WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
Week 18: 29 April to 05 May 2024
Data as reported by: 17:00; 05 May 2024

New events: 0
Ongoing events: 116
Outbreaks: 84
Humanitarian crises: 32

Legend:
- Humanitarian crises
- Malaria
- Dengue fever
- Yellow fever
- Cholera
- Measles
- Lassa fever
- Monkeypox
- Crimean-Congo haemorrhagic fever
- Leptospirosis
- Meningitis
- Acute Food Insecurity
- Marburg
- WPV1
- WPV2
- cVDPV1
- cVDPV2
- Anthrax
- Drought
- Food-borne illness
- Cyclone
- Skin injury from unknown chemical exposure
- Impact of Sudan Crisis
- Marburg
- WPV1

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.

Health Emergency Information and Risk Assessment

Protracted events:
- Grade 3 events: 31
- Grade 2 events: 20
- Grade 1 events: 0
- Ungraded events: 53

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

- Humanitarian impact of the Sudan Conflict on neighboring countries
- Diptheria in Guinea
- Humanitarian Crisis in Mali

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 armed conflict that erupted in Sudan in April 2023 between the Government of Sudan Armed Forces and the Rapid Support Forces, an opposition militia group, is still ongoing. This has resulted in huge humanitarian consequences within the country and the neighboring countries of Sudan. Its impact on neighboring countries is growing. This is concerning given the high number of displaced people, which is straining the already fragile humanitarian situation in the affected countries, given the high number of displaced people. Among the affected neighboring countries by the crisis in the WHO African region, Chad and South Sudan received the highest number of refugees and returnees.
On April 15, 2023, Sudan witnessed a violent clash between the Government of Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF), an opposition militia group. The conflict led to massive displacement, with over 8.8 million people forcibly displaced. Of these, 6.7 million are internally displaced, while 1.8 million crossed the border to neighbouring countries. Among the neighbouring countries directly affected by the ongoing Sudan conflict, four are within the WHO African region: Central African Republic (CAR), Chad, Ethiopia, and South Sudan. Chad and South Sudan received the highest number of refugees and returnees due to the conflict.

Chad is the most affected Country, hosting about 1 million refugees impacted by the conflict in Sudan. These Sudanese refugees are mainly hosted in camps across Ennedi Est, Wadi Fira, Ouaddai, and Sila provinces. From 15 April 2023 to 3 May 2024, about 588 825 Sudanese refugees were displaced into Chad, including 96 181 who have crossed the border since January 2024.

Most new arrivals are women and children (88.0%), and 14.0% are persons with specific needs. In addition, there are about 260 000 returnees from Sudan due to the ongoing conflict and 200 000 refugees from other neighboring countries. Humanitarian access in the eastern part of the country, where a significant number of Sudanese refugees are hosted, faces challenges due to a precarious security situation. Recent security incidents have been reported, requiring humanitarian organizations to seek mandatory circulation authorizations.

As of 5 May 2024 in South Sudan, 658 021 individuals have arrived from Sudan, of which 518 348 are returnees, 136 356 Sudanese refugees, and 3 317 other nationalities refugees. These individuals entered South Sudan via the Abyei Administrative area, Northern Bahr al Ghazal, Unity, Upper Nile, and Western Bahr al Ghazal. The humanitarian actors' operations in South Sudan continue to be hindered by access constraints amidst intercommunal violence, armed group mobilization, cattle raiding, national and regional political instability, economic fragility, and physical access challenges exacerbated by flooding and inadequate infrastructure. The country remains at risk for many natural hazards, including floods, leading to food insecurity and malnutrition for its population.

For Ethiopia, since the outbreak of conflict in Sudan in mid-April 2023 through 5 May 2024, a total of 53 923 individuals in need of international protection crossed into Ethiopia, including 33 852 Sudanese refugees, 10 491 other nationalities refugees/asylum seekers, and 9 580 returnees. These individuals crossed through Metema entry point in Amhara, Kurmuk entry point in Benishangul Gumuz, and different entry points in Gambella (Pagak, Burbiey). Regarding humanitarian access for these arrivals, in areas affected by hostilities and violence, there remains a high risk due to the volatility of the situation and the multiplicity of armed actors involved, including local militias and armed civilians. As of November 2023, seven aid workers had been killed on duty in Ethiopia, including five in Amhara.

CAR is the least affected, with 29 444 displaced people from Sudan who arrived in CAR on 15 April 2023, 6 158 returnees, and 23 286 Sudanese refugees/asylum seekers. Among the refugees, 14 858 have been biometrically registered and live in 13 localities, mostly in hard-to-reach locations outside Vakaga prefecture. The security situation remains volatile and unpredictable in Vakaga prefecture, hosting most of the refugees in the country due to the presence of non-state armed groups. Humanitarian access to these refugees is hindered by frequent armed attacks on vehicles, including humanitarian ones, and difficult physical access due to poor road infrastructures.

PUBLIC HEALTH ACTIONS

- The Regional Response Plan was developed to support host countries in the region in leading and coordinating the response to those fleeing the conflict in Sudan. This plan is built on the collective and coordinated work already ongoing in the neighboring countries affected by the Sudan conflict and outlines the multisectoral response strategy and financial requirements of partners operating in those countries, including CAR, Chad, Ethiopia, and South Sudan.

- In all four AFRO Countries affected, reinforced public health response measures have been implemented at point of entry, transit sites, and camps regarding surveillance, disease case management, and risk communication activities with WHO support.
WHO AFRO has recently graded the humanitarian impact of Sudan conflict in AFRO neighboring countries as grade 3 emergency, the highest grade for acute emergency events to scale up health response in the affected countries.

SITUATION INTERPRETATION

From April 15, 2023, to May 5, 2024, several individuals crossed borders into four AFRO countries (CAR, Chad, Ethiopia, and South Sudan) to escape the ongoing conflict in Sudan. Among them, the majority are refugees or asylum seekers, with Chad and South Sudan hosting the largest numbers. Therefore, the same efforts that are being deployed by the international community to end the ongoing conflict in Sudan are also necessary to respond to humanitarian consequences generated by this crisis in the neighboring countries, given the already huge humanitarian needs those countries are facing.

A view of makeshift shelters of Sudanese people who fled the conflict in Sudan's Darfur region and were previously internally displaced in Sudan, near the border between Sudan and Chad, in Borota, Chad.

©REUTERS/Zohra Bensemra
**Guinea**

### Diphtheria

#### EVENT DESCRIPTION

The diphtheria outbreak, confirmed on 20 July 2023 in Guinea, continues, with cases reported from four regions: Kankan, Conakry, Mamou, and Faranah.

During epidemiological week 17 (ending 28 April 2024), 15 new suspected cases were reported solely from Kankan region (Siguiri health district), with five recoveries, and no confirmed cases or deaths.

As of 27 April 2024, a cumulative total of 4,890 cases were reported, with the majority of cases reported from Kankan region (4,785 cases, 97.9%), followed by Mamou region (60 cases, 1.2%), Conakry region (39 cases, 0.8%) and Faranah region (6 cases, 0.1%).

Overall, a total of 44 cases were confirmed, with 35 (79.5%) in Kankan, 4 (9.1%) in Conakry, 3 (6.8%) in Mamou, and 2 (4.6%) in Faranah. There have been 3,752 cases (76.7%) which recovered and 105 deaths (CFR 2.1%) recorded so far.

Cases aged over 15 years were predominant (2,104 cases, 43.0%), followed by those aged between 5 and 9 years (1,132 cases, 23.2%), and those aged between 10 and 14 years (972 cases, 20.0%).

Children under 11 months were the least represented (40 cases, 0.8%), and those aged between 1 and 4 years accounted for 631 cases (13.0%). All the suspected cases were considered unvaccinated as they had not received the three (3) doses of the Penta vaccine.

Vaccination against diphtheria with the Penta vaccine has been intensified in the affected regions for a target population (n=441,071) aged 0 to 23 months. A total of 238,098 individuals were vaccinated, resulting in an overall vaccination coverage of 54.0%.

### PUBLIC HEALTH ACTIONS

- Coordination meetings are being held weekly at the strategic level. A daily regional situational report is being prepared and shared with all relevant stakeholders.
- A micro-response plan has been developed for Kankan region.
- Surveillance activities are underway, including contact tracing, active case search, and community-based surveillance by community health workers.
- Samples are being collected and transported to the laboratory for biological confirmation.
- Case management, involving medical and psychosocial care continues, and antibiotic prophylaxis is administered to first-degree contacts.
- The MSF team is supporting free management of cases at Siguiri Treatment Center (CT-Epi Siguiri).
- Risk Communication and Community Engagement are underway, including raising awareness among contacts and the community on the importance of childhood vaccination, disease symptoms, and prevention methods (routine vaccination).
- Vaccination against diphtheria with Penta vaccine has been intensified in the affected regions.

### SITUATION INTERPRETATION

Although case numbers have been trending downward since epidemiological weeks 3-6, the number of suspected cases remains relatively high. Challenges persist, primarily due to shortages of medicines for patient care, insufficient sampling kits, and laboratory analysis reagents. In collaboration with its partners, the Government of Guinea should mobilize financial resources to maintain and expand surveillance activities, biological confirmation, awareness campaigns, and, most importantly, vaccination efforts to achieve the WHO-recommended 80.0% vaccination coverage.
Weekly trend of diphtheria in Guinea, Weeks 1 — 16, 2024

Distribution of suspected cases and deaths of diphtheria by affected regions in Guinea, as of 27 April 2024
Humanitarian Crisis

EVENT DESCRIPTION

Mali is in the grip of a severe crisis, with conflicts and armed violence, characterized by attacks against civilians as the protracted humanitarian crisis in the country continues to deepen, particularly in the northern and central regions. Concurrent outbreaks of infectious diseases like dengue and measles and the constant threat of other new or recurring diseases aggravate this crisis.

Since the beginning of the multidimensional crisis in 2012, the central and northern regions of Mali continue to be marked by intercommunal tensions, worsening the population’s living conditions. According to IOM’s Displacement Tracking Matrix (DTM Mali), there are 391,961 internally displaced persons (IDPs) in Mali as of April 2023. These IDPs are mainly concentrated in the regions of Mopti (23.0%), Timbuktu (16.0%), Bandiagara (14.0%), Menaka (12.0%), Gao (9.0%) and Ségué (9.0%).

According to the IOM, Mali is highly susceptible to the effects of climate change, experiencing heightened temperatures and a surge in extreme weather conditions. These climate-related challenges have significantly intensified food insecurity, with almost a quarter of the population projected to face food shortages or be at risk by mid-2023. Consequently, Mali’s economy is suffering from the detrimental effects of this situation. Most IDPs live with host families (55.0%) in overcrowded communities, or sites without access to basic services (38% and 17% renting in urban areas).

The security situation is marked by violence and attacks by non-state armed groups (NSAGs) against civilians, forcing people to flee their places of origin.

PUBLIC HEALTH ACTIONS

- Surveillance from the first to the fifteenth week of 2024 highlighted increased dengue and malaria cases, with a concurrent decrease in measles and meningitis incidences.
- As of March 2024, the vaccination rates for polio and measles stood at 84.07% and 51.71%, respectively.
- In March 2024, the health sector received $2.4 million of the required $26.2 million, highlighting a significant funding gap.
- The WHO and ALIMA lead the health cluster, focusing on regions severely affected by the crisis, such as Gao, Ménaka, and Mopti. Regular health cluster meetings at both central and regional levels facilitate coordination.

SITUATION INTERPRETATION

Mali is characterized by a geopolitical and migration context, given its proximity to neighboring unstable areas, and an environment highly sensitive to climate change and disruptions to food security. Vulnerable populations in Mali are particularly vulnerable to violence, exploitation, and abuse related to recruitment into armed groups, gender-based violence, violence against children, and unsafe travel within and across borders in search of economic and/or food security. While efforts to monitor and respond to health risks are ongoing, the need for increased funding and better coordination among international and local partners is clear. Future actions should focus on enhancing epidemiological surveillance, increasing vaccine coverage, and securing adequate health infrastructure resources. Establishing vigorous mechanisms to protect healthcare services from attacks and ensuring compliance with international humanitarian law are also critical to mitigating the impacts of this complex humanitarian crisis.
Update on Reporting - Epidemiological Week 18: 29 April – 05 May, 2024
Point du rapportage hebdomadaire – Semaine 18: 29 avril – 05 mai 2024

Please, refer to the calendar below to submit your IDS 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
afroephir@who.int

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

<table>
<thead>
<tr>
<th>Week 18</th>
<th>Week 19</th>
<th>Week 20</th>
<th>Week 21</th>
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<tr>
<td>Deadline / Date limite</td>
<td>08-May. - 2024</td>
<td>15-May. - 2024</td>
<td>22-May. - 2024</td>
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</table>
Since 2015, the security situation in the Sahel and Eastern Burkina Faso has gradually deteriorated due to attacks by armed groups. Access to healthcare services remains a major challenge for the affected population. As of February 2024, 5.5 million People needed humanitarian assistance, 3.2 million of which are children and over 2.06 million IDPs registered and 5478 schools closed. The situation remains fluid.

Burkina Faso 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.

On 14 February 2024, Burundi’s Ministry of Health reported a measles outbreak, with 20 of the country’s 49 health districts experiencing active outbreaks. These districts were identified as having unvaccinated children in the 2022 National Vaccination Coverage Survey. The epidemic curve indicates a steady increase in cases since May 2023. On 12 January to 2 February 2024, 1670 confirmed cases and 670 deaths were reported in five health districts.

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, Mpanza, Rwibaga, Bubanza, Mabaya, Rumonge and Urumana. There were 2 new cases in Epi Week 10 of 2024.

In the North-West and South-West regions, the unstable security situation and persistent violence are exacerbating humanitarian needs. Affected people continue to flee their homes to neighbouring villages and communities. By February 2024, the following observations were made: 4.7M people in need, 2.7M people targetted, 1M IDPs, 658k Returnees and 485K Refugees and Asylum Seekers.

The Far North region of Cameroon is still facing humanitarian crisis. The region is situated at the border area with Nigeria and Chad, as well as the Lake Chad area, remain the most affected by the armed conflict. Between August and September this year, nearly 6 000 newly displaced people were registered in the Mokolo district following repeated attacks by non-state armed groups. More than 2 000 new asylum seekers/refugees were registered for the same period at the Gounguel transit site, in Mokolo district of Mayo-Tsanaga department.

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.

On 6 November 2023, the Ministry of Health Surveillance Service reported two confirmed cases of Dengue through Polymerase Chain Reaction (PCR) testing and one borderline case in the city of Praia, Santiago Island, Cabo Verde. The same day three more suspected cases were reported from the Central Hospital Dr. Agostinho Neto, giving a total of six cases including two confirmed with zero deaths. As of 11 March 2024, a total of 982 suspected cases, including 543 confirmed cases and no deaths, were reported.

<table>
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<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tr>
<td>Burkina Faso</td>
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<td>Grade 2</td>
<td>01-Jan-2019</td>
<td>01-Jan-2019</td>
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<td>5,500,000</td>
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<td>Burkina Faso</td>
<td>Measles</td>
<td>Ungraded</td>
<td>06-Feb-2024</td>
<td>14-Jan-2024</td>
<td>09-Mar-2024</td>
<td>3817</td>
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<td>Burundi</td>
<td>Floods</td>
<td>Grade 2</td>
<td>01-Sep-2023</td>
<td>26-Apr-2024</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>- %</td>
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<td>Burundi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>01-Jan-2023</td>
<td>14-Dec-2022</td>
<td>24-Mar-2024</td>
<td>1 474</td>
<td>175</td>
<td>9</td>
<td>-</td>
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<td>Cameroon</td>
<td>Humanitarian crisis (North-West &amp; South-West )</td>
<td>Protracted</td>
<td>01-Oct-2016</td>
<td>27-Jun-2018</td>
<td>13-Feb-2024</td>
<td>4,700,000</td>
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<td>Cameroon</td>
<td>Measles</td>
<td>Ungraded</td>
<td>02-Apr-2019</td>
<td>01-Jan-2024</td>
<td>31-Mar-2024</td>
<td>645</td>
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<td>Mpox</td>
<td>Protracted</td>
<td>24-Feb-2022</td>
<td>01-Jan-2024</td>
<td>04-Apr-2024</td>
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<td>2</td>
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<td>Cameroon</td>
<td>Yellow Fever</td>
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<td>20-Nov-2023</td>
<td>23-Jan-2023</td>
<td>10-Mar-2024</td>
<td>59</td>
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<td>Cape Verde</td>
<td>Dengue</td>
<td>Grade 3</td>
<td>06-Nov-2023</td>
<td>06-Nov-2023</td>
<td>24-Mar-2024</td>
<td>992</td>
<td>543</td>
<td>0</td>
<td>0.00%</td>
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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 district, pending final classification. A reactive vaccination campaign in the affected districts is planned to begin in March 2024.

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.

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

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Chad is among the African countries most affected by the armed conflict in Sudan, hosting 46.7% of Sudanese refugees to date. As of 11 February 2024, a total of 6 380 new refugees have been 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 is the AFRO country most affected by the armed conflict in Sudan. The country hosts about 1 million refugees impacted by the conflict in Sudan. These Sudanese refugees are primarily hosted in the refugee’s camps across Ennedi Est, Wadi Fira, Ouaddai and Sila provinces. 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.

From 2 January to 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.

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

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

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

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

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 Beni, Kirotshe, and Shasha in the Masiai territory, and Katsiru in the Rutshuru territory. Additionally, the fighting has also triggered the displacement of around 60,000 people southward, towards Minova and Bunyakiri in South Kivu province.

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).

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.

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; 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.

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 Measles Ungraded 12-Oct-2021 01-Jan-2024 17-Mar-2024 30,144 1,178 791 2.60%

Democratic Republic of the Congo Anthrax Grade 2 16-Nov-2023 04-Nov-2023 03-Jan-2024 20 1 4 20.00%

Democratic Republic of the Congo Cholera Grade 3 16-Jan-2015 01-Jan-2024 14-Apr-2024 13,360 1,571 217 1.60%

Democratic Republic of the Congo Poliomyelitis (cVDPV1) Grade 2 27-Aug-2022 01-Jan-2023 20-Mar-2024 105 105 0.00%

Democratic Republic of the Congo Poliomyelitis (cVDPV2) Grade 2 26-Feb-2021 01-Jan-2023 20-Mar-2024 118 118 0.00%

Democratic Republic of the Congo Plague suspected Ungraded 26-Feb-2024 01-Jan-2024 22-Mar-2024 205 7 3.40%

Democratic Republic of the Congo Mpox Protracted 2 30-Mar-2019 01-Jan-2024 21-Apr-2024 5,768 632 332 5.80%

Democratic Republic of the Congo Storm Filipo Ungraded 11-Mar-2024 14-Mar-2024 14-Mar-2024 0 0 0

As of 14 March, heavy rain and strong winds caused by Cyclone Filipo 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.
In Tigray and northeastern Amhara, Emergency (IPC Phase 4) and Crisis (IPC Phase 3) outcomes are expected to remain widespread. In the pastoral south and southeast of the country, food security conditions are expected to improve by June. In northern pastoral areas, rainfall is expected to improve pasture availability and support improvements in livestock body conditions and milk availability. In northern Ethiopia, levels of acute malnutrition remain high and of concern, with a recent SMART survey in Wag Himra Zone of Amhara Region indicating concerning levels of acute malnutrition in the Alert to Critical range.

As of 9 May 2024, armed clashes continue to drive displacement in Amhara, Afar, and Tigray regions and impede humanitarian relief operations. In Amhara region, battles between the Ethiopian National Defense Force (ENDF) and Fano militiamen continue, with clashes reported in North Shewa and North Wello zones. Tensions between Tigray and Amhara regions continued to rise in contested territories along the Amhara and Tigray regional borders. In Afar region, since February 2024 renewed clashes between Afar and Somali-Issa communities in Garani and Madane sites have resulted in heavy casualties and displacement of several thousand people.

For Ethiopia, since the outbreak of conflict in Sudan in mid-April 2023 through 5 May 2024, a total of 53 923 individuals in need of international protection crossed the border from Sudan to Ethiopia including 33 852 Sudanese refugees, 10 491 other nationalities refugees/asylum seekers and 9 580 returnees.

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 Bitam Health District in Gabon. The onset of symptoms occurred on 1 December 2023, and he sought medical consultation on 3 December 2023 in the Enongal health area, Ebolowa health district in Cameroon. The person died on 7 December 2023. The sample tested positive for 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 3 deaths (CFR: 10 %) were notified.

An outbreak of diphtheria has been reported in the Kankan region of Guinea since 4 July 2022. 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 Sigui health district in the Kankan region is the epicenter of the outbreak, with 98.4% 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 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, 150 365 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.

The key drivers of food insecurity in Kenya are high prices of staple foods, the impacts of El Niño and floods – resulting in the loss of livestock, damage to infrastructure, property, and farmland, - as well as localized resource-based and human-wildlife conflicts. During the projection period (April to June 2024), the forecasted MAM (March, April, and May) rains are expected to further improve the seasonal performance and thus improve the food security situation. Approximately, 1.2 million people (7 % of the population analyzed) are classified in IPC Phase 3 or above, including about 26 000 people classified in Phase 4 and 1.2 million in Phase 3.
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 Kariokoini 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 Manderu, since early 2024. A total of 876 cases with 11 deaths (CFR 1.3%) have been reported.

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.

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 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.

Mali is facing protracted 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.

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

Ten 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 1,274 deaths (CFR 2.0%) have been reported since the onset of the outbreak.

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 cases were laboratory tested in Mali, of which 354 were positive and 426 were negative. A total of 32 of the 75 health districts (42.7%) recorded at least one confirmed measles outbreak in 2023.
On 6 December 2023, the Ministry of Health of Mali reported 12 cases and zero deaths of Zika virus disease confirmed by real-time polymerase chain reaction (RT-PCR) at the Molecular and Genomic Biology Laboratory of the University Center for Clinical Research (UCRC) of Point G. Three cases were confirmed on 1 December 2023 and nine cases on 4 December 2023. As of 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).

Mauritania

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.

Mauritius

From week 5, 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.

Mauritania

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.

Niger

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 afflicts 3.3 million residents, with an alarming 7.3 million more 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.

Mozambique

From 22 December 2022, 112,894 people have been displaced in Cabo Delgado due to NSAGs’ attacks, including 91,239 farmers who abandoned their lands during harvest season. Children, women, and men comprise 62%, 23%, and 15% of the displaced. Food aid reached over 64,000 individuals, and 24,000 received shelter. By 5 March 2024, 154 children were missing, and 182 were unaccompanied. Additionally, there are 6,732 cholera cases and a conjunctivitis outbreak affecting 1,225 people, with schools disrupted.

Namibia

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.

Niger

As of epidemiological week 10, 2024 (ending 10 March), 719 suspected measles cases were reported, of which 404 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.
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
WEEK 18: 29 APRIL TO 5 MAY 2024

Niger

Meningitis

Ungraded

07-Dec-2002

01-Jan-2024

10-Mar-2024

577

28

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

Nigeria

Humanitarian crisis (Sahel region)

Grade 2

10-Oct-2016

10-Oct-2016

21-Mar-2024

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

01-Jan-2024

28-Jan-2024

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

01-Nov-2023

01-Jan-2023

24-Mar-2024

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

01-Dec-2022

01-Dec-2022

11-Feb-2024

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

Meningitis

Ungraded

29-Jan-2024

08-Oct-2023

10-Mar-2024

1852

135

163

8.80%

Between 1 October 2023 and 10 March 2024, a total of 1852 suspected cases including 1135 confirmed cases and 163 deaths (CFR: 8.8%) were reported from 22 out of 33 states. Of these 135 confirmed cases, 119 (82%) were caused by Neisseria meningitidis serogroup C (NmC) while 5 cases (3.7%) were caused by streptococcus pneumoniae, 10 cases (7.4%) by Haemophilus influenzae and 1 (0.7%) by Neisseria meningitidis serogroup X (NmX). As of 10 March 2024, the outbreak remains active in six states, namely Yobe, Jigawa, Bauchi, Gombe, Katsina, and Zamfara.

Nigeria

Measles

Ungraded

01-Apr-2023

01-Jan-2024

24-Mar-2024

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 2,054 confirmed cases by laboratory testing. Of these cases, 1086 (28.7%) were confirmed (with males predominantly affected) from 34 States and FCT. seventeen (17) deaths have been recorded since the beginning of the year.

Nigeria

Poliomyelitis (cVDPV2)

Grade 2

01-Jun-2018

01-Jan-2022

20-Mar-2024

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

08-Jun-2023

01-Jan-2024

17-Mar-2024

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 total, the number of confirmed cases was 344.

Senegal

Crimean-Congo haemorrhagic fever (CCHF)

Protracted

31-Jan-2022

01-Jan-2022

31-Dec-2023

2,771

1,086

17

0.50%

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

Senegal

Meningitis

Ungraded

26-Mar-2024

22-Mar-2024

26-Apr-2024

3

3

0

0.00%

On 22 March 2024, the Institut Pasteur in Dakar (IPD) confirmed a case of Crimean-Congo Haemorrhagic fever (CCHF) in a 25-year-old male farmer. The patient, originally from the Guinguineo 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 Yeumbeul 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-2022

31-Jan-2023

17-Feb-2024

6

6

0.00%

Confirmed cases of dengue continue to be reported in Senegal. 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

04-Jul-2022

01-Jan-2024

17-Mar-2024

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).

Senegal

Zika

Ungraded

11-Dec-2023

14-Nov-2023

25-Mar-2024

2

2

0.00%

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.
The cholera outbreak has been ongoing in South Africa since 5 December 2023. 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-2020 05-Apr-2021 10-May-2024

According to the latest Integrated Food Security Phase Classification (IPC) analysis, about 7.1 million people (56% of the total population) are estimated to face IPC Phase 3 (Crisis) or worse levels of acute food insecurity during the lean season between April and July 2024. The highest prevalence of severe acute food insecurity, ranging between 65 and 75%, is reported in the states of Unity, Upper Nile and Jonglei, in Pibor Administrative Area and among returnees from the conflict-affected Sudan. The main drivers of the food security situation are protracted macroeconomic challenges resulting in high inflation, insufficient food supplies, the lingering impact of consecutive years with widespread floods and episodes of intercommunal violence.

South Sudan

Humanitarian crisis

Protracted 3

15-Aug-2016 15-Aug-2016 10-May-2024

The humanitarian situation in South Sudan remains concerning with increasing needs and number of people requiring assistance. The influx of refugees and returnees due to Sudan crisis still ongoing with about 658,021 arrivals from Sudan since April 2023, mostly returnees. In April 2024, humanitarian partners called on the Government for the urgent removal of recently imposed taxes and charges as more than 60,000 people have already been affected after the United Nations was forced to pause life-saving airdrops of food assistance as fuel runs low. This number will increase to 145,000 by the end of May, should the measures remain in place.

South Sudan

Impact of Sudan crisis in South Sudan

Grade 3

15-Apr-2023 01-May-2023 10-May-2024

In South Sudan, as of 5 May 2024, a total of 658,021 individuals have arrived from Sudan due to the ongoing conflict, of which 518,348 are returnees, 136,356 Sudanese refugees and 3,317 other nationalities refugees. These individuals have entered South Sudan via Abeyi Administrative area, Northern Bahr al Ghana, Unity, Upper Nile and Western Bahr al Ghana.

South Sudan

Hepatitis E

Ungraded

03-Jan-2018 01-Jan-2019 03-Apr-2024 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

Measles

Ungraded

23-Feb-2022 01-Jan-2023 24-Mar-2024 429 116 4 0.90%

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

South Sudan

Poliomyelitis (cVDPV2)

Grade 2

26-Feb-2022 01-Jan-2023 27-Mar-2024 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 other in January, making it the first cVDPV2 case in the country this year giving a total of three cases reported since last year.

South Sudan

Yellow fever

Ungraded

24-Dec-2023 24-Dec-2023 03-Mar-2024 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 Equatoria state: Yambio (45), Tumbura (15), Nzara (10), Ezio (9), Ibba (4), and Maridi Counties (01) as of 3 March 2024.

Tanzania, United Republic of

Cholera

Grade 3

03-Oct-2023 07-Sep-2023 24-Mar-2024 2,549 5,463 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, Shinyangha, 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-2024 14-Mar-2024 14-Mar-2024 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 Kiran and Oli 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-2022 01-Jan-2022 10-May-2024

In Uganda, erratic first season rains likely to delay harvests, threaten crop production prospects. In bimodal areas, rainfall in April has been spatially and temporally erratic, with periodic heavy rains resulting in localised flooding interpolated with short dry spells. Minimal (IPC Phase 1) outcomes will be sustained by seasonal access to income and carryover stocks from 2023, followed by first season harvests beginning in June. In unimodal Karamoja, above-average rainfall in April is generally supporting a normal Minimal (IPC Phase 1) outcomes will be sustained by seasonal access to income and carryover stocks from 2023, followed by first season harvests beginning in June. In unimodal Karamoja, above-average rainfall in April is generally supporting a normal Minimal (IPC Phase 1) outcomes will be sustained by seasonal access to income and carryover stocks from 2023, followed by first season harvests beginning in June. In unimodal Karamoja, above-average rainfall in April is generally supporting a normal

Uganda

Anthrax

Grade 2

27-Nov-2023 19-Nov-2023 24-Mar-2024 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 other 2 in epi week 9. The district rapid response team has been notified to investigate the event. There were zero new cases in the 8 remaining affected districts (except in Amudat) and zero deaths in all the 9 affected districts of Abim, Amudat, Kaabong, Kakerwa, Kotido, Moroto, Nabilatuk, Nakapiripiri, Napak.
### Uganda

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Last Update 1</th>
<th>Last Update 2</th>
<th>Last Update 3</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
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</thead>
<tbody>
<tr>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>12-Feb-2024</td>
<td>28-Jan-2024</td>
<td>10-Mar-2024</td>
<td>7</td>
<td>5</td>
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As of week 10, 2024, the Crimean-Congo Haemorrhagic 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

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<tr>
<th>Disease</th>
<th>Grade</th>
<th>Last Update 1</th>
<th>Last Update 2</th>
<th>Last Update 3</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>04-Oct-2023</td>
<td>01-Jan-2024</td>
<td>22-Mar-2024</td>
<td>727</td>
<td>47</td>
<td>7</td>
</tr>
</tbody>
</table>

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), Kasese (48 cases, four confirmed and three deaths), Hoima (421 cases, 14 confirmed and two deaths), Obongi (19 cases, five confirmed), Maracha (five cases, four confirmed), Koboko (13 cases, four confirmed), Yumbe (14 cases, 10 confirmed), Arua city (138 cases, 111 confirmed and one death) and Mbale (13 cases and five confirmed).

### Zambia

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Last Update 1</th>
<th>Last Update 2</th>
<th>Last Update 3</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>08-Mar-2024</td>
<td>15-Jan-2024</td>
<td>29-Feb-2024</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</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>Disease</th>
<th>Grade</th>
<th>Last Update 1</th>
<th>Last Update 2</th>
<th>Last Update 3</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drought/food insecurity</td>
<td>Ungraded</td>
<td>05-Apr-2024</td>
<td>05-Apr-2024</td>
<td>05-Apr-2024</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</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>Disease</th>
<th>Grade</th>
<th>Last Update 1</th>
<th>Last Update 2</th>
<th>Last Update 3</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax</td>
<td>Grade 2</td>
<td>13-Nov-2023</td>
<td>14-Nov-2023</td>
<td>12-Feb-2023</td>
<td>683</td>
<td>1</td>
<td>0.10%</td>
</tr>
</tbody>
</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.

### Closed Events

- **Uganda**
  - Cholera: Grade 3, 04-Feb-2024, 04-Feb-2024, 03-Mar-2024, 32, 5, 1, 3.10%

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 were reported (CFR 3.1%). The outbreak was contained, therefore the event was closed.

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

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