Overview

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

- Humanitarian Crisis in Mali
- Cyclone Freddy Crisis in Malawi
- 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:

- In Mali, the number of internally displaced persons (IDPs) decreased by between December 2022 and April 2023, from 412,000 to 375,000, according to the Displacement Monitoring Matrix, April 2023. On the contrary, the number of IDPs increased in certain regions such as Ménaka, Kidal, San and Sikasso. The continued deterioration of the security situation, with 178 incidents affecting civilians and humanitarian workers in the first quarter, the low level of funding for the Humanitarian Response Plan and access constraints are having a significant impact on the humanitarian response.

- The Government of Malawi and Humanitarian Partners continue to provide assistance to the Malawian population in the aftermath of cyclone Freddy that hit the southern part of the country on 12 March 2023. However, there is insufficient fund to cover all response interventions, leaving a critical unmet need of 61.1M USD. There are many areas particularly in Mulanje, Nsanje and Phalombe districts that remain unreachable by road, hence accessible only by air. Those populations are now completely isolated, lacking provision of basic social services including health care. In the same line, there are gaps in provision of essential health services in hard-to-reach areas.
Mali

Humanitarian Crisis

EVENT DESCRIPTION

The humanitarian situation in Mali remains alarming in 2023 due to the persistence of the multidimensional crisis including years of armed conflict, climatic hazards, and high prices for staple foods. Acute food insecurity is expected to increase by 30 percent during the lean season (June-August), pushing 1,671 people into emergency situations (Cadre Harmonisé Phase 5). The situation is particularly worrying in the northern and central regions of the country, likely due to an increase in direct and indirect attacks against national and international forces and civilians.

As of 30 April 2023, according to the Displacement Monitoring Matrix (DTM), there were 375,539 internally displaced persons (IDPs) in 78,439 households, 54% of whom were women. In May 2023, two aid workers were killed and 17 others detained by armed groups, bringing the total number of aid workers killed in the first five months of 2023 to six, and the total number of aid workers abducted or detained by armed groups to 52.

In the Mopti region, the humanitarian situation in May was marked by the displacement of populations in the villages of Manaco and Fatoma in Mopti Cercle, following the attack on their village by unidentified armed men on 11 May. A total of 1,000 people were reported displaced. Sixty households also moved from the village of Bara Sara, Bandiagara Cercle, to Mopti city following the attack on the village by non-state armed groups on 15 May.

In the Ségou region, the security situation remains characterized by the presence of armed groups and continued attacks against civilians. The threat of explosive devices is increasing in communities and against the Malian armed forces. According to the April Access Incident Scoreboard, 21 incidents involving improvised explosive devices were recorded in the Ségou and San regions, a record for all regions of Mali in March, April, and May 2023.

Farabougou village, in the Niono Cercle, has been isolated from any aid since October 2020. In this area, schools are closed, weekly markets are inaccessible, and socio-economic activities are at a standstill. People have difficulty accessing their fields and basic social services such as health care. In Ségou Cercle, all schools of the Centre d’Animation Pédagogique in Farako have been closed since 2020 due to the ongoing insecurity. However, humanitarian actors in the health, nutrition and food security sectors continue to operate in the area. Kidnappings of local personalities continue to be reported.

In the San region, the security situation is similar to that in Ségou region, particularly in the Tominian Cercle. Armed groups are very active, especially along the border with Burkina Faso. These groups threaten and intimidate civilians, attack villages, and plant booby traps on roads. The most recent attack on the village of Bororé on 27 May resulted in the displacement of 190 households (approximately 900 people) to the commune of Lanfiala.

Ménaka, like a number of other northern regions, faces a deteriorating security situation marked by clashes between rival armed groups and rising crime. At least five security incidents were recorded during the week of 8-14 May, reflecting the continuing volatility of the situation.

This instability has led to continued displacement of the population towards the center of Ménaka and increased pressure on available resources.

PUBLIC HEALTH ACTIONS

• The Office for the Coordination of Humanitarian Affairs is coordinating the multisectoral partner response to the humanitarian crisis in Mali. The priority regions for humanitarian operations are Gao, Ménaka, Mopti, Timbuktu, and Kidal.

• WHO leads the health cluster supported by ALIMA.

• Several humanitarian organizations are on the ground to support the multi-sectoral humanitarian response and to implement projects for the benefit of the affected populations. However, some areas remain inaccessible due to security constraints.
SITUATION INTERPRETATION

Mali is facing a complex humanitarian crisis involving both the activities of armed groups, which are causing population movements and hampering the humanitarian response, and the effects of climate change, notably food insecurity and malnutrition. In 2022, more than 2.8 million of the 5.3 million people targeted were assisted by humanitarian partners. According to the 2023 Humanitarian Response Plan for Mali, more funds are needed in 2023 to reach 5.7 million people and meet the priority needs of the most vulnerable.
Cyclone Freddy

EVENT DESCRIPTION

Cyclone Freddy hit the Southern region of Malawi on 12 March 2023, with strong winds and torrential rains causing substantial flooding and massive mudslides. Fourteen districts and two cities have been affected, including Balaka, Blantyre (including the city), Chikwawa, Chiradzulu, Machinga, Mangochi, Mulanje, Mwanza, Neno, Ntcheu, Nsanje, Phalombe, Thyolo, and Zomba (including the city).

According to the Malawi Department of Disaster Management Affairs (DoDMA), some 2,267,458 people have been affected across the many flooded areas, representing 523,564 households. Some 679 people lost their lives, 2,178 were injured, and an estimated 537 people were still missing as of 29 May, though they have still not been found despite all rescue efforts that were deployed.

Several infrastructure, including, 63 health care facilities, 558 schools, 44 roads, 40 bridges and over 179,223 hectares of agricultural land were destroyed, putting around 1.6 million people in acute food insecurity, in addition to the 3.8 million of Malawians who were already in acute food insecurity before cyclone Freddy's landfall. Nearly 882,989 houses were flooded and either partially or totally destroyed, resulting in the displacement of about 659,278 people (323,026 women; 49.0%) who had initially found shelter in 747 accommodation centres.

Although water levels have now fully subsided in all affected areas, there are still some locations particularly in Mulanje, Nsanje and Phalombe districts that remain inaccessible by road, hence only reachable by air. This situation further compromises the access of populations there residing to essential health services including in internally displaced person (IDP) camps.

As of 22 June, some 38 IDP camps were still active, hosting an estimated 78,099 IDPs distributed in Chikwawa (7 camps; 20,689 IDPs), Chiradzulu (1 camp; 535 IDPs), Mangochi (1 camp; 480 IDPs), Mulanje (5 camps; 3,615 IDPs), Nsanje (19 camps; 50,948 IDPs), Thyolo (4 camps; 962 IDPs), and Zomba (1 camp; 870 IDPs). Most of these camps are to remain active until the end of June/July, and for further relocation as well. Accordingly, the process of land identification is ongoing, with collaboration of district councils, Group Village Heads and Village Heads, and Humanitarian Actors. Once identified, possible relocation sites will undergo a multisectoral feasibility assessment to ascertain their suitability to host new communities.

Nonetheless, since the beginning of the response, life in IDP camps has always been and remain a big challenge. IDPs are living in very precarious conditions, due to overcrowding, low ventilation, low water, sanitary and hygiene (WASH) standards, low access to essential health care services and lack of food and other non-food items. The prevailing diseases/conditions are represented by malaria, acute respiratory infections, malnutrition, and cases of infestations. The need for reproductive health, and antiretroviral therapy services among others is significant. Therefore, considering that these IDP camps will remain for a longer period, the Government and its Partners are called to continue and reinforce provision of multisectoral humanitarian assistance to these vulnerable populations who have lost their houses, livelihoods and other belongings.

PUBLIC HEALTH ACTIONS

- The national Emergency Operations Centre was activated, led by DoDMA. Regular multisectoral coordination meetings are being held both at national and district council levels. The Health Sector is coordinating the health response under the co-leadership of the Ministry of Health and WHO.
- A Health Sector Response Plan was developed, as part of the overall Multisectoral Response Plan.

Complaints about the consistency of these packs and their capability of providing enough assistance for a minimum period of six months.

Go to overview
A Health Sector rapid assessment was conducted in 151 IDP camps from seven districts (Blantyre, Chikwawa, Chiradzulu, Machinga, Mulanje, Phalombe, and Zomba) to assess the provision of essential health services in the aftermath of cyclone Freddy and orient the response.

An electronic Open Data Kit form was developed for daily reporting of data in IDP camps. Accordingly, 743 health surveillance assistants (HSAs) were trained in the eight most affected districts.

WHO provided technical and financial support to the One Health Surveillance Platform training of 59 district officer trainers for the 13 southern districts.

IPC/WASH assessments were conducted in various cholera treatment centres/units (CTCs/CTUs) in the southern region, and IPC materials were distributed.

Supportive supervision and mentoring of health facility IPC focal points were conducted in the southern districts, especially in Blantyre, Chikwawa and Nsanje.

WHO supported deployment of surge staff to support provision of basic emergency care in Blantyre, Mulanje, Nsanje, and Phalombe districts.

WHO coordinated and facilitated deployment of four international EMTs including UK-EMT in Nsanje, Team Rubicon in Zomba, IFRC in Phalombe, and MSF in Nsanje and Phalombe.

WHO supported establishment of 94 oral rehydration points (ORPs) in cyclone affected districts including Balaka (15), Blantyre (32), Chikwawa (10), Machinga (6), Mulanje (5), Neno (5), Ntcheu (6), Nsanje (10), and Phalombe (5).

A rapid assessment of nutrition rehabilitation units of district hospitals was conducted in the eight-priority cyclone-affected districts.

WHO delivered one paediatric severe acute malnutrition equipment module and three sets of basic supplies for the management of wasting to Mulanje and Phalombe district hospitals.

Group discussions and meetings were organised with block, community and religious leaders to raise awareness and community engagement for cholera and other diseases prevention.

WHO provided support for airlifting of patients from, and medicines and medical supplies including, dispatching of emergency kits and other supplies

WHO supported the redesigning and upgrading of Ndamira and Sorgin CTUs in Nsanje district, and Ngabu CTU in Chikwawa district.

SITUATION INTERPRETATION
Cyclone Freddy aggravated the vulnerability of more than 2 million of Malawians mostly residing in the southern part of the country. Acute food insecurity levels have reached unprecedented levels, further exacerbated by drastic augmentation in the prices of essential goods in local markets. In addition, overcrowding and low ventilation that characterize the very large majority of these camps drive the high numbers of ARI cases, while many malaria cases are observed due to lack of mosquito bed nets. The number of latrines, handwashing facilities, waste bins, and bathrooms is insufficient enough to satisfy the needs. These are areas of urgent improvement, to contribute in alleviating the sufferings of these populations who are struggling to recover from the passage of cyclone Freddy. There is also need to invest in preparedness and readiness activities, considering the potential of reoccurrence of such events in Southern Malawi.
IDP camps in Malawi districts, as of 22 June 2023

IDP Camp closure over time in Southern Malawi, as of 22 June 2023
EVENT DESCRIPTION

One newly confirmed mpox case was reported from Nigeria in the past two weeks, as Africa reported 1,765 cases since January 2022. Six (6) African countries (Cameroon, Central African Republic (CAR), DRC, Ghana, Liberia, and Nigeria) have reported 524 mpox cases in 2023.

The new case reported in Nigeria in the past two weeks has increased the number of cases in 2023 from 79 to 80 (1.3% increase). The case was reported in week 23 (ending June 11, 2023). The country has cumulatively reported 843 cases from 1 January 2022 to 25 June 2023. Since January 2023, eighteen states have reported 783 suspected and 80 confirmed mpox cases. Five states with the highest number of confirmed cases, 42 (52.5%), include Lagos (19), Ogun (9), Abia (6), Edo (4) and Imo (4); the majority of mpox cases in Nigeria are males 57 (72%), and 61 (76.3%) are within age 21 – 50.

Between 1 January 2022 and 25 June 2023, 1,765 laboratory-confirmed cases have been reported from 13 African countries, including; Nigeria (843), the DRC (675), Ghana (127), Cameroon (40), CAR (30), 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, 843 (47.8%), DRC 675 (38.2%), and Ghana, 127 (7.2%). The three countries have reported 1,645 (86.9%) of all confirmed cases.

There are seven countries that recorded ongoing outbreaks in 2022 with no reported new mpox cases in 2023; Benin, Congo, Egypt, Mozambique, Morocco, South Africa, and Sudan. Twenty-two (22) deaths have been reported in the African region since 2022 from Nigeria (9), Ghana (4), Cameroon (3), DRC (3), CAR (1), Mozambique (1), and Sudan (1). Six deaths have been reported from three countries DRC (3), Nigeria (2) and CAR (1) in 2023.

PUBLIC HEALTH ACTIONS

- Extended epidemiological investigations are planned in Nigeria and the Democratic Republic of the Congo to better understand mpox transmission dynamics and enhance response efforts.
- WHO Africa regional office is supporting countries to strengthen mpox risk communication and community engagement.
- WHO Africa regional office is supporting countries to strengthen mpox surveillance and response.
- The WHO AFRO continues to support countries in researching the potential impact of mpox on both animal populations and wastewater systems in Africa.
- The WHO AFRO continues to support countries in improving laboratory capacity, information management, and genomic sequencing.

SITUATION INTERPRETATION

A newly confirmed mpox case was reported from Nigeria in the past two weeks. Six countries have reported new cases in 2023, including Cameroon, the Central Africa Republic, the Democratic Republic of the Congo, Ghana, Liberia, and Nigeria. Extended epidemiological investigations are planned in Nigeria and the DRC.
Go to overview

Go to map of the outbreaks
37 Countries out of 47, reported for week 25

79 % Completeness for weekly reporting

55 % Timeliness for weekly reporting

2023 Summary of Reporting - Frequency of weekly reports received at AFRO

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

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

afrooutbreak@who.int
### All events currently being monitored by WHO AFRO

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<td>COVID-19</td>
<td>Protracted 3</td>
<td>30-Mar-20</td>
<td>30-Mar-20</td>
<td>6-May-23</td>
<td>329 862</td>
<td>329 862</td>
<td>2 797</td>
<td>0.90%</td>
</tr>
<tr>
<td>Botswana</td>
<td>Measles</td>
<td>Ungraded</td>
<td>28-Mar-23</td>
<td>28-Mar-23</td>
<td>31-Mar-23</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>27-Jun-23</td>
<td>2 100 000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>3-May-23</td>
<td>22 056</td>
<td>22 056</td>
<td>396</td>
<td>1.80%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Jan-23</td>
<td>1-Jan-23</td>
<td>28-Jun-23</td>
<td>551</td>
<td>551</td>
<td>175</td>
<td>1.60%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Mar-23</td>
<td>17-Mar-23</td>
<td>21-Jun-23</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

From 25 February 2020 to 18 June 2023, a total of 271 851 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 183 058 recovered.

According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were three cases reported in 2022.

The first COVID-19 confirmed case was reported in Angola on 21 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.

The first COVID-19 confirmed case was reported in Benin 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.

One cVDPV2 case was reported in Oueme this week. There have been three 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 6 May 2023, a total of 329 862 confirmed COVID-19 cases were reported in the country including 2 797 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, Kweneng DHMT, Greater Francistown 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 regions of Burkina Faso has gradually deteriorated due to attacks by armed groups, resulting in a staggering 2 100 000 registered displaced persons as of January 31, 2023. Access to healthcare services remains a major challenge for the affected population. Furthermore, torrential rain on the night of June 18, 2023, inflicted severe damage upon temporary hosting sites for internally displaced persons (IDPs) in Ouahigouya, the regional seat of the Nord Region. The Gourga, Ferme 09, and Raminsé sites in Ouahigouya were particularly affected, raising concerns among humanitarian actors about the state of emergency shelters during the ongoing rainy season.

An outbreak of cholera has been declared in Burundi on 1 January 2023. As of 28 June 2023, 551 suspected cases, including 175 laboratory-confirmed, and nine deaths (CFR 1.6%) have been reported. Cases have originated from eight districts including Isare (225 cases; 6 deaths), Bujumbura North (133 cases; 2 deaths), Cibitoke (92 cases), Bujumbura South (32 cases; 1 death), Kabezi (23 cases), Bujumbura Centre (13 cases), Mpanda (2 cases), and Rwibaga (1 case). Encouragingly, Cibitoke, Kabezi, and Rwibaga have notified no further case since more than five weeks.

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.

The health authorities of Burundi have declared an outbreak of circulating poliovirus type 2 (cVDPV2) 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 further cVDPV2 case has been reported as of 21 June 2023.
The eastern façade (North, Adamawa, Est regions) of Cameroon is experiencing a protracted humanitarian situation due the presence of refugees from CAR. Although refugees from the Central African Republic (CAR) are protracted waves of refugee influxes continue to arrive in the East, Adamawa, and North regions. By the end of 2023, it is expected that there will be 351,000 refugees from CAR in Cameroon. According to UNHCR, this trend will likely continue, given the fragile political and security situation in the CAR.

In Cameroon, over 3 million people (11% of the population) are facing acute food insecurity. Results of an analysis conducted in March 2023 indicate that the Far North, North-West and South-West regions are the most affected. The continuous high level of insecurity and armed violence in the Far North, North-West and South-West regions, the rise of conflicts over natural resources (water, pastures, etc.), floods in the Far North, and subsequent displacement events, continue to have a severe impact on food security. Food insecurity is further exacerbated by the impacts of the Ukraine-Russia crisis, which has led to a drastic increase in the prices of basic goods and commodities. According to recent projections for the next period, the number of people in emergency phase (phase 4) is expected to be higher by 45% compared to the same period last year.

The security situation remains volatile in the Far North region. During the night of 16 April for instance, a non-State armed group (NSAG) attacked simultaneously a military post, the village of Zeleved and a nearby village of Krawa-Mafa in the Mayo Moskota district, Mayo-Tsanaga division. The NSAG reportedly abducted two civilians and burned over 500 civilian homes. Large quantities of food and non-food items were burned, and other goods, including life stock were looted. Following the attack and out of fear of further attacks, more than 2,300 people living in these locations moved to Moskota and Koza centres, still in the Mayo-Tsanaga division. These displaced populations are in crucial need of food, shelter and non-food items (NFIs). Since January 2023, the Mayo-Tsanaga division has recorded over 8,000 IDPs. Despite the response activities implemented by humanitarian partners, the needs remain very high. Humanitarian access is also challenging due to insecurity and poor road conditions.

Between 16-22 June, 121 new cases of cholera including three deaths have been reported from Centre (116 cases; 3 deaths) and Littoral regions (5 cases). From 25 Oct 2021 to 22 June 2023, a total of 19,400 cases of cholera including 1,880 laboratory-confirmed cases and 460 deaths (CFR 2.4%) have been reported from eight Regions. Patients' ages range from 2 months to 103 years with a median of 28 years, and the sex ratio M/F is 1.3.

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. Patients' ages range from 2 months to 103 years with a median of 28 years, and the sex ratio M/F is 1.3.

No cVDPV2 case was reported this week ending 21 June 2023. There were three cases reported in 2022, three others reported in 2021, and seven cases reported in 2020.

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 first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 18 June 2023, a total of 64,016 confirmed COVID-19 cases including 414 deaths and 63,509 recoveries were reported in the country.

The humanitarian situation in the country remains critical with populations continuing to suffer from insecurity. One in five Central Africans is either displaced within their own country or refugees in a neighboring country. In 2023, 3.4 million people will need humanitarian assistance and protection, an increase of 10% compared to 2022. The ongoing conflict in Sudan is exacerbating the humanitarian situation in the northern region of the country which is already facing food insecurity, and insufficient basic services such as health and education and livelihoods. As of 7 June 2023, a total of 13,824 people, including 3,456 Central African returnees have preventively crossed the border from Sudan and are living in host families and spontaneous settlements in Arn-Dafock, women and children constitute 98 % of asylum seekers and 87 % of returnees.
### Health Emergency Information and Risk Assessment

**Weekly Bulletin on Outbreaks and Other Events**

**Week 26: 19 June-25 June 2023**

#### Central African Republic

<table>
<thead>
<tr>
<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>COVID-19</td>
<td>Protracted 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>23-Apr-23</td>
<td>15 396</td>
<td>15 396</td>
<td>113</td>
<td>0.70%</td>
</tr>
</tbody>
</table>

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 23 April 2023, a total of 15 396 confirmed cases, 113 deaths and 15 200 recovered were reported.

Since the beginning of 2023 to week 16 (ending 23 April), the Ministry of Health and Population has recorded a cumulative of 756 confirmed cases of measles including 105 laboratory-confirmed cases, 651 cases confirmed by epidemiological link and zero deaths. The measles outbreak is ongoing in eight (23%) out of 35 health districts, namely: Bozoum, Bossembélé, Haut-Mbomou, Boda, Bambari, Bangui 1, Bimbo and Bouar-Baoro.

<table>
<thead>
<tr>
<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>Measles</td>
<td>Ungraded</td>
<td>13-Mar-22</td>
<td>1-Jan-23</td>
<td>23-Apr-23</td>
<td>756</td>
<td>756</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

From 4 March 2022 to 28 May 2023, a total of 31 confirmed cases of Mpox and one death have been reported in the country. Since the start of 2023, the country has reported 14 laboratory-confirmed cases, including one death. During week 21 (ending 28 May), two new suspected cases were reported from Baboua-Abba et Paoua districts.

<table>
<thead>
<tr>
<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>Mpox</td>
<td>Protracted 2</td>
<td>3-Mar-22</td>
<td>4-Mar-22</td>
<td>28-May-23</td>
<td>31</td>
<td>31</td>
<td>1</td>
<td>3.20%</td>
</tr>
</tbody>
</table>

No new case of cVDPV2 was reported this week ending 21 June 2023. So far, seven cases have been reported in the country this year. In addition, six cases were reported in 2022. Although no new cases were reported in 2021, four cVDPV2 cases were reported in 2020 and 21 cases in 2019 from several outbreaks.

<table>
<thead>
<tr>
<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>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>21-Jun-23</td>
<td>38</td>
<td>38</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

The humanitarian situation in Chad is characterised by a combination of four major crises: forced population movements, food insecurity and malnutrition, health emergencies and the effects of climate change. The situation in 2023 is more worrying than in 2022, with 4.4 million people in need, including 1.1 million targeted. The crisis in Sudan is aggravating the humanitarian situation in Chad, where nearly 200 000 people, including 38 099 Chadian returnees, have already arrived on Chadian territory. Projections indicate that nearly 310 000 people including 60 000 Chadian returnees are expected to arrive in the provinces of Ouaddai, Sila and Wadi Fira in the next six months.

<table>
<thead>
<tr>
<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>COVID-19</td>
<td>Protracted 3</td>
<td>19-Mar-20</td>
<td>19-Mar-22</td>
<td>26-Apr-23</td>
<td>7 822</td>
<td>7 822</td>
<td>194</td>
<td>2.50%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 26 April 2023, a total of 7 822 confirmed COVID-19 cases were reported in the country including 194 deaths.

<table>
<thead>
<tr>
<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>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-23</td>
<td>23-Apr-23</td>
<td>5 378</td>
<td>412</td>
<td>4</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

As at Week 16 of 2023 (ending 23 April), 5 378 suspected cases and four measles-related deaths (CFR 0.1%) have been reported from 136 out of 150 districts in the country. A total of 412 samples tested IgM+ for measles out of 1 393 cases investigated with blood samples (31.5%); and 157 tested IgM+ for rubella from 1 057 tested samples (14.8%). Only 21% of confirmed cases known to have received at least one dose of measles vaccine. There are 39 districts with laboratory confirmed measles outbreak since the start of 2023.

<table>
<thead>
<tr>
<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>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>9-Sep-19</td>
<td>21-Jun-23</td>
<td>167</td>
<td>167</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No new case of cVDPV2 was reported this week ending 21 June. A total of eight cases have already been reported in 2023. In addition, 44 cVDPV2 cases were reported in 2022, 106 cVDPV2 cases were reported in 2020 from three different outbreaks, and nine other cases were reported in 2019.

<table>
<thead>
<tr>
<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>COVID-19</td>
<td>Protracted 3</td>
<td>30-Apr-20</td>
<td>30-Apr-20</td>
<td>27-Apr-23</td>
<td>9 109</td>
<td>9 109</td>
<td>161</td>
<td>1.80%</td>
</tr>
</tbody>
</table>

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 27 April 2023, a total of 9 109 confirmed COVID-19 cases, including 161 deaths were reported in the country.

<table>
<thead>
<tr>
<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>
</table>

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 14 May 2023, a total of 25 195 cases including 389 deaths have been reported in the country.

<table>
<thead>
<tr>
<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>Mpox</td>
<td>Protracted 2</td>
<td>23-May-22</td>
<td>1-Jan-22</td>
<td>14-May-23</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

From 1 January 2022 to 14 May 2023, the Republic of Congo has reported five laboratory-confirmed cases, with zero death (CFR 0.0%).

<table>
<thead>
<tr>
<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>COVID-19</td>
<td>Protracted 3</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>29-May-23</td>
<td>88 330</td>
<td>88 330</td>
<td>835</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

Since 11 March 2020, a total of 88 330 confirmed cases of COVID-19 have been reported in Comoros including 835 deaths, and a total of 87 497 recoveries.

<table>
<thead>
<tr>
<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>Yellow Fever</td>
<td>Ungraded</td>
<td>17-May-23</td>
<td>8-May-23</td>
<td>8-May-23</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
WEEKLY BULLETIN ON OUTBREAKS AND OTHER
WEEK 26: 19 JUNE - 25 JUNE 2023

The suspected meningitis outbreak is ongoing in the Banalia health zone, Tshopo province in the Democratic Republic of the Congo. From 2 June 2022 to 14 May 2023, a total of 557 suspected cases with 95 deaths (CFR 17.1%) have been reported.
### Health Emergency Information and Risk Assessment

#### WEEKLY BULLETIN ON OUTBREAKS AND OTHER

**WEEK 26: 19 JUNE-25 JUNE 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>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Protraced 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>23-Feb-23</td>
<td>17 229</td>
<td>17 229</td>
<td>183</td>
<td>1.10%</td>
</tr>
</tbody>
</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 23 February 2023, a total of 17 229 cases have been reported in the country with 183 deaths and 16 907 recoveries.

| Eritrea         | COVID-19            | Protraced 3 | 21-Mar-20           | 21-Mar-20                 | 30-Oct-22               | 10 189      | 10 189         | 103    | 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 | 2-Jun-22           | 7-Jun-22                 | 21-Jun-23               | 2           | 2             | 0      | 0.00% |

No new case of cVDPV2 was reported this week ending 21 June. There was 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 | 3-Apr-23           | 3-Apr-23                 | 31-May-23               | 2           | 2             | 0      | 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.

| Eswatini       | COVID-19            | Protraced 3 | 13-Mar-20           | 13-Mar-20                 | 29-Apr-23               | 74 670      | 74 670         | 1 425 | 1.90% |

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 17 March 2020. As of 29 April 2023, a total of 74 670 cases have been reported with 1 425 associated deaths.

| Ethiopia       | Drought/food insecurity | Grade 3 | 17-Feb-22           | 1-Jan-22                 | 14-Jun-23               | 20 100 000  | -             | -     | -   |

Over 20.1 million people are food insecure in various regions, due to conflict, drought and floods, including 2.73 million IDPs and 1.88 million returnees. Drought conditions have disrupted livelihoods in the southern and south-eastern parts of the country, resulting in more than 11 million people being food insecure in the affected regions. Food needs have worsened in low-lying areas that were affected by flooding during the rainy season, mainly due to population displacements, loss of livestock and crop damage. Affected regions includes Afar, Oromia, SNNP (Southern Nations Nationalities and People) and Somali. An estimated 8.8 million people are in need of food assistance in the Afar, Amhara and Tigray regions, particularly in zones that were affected by the conflict. In Tigray, there is a concern on worsening food insecurity among the vulnerable population groups, following the pause of food distributions due to reports of significant diversion of humanitarian food assistance in the region.

| Ethiopia       | Floods               | Ungraded | 16-May-23           | 12-May-23                 | 24-May-23               | 58 909      | 45            | -     | -   |

Floods have caused widespread destruction and displacement in Somalia, Oromia, Southern Nations Nationalities & Peoples’, South-West Ethiopia Peoples’ and Afar regions. About 58 909 people have been affected, 35 350 households are displaced, 45 human lives lost, over 23 000 livestock perished, and more than 99 713 hectares of farmland destroyed.

| Ethiopia       | Humanitarian crisis (Conflict in Tigray) | Grade 3 | 4-Nov-20           | 4-Nov-20                 | 10-May-23               | -           | -             | -     | -   |

In Ethiopia, some 2.7 million people have been displaced and another 887K refugees are located in the country as of 28 Feb 2023. Humanitarian partners have assisted more than 3.7 million people as of 4 January 2023, representing 68.5% of the total planned caseload of 5.4 million people in Tigray under the current round (Round 2) of food distribution. Hundreds of thousands of people continue to be uprooted from their homestead, with a consequential increase in humanitarian needs. Approximately, 18 000 individuals have crossed into Ethiopia fleeing conflict in neighboring Sudan between 15-10 May 2023.

| Ethiopia       | Cholera             | Grade 3 | 17-Sep-22           | 17-Sep-22                 | 13-May-23               | 6 592       | 39            | 104   | 1.60% |

A cholera outbreak has been ongoing in Ethiopia since 27 August 2022. The index case was reported from Bekay Kebele, Oromia Region and the outbreak was confirmed on 9 September. As of 13 May 2023, a total of 6 592 suspected cases of cholera with 104 deaths (CFR 1.6%) have been reported. There were 128 cases and 24 new deaths reported in week 19, 2023. At least 62 woredas have reported cholera cases since the beginning of the outbreak, however, during week 18, 53 woredas have active cholera outbreaks.

| Ethiopia       | COVID-19            | Protraced 3 | 13-Mar-20           | 13-Mar-20                 | 26-Apr-23               | 500 816     | 500 816        | 7 574 | 1.50% |

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 500 816 cases of COVID-19 as of 26 April 2023, with 7 574 deaths and 487 838 recoveries.

| Ethiopia       | Dengue              | Ungraded | 16-May-23           | 10-May-23                 | 10-May-23               | 1 638       | 103           | 9     | 0.50% |

Since 4 April 2023, two districts (Logia and Mille) in the Afar region of northeastern Ethiopia have been experiencing an outbreak of dengue fever. As of 10 May 2023, a total of 1 638 suspected and confirmed cases and nine associated deaths (case fatality ratio = 0.5%) have been reported.

| Ethiopia       | Measles             | Ungraded | 13-Apr-17           | 1-Jan-23                 | 28-Apr-23               | 5 052       | 2 972         | 3     | 0.10% |

A total of 5 052 suspected measles cases reported as of week 17 current year (ending 28 April), Confirmed cases are 2 972 including 517 (17%) laboratory confirmed, 2 439 (82%) epidemiologically linked cases and 16 (1%) clinically compatible. Total of 45 confirmed active outbreaks affecting eight regions as of week 17, 2023

| Ethiopia       | Poliomyelitis (cVDPV2) | Grade 2 | 24-Jun-19           | 20-May-19                 | 21-Jun-23               | 64          | 64            | 0     | 0.00% |

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week 19 of 2023 (ending 14 May 2023). There was one case reported in 2022. In addition, ten cases were reported in 2021, 38 in 2020 and 15 in 2019.

| Ethiopia       | Visceral leishmaniasis | Ungraded | 1-Jan-23           | 1-Jan-23                 | 30-Apr-23               | 180         | 21            | 11.70% |

From 1 January 2023 to 30 April 2023, a total of 180 cases of visceral leishmaniasis and 21 deaths (CFR 11.7%) were reported. WHO is supporting capacity building, active case finding and scaling up of rapid serological testing in health facilities. In addition, Médecins Sans Frontières (MSF) is supporting case management.

| Gabon          | COVID-19            | Protraced 3 | 12-Mar-20           | 12-Mar-20                 | 30-Apr-23               | 48 982      | 48 982         | 307   | 0.60% |

Health Emergency Information and Risk Assessment
### COVID-19 Cases

As of 12 March 2023, there have been 12 confirmed cases and three deaths reported from five sub-counties: Gatanga (1), Kandara (5, including 2 deaths), Kigumo (7, including 1 death, Maragua (1) Mathiya (1), and Maragua (2). The last case has been reported between 22-29 May 2023.

### Drought/food insecurity

According to the Food Security and Nutrition Working Group, latest data shows a likely unprecedented deterioration in Kenya’s food security situation, with over 5.4 million people experiencing acute food insecurity between March and June this year and likely to deepen in the following months. In April, most counties received near average rainfall with some experiencing Near-Average rainfall to above average rainfall. The rains are yet to impact on production systems. Recovery will take time therefore need for continued heightened response. There is an improved water availability for human and livestock use, however, there is increased risk of water borne disease outbreak in the flooded areas.

### Anthrax

Kenya has reported 270 cases of anthrax from 2021. No cases were reported in 2022. No cases were reported in 2023.

### Leishmaniasis

Kenya has reported 343 cases of leishmaniasis from 2021. The outbreak has been reported from Muranga County. A total of 19 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) Mathiya (1), and Maragua (2). The last case has been reported between 22-29 May 2023.

### Measles

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 30 April 2023, there have been 343 confirmed cases including 5 686 deaths and 337 333 recoveries have been reported in the country.
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.

Malawi COVID-19 Protracted 3 2-Apr-20 2-Apr-20 1-May-23 88 728 88 728 2 686 3.00%

Since the first confirmed COVID-19 case was reported in Malawi on 13 May 2020, until 12 September 2023, a total of 34 490 cases of COVID-19 have been reported, and 706 deaths.

Liberia COVID-19 Protracted 3 16-Mar-20 16-Mar-20 21-May-23 8 136 8 136 294 3.60%

From 16 March 2020 to 20 April 2023, Liberia has recorded a total of 8 136 cases including 294 deaths and 7 853 recoveries have been reported.

Since the beginning of 2022 up to 21 April 2023, a total of 71 confirmed cases of Lassa fever with 19 deaths (CFR 27%) have been reported in Liberia.

Since the measles 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%) 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 Measles Ungraded 3-Feb-22 12-Dec-21 21-Mar-23 71 71 19 26.80%

Liberia Lassa Fever Ungraded 3-Mar-22 6-Jan-22 21-Apr-23 10 10 0 0.00%

Malawi Cholera Grade 3 3-Mar-22 3-Mar-22 2-Jul-23 58 919 58 887 1 763 3.00%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 1 May 2023, the country has a total of 88 728 confirmed cases with 2 686 deaths.

Malawi Poliomyelitis (WPV1) Grade 2 31-Jan-22 1-Feb-22 28-Jun-23 1 1 0 0.00%

One positive 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 people of Mali are suffering the effects of years of conflict, deep poverty, climate shocks, and growing insecurity. In 2021, humanitarian partners reached 2.8 million people in Mali. Today, 7.5 million people are in need of humanitarian assistance. One in four Malians (4.8 million people) are currently food insecure due to insecurity and the effects of climate change. During this year’s lean season (June to August), a staggering 1.8 million people will be acutely food insecure. However, the Humanitarian Response Plan for Mali is currently only 11 percent funded.

Mali Humanitarian crisis (Sahel region) Grade 2 11-Sep-17 31-May-23 - - -

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. 86 Internally Displaced Person (IDP) camps still active as of 25 May, with 120 124 IDPs. Between 4-30 May 2023, over five camps were decommissioned per day. Completeness of daily reporting from the camps is low, at 7.3% over the past week. Conditions in camps still driven by acute respiratory infections and malaria.

Malawi Cyclone Grade 2 14-Mar-23 14-Mar-23 2-Jun-23 2 267 458 679 0.00%

The Malawian cholera outbreak was first confirmed on 16 March 2022, and is currently ongoing. As of 1 May 2023, a total of 58 919 cases have been reported in Malawi, with 1 763 deaths (CFR 3.0%).

Mali Measles Ungraded 20-Feb-18 1-Jan-23 26-Mar-23 94 94 0 0.00%

From the beginning of the year through 26 March 2023, 263 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%).

Mauritania COVID-19 Protracted 3 13-Mar-20 13-Mar-20 14-May-23 63 669 63 669 997 1.70%

According to Reliefweb, 2.2 million people face food insecurity and need humanitarian assistance. 479,000 children suffer acute malnutrition in the Grand South and Grand South-east.115,000 children need to be treated for acute malnutrition this year.

Madagascar Malnutrition crisis Grade 2 1-Jul-21 1-Jan-21 1-Jun-23 2 200 000 - - -

On 23 July 2022, the National Public Health Reference Laboratory in the country. As of 29 March 2023, 10 confirmed cases of monkeypox with 0 deaths were reported.

Madagascar Cyclones Grade 2 25-Jan-23 19-Jan-23 26-Jun-23 391 000 - 53

On 23 July 2022, 20 confirmed cases were confirmed and 0 deaths were reported in Madagascar.

Madagascar Malnutrition crisis Protracted 2 21-Jul-22 23-Jul-22 29-Mar-23 - - -

Madagascar COVID-19 Protracted 3 20-Mar-20 20-Mar-20 21-May-23 1 424 0 0.00%

On 21 March 2022, a total of 1 424 confirmed cases of COVID-19 have been reported in Madagascar.

Madagascar Measles Ungraded 3-Mar-22 6-Jan-22 21-Apr-23 10 10 0 0.00%

Mali Measles Protracted 3 25-May-20 25-May-20 11-Jun-23 33 150 33 150 743 2.20%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 11 June 2023, a total of 33 150 confirmed COVID-19 cases have been reported in the country including 743 deaths and 32 331 recoveries.

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.

Mali Humanitarian crisis Protracted 3 13-May-20 13-May-20 14-May-23 63 669 63 669 997 1.70%

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.

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The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 14 May 2023, a total of 63 669 cases including 997 deaths and 62 653 recovered have been reported in the country.

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 measles cases of which 192 cases were collected and tested with 111 positive IgM+ cases. Active contact tracing resulted in 75 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 7 May 2023, a total of 304 233 confirmed COVID-19 cases including 1 050 deaths have been reported in the country.

Due to heavy rain that occurred between 31 January and 12 March 2023 including rains from the Freddy cyclone system which has made landfall twice, over one million people have been affected by Tropical Cyclone Freddy, floods, and cholera. Since the beginning of the rainy/cyclonic season, 1.4 million people have been affected by natural disasters with 314 deaths, 1,043 schools destroyed, affecting about 1.2 million students, and 133,979 hectares of land lost.

Most poor and very poor households in Mozambique face Minimal (IPC Phase 1) outcomes as the ongoing harvest improves food access and availability. In Cabo Delgado, ongoing humanitarian assistance is driving stressed (IPC Phase 2) outcomes, with Crisis (IPC Phase 3) outcomes persisting in conflict-affected areas. There have been reduced numbers of attacks.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 24 April 2023, a total of 233 417 confirmed COVID-19 cases were reported in the country including 2,433 deaths.

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 14 September 2022 to 29 May 2023, a total of 31 327 cases and 138 deaths (CFR 0.4%) have been reported from 11 provinces and 60 districts.

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### Health Emergency Information and Risk Assessment

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER**

**WEEK 26: 19 JUNE-25 JUNE 2023**

#### Meningitis

- **Country**: Nigeria
- **Event**: Humanitarian crisis (Sahel region)
- **Grade**: Grade 2
- **Start of reporting period**: 10-Oct-16
- **End of reporting period**: 25-May-23
- **Total cases**: -
- **Cases Confirmed**: -
- **Deaths**: -

More than half a million people could 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. A rapid-scale-up of humanitarian assistance is needed to prevent this from happening. An estimated two million children under the age of five in the three states are at risk of acute malnutrition this year. About 700,000 children are at risk of severe acute malnutrition, which means they are 11 times more likely to die than well-nourished children.

#### Lassa Fever

- **Country**: Nigeria
- **Event**: Lassa Fever
- **Date notified to WCO**: 1-Jan-23
- **Start of reporting period**: 1-Jan-23
- **End of reporting period**: 2-Apr-23
- **Total cases**: 1 336
- **Cases Confirmed**: 79
- **Deaths**: 79
- **CFR**: 5.90%

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 Government Areas (LGAs) in 12 states, namely Bauchi, B乍ichi, Bangassou, Cross River, Ebonyi, Kano, Katsina, Ondo, Ogun, Osun, Sokoto and Zamfara. Males represent 53% of all cholera suspected cases.

#### COVID-19

- **Country**: Nigeria
- **Event**: COVID-19
- **Grade**: Protracted 3
- **Date notified to WCO**: 27-Feb-20
- **Start of reporting period**: 27-Feb-20
- **End of reporting period**: 21-Apr-23
- **Total cases**: 266 675
- **Cases Confirmed**: 3 155
- **Deaths**: 3 155
- **CFR**: 1.20%

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.

#### Polio

- **Country**: Nigeria
- **Event**: Poliomyelitis (cVDPV2)
- **Grade**: Grade 2
- **Date notified to WCO**: 1-Jun-22
- **Start of reporting period**: 1-Jun-22
- **End of reporting period**: 14-Jun-23
- **Total cases**: 54
- **Cases Confirmed**: -
- **Deaths**: -

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

#### Chikungunya

- **Country**: Senegal
- **Event**: Chikungunya
- **Grade**: Ungraded
- **Date notified to WCO**: 8-Jun-23
- **Start of reporting period**: 8-Jun-23
- **End of reporting period**: 8-Jun-23
- **Total cases**: 1 000
- **Cases Confirmed**: 0
- **Deaths**: 0
- **CFR**: 0.00%

On 8 June 2023, the Dakar Pasteur Institute laboratory reported one IgM-confirmed case of Chikungunya from Dioffior district, Fatick region. The date of disease onset is 28 May 2023 and searched medical care on 29 May and the laboratory test was done on 6 June 2023.

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### Table: Meningitis

<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>
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<tbody>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>1-Oct-22</td>
<td>1-Oct-22</td>
<td>30-Apr-23</td>
<td>2 376</td>
<td>270</td>
<td>144</td>
<td>7.40%</td>
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<td>Nigeria</td>
<td>Meningitis</td>
<td>Grade 1</td>
<td>1-Oct-22</td>
<td>1-Oct-22</td>
<td>30-Apr-23</td>
<td>2 376</td>
<td>270</td>
<td>176</td>
<td>7.40%</td>
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</tbody>
</table>

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 (20%) 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, 3 571 houses, 55% 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.

#### Senegal

- **Country**: Senegal
- **Event**: Chikungunya
- **Grade**: Ungraded
- **Date notified to WCO**: 8-Jun-23
- **Start of reporting period**: 8-Jun-23
- **End of reporting period**: 8-Jun-23
- **Total cases**: 1 000
- **Cases Confirmed**: 0
- **Deaths**: 0
- **CFR**: 0.00%

On 8 June 2023, the Dakar Pasteur Institute laboratory reported one IgM-confirmed case of Chikungunya from Dioffior district, Fatick region. The date of disease onset is 28 May 2023 and searched medical care on 29 May and the laboratory test was done on 6 June 2023.

#### Colombia

- **Country**: Colombia
- **Event**: COVID-19
- **Grade**: Protracted 3
- **Date notified to WCO**: 7-Apr-20
- **Start of reporting period**: 7-Apr-20
- **End of reporting period**: 26-Apr-23
- **Total cases**: 6 562
- **Cases Confirmed**: 80
- **Deaths**: 1 468
- **CFR**: 1.20%

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 26 February 2023, a total of 133 194 cases with 1 468 deaths and 131 647 recovered cases have been reported in the country.

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### Table: Chikungunya

<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>
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<tr>
<td>Colombia</td>
<td>COVID-19</td>
<td>Protracted 3</td>
<td>7-Apr-20</td>
<td>7-Apr-20</td>
<td>26-Apr-23</td>
<td>6 562</td>
<td>6 562</td>
<td>80</td>
<td>1.20%</td>
</tr>
</tbody>
</table>

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 26 April 2023, a total of 6 562 confirmed cases of COVID-19 have been reported, including 80 deaths. A total of 6 358 cases have been reported as recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
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<tr>
<td>Sao Tome And Principes</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>210</td>
<td>11</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

From 15 April to 30 April 2023, a total of 1 210 cases and 11 deaths (CFR 0.9%) have been confirmed via RDT from: Água Grande (824 cases, 67.3%‐Mézechi (182 cases, 15.5%), Lobata (98 cases, 8.3%), Cantagalo (48 cases, 4.1%), Cañú (23 cases, 2.0%), Lembá (21 cases, 1.6%). During the period, there were 10 new cases registered in the country. Água Grande’s attack rate is by far the highest (95.8 per 10 000 inhabitants). Those aged 50-59 years are experiencing the highest attack rate at 78.3 cases per 10 000.

#### Senegal

- **Country**: Senegal
- **Event**: Chikungunya
- **Grade**: Ungraded
- **Date notified to WCO**: 8-Jun-23
- **Start of reporting period**: 8-Jun-23
- **End of reporting period**: 8-Jun-23
- **Total cases**: 1 000
- **Cases Confirmed**: 0
- **Deaths**: 0
- **CFR**: 0.00%

On 8 June 2023, the Dakar Pasteur Institute laboratory reported one IgM-confirmed case of Chikungunya from Dioffior district, Fatick region. The date of disease onset is 28 May 2023 and searched medical care on 29 May and the laboratory test was done on 6 June 2023.

#### Senegal

- **Country**: Senegal
- **Event**: COVID-19
- **Grade**: Protracted 3 | 2-Mar-20 | 2-Mar-20 | 28-Apr-23 | 88 997 | 88 997 | 1 971 | 2.20% |

From 2 March 2020 to 28 April 2023, a total of 88 997 confirmed cases of COVID-19 including 1 971 deaths and 87 024 recoveries have been reported in Senegal.
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, Guidiawaye 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. On 9 May 2023, a second confirmed case was reported from the Linguere district in the Louga region.

On 1 June 2023, the Dakar Pasteur Institute laboratory reported one confirmed case of Rift Valley fever, a 30-year-old man who searched medical care at the arboviruses sentinel surveillance site in Rosso, bordering Mauritania in the Saint Louis region. The consultation took place on 22 May 2023, the estimated date of illness onset is 19 May 2013. Investigations are ongoing.

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 28 February 2023, 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 4 889 recovered cases.

As of 29 June 2023, a total of 1 301 cholera cases and 43 deaths have been reported in South Africa. Currently, five provinces have been affected: Gauteng Province, Free State, Mpumalanga, Limpopo and North West.

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 12 May 2023, there have been five unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 1), Limpopo (n = 1) and Johannesburg (n = 1) provinces. No new cases have been reported since October 2022.

From 8 October 2022 to 30 June, 2023, a total of 1 083 laboratory-confirmed cases were reported from eight provinces with declared measles outbreaks in Limpopo (502 cases), Mpumalanga (111 cases), North West (217 cases), Gauteng (178 cases), Free State (32 cases), Western Cape (15), KwaZulu-Natal (21) and Northern Cape (7).

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.

The food insecurity situation in South Sudan is projected to worsen during the lean season from April-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 43K 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.

Since July 2022, an estimated 1 million people were affected by severe flooding in 36 counties across South Sudan and in the southern part of the Abyei Administrative Area. Flood waters continue to block humanitarian access in Unity State, especially in the southern part of the state including Bentiu and into Jonglei State where the water, sanitation, and hygiene situation in the IDP camps have become worse as of May 2023. An estimated 7 380 people are displaced by flooding in areas of Rubkona county.

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 Rubkona 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, Maban, Bentiu, and Northern Bahr el Ghazal.

On 7 March 2023, the Ministry of health of South Sudan declared cholera outbreak in Malakal, Upper Nile State. From 22 February to 16 May 2023, a total of 1 471 cases including two deaths (CFR 0.1%) have been reported. Cases were reported from Malakal town and the IDP camp. Approximately 52% of cases are male and the majority of them are children aged 1-4 accounting for 48% of all cases. No new case has since been reported.

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.
The current outbreak in the Bentiu IDP camp is ongoing. As of 5 June 2023, a total of 4 165 cases of acute jaundice syndrome (AJS) including 27 deaths (CFR 0.7%) have been reported since January 2019. Some 1 481 of these cases tested positive for HEV by RDT. In 2023, 326 cases of AJS have so far been reported, of whom 28 tested positive for HEV by RDT. Approximately 54% of cases are males. The most affected age group are those aged 15-44 years (40%), followed by children aged 1-4 years (24%). On 14 April 2023, an outbreak was declared in Wau, Western Bahr el Ghazal state. As of 5 June, 174 HEV cases have been reported, including seven deaths (CFR 4.0%). Most cases (129; 74%) are males and the median age is 20 years.

On 2 June 2023, the Ministry of Health (MoH) of the Republic of Tanzania declared the end of the Marburg virus disease (MVD) outbreak. In accordance with WHO recommendations, the declaration was made 42 days after the second negative test of the last confirmed MVD case in Tanzania done on 19 April 2023. The countdown to the end of the outbreak commenced on 20 April 2023 up to 31 May 2023. Until 31 May 2023. A total of nine cases, including eight laboratory-confirmed cases and one probable (the index case), have been reported in this outbreak. Among the confirmed cases, three have recovered. The last confirmed case was reported on 11 April 2023. A total of six deaths have been reported, the case fatality ratio (CFR) of 67%, of which five were confirmed and one was a probable case

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The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Tanzania reported the country's first case of COVID-19 on 16 March 2020. As of 23 April 2023, a total of 42 973 confirmed cases have been reported in Tanzania Mainland including 846 deaths.

As of May 2023, in Uganda the overall food insecure population is estimated at 2 553 245 for IPC phase 2 (Stressed); 1 050 595 for IPC phase 3 (Crisis) and 50 925 people for IPC phase 4 (Emergency) according to the Food Security and Nutrition Working Group. The IPC analysis for Karamoja region for both AFI (acute food insecurity) and AMIN (acute malnutrition) was finalized on 24 May 2023 and the report will be released by second week of June 2023.

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 3 May 2023, a total of 39 483 cases, including 290 deaths and 39 178 recovered cases, have been reported in the country.

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), Buikwe (2), and Buvuma (1) classified by having positive PRNT results and no record of yellow fever vaccination. The last cases were reported in February 2023. The National Yellow Fever vaccination campaign phase I has been completed: 6/6 regions were covered; the second phase is scheduled for October 2023.

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The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 2 July 2023, a total of 265,624 confirmed COVID-19 cases were reported in the country including 5,708 deaths.

<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>
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<tbody>
<tr>
<td><strong>Closed Events</strong></td>
<td></td>
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<tr>
<td>Kenya</td>
<td>Enteric outbreak</td>
<td>Ungraded</td>
<td>13-Apr-23</td>
<td>31-Mar-23</td>
<td>27-Jun-23</td>
<td>1,062</td>
<td>4</td>
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<tr>
<td>Senegal</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>7-Jun-23</td>
<td>7-Jun-23</td>
<td>26-Jun-23</td>
<td>1</td>
<td>1</td>
<td>0</td>
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</tr>
</tbody>
</table>

An outbreak of gastrointestinal symptoms has affected two schools in Kakamega County in Kenya. The MOH was originally notified of the outbreaks on 31 March 2023. The onset of symptoms is estimated to be around 1 March 2023 with initial cases reported on 14 March 2023 at the Mukumu Girls School in the same county were reported as early as 3 April 2023. Both schools were closed following the reports. As of 20 April 2023, a total of 1,062 cases have been line-listed; four deaths have been reported from the school which involved one teacher and three students. Most of the documented affected persons were students (95%); however, 39 (4%) were non-students, and 19 (2%) had no identification. The Mukumu Girls School in Kakamega County was closed on 3 April 2023, following that outbreak of enteric fever at the school. Since the school re-opening on 8 May 2023, some girls have sought treatment in health facilities due to ill health. Most of the girls have been confirmed to have malaria and have been managed. A cumulative total of 91 students have been reported as of 18 May 2023. It’s important to note that almost all of the admitted students reported back to school while already with symptoms of disease. The event has been considered over by MoH since more than a month.

One Polymerase Chain Reaction (PCR) positive case of Yellow Fever was reported by the Dakar Pasteur Institute on 7 June 2023 in an 11-year-old male from Oussouye district in Ziguinchor region, southern Senegal. The confirmation test done on 20 June 2023 in the same laboratory was negative for yellow fever. The date of disease onset is 29 May 2023, with symptoms including febrile jaundice, anemic syndrome, and abdominal pain.

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

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