Overview

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

- Cholera in Coromos
- Humanitarian Crisis in Cabo Delgado, Mozambique
- Floods in Burundi

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

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

Major issues include

- Since February 2024, The Union of Comoros has been responding to a cholera outbreak, facing challenges related to insufficient human and financial resources to conduct various public health interventions to control the outbreak effectively. There has been a prevailing tendency among the population to deny the existence of the disease and to seek medical care at healthcare facilities late, resulting in a high mortality rate within the community. The Government of the Union of the Comoros and its partners should prioritise and expand surveillance, awareness-raising activities, and vaccination campaigns to control and control this ongoing outbreak.
Cholera

EVENT DESCRIPTION

The first cholera case was reported in the Union of the Comoros on 2 February 2024, and subsequently, cases were reported from all three regions (Ngazidja, Mwali, and Ndzuwani), spanning across 17 health districts. During epidemiological week 20 (ending 19 May 2024), there were 99 new cases, including 93 (94.0%) cases in Ndzuwani, four (4.0%) in Mwali and two (2.0%) in Ngazidja. Additionally, one new death was recorded in the Ndzuwani region. A total of 94 cases are still active, including 85 (90.4%) cases in Ndzuwani, seven (7.5%) in Mwali and two (2.1%) in Ngazidja.

As of 15 May 2024, a cumulative total of 6,025 cases had been reported, with the majority of cases reported from Ndzuwani (5,016 cases, 83.2%), followed by Ngazidja (545 cases, 9.1%) and Mwali (464 cases, 7.7%). Over 96.5% (n=5,817) of cases recovered, yet a total of 114 deaths were recorded (CFR 1.9%), including 94 (82.5%) in Ndzuwani, 15 (13.2%) in Ngazidja and five (4.3%) in Mwali.

The predominant group of cases was those aged between 15 and 19 (620 cases, 10.3%), followed by those aged between 20 and 24 (570 cases, 9.5%) and those aged between 10 and 14 (423 cases, 7.0%). Children under 5 years accounted for 5.3% (n=318), while cases aged over 65 years were the least represented (58 cases, 1.0%). The sex ratio (M/F) was 1.2.

PUBLIC HEALTH ACTIONS

- The Ministry of Health and its partners lead the public health response and hold regular coordination meetings.
- A multidisciplinary team of experts and volunteers has been deployed in the field to support the ongoing response efforts.
- Surveillance activities are underway, encompassing contact tracing, active case search, and community-based surveillance, all facilitated by electronic data collection tools and geolocators.
- Case management is ongoing, including training health workers at the triage site on case definition, patient triage, and oral rehydration.
- Isolated strains have been sent to Uganda for sequencing, and the national-level laboratory supports the response by conducting diagnostic and confirmatory tests.

An immediate vaccination campaign is currently being finalised, with the vaccines expected to be received on 11 May 2024.

Risk communication and community engagement activities are ongoing, including educating healthcare professionals and the community on cholera prevention.

SITUATION INTERPRETATION

Substantial efforts in coordination and planning are underway at the Union of the Comoros, in collaboration with various technical and financial partners, to control the outbreak and restore normalcy. However, the delay in timely resource mobilisation for executing sanitation, surveillance, biological confirmation, and vaccination activities presents a persistent challenge impeding the response. Despite these bottlenecks, the country plans a vaccination campaign in the affected areas. Therefore, the country and its partners must mobilize effectively and efficiently for this campaign. Furthermore, ongoing efforts to mobilize financial resources are essential to support the implementation of other public health interventions and activities, including surveillance, awareness-raising, sanitation, water supply, and other necessary inputs.
Distribution of cases of Cholera by District in Comoros, as of 15 May 2024

Epidemic curve of suspected and confirmed cases of cholera in Comoros by date of reporting, 1 January – 15 May 2024
Humanitarian Crisis

EVENT DESCRIPTION
Since 2017, Cabo Delgado province has been facing complex ongoing armed conflict, marked by a dire humanitarian situation, as well as extreme poverty and vulnerability. Recently, the attacks have intensified with the non-State armed groups (NSAGs) movement from the north to the southern districts of Cabo Delgado and the north of neighbouring Nampula province.

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), more than 700,000 people have been internally displaced by the conflict, seeking refuge in overcrowded camps or host communities. These displaced individuals, including women and children, face severe challenges, including limited access to food, clean water, healthcare, and education. The situation is particularly dire for vulnerable groups such as children, who are at risk of recruitment by armed groups, and women, who face heightened risks of gender-based violence.

In April, about 52 300 people (12 575 families) were displaced as a result of sporadic attacks and fear of attacks by NSAGs in Ancuabe, Chiüre and Erati districts in Cabo Delgado and Nampula. Chiüre recorded the highest number of IDPs, with 49 031 seeking refuge in displacement sites and host communities. In Ancuabe, 2 952 displaced people sought safety at the district’s headquarters (sede). In Nampula’s Erati district, 317 people fled to displacement sites in Chiüre Sede and Metuge. The majority of the displaced were women and children.

In recent years, Mozambique has faced recurring major disasters, including tropical cyclones and floods, impacting millions of people nationwide. In 2023, Cyclone Freddy affected over 1 million individuals, prompting over 140,000 to seek refuge in temporary shelters, some in conflict-affected areas. On March 12, 2024, more than 48,000 people were affected in the provinces of Gaza, Inhambane, Maputo and Sofala by the impact of Tropical Storm Filipo. The strong winds and torrential rains resulted in major human and material losses, causing substantial damage to homes and essential infrastructures and exacerbating diseases, including cholera. Mozambique is ranked as one of the most vulnerable countries to the effects of climate change (ranked 16th most at risk out of 190 countries on the INFORM Risk Index).

The National Institute for Disaster Management recommends that agriculture sectors, particularly livelihoods, climate change, and WASH, are critical and need help to enable the province to cope with the ongoing challenges.

PUBLIC HEALTH ACTIONS
- The International Organization for Migration (IOM) supports the Mozambican government and local communities to address humanitarian needs resulting from conflicts and disasters, aiding displaced individuals and their host communities. IOM aims to promote stability, recovery, and preparedness in Mozambique through collaborative efforts, ensuring long-term positive outcomes for affected populations.
- UNICEF’s interventions in Mozambique include providing therapeutic foods to treat severely malnourished children, distributing health supplies for cholera response in nine provinces benefiting over 100,000 people, supplying learner kits and school materials to children in four provinces, and reaching over 2.5 million individuals with vital cholera prevention and care-seeking behaviour messages.
- A rapid needs assessment was conducted on 7 May 2024 in Natuco, Natuco administrative post, Mecufi district. According to local authorities and community leaders, 523 new arrivals were registered in the Natuco host communities. Preliminary information gathered indicated that most of the people came from Mazeze, Chiüre district and Lurio village, Membá district, Nampula province.

SITUATION INTERPRETATION
Northern Mozambique is facing an acute humanitarian crisis resulting from the armed conflict opposing NSAGs active in the Cabo Delgado province and the Mozambican government, supported by troops from neighbouring countries and the Southern African Development Community. Since 2017, the conflict has caused the displacement of more than one million people in Northern Mozambique. Since the deployment of international troops in 2020/2021, relative stability has been observed in certain areas, triggering spontaneous returns to areas perceived as safe. However, NSAGs continue operating across Cabo Delgado, and the last six months of 2023 saw an increase in sporadic attacks, which resulted in new displacements of vulnerable populations. There is an urgent need to ensure full access to essential health services in all accessible districts and to establish mechanisms to improve health access to all vulnerable people in hard-to-reach districts.
**Floods**

**EVENT DESCRIPTION**

Since the beginning of the rainy season in September 2023, Burundi has been affected by torrential rains, floods, and landslides, aggravated by the El niño phenomenon. These have caused population displacement and significant infrastructure damage. Flooding has been caused by the El niño phenomenon, causing population displacement and significant infrastructure damage mainly caused by the rising levels of Lake Tanganyika waters and the overflow of adjacent rivers.

Since March 2024, the water levels of Lake Tanganyika have risen by 776.76 meters, the most severe increase in about sixty years. As of 4 May 2024, 239,781 people have been affected, 36,907 people have been internally displaced, and at least 29 fatalities have been recorded. Public infrastructure, including schools, churches, and electrical installations, has also been affected.

As of mid-April 2024, it was estimated that 19,250 houses and more than 200 classrooms were flooded or destroyed, and at least five healthcare facilities were affected. In addition, more than 40,000 cultivable lands were destroyed, with over 23,100 households reporting having lost their agricultural fields. The most affected provinces are located in the western and southern parts of the country, including Cibitoke, Bubanza, Bujumbura Rural, Bujumbura Mairie, Rumonge and Makamba.

The floods contribute to the deterioration of the country’s water, sanitation, and hygiene (WASH) situation, which is already facing outbreaks of cholera, malaria, and measles, as well as food insecurity.

Since 2022, and as of 18 May 2024, a total of 1,798 cholera cases, including 10 deaths (CFR 0.6%), have been reported from Bujumbura Mairie, Cibitoke, Bujumbura rural, Rumonge, and Bubanza. In week 20 (ending 19 May 2024), 11 out of 49 districts (Isale, Busoni, Kirundo, Murenke, Vumbi, Kiganda, Muramvya, Gashoho, Giteranyi, Kibumbu, and Ngozi) were experiencing a malaria outbreak. From week 1 to Week 20, 2024, a total of 1,551 measles cases, including 93 laboratory-confirmed, 31 clinically compatible, and 1,427 epidemiologically linked to a laboratory-confirmed case or a clinically compatible case, were reported from 17 out of 49 districts.

**PUBLIC HEALTH ACTIONS**

- The national authorities and the United Nations agencies in Burundi released a communiqué on the impact of the El niño phenomenon in Burundi on 16 April 2024, appealing for more financial support to provide an adequate response to the crisis.
- National authorities with the support of partners are conducting multisectoral assessments and are providing assistance to the affected population through the supply of seeds, money transfers, distribution of food, provision of preventive and curative healthcare, and voluntary relocation of affected families to shelters on higher ground. Underfunding of the response remains the major challenge.
- A humanitarian response plan for floods has been developed to cover the period April to October 2024. It targets 306,000 people affected in 15 priority districts and is costed at USD 26M.

**SITUATION INTERPRETATION**

Similarly to other countries affected by the El niño phenomenon, the flooding situation in Burundi is concerning. About 80% of the population in Burundi depends on agriculture and related activities, and several of them lost their means of subsistence due to the floods. In addition, the country has been battling a cholera epidemic for more than two years, and with the ongoing floods, the deterioration of the WASH situation can contribute to worsening the cholera epidemic and other ongoing outbreaks (e.g. malaria and measles). Concerted efforts are to be made by all sectors (WASH, health, Food security, protection, nutrition, education, etc) to lessen the impacts of the floods, and national and international donors and partners should scale up the support provided to the flooding response in Burundi.
Integrated Disease Surveillance and Response
Weekly data submission report

Health Emergency Information Management & Risk Assessment Programme

Update on Reporting - Epidemiological Week 20: 13 – 19 May, 2024
Point du rapportage hebdomadaire – Semaine 20: 13 – 19 mai 2024

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

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

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

afrououtbreak@who.int
afroephr@who.int

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

<table>
<thead>
<tr>
<th>Week 20</th>
<th>Week 21</th>
<th>Week 22</th>
<th>Week 23</th>
</tr>
</thead>
</table>

All the correspondences related to this document should be directed to:
Toutes les correspondances relatives à ce document doivent être adressées à:

Dr Etien Luc Koua, HIR Programme Area Manager (kouae@who.int)
Emergency Preparedness and Response, WHO Regional Office for Africa
**Weekly Bulletin on Outbreaks and Other Emergencies**

**Week 20: 13 to 19 May 2024**

**Health Emergency Information and Risk Assessment**

**Returnees and Refugees**

485K refugees and asylum seekers have returned to their homes to neighbouring villages and communities. By February 2024, the following observations were made:

- 4.7M people in need
- 2.7M people targeted
- 1M IDPs
- 658k returnees and asylum seekers 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.

**New Events**

**Angola**

- **Polioyelitis (cVDPV2)**
  - Grade: 2
  - Date notified to WCO: 15-May-2024
  - Start of reporting period: 15-May-2024
  - End of reporting period: 15-May-2024
  - Total cases: 1
  - Cases Confirmed: 1
  - Deaths: 0
  - CFR: 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.

**Congo**

- **Measles**
  - Grade: Ungraded
  - Date notified to WCO: 15-May-2024
  - Start of reporting period: 02-Apr-2024
  - End of reporting period: 21-Apr-2024
  - Total cases: 42
  - Cases Confirmed: 42
  - Deaths: 0
  - CFR: 0.00%

Since the beginning of this year, there is an ongoing measles outbreak in Congo affecting three districts of Etoumbi (25 confirmed cases: 16 laboratory confirmed and 9 epidemiological link), Poto-poto, and Impfondo (12 confirmed cases: seven through laboratory and five by epidemiological link).

**Ethiopia**

- **Flood**
  - Grade: 2
  - Date notified to WCO: 15-May-2024
  - Start of reporting period: 01-May-2024
  - End of reporting period: 15-May-2024
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -
  - CFR: -

Sudden flash flood has occurred in the woredas at the riverine side of Liban, Shabelle, and Alder zone including Dollo Addo, Cherati, and Dollo-Bay woredas of Somali region and Silte and Halab zones of Central Ethiopia region (GER) leaving a substantial volume of water on the roads, impacting vast number of kebeles and numerous households.

**South Africa**

- **Mpx**
  - Grade: Protracted
  - Date notified to WCO: 15-May-2024
  - Start of reporting period: 15-May-2024
  - End of reporting period: 10-May-2024
  - Total cases: 1
  - Cases Confirmed: 1
  - Deaths: 0
  - CFR: 0.00%

**Uganda**

- **Cholera**
  - Grade: 3
  - Date notified to WCO: 13-May-2024
  - Start of reporting period: 11-May-2024
  - End of reporting period: 11-May-2024
  - Total cases: 40
  - Cases Confirmed: 2
  - Deaths: 2
  - CFR: 5.00%

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).

**Burkina Faso**

- **Humanitarian crisis (Sahel Region)**
  - Grade: 2
  - Date notified to WCO: 01-Jan-2019
  - Start of reporting period: 01-Jan-2019
  - End of reporting period: 18-Apr-2024
  - Total cases: 5,500,000
  - Cases Confirmed: 5,500,000
  - Deaths: -
  - CFR: -

Since 2015, the security situation in the Sahel and Eastern Burkina Faso has gradually deteriorated due to attacks by armed groups. Access to healthcare services remains a major challenge for the affected population. As of February 2024, 5.5 million people needed humanitarian assistance. 3.2 million of which are children and over 2.06 million IDPs registered and 5478 schools closed. The situation remains fluid.

**Burundi**

- **Floods**
  - Grade: 3
  - Date notified to WCO: 01-Sep-2023
  - Start of reporting period: 26-Apr-2024
  - End of reporting period: -
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -
  - CFR: -

**Burundi**

- **Measles**
  - Grade: Ungraded
  - Date notified to WCO: 06-Feb-2024
  - Start of reporting period: 14-Jan-2024
  - End of reporting period: 09-Mar-2024
  - Total cases: 3817
  - Cases Confirmed: 362
  - Deaths: 12
  - CFR: 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**

- **Cholera**
  - Grade: 3
  - Date notified to WCO: 01-Jan-2023
  - Start of reporting period: 01-Jan-2023
  - End of reporting period: 24-Mar-2024
  - Total cases: 1474
  - Cases Confirmed: 175
  - Deaths: 9
  - CFR: -

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

**Burundi**

- **Measles**
  - Grade: Ungraded
  - Date notified to WCO: 15-Feb-2024
  - Start of reporting period: 01-Jan-2023
  - End of reporting period: 12-Feb-2024
  - Total cases: 1670
  - Cases Confirmed: 1670
  - Deaths: 22
  - CFR: 1.30%

On 14 February 2024, Burundi’s Ministry of Health reported a measles outbreak, with 20 of the country’s 49 health districts experiencing active outbreaks. These districts were identified as having unvaccinated children in the 2022 National Vaccination Coverage Survey. The epidemic curve indicates a steady increase in cases since May 2023. In 2023, there were 1670 confirmed cases resulting in 22 deaths, representing a case fatality rate of 1.3%. Among the confirmed cases, 55% were aged 6-59 months, and 55% were under 15 years old. From January to 12 February 2024, 54 deaths were reported in five health districts.

**Cameroon**

- **Humanitarian crisis (North-West & South-West )**
  - Grade: Protracted
  - Date notified to WCO: 01-Oct-2016
  - Start of reporting period: 27-Jun-2018
  - End of reporting period: 13-Feb-2024
  - Total cases: 4,700,000
  - Cases Confirmed: 4,700,000
  - Deaths: -
  - CFR: -

In the North-West and South-West regions, the unstable security situation and persistent violence are exacerbating humanitarian needs. Affected people continue to flee their homes to neighbouring villages and communities. By February 2024, the following observations were made: 4.7M people in need, 2.7M people targeted, 1M IDPs, 658k returnees and 485K Refugees and Asylum Seekers.
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 Gourpenguell transit site, in Mokolo district of Mayo-Tsanaga department.

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.

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.

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 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 outbreak.

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

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 to 24. Other probable cases for the year have been reported in the Mbaïki and Kémo health districts. 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.

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.
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 were reported. 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, 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), Masisi (6 cases, 4 deaths), and Rutshuru (3 cases, 3 deaths). The fighting has also triggered the displacement of 60,000 people southward, towards Minova and Bunyakiri in South Kivu province.

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

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

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.
### Weekly Bulletin on Outbreaks and Other Emergencies

#### Week 20: 13 to 19 May 2024

**Democratic Republic of the Congo**

- **Poliomyelitis (cVDPV1)**: Grade 2, 27-Aug-2022 to 15-May-2024
  - 107 cases, 107 deaths, CFR 0.00%

- **Poliomyelitis (cVDPV2)**: Grade 2, 26-Feb-2021 to 15-May-2024
  - 118 cases, 118 deaths, CFR 0.00%

Health Authorities announced an outbreak of plague since the second epidemiological week of 2024. As of week 14, a total of 259 cases and seven deaths were reported, most of cases are bubonic plague, but with a few cases of pneumonic plague. Three health districts (Retby, Logo, Rimba) are affected in Ituri province where the disease is endemic.

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.

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

**Eswatini**

- **Tropical Storm Filipo**
  - Ungraded, 11-Mar-2024 to 14-Mar-2024
  - 638 cases, 0 deaths

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

**Ethiopia**

- **Food insecurity (Horn of Africa crisis)**
  - Grade 3, 17-Feb-2022 to 17-May-2024
  - 61 579 cases, 61 579 deaths, CFR 0.80%

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.

- **Humanitarian crisis (Northern Ethiopia)**
  - Grade 3, 04-Nov-2020 to 04-Nov-2020
  - 638 cases, 0 deaths

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 militiam continues, 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 Madame sites have resulted in heavy casualties and displacement of several thousand people.

- **Impact of Sudan crisis in Ethiopia**
  - Grade 3, 01-May-2023 to 10-May-2024
  - 61 579 cases, 61 579 deaths, CFR 0.80%

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 33 552 Sudanese refugees, 10 491 other nationalities refugees/asylum seekers and 9 580 returnees.

- **Cholera**
  - Grade 3, 17-Sep-2022 to 17-May-2024
  - 46,731 cases, 600 deaths, CFR 1.30%

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. %

- **Dengue**
  - Grade 3, 16-May-2023 to 18-Apr-2024
  - 23 381 cases, 23 381 deaths, CFR 0.00%

Since 4 April 2023, 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 19 deaths associated deaths (CFR 0.08%) have been reported from five affected regions. 699 of the cumulative cases have been reported in 2024 only.

- **Malaria**
  - Ungraded, 31-Jan-2023 to 28-Apr-2024
  - 654 deaths, CFR 4.5%

Ethiopia is still experiencing malaria outbreak. From 1 January to 28 April 2024, a total of 1 439 429 new malaria cases including 248 deaths were reported from Oromia (35%), followed by Amhara (19%), Southwest (13%), and South (10%). Number of malaria cases so far this year is higher than reported during the same period in 2023.

- **Measles**
  - Ungraded, 13-Apr-2017 to 18-Apr-2024
  - 503 cases, 0 deaths

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.

- **Plague**
  - Grade 3, 01-May-2023 to 01-May-2023
  - 61 579 cases, 61 579 deaths, CFR 0.80%

Ethiopia is still experiencing plague outbreak. From 1 January to 28 April 2024, a total of 1 439 429 new malaria cases including 248 deaths were reported from Oromia (35%), followed by Amhara (19%), Southwest (13%), and South (10%). Number of malaria cases so far this year is higher than reported during the same period in 2023.

- **Diphtheria**
  - Ungraded, 23-Jan-2024 to 19-Mar-2024
  - 28 cases, 3 deaths, CFR 10.70%

On 23 January 2024, Cameroon reported a confirmed case of Diphtheria. The affected individual is a 9-year-old male from Bitum 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.

- **Measles**
  - Ungraded, 01-Apr-2024 to 25-Feb-2024
  - 1398 cases, 644 deaths, CFR 0.00%

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.
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
WEEK 20: 13 TO 19 MAY 2024

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.

Malawi experienced a malaria outbreak since last year and the same trend continues in 2024. From week 1 to week 7, 2024, a total of 1 285 567 cases and 119 deaths were reported. Ninety eight percent of these cases are attributed to falciparum malaria.

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

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

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

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

Liberia confirmed its first case of Mpox on 23 July 2022, with a cumulative total of 138 suspected cases reported and 5 confirmed. The most recent case was in week 42 of 2023 in Grand Kru and Nimba counties. No new cases have been reported in 2024.

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

Malawi 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.

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.
### Health Emergency Information and Risk Assessment

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES**

**WEEK 20: 13 TO 19 MAY 2024**

#### Malawian Cholera

- **Grade:** 3
- **Dates:** 03-Mar-2022 to 07-Apr-2024
- **Case Numbers:** 59,334, 59,334, 1,774
- **CFR:** 3.00%

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

#### Mali - Humanitarian crisis

- **Grade:** 2
- **Dates:** 11-Sep-2017 to 24-Mar-2024
- **Case Number:** 7,500,000
- **CFR:** 0.00%

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

#### Mali - Dengue

- **Grade:** 3
- **Dates:** 12-Sep-2023 to 03-Mar-2024
- **Case Number:** 1,627
- **CFR:** 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, 236 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 - Measles

- **Grade:** Ungraded
- **Dates:** 20-Feb-2018 to 03-Mar-2024
- **Case Number:** 123
- **CFR:** 0.00%

Between week 1 and week 9 of 2024, out of 123 samples tested, 88 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.

#### Mali - Zika

- **Grade:** Ungraded
- **Dates:** 07-Dec-2023 to 18-Mar-2024
- **Case Number:** 22
- **CFR:** 0.00%

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 19 confirmed cases and zero deaths were reported from 10 health districts in Koulikoro region (9), Sikasso region (1), and Bamako district (12).

#### Mauritania - Influx of refugees from Mali

- **Grade:** Ungraded
- **Dates:** 11-Mar-2024 to 19-Mar-2024
- **Case Number:** 180,000
- **CFR:** -%

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

#### Mauritania - Measles

- **Grade:** Ungraded
- **Dates:** 07-Mar-2023 to 10-Dec-2023
- **Case Number:** -
- **CFR:** -%

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:** Ungraded
- **Dates:** 11-Mar-2024 to 17-Mar-2024
- **Case Number:** 1,406
- **CFR:** 0.30%

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.

#### Mauritania - Leptospirosis

- **Grade:** Ungraded
- **Dates:** 10-May-2023 to 30-Apr-2024
- **Case Number:** -
- **CFR:** 0.00%

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.

#### Mozambique - Humanitarian crisis in Cabo Delgado

- **Grade:** Prolonged
- **Dates:** 01-Jan-2020 to 17-Mar-2024
- **Case Number:** 2,000,000
- **CFR:** -%

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.

#### Mozambique - Tropical Storm Filipo

- **Grade:** Ungraded
- **Dates:** 11-Mar-2024 to 14-Mar-2024
- **Case Number:** 2,800
- **CFR:** 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 2,900 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:** Ungraded
- **Dates:** 14-Sep-2023 to 12-Oct-2023
- **Case Number:** 47,561
- **CFR:** -%

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

- **Grade:** Ungraded
- **Dates:** 27-Feb-2022 to 27-Feb-2022
- **Case Number:** 10
- **CFR:** 20.00%

On 26 February 2022, suspected food poisoning was reported from Livayi village in Nyangana district of Kavango East region where ten people from 4 households, aged between 1 and 17 years, presented vomiting, abdominal pain, convulsions and fitting after consuming a meal made of maize porridge, fresh traditional vegetable (mutate) and soup. Two deaths were recorded while the other case-patients are being treated at the Nyangana district hospital.

---

For the full report, including tables and additional information, please refer to the source document.
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 2022—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 at risk of deteriorating conditions amid the ongoing turmoil.

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

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

Niger continues to notify meningitis cases. From epidemiological week 1 to week 10, 2024, a total of 577 suspected cases including 281 confirmed cases and 28 deaths (CFR 4.9%) were notified in eight regions, namely Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillaberi and Zinder. Niamey and Zinder regions are the most affected.

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 599 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), Abuja (24), Delta (24), Nasarawa (19), Ondo (11), Katsina (9), and Ogun (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 10 and 1 of 2024, a total of 4,178 diphtheria cases have been reported in Nigeria, including 2,009 confirmed cases and 30 deaths.

As of week 9 of 2024, 3,914 suspected cases, including 682 laboratory-confirmed cases, were reported, with 128 reported deaths in affected districts, resulting in a CFR of 18.8%. Confirmed cases, including 25 HCWs, were reported from 27 states and 117 LGAs, three out of 36 states (Edo, Ondo, and Bauchi) account for 62% of confirmed cases. From Week 1 to Week 12 of 2014, 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 1852 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, 3771 suspected cases have been reported from 36 States and FCTs in the country. Of these 3771 suspected cases, 1986 (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.

Senegal is at risk of deteriorating conditions amid the ongoing turmoil.

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 Guinée-Bissau district, probably contracted the disease while working in the Ndofarne 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 Yewmbel 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.

### South Africa

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Onset Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>20-Jan-2023</td>
<td>20-Jan-2023</td>
<td>155</td>
<td>12</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

### South Sudan

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Onset Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food insecurity (Horn of Africa crisis)</td>
<td>Grade 3</td>
<td>18-Dec-2020</td>
<td>05-Apr-2021</td>
<td>10-May-2024</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 with widespread floods and episodes of intercommunal violence.

### South Sudan Measles

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Onset Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>04-Jul-2022</td>
<td>01-Jan-2024</td>
<td>17-Mar-2024</td>
<td>150</td>
<td>150</td>
</tr>
</tbody>
</table>

### South Sudan Dengue

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Onset Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dengue</td>
<td>Grade 3</td>
<td>14-Nov-2022</td>
<td>31-Jan-2023</td>
<td>23</td>
<td>23</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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 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 Thies (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.

### Senegal Dengue

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Onset Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dengue</td>
<td>Grade 3</td>
<td>14-Nov-2022</td>
<td>31-Jan-2023</td>
<td>23</td>
<td>23</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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 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 Thies (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.

### Senegal Measles

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Onset Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>04-Jul-2022</td>
<td>01-Jan-2024</td>
<td>17-Mar-2024</td>
<td>150</td>
<td>150</td>
</tr>
</tbody>
</table>

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 (23), Diourbel (16), Kaka (13), Saint-Louis (13).

### Tanzania

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Onset Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow fever</td>
<td>Grade 3</td>
<td>24-Dec-2023</td>
<td>24-Dec-2023</td>
<td>28-Apr-2024</td>
<td>120</td>
<td>3</td>
</tr>
</tbody>
</table>

Yellow fever outbreak is still ongoing in Tanzania since it was officially declared by the health authorities on 6 January 2024. As of 28 April 2024, a total of 120 yellow fever cases (117 suspected and 3 confirmed) were reported from seven counties in Western Equatoria state: Yambio (64), Tambura (26), Nzara (11), Ezo (11), Ibba (3), Maridi (3) and Mvolo (2) Counties. About six suspected deaths have been also reported.

### Tanzanian, United Republic of

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Onset Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow fever</td>
<td>Grade 3</td>
<td>24-Dec-2023</td>
<td>24-Dec-2023</td>
<td>28-Apr-2024</td>
<td>120</td>
<td>3</td>
</tr>
</tbody>
</table>

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 Kibli 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 51,000 households.
As of 15 March 2024, since 5th September 2023 cholera outbreaks have been reported in 18 regions (Mara, Arusha, Kiliimanjaro, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi and Dar es Salaam) in Tanzania Mainland, where a total of 2,549 cases and 46 deaths (CFR 1.8%) reported. Out of 18 regions, a cholera outbreak was declared over in 6 regions (Geita, Mara, Arusha, Kiliimanjaro, Ruvuma and Tabora).

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

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.

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).

The measles outbreak in Kyenjonjo (81 cases, six confirmed and two deaths) was controlled, however the following districts are still in outbreak: Kasese (29 cases, three confirmed), Amuru (27 cases, three confirmed and one death), Kassanda (48 cases, four confirmed and three deaths), Hoima (421 cases, 14 confirmed and two deaths), Obongi (19 cases, five confirmed), Maracha (five cases, four confirmed), Koboko (13 cases, four confirmed), Yumbe (14 cases, 10 confirmed), Arua city (138 cases, 111 confirmed and one death) and Mbale (13 cases and five deaths).

On 29 February 2024, the Zimbabwe 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 over two 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 Zimbabwe electricity generation comes from hydropower.

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

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 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

<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>Deaths as %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>03-Feb-2024</td>
<td>03-Feb-2024</td>
<td>2</td>
<td>2</td>
<td>0.00%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Zika</td>
<td>Ungraded</td>
<td>11-Dec-2023</td>
<td>14-Nov-2023</td>
<td>2</td>
<td>2</td>
<td>0.00%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Anthrax</td>
<td>Grade 2</td>
<td>27-Nov-2023</td>
<td>19-Nov-2023</td>
<td>92</td>
<td>26</td>
<td>11.20%</td>
</tr>
</tbody>
</table>

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. No additional cases were reported.
†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.

© WHO Regional Office for Africa

This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:
Dr Etien Luc Koua
Programme Area Manager, Health Emergency Information and Risk Assessment Programme.
WHO Emergency Preparedness and Response
WHO Regional Office for Africa
P O Box. 06 Cité du Djoué, Brazzaville, Congo
Email: afrooutbreak@who.int

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.
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.