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

- Meningitis in Niger
- Cholera in Tanzania
- Meningitis in Central African Republic

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

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

**Major issues and challenges include**

- The response to the meningitis outbreak in Niger is hampered by significant challenges such as geographical disparities in healthcare access, insufficient funding, and uneven public awareness and compliance with health measures. Inconsistent surveillance data further hinders effective monitoring and necessary adjustments. The situation is further compounded by concurrent outbreaks of meningitis, diphtheria, cholera, and dengue, which collectively strain the healthcare system.
Since the beginning of 2024, Niger has been responding to a severe meningitis outbreak, with significant developments reported in week 18 (ending May 5). During this week, 185 new suspected cases were reported from 33 out of the country’s 72 health districts across all eight regions, representing 45.8% of all districts. Furthermore, 25 deaths were reported in that week, leading to a case fatality rate (CFR) of 13.5%, which is an increase from the previous week's CFR of 9.3%.

Bilma, Agadez, and Aderbissanat districts in Agadez region notably exceeded the epidemic threshold with incidences of 34.2, 13.9, and 11.6 cases per 100 000 inhabitants, respectively. In addition, districts such as Gouza in Maradi, Niamey I and Niamey III in Niamey, and Tanout in Zinder are on alert, with incidences ranging from 3 to 6.1 cases per 100 000 population. From weeks 1 to 18 of 2024, there have been 2 401 suspected cases, including 168 deaths, which corresponds to an overall CFR of 7.0%. This represents a 39.0% increase in cases and a 66.3% increase in deaths compared to the same period in 2023, which recorded 1 727 cases and 101 deaths with a CFR of 5.8%.

The cases have predominantly involved individuals aged between 1 and 19, with males being more significantly affected than females, as evidenced by a sex ratio 1.6. The outbreak has shown dynamic fluctuations in case numbers, peaking at 238 in week 13. Significant spikes in the CFR reached 15.2% in week 3, 14.0% in week 7, and 13.5% in week 18. Niamey has been the most affected region, with 841 cases and a cumulative attack rate of 56.4 per 100 000. Zinder and Maradi also reported considerable case numbers, with cumulative attack rates of 8.4 and 5.5 per 100 000, respectively. Although Agadez reported fewer cases at 160, it experienced the highest CFR at 16.3% and the second-highest cumulative attack rate of 1.9 per 100 000 after Niamey.

Laboratory analysis by the Medical and Health Research Center of 2 051 cerebrospinal fluid samples from Niger revealed a national positivity rate of 48.0%. The analysis identified Neisseria meningitidis type C and N. meningitidis W135 as the predominant bacterial strains, constituting 44.0% and 39.0% of the isolates, respectively. Notably, N. meningitidis type C is prevalent in Maradi, Zinder, and Agadez, while N. meningitidis W135 is commonly found in Niamey, Dosso, Tillabéri, and Tahoua.

**PUBLIC HEALTH ACTIONS**

- The Ministry of Health has coordinated several public health measures nationwide and within affected districts.
- Regular coordination meetings are convened to address the concurrent meningitis outbreaks, measles, diphtheria, and poliomyelitis. These sessions enable a unified response, facilitating effective resource sharing, information exchange, and strategic planning across various health sectors.
- Surveillance efforts have been ramped up to rapidly detect new cases and track epidemiological trends, ensuring timely responses to changes in the outbreak's pattern.
- Case management capabilities have improved, including ensuring the availability of adequate medical supplies and training healthcare personnel.
- Launched on 2 May 2024, in Niamey and extending to other regions that have surpassed epidemic thresholds, the targeted vaccination campaign is supported by the International Coordinating Group on Vaccine Provision, which has authorized 860 040 doses of Nm vaccines and 40 000 doses of ceftriaxone. This new vaccine offers protection against five strains of meningitis (A, C, W, X, and Y) that are prevalent in Niger, with the advantage of requiring only a single dose.
- Active community awareness campaigns are underway, sensitizing the public about meningitis symptoms, the critical importance of early medical intervention, and preventive practices such as maintaining personal hygiene and avoiding crowded areas.

**SITUATION INTERPRETATION**

The varying cumulative attack rates and CFR across different regions of Niger in the current meningitis outbreak highlight disparities in disease spread and healthcare effectiveness. The high attack rates with low CFRs in areas like Niamey suggest effective medical management. In contrast, regions like Agadez, with lower attack rates but higher CFRs, indicate challenges in healthcare access or strain virulence. This variation underscores the need for tailored public health strategies, including targeted vaccinations and healthcare training, to address local conditions and improve overall outbreak management.
Weekly suspected cases of meningitis in Niger, weeks 1—18, 2024

- Attack rate/100,000 population of Cases of meningitis in Niger per region, Weeks 1—18, 2024

- Weekly suspected cases of meningitis in Niger, weeks 1—18, 2024

- Chart showing the number of cases, deaths, and case-fatality rate (CFR) over reporting weeks 1 to 18.
The United Republic of Tanzania

**Cholera**

**EVENT DESCRIPTION**

Since 5 September 2023, The United Republic of Tanzania has been responding to a cholera outbreak, which has been reported in 18 regions in Tanzania Mainland, with a total of 3,301 cases and 55 deaths (CFR 1.7%).

As of 24 April 2024, six regions including, Dodoma, Simiyu, Mwanza, Morogoro, Mara, and Dar es Salaam were still active with a cumulative total of 1,939 cases with 19 deaths (CFR 1.0%).

During epidemiological week 17 (ending 28 April 2024), six new cases were reported from two regions, including Morogoro with four cases, Dar es Salaam with two cases, and no deaths reported. Simiyu region was the most affected with 780 reported cases (40.2%), followed by Mwanza (758 cases, 39.1%), Morogoro (225 cases, 11.6%), Dar es Salaam (89 cases, 4.6%), Mara (72 cases, 3.7%), and Dodoma (15 cases, 0.8%).

Of the reported cases from currently active regions, most cases (912 cases, 47.0%) were aged between 15 and 49 years old, followed by those over 50 (501 cases, 25.8%). Children under five were the least represented (191 cases, 9.8%), and overall, more cases were reported among women (1,023 cases, 52.8%, sex ratio M/F 0.9).

**PUBLIC HEALTH ACTIONS**

- The Ministry of Health and its partners lead the response to the outbreak and holds regular pillar and coordination meetings. Health screening of travelers is being conducted at the point of entry, along with water quality testing.
- Surveillance and laboratory activities are being conducted to investigate cases, monitor diarrhea cases in all affected regions, and support laboratory in affected settings with the provision of testing kits.
- Case management of suspects is underway, along with providing Doxycycline caps to contacts at Kasoma Secondary School and Makojo Village.
- Healthcare workers are being trained in Cholera Treatment Units to effectively support case management activities.
- A team of WASH experts was deployed in Dodoma, Simiyu, Morogoro, Dar es Salaam regions to strengthen WASH activities, which included collecting water and food samples for laboratory testing, distributing water purifiers and hygiene kits to communities, decontaminating households and treating water sources.
- Risk communication and community engagement activities, including health education on the disease and prevention measures, have been strengthened in all affected districts.

**SITUATION INTERPRETATION**

The declaration of the end of the cholera outbreak in approximately two-thirds of the affected regions may indicate the effectiveness of the interventions carried out thus far. However, new cases continue to be reported in specific active regions, underscoring the imperative to sustain and intensify efforts to curb the outbreak conclusively. Challenges persist, mainly about the requirements for inputs for laboratory confirmation and the lack of sufficient financial support to uphold and strengthen response interventions, encompassing surveillance, case management, risk communication, community engagement, and activities. The Ministry of Health and its partners should endeavor to mobilize resources to implement diverse actions and initiatives to control this outbreak.
Trend of cases of cholera reported in the Republic of Tanzania, 24 April 2024
Meningitis

EVENT DESCRIPTION
On 22 March 2024, the Ministry of Health of Central African Republic declared a meningitis outbreak in Batangafo-Kabo health district in the northern part of the country. From week 7 to week 16 (ending 21 April 2024), a total of 64 suspected meningitis cases, including 10 deaths (CFR 16.0%) were reported from three communes of Batangafo-Kabo health district: Kabo, Sido and Ouaki. The majority of cases, 97.0% (62 cases) were reported from Kabo commune.

A total of 52 cerebrospinal fluid (CSF) samples were collected from the suspected cases and analyzed at Institut Pasteur of Bangui. PCR test identified bacterial pathogens in 5 (9.6%) of the samples. Neisseria meningitidis serotype W135 and Streptococcus pneumoniae were identified in 3 and 2 samples, respectively. The age of cases varies between 2 months and 56 years, with a mean of 27 years. Males and females are equally affected, with a female-to-male ratio of 1.1. The last suspected case was reported on 7 April 2024.

PUBLIC HEALTH ACTIONS
- The Ministry of Health is working closely with partners (WHO, MSF Spain, African Relief Service, World Bank) to implement outbreak response activities. An incident management team has been activated in Kabo district.
- The Ministry of Health deployed a team of five experts to the affected area, including two epidemiologists, one infection, prevention and control expert, one risk communication and community engagement expert, and one logistician with the financial support of the World Bank. WHO also deployed experts to support the team on ground.
- Surveillance activities are being enhanced to identify and report cases in the affected areas and other districts in the meningitis belt.
- WHO and MSF Spain support sample collection and transportation to Institut Pasteur of Bangui and the procurement of laboratory supplies.
- The government has established a free treatment policy for all suspected meningitis cases in Kabo secondary hospital. WHO prepositioned 1,984 vials of ceftriaxone to Batangafo-Kabo and surrounding districts in the meningitis belt.

SITUATION INTERPRETATION
Central African Republic, especially the affected district, is part of the African meningitis belt. Given the ongoing meningitis season that usually runs from December through June, the current situation is not unusual. Although national health authorities, with the support of partners, are effectively responding to the outbreak, some challenges hamper the response including insecurity and hardly accessible roads. As no new case was reported for more than two consecutive weeks, the country should consider declaring the end of the outbreak in the affected district. Nonetheless, there is a need to continue strengthening preparedness activities across the other districts of the country that belong to the meningitis belt.
Weekly trend of meningitis cases and deaths in Central African Republic, Week 7—Week 16, 2024
Integrated Disease Surveillance and Response
Weekly data submission report

Health Emergency Information Management & Risk Assessment Programme

Update on Reporting - Epidemiological Week 17: 22 – 28 April, 2024
Point du rapportage hebdomadaire – Semaine 17: 22 – 28 avril 2024

37 Countries out of 47, reported for week 17
79 % Completeness for weekly reporting
55 % 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 référez au calendrier ci-dessous pour soumettre vos données de la SIMR sur une base hebdomadaire :

afrououtbreak@who.int
afrogoephir@who.int

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

<table>
<thead>
<tr>
<th>Week 17</th>
<th>Week 18</th>
<th>Week 19</th>
<th>Week 20</th>
</tr>
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<tbody>
<tr>
<td>Deadline</td>
<td>01-May -2024</td>
<td>08-May -2024</td>
<td>15-May -2024</td>
</tr>
</tbody>
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All the correspondences related to this document should be directed to:
Dr Etien Luc Koua, HIR Programme Area Manager (kouae@who.int)
Emergency Preparedness and Response, WHO Regional Office for Africa
### All events currently being monitored by WHO AFRO

**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---

**New Events**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Floods</td>
<td>Grade 2</td>
<td>24-Apr-24</td>
<td>24-Apr-24</td>
<td>29-Apr-24</td>
<td>150365</td>
<td>-</td>
<td>103</td>
<td>0.07%</td>
</tr>
</tbody>
</table>

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 people dead, 29 injured, 21 missing, 150 385 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.

**Ongoing Events**

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<tr>
<td>Burundi</td>
<td>Measles</td>
<td>Ungraded</td>
<td>6-Feb-24</td>
<td>14-Jan-24</td>
<td>9-Mar-24</td>
<td>3817</td>
<td>362</td>
<td>12</td>
<td>0.30%</td>
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Burundi is experiencing an increase in measles cases. Between week 1 and week 10 of 2024, a total of 3 817 suspected measles cases, resulting in 12 deaths, have been recorded. This rise indicates a growing trend in 2024 compared to previous years during the same period.

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<td>Burundi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Jan-23</td>
<td>14-Dec-22</td>
<td>24-Mar-23</td>
<td>1 474</td>
<td>175</td>
<td>9</td>
<td>-</td>
</tr>
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</table>

The ongoing cholera outbreak was officially declared on 1 January 2023. As of 24 march 2024, a total of 1,474 cases have already been reported since the start of the epidemic. The health districts affected are Cibitoke, Bujumbura Nord, Bujumbura Centre, Bujumbura Sud, Isare, Kabezi, Mpanda, Rwibaga, Bubanza, Mabayi, Rumonge and Urumaga. There were 2 new cases in Epi Week 10 of 2024.

**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 people dead, 29 injured, 21 missing, 150 385 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.

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### Go to map of the outbreaks

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Go to overview
Health Emergency Information and Risk Assessment

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
WEEK 17: 22 TO 28 APRIL 2024

Central African Republic
Humanitarian crisis
Protracted 2
11-Dec-13
11-Dec-13
15-Apr-24
2,800,000
2,800,000
-
-

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.

Central African Republic
Impact of Sudan crisis in CAR
Grade 3
1-May-23
1-May-23
6-Mar-24
-
-
-
-

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.

Central African Republic
Measles
Ungraded
13-Mar-22
1-Jan-23
26-Nov-23
3,027
1,145
4
0.10%

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

Central African Republic
Meningitis
Ungraded
27-Mar-24
22-Mar-24
26-Apr-24
64
5
10
15.60%

On 22 March 2024, health authorities declared a meningitis outbreak in Batangafo-Kabo district. From week 7 to week 16 (ending 21 April 2024), a total of 64 suspected meningitis cases including 10 deaths (CFR: 16%) were reported from three communes of Batangafo-Kabo health district, namely Kabo, Sido and Ouaki communes. A total of 52 cerebrospinal fluid samples were collected from the suspected cases and analyzed at Institut Pasteur of Bangui. Bacterial pathogens were identified in 5 (9.6%) samples by PCR test. Neisseria meningitidis serotype W135 and Streptococcus pneumoniae were identified in 3 and 2 samples respectively.

Central African Republic
Mpx
Protracted 2
3-Mar-22
4-Mar-22
26-Nov-23
35
35
1
2.90%

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

Central African Republic
Poliomyelitis (cVDPV2)
Grade 2
24-May-19
24-May-19
13-Dec-23
45
45
-
0.00%

A total of 14 cases have been reported in the country in 2023. In addition, six cases were reported in 2022. Although no new cases were reported in 2021, four cVDPV2 cases were reported in 2020 and 21 cases in 2019 from several outbreaks. The number of confirmed cases reported in 2023 was revised to 14 so far.

Central African Republic
Yellow Fever
Ungraded
12-Jun-23
1-Jan-23
22-Feb-24
9
5
0.00%

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

Chad
Humanitarian crisis (Sahel region)
Grade 2
11-Feb-22
1-Mar-16
11-Feb-24
-
-
-
-

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.

Chad
Impact of Sudan crisis in Chad
Grade 3
15-Apr-23
15-Apr-23
15-Apr-24
148657
1 148 657
288
0.00%

On 15 April 2023, conflict erupted between the Rapid Support Forces (RSF) and the Sudanese Armed Force (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 (6000 of which are new) Sudanese refugees.

Chad
Hepatitis E
Ungraded
17-Feb-24
2-Jan-24
28-Apr-24
2092
36
7
0.30%

From 2 January to 28 April 2024, a total of 2 092 suspected cases including 7 deaths (CFR 0.3%) were reported from two health districts of the Ouaddai province (Adré and Hadjer-Hadit). Thirty-six (36) cases were laboratory-confirmed by RT-PCR at Institut Pasteur of Dakar between 1 and 19 March 2024. The most affected age-groups are 6-17 years (1 113 cases) and 18-59 years (500 cases), representing 53.2% and 23.9% of the suspected cases respectively. Males (1 160 cases; 55.4%) are the most affected.

Chad
Measles
Ungraded
24-May-18
1-Jan-24
11-Feb-24
771
129
1
0.10%

Between January and 11 February 2024, 771 suspected measles cases, including 129 confirmed IgM-positive cases, were reported in 84 out of 158 districts, representing 53.2% of all districts. One death was reported in the N’Djamena Centre health district in N’Djamena province. In addition, 12 health districts have exceeded the epidemic threshold, none of which are in provinces affected by humanitarian crises.
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
WEEK 17: 22 TO 28 APRIL 2024

Health Emergency Information and Risk Assessment

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

**Chad**

<table>
<thead>
<tr>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>18-Oct-19</th>
<th>9-Sep-19</th>
<th>13-Dec-23</th>
<th>204</th>
<th>204</th>
<th>0.00%</th>
</tr>
</thead>
</table>

One cVDPV2 case was reported this week, bringing the total number of cases this year to 45. This latest reported case had onset of paralysis on 15 September, from Salamat region of Chad. 44 cVDPV2 cases were reported in 2022, 106 cVDPV2 cases were reported in 2020 from three different outbreaks and nine others were reported in 2019.

**Comoros**

| Cholera | Grade 3 | 2-Feb-24 | 2-Feb-24 | 17-Mar-24 | 319 | 12 | 3.80% |

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.

**Congo**

| Mpox | Protracted 2 | 23-May-22 | 1-Jan-24 | 23-Apr-24 | 60 | 19 | 0.00% |

From 9 January to 23 April 2024, a total of 60 suspected cases were reported from nine health districts in five departments: Cuvette, Likouala, Plateaux, Pointe-Noire and Brazzaville. From 22 August to 27 November 2023, 60 suspected cases including 21 confirmed and 5 deaths (CFR 8.3%) were reported from four health districts in three departments: Brazzaville, Cuvette and Likouala.

**Democratic Republic of the Congo**

| Poliomyelitis (cVDPV1) | Grade 2 | 21-Mar-23 | 1-Mar-23 | 13-Dec-23 | 1 | 1 | - | - |

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

Côte d’Ivoire

| Dengue | Grade 3 | 10-Jul-23 | 19-Jun-23 | 25-Feb-24 | 4,006 | 325 | 3 | 0.10% |

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%).

Democratic Republic of the Congo

| Floods | Ungraded | 9-Jan-24 | 9-Jan-24 | 28-Mar-24 | 2,000,000 | 200,000 | 300 |

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.

Democratic Republic of the Congo

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

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 Bunyaiki in South Kivu province.

Democratic Republic of the Congo

| Anthrax | Grade 2 | 16-Nov-23 | 4-Nov-23 | 3-Jan-24 | 20 | 1 | 4 | 20.00% |

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 20 suspected cases including 4 deaths (CFR 20%) were reported from four health zones of the North Kivu Province: Mutwanga (7 cases, 2 deaths), Mabalako (4 cases, 1 death), Beni (5 cases), and Vuhovi (4 cases, 1 death).

Democratic Republic of the Congo

| Cholera | Grade 3 | 16-Jan-15 | 1-Jan-24 | 14-Apr-24 | 13,360 | 1,571 | 217 | 1.60% |

From week 1 to week 15, 2024 (week ending 14 April), 13,360 suspected cholera cases including 217 deaths (CFR 1.6%) were reported from 13/26 provinces. North Kivu, Haut Katanga, South Kivu, and Haut Lomami are the most affected provinces, accounting for 58.5% (n=7,815), 17.1% (n=2,287), 10.2% (n=1,365), and 9.2% (n=1,230) of cases respectively. The majority of deaths (59%) have been reported from the Haut Katanga province. In 2023, more than 62,000 cases and more than 700 deaths were reported.

Democratic Republic of the Congo

| Measles | Ungraded | 12-Oct-21 | 1-Jan-24 | 17-Mar-24 | 30,144 | 1,178 | 791 | 2.60% |

In 2023, a total of 311,500 suspected measles cases and 5,799 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 outbreak since the beginning of this year.

Democratic Republic of the Congo

| Mpox | Protracted 2 | 30-Mar-19 | 1-Jan-24 | 21-Apr-24 | 5,768 | 632 | 332 | 5.80% |

In 2024, cumulatively from week 1 through week 16 (ending 21 April 2024), a total of 5,768 cases, 632 confirmed and 332 deaths (CFR 5.8%) have been reported in DRC; 19 out of 26 Provinces (73%) and 143 out of 519 health zones (28%) 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.

Democratic Republic of the Congo

| Plague suspected | Ungraded | 26-Feb-24 | 1-Jan-24 | 22-Mar-24 | 205 | - | 7 | 3.40% |

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.

Democratic Republic of the Congo

| Poliomyelitis (cVDPV1) | Grade 2 | 27-Aug-22 | 1-Jan-23 | 20-Mar-24 | 105 | 105 | 0.00% |

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 Fillipo affected the eastern Lubombo region of Eswatini. Ka-Langa, Sitatsaweni, 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.

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 2024, 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.

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 58 deaths are reported.

Since August 12, 2023, 237 Woredas across all regions in Ethiopia have been affected by the measles outbreak. The outbreak is active in 101 Woredas across the country out of the 359 Woredas affected. As of 24 March 2024, a total of 61,579 cases with 503 deaths have been reported, a Case Fatality Rate (CFR) of 0.82%. 15,536 of the cumulative cases and 112 deaths were reported in 2024 only. 4 new Cases and zero deaths were reported in the last seven days of the reporting period.

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

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, Conacry 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 Siguiri 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 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.

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.

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.

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

Malawi food security outlook is expected to see little change from current levels. Wolf and livestock losses and increased Work on Private Land (WPL) have impacted households in particularly drought prone areas. In the northeast and north-central parts of the country, pastoral households are facing food security impacts due to loss of income from the lack of access to natural resources and movement restrictions due to COVID-19.

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 between February and 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.

Kenya experienced heavy rainfalls in 2023 affecting more than 15,500 people. Nkhotakota district reported 10944 cases with 4 deaths (CFR 0.00%)

A total of 386 cases with 11 deaths (CFR 2.8%) have been reported in 2023. The outbreak started on 13 December 2021, with 10124 suspected cases, 9975 confirmed cases, and 77 deaths (CFR 0.8%) as of week 5 of 2024.

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 has formally declared 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 corn crop has either failed or suffered significant damage, directly impacting 2 million households.

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 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 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.

2024 food security outlook is expected to see little change from current levels. Wolf and livestock losses and increased Work on Private Land (WPL) have impacted households in particularly drought prone areas. In the northeast and north-central parts of the country, pastoral households are facing food security impacts due to loss of income from the lack of access to natural resources and movement restrictions due to COVID-19.

Mali 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 corn crop has either failed or suffered significant damage, directly impacting 2 million households.

Mali 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.

Malnutrition, 1.6M excluded from alert/response mechanisms and 1.8M children are deprived the right education.
From 1 January to 3 March 2024, Mali 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 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 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 Biologic 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 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.

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.

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 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, 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 at risk of deteriorating conditions amid the ongoing turmoil.

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, 3,536 suspected cases, including 174 deaths (CFR 4.9%) were reported. Public health response activities are ongoing in affected districts.
Niger Measles Ungraded 5-Apr-22 1-Jan-24 10-Mar-24 719 214 1 0.10%

As of epidemiological week 10, 2024 (ending 10 March), 719 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 Meningitis Ungraded 7-Dec-22 1-Jan-24 10-Mar-24 577 281 28 4.90%

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.

Nigeria Humanitarian crisis (Sahel region) Grade 2 10-Oct-16 10-Oct-16 21-Mar-24 8,300,000 8,300,000 0.00%

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.

Nigeria Cholera Grade 3 1-Jan-24 28-Jan-24 169 9 2 1.20%

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.

Nigeria Dengue Grade 3 1-Nov-23 1-Jan-23 24-Mar-24 72 14 0.00%

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 December 2023.

Nigeria Diphtheria Ungraded 1-Dec-22 1-Dec-22 11-Feb-24 27,078 16,603 650 2.40%

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.

Nigeria Lassa Fever Ungraded 8-Jan-23 1-Jan-24 3-Mar-24 3,272 676 109 3.30%

As of week 9 of 2024, 3914 suspected cases, including 682 laboratory-confirmed cases, were reported, with 128 reported deaths among confirmed cases, resulting in a CFR of 18.8%. 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.

Nigeria Measles Ungraded 1-Apr-24 1-Jan-24 24-Mar-24 4646 2 840 0.00%

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 2,144 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.

Nigeria Meningitis Ungraded 29-Jan-24 8-Oct-23 10-Mar-24 1852 135 163 8.80%

Between 1 October 2023 and 10 March 2024, a total of 1,852 suspected cases including 1,135 confirmed cases and 163 deaths (CFR 8.8%) were reported from 22 out of 33 states. 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 Oyo, Jigawa, Bauchi, Gombe, Katsina, and Zamfara.

Nigeria Mpx Protrected 231-Jan-22 1-Jan-22 31-Dec-23 8,300,000 8,300,000 0.00%

Overall, since the re-emergence of Mpx 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.

Nigeria Poliomyelitis (cVDPV2) Grade 2 1-Jun-18 1-Jan-22 20-Mar-24 139 139 - -

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.

Senegal Chikungunya Ungraded 8-Jun-23 1-Jan-24 17-Mar-24 6 6 0.00%

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 344.

Senegal Crimean-Congo Haemorrhagic fever Ungraded 26-Mar-24 22-Mar-24 26-Apr-24 3 3 0 0.00%

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. On 26 April 2024, WHO was informed of the confirmation of two additional CCHF cases in a 40-year-old male and a 25-year-old male from Pikine and Yewmbeul districts of Dakar respectively. Blood samples collected from the two male cases on 17 and 19 April 2024 respectively returned positive for CCHF on PCR on 25 April 2024. PCR testing returned negative for yellow fever, dengue, RVF, west nile, chikungunya, and zika. Both cases are alive. In-depth investigations are ongoing.

Senegal Dengue Grade 3 14-Nov-22 31-Jan-23 17-Feb-24 6 6 0.00%

Confirmed cases of dengue continue to be reported in Senegal in 2024. From 1 January to 17 March 2024, a total of 22 confirmed cases were reported in the regions of Dakar (14), Louga (4), Saint-Louis (2), Matam (1), and Thiès (1). Among these cases, 12 (55%) are in the 15-35 age group, followed by 8 (36%) in the 35-50 age group, and 2 in the 50+ age group. In 2023.

Senegal Measles Ungraded 4-Jul-22 1-Jan-24 17-Mar-24 150 150 0.00%

Depuis le début de l’année jusqu’au 17 mars 2024, 150 cas confirmés de rougeole ont été rapportés dans 11 régions du Sénégal. Les régions les plus touchées étant les régions de Louga (46), Matam (26), Kaffrine (23), Diourbel (16), Kaka (13), Saint-Louis (13).
In week 49, Senegal health authorities reported the confirmation of two cases of Zika virus disease in the districts of Sédhiou and Sokone through Polymerase Chain Reaction (PCR) testing. Details regarding the age of the women in Sokone remain unspecified, and their pregnancy status has not been disclosed. There is a potential risk for adverse outcomes including microcephaly, other congenital malformations in infants, and possibilities of premature birth or miscarriage. Investigation reports are forthcoming. No new updates on cases and deaths since October 2023.

South Africa Cholera Grade 3 20-Jan-24 20-Jan-24 18-Apr-24 155 12 0 0.00%
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.

South Sudan Food insecurity (Horn of Africa crisis) Grade 3 18-Dec-20 5-Apr-21 20-Mar-24 - - - -
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 Oduk (3,000) and Nyiro (3,000) counties of Jonglei State, 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 Humanitarian crisis Protracted 3 15-Aug-16 15-Aug-16 20-Mar-24 - - - -
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 Forces (SAF) broke out and displaced people were displaced within Sudan and in five neighboring countries in 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.

South Sudan Measles Ungraded 23-Feb-22 1-Jan-19 3-Apr-24 4,253 63 12 0.30%

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.

South Sudan Poliomyelitis (cVDPV2) Grade 2 26-Feb-24 1-Jan-24 27-Mar-24 3 3 0 0.00%

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.

South Sudan Yellow fever Ungraded 24-Dec-22 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 been also reported. All cases were reported from six counties in Western Equatorial state: Yambio (45), Tambura (15), Ntara (10), Ezio (60), Ibba (04), and Maridi Counties (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 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 Kéran 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, Kiryandongo, Koyegegwa, 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).

Uganda Anthrax Grade 2 27-Nov-23 19-Nov-23 24-Mar-24 92 26 11 12.00%

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, Kendeja, Kotido, Moroto, Nabilatuk, Nakapiripirit, and Napak.
### Uganda

<table>
<thead>
<tr>
<th>Crimean-Congo hemorrhagic fever</th>
<th>Ungraded</th>
<th>12-Feb-24</th>
<th>28-Jan-24</th>
<th>10-Mar-24</th>
<th>7</th>
<th>5</th>
<th>3</th>
<th>42.90%</th>
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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).

### Uganda

<table>
<thead>
<tr>
<th>Measles</th>
<th>Ungraded</th>
<th>4-Oct-23</th>
<th>1-Jan-24</th>
<th>22-Mar-24</th>
<th>727</th>
<th>47</th>
<th>7</th>
<th>1.00%</th>
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The measles outbreak in Kyenjenjo (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), Kiboko (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).

### Uganda

<table>
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<tr>
<th>Rift Valley fever (RVF)</th>
<th>Ungraded</th>
<th>25-Sep-23</th>
<th>1-Jan-23</th>
<th>3-Mar-24</th>
<th>184</th>
<th>56</th>
<th>14</th>
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</thead>
</table>

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 12 deaths from Kabale, Rubanda, Mbarara, Isingiro, Bushenyi, Nakaseke, Kako, Lira and Kamwino 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.

### Zambia

<table>
<thead>
<tr>
<th>Drought/food insecurity</th>
<th>Ungraded</th>
<th>8-Mar-24</th>
<th>15-Jan-24</th>
<th>29-Feb-24</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

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.

### Zambia

<table>
<thead>
<tr>
<th>Cholera</th>
<th>Grade 3</th>
<th>24-Jan-23</th>
<th>20-Jan-23</th>
<th>7-Apr-24</th>
<th>22,692</th>
<th>22,692</th>
<th>729</th>
<th>3.20%</th>
</tr>
</thead>
</table>

The current cholera outbreak started with Lusaka Province confirming cases in the cholera-prone areas (peri-urban). From October 2023 to 7 April 2024, nine provinces have reported cases of cholera with seven provinces confirming cholera outbreaks. A total of 40 districts have confirmed local transmission. Cumulative cases stand at 22,692 with 729 deaths (CFR 3.2%).

### Zambia

<table>
<thead>
<tr>
<th>Measles</th>
<th>Ungraded</th>
<th>13-Jun-22</th>
<th>13-Jun-22</th>
<th>27-Feb-24</th>
<th>1,594</th>
<th>57</th>
<th>-</th>
<th>0.00%</th>
</tr>
</thead>
</table>

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.

### Zimbabwe

<table>
<thead>
<tr>
<th>Drought/food insecurity</th>
<th>Ungraded</th>
<th>5-Apr-24</th>
<th>5-Apr-24</th>
<th>5-Apr-24</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

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 Niño phenomenon. It needs $2 billion for humanitarian assistance. Due to the El Niño-induced drought more than 80% of country received below normal rainfall.

### Zimbabwe

<table>
<thead>
<tr>
<th>Anthrax</th>
<th>Grade 2</th>
<th>13-Nov-23</th>
<th>14-Nov-23</th>
<th>12-Feb-24</th>
<th>683</th>
<th>1</th>
<th>0.10%</th>
</tr>
</thead>
</table>

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.

### Zimbabwe

<table>
<thead>
<tr>
<th>Cholera</th>
<th>Grade 3</th>
<th>12-Feb-23</th>
<th>12-Feb-23</th>
<th>5-May-24</th>
<th>33,567</th>
<th>3,953</th>
<th>709</th>
<th>2.10%</th>
</tr>
</thead>
</table>

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 335,67 cholera cases with 709 deaths (CFR 2.0%) as of 5 May 2024. All of the ten provinces are affected with majority of the cases reported from Manicaland, Harare, Mash West and Mash Cent provinces.

†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.