WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 28: 10 - 16 July 2023
Data as reported by: 17:00; 16 July 2023

3
New events

143
Ongoing events

126
Outbreaks

20
Humanitarian crises

Legend

Measles
Humanitarian crises
Malaria
Typhoid fever
Cholera
Acute watery diarrhoea
Leishmaniasis
Dengue fever
Hepatitis A
Hepatitis E
Hepatitis B
Meningitis
Lassa fever
Yellow fever
Tuberculosis
Plague
Diphteria
Poliomyelitis
Enteric Outbreak

Graded events †
Grade 3 events
Grade 2 events
Grade 1 events
Ungraded events

Protracted 3 events
Protracted 2 events
Protracted 1 events

Health Emergency Information and Risk Assessment

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderline for which there may not yet be full agreement.*
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African region. This week’s articles cover:

- Humanitarian crisis in Mali
- Cholera in Kenya
- Cholera in Mozambique

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:**

- Mali is in its lean season, a period when the climate-induced conditions associated with low rainfall and reduced water availability complicate the already dire humanitarian crisis faced by millions in the country due to the long-standing armed conflict. Attacks by armed groups persist, and population displacement continues, with limited access to basic needs, including healthcare, food, and adequate shelter. Resources are scarce and it is critical that the international community and humanitarian actors continue to support the people of Mali through this perilous time.

- The cholera outbreak in Kenya and Mozambique, two of the countries in sub-Saharan Africa which have been highly affected, show signs of improvement with a sustained reduction in new cases over several weeks. No new deaths have been reported for several weeks. However, inadequate water sanitation and hygiene infrastructures including risk factors which can fuel continued transmission persists in these countries. The low-lying transmission could potentially result in a resurgence if response efforts are relaxed. The governments and partners need to sustain the momentum for controlling these outbreaks before the next rainy season through targeted and well-thought response strategies tailored to the local context.
Humanitarian crisis

EVENT DESCRIPTION

Mali’s humanitarian crisis due to the protracted armed conflict amidst food insecurity, natural hazards, and other conflict-induced threats and vulnerabilities continues to exact its toll on the population. The threat from armed groups remains unabated, with several thousand people killed over the years and many more displaced within the country or forced to flee to neighboring countries. In recent weeks, the regions of Ménaka, Gao, Ségou, Kidal, and Mopti, which have been heavily affected by the armed conflict, experienced significant population movements due to a wave of attacks by armed groups. While the overall number of internally displaced persons (IDPs) reportedly reduced by 8.9% between December 2022 and June 2023, a significant increase was noted, particularly in Kidal and Ménaka regions, where the IDP population increased by 33% and 20% respectively. In the Mopti Region, an additional 3,700 new IDPs were recorded due to internal population movement within the region as a result of threats posed by armed groups.

Healthcare has not also been spared in the wanton violence perpetrated by armed groups. A total of eight attacks on health care have been reported since the beginning of 2023, with the most recent occurring in Timbuktu City involving health workers and transport services. These attacks are likely under-reported as many more undocumented incidents occur across the country in inaccessible areas. The frequent attacks on health workers and services continue to further challenge the provision and access to healthcare services among the affected population.

In addition to the volatile security situation, the country also faces threats from infectious disease outbreaks and malnutrition, particularly affecting women and children. Malaria incidence is reportedly on the increase since epidemiological week 24 (week ending 18 June 2023), while measles outbreaks remain persistent due to suboptimal immunization coverage. So far, a total of 732,894 positive cases of malaria have been recorded across the country since the beginning of the year. There have also been 276 positive cases of measles out of 634 samples tested since the beginning of the year.

PUBLIC HEALTH ACTIONS

- The overall humanitarian response to the crisis continues to be coordinated by the government of Mali with support from the UN humanitarian country team, including WHO and its health cluster partners.
- A Flash Appeal of 751 million United States dollars was launched at the beginning of the year by the humanitarian community in Mali to meet the urgent needs of 5.7 million people. These are the most vulnerable of the 8.8 million people in need across the country, over half of whom are women and children.
- WHO and its health partners continue to support the provision of healthcare services across the country, including strengthening routine surveillance activities for early detection of outbreaks and other health threats.
- Health Needs Assessments are being performed routinely; a medico-psychosocial assistance project for recent flood-affected persons was launched in the Mopti Region by WHO and its partners, and immunization activities against measles, poliomyelitis, and other infectious pathogens are being supported.
- UNICEF and partners continue to support nutrition and other social protection services, particularly targeting women and children across the country.
- The World Food Program (WFP), along with its partners in the Food Security Cluster, continues to support the government of Mali in the provision of food supplies and related items to address critical food and shelter needs of

UNICEF recorded 8,786 children between 6 to 59 months suffering from Severe Acute Malnutrition who were admitted at various facilities across Mali in the past month. The food insecurity situation is projected to get worse, increasing by 30% during the current lean season between June to August, with less rainfall, thereby reducing water availability for crops, leading to lower yields and potentially failed harvests. Additionally, as many water sources dry up or become severely depleted, it may become challenging for people to access clean water for drinking, cooking, and other daily activities.
The situation in Mali continues to unfold as part of the Sahel region crisis, where armed conflict and climate-induced emergencies keep exacerbating the humanitarian crisis. Without cessation of the violence, the immediate future appears bleak, and the situation is likely to become compounded and critical. The dire circumstances of the affected population require the full support of the international community, including humanitarian actors, to deliver much-needed assistance on the ground.
**EVENT DESCRIPTION**

The outbreak of cholera in Kenya continues to recede with a sustained decline in the weekly number of new cases. In epidemiological week 28 (week ending 16 July 2023), a total of 26 new cases with zero deaths were reported from five (5) counties across the country. This is a 33% decrease in the number of new cases compared to the preceding week when 39 cases were reported from six counties. Most of the new cases were reported from Nairobi County (n=12) followed by Mandera County (n=8). Three other counties (Busia, Mombasa, and Wajir) reported two cases each. No new deaths have been reported in the last three weeks.

Cumulatively, 11,861 cases with 194 deaths (case fatality ratio 1.6%) have been reported from 26 out of Kenya's 47 counties since the onset of the outbreak in epidemiological week 40 of 2022 (week ending 09 October 2022). There have been two main waves of the cholera outbreak, first peaking in week 50 of 2022 when 511 cases were reported. A second peak was reported in week 09 of 2023, with 558 cases. Deaths peaked in week 10 of 2023, with 11 deaths reported. Since then, the weekly number of cases and deaths continue to decline gradually. Most of the cases have been reported from Garissa (n=2,853), Mandera (n=2,234), and Nairobi (n=2,172) counties, which together constitute 61% of the cumulative cases reported to date. Nairobi County has reported the most deaths (n=58, 30%). Of 11,835 cases with known age and sex distribution, 52% (n=6,208) are males. The age group less than five years old are the most affected, constituting 22% of the cumulative cases reported. Forty-seven per cent (47%) of all cases have been reported among children less than 20 years old. Most deaths (134, 69%) have occurred among males. Of the cumulative cases reported, Vibrio cholerae was isolated from 567 stool samples cultured. A total of 2,247 samples also tested positive by rapid diagnostic test (RDT).

In the last four weeks, the outbreak has mainly been concentrated in 11 counties, with most new cases being reported from Mandera (n=87), Nairobi (n=65), Homa Bay (n=40), Wajir (n=33), and Mombasa (n=30). However, the weekly trend continues to decline in these counties, with only six reporting cases in the last 14 days.

The peaks in cholera cases in the current outbreak in Kenya have largely correlated to a seasonal pattern observed in recent years, with cases rising during the country’s two rainy seasons which run from March to May and October to December when heavy rains and flooding can contaminate water sources and fuel transmission of the disease particularly in urban slums and densely-populated areas with limited water sanitation and hygiene (WASH) services.

**PUBLIC HEALTH ACTIONS**

- The response to the cholera outbreak continues to be coordinated by the Ministry of Health of Kenya. Weekly meetings involving stakeholders and partners are convened at the Public Health Emergency Operations Centre (PHEOC) to coordinate and strengthen response operations as the outbreak evolves.
- At the sub-national level, County Health Management Teams (CHMT) are in charge of coordinating outbreak response activities. Training on cholera preparedness, readiness and response has been conducted for health workers in the affected counties in order to build subnational capacities for cholera response operations.
- Enhanced surveillance in affected counties is ongoing for early detection and reporting of cases. Health workers, at both health facility and community levels, have been orientated on cholera case definitions.
- Laboratory supplies are prepositioned at health facilities for the rapid diagnosis of cases and core laboratory technicians in priority counties have been trained on conducting culture and Aspartate Aminotransferase (AST) tests for diagnosis.
- Cholera Treatment Units/Centres (CTU/CTC) are operational in the affected counties to manage patients with the disease.
- WASH and infection prevention control (IPC) activities are ongoing. Over 163 Public Health Officers (PHOs) and WASH stakeholders from line ministries have been trained in water quality surveillance, monitoring,
A reactive oral cholera vaccine (OCV) campaign was conducted in selected sub-counties, including those hosting refugee populations. Of 2,050,484 persons targeted, an administrative coverage of 99.2% was achieved for single-dose OCV. Post-campaign survey adjusted the coverage to 93.2%. A total of 1.5 million doses have been received from the International Coordination Group (ICG) for the second phase of the reactive campaign.

Risk communication and community engagement (RCCE) and social mobilization activities in the affected communities and at-risk communities are also ongoing through the distribution of Information, Education and Communication (IEC) materials and mass media engagements.

**SITUATION INTERPRETATION**

The sustained outbreak of cholera in Kenya highlights the perennial WASH issues which continue to challenge a number of countries in the African region. The government response to the outbreak, with support from WHO and partners must be acknowledged as a contribution to the current downward trend. It is imperative that concerted efforts are exerted to end the current outbreak before the onset of the upcoming rainy season to avoid a resurgence of new cases. Long-term cholera control measures must focus on sustainable investment in the critical areas of surveillance, provision of adequate WASH services, vaccination, case management and community engagement to prevent recurrent outbreaks and put the country on track for meeting the global goal of eliminating cholera by 2030.
**Cholera**

**EVENT DESCRIPTION**

New cases in the ongoing cholera outbreak in Mozambique, which started in September 2022, have declined consecutively over several weeks. During epidemiological week 28 (week ending 16 July 2023), 103 new cholera cases with zero deaths were reported from four (4) provinces across the country. This is a slight decline in new cases compared to the preceding week, when 109 cases were reported. Most of the new cases were reported from Nampula (n=54) and Cabo Delgado (n=42) provinces. The other two provinces with cases were Zambézia (n=4) and Sofala (n=3). No cholera deaths have been reported for five consecutive weeks in the country.

Cumulatively, 33,344 cases with 141 deaths (CFR 0.4%) have been reported from 66 districts across all of the country’s 11 provinces. Zambézia Province has been the most affected, accounting for 40% (n=13,400) of the cumulative cases, followed by Sofala (n=7,527), Niassa (n=3,501), Tete (n=2,966), and Nampula (n=2,796) provinces which together constitute 91% of all cases reported across the country since the onset of the outbreak. Most (n=112, 79%) of the deaths have occurred in four provinces, namely, Zambézi (n=38), Sofala (n=30), Niassa (n=25), and Tete (n=19).

The current outbreak peaked in epidemiological week 12 (week ending 26 March 2023), with 6,288 cases reported in the aftermath of Cyclone Freddy, which traversed the southern Indian Ocean for more than five weeks and made landfall in Mozambique’s northern province of Zambézi on 11 March 2023, causing flooding, destruction of structures and massive displacement of the local population. A bimodal peak in deaths was observed in epidemiological weeks 11 and 14, with 22 deaths reported respectively.

The outbreak epicentre has shifted and is now largely concentrated in three districts (Nampula City, Meconta, and Erati) in Nampula Province and two districts (Macomia and Mueda) in Cabo Delgado. Mueda District in Cabo Delgado Province is the latest to be affected by the cholera outbreak in the country, with its first cases (n=15) reported just in the last epidemiological week.

**PUBLIC HEALTH ACTIONS**

- At the national level, a cholera task force was activated under the leadership of the National Public Health Directorate to coordinate the response to the outbreak. There are ongoing weekly coordination Cholera Task Force meetings in the four provinces (Sofala, Nampula, Zambézia, and Cabo Delgado).
- The Health Cluster meeting was held in Cabo Delgado, where the cholera situation in the province was discussed extensively, with greater emphasis on Mueda district, which was the latest to declare an outbreak. Advocacy for greater engagement of partners was highlighted.
- Regular coordination meetings between the partners involved in the response at the national level and in the provinces with active outbreaks (Sofala, Nampula, Zambézia, and Cabo Delgado) are being held, as well as the weekly provincial cholera outbreak response coordination meeting in Sofala, Nampula and Cabo Delgado.
- Response activities are underway, including field investigations, enhanced surveillance, laboratory testing, case management, risk communication and community engagement, and WASH activities to control the spread of the disease.
- The cross-border response between Mozambique and Malawi is being strengthened to reduce transboundary transmission of the disease as well as improve access to care for patients in border communities through the set-up of an ORP in Murrumbala district hospital.
Essential supplies for the management of cholera cases have been pre-positioned in at-risk and affected districts. These include peripheral and community cholera kits.

Public messages about cholera and the current situation are being disseminated through media and digital platforms to raise awareness of cholera prevention measures and encourage early treatment seeking.

A total of 233 families have been reached with key messages on WASH through the Case Area Targeted Intervention (CATI) approach in Nampula (90) and Sofala (143) provinces. Another 4,900 people have been reached with cholera preventive messages disseminated through Mobile Multimedia Units in Cabo Delgado (3,700) and Zambezia (1,200) provinces.

**SITUATION INTERPRETATION**

Mozambique’s cholera outbreak which began in 2022, was exacerbated by the devastation caused by Cyclone Freddy. However, much efforts have been put into response activities, thus contributing to the downward trend being experienced. Reports of outbreaks in new areas are worrisome and threaten to reverse the gains made. The government of Mozambique and its partners will need to review current response efforts and probably readapt tailored-made strategies to prevent a resurgence and bring the outbreak to an end.
# All events currently being monitored by WHO AFRO

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*All events currently being monitored by WHO AFRO*
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 2 July 2023, the total number of confirmed COVID-19 cases is 54,321, including 54,190 recoveries and 15 deaths.

Burundi Poliomyelitis (cVDPV2) Grade 2 17-Mar-23 17-Mar-23 12-Jul-23 1 1 0 0.0%

No cVDPV2 case was reported this week. There was one cVDPV2 case reported in the country in 2022.

Cameroon Humanitarian crisis (North, Adamawa & East) Protracted 2 31-Dec-13 27-Jun-17 30-Jun-23 - - - -

Cameroon hosts about 469,276 refugees as of 30 June 2023. These refugees are predominantly from the Central African Republic and Nigeria. Most of the 350,428 Central African Republic refugees reside in towns and villages in Cameroon’s eastern façade (North, Adamawa and Est regions).

Cameroon Humanitarian crisis (NW & SW) Protracted 2 1-Oct-16 27-Jun-18 11-Jul-23 - - - -

Cameroon hosts about 469,276 refugees as of 30 June 2023. These refugees are predominantly from the Central African Republic and Nigeria. Most of the 350,428 Central African Republic refugees reside in towns and villages in Cameroon’s eastern façade (North, Adamawa and Est regions).

More than 1,000 people newly displaced in the Mozam division in the North-West (NW) region in June 2023 due to insecurity linked to the Anglophone crisis in the Northwest and Southwest regions of Cameroon. Mobile clinics continue to provide urgent health services to the affected populations in the North-West (NW) and South-West (SW) regions. Regarding food security outlook for the period from June 2023 - January 2024, in most divisions of the NW and SW regions, access to own produced maize, potatoes, and pulses and income from crop sales and harvesting labor will likely drive improvement to Stressed (IPC Phase 2) outcomes from July to September. The key exceptions are Momo (NW), Menchum (NW), and Lebialem (SW) divisions, where the impacts of conflict are more severe, and many poor households did not cultivate crops. In these areas, Crisis (IPC Phase 3) outcomes are expected to persist; some of the worst-affected households will likely be in Emergency (IPC Phase 4). By October or November 2023, even households that harvested will begin to run out of their stocks and shift back to primarily purchasing their food, but high staple food prices will limit their meal portions and frequency. A return to widespread Crisis (IPC Phase 3) outcomes is expected in both regions from October to January.

Cameroon Humanitarian crisis (Sahel Region) Grade 2 31-Dec-13 27-Jun-17 14-Jul-23 - - - -

The ongoing violence in the Far North region continues to force thousands to flee their homes. According to OCHA, Between 3 and 9 October, over 6,000 individuals were forced to flee in the Logone et Chari and Mayo-Tsanaga divisions due to escalating violence. Non-state armed groups have been launching continuous attacks in the Hili Alfa and Mokolo districts, resulting in displacement as people seek safety from the looting of goods and livestock. Tragically, one person was killed, and five others injured during the attacks in the Hili Alfa district. Additionally, around 30 fishermen were reportedly abducted in the Logone et Chari area. A rapid response mechanism is currently conducting an assessment to determine the needs of the displaced individuals. Since January, Mayo-Tsanaga alone has witnessed the displacement of over 10,000 people due to attacks by non-state armed groups.

Cameroon Cholera Grade 3 31-Aug-21 25-Oct-21 19400 1880 460 2.4%

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 October 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.

Cameroon COVID-19 Protracted 3 6-Mar-20 28-Jun-23 125098 125098 1974 1.6%

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 28 June 2023, a total of 125,098 cases have been reported, including 1,974 deaths.

Cameroon Measles Ungraded 2-Apr-19 1-Jan-23 2-Jul-23 5019 5019 30 0.6%

From week 1 through week 26, 2023 (ending 2 July), a total of 5,019 measles cases with epidemiological link have been reported in Cameroon including 386 IgM+, a total of 30 deaths (CFR 0.6%) reported in 2023.

Cameroon Mpox Protracted 2 24-Feb-22 1-Jan-22 22-Jun-23 207 23 3 1.4%

From 1 January to 22 June 2023, 92 suspected cases of Mpox including five laboratory-confirmed and no deaths have been reported. Since January 2022, a total of 207 suspected cases including 23 confirmed and three deaths have been reported in the country.

Cameroon Poliomyelitis (cVDPV2) Grade 2 23-May-19 21-Jun-23 13 13 0 0.0%

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 8 July 2023, a total of 64,143 confirmed COVID-19 cases including 414 deaths and 63,645 recoveries were reported in the country.

Central African Republic Humanitarian crisis Protracted 2 11-Dec-13 11-Dec-13 10-Jul-23 - - - -

In Central African Republic (CAR), the civilian population continues to pay a heavy price, in a country ravaged by conflict and subsequent violence for over a decade. In 2023, the humanitarian community in CAR plans to assist 2.4 million most vulnerable people. Humanitarian actors provided life-saving assistance to 658,000 people during the first quarter of 2023, representing 28% of the Humanitarian Response Plan target. With 50% of the population not eating enough, CAR has one of the highest proportions of critically food-insecure people in the world.

Central African Republic COVID-19 Protracted 3 14-Mar-20 14-Mar-20 18-Jun-23 15404 15404 113 0.7%

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 18 June 2023, a total of 15,404 confirmed cases, 113 deaths and 15,252 recovered were reported.
Since the beginning of 2023 to week 24 (ending 17 June), the Ministry of Health and Population has recorded a cumulative of 1656 confirmed cases of measles including 121 laboratory-confirmed cases, 846 cases confirmed by epidemiological link and zero deaths. The measles outbreak is ongoing in eleven (34%) out of 35 health districts, namely: Bouar, Bozoum-Bossemptélé, Bossembélé, Haut-Mbomou, Soba, Bimbo, Bambari, Bangui 1, Bangui 2, Bangassou, Vakaga, and Ouango-Gamb.

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.

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.

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 6.9 million people in need, including 4.4 million targeted in the 2023 Humanitarian Response Plan (HRP), compared to 6.1 million people in need in 2022, including 3.6 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.

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.

As at Week 25 of 2023 (ending 26 June), 8 189 suspected cases and four measles-related deaths (CFR 0.1%) have been reported from 143 out of 150 districts in the country. A total of 518 samples tested IgM positive for measles out of 1 535 cases investigated with blood samples (31.5%); and 171 tested IgM+ for rubella.

Two cVDPV2 cases were reported; one each in Ouaddai and Logone Oriental. There have been 10 cases reported this year. In addition, 44 cVDPV2 cases were reported in 2022, 156 cVDPV2 cases were reported in 2020 from three different outbreaks, and nine other cases were reported in 2019.

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.

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.

From 1 January 2022 to 14 May 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.

Since 11 March 2020, a total of 88 330 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 835 deaths, and a total of 87 497 recoveries.

A polymerase chain reaction (PCR)-positive case of yellow fever was reported in Côte d’Ivoire on 8 May following confirmation at the Institut Pasteur in Dakar. The patient is a 35-year-old male from Cocody-Bengerville in Abidjan. His yellow fever vaccination status is unknown. The date of onset of illness is 4 April 2023 and the sample was collected on 6 April 2023.
The Democratic Republic of the Congo (DRC) is classified as one of the largest hunger hotspots worldwide. Across the country, an estimated 26.4 million people are food insecure, making DRC among the most food insecure country in the world. The revised Integrated Food Security Phase Classification (IPC) estimates that 6.7 million people are in crisis and at emergency levels of food insecurity in North Kivu, South Kivu and Ituri (34% of the population). The conflicts in these provinces have caused a 10% rise in food insecurity since July 2022 (up from 6.1 million), driven by poor harvests, violence-driven displacement, disease, unemployment, and collapsing infrastructure. DRC has the largest number of internally displaced people (IDP) on the African continent. Over the past 12 months, the humanitarian situation has been exacerbated by a spike in violence with 6.3 million people internally displaced in Ituri, North Kivu and South Kivu. Of those displaced, 2.3 million were displaced in North Kivu after clashes escalated in March 2022. In neighbouring Ituri province, localities have been and continue to be the scene of inter-communal massacres.

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 include 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.

### Cholera
- **Grade 3**
- **From epidemiological week 1 to 18, 2023 (ending 7 May)**, 18 794 cases of cholera, including 104 deaths (CFR 0.6%), have been recorded. Nord Kivu province is leading in number of cases reported with 14 276 cases and 20 deaths followed by Tanganyika province with 1 501 cases and four deaths and Sud Kivu province with 1 449 cases and four deaths. Haut Katanga province has the largest number of internally displaced people (IDP) on the African continent. Over the past 12 months, the humanitarian situation has been exacerbated by a spike in food insecurity since July 2022 (up from 6.1 million), driven by poor harvests, violence-driven displacement, disease, unemployment, and collapsing infrastructure. DRC has the largest number of internally displaced people (IDP) on the African continent. Over the past 12 months, the humanitarian situation has been exacerbated by a spike in food insecurity since July 2022 (up from 6.1 million), driven by poor harvests, violence-driven displacement, disease, unemployment, and collapsing infrastructure.

### COVID-19
- **Protracted 3**
- **Nord Kivu province is leading in number of cases reported with 14 276 cases and 20 deaths followed by Tanganyika province with 1 501 cases and four deaths and Sud Kivu province with 1 449 cases and four deaths, Haut Katanga province with 1 029 cases with 41 deaths. From epidemiological week 1 to 18, 2023 (ending 7 May) , 18 794 cases of cholera, including 104 deaths (CFR 0.6%), have been recorded. Nord Kivu province is leading in number of cases reported with 14 276 cases and 20 deaths followed by Tanganyika province with 1 501 cases and four deaths and Sud Kivu province with 1 449 cases and four deaths. Haut Katanga province has the largest number of internally displaced people (IDP) on the African continent. Over the past 12 months, the humanitarian situation has been exacerbated by a spike in food insecurity since July 2022 (up from 6.1 million), driven by poor harvests, violence-driven displacement, disease, unemployment, and collapsing infrastructure. DRC has the largest number of internally displaced people (IDP) on the African continent. Over the past 12 months, the humanitarian situation has been exacerbated by a spike in food insecurity since July 2022 (up from 6.1 million), driven by poor harvests, violence-driven displacement, disease, unemployment, and collapsing infrastructure.**
- **Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 96 211 confirmed cases and two probable case, including 1 464 deaths have been reported. A total of 84 576 people have recovered.**

### Measles
- **Ungraded**
- **A total of 82 601 suspected cases with 1 442 measles related deaths (CFR 1.7%), 1 546 IgM+ for measles from 2 722 tested samples and 282 IgM+ for Rubella, have been reported since the beginning of this year as of 23 April 2023. A total of 141 health zones with confirmed outbreaks since the beginning of this year.**

### Mpox
- **Protracted 2**
- **Since 1 January 2022 through 13 April 2023, the Democratic Republic of the Congo (DRC) reported 556 confirmed Mpox cases with no death among the confirmed cases. All confirmed cases belong to Clade I.**

### Poliomyelitis
- **cVDPV1**
- **According to the Global Polio Eradication Initiative (GPEI), no cVDPV1 cases were reported this week . There have been 28 cases reported in 2023 and 146 cases in 2022.**
- **From 1 January 2022 through 13 April 2023, the Democratic Republic of the Congo (DRC) reported 556 confirmed Mpox cases with no death among the confirmed cases. All confirmed cases belong to Clade I.**

### Suspected Meningitis
- **Ungraded**
- **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.**

### Equatorial Guinea
- **COVID-19**
- **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**
- **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 deaths were reported in the country. A total of 10 085 patients have recovered from the disease.**

### Ethiopia
- **Drought/food insecurity**
- **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 include 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.**

### Floods
- **Ungraded**
- **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 include 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.**
Since the beginning of March 2023, heavy rainfall has affected several regions in Ethiopia (particularly Somali, Afar, SNNP and Oromia Region). In the Somali Region, data from the Disaster Risk Management Bureau reveals that 58,909 households have been impacted by the floods since March, with 35,350 households displaced and 45 human casualties reported. In the Oromia region, flooding has displaced over 5,803 households, affecting approximately 29,015 individuals, and eight people dead. In the Southern Nations, Nationalities, and Peoples’ (SNNP) Region has experienced significant loss of life and property due to flooding. As of 05 May 2023, 38 fatalities have been reported, a total of 12,585 people have been affected and displaced. The Afar region has faced unexpected flash and river floods, as indicated by a regional government-led assessment conducted as of 1 May; at least 12,560 people have been affected, with an estimated 9,110 individuals displaced.

As per the OCHA report, humanitarian partners are supporting areas of IDP returns in the Tigray Region. More than a reported 54,600 people who returned to Gulo Mekeda Woreda in the Eastern Zone have received emergency shelter and non-food item (ESNF) assistance, services in health, water, sanitation, and hygiene (WASH), as well as with agricultural seeds to support farmers in the current planting season, as of 22 June 2023.

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 have 104 deaths (CFR 1.6%) have been reported. There were 128 cases and four 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.

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. 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.

A total of 5052 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.

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.

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.

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.

On 31 March 2023, the Veterinary officer in Binduri district received report that community in Bologo village, Binduri District shared a carcass of a dead cow and consumed. As a result, two people were taken ill and were admitted to hospital and both had history of consuming the meat from the dead cow. They were presenting with swollen face and cutaneous lesions on the hands and face. One person succumbed to the illness. On 1 June, a multisectoral investigative team (made up of veterinary, public health and environmental health units) was deployed to the affected area to conduct further investigation. The following are preliminary findings: one person with symptoms died in the hospital, 11 people showing symptoms of cutaneous lesions on hands and faces, diarrhoea, stomach pains suggestive of cutaneous Anthrax. Samples have been taken from all the eleven people and sent to the laboratory for confirmation.

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 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 9 April 2023, the country has reported 9,614 confirmed cases of COVID-19 with 9,315 recoveries and 177 deaths.

According to the 2023 Global report on food crises for the Intergovernmental Authority on Development (IGAD), despite abundant precipitation in most parts of the country since the onset of the March-May long rains, the drought situation and its effects on food security remain critical. The negative impacts of the prolonged drought are likely to persist throughout 2023, especially for pastoralists who have lost a significant number of animals. While above average rains have improved vegetation conditions and water levels, recovery of livestock body conditions and productivity will take longer, impacting on livelihoods and limiting access to income.

The outbreak has been reported from Murang’a County. A total of 17 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) Mathiuya (1), and Maragua (2). The last case has been reported between 22-29 May 2023.

A total of 11,861 cases, with 567 confirmed by culture, and 194 deaths (CFR 1.6%) have been reported in the ongoing cholera outbreak which has affected 26 counties across Kenya. Most of the cases have been reported from Garissa (n=2,853), Mandera (n=2,234), and Nairobi (n=2,172) counties, which together constitute 61% of the cumulative cases reported to date.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 14 July 2023, there have been 343,855 confirmed COVID-19 cases including 5,689 deaths have been reported in the country.

The outbreak has been continuous since 2020. A total of 2,364 cases and 10 deaths (CFR 0.4%) have been reported. Overall, 2,364 cases have been confirmed from the following counties: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mander, 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 confirmed from year 2020, 10 counties this year have been affected as follows: Garissa, Isiolo, Kvi, Lamu, Mombasa, Nairobi, Tana River and Turkana. A total of 710 cases and ten deaths (CFR 2.0%) have been reported. A total of 141 cases have been confirmed.

Two cases of acute flaccid paralysis from the Hagadera refugee camp in Garissa County, Kenya, have been confirmed as circulating vaccine-derived poliovirus type 2 (cVDPV2) at the Kenya Medical Research Institute (KEMRI). The first case is a 24-month-old male child who had received three doses of oral poliovirus vaccine (OPV) and developed paralysis on 27 May, with stool samples collected on 1 and 2 June. The second case is a 31-month-old girl vaccinated with three doses of OPV who developed paralysis on 27 May and had stool samples collected on 2 and 3 June. Investigations are ongoing, and control measures are being implemented.

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 confirmed a case of Monkeypox on 23 July 2022 through the National Public health Reference Laboratory in the country. As of 29 March 2023, 10 confirmed cases of monkeypox with 0 deaths were reported.

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.

Liberia Measles Ungraded 3-Feb-22 13-Dec-21 21-Mar-23 10 664 10 664 93 0.9%

Malawi Cholera Grade 3 3-Mar-22 3-Mar-22 16-Jul-23 58941 58941 1766 3.0%

A total of 29 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 16 July 2023, cumulative confirmed cases and deaths reported since the onset of the outbreak is 58,941 and 1,766 respectively, with Case Fatality Rate at 3.0%.

Malawi COVID-19 Protracted 3 2-Apr-20 2-Apr-20 7-Jul-23 88791 88791 2686 3.0%

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.
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 7 July 2023, the country has a total of 88,791 confirmed cases with 2,686 deaths.

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.

Mali 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, 8.8 million people are in need of humanitarian assistance. Of this, 5.7 million are the most vulnerable, in dire need of critical assistance. 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.

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.

Since the beginning of 2023, measles cases have been reported in the three wilayas of Nouakchott and in eight other wilayas in the country. As of 11 June 2023, the country has reported 508 suspected cases of measles, of which 224 have been confirmed, including 133 laboratory-confirmed cases and 91 epidemiologically linked cases. Four deaths, including two community deaths, have been reported among the confirmed cases.

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 have been reported in the country including 1,050 deaths.

Mozambique: The case was diagnosed Wednesday, 12 October 2022 in Maputo City in a man, Health minister Armindo Tiago said. As of 5 May 2023, no additional case has been reported.

The number of internally displaced people in Niger has reached a record high, from 1.9 million in 2017 to 4.3 million individuals (15% of the population) in 2023, indicating a significant rise in the need for humanitarian assistance. Tragically, during the night of June 15 to 16, a devastating incident took place in Chetima Wango village, situated in Chelmitari District, when a vehicle carrying defense and security forces encountered an improvised explosive device (IED). This unfortunate event resulted in the loss of seven soldiers' lives and the injury of two others, marking the fourth reported IED-related incident in the region since April. These incidents underscore the ongoing security challenges faced by the area.

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.
### Niger

#### Measles
- **Ungraded**
- **5-Apr-22**
- **1-Jan-22**
- **24-Jun-23**
- **1530**
- **342**
- **0**
- **0.0%**

As of epidemiological week 25, 2023, a total of 1,530 suspected cases of measles were reported, of which 602 were investigated across 61 districts in the eight regions. Among these cases, 46% (342 out of 602) were laboratory-confirmed. Additionally, 85% (61 out of 72) of the districts reported at least one suspected case of measles, surpassing the target of at least 80%. Furthermore, 32 health districts, accounting for 44%, have reached the epidemic threshold at least once since the beginning of the year.

#### Meningitis
- **Ungraded**
- **7-Dec-22**
- **31-Oct-22**
- **26-Mar-23**
- **911**
- **105**
- **30**
- **3.3%**

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 laboratory confirmed cases and 30 deaths (CFR 3.3%) were reported.

### Nigeria

#### Poliomyelitis (cVDPV2)
- **Grade 2**
- **1-Jan-20**
- **1-Jan-21**
- **28-Jun-23**
- **31**
- **33**
- **0**
- **0.0%**

No cVDPV2 case was reported this week. There were 15 cases reported last year in 2022. There were 18 cases reported in 2021.

#### Humanitarian crisis (Sahel region)
- **Grade 2**
- **10-Oct-16**
- **10-Oct-16**
- **25-May-23**
- **-**
- **-**
- **-**

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.

#### Cholera
- **Grade 3**
- **1-Jan-23**
- **28-May-23**
- **1851**
- **52**
- **2.8%**

From 1 January to 28 May 2023, a cumulative 1,851 suspected cholera cases and 52 deaths (CFR 2.8%) were reported from 80 Local Government Areas in 22 states, with Cross River State accounting for 39% of the reported cases (718 cases). Other states with the highest number of cases are Ebonyi (227), Zamfara (216), Bayelsa (204), Katsina (187), Abia (118) and Niger (94). Males account for 53% of all suspected cholera cases.

#### COVID-19
- **Protracted**
- **27-Feb-20**
- **27-Feb-20**
- **21-Apr-23**
- **266675**
- **266675**
- **3155**
- **1.2%**

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.

#### Diphtheria
- **Grade 1**
- **1-Dec-22**
- **1-Dec-22**
- **30-Jun-23**
- **2455**
- **836**
- **83**
- **3.4%**

Between week 19 of 2022 and week 26 of 2023, 2,455 suspected cases of diphtheria were reported from 24 states in Nigeria. Kano (2,171), Yobe (95), Katsina (61), Lagos (29), FCT (23), Sokoto (14), and Zamfara (13) States have reported the most cases (98%). A total of 83 deaths were recorded among confirmed cases, resulting in a case fatality rate of 9.9%. Of suspected cases, 836 were confirmed, including 53 laboratory-confirmed, 101 epidemiologically linked, and 682 clinically compatible. Both sexes are affected, and children aged 2-14 years account for the majority of confirmed cases (71.5%).

#### Lassa Fever
- **Ungraded**
- **8-Jan-23**
- **1-Jan-23**
- **9-Jul-23**
- **6364**
- **842**
- **170**
- **2.7%**

Between week 27 of 2022 and week 26 of 2023, 2,455 suspected cases of diphtheria were reported from 24 states in Nigeria. Kano (2,171), Yobe (95), Katsina (61), Lagos (29), FCT (23), Sokoto (14), and Zamfara (13) States have reported the most cases (98%). A total of 83 deaths were recorded among confirmed cases, resulting in a case fatality rate of 9.9%. Of suspected cases, 836 were confirmed, including 53 laboratory-confirmed, 101 epidemiologically linked, and 682 clinically compatible. Both sexes are affected, and children aged 2-14 years account for the majority of confirmed cases (71.5%).

#### MPox
- **Protracted**
- **27-Feb-20**
- **27-Feb-20**
- **21-Apr-23**
- **266675**
- **266675**
- **3155**
- **1.2%**

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.

### Rwanda

#### COVID-19
- **Protracted**
- **14-Mar-20**
- **14-Mar-20**
- **26-Feb-23**
- **133194**
- **133194**
- **1468**
- **-**

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.

### Sao Tome and Principe

#### Dengue
- **Grade 2**
- **11-Apr-22**
- **15-Apr-22**
- **30-Apr-23**
- **1210**
- **1210**
- **11**
- **0.9%**

From 14 May to 30 April 2023, a total of 2,120 cases and 11 deaths (CFR 0.9%) have been confirmed via RDT from: Água Grande (824 67.3%), Mêzôchi (182, 15.5%), Lobata (98, 8.3%), Cantagalo (48, 4.1%), Caui (23, 2.0%), Lamba (21, 1.6%), and RAP (14, 1.2%). During Mar 2023, 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.

#### Chikungunya
- **Ungraded**
- **8-Jun-23**
- **8-Jun-23**
- **9-Jul-23**
- **1**
- **1**
- **0**
- **0.0%**

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 8 June 2023.

#### MPox
- **Protracted**
- **27-Feb-20**
- **27-Feb-20**
- **21-Apr-23**
- **266675**
- **266675**
- **3155**
- **1.2%**

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 Lingue in the Louga region; and on 10 July, a third confirmed case was reported from Younmbel district in Dakar.

Senegal Measles Ungraded 4-Jul-22 1-Jan-23 9-Jul-23 410 410 0 0.0%

From epidemic week 1 to 27 of 2023 (ending 9 July 2023), 410 confirmed cases of measles with no deaths were reported from 13 regions in Senegal, with the most affected regions being Diourbel (274 cases), Kédougou (27 cases), Tambacounda (21 cases), Louga (16 cases), Thies (15 cases), Dakar (15), and Kolda (10). Of the 183 children aged 9 months to 5 years with confirmed measles, 156 (85%) were not vaccinated against measles.

Senegal Rift Valley fever Ungraded 5-Jun-23 1-Jun-23 1-Jun-23 1 0 0 0.0%

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.

Seychelles COVID-19 Protracted 3 14-Mar-20 14-Mar-20 28-Feb-23 50937 50937 172 0.3%

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.

Sierra Leone COVID-19 Protracted 3 27-Mar-20 27-Mar-20 13-Mar-23 7763 7763 125 1.6%

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.

South Africa Cholera Grade 3 24-Apr-23 4072533 4072533 102595 2.5%

As of 3 July 2023, a total of 1 265 cholera cases and 47 deaths have been reported in South Africa. Currently, five provinces have been affected: Gauteng Province, Free State, Mpumalanga, Limpopo and North West.

South Africa Measles Ungraded 17-Oct-22 13-Oct-22 14-Jul-23 6490 1102 0 0.0%

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 8 October 2022 to 14 July, 2023, a total of 1 102 laboratory-confirmed cases were reported from eight provinces with declared measles outbreaks in Limpopo (510 cases), Mpumalanga (112 cases), North West (217 cases), Gauteng (184 cases), Free State (32 cases), Western Cape (17), KwaZulu-Natal (23) and Northern Cape (7).

From 8 October 2022 to 14 July 2023, a total of 1 102 laboratory-confirmed cases were reported from eight provinces with declared measles outbreaks in Limpopo (510 cases), Mpumalanga (112 cases), North West (217 cases), Gauteng (184 cases), Free State (32 cases), Western Cape (17), KwaZulu-Natal (23) and Northern Cape (7).

From 10 October 2022 to 14 July 2023, 302 laboratory-confirmed and one probable case of monkeypox were reported in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 2), Limpopo (n = 1) and Johannesburg (n = 1) provinces. No new cases have been reported since October 2022.

South Sudan Drought/food insecurity Grade 3 19-Dec-20 5-Apr-21 30-Jun-23 - - - -

The 2022 Integrated Phase Classification (IPC) analysis in South Sudan, projects that over half of the population in the country (63%) are facing acute food insecurity during the lean season of between April 2022 and July 2023. Of these, 4.8 million people will be in crisis (IPC3), 2.9 million are projected to be in emergency (IPC4) and the number of people in catastrophe (IPC5) are expected to be 43 000. The drivers of acute food insecurity in the country are economic decline, climatic shocks, low production and conflict and insecurity. Regarding the nutrition situation, an estimated 1.4 million children under five are acutely malnourished with 346 000 in a severe condition in 2023. More than 500 000 children under five were admitted to nutrition programmes for Severe Acute Malnutrition (SAM) management in the first quarter of 2023. Nearly 50 000 of them were reported during February to March 2023. The highest admissions were from Jonglei, Northern Bahr el Ghazal (NBGe), Unity and Warrap and Lakes states respectively.

South Sudan Floods Ungraded 7-Oct-22 30-Jun-23 1000000

In South Sudan, persistent flooding from July 2022 into 2023 has affected at least one million people, many of whom were already facing urgent needs due to conflict and violence. In 2023, heavy Rainfall (greater than 200 mm) is expected over isolated areas in central, western, and southern parts of the country and light rainfall (less than 50 mm) expected over northern parts of the country.

South Sudan Humanitarian crisis Protracted 3 15-Aug-16 15-Aug-16 29-Jun-23 9400000 - - - -

South Sudan continues to face deteriorating humanitarian conditions. The situation is worsened by persistent violence, conflict, access constraints and operational interference, public health challenges such as measles and cholera outbreaks and climatic shocks resulting in extraordinary flooding and localized drought. These in turn have a severe impact on people’s livelihoods, hamper access to education and water, sanitation and hygiene and health services. Protection concerns remain high, especially for women and girls. People affected by violence have limited access to formal justice as well as restriction in their movement and access to basic needs such as food. The humanitarian community in South Sudan estimates that 9.4 million people need humanitarian assistance in 2023, a staggering 76 % of South Sudan’s population, increased by 500 000 people from 2022. Regarding the impact of the ongoing conflict in the neighboring Sudan, over 149 000 individuals have been recorded arriving in South Sudan since the conflict erupted on 15 April and the number of arrivals is projected to increase as the crisis continues. Onward transportation of South Sudanese returnees and Sudanese refugees from transit sites remains a significant challenge due to the combination of poor road infrastructure and large distances, insecurity in some areas and the additional logistical challenges posed by the onset of the rainy season.

South Sudan Cholera Grade 3 7-Mar-23 22-Feb-23 16-Jun-23 1471 19 2 0.1%

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.

South Sudan COVID-19 Protracted 3 5-Apr-20 5-Apr-20 3-May-23 18499 18499 138 0.7%

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. 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%).

A measles outbreak is ongoing. As of 5 June 2023, 6 447 suspected measles cases have been reported from January 2022 to 25 June 2023, with 69 related deaths giving a CFR of 1.1%.

For the cholera outbreak in Tanzania, nine days have passed since the last reported case on 23 April 2023. As of 4 May 2023, a total of 82 cases, three deaths (CFR 3.6%) have been reported.

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.

No cVDPV2 case was reported this week. There were two cases reported in 2022. No cases were reported in 2021. There were nine cases in 2020, while the total number of cVDPV2 cases reported in 2019 remains at eight.

According to the Integrated Food Security Phase Classification (IPC) in the Karamoja region of Uganda, the impact of ongoing average to below-average food and livestock production over the last three years due to climate related shocks / hazards and endemic pests/diseases, coupled with a currently fragile security situation are causing widespread food insecurity. In the current analysis (April – August 2023), which corresponds to the lean season of 2023, all the nine districts of Karamoja region are classified in IPC Phase 3 (Crisis), with 45 % of the population analysed (582 000 people) facing high levels of acute food insecurity (IPC Phase 3 or above). An estimated 102 000 people (8% of the population analysed) are classified in IPC Phase 4 (Emergency) while 480 000 people (37% of the population analysed) are classified in IPC Phase 3 (Crisis). Of all the nine districts analysed, Kaabong district has very high levels of acute malnutrition (18%). The food security situation in the region has continued to deteriorate with the population in IPC Phase 3 or above increasing from 27 percent in June 2020, to 30 % in April 2021, to 41 percent in April 2022 and to 45 % in May 2023.

The first COVID-19 confirmed case was reported in Uganda in 21 March 2020. As of 6 May 2023, a total of 170 775 confirmed COVID-19 cases with 3 632 deaths were reported.

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.
### Closed Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date</th>
<th>End Date</th>
<th>Cases</th>
<th>New Cases</th>
<th>Deaths</th>
<th>New Deaths</th>
<th>Country of Index Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>Measles</td>
<td>Ungraded</td>
<td>28-Mar-23</td>
<td>31-Mar-23</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0.0%</td>
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</tr>
</tbody>
</table>

On 28 March 2023, the Ministry of Health of Botswana notified an outbreak of measles involving 13 cases from four districts in the country. In collaboration with health partners, the Ministry activated its rapid response teams to investigate and respond to the outbreak. As of 16 July 2023, no new updates are available after more than two incubation periods, and the event is considered closed.

<table>
<thead>
<tr>
<th>Country</th>
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<th>Deaths</th>
<th>New Deaths</th>
<th>Country of Index Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>14-Dec-22</td>
<td>14-May-23</td>
<td>8486</td>
<td>8</td>
<td>0</td>
<td>0.1%</td>
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</tbody>
</table>

This event is no longer being reported separately from other cholera outbreaks in the Democratic Republic of the Congo. Information related to this event has been included as part of the wider outbreak of cholera in the country.

<table>
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<th>Grade</th>
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<th>New Cases</th>
<th>Deaths</th>
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<th>Country of Index Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>3-Apr-23</td>
<td>31-May-23</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
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</tr>
</tbody>
</table>

This event is considered closed following more than one month without a new case of cholera reported in Eswatini.

<table>
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<tr>
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<th>Start Date</th>
<th>End Date</th>
<th>Cases</th>
<th>New Cases</th>
<th>Deaths</th>
<th>New Deaths</th>
<th>Country of Index Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Namibia</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>22-May-23</td>
<td>16-Jul-23</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

No new case of CCHF has been reported from Namibia following the death of the last case on 18 May 2023. With more than two incubation periods without a new case in the country, this outbreak is considered closed.

†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.