Overview

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

- Diphtheria in Guinea
- Humanitarian Crisis in South Sudan
- Cyclone Gamane in Madagascar

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 South Sudan remains concerning with increasing needs and the number of people requiring assistance. The influx of refugees and returnees due to the Sudan crisis is still ongoing, and the country now has the most number of people fleeing conflict in Sudan compared to other Sudan’s neighbouring countries. Food insecurity and malnutrition, floods, disease outbreaks, and limited access to health, hygiene, and sanitation services are further complicating the situation of the country’s vulnerable people. Furthermore, intercommunal violence and armed attacks continue to be reported in the country, triggering population displacements.
Diphtheria

EVENT DESCRIPTION

The diphtheria outbreak in Guinea is ongoing, with a general decreasing trend in the number of new cases reported. In epidemiological week 27 (week ending 6 July 2024), a total of 80 suspected cases, including five deaths (CFR 7.0%), were reported across seven districts: Siguiri 76.3% (n=61), Kankan 7.5% (n=6), Mandiana 6.3% (n=5), Dinguiraye 3.8% (n=3), Conacry 2.5% (n=2), Dalaba 2.5% (n=2) and Forecariah 1.3% (n=1). Of the 80 suspected cases, 71 were confirmed positive, including 67 clinically compatible cases and four laboratory-confirmed cases.

Cumulatively, from epidemiological week 12 to 27, a total of 5,986 suspected cases, including 133 deaths (CFR 2.2%), were reported across seven regions: Kankan 95% (n=5,734), Mamou 2.0% (n=122), Conakry 1.0% (n=60), Faranah 0.5% (n=33), Kindia 0.3% (n=23), Labé 0.1% (n=13), and N’Nzérékoré 0.01% (n=1). The Kankan region in Siguiri health district remains the epicenter of this outbreak, with the highest reported cases (n=5,734). Of the 5,986 reported cases, 5,559 (96%) were classified as clinically compatible, 82 (1.47%) were confirmed in the laboratory, and 109 (1.96%) were confirmed by epidemiological link.

The age group between 6 and 10 is the most affected, accounting for 23.0% (n=1,205) of all reported cases. This is followed by the age group between 11 and 15, representing 19.0% (n=1,304), and then the age group between 0 and 5, with 17.0% of all cases. Females make up 9.0% of all reported cases. Since the beginning of the outbreak (week 12), 32,154 contacts of confirmed cases have been identified and followed up.

PUBLIC HEALTH ACTIONS

- The WHO supports the Ministry of Health in conducting vaccination campaigns against diphtheria in affected regions. Since the beginning of the outbreak, 204,801 people have been vaccinated with Pentavalent and TD vaccines in the Siguiri health district. WHO received funds from ECHO to support diphtheria response activities in Guinea.
- Coordination meetings, including Incident Management team meetings, are held regularly.
- The Ministry of Health, in collaboration with WHO and other health partners, is conducting surveillance activities, including investigations of suspected diphtheria cases, contact tracing, and follow-up.
- Ongoing infection prevention and control activities include briefings targeting healthcare workers to minimize nosocomial transmission.

SITUATION INTERPRETATION

Although the diphtheria outbreak situation in Guinea is improving, additional efforts are required to reinforce the surveillance system in the affected and neighbouring regions to ensure no cases are missed. Furthermore, it is essential to accelerate vaccination campaigns in the most affected areas to halt the transmission chain of the current outbreak. Infection prevention and control measures should also be strengthened to prevent nosocomial transmission. Enhancing clinical case management is critical to reduce mortality. Reinforcing risk communication activities within the community is crucial to ensure affected children are brought to the hospital promptly.
Distribution of cumulative cases of diphtheria in Guinea by region, as of week 27, 2024
South Sudan

Humanitarian Situation

EVENT DESCRIPTION
South Sudan, which gained its independence from Sudan on 9 July 2011, is the youngest country in the world. Since then, the country has faced recurrent crises, including manmade and natural disasters, making it one of the most concerning protracted humanitarian settings worldwide. This year, it is estimated that 9 million people need humanitarian assistance, including 6.3 million for health needs and 2 million internally displaced people.

Concerning manmade crises, the country has been embroiled in internal conflicts since its independence. South Sudan has experienced internal conflicts continuously since gaining independence. These conflicts have resulted in extensive displacements, disrupted livelihoods, and severe food insecurity and malnutrition throughout the country. This year, South Sudan ranks 161st out of 163 countries on the 2024 Global Peace Index, indicating significant internal conflict and low peace levels.

In June 2024, there were reports of inter-communal violence occurring in many parts of the country. Armed youth from Guit, Rubkona and Mayom counties carried out attacks in Aliny payam in Pariang County within the Ruweng Administrative Area. These incidents displaced an unconfirmed number of people and disrupted humanitarian efforts in the area.

On the natural disaster side, South Sudan faces ongoing risks from various hazards, including floods, which lead to food insecurity and malnutrition for its population. South Sudan anticipates the most severe flooding in the last 60 years. From June - September 2024, the southern parts of the Country are expected to experience unusually wet conditions, with anticipated floods affecting more people.

The anticipated main health threats include the risk of cholera and other water-borne diseases, malaria, trauma and injury, measles, food insecurity and malnutrition, Hepatitis E, and maternal and child health, among others. Among the people affected by the floods, there are several already vulnerable segments of the population at high risk due to their displacement, notably pregnant women, children under five and the elderly.

In June, torrential rains caused floods and affected people in the country. In Tonj North County in Warrap State, an estimated 6,000 people were reportedly affected, with some crops destroyed. In Juba County, Central Equatoria State, heavy rains caused flash floods in Luri payam and Juba Block, affecting over 1,000 people.

Reportedly, during the first half of 2024, an estimated 7.1 million people experienced high levels of food insecurity (Integrated Food Security Phase Classification/IPC Phase 3 or above) – an increase of more than 20% compared to the same period in 2023.

Regarding the impact of the ongoing Sudan conflict crisis, as of 30 June, more than 720,000 people had crossed into South Sudan, with over 560,000 being South Sudanese. The country is now leading in the number of people fleeing conflict in Sudan compared to Sudan’s neighbouring countries.

PUBLIC HEALTH ACTIONS
- The 2024 Humanitarian response plan for South Sudan targeting at least 6 million vulnerable people is under implementation. Support for health needs is provided through at least 58 Health Cluster partners under WHO and the Ministry of Health coordination.
- South Sudan’s humanitarian community also developed a two-year strategy (2024-2025) for humanitarian action that ensures vulnerable crises-affected people are supported and empowered through innovative, inclusive, and solution-oriented responses.

SITUATION INTERPRETATION
South Sudan remains a fragile country requiring support in almost all sectors from the international community, given its vulnerability to natural and manmade disasters. For instance, regarding the health sector, only 34.0% of the population have access to Universal Healthcare and 70.0% lack basic healthcare services. The health worker to population ratio is 22 per 10,000 (with an estimated doctor–population ratio of 0.15 per 10,000 populations; and the midwife/nurse–population ratio is 0.2 per 10,000. This reflects a grossly inadequate health workforce for the country. In 2024, the humanitarian response plan needs US $1.8 billion to reach 6 million of the most vulnerable people; however, as of 10 June 2024, only 18% of the needed funding has been covered.
**Humanitarian Crisis**

**EVENT DESCRIPTION**

Cyclone GAMANE occurred in Madagascar during Week 13 of 2024, bringing severe devastation to 19 districts in seven regions: Analanjirofo, Diana, Atsinanana, Sava, Anosy, Atsimo Atsinanana, and Fitovinany. The human toll was substantial, with 19 fatalities, four missing persons, and numerous injuries. Approximately 95,391 individuals were affected, and 27,918 people were displaced from 7,496 households. The cyclone and subsequent floods inundated 20,583 houses and destroyed 779 homes, leaving thousands of families homeless and in urgent need of shelter and reconstruction support.

Furthermore, the agricultural sector suffered significantly, with 2,236 hectares of rice flooded, posing a serious threat to food security and livelihoods in the affected regions. The health infrastructure also faced extensive damage, with 55 health facilities, including District Reference Hospitals and Basic Health Centers, which hindered the delivery of essential health services. The public health crisis was further affected by increased incidences of diarrhoea and malaria, with over 2,077,476 malaria cases and 285 related deaths reported since the beginning of the year.

The widespread destruction, displacement, and health impacts have presented significant challenges for humanitarian response and recovery efforts in Madagascar.

According to Country reports, from weeks 14 to 26, 2024, nearly 72,000 people sought medical care in the three districts (Sambava, Antalaha, Vohémar) of Sava region. Among them, 56.0% presented with fever, 24.0% with malaria, and 10.0% with respiratory diseases. Additionally, 58 cases of Moderate Acute Malnutrition (MAM) and 41 cases of severe acute malnutrition (SAM) were identified. During the same reporting period, 31,000 new medical consultations were recorded in Ambilobe district in Diana region. Fever and respiratory diseases predominated, affecting 45.0% and 19.0% of cases, respectively. Since week 14, there has been a progressively increasing trend in new consultations up to week 22, with a peak observed, followed by a slight decrease and then a stable evolution over the past three weeks (weeks 24 to 26).

**SITUATION INTERPRETATION**

Cyclone Gamane in Madagascar caused widespread devastation, displacing thousands and severely damaging infrastructure and agricultural lands. Due to compromised health and sanitation facilities, health risks such as increased diarrhoeal and malaria cases became difficult to control. The scale of destruction hinders ongoing effective response efforts, emphasizing the urgent need for sustained support and robust disaster preparedness strategies to strengthen community resilience against future disasters.

**PUBLIC HEALTH ACTIONS**

- Madagascar Ministry of Public Health, with support from WHO, has played a critical role in coordinating the public health response through the Incident Management System and health cluster meetings at both national and regional levels. They have further developed the 2024 annual work plan for disaster preparedness actions and post-Gamane evaluations for the health sector.

- Surveillance efforts have been enhanced in cyclone-affected districts, including implementing guidelines and rapid diagnostic tests for Cholera and other suspected cases of diarrhoea.

- Technical training sessions have been conducted for Public Health Emergency Operations Centre members in Analanjirofo, Atsinanana, Diana, and Sava regions.

- Essential medical supplies were distributed to priority areas based on assessed needs and availability.

- The Madagascar Ministry of Public Health, with support from WHO, conducted vaccination campaigns targeting children and women in the affected districts, ensuring that critical immunization services continued despite the disruptions caused by the cyclone.

- Risk communication and community engagement activities were conducted in priority areas. These efforts included raising awareness about natural disaster risks, developing a guide for managing pandemic influenza rumours, and designing a multisectoral communication strategy for pandemic preparedness and health service delivery.
**Integrated Disease Surveillance and Response**

**Weekly data submission report**

Health Emergency Information Management & Risk Assessment Programme

**Update on Reporting - Epidemiological Week 27: 01 – 07 July, 2024**

Point du rapportage hebdomadaire – Semaine 27: 01 – 07 juillet 2024

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

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

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

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Emergency Preparedness and Response, WHO Regional Office for Africa

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<tr>
<th>All regions and countries</th>
<th>01-Jul-2024</th>
<th>08-Jul-2024</th>
<th>15-Jul-2024</th>
<th>22-Jul-2024</th>
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<tbody>
<tr>
<td>Africa</td>
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Reminder: Upcoming deadlines for weekly data submission

Rappel: Dates limites prochaines de soumission des données hebdomadaires

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<tr>
<th>Week 27</th>
<th>Week 28</th>
<th>Week 29</th>
<th>Week 30</th>
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<td>08-Jul-2024</td>
<td>15-Jul-2024</td>
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<tr>
<td>Deadline / Date limite</td>
<td>10-Jul-2024</td>
<td>17-Jul-2024</td>
<td>24-Jul-2024</td>
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### New Events

#### Benin

**Measles outbreak** in ongoing in Benin, from week 1 through week 25, 2024 (ending 23 June), a total of 728 suspected cases of measles, including 288 confirmed IgM+ cases, 33 clinical compatible are reported with the incidence rate of 24.9 per 1 million population.

#### Côte d'Ivoire

**Measles outbreak** in ongoing in Côte d'Ivoire, from week 1 through week 25, 2024 (ending 23 June), a total of 5 617 suspected cases of measles were reported, including 678 confirmed IgM+ cases and 4 080 clinically compatible. The incidence rate is 146 per 1 million population.

#### Guinea

**Measles outbreak** in ongoing in Guinea, from week 1 through week 25, 2024 (ending 23 June), a total of 1 076 suspected measles cases were recorded including 247 confirmed cases. Seven deaths recorded in the regions of Conakry (1), Kindia (1) and N. Zérékoré (5). The incidence rate per 1 million population is 31.1.

#### Rwanda

**Malaria** outbreak is ongoing in Rwanda, from 1 January to 12 February 2024, 34 deaths were reported in five health districts.

#### Angola

**Poliomyelitis (cVDPV2)** outbreak is ongoing in Angola, from week 1 through week 4, 2024 (ending 26 May), 93 total cases are reported, 8 with PCR confirmed. The median age of the cases is 22 and women represent 47.39% of the cases. Forty-six (48.46%) of the 93 suspected cases are internally displaced persons. No case reported among pregnant women.

### Ongoing Events

#### Burkina Faso

**Humanitarian crisis (Sahel Region)** 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 5 478 schools closed. The situation remains fluid.

**Hepatitis E** outbreak is ongoing in Burkina Faso, from 4 January to 1 June 2024, a total of 9 904 suspected cases of hepatitis E were reported from the Kaya health district of the North central region. Eight out of 63 samples tested positive for hepatitis E by PCR. The median age of the cases is 22 and women represent 47.39% of the cases. Forty-six (48.46%) of the 93 suspected cases are internally displaced persons. No case reported among pregnant women.

**Measles outbreak** in ongoing in Burkina Faso, from week 1 through week 25, 2024 (ending 23 June), a total of 9 904 suspected measles cases, resulting in 46 deaths, were recorded. This downward trend is observed in all nine health districts that conducted the anticipated reactive campaign. Currently only four health districts have active outbreaks of measles.

#### Burundi

The security situation in the provinces of Luanda, Huambo, Lunda Norte and Mexico. Of these, four were detected in children under five and six in the environment.

**Flood** outbreak is ongoing in Burundi, from 1 Sep 2023 to 26 Apr 2024, a total of 10 373 people have been affected and more than 11 300 have been displaced. A total of 175 people have been injured and 29 deaths have been recorded. Since the beginning of the rainy season in September 2023, Burundi has been affected by heavy rains, floods and landslides, exacerbated by the El Niño phenomenon. As of 26 April 2024, more than 237 000 people have been affected and more than 42 000 are internally displaced. A total of 175 people have been injured and 29 deaths have been recorded. From January to mid-April 2024, more than 179, 200 people have been affected and more than 31 200 have been displaced. The most affected health districts are located in the western part of the country, including Cibitoke, Bubanza, Rumonge, Makamba and Bujumbura.

**Cholera** outbreak is ongoing in Burundi, from 1 Jan 2023 to 1 Jan 2019, a total of 8 900 cases, 11 deaths (CFR 0.6%) , have already been reported since the start of the outbreak.

**Measles** outbreak is ongoing in Burundi, from 15 Feb 2021 to 1 Jan 2019, a total of 175 people have been injured and 29 deaths have been recorded. Since the beginning of the rainy season in September 2023, Burundi has been affected by heavy rains, floods and landslides, exacerbated by the El Niño phenomenon. As of 26 April 2024, more than 237 000 people have been affected and more than 42 000 are internally displaced. A total of 175 people have been injured and 29 deaths have been recorded. From January to mid-April 2024, more than 179, 200 people have been affected and more than 31 200 have been displaced. The most affected health districts are located in the western part of the country, including Cibitoke, Bubanza, Rumonge, Makamba and Bujumbura.

#### Cameroon

**Humanitarian crisis (North-West & South-West)** outbreak in ongoing in Cameroon, from week 1 through week 25, 2024 (ending 23 June), a total of 3,400,000 cases, 0 confirmed cases, and 0 deaths have been reported in the 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.

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**Go to overview**

**Go to map of the outbreaks**
### Cameroon

#### Yellow Fever
- **Ungraded**
- **12-Jun-2023** to **1-Jan-2023**
- **21-Apr-2024**
- **11** confirmed, **5** probable cases
- **8.50%**

#### Mpox
- **Protracted**
- **2** cases
- **3-Mar-2022** to **4-Mar-2022**
- **26-Nov-2023**
- **35** confirmed, **35** reported
- **2.90%**

#### Measles
- **Ungraded**
- **13-Mar-2022** to **1-Jan-2023**
- **26-Nov-2023**
- **3,027** suspected, **1,145** confirmed, **4** deaths
- **0.10%**

#### Measles
- **Ungraded**
- **2-Apr-2019** to **31-Mar-2024**
- **645** confirmed, **232** probable, **104** deaths
- **16.10%**

#### Meningitis
- **Ungraded**
- **27-Mar-2024** to **22-Mar-2024**
- **26-Apr-2024**
- **64** cases
- **15.60%**

#### Poliomyelitis
- **Protracted**
- **10-Dec-2013** to **27-Jun-2017**
- **13-Feb-2024**
- **6,100,000** to **2,800,000** cases
- **-**

#### Polio
- **Ungraded**
- **24-Feb-2022** to **4-Apr-2022**
- **20-Nov-2023** to **10-Mar-2023**
- **45** to **45** cases
- **0.00%**

#### Hepatitis E
- **Ungraded**
- **13-Jun-2024** to **14-Apr-2024**
- **2-Jun-2024**
- **27** cases
- **11.10%**

### Cape Verde

#### Dengue
- **Grade 3**
- **6-Nov-2023** to **24-Mar-2024**
- **992** confirmed, **543** reported
- **0.00%**

### Central African Republic

#### Humanitarian crisis
- **Ungraded**
- **11-Dec-2013** to **5-Jun-2024**
- **6,100,000** to **2,800,000** cases
- **-**

#### Measles
- **Ungraded**
- **13-Mar-2022** to **1-Jan-2023**
- **26-Nov-2023**
- **3,027** cases
- **1,145** confirmed
- **4** deaths
- **0.10%**

#### Measles
- **Ungraded**
- **1-1-May-2023** to **10-May-2024**
- **-**

#### Meningitis
- **Ungraded**
- **27-Mar-2024** to **22-Mar-2024**
- **26-Apr-2024**
- **64** cases
- **5** deaths
- **10** deaths
- **15.60%**

#### Yellow Fever
- **Ungraded**
- **12-Jun-2023** to **1-Jan-2023**
- **21-Apr-2024**
- **11** cases
- **5** deaths
- **0.00%**

### Chad

#### Yellow Fever
- **Ungraded**
- **12-Jun-2023** to **1-Jan-2023**
- **21-Apr-2024**
- **11** cases
- **5** deaths
- **0.00%**

Chad has recorded one new probable yellow fever case, which tested positive using the plaque reduction neutralization test (PRNT) in week 15, in the Vakaga health district, bringing the total number of probable cases in 2024 to six. Other probable cases for the year have been reported in the Mbaïki and Kémo health districts. In 2023, five confirmed cases of yellow fever were recorded for the following districts: Sangha-Mbaïre (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

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Type</th>
<th>Grade</th>
<th>Dates</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Poliomyelitis Type 1 (cVDPV1)</td>
<td>Protracted</td>
<td>21-Mar-2023</td>
<td>1-Mar-2024</td>
<td>687,825 cases, 19 deaths, in health districts of Moissala, Guelo, and Kouloudia.</td>
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<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-2015</td>
<td>1-Jan-2024</td>
<td>13,360 cases, 1,571 deaths, in health districts of Moissala, Guelo, and Kouloudia.</td>
</tr>
<tr>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>17-Feb-2024</td>
<td>2-Jan-2024</td>
<td>2,092 cases, 36 deaths, in health districts of Moissala, Guelo, and Kouloudia.</td>
</tr>
<tr>
<td>Measles</td>
<td>Grade 3</td>
<td>15-Apr-2023</td>
<td>10-May-2024</td>
<td>588,825 cases, 791 deaths, in health districts of Moissala, Guelo, and Kouloudia.</td>
</tr>
</tbody>
</table>

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 children (68%), and 14% are persons with special needs.

From 2 January to 5 May 2024, a total of 10,791 suspected measles cases, including 18 deaths (CFR 0.3%) were reported from two health districts of the Ouaddai province (Adré and Hadjer-Hadid). Thirty-six (36) cases were laboratory-confirmed by RT-PCR at Institut Pasteur de Dakar between 19 March and 1 May 2024. The most affected age-groups are 6-17 years (111 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.

Since the beginning of this year, an ongoing measles outbreak in Chad affecting three districts of Etoumi, (25 confirmed cases: 10 laboratory confirmed and 15 epidemiological link) and Imfondo (12 confirmed cases: seven through laboratory and five by epidemiological link).

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 Tanganyka 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 Tanganyka 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 Tanganyka 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 Tanganyka 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. Currently, there are multiple outbreaks like, cholera, measles and Mpox.

### Democratic Republic of the Congo

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Type</th>
<th>Grade</th>
<th>Dates</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-2021</td>
<td>1-Jan-2024</td>
<td>30,144 cases, 1,178 deaths, in health districts of Moissala, Guelo, and Kouloudia.</td>
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</tbody>
</table>

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

In 2023, a total of 311,500 suspected measles cases and 5,799 deaths were reported. This year, from week 1 through week 11 (ending 17 March), a total of 30,144 cases, 1,178 confirmed and 791 deaths are reported so far; 18 out of 26 provinces have reported confirmed measles outbreaks since the beginning of the year.
In 2024, cumulatively from week 1 through week 16 (ending 21 April 2024), a total of 5,768 cases, 632 confirmed and 332 deaths (CFR 5.8%) have been reported in DRC; 19 out of 26 Provinces (73%) and 143 out of 519 health zones (28%) have reported at least one suspected case of mpox in 2024. In 2023, a total of 14,626 mpox cases and 654 deaths (CFR 4.5%) were reported.

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

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.

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, Sidaama, 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 Wajir/Hiraam Zone of Amhara Region indicating concerning levels of acute malnutrition in the Alert to Critical range.

In Ethiopia, 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 2023, a total of 177,561 cases and 409 deaths were reported.

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.

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, a total of 177,561 cases, 490 deaths were 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 %.

Measles outbreak is still ongoing in Ethiopia. In 2024, as of week 23 (ending 9 June), 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, a total of 177,561 cases, 490 deaths were 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 %.

Measles outbreak is still ongoing in Ethiopia. In 2024, from week 1 through week 25 (ending 23 June) a total of 24,672 cases and 200 deaths were reported. Currently, there are active measles outbreaks in 38 woredas across Oromia, Amhara, South Ethiopia, Sidaama and Gambella Regions.

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 January 2024 to April 2024, Ghana reported 350 confirmed measles cases across 14 of its 16 regions, with the highest number in the Northeast Region (61 cases). The majority of cases (61.4%) were in children aged 5 years or younger. Laboratory testing revealed various IgM positive cases, including 40 in Ashanti and 20 in Greater Accra. Males constituted 54% of the cases. Despite the widespread distribution, no measles-related deaths occurred.
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, Mammou, Conakry 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 Sigiuri 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.

Since 1 January to 26 May 2024, Mali reported 4,605 suspected cases of dengue including 614 confirmed cases and four deaths. The highest affected is Montserrado with 5,373 confirmed cases. This is the second wave since the beginning of 2024 - where there have been 392 cumulative cases and 3 deaths in 2024. Overall since the start of the outbreak, there have been 12,624 cases and 208 deaths with a CFR of 1.6%. The outbreak is affecting 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 19.0 per 100,000, and the Garsen sub-county attack rate is 40.7 per 100,000.

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 Manderu, since early 2024. A total of 1,543 cases with 11 deaths (CFR 0.8%) have been reported.

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

From 6 January 2022, to 30 May 2024, a cumulative total of 466 cases of Lassa Fever have been reported with 151 confirmed and 45 deaths (CFR 39%).

Since the measles outbreak started on 13 December 2021, there have been 13,711 suspected cases, 13,056 confirmed cases, and 95 deaths with CFR 0.7%, as of June 2, 2024. The highest affected is Montserrat with 7,537 confirmed cases.

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.

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.

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

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

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 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.

From 1 January to 26 May 2024, Mali reported 4,605 suspected cases of dengue including 614 confirmed cases and four deaths.
Between 1 January and 26 May 2024, 493 suspected cases of measles were reported, with 277 confirmed cases. During the same period in 2023, there were 288 confirmed cases, representing a 4% decrease in 2024 compared to the previous year.

Mauritania: Influx of refugees from Mali (Sahel region)

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 Bassikniou district. According to UNHCR data, over 40% are outside the formal camp system, many with livestock, putting pressure on natural resources (such as water and grazing land) and basic social services. Both displaced populations and host communities require protection, shelter, clean water, hygiene and sanitation facilities, as well as healthcare for their well-being.

Mauritania: Measles
Ungraded 7-Mar-2023 1-Jan-2024 12-May-2024 2,384 280 4 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 26 May to 6 June 2024, targeting 1,943,636 children aged nine months to 14 years. This campaign will also incorporate the distribution of vitamin A and mebendazole.

Mauritius: Dengue
Grade 3 17-Dec-2023 17-Dec-2023 9-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.

Mauritius: Leptospirosis
Ungraded 10-May-2024 1-Jan-2024 9-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.

Mozambique: Humanitarian crisis in Cabo Delgado
Protracted 2 1-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 91,239 farmers who abandoned their lands during harvest season. Children, women, and men comprise 62%, 23%, and 15% of the displaced. Food aid reached over 64,000 individuals, and 24,000 received shelter. By 5 March 2024, 154 children were missing, and 182 were unaccompanied. As of 15 May 2024, eight out of eleven provinces and at least 22 districts have reported cholera cases, with a cumulative total of 15,386 cases. The highest number of cases were reported from the provinces of Nampula, Tete, Cabo Delgado, and Zambezia. Additionally, there was a concentrative outbreak affecting 1,225 people, with schools disrupted.

Mozambique: Tropical Storm Filipo
Ungraded 11-Mar-2024 14-Mar-2024 2-Jul-2024 2800 197,903 146 -

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.

Namibia: Drought
Ungraded 31-May-2024 22-May-2024 22-May-2024 - - -

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 still recovering from Freddy cyclone.

Namibia: Cholera
Grade 3 18-Apr-2024 12-Oct-2023 23-Jun-2024 48,181 48,181 174 0.00%

The current cholera outbreak in the country began in Niassa province on 14 September 2022. As of 23 June 2024, there have been 8,024 cumulative cases in 2024 alone, including 18 deaths (CFR 0.2%). Epi week 25 saw a 33% decrease in cases and 0 deaths, with 3 out of 11 provinces (Maputo, Namibe, and South) reporting active outbreaks in the previous week. The spread of the 3rd cholera pandemic is experiencing downward trends in most countries in the region.

Namibia: Measles
Ungraded 7-Jun-2024 1-Jan-2024 5-Jun-2024 39 6 0 0.00%

The Ministry of Health and Social Services (MoHSS) has confirmed a 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: Floods
Ungraded 12-Jun-2024 10-Jun-2024 13-Jun-2024 3825 - 18 -

As of 10 June 2024, the heavy rains that 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 15 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 1-Feb-2015 1-Feb-2015 18-Apr-2024 4,300,000 4,300,000 - 0.00%

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 Nigeria, compounded by the country’s internal political turmoil following a military coup on 28 July 2022 — the third such coup in the Sahel in under three years. International sanctions, environmental challenges, deep-seated poverty, and frail social support have further strained the relief efforts. Despite these adversities, there has been a slight decrease in refugee and asylum seeker figures, although new arrivals from Chad, Mali, Burkina Faso, and Nigeria persist post-21 March 2024. Concurrently, Niger has seen the internally displaced population escalate dramatically, from 1.9 million in 2017 to 4.3 million individuals, which is 15% of the population in 2024, significantly amplifying the demand for humanitarian aid. Acute food insecurity currently affects 3.3 million residents, with an alarming 7.3 million more at risk of deteriorating conditions amid the ongoing turmoil.

Niger: Dengue
Grade 3 3-Nov-2023 1-Jan-2023 24-Mar-2024 148 - - -

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 13 of 2024.
An outbreak of diphtheria has been confirmed in Matameye health district, Zinder region. The first case was reported on 17 July 2023. As of week number 24 of 2024, 5,367 suspected cases, including 320 deaths (CFR 6%) were reported. Public health response activities are ongoing in affected districts.

As of epidemiological week 19, a total of 2,956 suspected cases of measles were reported, including 467 confirmed cases and 15 deaths (case fatality rate: 0.51%), across 23 health districts in epidemic areas.

Niger continues to notify meningitis cases. From epidemiological week 1 to week 20, 2024, a total of 2,781 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 face emergency levels of food insecurity, with very high rates of severe acute malnutrition that could lead to death in Borno, Adamawa and Yobe states. As of week 11, 2024, over 6 million people are targeted for humanitarian aid, 8.3 million people need humanitarian assistance, 2.2 million IDPs, and 4.3 million people need food security aid. Due to the fluidity of the situation, the numbers are constantly changing.

From 1 January to 24 March 2024, there were 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.

Between 1 January and 12 May 2024, in Niger, 8,935 suspected measles cases were reported, with 1,141 confirmed cases, 3,737 confirmed through epidemiological link, and 119 classified as compatible. Additionally, there were 280 IgM positive rubella cases. The measles incidence rate is 18.4 per 1,000,000 population. Notably, 302 out of 774 districts (39%) have reached the epidemic threshold, indicating a significant outbreak.

Overall, since the re-emergence of Mpox in September 2017, 3,771 suspected cases have been reported from 36 States and FCTs in the country. Of these 3,771 suspected cases, 1,066 (28.7%) were confirmed (with males predominantly affected) from 34 States and FCT. Seventeen (17) deaths have been recorded since the re-emergence in 2017.

No cVDPV2 case was reported this week. There were four cases reported in 2024, 87 cVDPV2 cases reported in 2023 and 48 cases in 2022.

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. Cummulatively, 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 (8%), and 21 – 30 years (4%). 51.1% of the cases are females. Cases initially reported from Isha LGA, Sokoto State, with reports extending to Sabon Birnin LGA (7 cases) in Sokoto State.

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.

A coronavirus positivity rate varying between 20% and 60% was diagnosed among pilgrims returning to Senegal from the holy places of Islam.
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 Guingaundo district, probably contracted the disease while working in the Ndofane 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 Yennoumbea 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**

**Dengue**
- Grade: 3
- Dates: 14-Nov-2022 to 31-Jan-2023, 12-May-2024
- Cases: 26
- Deaths: 0
- %: 0.00%

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

**Senegal**

**Measles**
- Grade: Ungraded
- Dates: 4-Jul-2022 to 26-May-2024
- Cases: 252
- Deaths: 0
- %: 0.00%

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

**South Africa**

**Flood**
- Grade: Ungraded
- Dates: 4-Jun-2024 to 11-Jun-2024
- Cases: -
- Deaths: 22
- %: 0.00%

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 2024, 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.

**South Africa**

**Cholera**
- Grade: Ungraded
- Dates: 20-Jan-2024 to 20-Jun-2024
- Cases: 155
- Deaths: 12
- %: 0.00%

The cholera outbreak has been ongoing in South Africa since December 4, 2023. It started with imported cases linked to ongoing outbreaks in Southern Africa and two locally transmitted cases from Limpopo in January. As of 17 May 2024, 12 confirmed cases with no deaths have been reported. Limpopo province is most affected with 10 of the cases, three of the cases were imported from Zimbabwe.

**South Africa**

**Mpox**
- Grade: Protracted
- Dates: 15-May-2024 to 2-Jul-2024
- Cases: 20
- Deaths: 0
- %: 15.00%

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 2 July 2024, 20 (9 from KwaZulu Natal; 10 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: Ungraded
- Dates: 18-Dec-2020 to 5-Apr-2021
- Cases: -
- Deaths: -
- %: -

According to the latest Integrated Food Security Phase Classification (IPC) analysis, about 7.1 million people (56% of the total population) are estimated to face IPC Phase 3 (Crisis) or worse levels of acute food insecurity during the lean season between April and July 2024. The highest prevalence of severe acute food insecurity, ranging between 65 and 75%, is reported in the states of Unity, Upper Nile and Jonglei, in Pibor Administrative Area and among returnees from the conflict-affected Sudan. The main drivers of the dire food security situation are protracted macroeconomic challenges resulting in high inflation, insufficient food supplies, the lingering impact of consecutive years with widespread floods and episodes of intercommunal violence.

**South Sudan**

**Humanitarian crisis**
- Grade: Protracted
- Dates: 15-Aug-2016 to 15-Aug-2024
- Cases: -
- Deaths: -
- %: -

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 the 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 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.

**South Sudan**

**Impact of Sudan crisis in South Sudan**
- Grade: Ungraded
- Dates: 15-Apr-2023 to 26-May-2024
- Cases: -
- Deaths: -
- %: -

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 3,171 other nationalities refugees. These individuals have entered South Sudan via Abyei Administrative area, Northern Bahr el Ghazal, Unity, Upper Nile and Western Bahr el Ghazal.

**South Sudan**

**Hepatitis E**
- Grade: Ungraded
- Dates: 3-Jan-2018 to 19-May-2024
- Cases: 6,633
- Deaths: 68
- %: 1.00%

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, 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, 19 resulting in fatalities.

**South Sudan**

**Measles**
- Grade: Ungraded
- Dates: 3-Mar-2024 to 23-Feb-2024
- Cases: 2,407
- Deaths: 2,286
- %: -

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% (1,654 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 Wulу counties.

**South Sudan**

**Poliomyelitis (cVDPV2)**
- Grade: Ungraded
- Dates: 26-Feb-2024 to 19-Jun-2024
- Cases: 9
- Deaths: 0
- %: 0.00%

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.

**South Sudan**

**Yellow fever**
- Grade: Ungraded
- Dates: 24-Dec-2023 to 19-May-2024
- Cases: 124
- Deaths: 3
- %: 4.80%

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.
**Tanzania, United Republic of**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Cases</th>
<th>Confirmed</th>
<th>CFR</th>
<th>2%</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>Dengue</td>
<td>Ungraded</td>
<td>28-Jun-2024</td>
<td>28-Jun-2024</td>
<td>197</td>
<td></td>
<td>0</td>
<td>0.00%</td>
<td>This is the first reported dengue fever outbreak in Togo according to the International Health Regulations (IHR 2005)</td>
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<tr>
<td>Measles</td>
<td>Grade 3</td>
<td>14-Mar-2024</td>
<td>14-Mar-2024</td>
<td>628</td>
<td>199</td>
<td>1</td>
<td>0.20%</td>
<td>In Togo there is an ongoing measles outbreak since week 5 of 2024 with 13 districts affected. As of week 23 in 2024, there are a total of 628 suspected cases reported, 199 confirmed cases, 1 death reported among the confirmed cases in Oti South district.</td>
</tr>
</tbody>
</table>

**Uganda**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Cases</th>
<th>Confirmed</th>
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<th>2%</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food insecurity (Horn of Africa crisis)</td>
<td>Grade 3</td>
<td>17-Feb-2022</td>
<td>1-Jan-2022</td>
<td>12-Jun-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>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.</td>
</tr>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>13-May-2024</td>
<td>11-May-2024</td>
<td>26-May-2024</td>
<td>57</td>
<td>15</td>
<td>4</td>
<td>7.00%</td>
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</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Cases</th>
<th>Confirmed</th>
<th>CFR</th>
<th>2%</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>12-Feb-2024</td>
<td>24-Apr-2024</td>
<td>2-Jun-2024</td>
<td>16</td>
<td>4</td>
<td>3</td>
<td>18.80%</td>
</tr>
</tbody>
</table>

As of 2 June 2024, the Crimean-Congo hemorrhagic fever outbreak only still active in Kasese district with 16 cases, four confirmed and three deaths reported. The outbreak started on 24 April 2024 in Kiruhura and 30 May in Kasese.

**Uganda**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Cases</th>
<th>Confirmed</th>
<th>CFR</th>
<th>2%</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax</td>
<td>Grade 2</td>
<td>13-Jun-2024</td>
<td>4-Jun-2024</td>
<td>23-Jun-2024</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

There is an ongoing anthrax outbreak reported through the epidemiological weekly bulletin for Uganda affecting Amudat and Kween districts since 4 June 2024. A total of 11 cases have been reported (Amudat (9), Kween (2) of 23 June 2024.

**Uganda**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Cases</th>
<th>Confirmed</th>
<th>CFR</th>
<th>2%</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Grade 3</td>
<td>13-May-2024</td>
<td>11-May-2024</td>
<td>26-May-2024</td>
<td>57</td>
<td>15</td>
<td>4</td>
<td>7.00%</td>
</tr>
</tbody>
</table>

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.

**Zimbabwe**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Cases</th>
<th>Confirmed</th>
<th>CFR</th>
<th>2%</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax</td>
<td>Grade 2</td>
<td>13-Nov-2023</td>
<td>14-Nov-2023</td>
<td>5-May-2024</td>
<td>784</td>
<td>1</td>
<td>0.10%</td>
<td>On 3 April 2024, Zimbabwe authorities declared state of disaster over a devastating drought that’s sweeping across much of southern Africa due to El Nino phenomenon. It needs $ two billion for humanitarian assistance. Due to the El Nino-induced drought more than 80% of country received below normal rainfall.</td>
</tr>
</tbody>
</table>

As of 5 May 2024, there have been a total of 784 cases reported in Zimbabwe. Ten districts have reported cases since beginning of 2023 with the majority of cases coming from Gokwe North (63.5%) and Gokwe South (32.6%). The confirmed death was reported in 2023, from Gokwe South.
The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 34 550 cholera cases with 719 deaths (CFR 2.0%) as of 7 July 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/](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.

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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.