Overview

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

- Mpox in the WHO African Region
- Lassa Fever in Nigeria

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

- A WHO Strategic Advisory Group of Experts on Immunization meeting occurred on 11-13 March 2024. An update to the interim mpox recommendations on vaccines and immunization was discussed. SAGE reviewed the most recent data on the epidemiology of mpox and noted that while reported cases and deaths had declined in all other WHO regions, reported cases and deaths persisted in the African region, which has a distinct epidemiology and case distribution, including a reported high morbidity and mortality in children under 15 years old, especially in the Democratic Republic of the Congo. Employing the one health approach to undertake actions to facilitate cooperation and collaboration among all countries affected by mpox and other neighbouring countries, for mpox preparedness and response is paramount.
WHO AFRICAN REGION

MPX

EVENT DESCRIPTION

The WHO African Region has been battling an epidemic of mpox since January 1, 2022. As of 30 April 2024, the region has reported 3 171 laboratory-confirmed cases and 25 deaths resulting in a CFR of 1.0% from 13 member states.

The Democratic Republic of Congo (DRC) has reported the highest number of cases with 1 982 (63.0%), followed by Nigeria with 861 cases (27%) and Ghana with 127 cases (4%). Others include Congo 55 cases, Cameroon 50 cases, the Central African Republic 43 cases, and Liberia 22 cases. Genomic epidemiology of mpox virus (MPXV) reveals Clade I (the central African clade) and Clade II (the West African Clade) in circulation in the region.

In April 2024, 223 confirmed cases were reported, compared to 146 in March, a 53.0% increase. The DRC accounted for 97.0% (n=217 cases), followed by the Republic of Congo and Cameroon with 2.0% (three cases each). There are new outbreaks of mpox spreading through sexual transmission in DRC, especially among female sex workers aged between 20-40 years.

From January 1 to April 30, 2024, WHO received reports of 786 confirmed cases from five countries. The DRC reported 737 cases (94.0%), followed by the Republic of Congo and Cameroon with 29 cases (4.0%), the Central African Republic with 11 cases, Cameroon with five cases, and Liberia with four cases.

Globally, the WHO regions have recorded a cumulative total of 95 226 laboratory-confirmed cases and 662 probable cases including 185 deaths. As of 31 March 2024, there have been 2 929 confirmed cases of mpox reported in the region and 23 deaths. These represent 3.0% of global cases and 12.0% of global deaths, respectively.

The expanded genomic sequencing capacity targeted vaccination strategies, and a strong public health approach provides a solid foundation for controlling the mpox outbreak in the African region. Addressing infrastructure and expertise gaps, conducting clade-specific research, and implementing a One Health approach are critical steps toward mitigating the impact of mpox and other infectious diseases.

PUBLIC HEALTH ACTIONS

An inter-ministerial meeting on mpox was organized by the World Health Organization, the Africa Centres for Disease Control and UNICEF and hosted by the Minister of Public Health, Hygiene, and Prevention of the Democratic Republic of the Congo in Kinshasa on 11-13 April 2024. The objectives of the meeting were to:

- Share the latest research and insights on mpox, including epidemiology, transmission, and prevention strategies;
- Review and enhance existing response frameworks and collaboration mechanisms among affected countries;
- Foster partnerships and coordinate efforts with international health organizations and donors for effective outbreak response and management, including vaccination; and
- Develop a comprehensive action plan for mpox surveillance, control, and prevention across Africa.

A communiqué was endorsed by the twelve Ministries of Health present at the meeting and published here. Communiqué: United in the Fight Against Mpox in Africa - High-Level Emergency Regional Meeting – Africa CDC (documents available in English and French at this site).

SITUATION INTERPRETATION

Although the African region has shown fluctuating levels of surveillance reporting, the mpox outbreak has continued with a rising trend in recent months. Therefore, available information should be interpreted cautiously as it likely underestimates the number of mpox cases. The Democratic Republic of the Congo reports the highest number of confirmed mpox cases. The distribution of cases across multiple regions highlights the potential for regional spread and underscores the need for robust surveillance and targeted interventions in affected areas. The identification of clade 2 through genomic sequencing provides crucial information for understanding the genetic makeup of the virus and may inform vaccine and therapeutic strategies.
Epidemic curve of cases of mpox in the African region by month of notification, 2022–30 April 2024

Age and sex distribution of confirmed cases of mpox reported in the African region, 2022–31 March 2024

Source: WHO
672 cases with age-sex data
Geographical distribution of mpox confirmed cases and deaths reported in the WHO African region, epidemiological week 1–18, 2024

Legend

Confirmed Mpox cases
- 5 - 11
- 12 - 29
- 30 - 737

Deaths
- 2

Boundaries
- Affected countries
- Non-affected countries
- Not applicable
EVENT DESCRIPTION

The ongoing Lassa fever outbreak in Nigeria has shown a sustained downward trend in the number of new suspected cases and deaths from epidemiological week 9 (ending on 3 March 2024) to week 19 (ending on 12 May 2024). In epidemiological week 19, 120 suspected cases, including 14 confirmed cases and 3 deaths, were reported from Ondo, Edo, and Bauchi states.

Since the start of the year, Nigeria recorded 6,226 suspected cases, 883 confirmed cases, and 160 deaths among confirmed cases. These cases have been reported from 125 local government areas in 28 states nationwide. Notably, 64.0% of all confirmed Lassa fever cases were reported from three states: Ondo, Edo, and Bauchi, while the remaining 36% were reported from 25 states with confirmed Lassa fever cases. Ondo reported majority of the confirmed cases, 25.0% among the three states, followed by Edo 22.0%, and Bauchi 17.0%.

The predominant age group affected is 21-30 years (Range: 1 to 98 years, Median Age: 32). The male-to-female ratio for confirmed cases is 1:1. Since the beginning of the outbreak, 33 healthcare workers have been reported as affected. However, no new cases among healthcare workers were reported in week 19. Currently, 87 contacts are under follow-up.

Lassa Fever is endemic in Nigeria, with cases occurring mainly during the dry season from November to March. This may explain the recent decline in the number of new confirmed cases notified starting from epidemiological week 10 (the week ending on 10 March 2024).

SITUATION INTERPRETATION

The current Lassa Fever outbreak in Nigeria is gradually declining. Besides the ongoing response activities, the change in seasonality may explain the observed improvement. To sustain the level of control on this outbreak, addressing several challenges impeding response efforts is crucial, including poor environmental sanitation, low awareness in high-burden communities, late presentation of cases leading to increased CFR, and poor health-seeking behaviour. A multidisciplinary one-health approach is critical, incorporating enhanced surveillance, community engagement, robust treatment protocols, and strengthened IPC measures. Continued support from national and international partners is necessary to address these challenges comprehensively.

PUBLIC HEALTH ACTIONS

- The national Lassa fever multi-partner and multi-sectoral Incident Management system, which operates from the Emergency Operations Centre, was promptly activated. This system is designed to coordinate response at all levels.
- Laboratory activities are ongoing and include testing of all suspected Lassa fever cases nationwide and external Quality Assurance preparation for all testing laboratories.
- Ongoing case management activities include providing medical treatment to confirmed cases at designated treatment centres nationwide, distributing reviewed case management and safe burial practices guidelines, distributing oral Ribavirin, PPE, body bags, hypochlorite, thermometers, and other essential supplies to hot-spot states, and review of the LF case management screening tool.
- As part of Infection and Prevention control (IPC) measures, the following activities were implemented: training volunteers and sensitising frontline Healthcare workers to IPC to increase the index of suspicion for LF; and implementing IPC Programs at designated treatment centers and health facilities through continuous preparedness, readiness, and response activities. Off-site support on IPC and safe burial is done in affected states.
- Risk communication and community engagement activities are ongoing, including sensitization on LF across affected states, media interviews for updates on the Lassa fever outbreak response, and dissemination of media content, including press releases, tweets, public advisories, etc.

Go to overview Go to map of the outbreaks
Trend of confirmed cases of Lassa Fever in Nigeria, Epidemiological Week 1-19, 2024

Distribution of confirmed cases and deaths of Lassa Fever in affected States in Nigeria, as of Week 19, 2024.
**Integrated Disease Surveillance and Response**

**Weekly data submission report**

Health Emergency Information Management & Risk Assessment Programme

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**Update on Reporting - Epidemiological Week 19: 06 – 12 May, 2024**

**Point du rapportage hebdomadaire – Semaine 19: 06 – 12 mai 2024**

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

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

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

- afroutbreak@who.int
- afrgoeprhir@who.int

All the correspondences related to this document should be directed to:

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Emergency Preparedness and Response, WHO Regional Office for Africa

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

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

<table>
<thead>
<tr>
<th>Week 19</th>
<th>Week 20</th>
<th>Week 21</th>
<th>Week 22</th>
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<tr>
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<td>15-May - 2024</td>
<td>22-May - 2024</td>
<td>29-May - 2024</td>
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All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Mauritius</td>
<td>Leptospirosis</td>
<td>Ungraded</td>
<td>10-May-2024</td>
<td>01-Jan-2024</td>
<td>30-Apr-2024</td>
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<td>20</td>
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</tbody>
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On 4 May 2024, the Ministry of Health and wellness of Mauritius notified the public of a rising incidence of leptospirosis cases in Mauritius with a total of 20 cases reported since the beginning of 2024. In April 2024, five cases were reported. Prevention and response activities are ongoing.

| Angola           | Poliomyelitis (cVDPV2)                              | Grade 2 | 15-May-2024          | 15-May-2024                | 15-May-2024            | 1           | 1               | 0      | 0.00%|

A case of circulating Vaccine-Derived Poliovirus Type 2 (cVDPV2) in a child of one year and three months was reported in the province of Lunda-Norte. According to the Global Polio Eradication Initiative (GPEI), this is the only case reported this year in the country as of 15 May 2024.

| Burkina Faso    | Humanitarian crisis (Sahel Region)                  | Grade 2 | 01-Jan-2019          | 01-Jan-2019                | 18-Apr-2024            | 5,500,000   | 5,500,000       | -      | -   |

Since 2015, the security situation in the Sahel and Eastern Burkina Faso has gradually deteriorated due to attacks by armed groups. Access to healthcare services remains a major challenge for the affected population. As of February 2024, 5.5 million People needed humanitarian assistance, 3.2 million of which are children and over 2.06 million IDPs registered and 9478 schools closed. The situation remains fluid.

| Burkina Faso    | Measles                                            | Ungraded | 06-Feb-2024          | 09-Mar-2024                | 09-Mar-2024            | 3817        | 362             | 12     | 0.30%|

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.

| Burundi         | Floods                                             | Grade 2 | 01-Sep-2023          | 26-Apr-2024                |                          | -           | -               | -      | -   |

Since the beginning of the rainy season in September 2023, Burundi has been affected by heavy rains, floods and landslides, exacerbated by the El niño phenomenon. As of 26 April 2024, more than 237 000 people have been affected and more than 42 000 are internally displaced. A total of 175 people have been injured and 29 deaths have been recorded. From January to mid-April 2024, more than 175, 200 people have been affected and more than 31 200 have been displaced. The most affected health districts are located in the western part of the country, including Cibitoke, Bubanza, Rumonge, Makamba and Bujumbura.

| Burundi         | Cholera                                            | Grade 3 | 01-Jan-2023          | 14-Dec-2022                | 24-Mar-2024            | 1474        | 175             | 9      | -   |

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, Kaboi, Mpanda, Rwibaga, Rumonge, Makamba, Bujumbura, Uvumbara and Mulilansolo.

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.

| Cameroon        | Humanitarian crisis (North-West & South-West )     | Protracted | 01-Oct-2016          | 27-Jun-2018                | 13-Feb-2024            | 4,700,000   | 4,700,000       | -      | -   |

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

| Cameroon        | Humanitarian crisis (Sahel Region)                 | Grade 2 | 31-Dec-2013          | 27-Jun-2017                | 13-Feb-2024            | -           | -               | -      | -   |

The Far North region of Cameroon is still facing humanitarian crisis. The region situated at the border area with Nigeria and Chad, as well as the Lake Chad area, remain the most affected by the armed conflict. Between August and September this year, nearly 6 000 newly displaced people were registered in the Mokolo district following repeated attacks by non-state armed groups. More than 2 200 new asylum seekers/refugees were registered for the same period at the Gourenguel transit site, in Mokolo district of Mayo-Tsanaga department.

| Cameroon        | Measles                                            | Ungraded | 02-Apr-2019          | 01-Jan-2024                | 31-Mar-2024            | 645         | 232             | 104    | 16.10%|

From Week 1 to Week 13 (ending 31 March 2024), 645 suspected measles cases including 104 deaths (CFR 16%) were reported in Cameroon. A cumulative number of 232 cases were confirmed, including 129 IgM positive, 88 epidemiologically linked and 15 clinically compatible. In 2023, 6088 confirmed measles cases and at least 75 related deaths have been reported in Cameroon.

| Cameroon        | Mpx                                                | Protracted | 24-Feb-2022          | 01-Jan-2024                | 04-Apr-2024            | 15          | 2               | 1      | 6.70%|

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

Go to overview  Go to map of the outbreaks
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 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 992 suspected cases, including 543 confirmed cases and no deaths, were reported.

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

For CAR, the country is the least affected among the four AFRO countries regarding the ongoing Sudan conflict with 29 444 forcibly displaced people from Sudan who arrived in CAR since 15 April 2023, of which 6 158 are returnees and 23 286 Sudanese refugees/asylum seekers.

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.

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.

From 2 January 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.

Chad has recorded one new probable yellow fever case, which tested positive using the plaque reduction neutralization test (PRNT) in week 15, in the Vakaga health district, bringing the total number of probable cases in 2024 to six. Other probable cases for the year have been reported in the Mbaïki and Kémo health districts. In 2023, five probable cases were reported in the Mbaïki, Kémo, and Vakaga districts.

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 mainly hosted in the refugee’s camps across Ennedi Est, Wadi Fira, Ouaddai and Sila provinces. Regarding the ongoing Sudan Conflict, from 15 April 2023 to 3 May 2024, about 588 825 Sudanese refugees have been welcomed in the country including 96 181 that have crossed the border since January 2024. Most new arrivals are women and children (88%), and 14% are persons with specific needs.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
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<td>2,800,000</td>
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<td>Central African Republic</td>
<td>Impact of Sudan crisis in CAR</td>
<td>Grade 3</td>
<td>01-May-2023</td>
<td>01-May-2023</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>Grade 2</td>
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<td>Grade 2</td>
<td>11-Feb-2022</td>
<td>01-Mar-2016</td>
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<td>Impact of Sudan crisis in Chad</td>
<td>Grade 3</td>
<td>15-Apr-2023</td>
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<td>02-Jan-2024</td>
<td>2092</td>
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Between 1 January and 5 May 2024, a total of 5,631 suspected measles cases, including 20 deaths, have been reported in various health districts, including Moissa, Guelo, Dono Manga, Kouloudia, Arada, N'Djamena Centre, N'Djamena East, Gapal, Gore, N'Djamena North, Amtiman, Pala, Koune, Massakory, and Koukou Angara. Among these, 182 suspected cases were recorded in the crisis-affected eastern provinces, with no deaths reported. Fourteen health districts in these eastern provinces have reached the epidemic threshold since April 2023.

Since the official cholera outbreak declaration on 2 February 2024 through 6 May 2024, Comoros has reported a cumulative total of 5,062 cases and 102 deaths (CFR=2.0%) across all three islands with the cholera attack rate of 605 cases per 100,000 inhabitants. In week 18 (29 April - 5 May 2024) 1,322 new cases were reported. Currently, all 17 districts are affected, with Ndzuwani having the highest number of reported cases at 4104 (81.1%) and 82 deaths (CFR of 2.0%).

Since the beginning of this year, there is an ongoing measles outbreak for Congo affecting three districts of Etoumbi (25 confirmed cases: 10 laboratory confirmed and 15 epi-link), Poto-poto (five confirmed cases: one through laboratory and four cases by epidemiological link) and Impfondo (12 confirmed cases: seven through laboratory and five by epidemiological link).

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 five departments: Brazzaville, Cuvette and Likouala.

From 4 November 2023 to 3 January 2024, a total of 19 suspected cases of anthrax were reported from four health districts in three departments: Brazzaville, Cuvette and Likouala. 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 19 suspected cases of anthrax were reported from four health districts in three departments: Brazzaville, Cuvette and Likouala.

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 cover a 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.

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%).

A human case of Mpox 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 districts of the North Kivu Province: Mutwanga (7 cases, 2 deaths), Mabalako (4 cases, 1 death), Beni (5 cases), and Vuhovi (4 cases, 1 death).

A protracted humanitarian crisis has been reported since February 2016. By December 2023, the affected area had expanded to cover 60,000 people southward, towards Minova and Bunyakiri in South Kivu province. The humanitarian crisis is 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

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 were reported so far; 18 out of 26 provinces have reported confirmed measles outbreaks since the beginning of this year.

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

Due to adverse weather. On a positive note, the rain helped alleviate drought conditions in the region.

As of 14 March, heavy rain and strong winds caused by Cyclone Fillipo affected the eastern Lubombo region of Eswatini. Ka-Langa, Sitsatsaweni, Makhewu, Lomahasha are areas that have been affected, and have suffered flooded houses and schools, damaged roads, downed power lines. Public transport has been heavily reduced and schools closed.

As per the Global Polio Eradication Initiative (GPEI), no cVDPV1 case was reported this week. There is one case reported this year and 106 cases in 2023.

This has led to a considerable displacement of people as the affected community search for shelter and safety. an estimated 27,317 people have already been displaced; eight deaths, and a total of 10 health facilities and 14 schools have been affected.

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 Waj Hagam 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 militias continues, with clashes reported in North Shewa and North Wello zones. Tensions between Tigrai 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.

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The ongoing cholera outbreak in Ethiopia started since 27 August 2022. As of 17 May 2024, a total of 46,731 cases, 600 deaths (CFR 1.3%) are reported. %.

Since 4 April 2024, two districts (Logia and Mille) in the Afar region of northeastern Ethiopia have been experiencing an outbreak of dengue fever. As of 7 April 2024, a total of 23,209 cases and 112 deaths associated deaths (CFR 0.08%) have been reported from five affected regions. 699 of the cumulative cases have been reported in 2024 only. The outbreak is currently active in one out of the 26 initially affected Woredas.

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 2 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 18 March 2024, a total of 28 suspected cases, including 2 laboratory confirmed cases, 8 clinically compatible cases and three deaths (CFR: 10 %) were notified.

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

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES**

**WEEK 19: 6 TO 12 MAY 2024**

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**Malawi**

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

Malawi 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.

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**Kenya**

Kenya is experiencing heavy rains and flash floods since mid April 2024 resulting in loss of lives, property and disruption of services. A total of 41 Counties have been affected, with major flooding occurring in Nairobi, Kiambu and Machakos Counties. More than 295 people dead, 188 injured, 21 missing, 277 715 people displaced and nearly 412 763 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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**Liberia**

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 Mandera, since early 2024. A total of 1 324 cases with 11 deaths (CFR 1.8%) have been reported.

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**Guinea**

An outbreak of diphtheria has been reported in the Kankan region of Guinea since 4 July 2023. As of 9 April 2024, 4 517 suspected cases were reported from the Kankan, Faranah, Labé, Mamou, Conakry and N'Zérékoré regions, including 4 307 confirmed cases and 105 deaths. Of the confirmed cases, 29 were laboratory-confirmed, 4 173 were clinically compatible and 105 were epidemiologically linked. The Siguir health district in the Kankan region is the epicenter of the outbreak, with 98.4% of suspected cases reported.

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**Madagascar**

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.

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**Guinea**

Faranah, Labé, Mamou, Conakry and N’Nzérékoré regions, including 4 307 confirmed cases and 105 deaths. Of the confirmed cases, 29 were laboratory-confirmed, 4 173 were clinically compatible and 105 were epidemiologically linked. The Siguir health district in the Kankan region is the epicenter of the outbreak, with 98.4% of suspected cases reported.
Malawi Cholera Grade 3 03-Mar-2022 03-Mar-2022 07-Apr-2024 59,334 59,334 1,774 3.00% Twenty-nine districts have reported Cholera cases since March 2022 in the Machinga district. As of 7 April 2024, a cumulative total of 59 334 cases and 1 774 deaths (CFR 3.0%) have been reported since the onset of the outbreak.

Mali 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.

Mali Humanitarian crisis (Sahel region) Grade 2 11-Sep-2017 11-Sep-2017 24-Mar-2024 7,500,000 7,500,000 0.00% 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 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 27 confirmed cases and zero deaths were reported in 10 health districts in Koulikoro region (9), Sikasso region (1), and Bamako district (12).

Mauritania Measles Ungraded 11-Mar-2024 14-Mar-2024 19-Mar-2024 180000 - - % The humanitarian situation in the Hodh Chargui region (HEC) of Mauritania is becoming critical with the massive arrival of thousands of Malian refugees fleeing insecurity and violence. It is estimated that over 180 000 refugees and returnees are registered or awaiting registration in the Bassikounou district. According to UNHCR data, over 40% are outside the formal camp system, many with livestock, practicing agriculture (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.

Mauritania Measles Ungraded 07-Mar-2022 01-Jan-2024 17-Mar-2024 1,406 170 4 0.30% 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.

Mauritania Dengue Grade 3 17-Dec-2023 17-Dec-2023 14-Jan-2024 40 40 0 0.00% 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.

Mozambique Tropical Storm Filipo Ungraded 11-Mar-2024 14-Mar-2024 14-Mar-2024 2800 2 800 2 As of 15 March 2024, the low-pressure system, named Filipo, delivered abundant, intense rain and strong gusts of rain as it hit multiple countries, with Mozambique the worst affected. Two people have died due to the system, and around 2 800 people have been displaced. Many structures collapsed in coastal areas due to the severe storm at sea. In the south of the country, waves exceeded 21 feet in height. Meanwhile, in Maputo, the capital, streets were flooded, and traffic was significantly impeded. In this city of more than one million inhabitants, dozens of vehicles were swept away. Rainfall was heavy, exceeding eight inches in some areas. Combined with wind speeds of more than 50 mph, it created a dangerous weather situation in a country still recovering from Freddy cyclone.

Mozambique Cholera Grade 3 14-Sep-2022 12-Oct-2023 18-Apr-2024 47 561 47 561 173 The current cholera outbreak in the country started in Niassa province on 14 September 2022. As of 7 April 2024, 47 561 cholera cases have been recorded, with 173 deaths (CFR 0.4%) in 11 affected provinces. The outbreak is currently active in eight provinces.

Namibia Suspected food poisoning Ungraded 27-Feb-2024 26-Feb-2024 27-Feb-2024 10 2 20.00% On 26 February 2024, suspected food poisoning was reported from Livaiy 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 Humanitarian crisis (Sahel region) Grade 2 01-Feb-2015 01-Feb-2015 18-Apr-2024 4,300,000 4,300,000 0.00% 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 Nigeria 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.

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 continues to notify meningitis cases. From epidemiological week 1 to week 10, 2024, a total of 577 suspected cases included 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.

People face emergency levels of food insecurity, with very high rates of severe acute malnutrition that could lead to death in Borno, Adamawa and Yobe states. As of week 11, 2024, over 6 million people are targeted for humanitarian aid, 8.3 million people need humanitarian assistance, 2.2 million IDPs, and 4.3 million people need food security aid. Due to the fluidity of the situation, the numbers are constantly changing.

From 1 January to 24 March 2024, there were 559 suspected cholera cases reported in Nigeria, including seven deaths (CFR 1.3%). Reports came from 18 states, with Bayelsa State registering 356 cases (64% of all suspected cases). Other affected states include Cross River (42 cases), Bauchi (38), Abia (24), Delta (24), Nasarawa (19), Ondo (11), Katsina (9), and Osun (8), accounting for 31% of the cases this year. Suspected cholera cases and deaths have decreased by 71% and 87%, respectively, compared to the same period in 2023. The most affected age groups are children under five years, followed by those aged 5-14 years.

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.

Between weeks 1 and 10 of 2024, a total of 4,178 diphtheria cases have been reported in Nigeria, including 2,009 confirmed cases and 30 deaths.

From 1 January to 24 March 2024, six confirmed cases of Chikungunya were reported from the regions of Dakar (1), Kolda (1), Matam (2), and Tambacounda (2) in Senegal. 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 248 compatible cases. Additionally, there were 88 IgM+ cases of rubella, with 339 samples pending laboratory results. A total of 63 out of 774 Local Government Areas (8%) have reported a measles outbreak since the beginning of the year.

Between 1 October 2023 and 10 March 2024, a total of 1,852 suspected cases including 1135 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 Yobe, Jigawa, Bauchi, Gombe, Katsina, and Zamfara.

Overall, since the re-emergence of Mpox in September 2017, 3,771 suspected cases have been reported from 36 States and FCTs in the country. Of these 3,771 suspected cases, 1,086 (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.

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.

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.

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 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 Yembeule 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.
As of 12 May 2024, Senegal has reported a total of 23 confirmed dengue cases. The cases, ranging in age from 15 to 62 years with a median age of 32 years, include nine females and 14 males. The majority of the cases have been reported in the Dakar region (15 cases, 65%), followed by Louga (4 cases, 17%), Saint-Louis (2 cases, 9%), Matam (1 case, 4%), and Thiès (1 case, 4%). The first case was recorded on 1 January 2024, in Guediawaye, and the most recent case was on 4 March 2024, in Dakar-Ouest.

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 Louge (46), Matam (26), Kaffrine (24), Diourbel (16), Kaka (13), Saint-Louis (13).

The cholera outbreak has been ongoing in South Africa since December 4, 2023. It started with imported cases linked to ongoing outbreaks in Southern Africa and two locally transmitted cases from Limpopo in January. As of 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.

Through IHR notification from South Africa, WHO has received a report of one laboratory confirmed mpx case from the City of Johannesburg. The case is 35-year-old male residing in the Gauteng province. He reports no recent international travel history to a country/area with ongoing mpx outbreak. This case was initially notified through the notifiable medical conditions surveillance system by a private healthcare facility after initial testing by Lancet Laboratory on 9 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 dire food security situation are protracted macroeconomic challenges resulting in high inflation, insufficient food supplies, the lingering impact of consecutive years of widespread floods and episodes of intercommunal violence.

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.

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 Abyei Administrative area, Northern Bahr al Ghazal, Unity, Upper Nile and Western Bahr al Ghazal.

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

According to the Global Polio Eradication Initiative (GPEI), no cVDPV2 cases were reported this week. There are four cases reported this year and three cases reported last year.

As of 15 March 2024, since 5th September 2023 cholera outbreaks have been reported in 18 regions (Marra, Arusha, Kilimanjaro, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruwuma, 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, Ruwuma and Tabora).

Since November 2023, Tanzania has been experiencing heavy rains caused by an intense El Niño and Indian Ocean dipole system. The rains have continued into 2024, subsequently, severe floods and mudslides have occurred in several regions in April, including the devastating Rufiji and Kibiti floods in Pwani region. Other affected regions include Morogoro, Kilimanjaro, Arusha, Katavi, Kigoma, and Mara. On 25 April, the Prime Minister announced that the rains and floods since January had left 155 dead and 236 injured and affected 200 000 people and 51000 households.
The Ministry of Health and Public Hygiene in Togo officially released a communication on 08 March informing the public about the notification of measles cases in the country, particularly in the districts of Kérén and Otj 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.

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 localized flooding interspersed 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 start to seasonal cultivation activities. While the sustained impacts of the multi-season drought, including low coping capacity and limited household assets, continue to result in widespread area-level Crisis (IPC Phase 3) outcomes, an increasing number of households will improve to Stressed (IPC Phase 2) through September.

On 26 April 2024, the Kyotera District Surveillance Focal Person (DSFP) received reports of death of an adult male resident of Kasensero Town Council, and increased cases of Acute Watery Diarrhea in the community. On 8 May 2024, a team of epidemiologists from the Ministry of Health and other technical officers joined the District Rapid Response Team to investigate the outbreak. As of 11 May 2024, the cumulative number is 40 cases including two confirmed and 38 suspected (including two deaths of probable cases).

The current cholera outbreak started with Lusaka Province confirming cases in the cholera-prone areas (peri-urban). From October 2023 to 6 May, 2024, nine provinces have reported cases since beginning of 2023 with the majority of cases coming from Gokwe North (63.5%) and Gokwe South (32.6%). The confirmed death was reported in 2023, from Gokwe South.

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-third 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.

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The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 34,123 cholera cases with 715 deaths (CFR 2.10%) as of 19 May 2024.

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In week 8, 2024, Zambia recorded a total of 54 suspected measles cases, with laboratory testing confirming 5 cases distributed across 5 districts. This adds to the cumulative count of suspected cases, at 1,594, and lab-confirmed measles cases, totaling 57 since the first week of 2024.

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

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 34,123 cholera cases with 715 deaths (CFR 2.0%) as of 19 May 2024. The outbreak has now spread to more than the 17 traditional cholera hotspot districts.

Closed Events

Congo Floods Grade 2 01-Jan-2024 29-Dec-2023 24-Feb-2024 - - -

Since December 2023, nine of the twelve departments of the Republic of Congo (Cuvette, Likouala, Plateaux, Sangha, Kouilou, Niari, Pool, Brazzaville, Pointe-Noire) have been experiencing heavy floods following excessive rainfall and overflow of the Ouamba and Congo rivers. As of 8 January 2024, 23 deaths were reported and an estimated 336,560 individuals were in need of humanitarian and health assistance. As of 24 February 2024, 196,769 internally displaced persons were recorded in seven departments, including 7,407 (17%) pregnant women, 36,855 (3.8%) children less than five years old (18.7%), and 12,762 (6.5%) elderly. As of April 2024, Water levels have declined significantly, therefore the event is closed. Nonetheless, the Government and partners continue to respond to the aftermaths of the crisis in the affected areas.

Uganda Rift Valley fever (RVF) Ungraded 25-Sep-2023 01-Jan-2023 03-Mar-2024 184 56 14 7.60%

From week 1 through week 44 (ending 19 November 2023), about 182 rift valley fever (RVF) cases were reported including 54 confirmed cases and 13 deaths from Kabale, Rubanda, Mbarara, Isingiro, Bushenyi, Nakasike, Kazo, Lira and Kakumiro districts. In 2024, only five cases were reported. In March 2024, only Mbarara district was experiencing an active RVF outbreak with one case and zero death reported. The outbreak has been contained hence closing the event.

Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/. Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.