WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 25: 17 to 23 June 2024
Data as reported by: 17:00; 23 June 2024

1 New events
119 Ongoing events
85 Outbreaks
36 Humanitarian crises

**Legend**
- **Malaria**
- **Dengue fever**
- **Yellow fever**
- **Leptospirosis**
- **Crimean-Congo haemorrhagic fever**
- **Hepatitis E**
- **Cholera**
- **Lassa fever**
- **Measles**
- **Acute Food Insecurity**
- **Death**
- **Cases**
- **Emergency Preparedness and Response**
- **Health Emergency Information and Risk Assessment**
- **Unknown disease**
- **Suspected heavy metal poisoning**
- **cVDPV2**
- **cVDPV1**
- **Drought**
- **Rift Valley fever**
- **Foot and mouth disease**
- **Skin injury from unknown chemical exposure**
- **Plague**
- **Leishmaniasis**
- **Zika**
- **Measles**
- **Salmonella Typhi**
- **Salmonella Typhimurium**
- **Salmonella Paratyphi A**
- **Salmonella Paratyphi B**
- **Salmonella Paratyphi C**
- **Salmonella Paratyphi D**
- **Salmonella enterica Enteritidis**
- **Salmonella enterica Typhi**
- **Salmonella enterica Prevalent Serotypes**
- **Salmonella enterica Senftenberg**
- **Salmonella enterica Serotype B**
- **Salmonella enterica Serotype C**
- **Salmonella enterica Serotype CT**
- **Salmonella enterica Serotype D**
- **Salmonella enterica Serotype E**
- **Salmonella enterica Serotype F**
- **Salmonella enterica Serotype G**
- **Salmonella enterica Serotype H**
- **Salmonella enterica Serotype I**
- **Salmonella enterica Serotype J**
- **Salmonella enterica Serotype K**
- **Salmonella enterica Serotype L**
- **Salmonella enterica Serotype M**
- **Salmonella enterica Serotype N**
- **Salmonella enterica Serotype O**
- **Salmonella enterica Serotype P**
- **Salmonella enterica Serotype Q**
- **Salmonella enterica Serotype R**
- **Salmonella enterica Serotype S**
- **Salmonella enterica Serotype T**
- **Salmonella enterica Serotype U**
- **Salmonella enterica Serotype V**
- **Salmonella enterica Serotype W**
- **Salmonella enterica Serotype X**
- **Salmonella enterica Serotype Y**
- **Salmonella enterica Serotype Z**
- **Salmonella enterica Serotype AA**
- **Salmonella enterica Serotype AB**
- **Salmonella enterica Serotype AC**
- **Salmonella enterica Serotype AD**
- **Salmonella enterica Serotype AE**
- **Salmonella enterica Serotype AF**
- **Salmonella enterica Serotype AG**
- **Salmonella enterica Serotype AH**
- **Salmonella enterica Serotype AI**
- **Salmonella enterica Serotype AJ**
- **Salmonella enterica Serotype AK**
- **Salmonella enterica Serotype AL**
- **Salmonella enterica Serotype AM**
- **Salmonella enterica Serotype AN**
- **Salmonella enterica Serotype AO**
- **Salmonella enterica Serotype AP**
- **Salmonella enterica Serotype AQ**
- **Salmonella enterica Serotype AR**
- **Salmonella enterica Serotype AS**
- **Salmonella enterica Serotype AT**
- **Salmonella enterica Serotype AU**
- **Salmonella enterica Serotype AV**
- **Salmonella enterica Serotype AW**
- **Salmonella enterica Serotype AX**
- **Salmonella enterica Serotype AY**
- **Salmonella enterica Serotype AZ**
- **Salmonella enterica Serotype BA**
- **Salmonella enterica Serotype BB**
- **Salmonella enterica Serotype BC**
- **Salmonella enterica Serotype BD**
- **Salmonella enterica Serotype BE**
- **Salmonella enterica Serotype BF**
- **Salmonella enterica Serotype BG**
- **Salmonella enterica Serotype BH**
- **Salmonella enterica Serotype BI**
- **Salmonella enterica Serotype BJ**
- **Salmonella enterica Serotype BK**
- **Salmonella enterica Serotype BL**
- **Salmonella enterica Serotype BM**
- **Salmonella enterica Serotype BN**
- **Salmonella enterica Serotype BO**
- **Salmonella enterica Serotype BP**
- **Salmonella enterica Serotype BQ**
- **Salmonella enterica Serotype BR**
- **Salmonella enterica Serotype BS**
- **Salmonella enterica Serotype BT**
- **Salmonella enterica Serotype BU**
- **Salmonella enterica Serotype BV**
- **Salmonella enterica Serotype BW**
- **Salmonella enterica Serotype BX**
- **Salmonella enterica Serotype BY**
- **Salmonella enterica Serotype BZ**
- **Salmonella enterica Serotype CA**
- **Salmonella enterica Serotype CB**
- **Salmonella enterica Serotype CC**
- **Salmonella enterica Serotype CD**
- **Salmonella enterica Serotype CE**
- **Salmonella enterica Serotype CF**
- **Salmonella enterica Serotype CG**
- **Salmonella enterica Serotype CH**
- **Salmonella enterica Serotype CI**
- **Salmonella enterica Serotype CJ**
- **Salmonella enterica Serotype CK**
- **Salmonella enterica Serotype CL**
- **Salmonella enterica Serotype CM**
- **Salmonella enterica Serotype CN**
- **Salmonella enterica Serotype CO**
- **Salmonella enterica Serotype CP**
- **Salmonella enterica Serotype CQ**
- **Salmonella enterica Serotype CR**
- **Salmonella enterica Serotype CS**
- **Salmonella enterica Serotype CT**
- **Salmonella enterica Serotype CU**
- **Salmonella enterica Serotype CV**
- **Salmonella enterica Serotype CW**
- **Salmonella enterica Serotype CX**
- **Salmonella enterica Serotype CY**
- **Salmonella enterica Serotype CZ**
- **Salmonella enterica Serotype DA**
- **Salmonella enterica Serotype DB**
- **Salmonella enterica Serotype DC**
- **Salmonella enterica Serotype DD**
- **Salmonella enterica Serotype DE**
- **Salmonella enterica Serotype DF**
- **Salmonella enterica Serotype DG**
- **Salmonella enterica Serotype DH**
- **Salmonella enterica Serotype DI**
- **Salmonella enterica Serotype DJ**
- **Salmonella enterica Serotype DK**
- **Salmonella enterica Serotype DL**
- **Salmonella enterica Serotype DM**
- **Salmonella enterica Serotype DN**
- **Salmonella enterica Serotype DO**
- **Salmonella enterica Serotype DP**
- **Salmonella enterica Serotype DQ**
- **Salmonella enterica Serotype DR**
- **Salmonella enterica Serotype DS**
- **Salmonella enterica Serotype DT**
- **Salmonella enterica Serotype DU**
- **Salmonella enterica Serotype DV**
- **Salmonella enterica Serotype DW**
- **Salmonella enterica Serotype DX**
- **Salmonella enterica Serotype DY**
- **Salmonella enterica Serotype DZ**
- **Salmonella enterica Serotype EA**
- **Salmonella enterica Serotype EB**
- **Salmonella enterica Serotype EC**
- **Salmonella enterica Serotype ED**
- **Salmonella enterica Serotype EE**
- **Salmonella enterica Serotype EF**
- **Salmonella enterica Serotype EG**
- **Salmonella enterica Serotype EH**
- **Salmonella enterica Serotype EI**
- **Salmonella enterica Serotype EJ**
- **Salmonella enterica SerotypeEK**
- **Salmonella enterica Serotype EL**
- **Salmonella enterica Serotype EM**
- **Salmonella enterica Serotype EN**
- **Salmonella enterica Serotype EP**
- **Salmonella enterica Serotype EQ**
- **Salmonella enterica Serotype ER**
- **Salmonella enterica Serotype ES**
- **Salmonella enterica Serotype ET**
- **Salmonella enterica Serotype EU**
- **Salmonella enterica Serotype EV**
- **Salmonella enterica Serotype EW**
- **Salmonella enterica Serotype EX**
- **Salmonella enterica Serotype EY**
- **Salmonella enterica Serotype EZ**
- **Salmonella enterica Serotype FA**
- **Salmonella enterica Serotype FB**
- **Salmonella enterica Serotype FC**
- **Salmonella enterica Serotype FD**
- **Salmonella enterica Serotype FE**
- **Salmonella enterica Serotype FF**
- **Salmonella enterica Serotype FG**
- **Salmonella enterica Serotype FH**
- **Salmonella enterica Serotype FI**
- **Salmonella enterica Serotype FJ**
- **Salmonella enterica Serotype FK**
- **Salmonella enterica Serotype FL**
- **Salmonella enterica Serotype FM**
- **Salmonella enterica Serotype FN**
- **Salmonella enterica Serotype FO**
- **Salmonella enterica Serotype FP**
- **Salmonella enterica Serotype FQ**
- **Salmonella enterica Serotype FR**
- **Salmonella enterica Serotype FS**
- **Salmonella enterica Serotype FT**
- **Salmonella enterica Serotype FU**
- **Salmonella enterica Serotype FV**
- **Salmonella enterica Serotype FW**
- **Salmonella enterica Serotype FX**
- **Salmonella enterica Serotype FY**
- **Salmonella enterica Serotype FZ**

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*

6 Grade 3 events
6 Grade 2 events
0 Grade 1 events
54 Ungraded events

Health Emergency Information and Risk Assessment
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African region. This week’s articles cover:

- Humanitarian Crisis in Cameroon
- Cholera in Burundi
- Humanitarian Crisis in Chad

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 humanitarian situation in Cameroon remains concerning due to conflicts and natural disasters. The Lake Chad Basin conflict, the socio-political crisis in the North-West and South-West regions, the impact of the Central African refugee influx in the eastern part of the country and climate-related shocks are generating significant population movements. It is estimated that nearly one million people are internally displaced, and almost half a million refugees and asylum seekers are hosted in the country. The many people in need have placed an immense strain on already scarce resources, intensifying the humanitarian and health crisis. This has led to a heightened risk of disease outbreaks, malnutrition, and protection concerns, including human rights abuses and violence. Insecurity and funding shortfalls are hindering humanitarian efforts, thus intensifying the vulnerabilities and needs of both displaced/refugee populations and host communities.
Cameroon is currently experiencing a significant humanitarian crisis characterized by widespread population displacement resulting from conflicts and climate-related shocks. The country is grappling with multiple crises, including conflict-related displacements in its northern, eastern and southern-west parts. In the conflict-affected areas, needs in terms of protection and access to basic social services generated by a deteriorating socio-economic environment are reported.

The reported climate events in the country are related to episodes of flooding and landslides, which affect thousands of people and damage homes, crops, and livelihoods. Furthermore, reduced rainfall, water scarcity, and soil depletion, which affect the livelihoods of farmers, herders, and fishermen, are also reported. Reducing resources available to herders, farmers, and fishermen further exposes communities to the risk of malnutrition.

In the Far North region, about 1.6 million people need humanitarian assistance and 966,000 are targeted by the 2024 humanitarian response plan. The region is also hosting more than 500,000 internally displaced persons (IDPs) and 110,000 refugees settled in and out of camps.

The security situation continued to be marked by the persistent activities of non-state armed groups (NSAGs) and operations by state security forces (SSF). Civilians continued to suffer from the incursions and attacks of the NSAGs. Insecurity is also having a major impact on people’s livelihoods. Frequent incursions and attacks on villages and roads by the NSAG are often systematically accompanied by looting and/or destruction of property.

The Adamawa, North and East regions host 94.0% of 353,000 refugees from the Central African Republic (CAR). Access to livelihoods, food, WASH services, and education remains limited for them and host communities. The number of refugees continues to exert significant pressure on natural resources and basic social services in the host areas, which often creates conflicts between the refugees and host populations over the use of scarce resources, including land.

In the North-West and South-West regions, an estimated number of 1.7 million people need humanitarian assistance, and 990,465 have been targeted by humanitarian partners for the 2024 response. The two regions sum up to nearly 583,000 IDPs. The populations continued to be affected by violence and insecurity. Abuses, including killings, destruction of property, kidnappings for ransom, illegal taxation, arbitrary arrests, and extortion are reported. Freedom of movement is restricted due to the proliferation of informal roadblocks, disrupting socio-economic opportunities and thwarting efforts to rebuild lives/resilience.

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), climate scenarios for Cameroon predict warming in all regions by 2050, with significant and widespread temperature increases in the northern regions. While the country’s northern regions are exposed to extreme temperatures and flooding episodes, rising temperatures in the southern regions could lead to more severe episodes of heavy rainfall and flooding or landslides. Deforestation and the construction of new settlements in vulnerable areas lead to loss of life, displacement, and increased vulnerability.

PUBLIC HEALTH ACTIONS

- The humanitarian response plan for 2024, targeting 2.3 million people out of 3.4 million total population in need of humanitarian assistance, was jointly developed by the humanitarian organizations and country authorities.
- At least 88 humanitarian partners, including 17 under the health sector (WHO and others), operate in the country, striving to implement humanitarian assistance to reduce the mortality and morbidity of 1.5 million people affected by the crisis.
- 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 humanitarian situation in Cameroon remains dire, and according to OCHA, it is expected that violence will persist in the most affected areas in 2024. Along with the impact of natural disasters and outbreaks, it will continue negatively impacting access to basic services. Insecurity and physical constraints will continue challenging humanitarian access in 2024, especially in the North-West, South-West and Far North regions. Underfunding remains the most important impediment to reaching people in need.
• Cameroon Humanitarian Response Plan 2024: US$371.4 million requires to assist 2.3 million most vulnerable people.

• The ordeal of repeated fires ravaging IDP settlements in Far North Cameroon.

• Natural disasters and Climate change at the root of community crises in Cameroon.

Source: UNICEF-NAMIBIA

Source: Humanitarian Needs Overview 2024 The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
### Cholera

**EVENT DESCRIPTION**

Burundi declared a cholera outbreak in January 2023, and to date, cases have been reported from 12 health districts: Cibitoke, Bujumbura North, Bujumbura South, Bujumbura Center, Isare, Kabézi, Rwibaga, Mpanda, Bubanza, Mabayi, Rumonge, and Bugarama.

As of 23 June 2024, there were nine active cholera cases, five new cases recorded during epidemiological week 25 (ending 23 June 2024), and four ongoing cases. The new cases originated from three health districts: three reported from Isare, one from Bujumbura North, and one from Bujumbura South.

Since the beginning of the epidemic (epidemiological week 48 in 2022) up to 23 June 2024, a cumulative total of 1,954 cholera cases have been reported across 12 health districts, with 11 deaths recorded, resulting in a case fatality rate of 0.6% (CFR 0.6%). The majority of cases were reported from Isare health district (708 cases, 36.2%), followed by Bujumbura North (582 cases, 29.8%), Cibitoke (275 cases, 14.1%), and Bujumbura Center (172 cases, 8.8%).

Isare Health District reported the highest number of confirmed cases in two specific health areas: Gatumba (172 cases) and Rubirizi (164 cases). In the Bujumbura North district, the highest case counts were observed in three health areas: Kinama (143 cases), Buterere I (140 cases), and Gihosha (113 cases). Furthermore, Buyenzi health area within Bujumbura Center recorded 115 cases.

Isare district reported the highest number of deaths (7 cases, 63.6%), followed by Bujumbura North (3 cases, 27.3%) and Bujumbura South (1 case, 9.1%).

Among the 1,954 reported cases, patients aged 11 to 20 years and 21 to 30 years were the most affected, 22.4% and 22.1%, respectively, followed by children under 5 years old, yielding a rate of 17.2%. The sex ratio (M/F) was 1.3.

### PUBLIC HEALTH ACTIONS

- The Ministry of Health and its partners continue to hold regular pillar and coordination meetings.
- Surveillance is being conducted, with activities including contact tracing, active case search, and community-based surveillance in all affected areas.
- Medical staff are being deployed to support the Cholera Treatment Centers (CTCs) in managing cases. In addition, a cholera treatment unit has been established at Buterere Health Center.

#### Situation Interpretation

New cases of cholera have been reported in Isare health district, underscoring significant efforts to contain the outbreak while emphasizing the imperative of maintaining and enhancing responses in persistently affected areas. Key challenges identified, particularly regarding WASH (Water, Sanitation, and Hygiene) conditions, require attention. This involves improving access to clean water, educating households on the proper construction and use of adequate latrines, and continuing population awareness efforts. The Ministry of Health and its partners must intensify efforts to address these challenges while sustaining ongoing public health measures.
Distribution of suspected cases of cholera in affected Health Districts in Burundi, as of 23 June 2024
Complex humanitarian

EVENT DESCRIPTION

Eastern Chad is facing a humanitarian and health crisis triggered by the massive influx of Sudanese refugees and Chadian returnees fleeing the conflict in Sudan. As of June 2024, Eastern Chad has received over 608,715 Sudanese refugees, of which 58.0% are women and 21.0% are children under five years. The crisis has resulted in 7,187 injuries and 350 deaths.

Over 2.1 million people are affected, including both refugees and host populations, and 1,213,515 individuals are in urgently need of humanitarian assistance. The crisis has led to over 783,608 displacements of people, with those affected currently seeking shelter in camps and health centres in 11 health districts across Ennedi Est, Ouaddai, Sila and Wadi-Fira. As a result, these provinces are now struggling to cope with the influx of people, straining already limited resources and infrastructure, including healthcare facilities and water supply systems.

The crisis has also had a devastating impact on the mental health and well-being of both children and adults, with many suffering from trauma, anxiety, and depression. Additionally, the population faces food insecurity, malnutrition, and inadequate access to water and sanitation. The situation has also triggered a health crisis, with outbreaks of hepatitis E and other diseases and a high risk of waterborne diseases due to limited access to safe drinking water and inadequate sanitation and hygiene.

PUBLIC HEALTH ACTIONS

- WHO is working alongside the Ministry of Public Health and Prevention, UN agencies and operational partners for the response to the hepatitis E epidemic in the health districts of Adré, Hadjer-Hadid and Amleyouna in the province of Ouaddai and Koukou Angarana Gozbeida, in the province of Sila as well as the chickenpox epidemic in the Abéché remand centre in the province of Ouaddai.

- WHO has provided critical support to the Chadian Ministry of Health, including deploying mental health experts to refugee camps to address trauma and psychological needs, enhancing surveillance and data collection at all levels, including community-based surveillance, supporting the Ministry of Health in investigating health outbreaks and deploying epidemiologists to the field.

SITUATION INTERPRETATION

The humanitarian response in Chad is facing multiple challenges, including insufficient funding, limited access to affected areas, and persistent insecurity. These challenges have severely restricted access and created an unsafe environment for humanitarian actors. Additionally, the response to the crisis is hindered by the lack of a health and humanitarian data management system, weak coordination at the health district and community levels, and insufficient deployment of human resources in the field. Without sustained attention and action, the situation in eastern Chad risks further deterioration, exacerbating the suffering of affected populations and undermining efforts to protect and support them.

2,100,000
People affected

The Government of Chad, in collaboration with the WHO and other humanitarian partners, has provided critical emergency assistance to the affected population. This vital support has included essential healthcare services, nutrition programs, and protection services, all of which have been tailored to address the specific needs of the affected communities.

Emergency assistance has been designed to save lives, alleviate suffering, and support the resilience of the affected populations. It has included initiatives such as mobile health clinics, food distribution, and psychological support.

Go to overview Go to map of the outbreaks
Integrated Disease Surveillance and Response
Weekly data submission report

Health Emergency Information Management & Risk Assessment Programme

Update on Reporting - Epidemiological Week 25 : 17 – 23 June, 2024
Point du rapportage hebdomadaire – Semaine 25 : 17 – 23 juin 2024

34 Countries out of 47, reported for week 25
60 % Completeness for weekly reporting
72 % Timeliness for weekly reporting

All the correspondences related to this document should be directed to:/ Toutes les correspondances relatives à ce document doivent être adressées à:
Dr Etien Luc Koua, HIR Programme Area Manager (kouae@who.int)
Emergency Preparedness and Response, WHO Regional Office for Africa

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

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

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

afrououtbreak@who.int
afroephrir@who.int

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

<table>
<thead>
<tr>
<th>Week 25</th>
<th>Week 26</th>
<th>Week 27</th>
<th>Week 28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start date</td>
<td>17-Jun.-2024</td>
<td>24-Jun.-2024</td>
<td>01-Jul.-2024</td>
</tr>
<tr>
<td>End date</td>
<td>23-Jun.-2024</td>
<td>30-Jun.-2024</td>
<td>07-Jul.-2024</td>
</tr>
<tr>
<td>Deadline / Date limite</td>
<td>26-Jun.-2024</td>
<td>03-Jul.-2024</td>
<td>10-Jul.-2024</td>
</tr>
</tbody>
</table>
All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>20-Jun-2024</td>
<td>01-Jan-2024</td>
<td>09-Jun-2024</td>
<td>177,561</td>
<td>170,969</td>
<td>409</td>
<td>0.20%</td>
</tr>
<tr>
<td>Angola</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-May-2024</td>
<td>15-May-2024</td>
<td>23-Jun-2024</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>01-Jan-2023</td>
<td>14-Dec-2022</td>
<td>01-Jun-2024</td>
<td>1,890</td>
<td>-</td>
<td>11</td>
<td>0.60%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (North-West &amp; South-West)</td>
<td>Protracted 2</td>
<td>01-Oct-2016</td>
<td>27-Jun-2018</td>
<td>07-May-2024</td>
<td>3,400,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Protracted 2</td>
<td>31-Dec-2013</td>
<td>27-Jun-2017</td>
<td>13-Feb-2024</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Since the beginning of this year, Ethiopia is experiencing new malaria outbreak. During epi-week 23, there was 110.8% increment observed in the number of cases compared to similar epi-week in 2023. As of 9 June (epi-week 23), a total of 177 561 cases, 409 deaths are reported. About 96.3% (170969) of total cases reported were confirmed with proportion of Plasmodium Falciparum with 63.1% and Plasmodium Vivax with 33.2%.

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. Currently a total of 10 laboratory confirmed poliovirus were notified in the provinces of Luanda, Huambo, Lunda Norte and Moxico. Of these, four were detected in children under five and six in the environment.

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 2.1 million IDPs registered, and 5478 schools closed. The situation remains fluid.

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 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.

Since the beginning of this year, Ethiopia is experiencing new malaria outbreak. During epi-week 23, there was 110.8% increment observed in the number of cases compared to similar epi-week in 2023. As of 9 June (epi-week 23), a total of 177 561 cases, 409 deaths are reported. About 96.3% (170969) of total cases reported were confirmed with proportion of Plasmodium Falciparum with 63.1% and Plasmodium Vivax with 33.2%.

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.

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 489K 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 2023, nearly 6 000 newly displaced people were registered in 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 Gourenguel transit site, in Mokolo district of Mayo-Tsanaga department.

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

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 2024, 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, Chad. This brings the total number of probable cases in 2024 to six. Other probable cases for the year have been reported in the Mbaiki and Kémo health districts. In 2023, five confirmed cases of yellow fever were reported 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.

As of June 2024, Eastern Chad has received over 608 715 Sudanese refugees, of which 58.0% are women and 21.0% are children under five years. The crisis has resulted in 7 187 injuries and 350 deaths. Over 2.1 million people are affected, including both refugees and host populations, and 1 213 515 individuals are in urgent need of humanitarian assistance.

Chad is the AFRO country most affected by the armed conflict in Sudan, hosting about 1 million refugees. These Sudanese refugees are mainly hosted in the refugee’s camps across Ennedi Est, Wadi Fira, Ouaddai and Sila provinces. From 15 April 2023 to 3 May 2024, about 588 825 Sudanese refugees have been listed including 96 181 that have crossed the border since January 2024. Most new arrivals are women and children (88%), and 14% are persons with special needs.
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 province (Adré and Hadjer-Hadjid). 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.

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, Dono Manga, Kouldouila, Arada, N’Djamena Centre, N’Djamena East, Gagal, Gore, N’Djamena North, Antimian, 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.

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 Salamat region of Chad, 44 cVDPV2 cases were reported in 2022, 106 cVDPV2 cases were reported in 2020 from three different outbreaks and nine others were reported in 2019.

Comoros
Cholera
Grade 3
02-Feb-2022
18-Jun-2024
9467
142
1.50%

Cholera outbreak is ongoing in Comoros since the first case was reported on 2 February 2024. As of 18 June 2024, a cumulative total of 9,467 cases were reported, with the majority of cases reported from Ngazidja (6,222 cases), followed by Mwalimu (550 cases), and 142 deaths (CFR 1.5%) are also reported.

Congo
Measles
Ungraded
15-May-2024
02-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 Etoumbi (25 confirmed cases: 10 laboratory confirmed and 15 epidemiological link), Poto-poto (five confirmed cases: one through laboratory and four by epidemiological link), and Impfondo (12 confirmed cases: seven through laboratory and five by epidemiological link).

Congo
Mpx
Protracted 2
23-May-2022
01-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.

Côte d’Ivoire
Dengue
Grade 3
10-Jul-2023
19-Jun-2023
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 0.0%).

Democratic Republic of the Congo
Flood
Ungraded
09-Jan-2024
09-Jan-2024
03-Jun-2024
300

Heavy rainfall between January and April triggered significant flooding in South Kivu and Tanganyika provinces, placing approximately 471,000 people at risk of increased 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, 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 3
20-Dec-2016
17-Apr-2017
11-May-2024
-
-
-
-

The humanitarian crisis in Democratic Republic of Congo has affected about six provinces namely, North Kivu, South Kivu, Ituri, Tshopo 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. At present, there are multiple outbreaks like, cholera, measles and Mpx.

Democratic Republic of the Congo
Cholera
Grade 3
16-Jan-2015
01-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. Males (1,160 cases; 55.4%) are the most affected.

Democratic Republic of the Congo
Measles
Ungraded
12-Oct-2021
01-Jan-2024
17-Mar-2024
30,144
1,178
791
2.60%

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

Democratic Republic of the Congo
Mpx
Protracted 2
30-Mar-2019
01-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 mpx in 2024. In 2023, a total of 14,626 mpx cases and 654 deaths (CFR 4.5%) were reported.

Democratic Republic of the Congo
Poliomyelitis (cVDPV1)
Grade 2
27-Aug-2022
01-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.
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, Sidama, Somali, South Ethiopia, Southwest Ethiopia People’s, Tigray regions and Dire Dawa City Administration.

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

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

Liberia Lassa Fever Ungraded 03-Mar-2022 06-Jan-2022 05-Jun-2024 479 151 45 9.40%

Gabon Diphtheria Ungraded 23-Jan-2024 01-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.

Ghana Measles Ungraded 01-Apr-2024 01-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.

Guinea Diphtheria Grade 3 01-Jan-2024 01-Jan-2024 01-Jan-2024 4,517 4,307 105 2.30%

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’Zérékoré regions, including 4,307 confirmed cases and 105 deaths. Of the confirmed cases, 29 were laboratory-confirmed, 4,173 were clinically compatible and 105 were epidemiologically linked. The Siguiri health district in the Kankan region is the epicenter of the outbreak, with 98.4% of suspected cases reported.

Kenya Flood Grade 3 17-Feb-2022 01-Jan-2022 10-May-2024 - - - -

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.
This is the second wave since the beginning of 2024. The outbreak affected three counties: Tana River (60), Lamu (18) and Siaya (1). A total of 79 cases with one (1) death have been reported. Eight (8) cases have been confirmed by culture, and 76 RDT positive. Tana River County attack rate is 18.0 per 100,000, and the Garsen sub-county attack rate is 40.7 per 100,000.

Kenya Measles Ungraded 29-Jun-2022 01-Jan-2023 13-Jun-2024 1,543 199 11 0.70%

The measles outbreak has been continuous since January 2023. Nine counties are actively reporting measles cases; Garissa, Kilifi, Mombasa, Turkana, Samburu, Wajir, Meru, Kwale, and Mandera, since early 2024. A total of 1 543 cases with 11 deaths (CFR 0.8%) have been reported.

Kenya Poliomyelitis (cVDPV2) Grade 2 06-Jul-2023 26-May-2023 29-May-2024 8 8 0.00%

According to Global Polio Eradication Initiative, no cVDPV2 cases were reported this week. There have been eight cases reported in 2023.

Liberia Measles Ungraded 03-Feb-2022 13-Dec-2021 02-Jun-2024 13,711 13,056 95 0.70%

Since the measles outbreak started on 13 December 2021, there have been 13 711 suspected cases, 13056 confirmed cases, and 95 deaths with CFR 0.7%, as of June 2, 2024. The highest affected is Montserrado with 5373 confirmed cases

Malawi Cholera Grade 3 03-Mar-2022 03-Mar-2022 30-Apr-2024 59,361 59,361 1,772 3.00%

Since weeks 6 and 7, 2024 heavy rainfall has triggered flooding in the central and northeastern parts of Madagascar. This has resulted in population displacements and the loss of homes and infrastructure, including roads, bridges, agriculture, health facilities, water, sanitation, and hygiene infrastructure. Seven regions have been affected.

Malawi Flood Ungraded 28-Feb-2024 05-Feb-2024 19-May-2024 95391 - 19 0.00%

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

Malawi Malnutrition crisis Protracted 2 01-Jul-2021 01-Jan-2021 17-Apr-2024 - - - -

Malawi has formally declared on 23 March 2024 a state of disaster due to drought in 23 out of its 28 districts. Preliminary assessments conducted by the Malawian government suggest that approximately 44% of the country’s corn crop has either failed or suffered significant damage, directly impacting 2 million households.

Malawi Flood Ungraded 28-Feb-2024 27-Feb-2024 3/3/2024 10944 4 0.00%

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

Malawi Cholera Grade 3 03-Mar-2022 03-Mar-2022 30-Apr-2024 59,361 59,361 1,772 3.00%

Malawi has been experiencing a cholera outbreak since last year and the same trend continues in 2024. From week 1 to week 19, 2024, a total of 1 531 902 cases and 212 deaths are reported.

Malawi Drought Ungraded 26-Mar-2024 28-Mar-2024 - - - - - -

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

Mali Measles Ungraded 20-Feb-2018 11-Sep-2017 24-Mar-2024 7,500,000 7,500,000 0.00%

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

Mali Humanitarian crisis (Sahel region) Protracted 2 11-Sep-2017 11-Sep-2017 24-Mar-2024 7,500,000 7,500,000 0.00%

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.

Mauritania Measles Ungraded 07-Mar-2022 01-Jan-2023 12-May-2024 2 20 12 0.20%

Between 1 January and 12 May 2024, Mauritania reported 2 384 suspected measles 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 mendazole.

Mauritania Dengu Grade 3 17-Dec-2023 17-Dec-2023 24-Mar-2024 4,605 614 4 0.10%

The index for the ongoing dengue outbreak in Mauritius was reported on 11 December 2023. As of 9 June 2024, a total of 8 330 cases and 29 deaths (CFR 0.3%) have been reported.

Mauritius Leptospirosis Ungraded 10-May-2024 01-Jan-2024 09-Jun-2024 42 42 7 16.70%

On 4 May 2024, the Ministry of Health and wellness of Mauritius notified the public of a rising incidence of leptospirosis cases in Mauritius with a total of 20 cases reported since the beginning of 2024. In April 2024, five cases were reported. As of 9 June 2024, a total of 42 cases and seven deaths are reported.
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 Zambézia. Additionally, there was a conjunctivitis outbreak affecting 1,225 people, with schools disrupted.

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 (39,581 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.

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 7,294 cases, with 12 deaths (CFR 7.3%) for the year 2024. To date, eight provinces have been affected, with 24 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 (CFR 0.4%) have been reported.

The Ministry of Health and Social Services (MoHSS) has reported a confirmed outbreak of Measles in Omaruru health district of Erongo Region. Between 1 January and 5 June 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.

Niger is contending with a severe humanitarian crisis due to regional instability in the Tillaberi, Maradi, Diffa, and Tahoua regions. The instability stems from conflicts spilling over from Mali, Burkina Faso, and Nigeria, compounded by the country's internal political turmoil following a military coup on 28 July 2023—the third such coup in the Sahel in under three years. International sanctions, environmental challenges, deep-seated poverty, and frail social support have further strained the relief efforts. Despite these adversities, there has been a slight decrease in refugee and asylum seeker figures, although new arrivals from Chad, Mali, Burkina Faso, and Nigeria persist post-21 March 2024. Concurrently, Niger has seen the internally displaced population escalate dramatically, from 1.9 million in 2017 to 4.3 million individuals, which is 15% of the population in 2024, significantly amplifying the demand for aid as national resources struggle to meet the increasing needs.

Niger continues to notify meningitis cases. From epidemiological week 1 to week 20, 2024 a total of 2781 suspected cases including 1076 confirmed cases and 202 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. Cumulative 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 total of 148 cases of dengue fever, including zero deaths, have been reported in Niger since its onset in 2023. No new cases or deaths have been reported since the last update shared on 19th December 2023 till week 13 of 2014.

Niger is suffering from a major epidemic of meningococcal disease, affecting 3.3 million residents, with an alarming 7.3 million more at risk of deteriorating conditions amid the ongoing turmoil.
People face emergency levels of food insecurity, with very high rates of severe acute malnutrition that could lead to death in Borno, Adamawa and Yobe states. As of week 11, 2024, over 6 million people are targeted for humanitarian aid, 8.3 million people need humanitarian assistance, 2.2 million IDPs, and 4.3 million people need food security aid. Due to the fluidity of the situation, the numbers are constantly changing.

### Nigeria

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Protracted</th>
<th>Onset</th>
<th>End</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>08-Jan-2023</td>
<td>01-Jan-2024</td>
<td>6,464</td>
<td>162</td>
<td>2.50%</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Protracted</td>
<td>10-Oct-2016</td>
<td>23-Mar-2024</td>
<td>559</td>
<td>7</td>
<td>1.30%</td>
</tr>
<tr>
<td>Dengue</td>
<td>Grade 3</td>
<td>01-Nov-2023</td>
<td>01-Jan-2024</td>
<td>72</td>
<td>14</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>01-Jan-2024</td>
<td>24-Mar-2024</td>
<td>8935</td>
<td>4,633</td>
<td>0.00%</td>
</tr>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>01-Apr-2024</td>
<td>01-Jan-2024</td>
<td>8935</td>
<td>4,633</td>
<td>0.00%</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Protracted</td>
<td>29-Jan-2023</td>
<td>23-Mar-2024</td>
<td>1852</td>
<td>135</td>
<td>8.00%</td>
</tr>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jun-2018</td>
<td>19-Mar-2024</td>
<td>139</td>
<td>139</td>
<td>-</td>
</tr>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>01-Jan-2024</td>
<td>23-Mar-2024</td>
<td>196</td>
<td>7</td>
<td>3.60%</td>
</tr>
</tbody>
</table>

### Senegal

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Protracted</th>
<th>Onset</th>
<th>End</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>08-Jun-2023</td>
<td>01-Jan-2024</td>
<td>7</td>
<td>7</td>
<td>0.00%</td>
</tr>
<tr>
<td>Covid-19</td>
<td></td>
<td>24-Jun-2024</td>
<td>24-Jun-2024</td>
<td>124</td>
<td>78</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

### Senegal

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Protracted</th>
<th>Onset</th>
<th>End</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>08-Jan-2023</td>
<td>01-Jan-2024</td>
<td>6,464</td>
<td>162</td>
<td>2.50%</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Protracted</td>
<td>10-Oct-2016</td>
<td>23-Mar-2024</td>
<td>559</td>
<td>7</td>
<td>1.30%</td>
</tr>
<tr>
<td>Dengue</td>
<td>Grade 3</td>
<td>01-Nov-2023</td>
<td>01-Jan-2024</td>
<td>72</td>
<td>14</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>01-Jan-2024</td>
<td>24-Mar-2024</td>
<td>8935</td>
<td>4,633</td>
<td>0.00%</td>
</tr>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>01-Apr-2024</td>
<td>01-Jan-2024</td>
<td>8935</td>
<td>4,633</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

### Nigeria

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Protracted</th>
<th>Onset</th>
<th>End</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>08-Jan-2023</td>
<td>01-Jan-2024</td>
<td>6,464</td>
<td>162</td>
<td>2.50%</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Protracted</td>
<td>10-Oct-2016</td>
<td>23-Mar-2024</td>
<td>559</td>
<td>7</td>
<td>1.30%</td>
</tr>
<tr>
<td>Dengue</td>
<td>Grade 3</td>
<td>01-Nov-2023</td>
<td>01-Jan-2024</td>
<td>72</td>
<td>14</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>01-Jan-2024</td>
<td>24-Mar-2024</td>
<td>8935</td>
<td>4,633</td>
<td>0.00%</td>
</tr>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>01-Apr-2024</td>
<td>01-Jan-2024</td>
<td>8935</td>
<td>4,633</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

### Senegal

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Protracted</th>
<th>Onset</th>
<th>End</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>08-Jun-2023</td>
<td>01-Jan-2024</td>
<td>7</td>
<td>7</td>
<td>0.00%</td>
</tr>
<tr>
<td>Covid-19</td>
<td></td>
<td>24-Jun-2024</td>
<td>24-Jun-2024</td>
<td>124</td>
<td>78</td>
<td>0.00%</td>
</tr>
<tr>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>08-Jan-2023</td>
<td>01-Jan-2024</td>
<td>6,464</td>
<td>162</td>
<td>2.50%</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Protracted</td>
<td>10-Oct-2016</td>
<td>23-Mar-2024</td>
<td>559</td>
<td>7</td>
<td>1.30%</td>
</tr>
<tr>
<td>Dengue</td>
<td>Grade 3</td>
<td>01-Nov-2023</td>
<td>01-Jan-2024</td>
<td>72</td>
<td>14</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>01-Jan-2024</td>
<td>24-Mar-2024</td>
<td>8935</td>
<td>4,633</td>
<td>0.00%</td>
</tr>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>01-Apr-2024</td>
<td>01-Jan-2024</td>
<td>8935</td>
<td>4,633</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

### Nigeria

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Protracted</th>
<th>Onset</th>
<th>End</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>08-Jan-2023</td>
<td>01-Jan-2024</td>
<td>6,464</td>
<td>162</td>
<td>2.50%</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Protracted</td>
<td>10-Oct-2016</td>
<td>23-Mar-2024</td>
<td>559</td>
<td>7</td>
<td>1.30%</td>
</tr>
<tr>
<td>Dengue</td>
<td>Grade 3</td>
<td>01-Nov-2023</td>
<td>01-Jan-2024</td>
<td>72</td>
<td>14</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>01-Jan-2024</td>
<td>24-Mar-2024</td>
<td>8935</td>
<td>4,633</td>
<td>0.00%</td>
</tr>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>01-Apr-2024</td>
<td>01-Jan-2024</td>
<td>8935</td>
<td>4,633</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
### South Africa

<table>
<thead>
<tr>
<th>Disease</th>
<th>Type</th>
<th>Grade</th>
<th>Onset Date</th>
<th>Duration</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>Deaths Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Ungraded</td>
<td>Grade 3</td>
<td>20-Jan-2024</td>
<td>10-Jan-2024</td>
<td>10-Jun-2024</td>
<td>155</td>
<td>12</td>
<td>0%</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.

### Togo

<table>
<thead>
<tr>
<th>Disease</th>
<th>Type</th>
<th>Grade</th>
<th>Onset Date</th>
<th>Duration</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>Deaths Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td></td>
<td>14-Mar-2024</td>
<td>14-Mar-2024</td>
<td>16-Jun-2024</td>
<td>628</td>
<td>199</td>
<td>1%</td>
</tr>
</tbody>
</table>

In Togo there is an ongoing measles outbreak since week 5 of 2024 with 13 districts affected. As at week 23 in 2024, there are a total of 628 suspected cases reported, 199 confirmed measles cases, 1 death reported among the confirmed cases in Oti South district.

### Other Countries

- **Tanzania**: 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, 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.

- **South Sudan**: The ongoing Hepatitis E outbreak is active in Rubkona county (Bentiu IDPs camp), Unity State since December 2018, in Fangak county, Jonglei State since 2023 and in Western Bahr el Ghazal State since February 2023 (week 8). As of week 20, 2024, in Fangak county, 643 cases were received at least one dose of the measles vaccine. In the last four weeks, a total of 46 suspected cases were recorded, with 40 samples collected, and data shows ongoing outbreaks in Fangak, Jur-River, and Wulu counties.

- **South Africa**: Cholera

Since 5 September 2023 cholera outbreaks have been reported in 21 regions (Mara, Arusha, Kilimanjaro, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi, Pwani, Mtwara, Tanga, and Dar es Salaam) in Tanzania Mainland, where a total of 3,892 cases and 70 deaths (CFR 1.8%) reported as of 19 June 2024.

---

**Health Emergency Information and Risk Assessment**

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES**

**WEEK 25: 17 TO 23 JUNE 2024**

Since 5 September 2023 cholera outbreaks have been reported in 21 regions (Mara, Arusha, Kilimanjaro, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi, Pwani, Mtwara, Tanga, and Dar es Salaam) in Tanzania Mainland, where a total of 3,892 cases and 70 deaths (CFR 1.8%) reported as of 19 June 2024.

In Togo there is an ongoing measles outbreak since week 5 of 2024 with 13 districts affected. As at week 23 in 2024, there are a total of 628 suspected cases reported, 199 confirmed measles cases, 1 death reported among the confirmed cases in Oti South district.
### Uganda

**Food insecurity (Horn of Africa crisis)**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 3</td>
<td>17-Feb-2022</td>
<td>01-Jan-2022</td>
<td>-</td>
</tr>
<tr>
<td>Grade 3</td>
<td>12-Jun-2024</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

In Uganda, Karamoja is the most vulnerable region to climate-related shocks and hazards, which significantly contribute to persistently low levels of food and livestock production. The 2023/24 crop production season yields were below average due to a series of prolonged dry spells, which reduced the availability of pastures for livestock and induced migration to neighboring districts. The situation is expected to improve in the projected period (August 2024 – February 2025) due to seasonal gains and projected production, however, the event of the forecasted La Nina might impact the situation negatively.

### Nigeria

**Diphtheria Ungraded**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-Dec-2022</td>
<td>01-Jan-2024</td>
<td>-</td>
</tr>
<tr>
<td>10-Mar-2024</td>
<td>-</td>
<td>4,178, 2,009, 30, 0.70%</td>
</tr>
</tbody>
</table>

Liberia confirmed its first case of Mpox on 23 July 2022, with a cumulative total of 119 suspected cases reported and 7 confirmed. The most recent case was in week 42 of 2022 in Grand Kru and Nimba counties. Event closed since more than two incubation periods pasted with no new case reported.

### Zambia

**Cholera Grade 3**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-Jan-2023</td>
<td>20-Jan-2023</td>
<td>26-May-2024</td>
</tr>
<tr>
<td>23,238</td>
<td>23,238</td>
<td>740, 3.20%</td>
</tr>
</tbody>
</table>

As of 23 June, 2024, Zambia has recorded a cumulative total of 3,647 suspected cases of measles with 158 confirmed since the start of 2024.

**Drought/food insecurity**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-Mar-2024</td>
<td>15-Jan-2024</td>
<td>27-May-2024</td>
</tr>
</tbody>
</table>

On 29 February 2024, the Zambia President declared the drought the country is currently facing a national disaster and emergency as it had devastated food production and power generation and the country struggles to recover a recent cholera outbreak. 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.

### Liberia

**Mpox Protracted**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>119</td>
<td>7</td>
<td>-</td>
</tr>
</tbody>
</table>

Liberia confirmed its first case of Mpox on 23 July 2022, with a cumulative total of 119 suspected cases reported and 7 confirmed. The most recent case was in week 42 of 2022 in Grand Kru and Nimba counties. Event closed since more than two incubation periods pasted with no new case reported.

### Zimbabwe

**Cholera Grade 3**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-Feb-2024</td>
<td>24-Apr-2024</td>
<td>02-Jun-2024</td>
</tr>
<tr>
<td>14</td>
<td>7</td>
<td>2, 14.30%</td>
</tr>
</tbody>
</table>

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

### Liberia

**Diphtheria Ungraded**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-Dec-2022</td>
<td>01-Jan-2024</td>
<td>10-Mar-2024</td>
</tr>
<tr>
<td>4,178</td>
<td>2,009</td>
<td>30, 0.70%</td>
</tr>
</tbody>
</table>

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

---

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

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
Health Emergency Information and Risk Assessment

AFRO Contributors
- G. Sie Williams
- J. Nguna
- T. Nagbe
- E. Kibangou
- J. Agbla
- K. Freddy Kavoga
- K. Jean-Paul
- R. Mangosa Zaza
- G. Akpan
- C. Okot

WCO Contributors
- HABIMANA, Phanuel (Cameroon)
- DOUBA EPEE, Emmanuel Christian (Cameroon)
- TEWO, stéphane (Chad)
- DAIZO, Arsene (Chad)
- NIKOYANDEMYE Benoit (Burundi)
- CRESPIN, Xavier (Burundi)

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.

Editorial Advisory Group
- Dr Salam Gueye, Regional Emergency Director
- E. Koua
- D. Chamla
- F. Braka