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

- Flooding and Landslides in the Democratic Republic of the Congo
- Measles in Mauritania
- Mpox in Africa

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 and challenges include:**

- The Kalehe health zone of South Kivu province in Eastern part of the Democratic Republic of Congo, is facing one of the worst natural disasters ever experienced in the recent period. Heavy rains that occurred in the first week of May 2023 caused the overflow of Chishova, Kabushungu, Lukungula, Lwano and Nyamukubi rivers with floods and landslides leading to extensive damages with fatalities, injuries and infrastructural losses. The human toll could increase as searches for a large number of missing people continue. The affected areas are already hosting thousands of internally displaced persons (IDPs) fleeing armed conflicts from the neighboring North Kivu province and other South Kivu's territories, thus increasing number of the population in need of humanitarian assistance in the region. Authorities and humanitarian partners are on the ground trying to alleviate the suffering of the disaster-affected populations; however, the immediate needs are huge and require immense resources.

- The measles outbreak in Mauritania has affected 11 wilayas this year with the majority of cases reported from Bassiknou Mouaghataa where an affected refugee camp is located. There are challenges to monitor people at border crossings. There is also low reporting of suspected cases and weak active case surveillance especially in the communities. Another main factor is low immunization coverage among the population where the last campaign was conducted five years ago.
**South Kivu province - DRC**

**EVENT DESCRIPTION**

Kalehe health zone is one of the 34 health zones of the South Kivu province in Eastern part of the Democratic Republic of the Congo (DRC) and has an estimated population of 208,673 inhabitants. The health zone has 16 health areas, and it is bordered by Katana, Kabare and Kalonge health zones in the South; Bunyakiri health zone at West, Minova health zone to the North and the Lac Kivu to the East.

From 2 to 4 May 2023, heavy rain occurred throughout Kalehe health district and caused the overflow of Chishova, Kabushungu, Lukungula, Lwano and Nyamukubi rivers with floods and landslides causing numerous material and human damages. Among the 16 health areas of Kalehe health zone, two are affected by this event: Bushushu (24,248 inhabitants) and Nyamukubi (10,308 inhabitants).

As of 10 May 2023, a total of 396 deaths including 373 occurred at community level and 23 deaths in healthcare facilities are recorded. This human toll could increase further as the search for the missing persons continues. A total of 264 injured people are reported and around 4,000 people missing. The affected population is estimated at 34,556 people and the population in need of humanitarian assistance with regards to this situation is estimated at 100,000 people. The affected people have lost their livelihoods and access to vital supply routes is interrupted given that fields and roads have been washed away. The affected region is already hosting about 108,000 internally displaced people who fled the conflict in North Kivu and South Kivu and many of them were victims of this disaster.

**PUBLIC HEALTH ACTIONS**

- An emergency committee has been set up with the first meeting held on 5 May 2023, in Bukavu, the capital city of the South Kivu province, between the authorities, WHO and partners under the leadership of the provincial minister of health.
- Several joint multisectoral assessments between the authorities and humanitarian partners are underway in the Kalehe health zone.
- Evacuation of the wounded from the affected areas to the health facilities for medical care continues.
- Search for the missing persons, and safe, and dignified burials of the bodies discovered under the mud are being intensified.
- WHO and partners are supporting the government to strengthen local medical structures at Kalehe health zone and in Bukavu for better case management to wounded and survivors.
- Surveillance activities are being intensified in the two affected health areas, to date suspected cases of measles in children aged 12 to 59 months have been detected.
SITUATION INTERPRETATION

According to the 2021 World Bank Climate Risk Country Profile for the Democratic Republic of Congo, the country is at risk for many natural hazards, including volcanic eruptions, earthquakes, floods, and droughts. Vulnerability to these hazards for the country is exacerbated by poverty of its population, insecurity, and political instability. With the ongoing floods, there is no drinking water in the area and only potentially contaminated Kivu Lake water is accessible, therefore the risk of diarrhea diseases outbreaks is very high. Food insecurity was already widespread among the population of Kalehe health zone, of which 5% were in an emergency situation (IPC 4) and 20% in a crisis situation (IPC 3), an estimated 224 000 people are in severe food insecurity (IPC 3+), the risk of malnutrition is also very high in the affected areas.
MEASLES

EVENT DESCRIPTION

Since the beginning of 2023, cases of measles have been reported in the three wilayas of Nouakchott and eight other wilayas in the interior of the country. As of 7 May 2023, the country has reported 285 suspected cases of measles of which 186 cases were confirmed positive with 111 testing IgM positive and 75 epidemiologically linked cases. Three (3) deaths including two community deaths have been recorded to date. The national attack rate is 4.2 cases per 100,000 habitants.

Since the beginning of the 2023, 27 Mouaghataas (61.3%) out of 44 total have reported measles cases. The Mouaghataas reporting the most cases are Bassikounou (60, 32.3%) of Hodh Ech Chargui wilaya, Touil (20, 10.8%) of Hodh el Gharbi wilaya, and Ksar (17, 9.1%) of Nouakchott Ouest wilaya.

However, Mouaghataas with the highest attack rates are Bassikounou (52.7 cases per 100,000 habitants), Touil (39.5 cases per 100,000 habitants), Aoujeft (31.7 cases per 100,000 habitants) of Adrar wilaya, and Ksar (25.2 cases per 100,000 habitants). In total, 14 Mouaghataas have crossed the epidemic threshold in 2023 and as of week 18, seven Mouaghataas (Aleg, Aoujeft, Dar Niam, Ksar, Magta-Lahjar, R’Kiz, and Toujounine) are currently in active outbreak status. Out of 185 samples collected since the beginning of 2023, 111 have returned IgM+ yielding a case positivity rate of 60.0% as tested at Mauritania’s National Institute of Public Health Research. Two of the samples tested returned IgM positive for rubella.

The outbreak began in week 52 of 2022 followed by a period of significant increase in cases until with an epidemic peak recorded during week 4 of 2023. Weekly case totals have gradually decreased in subsequent weeks. In recent years, the country had recorded at total of 22 confirmed cases in 2020, 747 cases in 2021, and 502 cases in 2022.

Among the confirmed cases, 70% of cases were under the age of 15 years. Among children aged 9-59 months, 57% were found to be unvaccinated for measles.

The last follow-up campaign for measles was reported to have taken place in 2018 and may have contributed to the current outbreak scenario.

The WHO and UNICEF national immunization coverage for measles containing vaccines in 2021 for Mauritania was 63% while national administration coverage reported 89% in 2021. Both estimates fall below the 95% coverage required to sustain population immunity. Other reasons that may be a cause for outbreaks is the high density of people where outbreaks are occurring such as in the M’berra refugee camp located in Bassikounou Mouaghataaa and the highly populated wilayas of Nouakchott. The first reported case of the current outbreak was reported from a refugee from the M’berra camp.

PUBLIC HEALTH ACTIONS

- The Ministry of Health activated the Centre for Public Health Emergency Operations response mode with the implementation of an incident management system.
- Joint fact-finding missions and case investigations were conducted in the wilayas of Hodh Ech Chargui and Hodh el Gharbi.
- Weekly situation reports are developed and disseminated.
- Active case surveillance is ongoing with sample collections, albeit at a slow pace.
- An emergency vaccination campaign for the Nouakchott area is in development in response to the outbreak.
- Further documentation is to be submitted to GAVI for a follow-up measles campaign in early 2024 which will support other regions.
SITUATION INTERPRETATION

Mauritania’s measles outbreak began in the last week of 2022 and peaked in week 4 of 2023. The highest number of cases were reported in the wilayas of Hodh Ech Chargui, Hodh el Gharbi, and Nouakchott Ouest. Fourteen Mouaghataas have crossed the epidemic threshold this year, and seven are currently in an active outbreak status. The heavily affected areas are those where the population is dense like urban Noukachott and the congregate setting of M’berra refugee camp.
EVENT DESCRIPTION

Two newly confirmed mpox cases were reported from Nigeria in the past two weeks as the number of cases in Africa since January 2022 increased from 1,614 to 1,616 (0.2% increase). Only five African countries (Central African Republic (CAR), Democratic Republic of the Congo (DRC), Ghana, Liberia and Nigeria) have reported 375 mpox cases in 2023.

The two newly reported cases in Nigeria in the past two weeks have increased the number of mpox cases to 74 in 2023. Nigeria has cumulatively reported 837 cases from 1 January 2022 to 10 May 2023. The top five states reporting cases in Nigeria in 2023 include Lagos (20), Ogun (11), Abia (6), Imo (5), and Edo (4). Together, the five states have reported (62.2%) cases in 2023. Most cases reported in 2023 are males 53 (72%), and a larger proportion is within the 21 – 50 years 56 (75.7%) age group.

Between 1 January 2022 and 14 May 2023, 1,616 laboratory-confirmed cases have been reported from 13 African countries, including Nigeria (837), the DRC (556), Ghana (125), CAR (29), Cameroon (18), Sudan (18), Liberia (12), Congo (5), South Africa (5), Benin Republic (3), Morocco (3), Egypt (3), and Mozambique (1).

The top three countries with the highest number of confirmed cases include Nigeria, 837 (51.8%), DRC 556 (34.4%), and Ghana, 125 (7.7%). Together, the three countries have reported 1,516 (94.0%) of all confirmed cases.

There are eight countries that recorded ongoing outbreaks in 2022 with no reported new mpox cases in 2023; Benin, Cameroon, Congo, Egypt, Mozambique, Morocco, South Africa, and Sudan.

Nineteen (19) deaths have been reported in the African region since 2022 from Nigeria (9), Ghana (4), Cameroon (3), CAR (1), Mozambique (1), and Sudan (1).

PUBLIC HEALTH ACTIONS

- Set up clinical data management systems for monitoring and timely reporting of mpox cases and their prevailing co-morbidities
- Strengthen the capacity at public health facilities to identify and manage mpox
- Ensure continuous messaging on mpox to the population
- Develop/strengthen national infection prevention control strategy and plan in line with global strategy
- Ongoing technical support for the countries to identify target groups for mpox vaccination
- WHO is supporting Nigeria and The Democratic Republic of the Congo in conducting an extensive epidemiological investigation on mpox.
- The WHO is supporting countries financially and technically to investigate modes of transmission and characterize mpox cases in the region.

SITUATION INTERPRETATION

Mpx cases continue to decline in Africa as only two new mpox cases were reported from Nigeria in the past two weeks. Five countries have reported new cases in 2023, including the Central Africa Republic, the DRC, Ghana, Liberia, and Nigeria. DRC and Nigeria have been reporting weekly new mpox cases since January 2023.
Distribution of cases of Mpox in Africa, as of 14 May 2023

Weekly epi-curve of mpox cases in Africa, as of 14 May 2023
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 :

Reminder : Upcoming deadlines for weekly data submission
Rappel : Dates limites prochaines de soumission des données hebdomadaires
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>
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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<td>329 852</td>
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<td>01-Jan-19</td>
<td>1 094 000</td>
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Health authorities in Cameroon have communicated through press releases on deaths among children under five related to a consumption of a fake cough syrup. Since 9 March 2023 through 24 April 2023, a total of 11 cases including 10 deaths have been reported. Among deaths, six deaths are from North-West region, three deaths are from South-West region and one death is from Littoral region.

The outbreak has been reported from Murang’a County. A total of 15 cases and three deaths have been reported from five sub counties; Gatanga (1), Kandara (5, including 2 deaths), Kigumo (7, including 1 death, Maragua (1) and Mathioya (1)).

From 25 February 2020 to 23 April 2023, a total of 271 673 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 934 recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 20 April 2023, a total of 105 384 confirmed COVID-19 cases have been reported in the country with 1 934 deaths.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 26 March 2023, a total of 28 014 cases have been reported in the country, with 163 deaths and 27 847 recoveries.

Three suspected cases of Monkeypox were notified to WHO by the Benin Ministry of Health on 3 June 2022. Two of the three suspected cases were from Nigeria, and one person was from the North of the country. Laboratory samples were taken and sent to the Institute Pasteur laboratory in Dakar, which confirmed the three samples positive on 14 June 2022.

No cVDPV2 case was reported this week. There have been two cases reported in 2023. There are 10 cases reported in 2022. Six cases were reported in 2021 and 2020, and eight in 2019.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 22 March 2023, a total of 329 852 confirmed COVID-19 cases were reported in the country including 2 796 deaths.

The Botswana Ministry of Health notified a total of 13 cases of measles and one case of rubella on 28 March 2023 in Greater Gaborone DHMT, Serowe/Palapye DHMT and Greater Selebi Phikwe DHMT. In collaboration with health partners, the ministry has activated its rapid response teams to investigate, manage and conduct contact tracing of confirmed cases.

Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated due to attacks by armed groups. A total of 1 094 000 displaced persons are registered in Burkina Faso as of 31 January 2023. We observed a 3% increase in the total IDPs in January 2023 compared to December 2022. It is estimated that a total of 4.7 million people will need humanitarian aid in 2023. Access to health services remains a challenge for the population in affected areas.

Between 9 March 2020 and 23 March 2023, a total of 22 056 confirmed cases of COVID-19 with 396 deaths and 21 596 recoveries have been reported from Burkina Faso.

An outbreak of cholera has been declared in Burundi on 1 January 2023. As of 14 May 2023, 409 suspected cases and three deaths (CFR 1.2%) have been reported, including 175 laboratory-confirmed cases. The most affected age group is children less than five years old (21.8%).
<table>
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<th>Country</th>
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<tr>
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<td>Grade 3</td>
<td>31-Mar-20</td>
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On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 8 May 2023, the total number of confirmed COVID-19 cases is 53 749, including 15 deaths.

| Burundi   | Poliomyelitis (cVDPV2)               | Grade 2 | 17-Mar-23             | 17-Mar-23                 | 14-May-23               | 1           | 1              | 0      | 0.00%   |

The health authorities of Burundi have declared an outbreak of circulating poliovirus type 2 on 17 March 2023. The case is a 4-year-old male child with acute flaccid paralysis (AFP) with onset date of 24 November 2022 that was reported in Isale District in Bujumbura Rural province. No new case was reported during week 19, 2023 (ending 14 May).

| Cameroon  | Humanitarian crisis (North, Adamawa & East) | Protracted | 30-Apr-23 | - | - | - | - | - | - |

As a result of the ongoing crisis in Far-Northern Cameroon and neighbouring countries, there has been a massive influx of internally displaced populations and refugees in Adamawa, North and East regions. As of 30 Apr 2023, a total of 385 372 people are internally displaced in the area.

| Cameroon  | Humanitarian crisis (NW & SW)            | Protracted | 30-Apr-23 | - | - | - | - | - | - |

The humanitarian situation in the NW/SW regions remained dire, marked by continued violent attacks on schools and children, as well as on healthcare. Continued fighting between non-Sate armed groups (NSAGs) and State security forces led to the killing and displacement of civilians. Humanitarian activities continue to be hampered by roadblocks, theft of humanitarian supplies, bureaucratic impediments, and risk of IEDs in public spaces and roads used by humanitarians. As of 30 Apr 2023, 828 196 people are internally displaced in the area.

| Cameroon  | Humanitarian crisis (Sahel Region)       | Grade 2   | 11-May-23   | 27-Jun-17   | 30-Apr-23   | 1 200 000   | -          | -     | -       |

Cameroon continues to be impacted by conflict in the Lake Chad basin, North-West, South-West, and by the Central African Republic crisis in the eastern regions (East, Adamawa, and North). An estimated 4.7 million people need humanitarian assistance across the country (affecting the equivalent to one out of six people). Women and children make up 77% of those in need. An estimated three million people are facing acute food insecurity in 2023 and more than two million people are on the move as internally displaced persons, returnees, or refugees, many of whom are lacking essential services. In Feb 2023, 1 652 people were newly displaced due to insecurity and an estimated 700 Nigerians were newly registered in Minawao camp between 1-15 Feb 2023. More than 82 civilians were abducted in Feb 2023 by armed individuals in Logone and Chari. The OuSai Health Center was also attacked by armed individuals in Mayo-Sava.

| Cameroon  | Cholera                              | Grade 3   | 31-Aug-21   | 25-Oct-21   | 07-May-23   | 15 828     | 1 088       | 345   | 2.20%   |

During 25 Oct 2021 to 7 May 2023, 15 828 suspected cases of cholera including 1 808 laboratory-confirmed cases and 345 deaths (CFR 2.2%) have been reported from eight Regions. Patients' ages range from 2 months to 103 years with a median of 27 years, and females remain twice less affected than males.

| Cameroon  | COVID-19                             | Grade 3   | 03-May-23   | 06-Mar-20   | 06-Mar-20   | 125 036     | 125 036     | 1 972 | 1.60%   |

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 3 May 2023, a total of 125 036 cases have been reported, including 1 972 deaths.

| Cameroon  | Measles                              | Ungraded  | 09-Apr-23   | 01-Jan-23   | 02-Apr-19   | 4 461       | 1 461       | 35    | 0.80%   |

From week 1 to week 14 of 2023 (ending 9 April), a total of 4 461 suspected cases with 35 deaths (CFR 0.8%) have been reported including 1 461 total confirmed cases. A total of 38 health districts have had outbreaks this year.

| Cameroon  | Mpox                                 | Grade 3   | 09-Apr-23   | 01-Jan-22   | 24-Feb-22   | 126         | 18          | 3     | 2.40%   |

From week 1 to week 14, 2023 (ending 9 April), 11 new suspected case of Mpox have been reported and no confirmed case. Since January 2022 a total of 1 261 cases including 18 confirmed and three deaths have been reported in the country.

| Cameroon  | Poliomyelitis (cVDPV2)              | Grade 2   | 14-May-23   | 01-Jan-20   | 23-May-19   | 13          | 13          | 0     | 0.00%   |

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in week 19, 2023 (ending 14 May 2023). There were three cases reported in 2022, three others reported in 2021, and seven cases reported in 2020.

| Cape Verde| COVID-19                             | Grade 3   | 19-Mar-20   | 18-Mar-20   | 23-Apr-23   | 63 370      | 63 370      | 413   | 0.70%   |

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 23 April 2023, a total of 63 370 confirmed COVID-19 cases including 413 deaths and 62 842 recoveries were reported in the country.

| Central African Republic | Humanitarian crisis                  | Protracted | 01-May-23   | 11-Dec-13   | 11-Dec-13   | 3 400 000   | -          | -     | -       |

The humanitarian crisis in the Central African Republic (CAR) continues to deteriorate. In 2023, 3.4 million people will need humanitarian assistance and protection, an increase of 10% compared to 2022. A recent analysis for the period October 2022-August 2023 showed an expected 16% and 20% increase in the burden of acute malnutrition, respectively among under-five children and pregnant women as compared to last year projections. As of 28 Feb 2023, an estimated 483K people were internally displaced in the country. As of 28 Apr 2023, CAR had received an estimated 6 000 refugees arriving from neighboring Sudan where the humanitarian situation is deteriorating, 94% are Sudanese asylum seekers and 6% are Central African returnees. Approximately 70% are females.
The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 22 January 2023, a total of 15 367 confirmed cases, 113 deaths and 15 200 recovered were reported.

Central African Republic

From 4 March 2022 through 30 March 2023, a total of 29 confirmed cases of Mpox and one death have been reported in the country. The number of mpox cases in CAR has increased from 27 to 29 (4.8% increase) after the country reported two new cases in weeks 10 and 11. Since the start of 2023, the country has reported 12 laboratory-confirmed cases, including one death. The last case was reported on 27 March 2023 in the Mbaiki health district. This case was a contact being followed from a confirmed case during week 10.

Chad

As of 8 January 2023, 767 suspected cases of YF have been reported including 6 probable and 23 lab-confirmed cases (14 cases in 2022). Two new suspected cases were reported in week 1 (ending 8 January). In total, five regions have so far been affected including RS1, RS2, RS3, RS4 and RS6; RS3 has reported 70% of confirmed cases.

On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization.

The Lac Chad province is experiencing a double security and environmental crisis. Since 2015, the region is impacted by attacks of non-state armed groups which have forced local communities to flee their homes. The province experienced heavy rainfall which has affected some 229 000 people between October and December 2022, and has destroyed large surfaces of cropland, washed away more than 6 000 of cattle, and caused extensive damage to homes and schools. The floods added a new challenge to an already critical situation. As of 28 Feb 2023, Chad has 381K internally displaced persons and hosts 595K refugees. As of 10 May 2023, Chad has had an estimated 27K refugees arrive from neighboring Sudan where the humanitarian situation is deteriorating. The refugees are mainly displaced in Ouaddai, Sila, and Wadi Fira.

Congo

From 1 January 2022 to 2 April 2023, the Republic of Congo has reported five laboratory-confirmed cases, with zero death (CFR 0.0%).

A case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was confirmed on 1 March 2023 in a 15-year-old child living in Dolisie, Niari Department, with onset of paralysis on 26 September 2022.

Côte d’Ivoire

Since 11 March 2020, a total of 88 321 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 834 deaths, and a total of 87 481 recoveries.
From 2 to 4 May 2023, heavy rain fell throughout the territory of Kalehe of South Kivu which led to the overflow of rivers causing floods and landslides. As of 10 May 2023, a total of 396 deaths including 373 at community level and 23 deaths in health care facilities were recorded. A total of 264 people were injured and about 4K people missing. The affected population is estimated at 34,556 people and those in need of humanitarian assistance in relation to this situation are estimated at 100,000.

As of 20 Apr 2023, more than 6.2 million people are in a situation of internal displacement (IDPs) in the DRC mostly located within North Kivu (2.4 million, 39%), South Kivu (1.7 million, 27%), and Ituri (1.6 million, 26%) provinces of the country. There are also another 520K refugees in the country mostly now located in the provinces of North Kivu (165K, 32%) and North Ubangi (112K, 21.7%) and mostly coming from Central African Republic (210K, 40%) and Rwanda (288K, 40%). In Ituri Province, intercommunal violence escalated in the last quarter where there is a worrying increase in attacks in the territories of Djugu and Irumu, with more than 70 civilians were killed during Feb 2023. In addition, around 380 houses had been burnt down in repeated attacks in Ituri province since Jan 2023. Humanitarian partners are also affected by access constraints linked to armed clashes, popular demonstrations, the presence of illegal barriers, but also logistical constraints and incidents of violence against them.

From epidemiological week 1 to 11, 2023, 7,243 suspected cases of cholera, including 47 deaths (CFR 0.6%), have been recorded in 62 Health Zones of nine provinces. Areas with active outbreaks include North Kivu, Haut Katanga, and Tanganyika. The incidence (per 100,000 inhabitants) is 14 for the entire. Between weeks 1-10 of 2023, at total of 1,912 samples were tested and 634 (33.2%) were found positive for Vibrio cholerae. Areas with active outbreaks include North Kivu, Haut Katanga, and Tanganyika. The incidence (per 100,000 inhabitants) is 14 for the entire. Between weeks 1-10 of 2023, at total of 1,912 samples were tested and 634 (33.2%) were found positive for Vibrio cholerae.

COVID-19 Grade 3 10-Mar-20 10-Mar-20 23-Apr-23 96,211 96,211 1,464 1.50%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 96,211 cases have been reported in the country with 1,464 deaths and 16,907 recoveries.

An outbreak of cholera was officially declared in North Kivu province of DRC on 14 December 2022, following a massive influx of IDPs in Nyiragongo and Karisimbi health zones (HZs). Between outbreak inception on week 47, 2022 (21-27 November) and 27 January 2023, a cumulative of 4,104 suspected cases of cholera including 16 deaths (CFR 0.4%) have been reported, including 3,798 cases and 16 deaths (CFR 0.4%) in Nyiragongo HZ, and 306 cases and zero death (CFR 0.0%) in Karisimbi HZ. An OCV campaign has been officially launched on 25 January 2023 and is scheduled from 26-30 January 2023. A sharp increase in cases was observed in the camps for displaced persons from the M23 crisis in Nyiragongo, Goma and Karisimbi sanitation zones as of week 10 of 2023.

An outbreak of cholera was officially declared in North Kivu province of DRC on 14 December 2022. The total number of cases reported from 14 December 2022 to 7 April 2023 is 7,243. A total of 1,912 samples were tested and 634 (33.2%) were found positive for Vibrio cholerae.
**WEEKLY BULLETIN ON OUTBREAKS AND OTHER WEEK 20: 8-14 MAY 2023**

### Guinea

**Marburg virus disease**

- **Grade**: 3
- **Date notified to WCO**: 07-Feb-23
- **Start of reporting period**: 08-Feb-23
- **End of reporting period**: 04-May-23
- **Total cases**: 17
- **Cases Confirmed**: 17
- **Deaths**: 12
- **CFR**: 0.00%

As of 4 May 2023, a total of 17 confirmed cases and 12 deaths have been reported since the declaration of the outbreak on 13 February 2023. Among the 17 confirmed cases, four have recovered, 12 have died, and one has an unknown outcome.

### Eritrea

**COVID-19**

- **Grade**: 3
- **Date notified to WCO**: 21-Mar-20
- **Start of reporting period**: 21-Mar-20
- **End of reporting period**: 30-Oct-22
- **Total cases**: 10 189
- **Cases Confirmed**: 10 189
- **Deaths**: 103
- **CFR**: 1.00%

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 30 October 2022, a total of 10 189 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 085 patients have recovered from the disease.

### Eritrea

**Poliomyelitis (cVDPV2)**

- **Grade**: 2
- **Date notified to WCO**: 02-Jun-22
- **Start of reporting period**: 07-Jun-22
- **End of reporting period**: 14-May-23
- **Total cases**: 2
- **Cases Confirmed**: 2
- **Deaths**: 0
- **CFR**: 0.00%

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in week 19, 2023 (ending 14 May 2023). There has so far been one case reported in 2022 and another one reported in 2021. This latter one was however confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.

### Eswatini

**Cholera**

- **Grade**: 3
- **Date notified to WCO**: 03-Apr-23
- **Start of reporting period**: 03-Apr-23
- **End of reporting period**: 28-Apr-23
- **Total cases**: 2
- **Cases Confirmed**: 2
- **Deaths**: 0
- **CFR**: 0.00%

The Kingdom of Eswatini reported the first confirmed case of cholera on 29 March 2023 (non-Swazi 20yr-old male) in the Manzini Region. The second confirmed case is a 14-year-old male national from Shiselweni region without any travel history or epi-link to the first case. Samples from both patients were positive for Vibrio cholerae and serotypes 01 Ogawa.

### Ethiopia

#### COVID-19

- **Grade**: 3
- **Date notified to WCO**: 13-Mar-20
- **Start of reporting period**: 13-Mar-20
- **End of reporting period**: 26-Apr-23
- **Total cases**: 500 816
- **Cases Confirmed**: 500 816
- **Deaths**: 7 574
- **CFR**: 1.50%

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 17 March 2020. As of 24 April 2023, a total of 74 627 cases have been reported with 1 425 associated deaths.

#### Measles

- **Grade**: 3
- **Date notified to WCO**: 13-Apr-17
- **Start of reporting period**: 01-Jan-23
- **End of reporting period**: 28-Apr-23
- **Total cases**: 6 592
- **Cases Confirmed**: 39
- **Deaths**: 104
- **CFR**: 1.60%

As of 21 April 2023, a total of 171 657 confirmed COVID-19 cases have been reported in Ghana. There have been 1 462 deaths and 170 161 recoveries reported.

### Gabon

#### COVID-19

- **Grade**: 3
- **Date notified to WCO**: 12-Mar-20
- **Start of reporting period**: 12-Mar-20
- **End of reporting period**: 31-Mar-23
- **Total cases**: 48 982
- **Cases Confirmed**: 48 982
- **Deaths**: 306
- **CFR**: 0.60%

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 31 March 2023, a total of 48 982 cases including 306 deaths and 48 675 recoveries have been reported in the country.

### Gambia

#### COVID-19

- **Grade**: 3
- **Date notified to WCO**: 17-Mar-20
- **Start of reporting period**: 17-Mar-20
- **End of reporting period**: 04-Nov-22
- **Total cases**: 12 586
- **Cases Confirmed**: 12 586
- **Deaths**: 372
- **CFR**: 3.00%

The first COVID-19 confirmed case was reported in The Gambia on 17 March 2020. As of 4 November 2022, a total of 12 586 confirmed COVID-19 cases including 372 deaths, and 12 189 recoveries have been reported in the country.

### Ghana

#### COVID-19

- **Grade**: 3
- **Date notified to WCO**: 12-Mar-20
- **Start of reporting period**: 12-Mar-20
- **End of reporting period**: 21-Apr-23
- **Total cases**: 171 657
- **Cases Confirmed**: 171 657
- **Deaths**: 1 462
- **CFR**: 0.90%

As of 21 April 2023, a total of 171 657 confirmed COVID-19 cases have been reported in Ghana. There have been 1 462 deaths and 170 161 recoveries reported.

#### Measles

- **Grade**: 3
- **Date notified to WCO**: 13-Mar-20
- **Start of reporting period**: 01-Jan-23
- **End of reporting period**: 17-Feb-23
- **Total cases**: 502
- **Cases Confirmed**: 502
- **Deaths**: 0
- **CFR**: 0.00%

There is an ongoing outbreak of measles in the Northern region of Ghana. From epidemiological week 1 to week 5 (ending 17 February 2023), a total of 209 suspected cases, including three confirmed, were reported in eleven districts. The attack rate per one million population is 209 (suspected cases). Cumulatively, a total of 502 suspected cases, including 123 confirmed cases of measles, were reported in the Northern region from epidemiological week 1, 2022, to epidemiological week 5, 2023.
On 8 June 2022, the Director General of the Ghana Health Service confirmed that five cases of monkeypox have been detected in the country. From 24 May-22 February 2023, there have been 123 confirmed and four deaths reported from 13 over 16 administrative regions, with the Greater Accra region reporting the most cases.

According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cases in 2022. No cases were reported in 2021. In addition, 12 cases were reported in 2020, and 19 were reported in 2019.

On 21 March 2023, the Ministry of Health of Ghana notified WHO of a confirmed fatal case of Lassa fever in a three-year-old male child from the Kobela health area, Nzewere health district. The date of onset of symptoms was 13 March 2023, with fever, asthenia, anaorexia, and dry cough. On 20 March 2023, the child was taken to the regional hospital for medical attention due to the persistence of the disease. On 21 March 2023, the child presented with bleeding from the mouth and blackish blood from the anus. Laboratory tests on the blood sample taken the same day were positive for Lassa fever varus. The child died in the community, a remote village, after escaping from the hospital. A safe and dignified burial was not performed. Public health measures are being taken.

On 7 April 2023, about 270 kilometers off the west coast of Conakry, several fishermen, including Guineans, Sierra Leoneans, Liberians and Ghanaians, were exposed to an unknown chemical. According to the fishermen, a boat was seen dumping a product into the open sea. The product emitted a fizzy, pungent cloud and left a yellowish substance on the surface of the water. As of 21 April, 250 cases of burns, including 0 deaths, have been reported among fishermen only. The cases were reported in the Conakry (240 cases, 96%) and Kindia (10 cases, 4%) regions. On 21 April alone, 26 new cases were reported. Only six cases were severe enough to require hospitalization. Investigations are ongoing to identify the chemical product involved.

On 20 March 2023, the Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 19 February 2023, a total of 38 302 cases, including 37 320 recovered cases and 467 deaths, have been reported in the country.

Since the beginning of 2022 up to week 52 (ending 31 December), a total of 23 259 suspected measles cases with 432 confirmed and 33 death (CFR 0.1%) have been reported in Guinea through the Integrated disease surveillance and response.

The drought situation thus remains critical in twenty-two (21) of the 23 arid and semi-arid (ASAL) counties, during the month of March 2023. Two (2) counties namely Marsabit and Turkana remain in Emergency drought phase. Eight (8) counties namely Isiolo, Mandera, Kajiado, Samburu, Tana River, Wajir, kilifi and Kitui are in Alarm drought phase. Eleven (11) counties including: Baringo, Embu, Garissa, Lamu, Maukeni, Laikipia, Narok, Nyeri, Meru, Taita Taveta are in the Alert drought phase. While two (2) counties; West Pokot and Tharaka Nithi are in Normal drought phase. Drought is affecting about 4.5 million people, compared to 2.1 million in September 2021. Of these, approximately 2.14 million are children. The projection for Mar-Jun 2023 is expected increase affecting 5.4 million people in the country who will be in Integrated Food Security Phase Classification (IPC) Phase 3 and above. Of those 5.4 million people, 1.2 million people will likely be in Phase 4 and above.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Leishmaniasis (visceral)</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>03-Jan-20</td>
<td>11-May-23</td>
<td>2 300</td>
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<td>10</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Jun-22</td>
<td>01-Jan-23</td>
<td>11-May-23</td>
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<td>COVID-19</td>
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<td>13-May-20</td>
<td>13-May-20</td>
<td>12-Sep-22</td>
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<td>34 490</td>
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<tr>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>20-Apr-23</td>
<td>8 136</td>
<td>8 136</td>
<td>294</td>
<td>3.60%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
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<td>06-Jan-22</td>
<td>21-Apr-23</td>
<td>71</td>
<td>71</td>
<td>19</td>
<td>26.80%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>03-Feb-22</td>
<td>13-Dec-21</td>
<td>21-Mar-23</td>
<td>10 664</td>
<td>10 664</td>
<td>93</td>
<td>0.90%</td>
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<tr>
<td>Liberia</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>21-Jul-22</td>
<td>23-Jul-22</td>
<td>08-Feb-23</td>
<td>7</td>
<td>7</td>
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<tr>
<td>Madagascar</td>
<td>Cyclones</td>
<td>Grade 2</td>
<td>25-Jan-23</td>
<td>19-Jan-23</td>
<td>03-May-23</td>
<td>391 000</td>
<td>53</td>
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<tr>
<td>Madagascar</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>25-Apr-23</td>
<td>68 211</td>
<td>68 211</td>
<td>1 424</td>
<td>2.20%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>11-Sep-17</td>
<td>16-Mar-23</td>
<td></td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-20</td>
<td>25-Mar-20</td>
<td>30-Apr-23</td>
<td>33 144</td>
<td>33 144</td>
<td>743</td>
<td>2.20%</td>
</tr>
</tbody>
</table>

The outbreak has been continuous since 2020. A total of 2,300 cases and 10 deaths (CFR 0.4%) have been reported. Overall, 2,097 cases have been confirmed from the following counties: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir, Tharaka Nithi, and Isiolo. The outbreak is active in West Pokot County from Pokot North, Pokot South, West Pokot and Pokot Central Sub Counties.

The outbreak has been continuous from year 2022, nine counties this year have been affected as follows: Garissa, Isiolo, Kitui, Kwale, Lamu, Mombasa, Nairobi, Tana River and Turkana. A total of 270 cases and four deaths (CFR 2.0%) have been reported. A total of 108 cases have been confirmed.

Since the outbreak started on 13 December 2021 as of 21 April 2023, a total of 11,181 suspected cases, including 10,664 confirmed and 93 deaths (CFR: 1.1%) were reported from all the 15 counties in Liberia. Among the confirmed cases, 4.5% (482) were laboratory confirmed, 11.6% (1,233) clinically confirmed and 83.9% (8,949) epidemiologically linked.

Liberia confirmed a case of Monkeypox on 23 July 2022 through the National Public health Reference Laboratory in the country. As of 8 February 2023, confirmed cases of Monkeypox and 0 deaths were reported.

According to OCHA, some 3.86 million people are in need of urgent humanitarian assistance in Madagascar in 2023, following devastating cyclones in the Grand Sud-Est (Vatovavy, Fitovinany and Atsimo Atsinanana regions) in 2022 and 2023 and the catastrophic drought in the Grand Sud (Atsimo Andrefana, Androy and Anosy regions) from 2020 to 2022.

On 19 Jan 2023, the cyclonic system Cheneso landed in Madagascar north of Antalaha district, SAVA region, with an average wind speed of 90 km/h and gusts up to 120 km. Last reports provided by the National Bureau for the Management of risks and catastrophes released on 31 January 2023 indicated that 91,960 people had been affected, 527 displacements and 36 deaths. Cyclone Freddy made landfall in Madagascar 5 Mar 2023, and affected nearly 299,000 people, displacing 72,700, and causing at least 17 deaths. Therefore, since the beginning of 2023, a total of 391,000 people have been affected by cyclones in the country causing 53 deaths and 124,975 displacements.

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The Government of Malawi and Humanitarian Partners continue to respond to the consequences of cyclone Freddy passage in the 16 local authorities of the Southern region between 12-15 March 2023, including Balaka, Blantyre (plus city), Chikwawa, Chiradzulu, Machinga, Mangochi, Mulanje, Mwanza, Neno, Nsanje, Phalombe, Thyolo, and Zomba (plus city). Freddy has impacted the lives and livelihoods of about 2.3 million of Malawians, of whom an estimated 1.3 million people were identified in the most urgent need of assistance.

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On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 16 April 2023, the country has a total of 88,728 confirmed cases with 2,686 deaths.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 16 April 2023, the country has a total of 88,728 confirmed cases with 2,686 deaths.

One possible case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

The humanitarian situation in Mali remains of concern in 2023, still in the northern and central regions. The humanitarian crisis is taking place amidst COVID-19 and measles outbreak, with the risk of other emerging and re-emerging diseases. The situation in the centre and north of the country is likely related to the increase in direct and indirect attacks against national and international forces and civilians. The number of internally displaced persons (IDPs) reached 412,387 at the end of December 2022, according to the Displacement Tracking Matrix.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 30 April 2023, a total of 33,144 confirmed COVID-19 cases have been reported in the country including 743 deaths and 32,322 recoveries.
### Weekly Bulletin on Outbreaks and Other

#### Week 20: 8-14 May 2023

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>01-Jan-23</td>
<td>26-Mar-23</td>
<td>94</td>
<td>94</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>23-Apr-23</td>
<td>63 617</td>
<td>63 617</td>
<td>997</td>
<td>1.70%</td>
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<tr>
<td>Mauritania</td>
<td>Measles</td>
<td>Ungraded</td>
<td>07-Mar-23</td>
<td>26-Dec-22</td>
<td>07-May-23</td>
<td>285</td>
<td>186</td>
<td>3</td>
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<tr>
<td>Mauritius</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>23-Apr-23</td>
<td>301 096</td>
<td>301 096</td>
<td>1 046</td>
<td>0.40%</td>
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<tr>
<td>Mozambique</td>
<td>Measles</td>
<td>Ungraded</td>
<td>07-Mar-20</td>
<td>01-Apr-23</td>
<td>01-Mar-23</td>
<td>1 255 786</td>
<td>186</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>14-Sep-22</td>
<td>16-Nov-22</td>
<td>07-May-23</td>
<td>29 808</td>
<td>29 808</td>
<td>131</td>
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<tr>
<td>Mozambique</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>07-Dec-18</td>
<td>01-Jan-21</td>
<td>10-May-23</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Poliomyelitis (WPV1)</td>
<td>Grade 2</td>
<td>17-May-22</td>
<td>18-May-22</td>
<td>10-May-23</td>
<td>8</td>
<td>8</td>
<td>0</td>
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<tr>
<td>Namibia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>30-Apr-23</td>
<td>171 339</td>
<td>171 339</td>
<td>4 091</td>
<td>2.40%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>01-Feb-15</td>
<td>01-Feb-15</td>
<td>16-Dec-22</td>
<td>580 838</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>01-May-23</td>
<td>9 513</td>
<td>9 513</td>
<td>315</td>
<td>3.30%</td>
</tr>
<tr>
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<td>Measles</td>
<td>Ungraded</td>
<td>05-Apr-22</td>
<td>01-Jan-22</td>
<td>18-Mar-23</td>
<td>423</td>
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<tr>
<td>Niger</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>07-Dec-22</td>
<td>31-Oct-22</td>
<td>26-Mar-23</td>
<td>911</td>
<td>105</td>
<td>30</td>
<td>3.30%</td>
</tr>
</tbody>
</table>

From the beginning of the year through 26 March 2023, 283 suspected measles cases were tested in Mali and 94 were laboratory confirmed. Confirmed measles cases were reported in 13 of the country’s 75 health districts (17.3%).

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 23 April 2023, a total of 63,617 cases including 997 deaths and 62,585 epidemiologically confirmed cases. Three deaths including two community deaths have been recorded to date.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 23 April 2023, a total of 301,096 confirmed COVID-19 cases including 1,046 deaths have been reported in the country.

Between 31 Jan and 12 Mar 2023, heavy rainfall has occurred in 10/11 Provinces of Mozambique, including rains from the Freddy cyclone system which has made landfall twice. As of 31 March, 1,255,786 people have been affected by Freddy’s double landfall in Mozambique, in eight provinces including Zambézia, Sofala, Inhambane, Tete, Maputo City, Niassa, Gaza, and Manica. A total of 186 deaths have been reported, including 157 deaths in Zambézia which is by far the most affected province after Freddy’s second passage. Nearly 200,870 people have been displaced and relocated across accommodation centres in Zambézia, Sofala, Tete, Inhambane, and Niassa.

The case was diagnosed Wednesday, 12 October 2022 in Maputo City in a man, Health minister Armindo Tiago said. As of 28 April 2023, no additional case has been reported.

According to the Global Polio Eradication Initiative, there was no WPV1 case reported this week. There were eight cases reported in 2022.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 30 April 2023, a total of 171,339 confirmed cases with 4,091 deaths have been reported.

From 19 March 2020 to 1 May 2023, a total of 9,513 cases with 315 deaths have been reported across the country. A total of 9,203 recoveries have been reported from the country.

Humanitarian access in Niger has deteriorated because of growing insecurity in Diffa, Maradi, Tahoua, and Tillabéri regions. Niger hosts 580,838 people whose situation is of concern, of which 48% are internally displaced persons (IDPs), 43% refugees, 6% returnees, 2% asylum seekers and other people whose situation is worrying (mainly Burkinabés).

A meningitis outbreak has been declared in the Dungass health district in the Zinder region. The first case was reported on 31 October 2022 and confirmed on 23 November 2022 with Neisseria meningitidis identified as the causative agent. As of 26 February 2023, 911 suspected cases of meningitis including 105 laboratory confirmed cases and 30 deaths (CFR 3.3%) were reported.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jan-20</td>
<td>01-Jan-21</td>
<td>03-May-23</td>
<td>31</td>
<td>33</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Rift Valley fever</td>
<td>Ungraded</td>
<td>23-Feb-23</td>
<td>02-Feb-23</td>
<td>23-Feb-23</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>10-Oct-16</td>
<td>10-Oct-16</td>
<td>13-Jan-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>01-Jan-23</td>
<td>02-Apr-23</td>
<td>1,336</td>
<td>79</td>
<td>5.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-20</td>
<td>21-Apr-23</td>
<td>266,675</td>
<td>266,675</td>
<td>3,155</td>
<td>1.20%</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>08-Jan-23</td>
<td>01-Jan-23</td>
<td>26-Mar-23</td>
<td>827</td>
<td>823</td>
<td>144</td>
<td>17.40%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Meningitis</td>
<td>Grade 1</td>
<td>01-Oct-22</td>
<td>01-Oct-22</td>
<td>05-Mar-23</td>
<td>628</td>
<td>157</td>
<td>52</td>
<td>8.30%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>31-Jan-22</td>
<td>01-Jan-22</td>
<td>29-Mar-23</td>
<td>829</td>
<td>829</td>
<td>9</td>
<td>1.10%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Floods</td>
<td>Ungraded</td>
<td>04-May-23</td>
<td>04-May-23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>07-Apr-20</td>
<td>06-Apr-20</td>
<td>26-Apr-23</td>
<td>6,562</td>
<td>6,562</td>
<td>80</td>
<td>1.20%</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>Dengue</td>
<td>Grade 2</td>
<td>11-Apr-22</td>
<td>15-Apr-22</td>
<td>30-Apr-23</td>
<td>1,210</td>
<td>1,210</td>
<td>11</td>
<td>0.90%</td>
</tr>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>02-Mar-20</td>
<td>02-Mar-20</td>
<td>17-Apr-23</td>
<td>88,993</td>
<td>88,993</td>
<td>1,971</td>
<td>2.20%</td>
</tr>
</tbody>
</table>

From 1 January to 2 April 2023, a cumulative 1,336 suspected cholera cases and 79 deaths (CFR: 5.9%) have been reported from 43 Local Governmental Areas (LGAs) in 12 states, namely Abia, Bauchi, Bayelsa, Cross River, Ebonyi, Kano, Katsina, Niger, Ondo, Osun, Sokoto, and Zamfara. Males represent 53% of all cholera suspected cases.

Since the beginning of 2023 to 26 March, 823 confirmed and four probable cases of Lassa fever with 144 deaths (CFR 17%), have been reported in 23 states and the Federal Capital Territory (FCT). All confirmed cases, were 71% were from Ondo (32%), Edo (29%) and Bauchi (10%) States. The National Multisectoral Emergency Operations Centers for Lassa Fever have been activated at national level and in affected sates to coordinate and strengthen the ongoing response activities.

According to Global Polio Eradication Initiative, four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Zamfara with one case being the first of 2023. There are now 47 cases detected in 2022.

Floods and landslides hit Rwanda’s Northern and Western provinces during the night of 2-3 May 2023 following heavy rains. As of 5 May 2023, the disaster has so far claimed the lives of 131 people and caused 77 others to be injured. The majority of deaths were reported from Rutsiro (27) accounting for 20%. A total of 7,408 people have been internally displaced and have sought shelter at temporary sites. Infrastructural damage has been recorded for 5,174 houses (majority reported from Rubavu district, 371 houses, 65% of total), eight national roads, nine district roads, and 26 bridges. Furthermore, damage was also reported for agricultural lands, water treatment plants, and sewage systems.

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 21 April 2023, a total of 266,675 confirmed cases with 259,953 recovered and 3,155 deaths have been reported.

From 1 October 2022 to 15 March 2023, 66 Local Government Areas (LGAs) from 21 out of 36 administrative states and the Federal Capital Territory (FCT) reported 628 suspected meningitis cases, including 160 confirmed cases and 52 deaths (CFR 8.3%). Males account for 62% of the suspected cases. Age group 5-14 years is the most affected age group. Neisseria meningitides serogroup C is the dominant strain among confirmed cases. 91% of all cumulative cases were from four (4) states – Jigawa (509 cases), Bauchi (232 cases), Zamfara (22 cases) and Oyo (14 cases).

From 1 January to 29 March 2023, Nigeria has reported 829 monkeypox confirmed cases with nine deaths.

From 1 October 2022 to 15 March 2023, 66 Local Government Areas (LGAs) from 21 out of 36 administrative states and the Federal Capital Territory (FCT) reported 628 suspected meningitis cases, including 160 confirmed cases and 52 deaths (CFR 8.3%). Males account for 62% of the suspected cases. Age group 5-14 years is the most affected age group. Neisseria meningitides serogroup C is the dominant strain among confirmed cases. 91% of all cumulative cases were from four (4) states – Jigawa (509 cases), Bauchi (232 cases), Zamfara (22 cases) and Oyo (14 cases).

From 1 January to 29 March 2023, Nigeria has reported 829 monkeypox confirmed cases with nine deaths.

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The Ministry of Health of Senegal has reported a confirmed case of Crimean-Congo hemorrhagic fever on 21 April 2023 in a 35-year-old male patient. He is a butcher residing in Fadia city, Guédiawaye district, Dakar region. The date of onset of symptoms was 10 April with fever and flu-like syndrome. Samples were collected on 20 April for suspected viral hemorrhagic fever after he developed a hemorrhagic syndrome and thrombocytopenia. He died on 22 April. Public health measures are being taken.

A total of 31 dengue confirmed cases including 10 males and 21 females have been reported in Thiologne (30) and Popenguine (1) districts from week 1 to week 12 of 2023. In 2022, 238 cases were recorded including 203 confirmed by PCR (85.3%) and 35 by IgM testing (14.7%). They were mostly concentrated in the first and last quarters of 2022. Eleven regions were affected. The Matam region had reported the highest number of cases (134 cases, 56.3%), followed by Dakar (41 cases, 17.2%), Kafrine (17 cases, 7.1%) and Thies (17 cases, 7.1%).

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020, a total of 50,937 cases have been confirmed, including 50,750 recoveries and 172 deaths have been reported.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 13 March 2023, a total of 7,763 confirmed COVID-19 cases were reported in the country, including 125 deaths and 4,898 recovered cases.

Since the start of the COVID-19 pandemic in South Africa through 24 April 2023, a cumulative total of 4,072,533 confirmed cases and 102,595 deaths have been reported.

From 22 June 2022 to 28 April 2023, there have been five unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Mpumalanga (108 cases), North West (216 cases), Gauteng (166 cases), Free State (29 cases), Western Cape (14), KwaZulu-Natal (20) and Northern Cape (7).

The food insecurity situation in South Sudan is projected to worsen during the lean season from Apr-Jul 2023, as some 7.8 million people (63% of the population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with 43% people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Akobo, Canal/Pigi and Fangak counties of Jonglei State; and Leer and Mayendit counties of Unity State. An estimated 9.4 million people including 2.2 million women, 4.9 million children, and 337K refugees are projected to need humanitarian assistance and protection services of Jonglei State and Leer and Mayendit counties of Unity State.

An estimated 9.4 million people including 2.2 million women, 4.9 million children, and 337K refugees are projected to need humanitarian assistance and protection services in 2023. Communities faced critical needs in January 2023 owing to the impact of multiple emergencies such as recurring subnational violence, food insecurity, flooding, inaccessibility, and public health emergencies. Floodwater levels remained high in Bentiu and Rubkonua towns in Unity, and multiple locations in Jonglei and Upper Nile impeding livelihood activities, exposing people to waterborne diseases, and disrupting the provision of basic services. From 16 Apr - 9 May, 47,901 people have been registered to have crossed the border from Sudan into South Sudan as civilians are fleeing. Those crossing are South Sudanese returnees, Sudanese seeking asylum, and Eritrean refugees. People have been registered at Malakal, Mabun, Bentiu, and Northern Bahr el Ghazal.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 3 May 2023, a total of 18,499 confirmed COVID-19 cases were reported in the country including 138 deaths and 18,353 recovered cases.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>03-Jan-18</td>
<td>01-Jan-19</td>
<td>08-May-23</td>
<td>4 283</td>
<td>1 517</td>
<td>33</td>
<td>0.80%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Feb-22</td>
<td>01-Jan-22</td>
<td>30-Apr-23</td>
<td>6 046</td>
<td>592</td>
<td>58</td>
<td>1.00%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>21-Feb-23</td>
<td>15-Feb-23</td>
<td>13-Mar-23</td>
<td>72</td>
<td>23</td>
<td>3</td>
<td>4.20%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>23-Apr-23</td>
<td>42 973</td>
<td>42 973</td>
<td>846</td>
<td>2.00%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Marburg virus disease</td>
<td>Grade 2</td>
<td>21-Mar-23</td>
<td>21-Mar-23</td>
<td>04-May-23</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>66.70%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Measles</td>
<td>Ungraded</td>
<td>18-Aug-22</td>
<td>30-Jun-22</td>
<td>21-Feb-23</td>
<td>3 811</td>
<td>710</td>
<td>11</td>
<td>0.30%</td>
</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>06-Mar-20</td>
<td>01-Mar-20</td>
<td>26-Mar-23</td>
<td>39 443</td>
<td>39 443</td>
<td>290</td>
<td>0.70%</td>
</tr>
<tr>
<td>Togo</td>
<td>Meningitis</td>
<td>Grade 2</td>
<td>15-Feb-23</td>
<td>15-Feb-23</td>
<td>02-Apr-23</td>
<td>141</td>
<td>22</td>
<td>12</td>
<td>8.50%</td>
</tr>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>03-May-23</td>
<td>19</td>
<td>19</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>01-Jan-22</td>
<td>01-Mar-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uganda</td>
<td>Measles</td>
<td>Ungraded</td>
<td>08-Dec-22</td>
<td>02-Feb-23</td>
<td>01-Feb-23</td>
<td>144</td>
<td>12</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Rift Valley Fever</td>
<td>Ungraded</td>
<td>01-Mar-23</td>
<td>02-Mar-23</td>
<td>17-Mar-23</td>
<td>20</td>
<td>19</td>
<td>4</td>
<td>20.00%</td>
</tr>
</tbody>
</table>

The current outbreak in the Bentiu IDP camp is ongoing. As of 8 May 2023, a total of 4,136 cases of hepatitis E including 27 deaths (CFR: 0.7%) have been reported since January 2019. Approximately 54% of cases are male. The most affected age group were those 15-44 years, accounting for 40% of all followed by children ages 1-4 years, accounting for 24%. On 14 April 2023, an outbreak was reported in Wau, Western Bahr el Ghazal state. Since 8 May 2023, 147 cases and 6 deaths were reported.

The cholera outbreak is ongoing in the regions of Katavi, Kigoma, Rukwa and Ruvuma in Tanzania. From 22 January to 13 Mar 2023, Ruvuma Region reported 13 cases, Katavi Region reported 34 cases, Rukwa Region reported 18 cases, and Kigoma Region reported 7 cases. Three cases (CFR 4.2%) have been reported as deaths all occurring in Nyasa District of Ruvuma Region. A total of 23 cases have been laboratory-confirmed as positive.

On 15 February 2023, an outbreak of meningitis was officially declared by the Ministry of Health of Togo, in Oti South district of Savana region in the northern part of the country. The epidemic threshold has been crossed in week 6 (ending 12 February), with a cumulative of 105 suspected cases with 10 deaths (CFR 9.5%) reported between week 51 of 2022 (ending 25 December) and week 13 of 2023 (ending 2 April 2023). Twenty-two (22) cases have been laboratory-confirmed for Streptococcus pneumoniae. More than 80% of cases are aged above 10 years.

According to the Famine Early Warning Systems Network report covering projections from Oct 2022 to May 2023, below-average crop production and high food and non-food inflation are to drive acute food insecurity in Uganda. In Karamoja, significantly below-average crop production (estimated to be only around half of normal levels) for a third consecutive season and localized insecurity continue to disrupt typical livelihoods and reduce income-earning. According to the Integrated Food Security Phase Classification (IPC) initiative, an estimated 315 000 people are projected to be in the IPC phase 3 and above while 38 000 people are estimated to be in IPC phase 4 from Aug 2022-Feb 2023 period. About 50% of the population of the districts of Kaabong, Kotido and Moroto, while 40% of the population is affected in Nabilatuk district.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 26 April 2023, a total of 170 647 confirmed COVID-19 cases with 3 632 deaths were reported.

A measles outbreak has been ongoing in Bunyoro Region of Uganda since 7 December 2022. As of 1 February 2023, a cumulative total of 144 suspect cases, 12 confirmed cases and no deaths have been reported since the onset of the outbreak.

A total of 20 cases of Rift Valley Fever including 19 confirmed, one probable and four deaths have been reported for the ongoing outbreak in Uganda since January this year. Among deaths, one is probable and three confirmed. The affected District are two : Mbarara district and City.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>07-Mar-22</td>
<td>02-Jan-22</td>
<td>24-Apr-23</td>
<td>1 178</td>
<td>4</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>24-Jan-23</td>
<td>20-Jan-23</td>
<td>08-May-23</td>
<td>468</td>
<td>103</td>
<td>11</td>
<td>2.40%</td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>24-Apr-23</td>
<td>343 881</td>
<td>343 881</td>
<td>4 058</td>
<td>1.20%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Jun-22</td>
<td>13-Jun-22</td>
<td>16-Apr-23</td>
<td>2 137</td>
<td>557</td>
<td>31</td>
<td>1.50%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>20-Jan-20</td>
<td>01-Jan-22</td>
<td>19-Mar-23</td>
<td>491</td>
<td>88</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>23-Feb-23</td>
<td>12-Feb-23</td>
<td>30-Apr-23</td>
<td>593</td>
<td>129</td>
<td>14</td>
<td>2.40%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>17-Oct-22</td>
<td>17-Oct-22</td>
<td>19-Mar-23</td>
<td>384</td>
<td>28</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>07-Feb-21</td>
<td>04-Jan-21</td>
<td>02-Apr-23</td>
<td>3 483</td>
<td>84</td>
<td>3</td>
<td>0.10%</td>
</tr>
<tr>
<td>Chad</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>13-Nov-21</td>
<td>01-Nov-21</td>
<td>02-Apr-23</td>
<td>2 753</td>
<td>31</td>
<td>7</td>
<td>0.30%</td>
</tr>
</tbody>
</table>

From 1 January 2022 to 24 April 2023, a total of 1 178 suspected cases have been reported (984 during 2022, and 194 during 2023 so far). Four cases have been confirmed from the following districts Kasese (1), Buike (2), and Buvuma (1) classified by having positive PRNT results and no record of yellow fever vaccination.

Zambia’s index case was confirmed in Vubwi district on 21 January 2023 and was linked to the Mozambique outbreak. Cumulatively, 468 cases and 11 deaths (CFR = 2.4%) have been reported from 1 May 2023.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 24 April 2023, a total of 343 881 confirmed COVID-19 cases were reported in the country including 4 058 deaths.

A measles outbreak continues to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces have recorded 2 137 measles cases and 31 deaths as of 5 February 2023. WHO is supporting the Ministry of Health investing other cases with similar symptoms.

The anthrax outbreak is ongoing in Zimbabwe. In February 2023, four new cases have been reported from Gokwe North district. As of 5 March 2023, the cumulative figures for anthrax are 481 suspected cases and 0 deaths.

Since the beginning of the outbreak on 12 February 2023 and as of 30 April, 593 suspected cases and 129 confirmed cases have been reported from nine of the country’s ten provinces.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 24 April 2023, a total of 264 639 confirmed COVID-19 cases were reported in the country including 5 686 deaths.

Zimbabwe has recorded 384 suspected cases of typhoid since 17 October 2022. Of these, 69 cases were reported in the last epi week. The cases have been reported mainly from Harare Province and Bulawayo (6 cases) which are the largest cities in the country. Harare has heightened surveillance and has responded to the outbreak by rolling out TCV vaccine to the affected areas/suburbs.

From the beginning of the outbreak in February 2021 to 2 April 2023, 3 483 suspected cases of YF have been reported and investigated, including 84 laboratory-confirmed cases among whom three have died (CFR 3.6%). From weeks 1-13 in 2023, 250 new suspected cases have been reported. Cases have been reported from all ten regions of the country in 2023, but Extreme Nord accounts for the most cases (47, 18.8%).

On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever. As of 2 Apr 2023, 2 753 suspected cases of yellow fever have been reported. Of these, 1 989 cases have been investigated, including 25 probable and 31 lab-confirmed cases. A total of 74 deaths have been reported (CFR 3.0%) including one among probable and six among confirmed cases. A total of 27/126 districts in 10/23 provinces have been affected since the beginning of the outbreak.

†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.
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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.