

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 51: 16 to 22 December 2024

Data as reported by: 17:00; 22 December 2024

1

New events

152

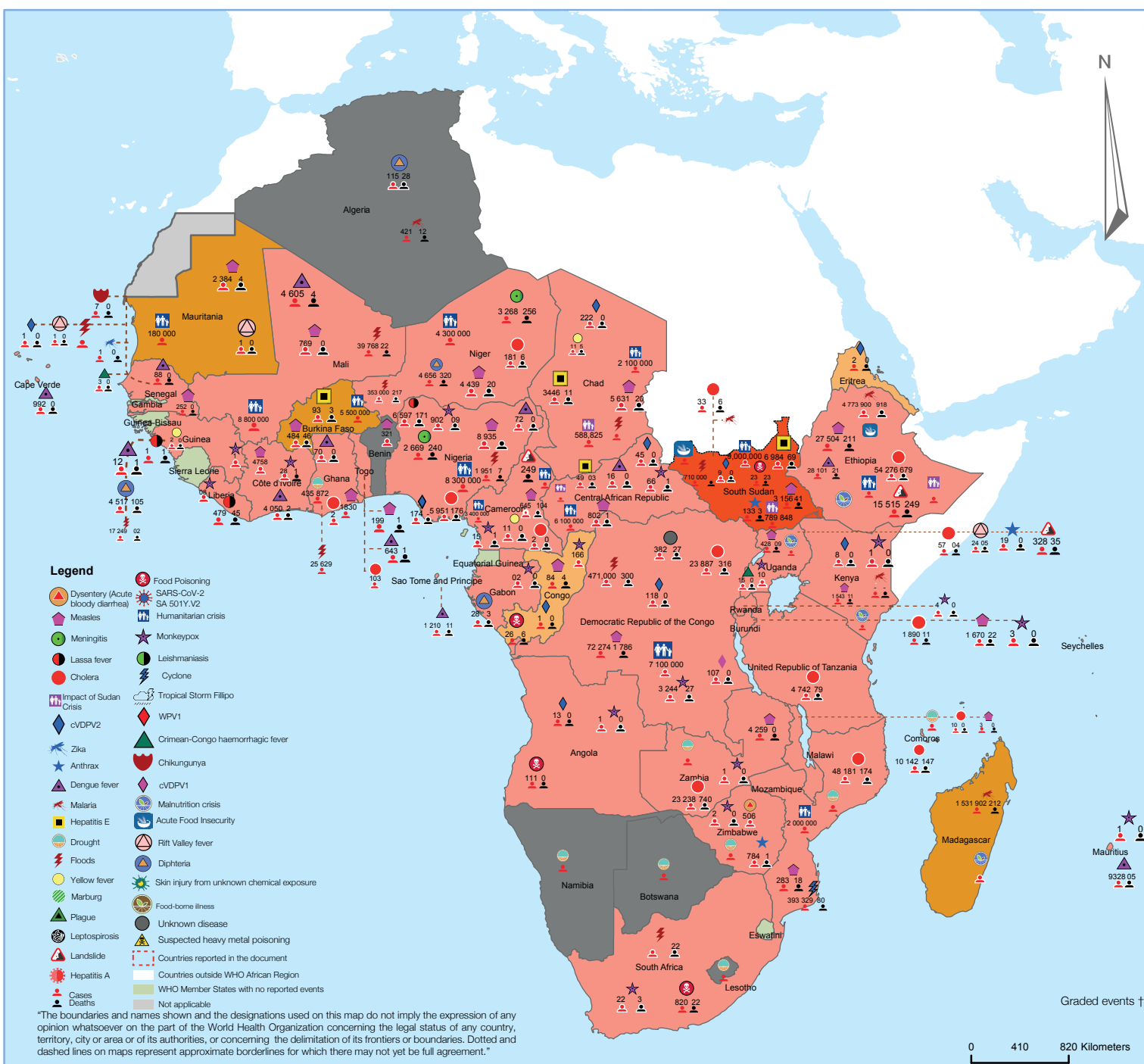
Ongoing events

114

Outbreaks

39

Humanitarian crises



6

Grade 3 events

4

Grade 2 events

0

Grade 1 events

67

Ungraded events

1

Protracted 3 events

6

Protracted 2 events

0

Protracted 1 events

Overview

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

- [Marburg virus disease in Rwanda \(End of outbreak declaration\)](#)
- [Unknown illness in the Democratic Republic of the Congo](#)

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.

- The Ministry of Health in Rwanda declared an end to the first ever reported Marburg virus disease (MVD) outbreak on 20 December 2024 after 84 days of response. Majority of the infections were recorded among health workers. The Government of Rwanda led the response, with support from WHO and other partners. However, the risk of re-emergence remains, particularly through potential new spillovers from interactions with the animal reservoir. Additionally, the virus may persist for an extended period in the body fluids of individuals who have recovered, highlighting the importance of their participation in the recovery care program.

Rwanda

66
cases

15
Deaths

23.0%
CFR

Marburg virus disease

EVENT DESCRIPTION

On 20 December 2024, the Ministry of Health of Rwanda declared the end of the Marburg virus disease (MVD) outbreak, per the WHO recommendations. This declaration followed two consecutive incubation periods (total of 42 days) since the second negative real-time polymerase chain reaction (RT-PCR) blood test conducted on 7 November for the last confirmed Marburg case.

As of 20 December 2024, 66 confirmed cases, 15 deaths with a case fatality ratio (CFR) of 23.0%, and 51 recovered cases had been reported. The last confirmed case was reported on 30 October 2024. Among the confirmed cases, 68.0% are males, and 46.0% are adults aged between 30 and 39. Health workers from two health facilities in Kigali account for almost 78.0% of all confirmed cases. Most cases are reported from the three districts of Kigali city, namely Gasabo, Kicukiro and Nyarugenge.

The highest number of confirmed cases (61) were reported in the first three epidemiological weeks (week 39-41, from 23 September to 13 October) of the outbreak. This was followed by a sharp decline, with three or less cases reported between epidemiological week 42 (14 to 20 October) and 44 (28 October to 3 November). The last confirmed case was reported on 30 October and the last death on 14 October 2024. As of 6 December 2024, 7 874 Marburg virus tests had been conducted at the Rwanda Biomedical Center.

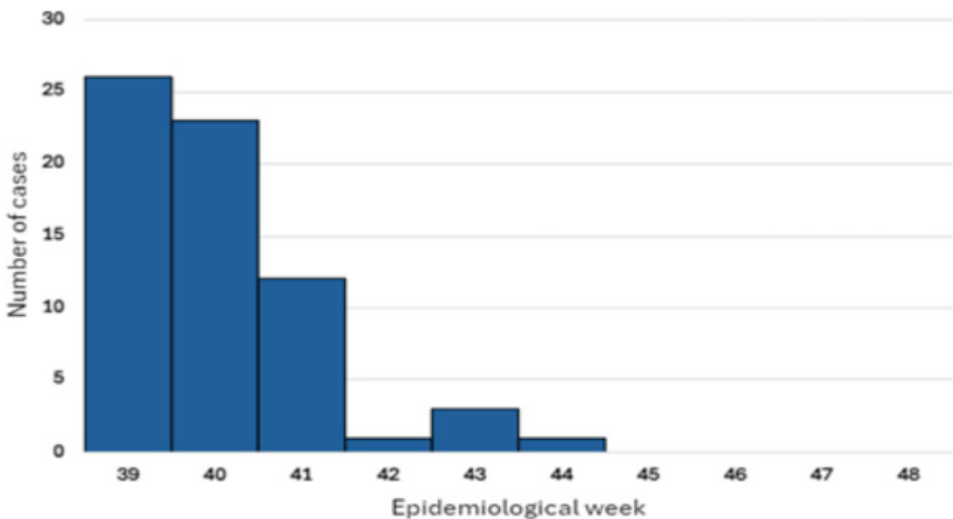
On 8 November 2024, the recommended 42-day countdown to declare the end of the outbreak commenced, following

two consecutive PCR negative tests from the last confirmed MVD case on 7 November.

PUBLIC HEALTH ACTIONS

- Following the official outbreak declaration of the MVD outbreak in the country, the Government of Rwanda established an emergency response structure to coordinate the response with support from WHO and partners.
- A surge team from WHO was deployed to support the in-country response across incident management, epidemiology, health operations, case management, infection prevention and control, laboratory, health logistics, therapeutics and vaccines research, and partner coordination.
- WHO and partners supported the Ministry of Health (MoH) in conducting training of trainers and follow-up cascade training to district hospitals and health centers in the country for surveillance, IPC, case management, points of entry and border health, WASH, risk communication and community engagement and other response areas.
- WHO supported the MVD treatment center with direct support from clinical experts in infectious disease, critical care and nursing, as well as health logistics and WASH expertise.
- WHO supported the national case management pillar to collect standardized patient-level data based on WHO electronic case report form from the WHO Global Clinical Platform and making descriptive reports of case management responses to outbreaks.

Marburg virus disease cases by week of reporting in Rwanda, as of 20 December 2024, (n=66).



- ▶ WHO and partners (USAID, US CDC, and Africa CDC) supported diagnostic testing for MVD in Rwanda by providing laboratory supplies and technical support. WHO was continuously engaged with its viral hemorrhagic fever collaborating centers and other reference laboratories and partners to support the assessment of diagnostics test performance and ensuring technical support continues regarding MVD testing.
- ▶ WHO supported the Government in establishing a programme for recovered patients, by sharing technical guidance and protocols for establishing a national programme and supporting the Rwanda MoH) implementation effort.
- ▶ WHO and partners supported the MoH in updating and validating key national guidance and SOPs, including for IPC and surveillance activities (including mortality surveillance) WHO and partners (IOM, Africa CDC) supported in building capacity at the points of entry (POE) through the national surveillance training program and needs assessment visits at 11 priority POEs across the country bordering the DRC, Uganda, Tanzania and Burundi.

SITUATION INTERPRETATION

With 66 confirmed cases reported, this is the third largest MVD outbreak reported to date, with majority of confirmed cases reported among health workers. The source of the outbreak is reported to be of zoonotic origin, linked to exposure in a cave inhabited by fruit bats. There remains a risk of re-emergence of MVD even following the declaration of the end of the outbreak linked to a new spillover from interactions with the animal reservoir. The virus may also persist for an extended period in the body fluids (mostly semen) of people who recovered from the disease, noting the importance of their participation in the recovery care program. This was the first documented outbreak of MVD reported in Rwanda. Other MVD outbreaks were recently declared over in the Equatorial Guinea and the United Republic of Tanzania in 2023.

Democratic Republic of Congo

891
Cases

48
Deaths

5.4%
CFR

Acute Respiratory Infections complicated by malaria

EVENT DESCRIPTION

Panzi Health Zone in Kwango Province in the Democratic Republic of the Congo has been responding to an outbreak of an undiagnosed disease (which has since been named Acute Respiratory Infections complicated by malaria). The outbreak onset was on 18 October 2024 with suspected cases and deaths initially recorded across three health areas: Kasanji, Makita, and Tshakalapanzi.

The alert was raised by Panzi health zone local authorities after an increasing number of deaths, mainly in children under five, following a febrile illness was reported. With the support of WHO a syndromic approach has been used to enhance the use of a standardized case definition to guide the epidemiological investigation in the absence of a definitive diagnosis. The key features of this definition and presentation of suspected cases have been one of a number of other symptoms consistent with acute respiratory and febrile conditions, including body weakness.

As of 16 December, laboratory analysis of 430 samples revealed positive results for malaria and various common seasonal respiratory viruses, including Influenza A (H1N1, pdm09), rhinoviruses, SARS-CoV-2, human coronaviruses, parainfluenza viruses, and human adenovirus. Further laboratory testing is ongoing. Preliminary findings indicate that the outbreak is likely driven by a combination of viral respiratory infections and falciparum malaria, exacerbated by acute malnutrition.

This diagnostic approach led to a sharp increase in reported cases, with a total of 891 as of 16 December. Despite this surge, the weekly death toll (48 deaths during the period) remained relatively stable. The main symptoms associated with death include difficulty in breathing, anaemia, and signs of acute malnutrition.

Almost half of the cases have been children (47.0%), the age range of those affected have been between 0 months to adults over 25 years. More females have been affected than males. Most transmission seems to have occurred at household level, often between parents and children which is consistent with respiratory transmission.

Out of the 30 areas in the health zone, seven areas have been affected to date been affected- Makita panzi, Tsakalapanzi, Kanzangi, Kambandambi, Kasanji, Kiama, Mwiningulu.

Kasongo Lunda, located in Kwango Province, is an agricultural region also known for livestock farming and the collection of caterpillars and mushrooms. This agricultural region benefits from a rich hydrographic network. Despite this the region suffers from a lack of access to water, electricity, and internet services due to severe infrastructural limitations that affect accessibility by road. Epidemics of Konzo, cholera, malaria, and salmonellosis are common, often worsened by malnutrition among children and adolescents.

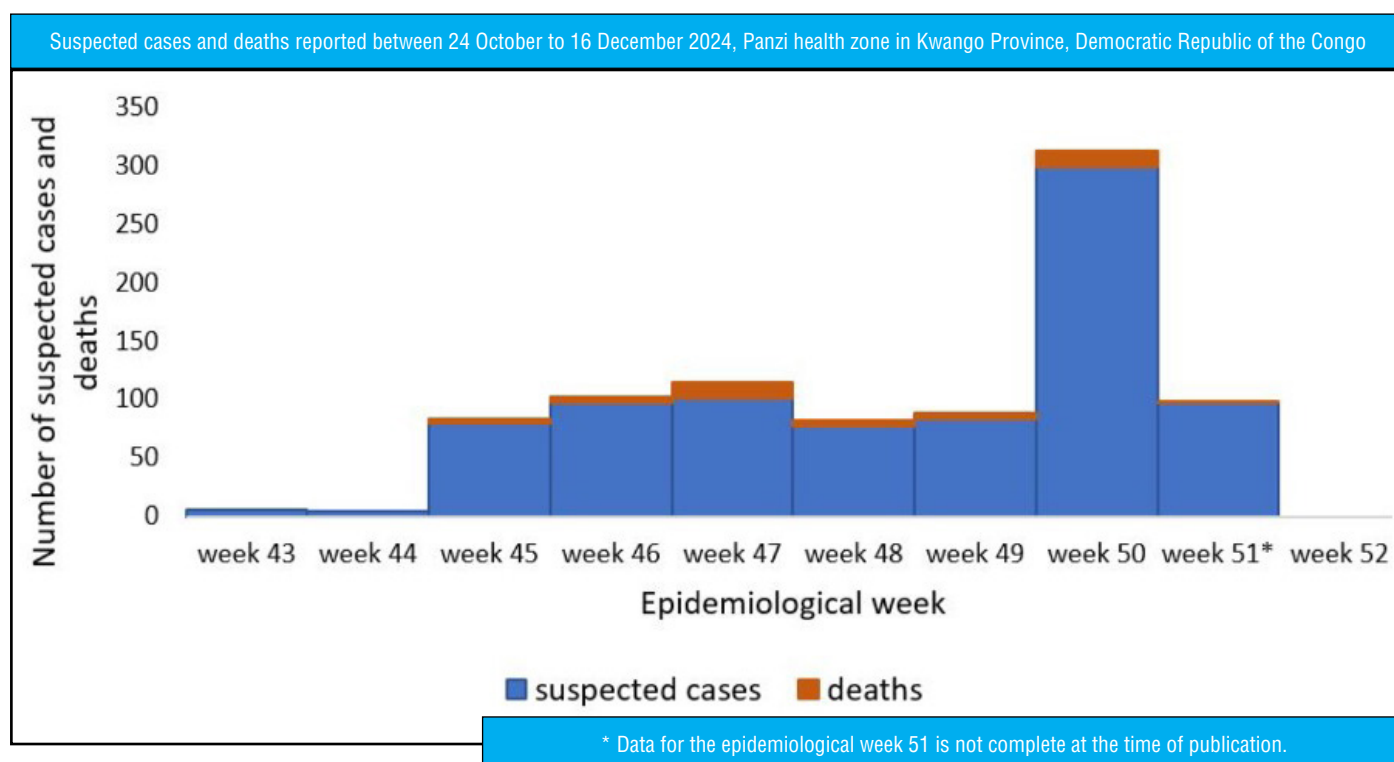
PUBLIC HEALTH ACTIONS

- Daily coordination meetings are being held at the national level, with provincial teams actively participating in ongoing planning and response.
- National rapid response team (RRT) composed of experts from Ministry of Health (MoH), INRB and WHO deployed from Kinshasa on 7 December and arrived in Panzi on 10 December. Following the departure of the national team, a joint MoH-Africa CDC rapid response team has been deployed with support from WHO
- A case definition has been developed based on clinical symptoms to guide surveillance and reporting.
- Active case searches are being conducted in health facilities and communities, alongside investigations of community deaths. WHO has deployed a senior epidemiologist and data manager to improve surveillance and data collection.
- Provincial and national RRTs, including WHO, UNICEF and Médecins Sans Frontières, have been deployed to the affected areas and are strengthening case management in health facilities as well as providing medical supplies including medication. Six oxygen concentrators were installed at the Panzi General Referral Hospital and nearby health centers.
- Laboratory equipment and rapid diagnostic tests (RDTs) for malaria and COVID-19 have been deployed. Samples are being sent to INRB in Kinshasa for testing, with reagents procured for broader pathogen detection.
- Key preventive messages have been developed and are being disseminated through community engagement and sensitization campaigns.
- Health workers have been briefed on IPC measures, including proper use of masks, handwashing, and gloves, to minimize transmission risks.

- Logistical support includes transporting samples to INRB and supplying health facilities with medications, medical kits, and sampling equipment. A mobile internet kit has been deployed to address telecommunication challenges in the affected health zone.

SITUATION INTERPRETATION

The epidemiological information together with the early laboratory result indicate an event triggered by an increase in acute respiratory virus cases associated with malaria, with a background of a severe nutritional situation in Panzi, disproportionately affecting young children. Limited access to healthcare, low vaccination coverage, and rising malaria during the rainy season are other factors exacerbating respiratory infections in Kwango Province. Worsening food insecurity is expected to increase acute malnutrition, particularly among children under five and pregnant or breastfeeding women by mid-2025. Urgent interventions are needed, including improving healthcare access, strengthening disease surveillance, and managing malaria outbreaks. Additionally, targeted nutrition programs are essential to address rising malnutrition and prevent further health deterioration in vulnerable communities.





World Health
Organization

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ongoing Events									
Senegal	Zika	Ungraded	17-Dec-24	5-Dec-24	5-Dec-24	1	1	0	0.0%
On 10 December 2024, the MoH reported one confirmed case and no deaths of Zika virus from Dianke Makhan district of Tambacounda region. The case is a 12-year-old female who presented at the Dianke Makhan district health care centre on November 12 2024, with symptoms of fever, Jaundice, and watery diarrhea that started three days earlier. A blood sample was collected and tested at the Dakar Institut Pasteur and was confirmed positive for Zika virus									
Ongoing Events									
Algeria	Diphtheria	Ungraded	28-Aug-24	1-Oct-24	4-Oct-24	115	115	28	24.30%
An outbreak of diphtheria has been recorded in Tinzaouatine, In Guezam, Timiaouine, Bordj Badji Mokhtar which started in 28 August 2024. As at 30 September, 115 cases with 28 deaths have been recorded. 27 (96.4%) of the deaths were reported from Tinzaouatine only									
Algeria	Malaria	Ungraded	28-Aug-24	1-Oct-24	4-Oct-24	421	421	12	2.90%
Dozens of deaths have been reported in southern Algeria due to outbreaks of malaria with cases imported from endemic countries. The spread is linked to the region's proximity to African countries with high migration and recent floods that worsened the situation									
Angola	Drought/food insecurity	Ungraded	1-May-24	1-May-24	28-Nov-24				-
El Niño has impacted Southern Africa since November 2023, causing high temperatures and below-average rainfall, with a record mid-season dry spell affecting Angola and neighboring countries. In Angola, 1.0 to 1.5 million people will likely require humanitarian food assistance by January 2025, particularly in the drought-affected provinces of Cunene, Cuando Cubango, Moxico, Namibe, and Huila. Crisis (IPC Phase 3) outcomes are expected in these regions, while other areas may experience Stressed (IPC Phase 2) outcomes due to improved rainfall and better harvest prospects. The drought's effects are expected to worsen food insecurity and malnutrition, with prolonged impacts anticipated into early 2025.									
Angola	Mpox	Grade 3	15-Nov-24	15-Nov-24	4-Dec-24	1	1	0	
The Ministry of Health of Angola has confirmed an autochthonous Mpox case in Luanda Province. The patient, a 27-year-old Congolese resident, presented with fever, malaise, and vesicular rash, with symptom onset on November 3, 2024. Laboratory confirmation via Real-Time PCR was obtained on November 15, 2024.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	15-May-24	15-May-24	27-Nov-24	19	19	0	0.00%
On 3 May 2024, Angolan health authorities announced the detection of polio in Chitato Municipality, Lunda Norte province, which borders the Democratic Republic of Congo. As of 27 November 2024, 19 laboratory-confirmed poliovirus cases were notified in the Country.									
Benin	Measles	Ungraded	3-Jul-24	1-Jan-24	23-Jun-24	728	321	0	0.00%
A measles outbreak has been ongoing in Benin from week 1 through week 25, 2024 (ending 23 June), with a total of 728 suspected cases of measles, including 288 confirmed IgM+ cases. 33 clinically compatible cases are reported, with an incidence rate of 24.9 per 1 million population.									
Botswana	Drought/food insecurity	Ungraded	24-May-24	20-Aug-24	28-Nov-24				-
Approximately 37 000 people facing acute food shortages, while 1 043 people have been displaced as of September 2024. The drought has particularly impacted rural communities because over 70.0% of the rural population relies heavily on rain-fed agriculture, thus worsening water scarcity and malnutrition. As of 2024, 37 000 people are facing food insecurity									
Burkina Faso	Humanitarian crisis (Sahel Region)	Protracted 2	1-Jan-19	1-Jan-19	5-Nov-24	5,500,000	5,500,000	-	-
Since 2015, the security situation in the Sahel and Eastern Burkina Faso has gradually deteriorated due to attacks by armed groups. Access to healthcare services remains a major challenge for the affected population. As of October 2024, 6.3 million people needed humanitarian assistance, 3.4 million of which are children and over 2.1 million IDPs registered, and 5 478 schools closed since the end of March 2024. A total of 17 883 people, including 16 627 children (with 9 238 girls and 7 389 boys), received community-based psychosocial support services. Additionally, 34 979 people, including 20 489 children, accessed safe water through the repair of 13 water points and water trucking efforts in Boulssa, Pissila, and Djibo in the Centre-Nord and Sahel regions.									
Burkina Faso	Hepatitis E	Ungraded	6-Jun-24	4-Jan-24	1-Jun-24	93	8	3	3.20%
From 4 January to 1 June 2024, a total of 93 suspected cases of hepatitis E were reported from Kaya health district of the North central region. Eight out of 63 samples tested positive for hepatitis E by PCR. The median age of the cases is 22 and women represent 47.4% of the cases. Forty-six (48.5%) of the 93 suspected cases are internally displaced persons.									
Burkina Faso	Measles	Ungraded	6-Feb-24	14-Jan-24	28-May-24	9904	484	46	0.50%
Burkina Faso is experiencing a decrease in measles cases. Between week 1 and week 21 of 2024, a total of 9 904 suspected measles cases, resulting in 46 deaths, were recorded. This downward trend is observed in all nine health districts that conducted the anticipated reactive campaign. Currently, only four health districts have active outbreaks of measles.									
Burundi	Humanitarian crisis	Ungraded	1-Sep-23	1-Jan-24	31-Oct-24	-	-	-	
Burundi continues to bear the brunt of climate-change-related natural disasters. The El Niño phenomenon has intensified the effects of human-induced climate change across the country, floods and landslides along the length of Lake Tanganyika hit hardest. The impact has been most severe since early 2024, affecting over 298 222 people and forcing more than 47 915 people to flee their homes due to flooding and landslides. The 2024 National Nutrition Survey (SMART) confirmed that malnutrition remains a critical public health issue in Burundi, with 53% of children under five suffering from stunting, 8% wasted, and 59% anemic. Meanwhile, multiple outbreaks (Mpox, measles, cholera) continue to affect the country alongside the displacement caused by floods									

An outbreak of Dengue fever is ongoing in Ivory Coast. A total of 5 123 cases have been reported from 1 January 2023 to 31 October 2024, with 823 confirmed cases and 0 deaths (CFR 0.0%).									
Côte d'Ivoire	Measles	Ungraded	3-Jul-24	1-Jan-24	23-Jun-24	5617	4,758	0	0.00%
The measles outbreak has been ongoing in Cote d'Ivoire; from week 1 through week 25, 2024 (ending 23 June), a total of 5 617 suspected cases of measles were reported, including 678 confirmed IgM+ cases and 4 080 clinically compatible cases. The incidence rate is 146 per 1 million population.									
Côte d'Ivoire	Mpox	Grade 3	5-Jul-24	5-Jul-24	13-Nov-24	442	101	1	4.00%
A case of Mpox was confirmed on 4 July 2024 in Côte d'Ivoire, in the San Pedro region (Tabou). The patient is a male in his 40s. As of 25 November, Cote d'Ivoire has reported a total of 442 confirmed cases, including 101 confirmed and one death (CFR: 4%)									
Democratic Republic of the Congo	Floods	Grade 2	9-Jan-24	9-Jan-24	3-Jun-24	471 000		300	
Heavy rainfall between January and April triggered significant flooding in South Kivu and Tanganyika provinces, placing approximately 471 000 people at risk of increased humanitarian needs. The floods inundated around 1.1 million acres of land, including nearly 52,000 acres of cropland, in areas surrounding Lake Tanganyika and upstream from the Congo River basin. The ongoing El Niño season is expected to bring heavy rainfall, particularly to the central and northern regions, with forecasts indicating that the water level in Lake Tanganyika will continue to rise, peaking in late June.									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	11-May-24	7,100,000	-	-	-
The humanitarian crisis in the Democratic Republic of Congo has affected about six provinces, namely, North Kivu, South Kivu, Ituri, Tshopo and Tanganyika provinces. Currently, 7 100 000 people have been displaced since its onset. There are currently 522 410 new refugees. There have been various levels of security threats, widespread instability, and gang violence. At present, there are multiple outbreaks like, cholera, measles and Mpox.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-24	1-Sep-24	23887	2,754	316	1.30%
From week 1 to week 35, 2024 (ending 1 September 2024), 23 887 suspected cholera cases, including 316 deaths (CFR 1.3%), were reported from 109 health zones in 16/26 affected provinces compared to 35 935 cases and 303 deaths (CFR 0.7%) reported during the same period in 2023. North Kivu, Haut Katanga, South Kivu, and Haut Lomami are the most affected provinces, accounting for more than 80% of the cases. The majority of deaths (n=152, 48%) have been reported from the Haut Katanga province. In 2023, more than 62 000 cases and more than 700 deaths were reported.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-21	1-Jan-24	11-Aug-24	72274	1,178	1786	2.50%
In 2023, over 311 000 suspected measles cases and over 5 700 deaths were reported. In 2024, from week 1 through week 32 (ending 11 August 2024), a total of 72 274 cases and 1 786 deaths were reported from 470 of the 519 health zones across the country.									
Democratic Republic of the Congo	Mpox	Grade 3	30-Mar-19	1-Jan-24	18-Aug-24	3244	3,244	25	0.80%
From 1 January 2022 to 18 August 2024, a total of 4 489 cases and 27 deaths (CFR 0.6%) were reported. From 1 January to 18 August 2024, a total of 3 244 confirmed cases and 25 deaths (CFR 0.8%) were reported. Clades Ia and Ib have been detected in country.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV1)	Grade 2	27-Aug-22	1-Jan-23	15-May-24	107	107	0	0.00%
As per the Global Polio Eradication Initiative (GPEI), no cVDPV1 case was reported this week. There is one case reported this year and 106 cases in 2023.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-21	1-Jan-23	15-May-24	118	118	0	0.00%
As per the Global Polio Eradication Initiative (GPEI), no cVDPV2 cases were reported this week. The number of 2023 cases remains 118.									
Democratic Republic of the Congo	Undiagnosed disease	Ungraded	29-Nov-24	18-Oct-24	30-Nov-24	382		27	7.10%
From 18 October to 30 November 2024, a total of 382 cases were reported from health facilities in the Panzi health zone of the southwestern Kwango province. Of the 382 cases, 330 have recovered, 27 died (CFR 7.1%) and 25 are active (hospitalized). Of the 382 cases, 51.8% (n=198) are aged under 5 years and 60% (n=230) are female. A rapid response team has been sent to the affected area to support the investigation and samples collection.									
Ethiopia	Humanitarian crisis	Grade 3	4-Nov-20	4-Nov-20	28-Nov-24	-	-	-	
The humanitarian crisis in Ethiopia has remained dire. Climate induced disasters, such as devastating landslides and floods, have intensified the situation, significantly affecting vulnerable populations and worsening food insecurity and malnutrition. The complex access and security situations in the Amhara and Oromia regions is hindering access to essential services and life-saving aid. Furthermore, Ethiopia continues to grapple with multiple health emergencies that compound the existing humanitarian crisis. A cholera outbreak, which has persisted since August 2022, is currently affecting most regions, while malaria remains endemic, particularly in Oromia, Amhara, Southwest, and Southern Ethiopia, where case counts are alarmingly high. Measles outbreaks also pose serious health risks									
Ethiopia	Impact of Sudan crisis in Ethiopia	Grade 3	1-May-23	1-May-23	20-Nov-24	-	-	-	
Following the outbreak of armed conflict in Sudan on 15 April 2023, Ethiopia is receiving thousands of forcibly displaced people at various points of entry along the land border between Sudan and Ethiopia. As of 20 November 2024, a total of 64 699 arrivals in need of international protection since April 2023 have been registered including 23 513 for this year 2024.									
Ethiopia	Cholera	Grade 3	17-Sep-22	1-Aug-22	25-Nov-24	57830		716	1.20%
The ongoing cholera outbreak in Ethiopia started on 27 August 2022. As of 25 November 2024, a total of 57 830 cases, 716 deaths (CFR 1.2%) are reported. In 2024, from January a total of 26 748 cases and 263 deaths (CFR 1.0%) are reported.									
Ethiopia	Dengue	Protracted 2	16-May-23	10-May-23	17-Nov-24	29719	29719	21	0.00%

In 2024, a total of 3 780 cases and 0 death were reported from 1 January 2024 to 17 November 2024. About 67.9% of cases were reported from Dire Dawa, 27.1% Afar, and 5% from Somali regions. Currently dengue fever outbreak is actively reported in two Woredas. Since the beginning of the outbreak in April 2023, a total of 29 719 cases with 21 deaths are reported.									
Ethiopia	Malaria	Grade 3	20-Jun-24	1-Jan-24	17-Nov-24	8451423		1230	0.00%
A total of 8 451 423 cases and 1 230 deaths were reported from Epi week 1 – 46 of 2024. A total of 354 259 malaria cases were reported in Epi-week 46, which reveals 1.2% decrement compared to Epi-week 45, 2024. A total of 21 new deaths reported in the Epi-week 46, 2024. About 1 255 Woredas reported at least one malaria case									
Ethiopia	Measles	Ungraded	13-Apr-17	1-Jan-24	24-Nov-24	30576	28,339	215	0.70%
Measles outbreak is still ongoing in Ethiopia. In 2024, from 1 January through 24 November, a total of 30 576 cases including 1 607 lab-confirmed, 26 694 epi-linked and 38 measles compatible cases with 215 deaths were reported									
Ethiopia	Malnutrition	Ungraded	5-Dec-24	1-Jan-24	24-Nov-24	-	-	-	
The nutrition situation in Ethiopia is concerning as indicated by recent surveys, particularly in zones affected by drought, fueled by El Niño. In 2024, from 1 January to 24 November, a total of 363 829 under 5 years of age severe acute malnutrition (SAM) cases and 591 deaths have been reported. The moderate acute malnutrition (MAM) under 5 years old cases reported for the same period are 981 383 with 701 296 MAM cases among pregnant and lactating (PLW).									
Gabon	Mpox	Grade 3	23-Aug-24	22-Aug-24	5-Nov-24	15	2	0	0.00%
On 22 August 2024, the Government of Gabon reported its first confirmed Mpox case. As of November 2024, 15 suspected cases have been recorded, including two confirmed cases in the Libreville-Owendo health district — one male and one female.									
Ghana	Drought	Ungraded	27-Aug-24	27-Aug-24	1-Sep-24	435,872	435,872	0	0.00%
Severe drought has significantly impacted eight regions in Ghana, particularly in the northern and transitional areas, affecting key crops like maize, rice, groundnut, soybean, sorghum, millet, and yam. This situation threatens 928 523 farmers and could result in losses of GHS 22.2 billion, equivalent to 10% of the agriculture GDP. To prevent a food security crisis and potential socio-economic instability, the Ghanaian agricultural authorities recommend urgent interventions, including a grain export ban, increased imports, cash transfers, and input support.									
Ghana	Cholera	Grade 3	31-Aug-24	31-Aug-24	31-Aug-24	24	2	0	0.00%
On 21 August 2024, an epidemiological alert was issued in Ada District, Greater Accra region, after 24 suspected cholera cases were reported. As of 23 August, two cases were confirmed by the National Public Health and Reference Laboratory, with no deaths. The District Health Directorate has activated emergency management structures to investigate and control the outbreak.									
Ghana	Dengue	Protracted 2	16-Jul-24	14-Jul-24	20-Jul-24	70	70	0	0%
On 14 July, the Ministry of Health of Ghana notified WHO of the confirmation of nine cases of Dengue in three districts of the Eastern Region. As of 20 July, 574 suspected cases including 70 confirmed cases of Dengue have been reported from seven districts.									
Ghana	Measles	Ungraded	1-Apr-24	1-Jan-24	11-Nov-24	2511	387		0.00%
From January 2024 to April 2024, Ghana reported 350 confirmed measles cases across 14 of its 16 regions, with the highest number in the Northeast Region (61 cases). The majority of cases (61.4%) were in children aged 5 years or younger. Laboratory testing revealed various IgM positive cases, including 40 in Ashanti and 20 in Greater Accra. Males constituted 54% of the cases. Despite the widespread distribution, no measles-related deaths occurred.									
Ghana	Mpox	Grade 3	1-Oct-24	23-Sep-24	1-Oct-24	1	1		0.00%
On 1 October 2024, WHO was notified of a confirmed mpox case in a 15-year-old boy in the Bia West district of the Western North region. The case-patient presented to a health facility on 26 September 2024 with fever, general body pains, sore throat and maculopapular rash with symptom onset on 23 September 2024. The patient had a History of bush meat consumption 03 weeks before symptom onset, with no travel history. Samples sent on 26 September 2024 to the National Public Health Reference Laboratory for PCR testing returned positive for mpox on 27 September 2024. Ghana recorded its first mpox case in May 2022. A total of 128 mpox confirmed cases including 4 deaths (CFR 3.1%) were recorded between May 2022 and October 2023.									
Guinea	Floods	Grade 2	28-Aug-24	27-Aug-24	1-Sep-24	17,249	17,249	2	0.00%
On 24 August, heavy rainfall severely impacted Conakry city in the Conakry Region of western Guinea, resulting in significant casualties and damage. As of 27 August, reports indicate two fatalities, one missing person, and 17 249 people affected across the localities of Sangoyah, Kissosso, Lambanyi, Tannerie, Matoto, and Kobayah. Additionally, at least seven houses were destroyed. Further heavy rainfall is forecast for 28-29 August across most of Guinea. In response to the devastating floods in the Seguri area in July, DG ECHO allocated EUR 150 000 in humanitarian aid to support 1900 of the most affected families, totalling 13 300 people.									
Guinea	Dengue	Protracted 2	15-Jul-24	8-Jul-24	20-Jul-24	12	3	1	0.90%
There was one new confirmed case reported on 11 July 2024 giving a cumulative of 12 dengue cases (three confirmed) and one death reported in 2014.									
Guinea	Lassa Fever	Ungraded	3-Oct-24	19-Sep-24	3-Oct-24	1	1	1	100.00%
On 03 October 2024, WHO was notified of a confirmed Lassa fever case in a 63-year-old man, resident of the Guéckédou prefecture in southern Guinea. The case-patient presented with fever, headache, asthenia, and anorexia at the Guéckédou health center on 19 September 2024 where he was hospitalized in the general medicine ward. He was transferred to the Guéckédou epidemic treatment center on 22 September 2024. Samples tested for Viral haemorrhagic fevers (VHF) at the Guéckédou VHF Laboratory returned positive for Lassa fever on 22 September 2024. The case-patient died on 23 September 2024 at the Guéckédou epidemic treatment center and a safe and dignified burial was conducted.									
Guinea	Measles	Ungraded	3-Jul-24	1-Jan-24	28-Aug-24	769	306	7	0.90%
From W1 to W32, 2024 the country reported 769 suspected cases of measles including 306 confirmed IgM+ cases, no case by epidemiological link, 27 compatible cases, No case pending laboratory results. Rate of no-measles febrile rashes reached with 2.5. The incidence rate of measles is 19.33 per 1 million population.									
Guinea	Mpox	Grade 3	2-Sep-24	2-Sep-24	9-Sep-24	6	1	0	0.00%
On 2 September 2024, WHO was informed of a mpox confirmed case in a 7-year-old schoolgirl of Koyamah locality in the southern Macenta health district of Guinea. From 2 to 9 September 2024, a total of 6 suspected cases with no death were reported of which one was confirmed for Mpox virus Clade IIB. Seventy-three contacts are under follow-up.									
Guinea	Yellow fever	Ungraded	11-Oct-24	11-Oct-24	11-Oct-24	2	2		0.00%
A notification of a yellow fever outbreak has been received from Guinea, involving two females: a 15-year-old and a 24-year-old, one of whom is pregnant. Both cases are from the Labé region—Balaya and Korbé, respectively—with symptoms starting on September 19 and September 16, 2024. Blood samples were collected and tested at the reference laboratory in Conakry on October 5, 2024. The cases either tested positive for PCR or IgM, and both were confirmed as yellow fever cases on October 8, 2024. Samples were sent to the Institute Pasteur in Dakar for further confirmation on the October 10, 2024.									
Kenya	Malaria	Ungraded	5-Dec-24	25-Aug-24	1-Dec-24	-	-	-	

On 25 November 2024 through event-based surveillance routine activities, AFRO team came through an article talking about malaria outbreak which is ongoing in several counties of Kenya and the signal verification was sent on 26 November 2024 to the WHO country office (WCO). On 5 December, the WCO confirmed that there were malaria outbreaks reported in Turkana and Baringo counties. For Baringo county, the malaria outbreak was between epi-week 35 to 43. For Turkana county, the malaria outbreak was between epi-week 34 and 39. AFRO team agreed to open this event and monitor it for few weeks as malaria transmission tends to increase during the rainy seasons, which typically occur from March to May and from October to December in Kenya									
Kenya	Measles	Ungraded	29-Jun-22	1-Jan-23	5-Dec-24	2797	294	18	0.60%
Since January 2024, a total of 17 counties in the country have reported measles outbreaks. Currently, 11 counties remain active, with outbreaks reported in 19 sub-counties. To date, 2 797 cases have been reported, including 294 confirmed cases and 18 deaths, resulting in a case fatality rate (CFR) of 0.6%. In the last week, 6 new cases were reported, all from Dadaab sub-county.									
Kenya	Mpox	Grade 3	3-Aug-24	22-Jul-24	5-Dec-24	24	1	0	0.00%
Kenya confirmed its first Mpox case in a 42-year-old truck driver from Taita Taveta County, who began showing symptoms on 9 July 2024 after traveling through Uganda and Kenya. Initially testing negative, the case was later confirmed on 22 July 2024. Following this, Kenya declared an Mpox outbreak on 31 July 2024. As at 4 December 2024, the total confirmed twenty four (24) cases, with one (1) death (CFR 4.2%) from twelve (12) counties as of 4th December 2024									
Kenya	Poliomyelitis (cVDPV2)	Grade 2	6-Jul-23	26-May-23	5-Dec-24	13	13	0	0.00%
In 2024, five cases of cVDPV2 were recorded among healthy children in Turkana West sub-county, Turkana County, bringing the total to 13 cases since 2023. Additionally, one sewage sample collected from the Eastleigh environmental site (ES) in Kamukunji sub-county, Nairobi County, tested positive for cVDPV2 on 26 June 2024. Two polio vaccination rounds in 2024 achieved 107.9% (October) and 101.6% (November) coverage for children under five. A third round is planned for December in Marsabit County, responding to a cVDPV2 case in Moyale, Ethiopia.									
Lesotho	Drought/food insecurity	Ungraded	22-Jul-24	12-Jul-24	9-Sep-24	293,000	293,000	-	-
Prolonged dry spells, high temperatures, and economic challenges have left approximately 293 000 people in rural Lesotho (19 percent of the population) facing severe food insecurity, classified as IPC Phase 3 (Crisis) or worse, from May to September 2024. The most affected districts include Maseru and Qacha's Nek, where 30 percent of the population is in Crisis (IPC Phase 3), followed by Mochale's Hoek and Quthing.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	6-Jan-22	14-Nov-24	533	176	55	33.00%
From 6 January 2022 to November 2024, a cumulative total of 533 cases of Lassa Fever have been reported with 176 confirmed and 55 deaths (CFR 31%).									
Liberia	Measles	Ungraded	3-Feb-22	13-Dec-21	14-Nov-24	13711	13,291	95	0.70%
Since the measles outbreak started on 13 December 2021, there have been 13 711 suspected cases, 13 291 confirmed cases, and 95 deaths with CFR 0.7%, as of June 2, 2024. The highest affected counties are Montserrado with 5 373 confirmed cases, Nimba with 1 407 confirmed cases and Grand Bassa with 950 confirmed cases									
Liberia	Mpox	Grade 3	31-Aug-24	31-Aug-24	14-Nov-24	273	22	0	0.00%
A confirmed Mpox case was reported on 31 August 2024, from Doodwicken Clinic in Jedepo Health District, Sinoe County. This case, involving a 7-year-old girl, marks the beginning of the outbreak in the region. So far, eight suspected cases have been reported, with one confirmed case, and four negative, while two results are pending, and one case was discarded. Since the onset, 30 contacts have been identified and monitored daily. The district rapid response team has been activated. Investigations, along with active case searches, are ongoing.									
Madagascar	Malnutrition crisis	Protracted 2	1-Jul-21	1-Jan-21	30-Oct-24			-	-
The humanitarian situation in the Grand Sud remained fragile and is expected to deteriorate further, thus reversing the marginal gains made in 2023. From May to September 2024, about 1.22 million people (12% of the rural population) in Madagascar are experiencing acute food insecurity (IPC3+), with the highest levels in Ambovombe Androy and Amboasary Atsimo districts. This number is expected to rise to 1.32 million (13%) from October to December 2024, and to 1.78 million (17%) from January to April 2025, indicating a worsening food security situation.									
Madagascar	Malaria	Ungraded	28-Feb-24	1-Jan-24	29-Nov-24	1531902		206	0.00%
Madagascar has been experiencing a malaria outbreak since last year and the same trend continues in 2024. According to IDSR weekly report for week 47(ending 24 Nov 2024), 3 060 749 cases and 206 deaths have been recorded throughout the country.									
Malawi	Drought	Ungraded	26-Mar-24	28-Mar-24	30-Oct-24	-	-	-	-
Malawi formally declared a state of disaster on 23 March 2024 due to drought in 23 out of its 28 districts. From October 2024 to May 2025, Southern Malawi, particularly Nsanje district in the Lower Shire livelihood zone, remains the area of highest concern for food security. More than half of Nsanje's population is experiencing Crisis (IPC Phase 3) food insecurity due to an El Niño-induced drought, compounded by inadequate recovery from previous flooding and waterlogging in 2023. From October 2024 to January 2025, Crisis (IPC Phase 3) food security conditions are also expected to persist in Mangochi district in the south and Nkhosakota and Lilongwe districts in central Malawi.									
Malawi	Cholera	Grade 3		12-Sep-24	12-Sep-24	10	2	0	0.00%
On 10 September 2024, Chitipa has reported 10 suspected cases at Kapenda Health Centre, with 3 cRDT positive, 1 culture positive, and 1 sample pending. The cases are sporadic, initially coming from the Songwe River area, but current cases are from other regions. None had travel history prior to the onset of diarrhoea. All suspected cases are being followed by the District Rapid Response Team, with control measures like water chlorination in place, and the situation is under close national monitoring.									
Malawi	Measles	Ungraded	12-Sep-24	12-Sep-24	12-Sep-24	3	3	0	0.00%
On 29 August 2024, Mangochi District Health Office was alerted on a cluster of suspected measles cases in a village under Mkuchinga Jwambone Health Center. Six samples were collected for laboratory investigation at Kamuzu Central Hospital in Lilongwe. Three samples were confirmed positive for Measles on 9 September, 2024. The ages of the confirmed measles cases are seven months, five and seven years old.									
Mali	Floods	Grade 2	21-Aug-24	23-Aug-24	23-Aug-24	39,768	39,768	22	
Since the beginning of July 2024, Mali has faced severe flooding across several regions, causing significant human and material losses. By 18 August 2024, over 39 768 people were affected, including 16 639 children, 10 695 women, and 12 434 men. The floods resulted in 22 deaths and 104 injuries. Additionally, eight healthcare facilities were damaged. The crisis has exacerbated public health issues, particularly with contaminated water sources, increasing the risk of cholera and other waterborne diseases. Urgent needs include healthcare, shelter, and access to clean water.									
Mali	Humanitarian crisis (Sahel region)	Protracted 2	11-Sep-17	11-Sep-17	14-Nov-24	8,800,000	8,800,000	0	0.00%

Since 2011, Mali has been facing a security crisis and currently, six regions are affected particularly in Segou, Mopti, Timbuktu, Gao, Kidal and Menaka as of September 3 2024. Among them, As of August 25, the The main ones are particularly affected: Ségou, Mopti, Timbuktu, Gao, Kidal and Menaka. As of August 30, 2024, flooding has affected a total of 131,581 people, approximately 70% of whom are women and children. The most impacted regions include Segou, Gao, Mopti, Bamako, and Sikasso.									
Mali	Dengue	Protracted 2	12-Sep-23	1-Jan-24	26-May-24	4605	614	4	0.10%
From 1 January to 26 May 2024, Mali reported 4 605 suspected cases of dengue including 614 confirmed cases and four deaths.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-24	4-Sep-24	769	306	0	0.00%
From W1 to W32, 2024 the country reported 769 suspected cases of measles including 306 confirmed IgM+ cases, no case by epidemiological link, 27 compatible cases, No case pending laboratory results o Rate of no-measles febrile rashes reached with 2.5 o The incidence rate of measles is 19.33 per 1 million population.									
Mauritania	Influx of refugees from Mali (Sahel region)	Protracted 2	11-Mar-24	14-Mar-24	19-Mar-24	180,000	-	-	-%
The humanitarian situation in the Hodh Chargui region (HEC) of Mauritania is becoming critical with the massive arrival of thousands of Malian refugees fleeing insecurity and violence. It is estimated that over 180 000 refugees and returnees are registered or awaiting registration in the Bassiknou district. According to UNHCR data, over 40% are outside the formal camp system, many with livestock, putting pressure on natural resources (such as water and grazing land) and basic social services. Both displaced populations and host communities require protection, shelter, clean water, hygiene and sanitation facilities, as well as healthcare for their well-being.									
Mauritania	Measles	Ungraded	7-Mar-23	1-Jan-24	11-Nov-24	465	190	4	0.90%
Between 1 January and 12 May 2024, Mauritania reported 2 384 suspected measles cases across 49 districts, with 280 confirmed cases — 81 through epidemiological links and 199 via laboratory tests. In response, a vaccination campaign is scheduled from 28 May to 6 June 2024, targeting 1 943 636 children aged nine months to 14 years. This campaign will also incorporate the administration of vitamin A and mebendazole.									
Mauritania	Rift Valley Fever (RVF)	Ungraded	21-Oct-24	20-Oct-24	28-Oct-24	1	1		0.00%
One RVF case confirmed in a 20-year-old male herder, living in a nomadic camp located 6 km from the Amedrame village and 80 km northwest of Tidjikja commune, Tagant region. He presented at the Tidjikja Regional Hospital with fever, vomiting, epistaxis which started a week before hospital admission on 20 October 2024. Samples collected by the mobile Virology laboratory team of the National Public Health Research Institute and tested on 21 October 2024 by RT-PCR returned positive for RVF. A second test conducted on 25 October returned negative for RVF. The patient was discharged on 28 October 2024. Active case search is ongoing.									
Mauritius	Dengue	Protracted 2	17-Dec-23	17-Dec-23	31-Oct-24	9348	9348	4	0.00%
The index case for the ongoing dengue outbreak in Mauritius was reported on 27 August 2024, as of 31 October 2024, a total of 9 348 cases and five deaths have been reported									
Mauritius	Mpox	Grade 3	28-Oct-24	28-Oct-24	28-Oct-24	1	1		0.00%
An imported case of Mpox was confirmed on 26 October 2024 in Mauritius. The patient, a 49-year-old Nigerian, was isolated at a Hospital in Port-Louis, where a multidisciplinary team of doctors monitored him. The country remains on alert for mpox detection and response.									
Mozambique	Drought/food insecurity	Ungraded	5-Sep-24	20-Aug-24	4-Sep-24	3,300,000	-	-	0.00%
The Mozambique authorities have launched a humanitarian appeal to combat drought and food insecurity in the Country. El Nino-induced rainfall shortage and above-average temperatures have resulted in drought in the central and southern provinces of Mozambique, impacting agricultural production for vulnerable communities. As a result, around 2.8 million people face food insecurity (IPC3+), including 510 151 people in IPC4 (emergency level of food protection) between April and September 2024. During the lean season (Oct-24/Mar-25), the situation will further deteriorate, with around 3.3 million people projected to face food insecurity, of which 390 886 are in IPC4 in the affected provinces.									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	31-Oct-24	31-Oct-24			-	-
The conflict in northern Mozambique has escalated in early 2024, causing widespread displacement and a severe humanitarian crisis. The latest IOM report identifies 709,529 IDPs and 632,408 returnees across 364 locations, with 76% of IDPs in Cabo Delgado. Health infrastructure is strained, with 18 fully damaged and 27 partially damaged facilities out of 144 in Cabo Delgado, particularly in districts like Macomia and Mocimboa da Praia. Conflict and climate events continue to impact the region's fragile health system									
Mozambique	Cholera	Grade 3		30-Nov-24	3-Dec-24				
A cholera outbreak was declared in Mogovolas District, Nampula Province, on 28 October 2024. As of 24 November 2024, a total of 161 suspected cases and 7 deaths (including 3 in the community) have been reported, resulting in a case fatality rate (CFR) of 4.3%. In epidemiological week 47, 56 new suspected cholera cases and 4 deaths were reported in Mogovolas District, with a weekly CFR of 7.1%.									
Mozambique	Cyclone Chido	Grade 2	15-Dec-24	18-Dec-24	18-Dec-24	393 329		80	
Cyclone Chido began its destructive path on 13 December 2024, hitting Mayotte and causing severe damage. It continued through the Indian Ocean, affecting the Comoros on 14 December , with property damage but no major injuries. On 15 December , Chido made landfall in Mozambique, bringing winds up to 80 km/h, over 250 mm of rain, and severe flooding. At least one person died, 35 were injured, and 24,102 people were affected, with more than 5 800 houses and 41 classrooms damaged. Cabo Delgado's Mecufi district was hardest hit. In Malawi, by 16-17 December heavy rains and winds affected 8 100 people, killing three. Machinga, Phalombe, and Blantyre Rural were the worst hit, with homes, schools, and health centers damaged. Zimbabwe issued evacuation warnings but reported no major damage as the storm weakened. Heavy rains remain a threat across southern Africa									
Mozambique	Measles	Ungraded	20-Aug-24	28-Aug-24	1-Sep-24	283	283	18	6.40%
Between 9 July and 21 August 2024, there have been 283 measles cases reported, with 215 in Cabo Delgado (Chiure, Montepuez, and Namuno districts) and 68 in Niassa (Sanga and Cuamba districts). The outbreak led to 18 deaths, all occurring within the communities, with 17 in Cabo Delgado and 1 in Niassa. Most cases (90%) were among children under 15 years old, with 54 cases in infants under 1 year, 75 cases in children aged 1–4, 45 cases in those aged 5–9, and 24 cases in the 10–14 age group.									
Namibia	Drought	Ungraded	31-May-24	22-May-24	9-Sep-24	1,200,000	1,200,000	-	-
From July to September 2024, 1.15 million people in Namibia (38% of the population) faced high levels of acute food insecurity (IPC Phase 3 or above). In the first projection period (October 2024 – March 2025), the food security situation is expected to worsen due to the start of the lean season and seasonal price increases, where 1.26 million people (41% of the analysed population) are expected to be in IPC Phase 3 or above.									
Niger	Floods	Grade 2	12-Jun-24	10-Jun-24	13-Sep-24	924,799	-	309	0.00%

As of 30 August, the heavy rains that have hit Niger since the beginning of the season (in May) across the entire national territory have resulted in the following: Four out of the eight regions in the country are affected, encompassing 18 departments, with the Maradi region being the most affected. A total of over 353 000 people have been displaced. There have been 217 deaths, including 11 due to house collapses (a total of 329 households have collapsed), and 200 injuries have been recorded.

Niger	Humanitarian crisis (Sahel region)	Protracted 2	1-Feb-15	1-Feb-15	18-Apr-24	4,300,000	4,300,000	0	0.00%
Niger is contending with a severe humanitarian crisis due to regional instability in the Tillaberi, Maradi, Diffa, and Tahoua regions. The instability stems from conflicts spilling over from Mali, Burkina Faso, and Nigeria, compounded by the country's internal political turmoil following a military coup on 28 July 2023 — the third such coup in the Sahel in under three years. International sanctions, environmental challenges, deep-seated poverty, and frail social support have further strained the relief efforts. Despite these adversities, there has been a slight decrease in refugee and asylum seeker figures, although new arrivals from Chad, Mali, Burkina Faso, and Nigeria persist post-21 March 2024. Concurrently, Niger has seen the internally displaced population escalate dramatically, from 1.9 million in 2017 to 4.3 million individuals, which is 15% of the population in 2024, significantly amplifying the demand for humanitarian aid. Acute food insecurity currently afflicts 3.3 million residents, with an alarming 7.3 million more at risk of deteriorating conditions amid the ongoing turmoil.									
Niger	Cholera	Grade 3	9-Sep-24	27-Aug-24	12-Sep-24	181	12	6	3.30%
181 suspected cholera cases including 6 deaths (CFR 3.3%) reported from Bouza (81 cases; 2 deaths), Birni Koni (64 cases), and Madaoua (36 cases; 4 deaths) health districts of Tahoua region in Southern Niger between 27 August and 12 September 2024. Of the 37 samples tested, 12 tested positive for <i>Vibrio cholerae</i> O1 Ogawa by culture at the Centre for Medical Research and Health of Niamey.									
Niger	Dengue	Grade 3	30-Oct-24	16-Oct-24	30-Oct-24	4	1	1	25%
On 30 October 2024, WHO was notified of a confirmed dengue fever case in a 34-year-old male wood seller who presented at the National Hospital of Niamey on 16 October 2024 with fever, headache, vomiting, hiccups, cough, epigastralgia, epistaxis, myalgia, and arthralgia. Samples tested on 23 October 2024 by RT-PCR at the Center for Medical Research and Health (CERMES) of Niamey returned positive for dengue. Three suspected dengue cases from the same family as the confirmed case tested negative for dengue. Active case search and entomological investigations are ongoing.									
Niger	Diphtheria	Ungraded	28-Aug-23	4-Jul-23	19-Jun-24	5367	4,656	320	6.00%
An outbreak of diphtheria has been confirmed in Matameye health district, Zinder region. The first case was reported on 17 July 2023. As of week number 24 of 2024, 5367 suspected cases, including 320 deaths (CFR 6 %) were reported. Public health response activities are ongoing in affected districts.									
Niger	Measles	Ungraded	5-Apr-22	1-Jan-24	10-Nov-24	4498	1,053	20	0.40%
As of epidemiological week 45, a total of 4498 suspected cases of measles were reported, including 1053 confirmed cases and 20 deaths (case fatality rate: 0.4%), across 68 health districts in epidemic areas									
Niger	Meningitis	Ungraded	7-Dec-22	1-Jan-24	10-Nov-24	3415	1,324	256	7.50%
Niger continues to notify meningitis cases. From epidemiological week 1 to week 44, 2024, a total of 3 415 suspected cases including 1 324 confirmed cases and 256 deaths (CFR 7.5%) were notified in eight regions, namely Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillaberi and Zinder. Agadez and Niamey regions are the most affected.									
Niger	Rift Valley Fever (RVF)	Ungraded	30-Oct-24	14-Oct-24	30-Oct-24	1	1		0.00%
On 30 October 2024, WHO was notified of a confirmed Rift Valley fever case in a 25-year-old male farmer admitted on 14 October 2024 at the N'wagar health center of Tchintabaraden health district in southwest Niger with fever, jaundice, epistaxis and hematemesis. Blood samples collected and tested by RT-PCR on 14 October 2024 at the Center for Medical Research and Health (CERMES) of Niamey returned positive for Rift Valley fever. Several deaths and abortions have also been reported in the same farmer's livestock (especially among goats and camelids). Investigations are ongoing.									
Nigeria	Floods	Grade 2	19-Aug-24	20-Aug-24	3-Sep-24	1,951	1,951	7	0.40%
Jigawa State has been heavily affected by flooding since Week 29 of 2024, impacting 14 Local Government Areas (LGAs), 45 wards, and 139 settlements. So far, 3 843 houses have been damaged, and there are 31 IDP camps across 5 LGAs, with 1 951 displaced individuals. 7 fatalities have been reported, and farmlands, highways, and some health facilities have been submerged. Immediate needs include healthcare, food, shelter, and logistical support, while an Incident Action Plan (IAP) is in place with support from WHO and key stakeholders.									
Nigeria	Humanitarian crisis (Sahel region)	Protracted 2	10-Oct-16	10-Oct-16	21-Mar-24	8,300,000	8,300,000		0.00%
People face emergency levels of food insecurity, with very high rates of severe acute malnutrition that could lead to death in Borno, Adamawa and Yobe states. As of week 11, 2024, over 6 million people are targeted for humanitarian aid, 8.3 million people need humanitarian assistance, 2.2 million IDPs, and 4.3 million people need food security aid. Due to the fluidity of the situation, the numbers are constantly changing.									
Nigeria	Cholera	Grade 3		1-Jan-24	29-Sep-24	10837		359	3.30%
From 1 January to 29 September 2024, there were 10 837 suspected cholera cases reported in Nigeria, including 359 deaths (CFR: 3.3%). Reports came from 36 states.									
Nigeria	Dengue	Protracted 2	1-Nov-23	1-Jan-23	24-Mar-24	72	14	0	0.00%
Nigeria is responding to Dengue outbreak that started in 2023. As of 3 March 2024, there has been 72 suspected cases reported with 14 confirmed and zero deaths since 19 December 2023.									
Nigeria	Lassa Fever	Ungraded	8-Jan-23	1-Jan-24	21-Jul-24	6,597	1,009	171	16.90%
Cumulatively from week 1 to 29, 2024, 163 deaths have been reported with a case fatality rate (CFR) of 17.1% which is marginally higher than the CFR for the same period in 2023 (16.9%). In total for 2024, 28 States have recorded at least one confirmed case across 125 Local Government Areas.									
Nigeria	Measles	Ungraded	1-Apr-24	1-Jan-24	12-May-24	8935	4,633		0.00%
Between 1 January and 12 May 2024, in Nigeria, 8 935 suspected measles cases were reported, with 1 141 confirmed cases, 3 373 confirmed through epidemiological link, and 119 classified as compatible. Additionally, there were 280 IgM positive rubella cases. The measles incidence rate is 18.4 per 1 000 000 population. Notably, 302 out of 774 districts (39%) have reached the epidemic threshold, indicating a significant outbreak.									
Nigeria	Meningitis	Ungraded	29-Jan-24	8-Oct-23	3-Nov-24	3319		260	7.80%
Between 1 January to 3 November 2024, a total of 3 319 suspected cases including 260 deaths (CFR: 7.8 %) were reported.									
Nigeria	Mpox	Grade 3	31-Jan-22	1-Jan-22	27-Oct-24	1442	118	0	0.00%
Nigeria continues to report cases of Mpox. From 1 January to 27 October 2024, a total of 1 442 cases including 118 confirmed cases and zero deaths were reported.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-22	20-Nov-24	216	216	0	0.00%

One cVDPV2 case was reported this week from Kano, with onset of paralysis on 20 September, bringing the total number of cVDPV2 cases for 2024 to 81. A total of 87 cVDPV2 cases was reported in 2023 and 48 cases in 2022.									
Rwanda	MPox	Grade 3	24-Jul-24	24-Jul-24	17-Nov-24	52	52	0	0.00%
Rwanda confirmed its first two cases of Mpox on 24 July 2024. The current situation, as of 17 November is as following: 52 total confirmed cases; cases under follow-up: 26 and cumulative suspected cases: 4 358									
Sao Tome And Principe	Cellulitis	Ungraded	28-Nov-24	1-Jan-24	24-Nov-24	1,305			0.00%
From week 1 to week 48 of 2024, São Tomé and Príncipe reported 1 305 cases of cellulitis, including 82 cases of necrotizing cellulitis. Cases were recorded in all districts, with over 50% originating from rural areas. The disease primarily affects adults but also impacts children, with men being more affected than women. This is not the first cellulitis outbreak in São Tomé and Príncipe. The country continues to face challenges, including limited laboratory capacity to identify the pathogens involved, highlighting the need for external support to effectively respond to this outbreak.									
Senegal	Floods	Ungraded	4-Oct-24	16-Oct-24	21-Oct-24				-
Several regions of the country are experiencing floods. Management is done at the regional level in a One Health approach under the coordination of Governors. A teleconference on this subject was convened by the COUS for October 17, 2024. More information on the presentation to be made.									
Senegal	Chikungunya	Ungraded	8-Jun-23	1-Jan-24	26-May-24	7	7	0	0.00%
Between 1 January and 26 May 2024, Senegal reported seven new Chikungunya cases. The cases ranged from eight to 30 years old, with a median age of 21 years. Matam had the highest number of cases with three, followed by Tambacounda with two, and Dakar and Kolda each with one. The last reported case had an onset of symptoms on 26 April 2024.									
Senegal	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	26-Mar-24	22-Mar-24	14-Nov-24	3	3	0	0.00%
On 22 March 2024, the Institut Pasteur in Dakar (IPD) confirmed a case of Crimean-Congo Haemorrhagic fever (CCHF) in a 25-year-old male farmer. The patient, originally from the Guinguiné district, probably contracted the disease while working in the Ndoeffane district. Investigations are ongoing in all the areas visited by the patient. So far 11 samples collected from contacts at the Dakar hospital have tested negative. On 26 April 2024, WHO was informed of the confirmation of two additional CCHF cases in a 40-year-old male and a 25-year-old male from Pikine and Yeumbeul districts of Dakar respectively. Blood samples collected from the two male cases on 17 and 19 April 2024 respectively returned positive for CCHF on PCR on 25 April 2024. PCR testing returned negative for yellow fever, dengue, RVF, west nile, chikungunya, and zika. Both cases are alive. In-depth investigations are ongoing.									
Senegal	Dengue	Protracted 2	14-Nov-22	31-Jan-23	15-Nov-24	1200	88	0	0.00%
Senegal reported 100 Dengue confirmed cases in week 46, taking the number of cumulative cases to 1 200. The number of confirmed cases within less than twice the maximum incubation period is 65, distributed across 13 districts classified as "active epidemic." These districts are Louga (25), Pikine (9), Gossas (8), Richard Toll (5), Yeumbeul (5), Fatick (4), Tambacounda (2), Thiès (2), Dakar-North (1), Guédiawaye (1), Kédougou (1), Mboi (1), and Touba (1).									
Senegal	Measles	Ungraded	4-Jul-22	1-Jan-24	26-May-24	252	252	0	0.00%
Between 1 January and 26 May 2024, Senegal reported 252 confirmed measles cases, with the highest numbers in Louga (56), Matam (41), and Kaffrine (33). The cases were evenly split between females (125) and males (127), ranging from 0.4 to 42 years old, with a median age of 6 years. Most cases (70%) were among children aged nine months to five years. Among these cases, 69% were unvaccinated. Twenty-three districts have reached the epidemic threshold in 2024, with the onset of symptoms of the last case on 29 April 2024 in Saint Louis.									
Senegal	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-24	20-Sep-24	29-Oct-24	1			0.00%
One cVDPV2 case was reported in Kédougou commune of South-eastern Kédougou region of Senegal with date of acute flaccid paralysis onset on 20 September 2024 and laboratory confirmation on 29 October 2024. cVDPV2 was also isolated from an environmental sample from Tambacounda city in Eastern Senegal on 22 October 2024. Investigations are ongoing.									
Senegal	Rift Valley Fever (RVF)	Ungraded	4-Nov-24	26-Oct-24	4-Nov-24	1	1		0.00%
One RVF case was confirmed by serology (IgM positive) on 4 November 2024 at Institut Pasteur of Dakar in a 28-year-old male herder resident of Pikine Department with date of symptom onset on 26 October 2024. The patient is alive and further investigations are ongoing.									
South Africa	Food Poisoning	Ungraded	1-Oct-24	1-Oct-24	28-Nov-24	890		22	2.00%
From January to 10 November 2024, twenty-three people in Gauteng have died as a result of food borne-related poisoning after consuming food from spaza shops. Continues report of significant outbreak of foodborne illnesses (FBIs) beginning in September 2024, with over 890 incidents recorded across all provinces. However, this figure is likely an underrepresentation due to unreported cases. Gauteng and KwaZulu-Natal are the most affected provinces, followed by Limpopo, Free State, and Mpumalanga. At least 22 children have succumb to this outbreak, with organophosphate exposure suspected in some cases.									
South Africa	Mpox	Grade 3	15-May-24	15-May-24	29-Sep-24	25	25	3	12.00%
Through IHR notification from South Africa, WHO received a report of one laboratory confirmed mpox case from Johannesburg. This case was confirmed after initial testing by Lancet Laboratory on 9 May 2024. As of 29 September 2024, 25 cases with three deaths have been reported in South Africa.									
South Sudan	Floods	Ungraded	4-Sep-24	29-Aug-24	21-Nov-24	-	-	-	-
Heavy rains and significant water release from Lake Victoria in Uganda into the Nile River have caused widespread flooding nationwide. As of 21 November 2024, South Sudan is facing unprecedented floods, impacting more than 1.4 million people nationwide, with Jonglei, Western Bahr el Ghazal, and Unity states being the most affected									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	15-Aug-16	21-Nov-24	-	-	-	-
In South Sudan, ongoing conflicts, widespread displacement, prolonged flooding, worsening of food insecurity situation and disease outbreaks have left 9 million people, including 4.9 million children, in need of humanitarian assistance. The Humanitarian Needs and Response Plan (HNRP) for 2024, remains severely underfunded, with a 72% funding gap despite generous contributions from various donors.									
South Sudan	Impact of Sudan crisis in South Sudan	Grade 3	15-Apr-23	1-May-23	21-Nov-24	840,000	-	0	

Since the start of the Sudan emergency, some 840 000 new arrivals have sought safety in South Sudan. This constitutes more than 6% of the total population of South Sudan, which is estimated at 12.4 million. Humanitarian partners continue to provide assistance, with the onward transportation of returnees and refugees from transit centers remaining a critical need

South Sudan	Anthrax	Grade 2	1-Aug-24	1-Jan-24	24-Nov-24	165		3	1.80%
In 2024, a cumulative total of 165 human cases, including three deaths (CFR 1.8%), have been reported across four counties in two states in South Sudan. Jur River in Western Bahr el Ghazal State has recorded the highest number of cases, with 90 cases and an attack rate of 36.6 per 100,000 population, followed by Gogrial West County in Warrap State with an attack rate of 11.7 per 100,000 population. Wau in Western Bahr el Ghazal has an attack rate of 2.9 per 100,000 population, and Gogrial East in Warrap State has an attack rate of 0.5 per 100,000 population.									

South Sudan	Cholera	Grade 3	11-Oct-24	25-Oct-24	19-Nov-24	513	30	7	1.40%
The Ministry of Health declared an outbreak in Renk on the 28 October 2024. From 28 Sept to 19 November, there were 513 cases, including 30 confirmed by culture and 7 deaths (CFR 1.4%) have been reported: Five in health facilities with CFR of 1.0% and two in the community case fatality rate (CFR of 0.04%).									

South Sudan	Hepatitis E	Ungraded	3-Jan-18	1-Jan-19	27-Oct-24	7398		94	1.30%
The Hepatitis E outbreak in South Sudan is still active. in Rukoba county (Bentiu IDPs camp), Unity State (6 052 cases and 33 deaths) since December 2018; in Fangak county (701 cases, 28 deaths) , Jonglei State since week 1 2023; in Abyei(57 cases and seven deaths) since week 21, 2024; in Twic county (32 cases), Warrap State since February 2024 ; In Wau , Western Bahr EL-Ghazal State, a total of 556 including 26 deaths were reported. As of 27 October 2024, a total of 7 325 cases and 94 (CFR 1.3%) deaths are reported in the country.									

South Sudan	Malaria	Ungraded	8-Nov-24	1-Jan-24	21-Nov-24	-	-		
The current health landscape is grim, with malaria standing as the leading cause of death and illness, affecting half of the population. The country grapples with one of the highest malaria incidence rates in the region. Transmission is year-round and peaks between July and November. Plasmodium falciparum is the dominant species, accounting for 93.1 % of infections. In week 43 of 2024, Malaria maintained its position as the primary cause of illness, reporting 116 579 cases and 34 suspected deaths, representing 45% of the overall morbidity									

South Sudan	Measles	Ungraded	23-Feb-22	1-Jan-24	17-Nov-24	3429	206	51	1.50%
Measles has slightly increased between weeks 40 to 42 in Northern Bahr El Ghazal state, with 35 suspected cases reported across all five counties. As of Epidemiological Week 46, there are 3 429 suspected cases nationwide, including 206 laboratory-confirmed cases. The total number of measles-related deaths has reached 51, resulting in a case fatality ratio (CFR) of 1.5%. In 2024, confirmed outbreaks have been documented in 23 counties.									

South Sudan	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-24	1-Jan-23	17-Nov-24	12	12	0	0.00%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during the past week. The total number of VDPV-2 isolates reported in the country remains at 26, with 12 cVDPV2 isolates identified from acute flaccid paralysis (AFP) cases and 10 from environmental surveillance sites. Polio-affected areas remain in eight counties across four states: Western Equatoria, Central Equatoria, Upper Nile, and Jonglei. The most recent cVDPV2 isolate was detected from the Roton environmental site in Juba, Central Equatoria State, on 14 November 2024.									

Tanzania, United Republic of	Cholera	Grade 3	3-Oct-23	5-Sep-23	24-Nov-24	10061		134	1.30%
Since 1 January 2024 cholera outbreaks have been reported in 23 regions (Mara, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi, Pwani, Mtwara, Tanga, Arusha, Songwe, Lindi, Mbeya and Dar es Salaam) in Tanzania Mainland, where a total of 10 061 cases and 134 deaths (CFR 1.3%) were reported. Out of 23 regions, Cholera outbreak was declared over in 11 regions (Mtwara, Arusha, Geita, Kagera, Ruvuma, Dar es Salaam, Manyara, Mara, Pwani, Morogoro and Tanga).									

Togo	Cholera	Grade 3	13-Aug-24	12-Aug-24	27-Oct-24	103	32	10	9.70%
From 12 August to 21 October 2024, a total of 103 suspected cases including 10 deaths (CFR 9.7%) were reported from four health districts (Golfe, Lacs, Agoè-Nyivé, Bas-Mono). A total of 32 cases were confirmed by RDT and 29 by culture for V. Cholerae O1.									

Togo	Dengue	Protracted 2	28-Jun-24	28-Jun-24	26-Aug-24	643	55	1	1.80%
In week 28, 89 out of 203 suspected dengue cases were confirmed, bringing the total to 643 cases. Patients ranged from 3 to 79 years old. To manage the dengue epidemic, an incident management system and a one-month action plan have been implemented, and a webinar for healthcare providers was conducted on July 22nd.									

Togo	Measles	Ungraded	14-Mar-24	14-Mar-24	16-Jun-24	628	199	1	0.20%
In Togo there is an ongoing measles outbreak since week 5 of 2024 with 13 districts affected. As at week 23 in 2024, there are a total of 628 suspected cases reported, 199 confirmed measles cases, 1 death reported among the confirmed cases in Oti South district									

Uganda	Anthrax	Grade 2	13-Jun-24	17-Jun-24	27-Oct-24	109	12	7	6.40%
There is an ongoing anthrax outbreak reported in Uganda affecting five districts districts. A total of 12 confirmed cases have been recorded, with seven deaths.									

Uganda	Cholera	Grade 3	28-Nov-24	28-Nov-24	28-Nov-24	7	2		
Adjumani District in Uganda has recorded a cholera outbreak, first identified on 11 November 2024, in a 9-year-old child at Nyumanzi Reception Center who presented with severe dehydration and a history of travel from Juba to Adjumani between 4 and 6 November 2024. As of 19 November, 2024, a total of seven cumulative cases have been reported, including two confirmed cases, four probable cases, and one suspected case. No deaths have been recorded. Both confirmed cases have epidemiological links. The first case tested positive with rapid diagnostic test. The second case was confirmed on 19 November 2024, through culture testing.									

Uganda	Crimean-Congo haemorrhagic fever	Ungraded	12-Feb-24	24-Apr-24	27-Oct-24	16	16	0	0.00%
Cumulatively, from week 1-43, 2024, 16 samples tested positive for CCHF from eight districts: Kampala (4), Lyantonde (3), Kiruhura (3), Kasese (2), Mbarara (1), Hoima (1), and Kiboga (1) and Wakiso (1).									

Uganda	Measles	Ungraded	4-Oct-23	5-Mar-24	19-Aug-24	466	84	9	1.90%
As of week 43, a measles outbreak was ongoing seven districts. Cumulatively, 617 cases, 84 confirmed cases and nine deaths have been reported.									

Uganda	Mpox	Grade 3	26-Jul-24	29-Jul-24	6-Dec-24	784	784	4	0.50%
As of 1 December 2024, Uganda has reported 784 confirmed mpox cases across 52 districts, with four deaths (CFR = 0.5%). The most affected districts include Kampala (364 cases), Wakiso (112 cases), Nakasongola (69 cases), Mayuge (25 cases), Mukono (25 cases), and Luwero (25 cases). Kampala Metropolitan Area alone contributes 64% of the total case load.									

Uganda	Rift Valley Fever (RVF)	Ungraded	24-May-24	23-Feb-24	27-Oct-24	321	24	1	0.30%
As of week 43, 2024, Rift Valley Fever outbreaks have been recorded with a cumulative number of 321 suspected cases, 24 confirmed, and one deaths since week 1, 2024.									
Uganda	Undiagnosed disease	Ungraded	8-Jul-24	8-Jul-24	8-Jul-24	16		3	18.80%
An undiagnosed illness was reported in Uganda, in Kawempe, resulting in 16 cases and three deaths as of 8 July. So far, the samples tested negative for all VHF, and now waiting for more results for other requested tests. The sick children were taken to health facilities, and they are improving. During case investigation, there was no epi link among those who died.									
Zambia	Drought/food insecurity	Ungraded	8-Mar-24	15-Jan-24	9-Sep-24	-	-	0	-
Zambia is grappling with the aftermath of severe, prolonged drought. This El Niño-induced dry spell has devastated agriculture and pushed millions of Zambians into food insecurity. Government reports indicate that nearly half of the 2.2 million hectares of maize have been destroyed. According to the Integrated Food Security Phase Classification (IPC) analysis. Between October 2023 and March 2024, 58 000 people were in Emergency (IPC Phase 4) and 1.9 million people were in Crisis (IPC Phase 3).									
Zambia	Measles	Ungraded	13-Jun-22	13-Jun-22	4-Aug-24	4259	179	0	0.00%
As of 4 August, 2024, Zambia recorded a cumulative total of 4 259 suspected measles cases with 179 confirmed since the start of 2024.									
Zambia	Mpox	Grade 3	8-Oct-24	8-Oct-24	10-Oct-24	1	1		0.00%
An IHR notification of an MPox case was reported by Zambia on 9 October 2024. The patient, a 32-year-old male truck driver, presented with muscle aches, fatigue, sore throat, and a rash starting on the face and spreading. He traveled from Tanzania to Chitambo District, Zambia, and reported to Mukando Health Post. Blood samples collected on 4 October 2024 were confirmed positive for MPox on 8 October 2024									
Zimbabwe	Drought/food insecurity	Ungraded	5-Apr-24	5-Apr-24	9-Sep-24	70,000,000		0	0.00%
The Famine Early Warning Systems Network forecasts that areas in the Mashonaland Provinces, currently experiencing Stressed (IPC Phase 2) conditions, will soon shift to Crisis (IPC Phase 3). This change is due to increasing food consumption gaps and coping strategies. From September 2024 through January 2025, all regions in the country are anticipated to face Crisis (IPC Phase 3) conditions, indicating widespread severe food insecurity.									
Zimbabwe	Anthrax	Grade 2	13-Nov-23	14-Nov-23	5-May-24	784		1	0.10%
As of 5 May 2024, there have been a total of 784 cases reported in Zimbabwe. Ten districts have reported cases since beginning of 2023 with the majority of cases coming from Gokwe North (63.5%) and Gokwe South (32.6%). The confirmed death was reported in 2023, from Gokwe South.									
Zimbabwe	Cholera	Grade 3	12-Nov-24	12-Nov-24	12-Nov-24	29	5	1	3.40%
From 4 to 12 November 2024, a total of 29 suspected cases including one death (CFR 3.4%) were reported from Kariba district, Mashonaland West province. Of the 29 cases, 19 tested positive for Cholera on RDT. The five samples tested for culture returned positive for cholera (serotype to be confirmed).									
Zimbabwe	Mpox	Grade 3	13-Oct-24	13-Oct-24	6-Dec-24	2	2		0.00%
As of 6 December 2024, Zimbabwe has reported no new mpox cases beyond the two initially confirmed. The first case, involving an 11-year-old male in Harare, and the second, a 24-year-old male in Mberengwa, were both linked to recent travel and have fully recovered. Contact tracing and monitoring for both cases have been completed, and no active cases remain.									
Zimbabwe	Suspected dysentery outbreak	Ungraded		5-Aug-24	1-Sep-24	506		0	0.00%
Between week 32 and week 35 (ending 1 September 2024), an increase in dysentery cases was recorded in Manicaland (252 cases) and Masvingo (254 cases) provinces. Investigations are ongoing.									
Closed Events									
Rwanda	Marburg Virus disease (MVD) outbreak	Grade 2	27-Sep-24	27-Sep-24	22-Nov-24	66	66	15	22.70%
On 27 September 2024, the Rwandan Ministry of Health announced the confirmation of Marburg virus disease (MVD) in patients in health facilities in the country. As of 22 November 2024, a total of 66 confirmed cases, including 15 deaths (CFR: 22.7%), and 51 recoveries have been reported mainly from the three districts of the capital city Kigali.									

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

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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Data sources

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