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

- Cholera in Kenya
- Dengue in Mali
- Floods in Kenya

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**

- Kenya, among the countries affected, continues to grapple with the persisting cholera epidemic that initially swept through Eastern and Southern Africa in 2023. The recent resurgence of cholera in April 2024 highlights the ongoing impact on Kenya, straining communities and healthcare facilities. The outbreak remains a critical concern for Kenya, emphasising the urgent need for investments in bolstering systems to tackle cholera and similar public health crises. Key areas for improvement include access to clean water, enhanced sanitation and hygiene, fostering social behaviour change, and ensuring quality case management.
Cholera

**EVENT DESCRIPTION**

The ongoing cholera outbreak in Kenya initially detected in Lamu County in April 2024, has now spread to two additional counties: Siaya and Tana River. As of 27 May 2024, the outbreak has resulted in 67 confirmed cases and one death, yielding a case fatality rate (CFR) of 1.4%.

The distribution of cases is heavily skewed towards Tana River, which accounts for 88% (59) of cases, followed by Lamu with seven cases and Siaya with one case. Males constitute 55.0% of the cases (n=37), with children aged 1-10 years being the most affected demographic (46.0%). Of the 67 cumulative cases, eight have been confirmed by culture, while the remaining were diagnosed using rapid diagnostic tests.

In Tana River and Lamu counties, the cases are primarily concentrated in Garsen West Ward and Witu Ward, respectively—areas also affected by flooding. The case in Siaya was an imported case from Kisumu County. The attack rates are notably high in Tana River (18.7 per 100,000 population) and Lamu (4.8 per 100,000 population).

The outbreak in Tana River and Lamu counties has been exacerbated by flooding, which has facilitated the spread of cholera through contaminated water sources and complicated response efforts by damaging infrastructure and limiting access to safe water and sanitation facilities.

**PUBLIC HEALTH ACTIONS**

- Ongoing community sensitization efforts focus on proper latrine usage and cholera prevention measures. Community dialogues are being held to educate the public on how to avoid infection.
- Surge teams have been deployed for case management and risk communication. An integrated case management and surveillance training is planned for Tana River and Lamu counties to enhance local capacity in handling the outbreak.
- An Oral Cholera Vaccine campaign has been planned in Garsen sub-county as one critical intervention to curb the outbreak.

**SITUATION INTERPRETATION**

The cholera outbreak in Kenya presents significant challenges, particularly in regions already struggling with flooding and inadequate infrastructure. The concentration of cases in flood-affected areas, such as Garsen West in Tana River and Witu in Lamu, underscores the role of environmental factors in exacerbating the spread of cholera. Flooding facilitates the transmission of bacteria and hampers response efforts by damaging infrastructure and limiting access to clean water and sanitation facilities. Despite the efforts of public health authorities, several challenges persist, including a lack of water quality testing reagents, inadequate chlorine granules, incomplete county cholera epidemic preparedness and response plans, and logistical issues. Addressing these gaps is crucial for controlling the outbreak and preventing further cases.
Epidemiological Curve of Cholera Outbreak in Kenya, 2024

WHO donated and handed over cholera kits to Tana River County Government.

Source: WHO KENYA
Distribution of cases of measles in active counties in Kenya, as of 2 June 2024
Dengue

EVENT DESCRIPTION

Mali continues to respond to a dengue outbreak, which started in epidemiological week 36, 2023 (week ending 10 September). There has been a sustained downward trend in the number of suspected and confirmed cases and related deaths since epidemiological week 13 (week ending 31 March 2024). In epidemiological week 21, there was only one confirmed case of dengue in the country, showing a significant decrease from the nine confirmed cases in week 20.

From epidemiological week 1 to week 22, 2024, there have been 4,605 suspected cases of Dengue in Mali, of which 614 were confirmed positive cases and four deaths. Cumulatively, from the outbreak's onset in 2023 to W21, 2024, Mali has registered 9,976 suspected cases, including 422 confirmed cases and 38 deaths, for a case fatality ratio of 2.7%.

The cases have come from 22 health districts in six health regions. Bamako district remains the epicentre of the epidemic, with 27.0% (1,253) suspected cases since onset in 2023. Females are the most affected, with 51.8% of cases. The average age of cases is 33.8 years (Standard deviation of 19.8 years). The most affected age group is 20-24 years.

PUBLIC HEALTH ACTIONS

- The Ministry of Health (MoH) activated its incident management system and is currently coordinating the response. There have been multidisciplinary weekly coordination meetings, with representatives from all regions of the country participating.
- There are weekly strategic meetings at the Direction Generale de la Sante et de l’Hygiene Publique for mobilization with technical and financial partners.
- Community sensitization programs to raise awareness have been ongoing since the onset, as have capacity building and the distribution of national guidelines.
- Reference laboratories have continued to perform PCR on samples from suspected cases to confirm cases. The government has provided Rapid Diagnostic Test (RDT) kits for screening and continued investigation of cases at entry points and at all levels of the health sector.
- WHO has continued to fund community screening and support entomologic investigation activities in all health regions.
- Ongoing case management activities include isolating suspected cases and medical treatment of symptomatic cases.

SITUATION INTERPRETATION

The recent outbreak in Mali, among the most severe in a decade, prompted collaborative efforts between the government and health partners like WHO, Red Cross, and Red Crescent. Their concerted efforts, which included media engagement, surveillance, and case management, led to a significant decline in transmission. Urgent challenges persist, notably the scarcity of fumigation supplies, sampling kits, and RDTs. Addressing these shortages is vital to maintaining control. Additionally, distributing insecticide-treated mosquito nets and promoting dengue prevention at the community level are recommended for sustained containment.
Distribution of Cases of Dengue in affected counties in Mali, Weeks 1—22, 2024
Floods

**EVENT DESCRIPTION**

Since the beginning of Kenya’s March to May (MAM) rainy season, intense rainfall, landslides, and mudslides have caused human, material and economic damages. Based on the Kenya National Disaster Operations Center (NDOC) estimates, as of 30 May 2024, 306,522 people (61,304 households) have been affected, and 293,205 people (58,641 households) have been internally displaced across the country. In addition, 315 fatalities have been recorded, 188 people have been injured, and 38 people’s whereabouts remain unknown. Moreover, more than 100 schools and 40 health facilities have been affected; several dams and bridges have been partially or totally destroyed, disrupting transportation; over 9,800 livestock reportedly died, and over 41,000 hectares of arable fields have been damaged, heavily affecting livelihoods.

The floods have affected 92.0% of the 47 counties of Kenya, especially the areas around the Lake Victoria basin, the Rift Valley, the Highlands West and East of the Rift Valley, the Coast, the Southeastern lowlands and the Northeastern part of the country. Large urban areas such as Nairobi, Mombasa and Nakuru have also been affected, with several reported incidents, such as the Mahi Mahiu landslide disaster that occurred on 29 April 2024 in Nakuru county, leading to over 50 deaths.

The floods have deteriorated the water, sanitation, and hygiene (WASH) situation in several areas. The country has been experiencing the second wave of the cholera outbreak since the beginning of 2024, with cases and deaths being reported from three counties since April 2024: Tana River (60 cases; 3 deaths), Siaya (1 case), and Lamu (18 cases). Cholera cases have been reported from flooded areas such as Garsen West Ward and Witu Ward in Tana River and Lamu counties.

The measles situation is also concerning; between January and May 2024, 1,494 cases, including 11 deaths (CFR 1%), were reported from 10 counties. Flood-affected counties, including Garissa, Kilifi, Turkana, Samburu, Wajir, Meru, Mandera, and Tana River, also reported cases.

According to the IGAD Climate Prediction and Applications Centre (ICPAC), wetter-than-normal conditions from June to September 2024 are highly probable in Kenya, similar to other East African countries affected by Floods (Uganda, Ethiopia, South Sudan, Eritrea, etc.).

**PUBLIC HEALTH ACTIONS**

- A national MAM flood task force was activated, and the National authorities are coordinating the response activities with the support of humanitarian partners.

- Health risk assessment of internally displaced persons (IDP) camps is ongoing in Nakuru and Kajiado counties with the support of WHO and other partners. The assessments have already been concluded in Nairobi, Busia, Kisumu, and Homa Bay counties.

- Water purification plants were deployed in IDP camps, and additional toilets were installed in Masinde Muliro IDP camps by UNICEF and the Red Cross.

- Supply of kits for cholera and respiratory infections by WHO and partners was conducted in various counties, including Nakuru, Tana River, Marsabit, and Nairobi.

In response to the second wave of the cholera outbreak, the multi-sectoral outbreak management committee was reactivated, and surge teams, including case management, risk communication, and community engagement (RCCE) experts, were deployed to the affected areas. Planning for an OCV campaign in Garsen sub county and integrated case management and surveillance training for Tana River and Lamu counties are ongoing.

**SITUATION INTERPRETATION**

The 2024 March to May rainy season in Kenya has been marked by heavy flooding that affected thousands of people and caused large-scale material and economic damages. As above-average rainfall is expected to continue in some areas between June and September 2024, the country is to strengthen preparedness and readiness activities in at-risk counties, such as the construction of additional shelters, resettlement of populations at risk of being affected by the floods, prepositioning of food, household items as well as medical kits National and international partners need to continue providing the required support to the country including scaling up funding for preparedness and readiness activities.
A flooded river in Mathare, a sprawling informal settlement in Nairobi where many live in tin shacks, has led to the loss of lives, destruction of property and displacement of families.

Source: Guyo Adhi / © IFAW
**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 22: 27 May – 02 June, 2024**

**Point du rapportage hebdomadaire – Semaine 22: 27 mai – 02 juin 2024**

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**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**
- **afroephrir@who.int**

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**Reminder**:

**Upcoming deadlines for weekly data submission**

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

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<td>26-May -2024</td>
<td>02-Jun -2024</td>
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**Deadline / Date limite**

- **29-May -2024**
- **05-Jun -2024**
- **12-Jun -2024**
- **19-Jun -2024**

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**Health Emergency Information and Risk Assessment**

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES**

**WEEK 22: 27 MAY - 2 JUNE 2024**

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**Cameroon**

- **Measles Ungraded**
  - Grade: Protracted 2
  - 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: 0.0%

On 22 May 224, the Government of Namibia declared a State of Emergency following the worst drought the country has experienced in 100 years. One in five Namibians is considered food insecure, with over 331 000 households already enrolled in the government-funded drought relief program to support affected communities. This situation, driven by the El Niño-induced drought and concurrent floods in Southern Africa, despite current efforts, necessitates more focused attention and proactive measures from governments and partners. It is crucial to mobilize funds to enhance prevention programs aimed at mitigating climate risks. Furthermore, targeted and effective interventions are required to alleviate the hardships and suffering of the populations, particularly in light of the exacerbating presence of disease outbreaks.

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**Ongoing Events**

- **Angola Poliomyelitis (cVDPV2)**
  - Grade: Protracted 2
  - Start of reporting period: 01-Jan-2019
  - End of reporting period: 18-Apr-2024
  - Total cases: 1
  - Cases Confirmed: 1
  - Deaths: 0
  - CFR: 0.0%

On 3 May, 2024, Angolan health authorities announced that polio had been detected in Chitato Municipality, Lunda Norte province, which borders the Democratic Republic of Congo. A person infected with *circulating vaccine-derived poliovirus type 2* was confirmed. According to the Global Polio Eradication Initiative, this is the only case reported this year in the country as of 15 May 2024.

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**Burkina Faso**

- **Humanitarian crisis (Sahel Region)**
  - Grade: Protracted 2
  - Start of reporting period: 01-Jan-2019
  - End of reporting period: 18-Apr-2024
  - Total cases: 9904
  - Cases Confirmed: 484
  - Deaths: 46
  - CFR: 0.5%

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.

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**Burundi**

- **Flood Grade 2**
  - Start of reporting period: 01-Sep-2023
  - End of reporting period: 26-Apr-2024
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -
  - CFR: -

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 179, 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, Rurumonge, Makamba and Bujumbura.

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**Burundi**

- **Cholera Grade 3**
  - Start of reporting period: 01-Jan-2023
  - End of reporting period: 01-Jun-2024
  - Total cases: 1.89
  - Cases Confirmed: -
  - Deaths: 11
  - CFR: 0.6%

Burundi faces cholera outbreaks almost every year in some areas. The ongoing cholera outbreak was officially declared on 1 January 2023. As of 1 June 2024, a total of 1 890 cases, 11 deaths (CFR 0.6%) , have already been reported since the start of the outbreak.

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**Cameroon**

- **Humanitarian crisis (NORTH-WEST & SOUTH-WEST )**
  - Grade: Protracted 2
  - Start of reporting period: 01-Oct-2016
  - 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 targetted, 1M IDPs, 658k Returnees and 485K Refugees and Asylum Seekers.

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**Cameroon**

- **Humanitarian crisis (Sahel Region)**
  - Grade: Protracted 2
  - Start of reporting period: 31-Dec-2013
  - End of reporting period: 13-Feb-2024
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -
  - CFR: -

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.

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**Burundi**

- **Measles Ungraded**
  - Grade: Protracted 2
  - Start of reporting period: 01-Jan-2019
  - End of reporting period: 18-Apr-2024
  - Total cases: 645
  - Cases Confirmed: 232
  - Deaths: 104
  - CFR: 16.1%

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 Mpxo including 2 laboratory-confirmed and 1 death have been reported. From 1 January to 28 December 2023, 113 suspected cases of Mpxo, 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 922 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/ asylee 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.

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 4 March 2022 to 26 November 2023, 35 confirmed cases of Mpxo 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.

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 2020 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 Yakaga health district, bringing the total number of probable cases in 2024 to six. Other probable cases for the year have been reported in the Mbaké 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 conflict-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 56 181 that have crossed the border since January 2024. Most new arrivals are women and children (88%), and 14% are persons with specific needs.
## Health Emergency Information and Risk Assessment

### WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

**WEEK 22: 27 MAY - 2 JUNE 2024**

### Global Polio Eradication Initiative (GPEI)

- No cVDPV1 case was reported this week.
- One case reported this year and 106 cases in 2023.
- 654 deaths (CFR 4.5%) were reported.

### Mpox

- 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 1,178 confirmed and 791 deaths are reported so far; 18 out of 26 provinces have reported confirmed measles outbreak since the beginning of this year.
- In 2023, a total of 311,500 suspected measles cases and 5,799 deaths were reported.

### Measles

- One cVDPV2 case was reported this week, bringing the total number of cases this year to 45.
- Cholera outbreak is ongoing in Comoros since the first case was reported on 2 February 2024.
- 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 epidemiological 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).
- No circulating vaccine-derived poliovirus type 1 (cVDPV1) cases were reported this week.

### Other Outbreaks

- An outbreak of Dengue fever is ongoing in Ivory Coast. A total of 4,050 cases have been reported from 1 January 2023 to 11 May 2024, with 325 confirmed cases and 2 deaths.
- Severe floods in the Democratic Republic of Congo have caused catastrophic impacts across multiple regions for weeks. By December 2023, the affected area had expanded to over 1.6 million hectares, with significant damage along the Congo River and in provinces such as Equateur and Kongo Central. The most impacted crops included cassava, corn, and peanuts, particularly in the Kinshasa peri-urban and central agricultural savannahs. As of 7 February 2024, 422,732 households had been affected, and 2,196,362 houses had collapsed across 17 provinces.

### Humanitarian Crisis

- The humanitarian crisis in Democratic Republic of Congo has affected about 6 provinces namely, North Kivu, South Kivu, Ituri, Tshopo and Tanganjika provinces. Currently, 7,100,000 people have been displaced since onset. There are currently 522,410 new refugees. There have been various levels of security threats, widespread instability, and gang violence. The IDPs live in precarious conditions (poor hygiene, inadequate water supply, promiscuity, lack of proper sewage disposal predisposing to various health challenges). At present, there are multiple outbreaks like, Cholera affecting 16,554 people so far with 250 deaths, measles affecting 45,647 people and instability, and gang violence. The IDPs live in precarious conditions.

### Epidemiological Summaries

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<th>Country</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Cases</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
<th>CFR</th>
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<td>Democratic Republic of the Congo</td>
<td>23-May-2022</td>
<td>23-Apr-2024</td>
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<td>42</td>
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<td>15-May-2024</td>
<td>136</td>
<td>1.571</td>
<td>217</td>
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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.

According to the Ethiopian Disaster Risk Management Commission, more than 560,000 people have been affected by the heavy rains and flooding experienced in April and early May in several districts, including Afar, Amhara, Central Ethiopia, Oromia, Sidaam, and Somali, South Ethiopia, Southwest Ethiopia People’s, Tigray regions and Dire Dawa City Administration.

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

As of 9 May 2024, armed clashes continue to drive displacement in Amhara, Afar, and Tigray regions and impede humanitarian relief operations. In Amhara region, battles between the Ethiopian National Defense Force (ENDF) and Fano 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.

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 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. The outbreak is currently active in one out of the 26 initially affected Woredas.

Ethiopia is still experiencing malaria outbreak. From 1 January to 19 May 2024 (epi-week 20), a total of 1,858,835 cases and 314 deaths were reported. A total of 125,641 malaria cases were reported in epi-week 20, which reveals 13% increment compared to epi-week 19, 2024 and 26 new deaths were reported in the epi-week 20. About 1,399 Woredas reported at least one malaria case.

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 Bimam Health District in Gabon. The onset of symptoms occurred on 1 December 2023, and he sought medical consultation on 3 December 2023 in the Enongal health area, Ebolowa health district in Cameroon. The person died on 7 December 2023. The sample tested positive for Diphtheria on 23 January 2024. As of 19 March 2024, a total of 28 suspected cases, including 2 laboratory confirmed cases, 8 clinically compatible cases and three deaths (CFR: 10 %) were notified.

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

An outbreak of diphtheria has been reported in the Kankan region of Guinea since 4 July 2023. As of 9 April 2024, 4,517 suspected cases were reported from the Kankan, Faranah, Labé, Mamou, Conacry and N’Ziérié 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.

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 314 people died, 188 were injured, 21 were missing, 58,641 people were displaced, and nearly 306,522 were affected across the country. Humanitarian partners are supporting the Government-led response to scale up relief efforts for the affected population.
<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>From/To Period</th>
<th>Cases</th>
<th>Deaths</th>
<th>Mortality Rate</th>
<th>Alert Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>19-Oct-2022 to 02-Jun-2024</td>
<td>12,521</td>
<td>68</td>
<td>1.0%</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>02-Jun-2024 to 07-Apr-2024</td>
<td>1,428</td>
<td></td>
<td>11</td>
<td>Grade 3</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>07-Apr-2024 to 02-Jun-2024</td>
<td>195</td>
<td></td>
<td>8</td>
<td>Ungraded</td>
</tr>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Jun-2022 to 01-Jan-2023</td>
<td>368</td>
<td></td>
<td>32</td>
<td>Ungraded</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>01-Jan-2023 to 13-Dec-2021</td>
<td>13,124</td>
<td></td>
<td>95</td>
<td>Ungraded</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>13-Dec-2021 to 13-Feb-2024</td>
<td>13,124</td>
<td></td>
<td>95</td>
<td>Ungraded</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>03-Mar-2022 to 06-Jan-2022</td>
<td>376</td>
<td></td>
<td>110</td>
<td>Ungraded</td>
</tr>
<tr>
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<td></td>
<td>06-Jan-2022 to 13-Feb-2024</td>
<td>376</td>
<td></td>
<td>110</td>
<td>Ungraded</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>13-Feb-2024 to 28-Feb-2024</td>
<td>95391</td>
<td></td>
<td></td>
<td>Grade 3</td>
</tr>
</tbody>
</table>

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.

The food security crisis in Kenya is expected to worsen due to the impacts of the El Niño and floods in the country. The current Humanitarian Response Plan for Kenya needs to be more funded, with only 11% of the required funding secured for 4.1 million people targeted. There has been a significant increase in IDPs in the regions of Kidal (32%) and Ménaka (20%). As of March 2024, over 7.1 million people require humanitarian assistance and as long as it persists, 2.5 million people have access to water, 2.5 million children are at risk of Acute Malnutrition, 1.6 million excluded from alert/response mechanisms and 1.8 million children are deprived of the right education.

In Mali, the food security crisis is expected to worsen due to the impacts of the El Niño and floods in the country. The current Humanitarian Response Plan for Mali needs to be more funded, with only 11% of the required funding secured for 4.1 million people targeted. There has been a significant increase in IDPs in the regions of Kidal (32%) and Ménaka (20%). As of March 2024, over 7.1 million people require humanitarian assistance and as long as it persists, 2.5 million people have access to water, 2.5 million children are at risk of Acute Malnutrition, 1.6 million excluded from alert/response mechanisms and 1.8 million children are deprived of the right education.

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 4.1 million people targeted. There has been a significant increase in IDPs in the regions of Kidal (32%) and Ménaka (20%). As of March 2024, over 7.1 million people require humanitarian assistance and as long as it persists, 2.5 million people have access to water, 2.5 million children are at risk of Acute Malnutrition, 1.6 million excluded from alert/response mechanisms and 1.8 million children are deprived of the right education.

From 1 January to 26 May 2024, Mali reported 4,605 suspected cases of dengue, including 614 confirmed cases and four deaths.

Between 1 January and 26 May 2024, 493 suspected cases of measles were reported, with 277 confirmed cases. During the same period in 2023, there were 288 confirmed cases, representing a 4% decrease in 2024 compared to the previous year.

On 6 December 2022, 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 6. Three cases were confirmed on 1 December 2023 and nine cases on 4 December 2023. As of 18 March 2024, a total of 22 confirmed cases and zero deaths were reported from 10 health districts in Koulikoro region (9), Sikasso region (1), and Bamako district (12).
The humanitarian situation in the Hodh Chargui region (HEC) of Mauritania is becoming critical with the massive arrival of thousands of Malian refugees fleeing insecurity and violence. It is estimated that over 180,000 refugees and returnees are registered or awaiting registration in the Bassiknou district. According to UNHCR data, over 40% are outside the formal camp system, many with livestock, putting pressure on natural resources (such as water and grazing land) and basic social services. Both displaced populations and host communities require protection, shelter, clean water, hygiene and sanitation facilities, as well as healthcare for their well-being.

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 Mali, Burkina Faso, and Nigeria persist post-21 October 2022. 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 Mali, Burkina Faso, and Nigeria persist post-21 October 2022.

Mauritania and Niger are facing severe food security challenges as 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, 8.5 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.

### South Sudan

As of 15 March 2024, the low-pressure system named Filipo delivered abundant, intense rain and strong gusts as it hit multiple countries, with Mozambique being the worst affected. As of 04 April 2024, a total of 197,903 people (29,581 families) have been affected, with 146 deaths and 202 wounded. About 5,620 houses were partially damaged and 1,773 totally destroyed, while 31,375 were flooded. Additionally, public infrastructures, including 1,041 classrooms in 468 schools, affecting 111,785 students and 2,297 teachers, 155 power poles, and 89 health centers were also affected. Authorities forecast moderate to heavy rains, with potential impacts on Maputo, Gaza, and Inhambane provinces in the coming days 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

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. As of 15 May 2024, eight out of eleven provinces and at least 22 districts have reported cholera cases, with a cumulative total of 15,386 cases. The highest number of cases were reported from the provinces of Nampula, Tete, Cabo Delgado, and Zambezia. Additionally, there was a concurrent outbreaks affecting 1,225 people, with schools disrupted.

### Protracted

- **Protracted 2**
  - **Nigeria**
    - **Humanitarian crisis (Sahel region)**
      - Protracted 2: 01-Feb-2015 to 01-Feb-2015
      - 18-Apr-2024
      - **4,300,000**
      - **4,300,000**
      - **0.0%**
    - **Humanitarian crisis (Sahel region)**
      - Protracted 2: 10-Oct-2016 to 10-Oct-2016
      - 21-Mar-2024
      - **8,300,000**
      - **8,300,000**
      - **0.0%**

### Influx of refugees from Mali (Sahel region)

- **Protracted 2**
  - **Mauritania**
    - **Influx of refugees from Mali (Sahel region)**
      - Protracted 2: 11-Mar-2024 to 14-Mar-2024
      - **202,000**
      - **202,000**
      - **0.0%**

### Weekly Bulletin on Outbreaks and Other Emergencies

WEEK 22: 27 MAY - 2 JUNE 2024

A total of 148 cases of dengue fever, including zero deaths, have been reported in Niger since its onset in 2023. No new cases or deaths have been reported since the last (CRF 0.4%) in 11 affected provinces. The outbreak is currently active in eight provinces.

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 7.3%) were notified in eight regions, namely Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillaberi and Zinder. Agadez and Niamey regions are the most affected.

Between 1 January and 12 May 2024, Mauritania reported 2,384 suspected dengue fever cases across 49 districts, with 280 confirmed cases — 81 through epidemiological links and 199 via laboratory tests. In response, a vaccination campaign is scheduled from 28 May to 6 June 2024, targeting 1,943,636 children aged nine months to 14 years. This campaign will also incorporate the administration of vitamin A and mebendazole.
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
WEEK 22: 27 MAY - 2 JUNE 2024

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 Cholera Grade 3 01-Jan-2024 24-Mar-2024 559 7 1.3%

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.

Nigeria Diphtheria Ungraded 01-Dec-2022 01-Jan-2024 10-Mar-2024 4,178 2,009 30 0.7%

As of week 9 of 2024, 3,914 suspected cases, including 682 laboratory-confirmed cases, were reported, with 128 reported deaths among confirmed cases, resulting in a CFR of 18.8%. Confirmed cases, including 25 HCWs, were reported from 27 states and 117 LGAs. Three out of 36 states (Edo, Ondo, and Bauchi) account for 62% of confirmed cases.

Nigeria Lassa Fever Ungraded 08-Jan-2023 01-Jan-2024 03-Mar-2024 3,272 676 109 3.3%

Between 1 October 2023 and 10 March 2024, a total of 1,852 suspected cases including 1,135 confirmed cases and 163 deaths (CFR: 8.8%) were reported from 22 out of 33 states. Of the 1,135 confirmed cases, 119 (82%) were caused by Neisseria meningitidis serogroup C (NmC) while 5 cases (3.7%) were caused by streptococcus pneumoniae, 10 cases (7.4%) by Haemophilus influenzae and 1 (0.7%) by Neisseria meningitidis serogroup X (NmX). As of 10 March 2024, the outbreak remains active in six states, namely Yobe, Jigawa, Bauchi, Gombe, Katsina, and Zamfara.

Nigeria Measles Ungraded 01-Apr-2023 01-Jan-2024 12-May-2024 8,935 4,633 0.0%

Between 1 January and 12 May 2024, in Nigeria, 8,935 suspected cases were reported, with 1,141 confirmed cases, 3,373 confirmed through epidemiological link, and 119 classified as compatible. Additionally, there were 280 IgM positive rubella cases. The measles incidence rate is 18.4 per 1,000,000 population. Notably, 302 out of 774 districts (39%) have reached the epidemic threshold, indicating a significant outbreak.

Nigeria Meningitis Grade 3 29-Jan-2023 08-Oct-2023 10-Mar-2024 1,852 135 163 8.8%

Between 1 October 2023 and 10 March 2024, a total of 257 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.

Nigeria Pediomyelitis (cVDPV2) Grade 2 01-Jun-2018 01-Jan-2022 20-Mar-2024 139 139 - -

No cVDPV2 case was reported this week. There were four cases reported in 2024, 87 cVDPV2 cases reported in 2024 and 48 cases in 2022.

Nigeria Unknasen disease Ungraded 20-Mar-2023 20-Mar-2023 22-Apr-2024 196 0 7 3.6%

On 20 March 2024, NCDRC notified of the outbreak of an unknown illness through ISDR by the Sokoto State Ministry of Health. The index case presented is a 6-year-old girl from Isa LGA, Sokoto State, with symptoms including abdominal pain and distension, and vomiting on 6 February 2024. Cumulatively, from weeks 6 to week 15, a total of 196 cases with 7 deaths (CFR: 3.6%) were reported. 70% are aged 0 – 10 years, followed by 11 – 20 years (20%), >30 years (6%), and 21 – 30 years (4%). 55.1% of the cases are female. Cases initially reported from Isa LGA, Sokoto State, with reports extending to Sabon Birni LGA (7 cases) in Sokoto State.

Senegal Chikungunya Ungraded 08-Jun-2023 01-Jan-2024 26-May-2024 7 7 0.0%

Between 1 January and 26 May 2024, Senegal reported seven new Chikungunya cases. The cases ranged from eight to 30 years old, with a median age of 21 years. Matam had the highest number of cases with three, followed by Tambacounda with two, and Dakar and Kolda each with one. The last reported case had an onset of symptoms on 26 April 2024.

Senegal Crimean-Congo haemorrhagic fever (CCHF) Ungraded 26-Mar-2024 22-Mar-2024 26-Apr-2024 3 3 0 0.0%

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 Guingйnйe district, probably contracted the disease while working in the Nodafane district. Investigations are ongoing in all the areas visited by the patient. So far 11 samples collected from contacts at the Dakar hospital have tested negative. On 26 April 2024, WHO was informed of the confirmation of two additional CCHF cases in a 40-year-old male and a 25-year-old male from Pikine and Yeumbeul districts of Dakar respectively. Blood samples collected from the two male cases on 17 and 19 April 2024 respectively returned positive for CCHF on PCR on 25 April 2024. PCR testing returned negative for yellow fever, dengue, RVF, west nile, chikungunya, and zika. Both cases are alive. In-depth investigations are ongoing.

Senegal Dengu Grade 3 14-Nov-2023 31-Jan-2023 12-May-2024 23 23 0.0%

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 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.

Senegal Measles Ungraded 04-Jul-2023 01-Jan-2023 25-May-2024 252 252 0.0%

Between 1 January and 26 May 2024, Senegal reported 252 confirmed measles cases, with the highest numbers in Louga (56), Matam (41), and Kaffrine (33). The cases were evenly split between females (125) and males (127), ranging from 0.4 to 42 years old, with a median age of 6 years. Most cases (70%) were among children aged nine months to five years. Among these cases, 69% were unvaccinated. Twenty-three districts have reached the epidemic threshold in 2024, with the onset of symptoms of the last case on 29 April 2024 in Saint Louis.

South Africa Cholera Grade 3 20-Jan-2023 20-Jan-2023 18-Apr-2024 155 12 0 0.0%

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 Africa Mpox Protracted 15-May-2024 15-May-2024 25-May-2024 2 2 0 0.0%

Through IHR notification from South Africa, WHO has received a report of one laboratory confirmed mpox case from Johannesburg. This case was confirmed after initial testing by Lancet Laboratory on 9 May 2024. A second case with no history of travel was reported from Durban on 25 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 Pitob 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.

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.

Hepatitis E outbreak is still ongoing in South Sudan in Bentiu IDP camp, Rubkona county since December 2018 and in Fangak county since 2023. In Bentiu IDP camp, a total of 5,451 cases, including 27 deaths reported since the outbreak began in 2018; 43% of the cases were reported among age group 15 – 44 years; Male account for 52% (2,853 cases) while female accounted 48% (2,598 cases). Overall, 47% of all cases are from outside the Camp. In Fangak, a total of 617 cases including 253 laboratory confirmed are reported as of 12 May 2024.

The measles outbreak has been ongoing since 23 February 2022 in South Sudan with a total of 14,507 cases including 1,154 confirmed, a total of 69 counties have been affected. In 2024, as of epi-week 19 (ending 12 May), a cumulative total of 2,407 suspected measles cases have been reported, 164 (6.8%) were lab confirmed, 772 (32.1%) epi-linked, 1,335 (56.1%) clinically compatible. About 66% (1,604 out of 2,407) of all cases were children under five years old.

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.

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, Kati, 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.

Since 5 September 2023 cholera outbreaks have been reported in 20 regions (Mara, Arusha, Kilimanjaro, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi, Pwani, Tanganyika and Dar es Salaam) in Tanzania Mainland, where a total of 3,738 cases and 67 deaths (CFR 1.8%) were reported. Out of 20 regions, a Cholera outbreak was declared over in 12 regions (Manyara, Kigoma, Arusha, Kilimanjaro, Morogoro, Dodoma, Geita, Mwanza, Katavi, Rukwa, Dar es Salaam and Tabora). Currently, the outbreak is active in eight regions with a cumulative total of 1,265 cases and 23 deaths (CFR 1.8%) as of 28 May 2024.

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.

The cholera outbreak in Kyotera district is still ongoing since 5 May 2024. As of 19 May 2024, a total of 57 cases, 15 confirmed, and four deaths are reported.
**Weekly Bulletin on Outbreaks and Other Emergencies**

WEEK 22: 27 MAY - 2 JUNE 2024

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**Data**

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

**Framework**

http://www.who.int/hac/about/erf/en/.

†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/.

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**Closed Events**

**Democratic Republic of the Congo**

Plague suspected

- Ungraded
- 26-Feb-2024
- 29-May-2024
- 259
- 7
- 2.7%

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**Democratic Republic of the Congo**

Anthrax

- Grade 2
- 16-Nov-2023
- 04-Nov-2023
- 03-Jan-2024
- 20
- 1
- 4
- 20.0%

A human case of anthrax was confirmed on 16 November 2023 in Lume health area, Mutwanga health zone, North Kivu Province. From 4 November 2023 to 3 January 2024, a total of 20 suspected cases including 4 deaths (CFR 20%) were reported from four health zones of the North Kivu Province: Mutwanga (7 cases, 2 deaths), Mabalako (4 cases, 1 death), Beni (5 cases), and Vuhovi (4 cases, 1 death). No additional case has been reported since January 2024, therefore the event is closed.

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**Democratic Republic of the Congo**

Dengue

- Grade 3
- 24-Mar-2023
- 31-May-2024
- 71
- 38
- 0
- 0.0%

The event happened in Kariokoini C village, Kirinyaga Central sub county. The outbreak has been reported from Dagahaley camp in Dadaab sub county, Garissa County. A total of 71 cases with 38 positives by RDT and five positive by PCR have been reported as of 21 March 2024. As of 31 May 2024, no more update and no Dengue outbreak ongoing in Kenya and the event is closed.

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**Democratic Republic of the Congo**

Crimean-Congo Hemorrhagic fever (CCHF)

- Ungraded
- 12-Feb-2024
- 24-Apr-2024
- 19-May-2024
- 11
- 4
- 3
- 27.3%

As of 19 May 2024, the Crimean-Congo Hemorrhagic fever (CCHF) outbreak is still active in Kiruhura district with 11 cases, four confirmed and three deaths reported. The outbreak started on 24 April 2024.

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**Democratic Republic of the Congo**

Measles

- Ungraded
- 04-Oct-2023
- 05-Mar-2024
- 19-May-2024
- 106
- 12
- 3
- 2.8%

As of 19 May 2024 (week 20), the measles outbreak is ongoing in the following districts: Kukumiro (76 cases, six confirmed and two deaths); Kiboga (25 cases, three confirmed and one death); Kagadi (five cases, three confirmed). Cumulatively, 106 cases, 12 confirmed and three deaths are reported since the outbreak started in Kukumiro district on 5 March 2024.

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**Democratic Republic of the Congo**

Rift Valley Fever (RVF)

- Ungraded
- 24-May-2024
- 23-Feb-2024
- 19-May-2024
- 18
- 12
- 2
- 11.1%

Three districts are currently experiencing Rift Valley Fever outbreak (RVF). Ntungamo (five cases, four confirmed and one death) since 23 February 2024, Mbarara (11 cases, six confirmed and one death) since 1 March 2024 and Sheema (two confirmed cases) since 27 March 2024. Cumulatively, 18 cases, 12 confirmed and two deaths (CFR 11.1%) are reported as of 19 May 2024.

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**Uganda**

Crimean-Congo Hemorrhagic fever (CCHF)

- Ungraded
- 12-Feb-2024
- 24-Apr-2024
- 19-May-2024
- 11
- 4
- 3
- 27.3%

As of 19 May 2024, the Crimean-Congo Hemorrhagic fever (CCHF) outbreak is still active in Kiruhura district with 11 cases, four confirmed and three deaths reported. The outbreak started on 24 April 2024.

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**Uganda**

Measles

- Ungraded
- 04-Oct-2023
- 05-Mar-2024
- 19-May-2024
- 106
- 12
- 3
- 2.8%

As of 19 May 2024 (week 20), the measles outbreak is ongoing in the following districts: Kukumiro (76 cases, six confirmed and two deaths); Kiboga (25 cases, three confirmed and one death); Kagadi (five cases, three confirmed). Cumulatively, 106 cases, 12 confirmed and three deaths are reported since the outbreak started in Kukumiro district on 5 March 2024.

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**Uganda**

Rift Valley Fever (RVF)

- Ungraded
- 24-May-2024
- 23-Feb-2024
- 19-May-2024
- 18
- 12
- 2
- 11.1%

Three districts are currently experiencing Rift Valley Fever outbreak (RVF). Ntungamo (five cases, four confirmed and one death) since 23 February 2024, Mbarara (11 cases, six confirmed and one death) since 1 March 2024 and Sheema (two confirmed cases) since 27 March 2024. Cumulatively, 18 cases, 12 confirmed and two deaths (CFR 11.1%) are reported as of 19 May 2024.

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**Zambia**

Drought/food insecurity

- Ungraded
- 08-Mar-2024
- 15-Jan-2024
- 27-May-2024
- -
- -
- -

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. As of 27 May 2024, 84 out of the 116 districts in Zambia are affected by the drought. According to a recent rapid assessment and the President's Drought Response Appeal on 16 April 2024, nearly 6.6 million people are now in urgent need of humanitarian assistance. Moreover, the Integrated Food Security Phase Classification (IPC) report released in November 2023 projected that Zambia would have more than 2 million people at IPC Phase 3 or above by March 2024. 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, as more than 80% of Zambia’s electricity generation comes from hydropower.

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**Zambia**

Cholera

- Grade 3
- 24-Jan-2023
- 20-Jan-2023
- 12-May-2024
- 23.238
- 23.238
- 740
- 3.2%

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 of cholera with seven provinces confirming cholera outbreaks. A total of 40 districts have confirmed local transmission. Cumulative cases stand at 23 221 with 740 deaths (CFR 3.2%).

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**Zimbabwe**

Drought/food insecurity

- Ungraded
- 05-Apr-2024
- 05-Apr-2024
- 20-May-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 Niño-induced drought more than 80% of country received below normal rainfall.

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**Zimbabwe**

Anthrax

- Grade 2
- 13-Nov-2023
- 14-Nov-2023
- 05-May-2024
- 784
- 1
- 0.1%

As of 5 May 2024, there have been a total of 784 cases reported in Zimbabwe. Ten districts 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.

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**Zimbabwe**

Cholera

- Grade 3
- 12-Feb-2023
- 12-Feb-2023
- 02-Jun-2024
- 34.404
- 3.964
- 715
- 2.1%

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 34 404 cholera cases with 715 deaths (CFR 2.0%) as of 2 June 2024. The outbreak has now spread to more than the 17 traditional cholera hotspot districts.

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**Kenya**

Dengue

- Grade 3
- 24-Mar-2023
- 31-May-2024
- 71
- 38
- 0
- 0.0%

The event happened in Karokiini C village, Kirinyaga Central sub county. The outbreak has been reported from Dagahaley camp in Dadaab sub county, Garissa County. A total of 71 cases with 38 positives by RDT and five positive by PCR have been reported as of 21 March 2024. As of 31 May 2024, no more update and no Dengue outbreak ongoing in Kenya and the event is closed.

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1Grading 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.