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

- **Mpox in South Africa**
- **Measles in Namibia**
- **Dengue in Sao Tome and Principe**

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**

- The recent resurgence of mpox in South Africa has been reported among cases without an associated international travel history. To that effect, investigations are underway to determine the likely source of infection and limit onward spread. While sporadic imported cases are expected among travellers from endemic areas or newly affected regions, the current situation suggests ongoing, undetected local transmission within South Africa. With the widespread and ongoing undetected transmission of mpox in South Africa, there is an imminent risk of further international spread to neighbouring countries and other locations. Efforts are underway to determine the source of the infection and prevent wider dissemination.

- Sporadic cases of measles have been reported in Namibia since March 2024. Health education initiatives have been launched in schools and communities alongside plans for supplementary immunization activities in the affected districts. The response to the measles outbreak in Namibia has been hindered by insufficient funding for the vaccination campaign and inadequate transportation to support outreach services.
**EVENT DESCRIPTION**

On 13 May 2024, the Government of South Africa declared an outbreak of Mpox after confirming a case from Gauteng province. Between 1 January and 16 June 2024, South Africa reported 12 confirmed cases of Mpox, with two related deaths, a case fatality rate (CFR) of 16.6%. These cases were reported in three out of nine provinces, Gauteng (5 cases, 1 death), KwaZulu Natal (6 cases and 1 death) and Western Cape (1 case, zero deaths).

The cases are all male, aged between 23 and 39. The affected cases had existing comorbidities. All cases were symptomatic, with extensive skin lesions; one had rectal bleeding and all required hospitalisation. None of the confirmed cases reported travel history to countries with an active mpox outbreak or endemic countries.

Genomic sequencing, available for six of the confirmed cases, has identified a clade IIb variant similar to the circulating strain linked to the multi-country mpox outbreak.

Not all viral genomes from these cases have been sequenced, and there is extensive commercial and professional exchange between South Africa and Central Africa. Therefore, it is also critical to remain vigilant regarding the possibility of importing clade I strains to South Africa.

Since January 2024, seven African countries have reported Mpox, with a total of 8 479 cases and 401 deaths as of 14 June, 2024. Notably, 97% of these cases are from the Democratic Republic of Congo.

**PUBLIC HEALTH ACTIONS**

- Implementing partners and non-governmental organisations have been mapped at national, provincial, district, and sub-district levels to coordinate response activities. Multisectoral coordination meetings are held biweekly.
- The WHO Country Office in South Africa supports the production of weekly situation reports and provides epidemiological surveillance materials and technical assistance to national authorities. Contact tracing and active case search are ongoing.
- As part of the response, all samples are shipped to the National Institute of Communicable Diseases, which is the national reference testing laboratory. Additionally, testing capacity is being expanded by decentralising testing to include private laboratories.
- There is ongoing capacity building for health and care workers. A clinical management webinar was held and attended by over 500 health professionals. Fast-tracking approval of Clinical Guidelines and circulation to all public and private healthcare facilities.
- Meetings have been organized with all the Infection Prevention and Control staff for refresher training and distribution of standard operating procedures.
- The department, working with provinces and other stakeholders in the sector, has embarked on health education with funeral parlours on handling the human remains of suspected and confirmed cases. Sensitisation has been initiated in affected communities in KwaZulu Natal and Gauteng provinces. The risk communication messages have also been translated into local languages and aligned with context.
- The National Advisory Group on Immunization Technical Group is being established to guide vaccine use. There are ongoing discussions on the possibility of using the mpox vaccine for targeted population groups in South Africa.

**SITUATION INTERPRETATION**

The recent resurgence of mpox in the Republic of South Africa is among cases that do not have an associated international travel history. All reported cases have presented with extensive mpox lesions, and all were hospitalized. As not all viral genomes from these cases have yet been sequenced, and there is extensive commercial and professional exchange between South Africa and central Africa, it is paramount to remain vigilant regarding the possibility of importing clade I strains to South Africa. Therefore, this event has the potential for serious health impact, and additional chains of disease transmission cannot be ruled out.
Geographical distribution of confirmed cases of mpox in South Africa, as of 16 June 2024.
Measles

EVENT DESCRIPTION

The ongoing measles outbreak in Erongo Region in Namibia began in March 2024 when primary school learners at a private hostel presented with a skin rash at Okongue Clinic. Initially diagnosed as chickenpox, measles was later suspected, and the first positive result was confirmed on 1 April 2024. Subsequent contact tracing and active case finding confirmed additional cases on 22 May 2024.

As of 7 June 2024, 105 suspected cases were reported across four health districts in the Erongo Region, including 10 confirmed cases and no deaths. The highest number of cases has been reported in Omaruru district, accounting for (72.4%), 76 suspected cases. Other affected districts include Walvis Bay, with 17 suspected cases; Usakos, with seven suspected cases; and Swakopmund, with five suspected cases. The majority of suspected cases in Omaruru are primarily from Okongue village.

Omaruru district has reported nine out of the 10 confirmed cases, including five females ranging from six to 13. The 5-9 age group accounts for seven of these cases. The remaining confirmed case was recorded in Walvis Bay district. The vaccination status of the confirmed cases remains largely unknown.

PUBLIC HEALTH ACTIONS

- The Ministry and rapid response structures have been established, including coordination, Surveillance and Laboratory, Infection Prevention and Control, Case Management, Risk Communication and Community Engagement, and Psychosocial Support.
- Rapid response teams, consisting of medical officers, field epidemiology residents, environmental health officers, and nurses, have been deployed to Okongue for investigation, contact tracing, and active case finding.
- On 5 and 6 June, a vaccination drive was conducted for children in the Okongue hostel, excluding those who were unwell or had tested positive. A targeted vaccination campaign to cover the entire region is planned for 8-12 July 2024.
- Risk Communication and Community Engagement activities include community sensitization during a funeral gathering, and ongoing community education efforts have been conducted.

SITUATION INTERPRETATION

Despite the zero case-fatality rate and no hospitalizations, the current measles outbreak in the Erongo Region underscores significant public health challenges. The outbreak has highlighted gaps in vaccination coverage, particularly in isolated communities like the Okongue hostel. The age distribution of confirmed cases suggests a potentially susceptible population that missed routine immunizations.
Distribution of suspected and confirmed cases of measles in affected Districts in Namibia, as of 16 June 2024

Source: UNICEF-NAMIBIA
Cape Verde has been experiencing a dengue epidemic since epidemiological week 24 in 2023 (week ending on 17 June 2023). After six weeks of plateauing in the number of new suspected cases and confirmed cases, there was a sharp increase in the incidence of suspected cases and confirmed cases in epidemiological week 22 in 2024 (week ending 1 June 2024). In epidemiological week 22 of 2024, 55 new suspected cases and 31 new confirmed cases were reported.

Since the onset of the dengue outbreak in Cape Verde, there have been 1,422 suspected cases and 755 confirmed cases. To date, no deaths from Dengue have been confirmed in Cape Verde.

Females have had a slight predominance in the cases, at 52.0%. The most affected age group is the 10 to 19-year-old age group, with 22.0% of cases. The suspected and confirmed dengue cases in Cape Verde are distributed within six islands and 15 counties in the country. The most affected island is Fire Island, with 67.0% of suspected cases and 69.0% of confirmed cases.

Laboratory surveillance of the dengue virus shows that among confirmed cases, serotyping identified DENV-3 as the predominant circulating serotype, accounting for approximately 95%, while the others were DENV-1.

Poor vector control has been identified as one of the major enablers of dengue outbreaks. Cape Verde, in collaboration with WHO and UNICEF, is implementing vector control strategies to curb the mosquito burden, hence the improvement that has been seen in previous weeks.

Public health actions include:

- All health officials at the national level met to discuss case definitions and epidemiological, entomological and laboratory surveillance. Subsequently, a Dengue Response Coordination team was established, holding regular meetings to coordinate and harmonize outbreak management activities. Anti-vector and anti-larval control activities intensified, and breeding sites were eliminated through cleaning campaigns.
- Mosquito capture using sentinel traps and genomic sequencing of dengue-infected mosquitoes have also been conducted. Entomological senior experts from WHO have also provided technical assistance surveys and investigations on larvae, nympha, and Aedes aegypti mosquitoes to understand the mosquito's resting behaviour, vector control, and larvicide effectiveness and to develop standard operating procedures and dengue emergency risk estimation tools.
- There has been prompt case identification using guidelines and investigation of case clusters to determine the source of infections and understand the pattern of spread.
- Hospitalized cases are being treated using the recommended clinical guidelines, while patients not meeting admission criteria are advised to use mosquito nets at home.
- Information education and communication on dengue using various media sources such as posters, press releases, Television and radio stations have been ongoing in partnership with the Red Cross to sensitize on disease prevention measures and elimination of mosquito breeding sites.

Situations Interpretation

Cabo Verde still faces some challenges in response to the dengue outbreak, for instance the need for improved testing and surveillance to avoid an exponential increase in cases, the need to distribute rapid testing kits to health structures, the maintenance of the laboratory's research and serotyping capacity, and the need to strengthen community mobilization for the implementation of the Dengue prevention and control measure. To improve effectiveness and sustainability of the response, public health and social control measures must be tailored to the current epidemiological, social, and economic situation in Cape Verde.
Distribution of confirmed cases of dengue in Cabo Verde, as of 9 June 2024
**Update on Reporting - Epidemiological Week 24 : 10 – 16 June, 2024**

**Point du rapportage hebdomadaire – Semaine 24 : 10 – 16 juin 2024**

**39 Countries out of 47, reported for week 24**

**83 % Completeness for weekly reporting**

**64 % Timeliness for weekly reporting**

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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 :

afrooutbreak@who.int
afroephrir@who.int

### Reminder: Upcoming deadlines for weekly data submission

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

<table>
<thead>
<tr>
<th>Week 21</th>
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<td>26-May - 2024</td>
<td>02-Jun - 2024</td>
<td>09-Jun - 2024</td>
<td>16-Jun - 2024</td>
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**Deadlines / Date limite**

- **29-May - 2024**
- **05-Jun - 2024**
- **12-Jun - 2024**
- **19-Jun - 2024**
## All events currently being monitored by WHO AFRO

### New Events

<table>
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<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
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Hepatitis E outbreak has been confirmed in the Vakaga prefecture, in the East of CAR. The hotspot is in Sikikédé health area located at 200 km from Birao city. From week 15 to week 22, a total of 27 suspected cases, six confirmed were reported, including three deaths. Out of the six laboratory-confirmed cases, one dead and was a Sudanese refugee. Four health areas reported cases: Sikikédé (21), Birao (2), Am Dafock (2) and Zinzir (2). The Birao health area hosts around 25 000 Sudanese refugees.


As of 10 June 2024, the heavy rains that have hit Niger since the beginning of the season (in May) across the entire national territory have resulted in the following: Four out of the eight regions in the country are affected, encompassing 16 departments, with the Maradi region being the most affected. A total of 499 households are affected, comprising 3,825 displaced persons. There have been 18 deaths, including 11 due to house collapses (a total of 329 households have collapsed), and 23 injuries have been recorded, including 12 in Maradi (52.2%).


A mysterious illness has been reported in Niger as of 27 May 2024, cases present with symptoms like ascites, abdominal pain, weight loss, and vomiting. The index case began experiencing symptoms on 15 May. The patient’s family of six has also been affected. All are suspected to have contracted the illness from an unknown source, potentially linked to drinking water from boreholes. Cases have been reported in four regions: Tahoua (2), Dosso (5), Maradi (6), and Tillaberry (1). No laboratory results are available. A multidisciplinary team has been deployed. Samples have been sent to CERMES, with results pending. Insecurity and population mobility are hindering the response. A lack of laboratory facilities for heavy metal testing is also a challenge.

| Uganda                  | Anthrax                | Grade 2 | 13-Jun-2024          | 4-Jun-2024                | 4-Jun-2024              | 4           | 4              | 0      | 0.00% |

There is an ongoing anthrax outbreak reported through epidemiological weekly bulletin for Uganda affecting Amudat district since 4 June 2024 with four confirmed cases and zero death as of 13 June 2024.

### Ongoing Events

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

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.

| Burkina Faso            | Humanitarian crisis (Sahel Region)  | Protracted | 1-Jan-2019          | 1-Jan-2019               | 18-Apr-2024              | 5,500,000   | 5,500,000         | -      | -    |

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

| Burkina Faso            | Hepatitis E             | Ungraded | 6-Jun-2024          | 4-Jan-2024               | 1-Jun-2024              | 93          | 8              | 3      | 3.20% |

From 4 January to 1 June 2024, a total of 93 suspected cases of hepatitis E were reported from the Kaya health district of the North central region. Eight out of 63 samples tested positive for hepatitis E by PCR. The median age of the cases is 22 and women represent 47.39% of the cases. Forty-six (48.46%) of the 93 suspected cases are internally displaced persons. No case reported among pregnant women.

| Burkina Faso            | Measles                | Ungraded | 6-Feb-2024          | 14-Jan-2024              | 28-May-2024              | 9904        | 484             | 46     | 0.50% |

Burkina Faso is experiencing a decrease change in measles cases. Between week 1 and week 21 of 2024, a total of 9904 suspected measles cases, resulting in 46 deaths, have been recorded. This downward trend is observed in all 9 health districts which conducted the anticipated reactive campaign. Currently only 4 health districts have active outbreaks of measles.

| Burundi                 | Flood                  | Grade 2 | 1-Sep-2023          | 26-Apr-2024              | -                        | -            | -              | -      | -    |

Since the beginning of the rainy season in September 2023, Burundi has been affected by heavy rains, floods and landslides, exacerbated by the El Niño phenomenon. As of 26 April 2024, more than 237 000 people have been affected and more than 42 000 are internally displaced. A total of 175 people have been injured and 29 deaths have been recorded. From January to mid-April 2024, more than 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, Rumonge, Makamba and Bujumbura.

| Burundi                 | Cholera                | Grade 3 | 1-Jan-2023          | 14-Dec-2022              | 1-Jun-2023              | 1,890       | 11             | 0      | 0.60% |

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

| Burundi                 | Measles                | Ungraded | 15-Feb-2024          | 1-Jan-2023               | 12-Feb-2024              | 1670        | 1670           | 22     | 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 82% were under 15 years old. From 1 January to 12 February 2024, 34 deaths were reported in five health districts.

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**Country** | **Event** | **Grade** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR** |
---|---|---|---|---|---|---|---|---|
Niger | Suspected heavy metal poisoning | Ungraded | 12-Jun-2024 | 27-May-2024 | 12-Jun-2024 | 14 | - | - | - |
Uganda | Anthrax | Grade 2 | 13-Jun-2024 | 4-Jun-2024 | 4-Jun-2024 | 4 | 4 | 0 | 0.00% |
Angola | Poliomyelitis (cVDPV2) | Grade 2 | 15-May-2024 | 15-May-2024 | 15-May-2024 | 1 | 1 | 0 | 0.00% |
Burkina Faso | Humanitarian crisis (Sahel Region) | Protracted | 1-Jan-2019 | 1-Jan-2019 | 18-Apr-2024 | 5,500,000 | 5,500,000 | - | - |
Burkina Faso | Hepatitis E | Ungraded | 6-Jun-2024 | 4-Jan-2024 | 1-Jun-2024 | 93 | 8 | 3 | 3.20% |
Burkina Faso | Measles | Ungraded | 6-Feb-2024 | 14-Jan-2024 | 28-May-2024 | 9904 | 484 | 46 | 0.50% |
Burundi | Flood | Grade 2 | 1-Sep-2023 | 26-Apr-2024 | - | - | - | - |
Burundi | Cholera | Grade 3 | 1-Jan-2023 | 14-Dec-2022 | 1-Jun-2023 | 1,890 | 11 | 0 | 0.60% |
Burundi | Measles | Ungraded | 15-Feb-2024 | 1-Jan-2023 | 12-Feb-2024 | 1670 | 1670 | 22 | 1.30% |

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**Go to overview** | **Go to map of the outbreaks**
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 neighboring villages and communities. By May 2024, the following observations were made: 3.4M people in need, 2.3M people targeted, 1M IDPs, 658k Returnees and 488k 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/returnees were registered for the same period at the Goungou transit site, in Mokolo district of Mayo-Tsanaga department.

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 92 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, 2.8 million, need humanitarian assistance in 2024. More than 522 000 people are currently internally displaced, 2.5 million suffer from food insecurity, and 756 000 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.

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 Kado, 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.

On 24 March 2022 to 26 November 2023, 35 confirmed cases of Mpx and one death have been reported in the country. Since the start of 2023, the country has reported 18 laboratory-confirmed cases, including one death.

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 in 2024 to six. Other probable cases for the year have been reported in the Mbakki 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 Bossemébé (1). The number of the confirmed cases this year has been reviewed.
### Chad

**Humanitarian crisis (Sahel region)**

| Grade | Protracted 2 | 11-Feb-2022 | 1-Mar-2016 | 11-Feb-2024 | - | - | - | - |

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 533,150 (with 54.1% located in Adré, the epicenter of the crisis) and 144,105 Chadian returnees since the start of the conflict in Sudan.

### Chad

**Impact of Sudan crisis in Chad**

| Grade | 15-Apr-2023 | 15-Apr-2023 | 10-May-2024 | - | - | - | - |

Chad is the AFRO country most affected by the armed conflict in Sudan. The country hosts about 1 million refugees impacted by the conflict in Sudan. These Sudanese refugees are mainly hosted in the refugee’s camps across Ennedi Est, Wadi Fira, Ouaddai and Sila provinces. Regarding the ongoing Sudan Conflict, from 15 April 2023 to 3 May 2024, about 588,825 Sudanese refugees have been welcomed in the country including 96,181 that have crossed the border since January 2024. Most new arrivals are women and children (88%), and 14% are persons with specific needs.

### Chad

**Hepatitis E**

| Grade | Ungraded | 17-Feb-2024 | 2-Jan-2024 | 28-Apr-2024 | 2092 | 36 | 7 | 0.30% |

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

### Chad

**Measles**

| Grade | Ungraded | 24-May-2018 | 1-Jan-2024 | 5-May-2024 | 5,631 | 20 | 0.40% |

From 1 January to 5 May 2024, 5,631 suspected measles cases, including 20 deaths, have been recorded in the health districts of Moissala, Guelo, Donga Mangla, Kouloida, Arada, N’Djamena Centre, N’Djamena East, Gagol, Gore, N’Djamena North, Amtimian, Pala, Kouno, Massakory, and Koukou Angarana. Between Week 1 and Week 18 of 2024, 182 suspected cases were recorded in the crisis-affected provinces of the East, with no deaths reported.

### Chad

**Poliomyelitis (cVDPV2)**

| Grade | 18-Oct-2019 | 9-Sep-2019 | 13-Dec-2023 | 204 | 204 | 0.00% |

One cVDPV2 case was reported this week, bringing the total number of cases this year to 45. This latest reported case had onset of paralysis on 15 September, from the capital city of N’Djamena. A total of 60 suspected cases were reported in 2020 from three different outbreaks and nine others were reported in 2019.

### Comoros

**Cholera**

| Grade | 3 | 2-2 Feb-2024 | 2-Feb-2024 | 29-May-2024 | 7,600 | 124 | 1.60% |

Cholera outbreak is ongoing in Comoros since the first case was reported on 2 February 2024. As of 29 May 2024, a cumulative total of 7,600 cases was reported, with the majority of cases reported from Ndjoufouni (6,525 cases, 85.8%), followed by Ngazidja (571 cases, 7.5%), and Mvuli (504 cases, 6.5%); 124 deaths (CFR 1.6%) are also reported.

### Congo

**Measles**

| Grade | Ungraded | 15-May-2024 | 2-Apr-2024 | 21-Apr-2024 | 42 | 42 | 0 | 0.00% |

Since the beginning of this year, there is an ongoing measles outbreak for Congo affecting three districts of Étoumbi (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).

### Congo

**Mpox**

| Grade | Protracted 2 | 23-May-2022 | 1-Jan-2024 | 23-Apr-2024 | 60 | 19 | 0.00% |

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

### Congo

**Polioyelitis (cVDPV1)**

| Grade | 21-Mar-2023 | 1-Mar-2023 | 13-Dec-2023 | 1 | 1 | - | - |

Congo has reported no circulating vaccine-derived poliovirus type 1 (cVDPV1) cases reported this week. As of 6 December 2023, only one case reported this year.

### Côte d’Ivoire

**Dengue**

| Grade | 10-Jul-2013 | 19-Jun-2013 | 11-May-2024 | 4,050 | 332 | 2 | 0.00% |

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 (CFR 0.9%).

### Democratic Republic of the Congo

**Flood**

| Grade | Ungraded | 9-Jan-2024 | 9-Jan-2024 | 3-Jun-2024 | 300 | 300 |

Heavy rainfall between January and April triggered significant flooding in the South Kivu and Tanganyika provinces, placing approximately 471,000 people at risk of heightened humanitarian needs. The floods inundated around 1.1 million acres of land, including nearly 52,000 acres of cropland, in areas surrounding Lake Tanganyika and upstream from the Congo River basin. This flooding has severely impacted farmers, damaging their harvests and essential agricultural inputs such as seeds and tools necessary for the next planting cycle, potentially exacerbating food insecurity in the coming months. The ongoing El Niño season is expected to bring heavy rainfall, particularly to the central and northern regions, with forecasts indicating that the water level in Lake Tanganyika will continue to rise, peaking in late June.

### Democratic Republic of the Congo

**Humanitarian crisis**

| Grade | 20-Dec-2016 | 17-Apr-2017 | 11-May-2024 | - | - | - |

The humanitarian crisis in Democratic Republic of Congo has affected about 6 provinces namely, North Kivu, South Kivu, Ituri, Tsho and Tanganyika 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 mortality in 1,062 people and Mpox infecting about 6,872 people and killing 363 persons.

### Democratic Republic of the Congo

**Cholera**

| Grade | 16-Jan-2015 | 1-Jan-2024 | 14-Apr-2024 | 13,360 | 1,571 | 217 | 1.60% |

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

#### Week 24: 10 to 16 June 2024

**Democratic Republic of the Congo**

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

In 2023, a total of 311,500 suspected measles cases and 5,799 deaths were reported. This year, from week 1 through week 11 (ending 17 March), a total of 30,144 cases, 1,178 confirmed and 791 deaths were reported so far; 18 out of 26 provinces have reported confirmed measles outbreaks since the beginning of the year.

**Mpox** | Protracted 2 | 30-Mar-2019 | 1-Jan-2024 | 21-Apr-2024 | 5,768 | 632 | 332 | 5.80%

In 2024, cumulatively from week 1 through week 16 (ending 21 April 2024), a total of 5,768 cases, 632 confirmed and 332 deaths (CFR 5.8%) have been reported in DRC; 19 out of 26 Provinces (73%) and 143 out of 519 health zones (28%) have reported at least one suspected case of mpox in 2024. In 2023, a total of 14,626 mpox cases and 654 deaths (CFR 4.5%) were reported.

**Poliomyelitis (cVDPV1)** | Grade 2 | 27-Aug-2022 | 1-Jan-2023 | 15-May-2024 | 107 | 107 | - | 0.00%

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.

**Poliomyelitis (cVDPV2)** | Grade 2 | 26-Feb-2021 | 1-Jan-2023 | 15-May-2024 | 118 | 118 | - | 0.00%

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

**Ethiopia**

**Flood** | Grade 2 | 15-May-2024 | 1-May-2024 | 24-May-2024 | - | - | - | -

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, Sidama, Somali, South Ethiopia, Southwest Ethiopia People's, Tigray regions and Dire Dawa City Administration.

**Food insecurity (Horn of Africa crisis)** | Grade 3 | 17-Feb-2022 | 1-Jan-2022 | 10-May-2024 | - | - | - | -

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 | 4-Nov-2020 | 4-Nov-2020 | 9-May-2024 | - | - | - | -

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 continue, with clashes reported in North Shewa and North Wello zones. Tensions between Tigray and Amhara regions continue 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.

**Impact of Sudan crisis in Ethiopia** | Grade 3 | 1-May-2023 | 1-May-2023 | 10-May-2024 | - | - | - | -

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.

**Cholera** | Grade 3 | 17-Sep-2022 | 1-Aug-2022 | 17-May-2024 | 46,731 | - | 600 | 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 | 10-May-2023 | 30-May-2024 | 26,601 | 26,601 | 21 | 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. From 4 April 2023 to 27 May 2024, a cumulative total of 26,601 dengue fever cases and 21 deaths (CFR 0.8%) have been reported across five affected regions. As of 27 May 2024, 624 of these cumulative cases have been reported in 2024. The outbreak is currently active in the Sabian and Melka Jebdu woredas of the Dire Dawa region.

**Malaria** | Ungraded | 31-Jan-2023 | 1-Jan-2023 | 19-May-2024 | - | - | - | -

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.

**Measles** | Ungraded | 13-Apr-2017 | 1-Jan-2024 | 18-Apr-2024 | 61,579 | 61,579 | 503 | 0.80%

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.

**Diphtheria** | Ungraded | 23-Jan-2024 | 1-Dec-2023 | 19-Mar-2024 | 28 | 2 | 3 | 10.70%

On 23 January 2024, Cameroon reported a confirmed case of Diphtheria. The affected individual is a 9-year-old male from Bitam Health District in Gabon. The onset of symptoms occurred on 1 December 2023, and he sought medical consultation on 3 December 2023 in the Enongal health area, Ebolowa health district in Cameroon. The person died on 7 December 2023. The sample tested positive for Diphtheria on 23 January 2024. As of 19 March 2024, a total of 28 suspected cases, including 2 laboratory confirmed cases, 8 clinically compatible cases and three deaths (CFR 10%) were notified.

**Measles** | Ungraded | 1-Apr-2017 | 1-Jan-2024 | 25-Feb-2024 | 1398 | 644 | - | 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.
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

Madagascar has been experiencing 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

Mali experienced torrential rains since the night of 27 February to March 2024 leading to flooding emergencies in Nkhotakota and Karonga, affecting more than 15,000

Kenya is facing prolonged conflict, poverty, climate shocks, and growing insecurity. However, the current Humanitarian Response Plan for Mali needs to be more funded, with

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

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,

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

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government suggest that approximately 44% of the country’s corn crop has either failed or suffered significant damage, directly impacting 2 million households.

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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%).

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Between 1 January and 26 May 2024, 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.

The humanitarian situation in the Hodh Chargui (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.

Mauritania Measles Ungraded 7-Mar-2024 1-Jan-2024 12-May-2024 2,384 280 4 0.20%

From 1 January to 26 May 2024, 39 suspected cases, including six confirmed cases, have been reported from the same health facility. All six confirmed cases have been reported among learners attending the same primary school.

The current cholera outbreak in the country began in Niassa province on 14 September 2022. As of 28 April 2024, the country has reported a cumulative total of 7,794 cases, with 12 deaths (CRF 0.1%). To date, eight provinces have been affected, with 47 districts with active cases. Cases have been declining over the last three weeks of April. Since the onset of the outbreak in September 2022 until 28 April 2024, a cumulative total of 48,181 cases and 174 deaths (CRF 0.4%) have been reported.

Mali Measles Ungraded 20-Feb-2018 1-Jan-2024 26-May-2024 493 277 - -

From 30 December 2023 to 4 January 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 conjunctivitis outbreak affecting 1,225 people, with schools disrupted.
As of week 21, 2024, 6464 suspected cases, including 897 laboratory-confirmed cases, were reported, with 162 reported deaths among confirmed cases, resulting in a

Between weeks 1 and 10 of 2024, a total of 4178 diphtheria cases have been reported in Nigeria, including 2009 confirmed cases and 30 deaths.

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.

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Between 1 January and 24 March 2024, a total of 559 suspected cholera cases were 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.

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Overall, 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, 1086 (28%) 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.

On 20 March 2024, NCDC notified of the outbreak of an unknown illness through IDSR by the Sokoto State Ministry of Health. The index case presented is a 6-year-old girl from Isa LGA, who presented 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

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### Senegal Dengue

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date</th>
<th>Cases</th>
<th>Recovery</th>
<th>Mortality</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>14-Nov-2022</td>
<td>23</td>
<td>23</td>
<td>0.00%</td>
<td>23</td>
<td></td>
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</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>Grade</th>
<th>Date</th>
<th>Cases</th>
<th>Recovery</th>
<th>Mortality</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ungraded</td>
<td>4-Jul-2022</td>
<td>252</td>
<td>252</td>
<td>0.00%</td>
<td>252</td>
<td></td>
</tr>
</tbody>
</table>

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 Flood

<table>
<thead>
<tr>
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<th>Recovery</th>
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<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ungraded</td>
<td>4-Jun-2024</td>
<td>11-Jun-2024</td>
<td>-</td>
<td>-</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

From 1 to 3 June 2024, heavy rainfall, strong winds, and snowfall affected the Eastern Cape and KwaZulu-Natal provinces in eastern South Africa, causing floods and resulting in significant material damage and fatalities. As of 6 June, 22 people have died, including 11 in the Eastern Cape province and 11 in Durban city in KwaZulu-Natal province. Additionally, 55 people have been injured, 120 people have been displaced to three temporary shelters, and more than 2,000 people have been evacuated in Nelson Mandela Bay Municipality. Several houses and schools have also been damaged. Over the next 48 hours, more rainfall is forecasted for western and southern South Africa, while drier conditions are expected in the eastern provinces. Ongoing efforts are underway to provide humanitarian relief to those affected, and further interventions are being implemented.

### South Africa Cholera

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date</th>
<th>Cases</th>
<th>Recovery</th>
<th>Mortality</th>
<th>Total Cases</th>
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</thead>
<tbody>
<tr>
<td>Ungraded</td>
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<td>10-Jun-2024</td>
<td>-</td>
<td>-</td>
<td>155</td>
<td></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 17 May 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 Mpx

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date</th>
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<th>Mortality</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
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<td>15-May-2024</td>
<td>4-Jun-2024</td>
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<td>0</td>
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</tbody>
</table>

Through IHR notification from South Africa, WHO has received a report of one laboratory confirmed mpx 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. As of 4 June 2024, four mpx cases have been reported in South Africa.

### South Africa Food insecurity (Horn of Africa crisis)

<table>
<thead>
<tr>
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<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 3</td>
<td>18-Dec-2020</td>
<td>5-Apr-2021</td>
<td>10-May-2024</td>
<td>-</td>
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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 Humanitarian crisis

<table>
<thead>
<tr>
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<td>10-May-2024</td>
<td>-</td>
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</tbody>
</table>

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 aidrops of food assistance as fuel runs low. This number will increase to 145,000 by the end of May, should the measures remain in place.

### South Sudan Impact of Sudan crisis in South Sudan

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date</th>
<th>Cases</th>
<th>Recovery</th>
<th>Mortality</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 3</td>
<td>15-Apr-2023</td>
<td>1-May-2023</td>
<td>10-May-2024</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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.

### South Sudan Hepatitis E

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date</th>
<th>Cases</th>
<th>Recovery</th>
<th>Mortality</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ungraded</td>
<td>3-Jan-2018</td>
<td>1-Jan-2019</td>
<td>12-May-2024</td>
<td>6,071</td>
<td>27</td>
<td>0.40%</td>
</tr>
</tbody>
</table>

Hepatitis E outbreak is still ongoing in South Sudan in Bentiu IDP camp, Rubkonza 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 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.

### South Sudan Measles

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date</th>
<th>Cases</th>
<th>Recovery</th>
<th>Mortality</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ungraded</td>
<td>23-Feb-2022</td>
<td>1-Jan-2024</td>
<td>12-May-2024</td>
<td>2,407</td>
<td>2,271</td>
<td>-</td>
</tr>
</tbody>
</table>

The measles outbreak has been ongoing in South Sudan since 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.

### South Sudan Poliomyelitis (cVDPV2)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date</th>
<th>Cases</th>
<th>Recovery</th>
<th>Mortality</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>26-Feb-2022</td>
<td>1-Jan-2023</td>
<td>29-May-2024</td>
<td>7</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

### South Sudan Yellow fever

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date</th>
<th>Cases</th>
<th>Recovery</th>
<th>Mortality</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ungraded</td>
<td>24-Dec-2023</td>
<td>24-Dec-2023</td>
<td>12-May-2024</td>
<td>120</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

Yellow fever outbreak is still ongoing in South Sudan since it was officially declared by the health authorities on 6 January 2024. As of 12 May 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), Ibbu (3), Maridi (3) and Mvolo (2) Counties. About six suspected deaths have been also reported.

### Tanzania, United Republic of

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date</th>
<th>Cases</th>
<th>Recovery</th>
<th>Mortality</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flood</td>
<td>24-Apr-2024</td>
<td>24-Apr-2024</td>
<td>9-May-2024</td>
<td>-</td>
<td>-</td>
<td>-</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 Kibiti floods in Pwani region. Other affected regions include Morogoro, Kilimanjaro, Arusha, Katavi, Kigoma, and Mara. On 29 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, Ruwuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi, Pwani, Tanga 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 Kérétaré and Oli Sud, which have entered into an epidemic phase. Indeed, since the beginning of the year up to epidemiological week 9, the country has recorded a total of 133 confirmed cases of measles.

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 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 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 recorded 23,238 cases and 740 deaths (CFR 3.2%).

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.

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.

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.

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 34 518 cholera cases with 715 deaths (CFR 2.0%) as of 9 June 2024. The outbreak has now spread to more than the 17 traditional cholera hotspot districts.
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.