Overview

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

- Poliomyelitis (cVDPV2) in Angola
- Diphtheria in Nigeria
- Malaria in Ethiopia

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

- In June 2024, Angola confirmed a new case of polio in Alto Zambeze District, Moxico province, bordering the Democratic Republic of Congo (DRC). This brings the total to 10 confirmed cases across Luanda, Huambo, Lunda Norte, and Moxico provinces. Among these cases, four were found in children under five years old, while six were detected in the environment. Angola’s Ministry of Health, supported by WHO, UNICEF, GAVI, CDC, BMG, Rotary International, and other partners, conducted a second round of vaccinations in late June to halt the transmission and protect children from polio. There remains an increased risk of cross-border transmission along the DRC-Angola border, which necessitates continued vigilance and coordinated efforts to combat polio.
Poliomyelitis (cVDPV2)

**EVENT DESCRIPTION**

On 21 June 2024, a new case of acute flaccid paralysis (AFP) was confirmed as circulating vaccine-derived poliovirus type 2 (cVDPV2) in week 9, 2024. This brings the total number of VDPV2 cases to 10 as of 23 June 2024. The latest confirmed case is a 2-year-old girl from Alto Zambeze Municipality in Moxico Province who experienced paralysis onset on 11 May 2024 with no prior polio vaccination history. Additionally, the girl had no recent travel history outside the country, and genetic analysis indicates no linkage to any known circulating viruses in Angola.

Out of the 10 cases, nine were confirmed as circulating vaccine-derived poliovirus type 2 (cVDPV2), while one had vaccine-derived poliovirus type 2 (VDPV2). The confirmed cases were reported in Lunda Norte (6), Luanda (2), Huambo (1), and Moxico (1) Provinces. Four of these were detected in children under five and six in the environment. Three of these cases were acute flaccid paralysis (AFP) and had contact with one healthy child. The investment in the surveillance capacity has been a resounding success, leading to timely detection and response to possible polio threats.

In 2024, a total of 185 AFP cases were reported from January to June 2024, and 467 cases were reported in the past 12 months. The national detection rate for AFP is 3 per 100 000 people, which is higher than the 2.5 rate reported during the same period in 2023. There was an improvement from a 2.9 annual rate of non-polio AFP (NP AFP) last year from 1.6 per 100 000 for children under 15 years. Moreover, the percentage of adequate samples collected for testing has decreased to 82.0% compared to 90.0% last year.

Regarding detection rate and adequate sample percentage, 31.0% of districts achieved both key indicators, 32.0% achieved at least one indicator, and 30% reported cases but did not meet either benchmark. Out of the 163 districts in Angola, 12 districts (7.0%) did not report any AFP cases in 2023. There are 17 AFP cases reported this year awaiting classification by the National Poliovirus Elimination Committee due to unsuitable samples.

**PUBLIC HEALTH ACTIONS**

- Intensified coordination through regular meetings of the national committee and sub-national committees across Angola.
- To interrupt the ongoing poliovirus transmission and protect children from childhood paralysis, the Ministry of Health, with the support of the WHO, UNICEF, GAVI, CDC, BMG, Rotary International, and other strategic partners in the fight against polio, conducted the second round of the polio vaccination campaign from June 28 to 30, 2024.

**SITUATION INTERPRETATION**

Angola is experiencing an outbreak of circulating vaccine-derived poliovirus type 2. Overall, AFP cases in 2024 are higher than in 2023, necessitating urgent action from the government and all stakeholders. The country has since strengthened the public health response, which includes vaccination campaigns, surveillance improvements, and community engagement. However, continued vigilance is needed to ensure the end of the outbreak due to the increased AFP detection rate and decreased adequate sample collection that has been identified as a challenge in Angola.
Distribution of confirmed cases of cVDPV2 in affected Districts in Angola, as of 23 June 2024

Source: WHO-Angola
The Nigeria Centre for Disease Control and Prevention (NCDC) reported a significant and widespread diphtheria outbreak nationwide. The protracted outbreak began in epidemiological week 19 of 2022 and has persisted into 2024, causing a substantial public health concern.

As of epidemiological week 23, 2024, the outbreak has affected 16 states and 129 Local Government Areas (LGAs), with a total of 8,827 suspected cases reported. Of these, 6,028 (68.3%) cases have been confirmed, of which, 371 cases were through laboratory testing, epidemiological linkage (515 cases), and 5,142 clinical compatibility. A total of 1,883 cases were negative and have been discarded, while 916 cases remain pending or unknown.

The outbreak has resulted in 101 confirmed deaths, yielding a case fatality rate (CFR) of 1.6%. The states with the highest number of confirmed deaths are Kano (66 deaths) representing 65.0% CFR, Borno 13.0% CFR (13 deaths), and Jigawa 2.0% CFR (2 deaths). Other affected states include Bauchi, Katsina, Yobe, and the Federal Capital Territory.

From epidemiological week 19 of 2022 to week 23 of 2024, 32,869 suspected cases and 20,256 confirmed cases were recorded. The CFR for the reporting period is 4.4%, with 884 confirmed deaths.

Nearly half (49.5%) of the confirmed cases were unvaccinated, which indicates a substantial vulnerability within the population. Additionally, 6.9% had received only partial vaccination. Conversely, 24.9% of the confirmed cases were fully vaccinated, suggesting potential challenges in vaccine efficacy or the need for booster doses. Furthermore, 10.7% of the cases had an unknown vaccination status, pointing to gaps in vaccination record-keeping and tracking. These figures underscore the urgent need for enhanced vaccination campaigns, complete immunization schedules, and better tracking systems to control the outbreak effectively.

**PUBLIC HEALTH ACTIONS**

In response to the outbreak, the NCDC, in collaboration with partners, has implemented several key public health interventions:

- **Investments in surveillance infrastructure** are being made to ensure timely detection, reporting, and response to diphtheria cases. This includes continuous monitoring and reporting of cases across affected states, data harmonization and analysis for the development of situation reports, and follow-up with states for updates and provision of technical support.

- **Ongoing laboratory support and testing efforts** include both preliminary and confirmatory testing at sub-national and national levels, validation of PCR on clinical samples with support from the US Centers for Disease Control and Prevention, and the distribution of necessary reagents and consumables to testing sites. Additionally, refresher training is being conducted for laboratory personnel to enhance diagnostic capacities and ensure accurate and efficient testing.

- **Efforts are underway to enhance routine immunization services and conduct targeted vaccination campaigns in high-risk areas.** This includes implementing vaccination drives aimed at reaching unvaccinated and partially vaccinated populations within these regions. Additionally, routine immunization is being promoted to increase overall vaccine coverage and prevent future outbreaks.

- **Efforts to foster strong community engagement and communication strategies** are in progress to raise awareness about diphtheria prevention and the importance of vaccination. This includes conducting public awareness campaigns to educate communities and engaging with community leaders and stakeholders to support public health initiatives and encourage community participation.

- **Collaboration with international partners such as the WHO, Médecins Sans Frontiers, UNICEF, and others to support outbreak response efforts and coordination with local health authorities to ensure a unified response to the outbreak.**

**EVENT DESCRIPTION**

The ongoing diphtheria outbreak in Nigeria underscores the critical need for robust public health infrastructure and effective disease surveillance systems. Despite significant efforts to control the outbreak, the high number of cases and widespread geographical distribution highlight persistent challenges in achieving comprehensive vaccination coverage and rapid response capabilities. The large number of suspected and confirmed cases, coupled with the significant number of deaths, indicates a severe public health threat that requires sustained intervention. Finally, the data on vaccination status reveal that a substantial proportion of confirmed cases are either unvaccinated or partially vaccinated, emphasizing the need for improved immunisation strategies.
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
WEEK 26: 24 TO 30 JUNE 2024

Epi Curve of the outcome of confirmed cases of Diphtheria from week 19, 2022—week 23, 2024

Diphtheria Epi Curve of the final classification of cases from week 19, 2022—week 23, 2024

Distribution of confirmed cases of diphtheria in Nigeria, week 19, 2022 to week 23, 2024
Malaria

**EVENT DESCRIPTION**

The Malaria outbreak in Ethiopia is still ongoing and has been on an increasing trend since epidemiologic week 17 (ending 27 April 2024). In week 23 (ending 8 June 2024), there were 177,561 new cases and 38 reported deaths with 88.1% completeness of reporting. A total of 170,969 (96.3%) were confirmed cases, of which 63.7% were due to Plasmodium falciparum, and 33.2% were due to Plasmodium vivax. There was a 16.5% increase in the incidence of new cases in epidemiological week 23 compared to the previous week.

Since the onset of the year, there has been a total of 2,321,931 cases of malaria and 409 related deaths in Ethiopia. Cases have been reported from 14 regions, with Oromia region being the epicentre, reporting majority of cases (40.0%) 69,203 cases. Amhara region follows with 43,635 (24.6%) and then the SWEPRS region with (10.8%) 19,150 cases.

All regions except the Harari region have reported cases exceeding the malaria action threshold. Notably, the number of malaria cases reported has increased by twofold compared to week 23 of the previous year.

**PUBLIC HEALTH ACTIONS**

- The Ministry of Health and WHO are coordinating the Malaria epidemic response with other vector-borne diseases response.
- The Ministry of Health launched a new initiative to curb the malaria surge in high-burden and conflict-affected areas.
- Surveillance network has been revitalised in high burden, conflict-affected areas and non-functioning health facilities to ensure comprehensive coverage and timely detection of malaria cases.
- Health workers have been trained in malaria case management, as well as the production and distribution of malaria treatment guidelines and other job aids.
- Access to malaria diagnosis and treatment has been enhanced by deploying mobile health teams and establishing temporary treatment centres in conflict-affected areas and for internally displaced persons and refugees.
- Procurement and distribution of anti-malarial drugs, including Artemisinin-based Combination Therapies, Artesunate injections, Chloroquine, Primaquine, and Artesunate suppositories, to healthcare facilities, focusing on the last mile to ensure accessibility.
- Collaboration with other sectors to implement environmental and larval source management, especially in areas where open-water containers are prevalent.
- Mobilization resources to sustain ongoing control measures led by the Ministry of Health.
- Integrated vector control efforts have been strengthened to combat malaria transmission.
- Resources for long lasting insecticide-treated net distribution have been allocated as part of broader programmatic interventions for malaria prevention.
- Monitoring and addressing instances of insecticide resistance to ensure the effectiveness of vector control measures.
- Promotion of health-seeking behavior and encourage proper use of Long-lasting Insecticidal Nets in malaria-endemic areas through targeted health promotion campaigns and community engagement initiatives.

**SITUATION INTERPRETATION**

Ethiopia’s susceptibility to malaria epidemics stems from its pronounced climatic, topographic, and demographic disparities, influencing the risk of malaria across different regions. Typically, malaria peaks occur between September and December following the primary rainy season, from June to September, and from April to May after the secondary rainy season. In addition, disruption of malaria elimination activities mainly due to conflict, refugee influx, climate change and instability in the health governance contributed to the massive outbreaks. Ethiopia needs continuous support to implement measures to control this alarmingly annual malaria caseloads and deaths.
### Integrated Disease Surveillance and Response

**Weekly data submission report**

Health Emergency Information Management & Risk Assessment Programme

**Update on Reporting - Epidemiological Week 26: 24 – 23 June, 2024**

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

- **38 Countries out of 47, reported for week 26**
- **81% Completeness for weekly reporting**
- **64% Timeliness for weekly reporting**

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

Dr Etien Luc Koua, HIR Programme Area Manager (kouael@who.int)
Emergency Preparedness and Response, WHO Regional Office for Africa

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:

<table>
<thead>
<tr>
<th>Week 26</th>
<th>Week 27</th>
<th>Week 28</th>
<th>Week 29</th>
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<tr>
<td>Start date</td>
<td>24-Jun.-2024</td>
<td>01-Jul.-2024</td>
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<td>End date</td>
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Dr Etien Luc Koua, HIR Programme Area Manager (kouael@who.int)
Emergency Preparedness and Response, WHO Regional Office for Africa

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WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
WEEK 26: 24 TO 30 JUNE 2024

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>
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<td>06-Feb-2024</td>
<td>14-Jan-2024</td>
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<td>5,500,000</td>
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<td>Angola</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-May-2024</td>
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<td>23-Jun-2024</td>
<td>10</td>
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<td>Burkina Faso</td>
<td>Measles</td>
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<td>01-Jan-2019</td>
<td>01-Jan-2019</td>
<td>18-Apr-2024</td>
<td>9904</td>
<td>484</td>
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<td>1,890</td>
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<td>Cameroon</td>
<td>Humanitarian crisis (South-West &amp; South-West)</td>
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<td>01-Oct-2016</td>
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<td>3,400,000</td>
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<td>Ungraded</td>
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A coronavirus positivity rate varying between 20% and 60% was diagnosed among pilgrims returning to Senegal from the holy places of Islam.

The Ministry of Health of Togo has recorded 197 dengue fever cases since May 7, 2022. The cases were mainly reported in the Lomé health district and no deaths were recorded. This is the first reported dengue fever outbreak in Togo according to the International Health Regulations (IHR 2005).

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 Mosico. Of these, four were detected in children under five and six in the environment.

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

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 challenges. 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 Bouregnouel 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.
Confirmed cases of yellow fever were recorded for the following districts: Sangha-Mbaéré (1), Berbérati (1), Bambari (2), and Bossembélé (1). The number of confirmed cases and no deaths were reported in 2022. In 2023, 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 testing and one borderline case in Praia City, Santiago Island, Cabo Verde. The same day three more suspected cases were reported from the Central Hospital. As of 11 March 2024, a total of 992 suspected cases, including 543 confirmed cases and no deaths, were reported.

Hepatitis E outbreak has been confirmed in Vakaga prefecture, in the East of CAR. The hotspot is in Sikkédé health area. 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 died and was a Sudanese refugee. Four health areas reported cases: Sikkédé (21), Birao (2), Am Dafock (2) and Zinzir (2). Birao health area hosts around 25 000 Sudanese refugees.

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.

From 4 March 2022 to 26 November 2023, 35 confirmed cases of Mpox and one death have been reported in the country. Since the start of 2023, the country has reported 18 laboratory-confirmed cases, including one death.

Chad has recorded one new probable yellow fever case, which tested positive using the plaque reduction neutralization test (PRNT) in week 15, in the Vakaga health district. The case is domestically acquired, from Sangha-Mbaéré (1), Birbét (1), Bambari (1), 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.
As of 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.

654 deaths (CFR 4.5%) were reported.

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 147 deaths (CFR 1.0%) were reported.

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 1.4%) were 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.

Cholera outbreak is ongoing in Comoros since the first case was reported on 2 February 2024. As of 30 June 2024, a cumulative total of 10,142 cases were reported, with the majority of cases reported from Ndituzwani (8,942 cases), followed by Ngazidja (625 cases), and Mwali (575 cases). 147 deaths (CFR 1.4%) are also reported.

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

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

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%).

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.

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 Mpox.

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 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 Fanon 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.

The ongoing cholera outbreak in Ethiopia started since 27 August 2022. As of 14 June 2024, a total of 49,259 cases, 607 deaths (CFR 1.2%) are reported. This year from January a total of 18,023 cases and 132 deaths are reported.

The dengue outbreak that started in April 2023 in two districts (Logia and Mille) is still ongoing. As of 10 June 2024, a total of 27,577 cases with 21 deaths are reported. In 2024, 1,770 cases (1,762 confirmed) and zero death are reported.

For Ethiopia, since the outbreak of conflict in Sudan in mid-April 2023 through 5 May 2024, a total of 23,217 suspected cases, 21,854 confirmed and 57 deaths are reported (number of deaths revised).

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% (170,969) of total cases reported were confirmed with proportion of Plasmodium Falciparum with 63.1% and Plasmodium Vivax with 33.2%.

Lassa fever has been reported in the country from January 2022 through to the end of March 2024. Over the period, a cumulative of 468 cases of Lassa fever have been reported with 151 confirmed and 45 deaths (CFR 39%).

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.

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 29 cases per one million inhabitants. In response to this outbreak, a measles reactive campaign is scheduled for late 2024.

An outbreak of diphtheria has been reported in the Kankan region of Guinea since 4 July 2023. As of 9 April 2024, 517 suspected cases were reported from the Kankan, Faranah, Labé, Mamou, Conakry and N’Zérékoré regions, including 4,307 confirmed cases and 105 deaths. Of the confirmed cases, 28 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 is experiencing heavy rains and flash floods since mid-April 2024 resulting in loss of lives, property and disruption of services. A total of 41 Counties have been affected, with major flooding occurring in Nairobi, Kiambu and Machakos Counties. More than 314 people died, 188 were injured, 21 were missing, 58,641 people were displaced, and nearly 306,522 were affected across the country. Humanitarian partners are supporting the Government-led response to scale up relief efforts for the affected population.
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.

Kenya Cholera Grade 3 19-Oct-2022 05-Oct-2022 13-Jun-2024 12,521 79 1 0.00%

This is the second wave since the beginning of 2024. The outbreak affected three counties: Tana River (60), Lamu (18) and Saya (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 180.0 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 Mander. The most affected.

Kenya Poliomyelitis (cVDPV2) Grade 2 02-Aug-2022 25-Aug-2022 09-Oct-2024 10 8 0.00%

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

Since the measles outbreak started on 13 December 2021, there have been 13,711 suspected cases, 13,056 confirmed cases, and 93 deaths with CFR 0.7%, as of June 2, 2024. The highest affected is Montserrat with 5373 confirmed cases.

Madagascar Cyclone Cynane/Flood Grade 2 26-Feb-2024 05-Feb-2024 19-May-2024 95391 - 19 0.00%

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 facilities. Seven regions have been affected.

Madagascar Malnutrition crisis Protracted 01-Jul-2021 01-Jul-2021 17-Apr-2024 - - - -

The humanitarian situation in the Grand Sud remained fragile and is expected to deteriorate further, thus reversing the marginal gains made in 2023. Malnutrition rates are expected to reach IPC Phase 4 (Emergency) in Ikongo and Vakarika during the lean season. Nearly 196,000 children under the age of five may suffer from acute malnutrition from October 2023 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.

Madagascar Malaria Ungraded 28-Feb-2024 01-Jan-2024 17-May-2024 1531902 212 0.00%

Malagasy has been experiencing a malaria 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 28-Mar-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 03-Mar-2024 28-Mar-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%

Twenty-nine districts have reported cholera cases since March 2022 in the Machinga district. As of 30 April 2024, a cumulative total of 59,361 cases and 1,772 deaths (CFR 3.0%) have been reported since the onset of the outbreak.

Mali Humanitarian crisis (Sahel region) Protracted 2 11-Sep-2017 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 Denge Grade 3 12-Sep-2023 26-May-2024 4,605 614 4 0.10%

From 1 January to 26 May 2024, Mali reported 6,065 suspected cases of dengue including 614 confirmed cases and four deaths.


The humanitarian situation in the Hodh Chargui region (HEC) of Mauritania is becoming critical with the massive arrival 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.
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 mebendazole.

On 4 May 2024, the Ministry of Health and wellness of Mauritania notified the public of a rising incidence of leptospirosis cases in Mauritania 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.

Mauritius Measles Ungraded 07-Mar-2023 01-Jan-2024 12-May-2024 2,384 280 4 0.20%

Mauritius Dengue Grade 3 17-Dec-2023 17-Dec-2023 09-Jun-2024 8930 8930 29 0.30%

The index for the ongoing dengue outbreak in Mauritius was reported on 11 December 2023, as of 9 June 2024, a total of 8,930 cases and 29 deaths (CFR 0.3%) have been reported.

On 22 May 2024, the Government of Namibia declared a State of Emergency following the worst drought the country has experienced in 100 years. One in five Namibians is on the move due to the El Niño-induced drought and concurrent floods in Southern Africa, despite current efforts, necessitates more focused attention and proactive measures from governments and partners.

Mozambique Humanitarian crisis in Cabo Delgado Protracted 2 01-Jan-2020 12-Oct-2023 15-May-2024 2,000,000 2,000,000 - -

From 22 December 2022, 112,894 people have been displaced in Cabo Delgado due to NSAGs attacks, including 91,238 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 Zambias. 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.

Mozambique Tropical Storm Filipo Ungraded 11-Mar-2023 14-Mar-2024 02-Jul-2024 280 197 903 146

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 0.2%) 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. As of 23 June 2024, in 2024 alone there have been 8,024 cumulative cases, 18 deaths (CFR 0.2%). Epi week 25 saw a 33% decrease in cases and 0 deaths, with 3 out of 11 provinces (Maputo, Nampula, Sofala) reporting active outbreaks in the past month. However, all of 3 these provinces are experiencing downward trends in recent weeks.

Niger Measles Ungraded 05-Apr-2022 01-Jan-2024 11-May-2024 2,956 467 15 0.50%

On 22 May 224, the Government of Namibia declared a State of Emergency following the worst drought the country has experienced in 100 years. One in five Namibians is on the move due to the El Niño-induced drought and concurrent floods in Southern Africa, despite current efforts, necessitates more focused attention and proactive measures from governments and partners. It is crucial to mobilize funding to enhance prevention programs aimed at mitigating climate risks. Furthermore, targeted and effective interventions are required to alleviate the hardships and suffering of the populations, particularly in light of the exacerbating presence of disease outbreaks.

Niger Humanitarian crisis (Sahel region) Protracted 2 01-Feb-2015 01-Feb-2015 18-Apr-2024 4,300,000 4,300,000 0.00%

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 18 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%).

Niger Humanitarian crisis (Sahel region) Protracted 2 01-Feb-2015 01-Feb-2015 18-Apr-2024 4,300,000 4,300,000 0.00%

Mozambique Measles Ungraded 07-Jun-2023 01-Jan-2024 05-Jun-2024 39 6 0 0.00%

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.

Nigeria Diphtheria Ungraded 02-Mar-2023 07-Nov-2022 29-Aug-2023 0 0 0 0.00%

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 18 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%).

Niger Diphtheria Ungraded 02-Mar-2023 07-Nov-2022 29-Aug-2023 0 0 0 0.00%

Health Emergency Information and Risk Assessment
Niger continues to notify meningitis cases. From epidemiological week 1 to week 29, 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.

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.

Nigeria

<table>
<thead>
<tr>
<th>Region</th>
<th>Category</th>
<th>Start Date</th>
<th>End Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>10-Oct-2016</td>
<td>10-Oct-2016</td>
<td>21-Mar-2024</td>
<td>8,300,000</td>
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</table>

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

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<tbody>
<tr>
<td>Nigeria</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>01-Jan-2024</td>
<td>24-Mar-2024</td>
<td>559</td>
<td>7</td>
</tr>
</tbody>
</table>

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

Nigeria

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<tbody>
<tr>
<td>Nigeria</td>
<td>Dengue</td>
<td>Grade 3</td>
<td>01-Nov-2023</td>
<td>01-Jan-2023</td>
<td>24-Mar-2024</td>
<td>72</td>
</tr>
</tbody>
</table>

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 CFR of 18.1%. Confirmed cases were reported from 28 states and 125 LGAs. three out of 36 states (Edo, Ondo, and Bauchi) account for 65% of confirmed cases.

Nigeria

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<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>01-Apr-2024</td>
<td>01-Jan-2024</td>
<td>12-May-2024</td>
<td>8935</td>
</tr>
</tbody>
</table>

From 1 January to 12 May 2024, in Nigeria, 8935 suspected measles cases were reported, with 1141 confirmed cases, 3373 confirmed through epidemiological link, 70% are aged 0 – 10 years, followed by 11 – 20 years (20%), >30 years (6%), and 21 – 30 years (4%). 55.1% of the females and 44.9% of the males.

Nigeria

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<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jun-2018</td>
<td>01-Jan-2022</td>
<td>20-Mar-2024</td>
<td>139</td>
</tr>
</tbody>
</table>

Overall, since the re-emergence of Mpox in September 2017, 3771 suspected cases have been reported from 36 States and FCTs in the country. Of these 3771 suspected cases, 1086 (28.7%) were confirmed (with males predominantly affected) from 34 States and FCT. seventeen (17) deaths have been recorded since the re-emergence in 2017.

Nigeria

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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Unknown disease</td>
<td>Ungraded</td>
<td>20-Mar-2024</td>
<td>20-Mar-2024</td>
<td>22-Apr-2024</td>
<td>196</td>
</tr>
</tbody>
</table>

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.

Senegal

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>08-Jun-2023</td>
<td>01-Jan-2024</td>
<td>26-May-2024</td>
<td>7</td>
</tr>
</tbody>
</table>

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

Senegal

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</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>26-Mar-2024</td>
<td>22-Mar-2024</td>
<td>26-Apr-2024</td>
<td>3</td>
</tr>
</tbody>
</table>

On 22 March 2024, the Institut Pasteur in Dakar (IPD) confirmed a case of Crimean-Congo haemorrhagic fever (CCHF) in a 25-year-old male farmer. The patient, originally from the Guingane district, probably contracted the disease while working in the Ndofnafou district. Investigations are ongoing in all the areas visited by the patient. So far 11 samples collected from contacts at the Dakar hospital have tested negative. On 26 April 2024, WHO was informed of the confirmation of two additional CCHF cases in a 40-year-old male and a 25-year-old male from Pikine and Yeuubeul districts of Dakar respectively. Blood samples collected from the two male cases on 17 and 19 April 2024 respectively returned positive for CCHF on PCR on 25 April 2024. PCR testing returned negative for yellow fever, dengue, RVF, west nile, chikungunya, and zika. Both cases are alive. In-depth investigations are ongoing.

Senegal

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</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Dengue</td>
<td>Grade 3</td>
<td>14-Nov-2022</td>
<td>31-Jan-2023</td>
<td>12-May-2024</td>
<td>23</td>
</tr>
</tbody>
</table>

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

#### Flood

- **Grade**: Ungraded
- **Dates**: 04-Jun-2024 to 10-Jun-2024
- **Cases**: 0
- **Deaths**: 22

**Note**: From 1 to 3 June 2024, heavy rainfall, strong winds, and snowfall affected the Eastern Cape and KwaZulu-Natal provinces, 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.

#### Cholera

- **Grade**: Grade 3
- **Dates**: 20-Jan-2024 to 10-Jun-2024
- **Cases**: 155
- **Deaths**: 12
- **比例**: 0.00%

**Note**: 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.

#### Mpox

- **Grade**: Protracted
- **Dates**: 15-May-2024 to 25-Jun-2024
- **Cases**: 16
- **Deaths**: 3
- **比例**: 18.80%

**Note**: Through IHR notification from South Africa, WHO received a report of one laboratory confirmed mpox case from Johannesburg. This case was confirmed after initial testing by Lancet Laboratory on 9 May 2024. As of 25 June 2024, 16 (8 from KwaZulu Natal; 7 from Gauteng; and 1 from Western Cape Province) mpox cases have been reported in South Africa with three deaths.

### South Sudan

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

- **Grade**: Grade 3
- **Dates**: 18-Dec-2020 to 05-Apr-2021
- **Cases**: 1
- **Deaths**: 1

**Note**: 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.

#### Humanitarian crisis

- **Grade**: Protracted 3
- **Dates**: 15-Aug-2016 to 10-May-2024
- **Cases**: 68

**Note**: The humanitarian situation in South Sudan remains concerning with increasing needs and number of people requiring assistance. The influx of refugees and returnees due to Sudan crisis still ongoing with about 658,021 arrivals from Sudan since April 2023, mostly returnees. In April 2024, humanitarian partners called on the Government for the urgent removal of recently imposed taxes and charges as more than 60,000 people have already been affected after the United Nations was forced to pause life-saving airdrops of food assistance as fuel runs low. This number will increase to 145,000 by the end of May, should the measures remain in place.

#### Impact of Sudan crisis in South Sudan

- **Grade**: Grade 3
- **Dates**: 15-Apr-2023 to 10-May-2024
- **Cases**: 1
- **Deaths**: 1

**Note**: In South Sudan, as of 5 May 2024, a total of 658,021 individuals have arrived from Sudan due to the ongoing conflict, of which 518,348 are returnees, 136,356 Sudanese refugees and 3,317 other nationalities refugees. These individuals have entered South Sudan via Abyei Administrative area, Northern Bahr al Ghazal, Unity, Upper Nile and Western Bahr al Ghazal.

#### Hepatitis E

- **Grade**: Ungraded
- **Dates**: 03-Jan-2018 to 19-May-2024
- **Cases**: 68

**Note**: 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 n Fangak county 643 cases, with 22 reported deaths since the outbreak began in week 2 of 2023, in Rubkona county, since the outbreak began in 2018, 5,489 cases and 27 deaths have been reported; in Western Bahr El-Ghazal State, a total of 501 cases were reported, with 19 resulting in fatalities.

#### Measles

- **Grade**: Ungraded
- **Dates**: 23-Feb-2022 to 19-May-2024
- **Cases**: 2,407
- **Deaths**: 2,286

**Note**: In 2024, the cumulative total of suspected measles cases from week 1 to week 20 is 2,407 of which, 164 (6.8%) were lab-confirmed, 772 (32.1%) epi-linked and 1,350 (56.1%) clinically compatible. About 66% (1,604 out of 2,407) of all cases were in children under five years old, and only 23% of those cases involved children who had 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.

#### Polio (cVDPV2)

- **Grade**: Grade 2
- **Dates**: 26-Feb-2024 to 19-Jun-2024
- **Cases**: 9

**Note**: According to the Global Polio Eradication Initiative (GPEI), one cVDPV2 case was reported in Jonglei. There are six cases reported this year and three cases reported last year.

#### Yellow fever

- **Grade**: Ungraded
- **Dates**: 24-Dec-2023 to 19-May-2024
- **Cases**: 124
- **Deaths**: 3

**Note**: In Week 20, 2024 (ending 19 May), two additional suspected cases were reported from Maridi, giving a cumulative total of 124 Yellow Fever suspected cases (121 suspected and three confirmed) and six deaths. Seven counties in Western Equatoria state are affected: Yambio (64), Tambura (26), Nzara (11), Ezo (13), Ibba (3), Maridi (3), and Mvolo (3) Counties.

### Senegal

#### Measles

- **Grade**: Ungraded
- **Dates**: 04-Jul-2022 to 26-May-2024
- **Cases**: 252
- **Deaths**: 0

**Note**: Between 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.

### Senegal

**Note**: Since November 2023, Tanzania has been experiencing heavy rains caused by an intense El Niño and Indian Ocean dipole system. The rains have continued into 2024, subsequently, severe floods and mudslides have occurred in several regions in April, including the devastating Rufiji and Kibiti floods in Pwani region. Other affected regions include Morogoro, Kilimanjaro, Arusha, Katavi, Kigoma, and Mara. On 25 April, the Prime Minister announced that the rains and floods since January had left 155 dead and 236 injured and affected 200,000 people and 51,000 households.

### Senegal

**Note**: 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.

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.

Togo Measles Ungraded 14-Mar-2024 14-Mar-2024 16-Jun-2024 628 199 1 0.20%

Uganda Food insecurity (Horn of Africa crisis) Grade 3 17-Feb-2022 01-Jan-2022 12-Jun-2024 - - - -

As of 2 June 2024, the Crimean-Congo Hemorrhagic fever (CCHF) outbreak is still active in Kiruhura and Kasese districts with 16 cases, four confirmed and three deaths since 1 March 2024. The outbreak was controlled in Ntungamo (five cases: four confirmed and one death) and Sheema (two confirmed and two deaths) districts.

Uganda Anthrax Grade 2 13-Jun-2024 04-Jun-2024 04-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 12 June 2024.

Uganda Cholera Grade 3 13-May-2024 11-May-2024 26-May-2024 57 15 4 7.00%

The cholera outbreak in Kyotera district is still ongoing since 5 May 2024. As of 26 May 2024, a total of 57 cases, 15 confirmed, and four deaths are reported.

Uganda Crimean-Congo haemorrhagic fever (CCHF) Ungraded 12-Feb-2022 24-Apr-2024 02-Jun-2024 16 4 3 18.80%

As of 2 June 2024, the Crimean-Congo Hemorrhagic fever (CCHF) outbreak is still active in Kiruhura and Kasese districts with 16 cases, four confirmed and three deaths reported. The outbreak started on 24 April 2024 in Kiruhura and 30 May in Kasese.

Uganda Measles Ungraded 04-Oct-2023 05-Mar-2024 12-Jun-2024 121 12 4 3.30%

As of 2 June 2024 (week 22), the measles outbreak is ongoing in the following districts: Kukumiro (96 cases, six confirmed and three deaths); Kiboga (25 cases, three confirmed and one death); the measles outbreak in Kagadi was controlled. Cumulatively, 121 cases, nine confirmed and four deaths are reported from the two districts experiencing the outbreak.

Uganda Rift Valley Fever (RVF) Ungraded 24-May-2024 23-Feb-2024 02-Jun-2024 14 7 2 14.30%

As of 2 June 2024 (week 22), only one district of Mbarara is experiencing Rift Valley Fever outbreak (RVF) with a cumulative number of 14 cases, seven confirmed and two deaths since 1 March 2024. The outbreak was controlled in Ntungamo (five cases: four confirmed and one death) and Sheema (two confirmed and two deaths) districts.

Zambia Drought/food insecurity Ungraded 08-Mar-2024 15-Jan-2024 27-May-2024 - - - -

On 29 February 2024, the Zambia President declared the drought the country is currently facing a national disaster and emergency as it had devastated food production and power generation and the country struggles to recover a recent cholera outbreak. As of 27 May 2024, 84 out of the 116 districts in Zambia are affected by the drought. According to a recent rapid assessment and the President’s Drought Response Appeal on 16 April 2024, nearly 6.6 million people are now in urgent need of humanitarian assistance. Moreover, the Integrated Food Security Phase Classification (IPC) report released in November 2023 projected that Zambia would have more than 2 million people at IPC Phase 3 or above by March 2024. It is also projected that the drought will lead to a power deficit and affect ground and surface water levels, with severe consequences for sectors beyond agriculture, as more than 80% of Zambia’s electricity generation comes from hydropower.

Zambia Cholera Grade 3 24-Jan-2023 20-Jan-2023 12-May-2024 23,238 23,238 740 3.20%

The current cholera outbreak started with Lusaka Province confirming cases in the cholera-prone areas (peri-urban). From October 2023 to 6 May, 2024, nine provinces have reported cases of cholera in seven provinces confirming cholera outbreaks. A total of 40 districts have confirmed local transmission. Cumulative cases stand at 23,221 with 740 deaths (CFR 3.2%).

Zambia Measles Ungraded 13-Jun-2022 13-Jun-2022 24-Jun-2024 3,647 158 0.00%

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.

Zimbabwe Drought/food insecurity Ungraded 5-Apr-2024 5-Apr-2024 20-May-2024 - - - -

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

Zimbabwe Anthrax Grade 2 13-Nov-2023 14-Nov-2023 5-May-2024 784 1 0.10%

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.

Zimbabwe Cholera Grade 3 12-Feb-2023 12-Feb-2023 30-Jun-2024 34,549 4,217 718 2.10%

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 34,549 cholera cases with 718 deaths (CFR 2.0%) as of 30 June 2024. The outbreak has now spread to more than the 17 traditional cholera hotspot districts.

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

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.