholera cases, with 79 new suspected cholera cases, including two laboratory-confirmed results reported on 21 April 2024. The cases were reported from Sanyati (24), Kwekwe (12), Zvimba (12), Mhondoro-Ngezi (8), Shurugwi (5), Chegutu (4), Mutare (4), Mt Darwin (3), Chiredzi (2), Chitungwiza City (2), Makonde (1), Chimanimani (1) and Shamva (1).

Among the suspected cases, cumulative samples collected and tested using Rapid Diagnostic Tests (RDT) are 10,286, of which 3,938 were RDT positive (38.3% positivity). Furthermore, of the 10,690 cultures done, 3,939 were positive (37.1% positivity). Specimens are collected and forwarded to laboratories for Microbiological Culture and Sensitivity testing. The sensitivity tests indicate that the cholera Ogawa serotype remains susceptible to Ciprofloxacin, Azithromycin, and Doxycycline, unlike previous outbreaks where resistance to ciprofloxacin was observed.

A total of 2,121,784 people had received the oral cholera vaccine, and a 92.0% national coverage was achieved. The OCV campaign targeted 26 cholera hot spot districts in the country.

### PUBLIC HEALTH ACTIONS

- The Ministry of Health conducted a one-day sensitization meeting in Harare with more than 120 leaders from the Zimbabwe Council of Churches, Zimbabwe Catholic Bishops Conference, Islamic Community, Dare reVadzimu, and ZINATHA to deliberate on their role in the prevention and control of cholera.

- New Cholera treatment centers (CTCS) have been opened in Old Highfield, Glenview, and Kuwadzana to decongest BRIDH, and health workers in these new CTCs were capacitated.

- A National Infection Prevention and Control training of trainers on cholera response was conducted for all ten provinces. Additionally, on-site trainings targeting identified gaps were held at St. Mary’s, Chitungwiza Central Hospital, Kuwadzana, and Glenview in Harare Province.

- WHO, in collaboration with other partners, has trained healthcare workers on surveillance, case management, laboratory, risk communication, infection prevention and control, and laboratory.

- Community Event-Based Surveillance training along the migration corridors was conducted in Masvingo Bulawayo and Mat South provinces.

- The number of Oral Rehydration Points in the districts is being expanded to accommodate the rising cholera cases, alongside ongoing on-the-job training for healthcare workers in case management.

- Water boreholes are being drilled and repaired in Buhera District 17 drilled 20 were repaired, while six were equipped with solar.

- Health education on cholera prevention and control measures, including hygiene promotion, continues across provinces, complemented by distributing Information, Education, and Communication materials in clinics and communities. Additionally, risk behavior assessment is being conducted, and appropriate key messages are being given.

### SITUATION INTERPRETATION

The cholera outbreak in Zimbabwe, which began surging in late 2023, has deteriorated in the past three months. The affected areas have faced challenges that include lack of access to safe drinking water and poor
sanitation conditions. Other outbreaks of COVID-19 and anthrax are further burdening the health system. While the public health response, in collaboration with WHO and other partners, demonstrates a comprehensive approach to interrupt transmission chains, the response is hampered by various challenges that require escalated efforts and adequate resources to control the outbreak and prevent further spread.

Source: WHO/Zimbabwe
Dengue Fever

EVENT DESCRIPTION
Since April 2022, São Tomé and Príncipe has been experiencing a Dengue fever outbreak, with cases reported nationwide in all seven health districts.

The index case was a 39-year-old male living in Boa Morte, Água Grande district. He had onset symptoms, including a fever, intense lower back pain, headaches, retro-orbital pain, and myalgia sensations on 12 April 2022, and tested positive on 15 April 2022.

During epidemiological week 16 (ending 21 April 2024), three new cases were recorded only in Água Grande district, with no deaths.

As of 21 April 2024, a cumulative total of 18 917 suspected cases, including 1 249 confirmed cases, have been reported in all health districts, with Água Grande district having the highest number of cases (852 cases, 68.2%), followed by Mézochi (185 cases, 14.8%), Lobata (104 cases, 8.3%), Cantagalo (49 cases, 3.9%), Caué (23 cases, 1.9%), Lembá (22 cases, 1.8%), and Autonomous Region of PríncipeP (14 cases, 1.1%).

Of the 1 249 confirmed cases, 148 (11.8%) were hospitalized, of which 39 (26.4%) presented with haemorrhagic signs. A total of 1 225 cases have recovered, and 11 deaths have been recorded so far. The four main clinical signs among reported cases are fever (1 160 cases, 93.0%), headaches (982 cases, 79.0%), myalgia (516 cases, 41.0%), and asthenia (178 cases, 14.0%).

Cumulatively, 19 127 RDTs were performed by reference laboratories (18 917 suspected cases, 210 controls), with 1 249 IgM positive cases.

PUBLIC HEALTH ACTIONS
- Surveillance activities, including investigation and active case search at the community level, are ongoing to control the spread of the outbreak.
- Healthcare workers from Central Hospital AM provide medical care and clinical follow-up for Dengue cases.
- Community-based surveillance for Dengue fever cases has been intensified for detection and reporting, and collected samples are being tested in laboratories.
- Dissemination of information about dengue fever and prevention strategies has been reinforced across the community and country.
- Develop and disseminate weekly epidemiological bulletins and monthly situation reports on Dengue to inform all stakeholders about the outbreak.
- Risk communication and community engagement efforts have been strengthened through distribution of new brochures and a video titled “Fighting Dengue Every Day!” to raise awareness about Dengue prevention and control in the districts. Activities promoting the use of mosquito nets and the destruction of larval breeding sites are also being promoted.

SITUATION INTERPRETATION
Intense and prolonged heavy rains have caused flooding and landslides in Sao Tome and Principe. This has resulted in highly unsanitary conditions in most residential areas, creating favorable conditions for the proliferation of mosquitoes and vectors of infectious diseases such as Dengue. The protracted Dengue fever outbreak requires existing public health activities to be intensified and maintained. The Ministry of Health and its partners should continue to assist in increasing epidemiological and vector surveillance, laboratory capabilities, case management, and risk communication.
Distribution of cases of Dengue by district in São Tomé and Príncipe, as of 21 April 2024.

Legend
- Confirmed cases:
  - 14 - 49
  - 50 - 185
  - 186 - 852
- Proportion of the total (%):
  - 1.1 - 3.9
  - 4.0 - 14.8
  - 14.9 - 58.2

Map production date: 5/6/2024
Data source: WHO/SSPI
Health Information and Risks Assessment
Emergency Preparedness and Response
Regional office for AfRica
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Cholera

EVENT DESCRIPTION

Burundi declared a Cholera outbreak in January 2023, with reported cases in 12 health districts, including Cibitoke, Bujumbura North, Bujumbura South, Bujumbura Center, Isare, Kabezi, Rwibaga, Mpanda, Bubanza, Mabayi, Rumonge, and Bugarama.

As of 21 April 2024, there were 27 active cases, with seven new cases recorded during epidemiological week 16 (ending 21 April 2024) and 20 old cases. The new cases originated from two health districts, with three cases reported from Bujumbura North and four cases from Bujumbura Center.

Since the beginning of the epidemic up to 21 April 2024, a cumulative total of 1532 cases have been reported in 12 health districts, with nine deaths recorded (CFR 0.6%). The health district of Bujumbura North recorded the highest number of confirmed cases (430 cases), distributed across four health areas: Buterere I (121 cases), Kinama (111 cases), Gihosha (110 cases), and Buterere II (88 cases). Isare district reported 146 cases, followed by Cibitoke, which reported 86 cases.

However, Isare district reported the highest number of deaths (6 cases, 66.7%), followed by Bujumbura North (2 cases, 22.2%) and Bujumbura South (1 case, 11.1%).

Among the 1532 reported cases, patients aged 11 to 20 years and 21 to 30 years were the most affected, with a rate of 22.1%, followed by children under 5 years old giving a rate of 18.5%. The sex ratio (M/F) was 1.2.

PUBLIC HEALTH ACTIONS

- The Burundian Ministry of Health, in coordination with the WHO and other stakeholders, has intensified its response to the cholera outbreak with regular coordination meetings held.
- Enhanced surveillance in affected and at-risk areas is being conducted, with activities including contact tracing, active case search, and community-based surveillance.
- Medical staff have been deployed to support case management in Cholera Treatment Centers.
- Household disinfection and population awareness campaigns on cholera prevention measures are being carried out.
- Risk communication and community engagement activities are ongoing, including educating healthcare professionals and the community through radio spots on cholera prevention.

SITUATION INTERPRETATION

The current cholera epidemic in Burundi shows a relative downward trend in the number of cases compared to that observed since the third quarter of 2023. This indicates the effectiveness of measures and strategies implemented to control the epidemic. However, efforts need to be continued to provide access to clean water, improve hygiene conditions, and enhance surveillance. Through its Ministry of Health in collaboration with its partners, the Burundian government should maintain various public health actions, including surveillance, awareness-raising, sanitation efforts, and vaccination campaigns to control the cholera outbreak.
Distribution of suspected cases of cholera and deaths in Burundi by district, as of 21 April 2024
Integrated Disease Surveillance and Response
Weekly data submission report

Health Emergency Information Management & Risk Assessment Programme

Update on Reporting - Epidemiological Week 16: 15 – 21 April, 2024
Point du rapportage hebdomadaire – Semaine 16: 15 – 21 avril 2024

81 % Completeness for weekly reporting
70 % Timeliness for weekly reporting

38 Countries out of 47, reported for week 16

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
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:

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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 16</th>
<th>Week 17</th>
<th>Week 18</th>
<th>Week 19</th>
</tr>
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<tbody>
<tr>
<td>Deadline / Date limite</td>
<td>24-Apr. - 2024</td>
<td>01-May - 2024</td>
<td>08-May - 2024</td>
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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 Cameroon, three cases of yellow fever confirmed by polymerase chain reaction (PCR) were reported in the last quarter of 2023, 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.

In Cape Verde, three cases of yellow fever confirmed by polymerase chain reaction (PCR) were reported in the last quarter of 2023, 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.

Central African Republic

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 Forces (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.

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 Mbaiki health district, pending final classification. A reactive vaccination campaign in the affected districts is planned to begin in March 2024.

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 registered in the four crisis-affected provinces in the East, bringing the total number of Sudanese refugees to 553 150 (with 54.1% located in Adré, the epicenter of the crisis) and 144 105 Chadian returnees since the start of the conflict in Sudan.

On 15 April 2023, conflict erupted between the Rapid Support Forces (RSF) and the Sudanese Armed Forces (SAF), displacing people within Sudan and across five neighbouring countries, including four WHO African Region (AFRO) members: CAR, Chad, Ethiopia, and South Sudan. As of 31 March 2024, records indicate 2.1 million affected individuals (including the host population), approximately 288 deaths, 6 352 wounded, 144 015 Chadian returnees, and 570 686 (6 000 of which are new) Sudanese refugees.
As per the Global Polio Eradication Initiative (GPEI), no cVDPV2 cases were reported this week. The number of 2023 cases remains 118.

Due to adverse weather, heavy rain and strong winds caused by Cyclone Fillipo affected the eastern Lubombo region of Eswatini. Ka-Langa, Sitsatsaweni, Makhewu, 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.
**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES**

**WEEK 16: 15 TO 21 APRIL 2024**

**Ethiopia**

### Humanitarian crisis (Northern Ethiopia)

<table>
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<th>Grade</th>
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<th>End Date</th>
<th></th>
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<th></th>
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<td>Grade 3</td>
<td>04-Nov-2020</td>
<td>04-Nov-2020</td>
<td>12-Mar-2024</td>
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The conflict in northern Ethiopia has led to massive and acute humanitarian needs in Amhara, Oromia, 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.

### Impact of Sudan crisis in Ethiopia

<table>
<thead>
<tr>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th></th>
<th></th>
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<tr>
<td>Grade 3</td>
<td>01-May-2023</td>
<td>01-May-2023</td>
<td>06-Mar-2024</td>
<td>-</td>
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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 42,084 refugees and 7,760 returnees in Ethiopia.

### Ethiopia

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<th>Deaths</th>
<th>CFR</th>
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<td>Dengue</td>
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<td>18-Apr-2024</td>
<td>-</td>
<td>61,579</td>
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<td>Cholera</td>
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<td>17-Sep-2022</td>
<td>18-Apr-2024</td>
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<td>37,497</td>
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<td>Diphtheria</td>
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<td>03-Mar-2023</td>
<td>09-Apr-2024</td>
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<td>24-Apr-2023</td>
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<td>-</td>
<td>150,365</td>
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**Kenya**

Kenya is experiencing heavy rains and flash floods since mid April 2024 resulting in loss of lives, property and disruption of services. A total of 23 Counties have been affected, with major flooding occurring in Nairobi, Kiambu and Machakos Counties. More than 103,000 people are affected, 29 injured, 21 missing, 150,365 people (30,073 families) displaced and nearly 191,000 affected across the country. Humanitarian partners are supporting the Government-led response to scale up relief efforts for the affected population.
Kenya food security outlook of February to September 2024 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-2022  05-Oct-2022  04-Apr-2024  12,521  577  206  1.60%

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 Dengue  Ungraded  24-Mar-2024  21-Mar-2024  71  38  0  0.00%

The event happened in Karikoini C village, Kirinyaga Central sub county. The outbreak has been reported from Dagahaley camp in Dadaab sub county, Garissa county. A total of seventy one (71) cases with thirty eight (38) positive by RDT and five (5) positive by PCR.

Kenya Measles  Grade 3  29-Jun-2022  01-Jan-2023  04-Apr-2024  876  149  11  1.30%

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 Madera, since early 2024. A total of 876 cases with 11 deaths (CFR 1.3%) have been reported.

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-2024  25-Jan-2024  10-Mar-2024  145  7  0  0.00%

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  03-Mar-2022  06-Jan-2022  13-Feb-2024  376  110  32  8.50%

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

Liberia Measles  Grade 3  03-Feb-2022  13-Dec-2021  13-Feb-2024  13,124  12,475  95  0.70%

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

Liberia Mpxo  Protracted  21-Jul-2022  23-Jul-2022  13-Feb-2024  119  7  0.00%

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

Madagascar Malnutrition crisis  Protracted  01-Jul-2021  01-Jan-2021  21-Mar-2024  -  -  -

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 2023 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.

Madagascar Malaria  Ungraded  28-Feb-2024  01-Jan-2024  18-Feb-2024  526127  42  0.00%

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.

Malawi Drought  Ungraded  26-Mar-2024  28-Mar-2024  28-Mar-2024  -  -  -

Malawi has formally declared on 23 March 2024 a state of disaster due to drought in 23 out of its 28 districts. Preliminary assessments conducted by the Malawian government suggest that approximately 44% of the country’s crop corn has either failed or suffered significant damage, directly impacting 2 million households.

Malawi Floods  Ungraded  28-Feb-2024  27-Feb-2024  03-Mar-2024  10944  -  4

Malawi experienced torrential rains since the night of 27 February to March 2024 leading to flooding emergencies in Nkhotakota and Karonga, affecting more than 15,000 people, 7 reported deaths and 2 missing people. Nkhotakota district, Dwangwa town is the most affected.

Malawi Cholera  Grade 2  03-Mar-2022  03-Mar-2022  07-Apr-2024  59,334  59,334  1,774  3.00%

Twenty-nine districts have reported Cholera cases since March 2022 in the Machinga district. As of 7 April 2024, a cumulative total of 59,334 cases and 1,774 deaths (CFR 3.0%) have been reported since the onset of the outbreak.

Mali Humanitarian crisis (Sahel region)  Grade 2  11-Sep-2017  11-Sep-2017  24-Mar-2024  7,500,000  7,500,000  0.00%

Mali 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.
Health Emergency Information and Risk Assessment

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
WEEK 16: 15 TO 21 APRIL 2024

A total of 148 cases of dengue fever, including zero deaths, have been reported in Niger since its onset in 2023. No new cases or deaths have been reported since the last update shared on 19th December 2023 till week 13 of 2024.

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, 3536 suspected 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.

Mauritania reported 1 406 suspected cases of measles for 2024, of which 170 were laboratory-confirmed. 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.

Mozambique 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 28 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, Mal, 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 populations and host communities requiring protection, shelter, clean water, hygiene and sanitation facilities, as well as healthcare for their well-being.

On 16 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).

From week 50, 2023 (ending 17 December 2023) to week 2, 2024 (ending 14 January 2024), Mozambique reported 0.30% of its population is at risk of deteriorating conditions amid the ongoing turmoil.

Between week 1 and week 9 of 2024, out of 123 samples tested, 68 were IgM positive for measles, representing a positivity rate of 51%. 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 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 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 less than 50 mph, it created a dangerous weather situation in a country still recovering from Freddy cyclone.

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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.

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 Bassiknou 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.

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Mauritania

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<tr>
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</tbody>
</table>
Nigeria

**Humanitarian crisis (Sahel region)**
Grade 2
From 10-Oct-2016 to 21-Mar-2024, a total of 8,300,000 cases were reported in eight regions, namely Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tilaberi and Zinder. Niamey and Zinder regions are the most affected.

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.

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, Tilaberi and Zinder. Niamey and Zinder regions are the most affected.

### Weekly Bulletin on Outbreaks and Other Emergencies

**Week 16: 15 to 21 April 2024**

**Health Emergency Information and Risk Assessment**

**Dengue**
- Nigeria 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 January 2023.

**Meningitis**
- From 1 to 28 January 2024, 169 suspected cholela 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 total). Cross River State reported 25 cases (15%). Compared to 2023, suspected cases decreased by 71%, with cumulative deaths down by 90% in 2024.

**Measles**
- As of 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 248 compatible cases. Additionally, there were 88 IgM+ cases of rubella, with 339 samples pending laboratory results. A total of 63 out of 774 Local Government Areas (8%) have reported a measles outbreak since the beginning of the year.

**Cholera**
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**Polio**
- No cVDPV2 case was reported this week. There were four cases reported in 2024, 87 cVDPV2 cases reported in 2023 and 48 cases in 2022.

**Crimean-Congo hemorrhagic fever**
- On 22 March 2024, the Institut Pasteur in Dakar (IPD) confirmed a case of Crimean-Congo hemorrhagic fever (CCHF) in a 25-year-old male farmer. The patient, originally from the Guinguinéo district, probably contracted the disease while working in the Ndoffane district. Investigations are ongoing in all the areas visited by the patient. So far 11 samples collected from contacts at the Dakar hospital have tested negative.

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The cholera outbreak has been ongoing in South Africa since December 4, 2022. It started with imported cases linked to ongoing outbreaks in Southern Africa and two locally transmitted cases from Limpopo in January. As of 4 April 2024, 12 confirmed cases with no deaths have been reported. Limpopo province is most affected with 10 of the cases. Three of the cases were imported from Zimbabwe.

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) and the Rubkona County (15,000) of Unity State. Between July 2023 and June 2024, an estimated 1.63 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 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.

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 one in January, making it the first cVDPV2 case in the country this year giving a total of three cases reported since last year.

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: Yambyo (45), Tambura (15), Ntara (10), Ezo (06), Ibba (04), and Maridi Counties (01) as of 3 March 2024.

As of 15 March 2024, since 5th September 2023 cholera outbreaks have been reported in 18 regions (Mara, Arusha, Kilimanjaro, Kigoma, Kagere, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katiavali 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).

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 Kérén 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.

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 another 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, Kamega, Kotido, Moroto, Nakapiripirit, Rapak.
On 4 February 2024, a new cholera outbreak was detected in Mbale city, as of 3 March 2024, 32 cases including five confirmed and one death are reported (CFR 3.1%).

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 and zero deaths), Kigumo reported the most cases (44), followed by Kandara (22) and Maragwa (2) cases. No new cases since then. Outbreak has been controlled.

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 68 cumulative cases in the three districts. The confirmed death was reported in 2023, from Gokwe South.

As of 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 1,594, 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 Nino-induced drought more than 80% of country received below normal rainfall.

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 33,123 cholera cases with 703 deaths (CFR 2.10%) as of 28 April 2024. All of the ten provinces are affected with majority of the cases reported from Manicaland, Harare, Mash West and Mash Cent provinces.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Cumulative Count</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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</table>
| Uganda | Measles | Ungraded | 04-Oct-2023 | 01-Jan-2024 | 727 | 47 | 7 | 1.00%
| Zambia | Drought/food insecurity | Ungraded | 08-Mar-2023 | 15-Jan-2023 | 29-Feb-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.
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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.