

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 43: 17 - 23 October 2022

Data as reported by: 17:00; 23 October 2022

African Region
Emergency Preparedness and Response

4

New events

146

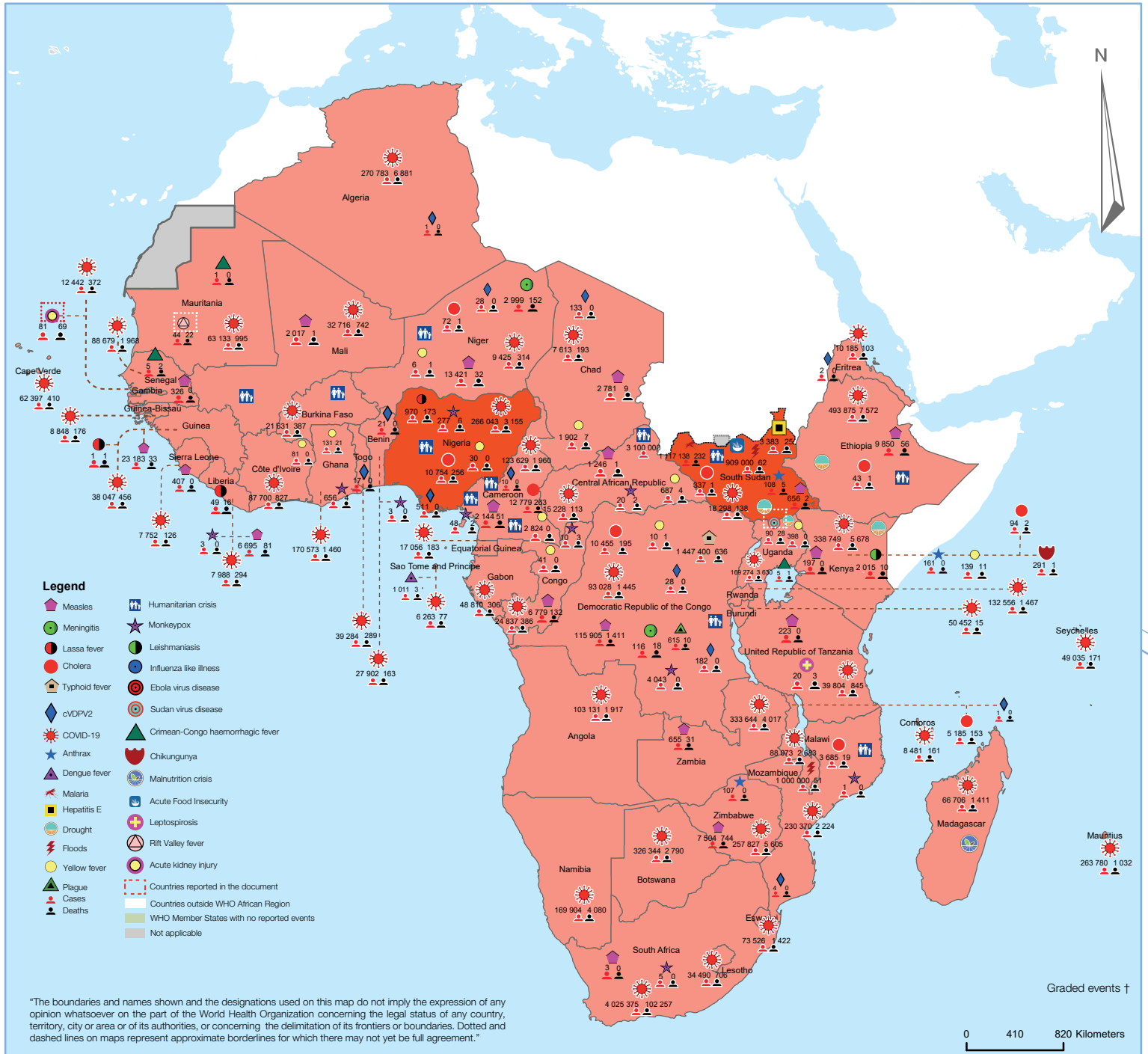
Ongoing events

129

Outbreaks

21

Humanitarian crises



"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 borderlines for which there may not yet be full agreement."

5

Grade 3 events

26

Grade 2 events

3

Grade 1 events

2

Protracted 3 events

5

Protracted 2 events

0

Protracted 1 events

46

Ungraded 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:

- Ebola Virus Disease caused by Sudan virus in Uganda
- Monkeypox in the WHO African Region
- Rift Valley Fever in Mauritania
- COVID-19 in the WHO African Region

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and closed.

Major issues and challenges include:

- The ongoing Ebola disease outbreak caused by Sudan virus in Uganda has expanded to two newly affected Districts including Kampala and Wakiso, and further expansion remains possible as high-risk contacts have been identified and are currently followed-up in five non-affected Districts. In this context, the need for additional funding appears critical in-order to scale-up the response as the country is grappling with other emergencies. Although improvements have been made around case management, there is still need for additional isolation units as the disease is spreading, as well as ambulances and human resources given the increasing demands for evacuations and admissions. Moreover, misconceptions, myths and low risk perception remain high in some of the affected communities.
- Thirty-two new laboratory-confirmed cases of Monkeypox and one related death were reported in Africa in the past week. The causes, type and transmission dynamics of Monkeypox in Africa are still being investigated. WHO is providing high-level response support to countries with high Monkeypox burden.

Ebola Virus Disease caused by Sudan virus in Uganda

90
cases

28
Deaths

31.0%
CFR

EVENT DESCRIPTION

The Ebola disease caused by Sudan ebolavirus (named Sudan virus disease, SVD) outbreak has been ongoing in Uganda since 19 September 2022, following confirmation in a 24-year old patient in Madudu Sub-County of Mubende District. As of 23 October 2022, a total 90 laboratory-confirmed and 20 probable cases have been reported. Forty-eight fatalities have been registered including 28 confirmed cases, for an overall case fatality ratio of 46.0%, and 31.0% among confirmed cases. A total of 32 patients have been discharged, giving a recovery rate of 36.0%. A total of 13 healthcare workers have been affected, of whom four (31.0%) have died.

Two new Districts have reported cases of SVD, including Kampala and Wakiso. Cumulatively, seven Districts have so far been affected: Mubende, which remains the epicentre (60 confirmed and 19 probable), Kassanda (10 confirmed and one probable), Kampala (14 confirmed), Kyegegwa (three confirmed), Bunyangabu (one confirmed), Kagadi (one confirmed), and Wakiso (one confirmed). Of note, no new cases of SVD have been reported in Bunyangabu, Kagadi and Kyegegwa districts since the symptom onset of the last confirmed cases, respectively for 24, 26 and 32 days.

A total of 2 430 contacts have been listed around confirmed and probable cases of SVD since the beginning of the outbreak, in 13 districts including Bunyangabu, Luweero, Fort Portal City, Kagadi, Kakumiro, Kampala, Kassanda, Kyegegwa, Mitooma, Mityana, Mubende, Nakasongola, and Ntungamo. All listed contacts in Bunyangabu, Fort Portal City, Kagadi, and Kyegegwa have completed 21 days of follow-up. Currently, 1 237 contacts are actively followed-up in nine Districts, of which 1 161 (94%) have been seen over the past 24hrs. In addition, several alerts are being received and validated across the country.

PUBLIC HEALTH ACTIONS

Coordination

- Epidemiological investigations, contact tracing, and active case finding are ongoing in all affected Districts. As of 23 October 2022, 1 237 contacts were still under follow-up, with 1 161 (94.0%) followed-up over the past 24hrs. A total of 118 alerts were received nationwide, all of whom were verified; 58 (49.0%) of them were validated as new suspected cases and 37 (64.0%) were evacuated to Ebola Treatment Units (ETUs).
- Eighty surveillance officers in Makindye and Rubaga divisions of Kampala Capital City Authority (KCCA) were trained on active case finding, case investigation and contact tracing. Go-Data accounts were created, and data were harmonized.
- Orientation of ten contact tracers at community level was done in Mityana District
- A mobile laboratory remains operational at the Mubende ETU with adequate test kits facilitating timely sample collection, testing and release of results within six hours.

- Cumulatively, 1 009 samples have been collected and tested since the beginning of the outbreak, yielding 90 confirmed cases.
- Ninety laboratory personnel in KCCA were trained on sample collection, transportation, biosafety and biosecurity across the divisions.

Case management and psychosocial support

- Three ETUs, one each in Mubende, Entebbe and Madudu are fully operational. Cumulatively, 32 (36.0%) recoveries have so far been recorded.
- A symposium has been organised on SVD management, attended by healthcare workers across the country as well as international consultants, and during which field experiences were shared.
- A tent has been set-up in Bunyangabu District to act as a holding place for suspected cases of SVD.
- The Emergency Medical Services call centres are now fully operational in Kassanda, KCCA and Mubende. A total of 45 evacuations have been done in Kassanda, 29 in Mubende, three in Kampala, one in Kagadi, one in Kakumiro, and one in Ntungamo.
- Psychosocial support continues to be offered to suspected and confirmed cases in ETUs, as well as to their family members. Pre-test (and post-test) counselling are also being offered to all patients at ETUs, and to contacts. In addition, the resettling of the discharged persons and negative suspected cases into their community continues.

Infection, prevention and control (IPC)

- Daily monitoring of IPC measures in ETUs is still ongoing.
- A mentorship session was organised in KCCA, conveying 30 IPC mentors on proper personal protective equipment (PPE) donning and doffing, risk assessment, preparing chlorine solutions, setting-up screening and isolation area and no touch care for suspected cases.
- In Mubende, an IPC Compliance Team was formulated at ETU, comprising all pillar leads; an IPC orientation was resolved to be conducted for this team, and the ETU work plan was developed.
- In Kassanda, 18 IPC focal persons from 18 healthcare facilities have been oriented. An action plan was drawn which shall be implemented in the respective 18 healthcare facilities.
- An orientation was conducted for 21 Mubende ETU hygienists on the cleaning and decontamination procedure, PPE use and preparation of chlorine solution.
- A total of 51 IPC mentors from Nakawa and Rubaga Divisions have been trained on basic IPC and use of the IPC score card. They are expected to cascade the training to IPC focal persons in the different healthcare facilities of these Divisions.
- Four safe and dignified burials have been conducted in Mubende were conducted in the past 24hours. In addition, the burial team in Kassanda has been trained.

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Risk communication and community engagement

- RCCE interventions are ongoing in all affected Districts and beyond.
- There are ongoing media activities in Mubende and Kassanda including radio talk shows. A total of 15 radio spots continue to run daily, and community audio tower messages continue to run in 10 hotspot areas.
- RCCE Team in Kassanda worked with the contact tracing pillar members to address stigmatization in Kalamba village following confirmation of SVD cases in that village. Together with the Local Council (LCI) chairman, the team sensitized the residents on the signs, symptoms, and prevention of SVD, care for patients, and on the importance of early reporting.
- RCCE Team in Mubende conducted a planning meeting with the Village Task Force of Kisekende cell - South Division, attended by the LCI chairman, two village health teams, the Community Development Officer, and the health assistant.

Logistics

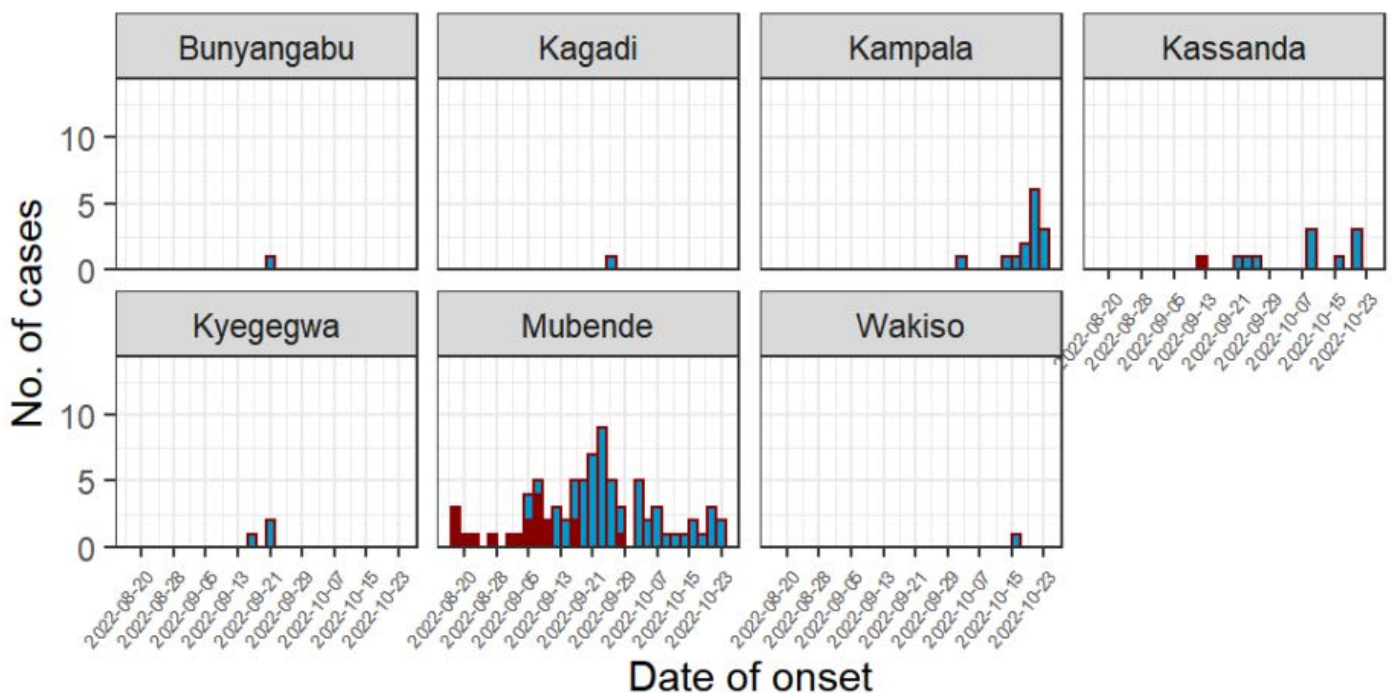
- The distribution of supplies in healthcare facilities within all affected districts is ongoing, including PPE, spray pumps, wooden pallets, tarpaulin, essential medicines, discharge packages, fuel, vehicles, stationery, digital thermometers, infra-red thermometers from MoH and partners.

- Laptop and desktop computers have been offered to support the response.
- An additional 14 mini-buses have been made available to support movement and transportation of response teams on ground.

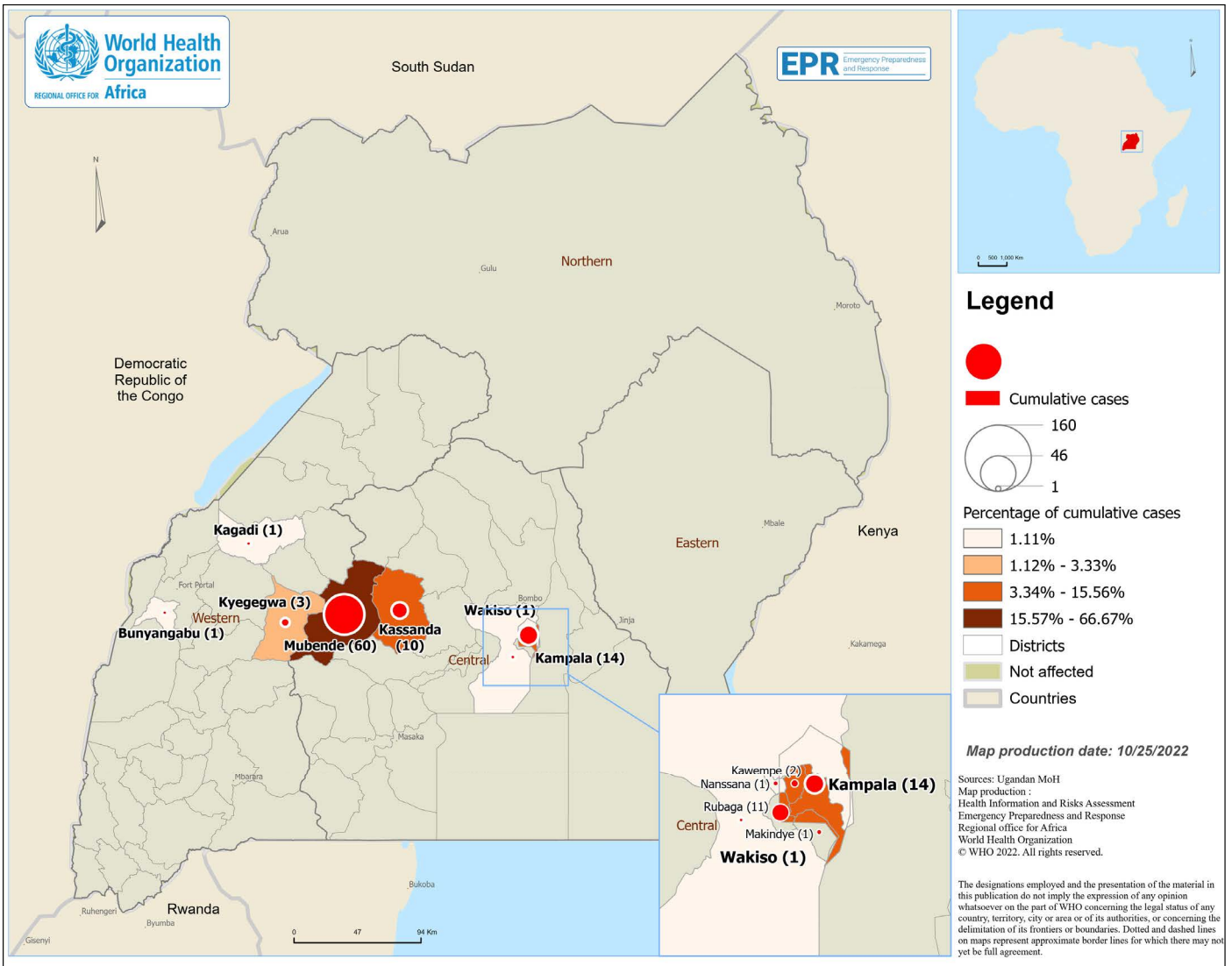
SITUATION INTERPRETATION

The evolution of the ongoing SVD outbreak in Uganda has been marked by an expansion of the disease to two newly affected Districts including Kampala. Kampala is the capital city of Uganda with an estimated population of 4 million inhabitants, with a density reaching 21 032 hab./km². Therefore, if uncontrolled, the situation would become highly disastrous. Response interventions need to be rapidly put in place to control the disease. Fortunately, all cases identified there have been contacts of known SVD cases and had already been quarantined since their identification as contacts. Kampala is very close to an international airport and is not far from the shores of Lake Victoria, which forms part of the frontier with Kenya and Tanzania. Therefore, the risk of international spread of the disease is to be considered. Accordingly, preparedness and readiness activities should be reinforced and/or scaled-up in neighbouring countries and beyond.

Distribution of Cases of Ebola Virus Disease caused by Sudan Virus among affected Districts in Uganda, as of 23 October 2022.



Distribution of Ebola Virus Disease by subcounty in the affected districts in Uganda, as of 23 October 2022



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EVENT DESCRIPTION

The multi-country monkeypox outbreak has continued to increase in Africa since April 2022. Between 17 and 22 October 2022, 32 new confirmed cases were reported from four countries in the AFRO region, including Nigeria (22), the Democratic Republic of Congo (DRC) (6), Cameroon (2), and the Central African Republic (1). One death was reported during the same period in Mozambique.

Between 1 January and 23 October 2022, 13 African countries have reported 921 monkeypox cases, including Nigeria (530), DRC (200), Ghana (104), Sudan (17), Central Africa Republic (CAR) (11), Cameroon (10), Congo (5), South Africa (5), Benin Republic (3), Liberia (3), Morocco (3), Egypt (1), and Mozambique (1).

Five countries have reported 15 deaths, including Nigeria (7), Ghana (4), Cameroon (2), Mozambique (1), and Sudan (1). In general, the number of Monkeypox cases and deaths in Africa represents 1.0% and 48.4% of global cases and fatalities, respectively.

Country specific updates

Mozambique

The only case reported in Mozambique on 6 October by the Minister of Health was declared dead on 14 October 2022. The case was a 38 years old female Merchant from Maputo Province who recently travelled to India on 5 May 2022 and returned to Maputo on 26 September with transit in Ethiopia. A total of 12 contacts have been identified; all with no symptoms.

Cameroon

Ten confirmed cases had been reported from 48 suspected cases in Cameroon, with two deaths between 2 January and 23 October 2022 from four regions and seven districts. Majority of the cases in Cameroon are males, with a male to female ratio of 7:5. Sequencing results revealed that half of the cases reported in Cameroon belong to Clade I, and the remaining half were Clade II.

Central African Republic (CAR)

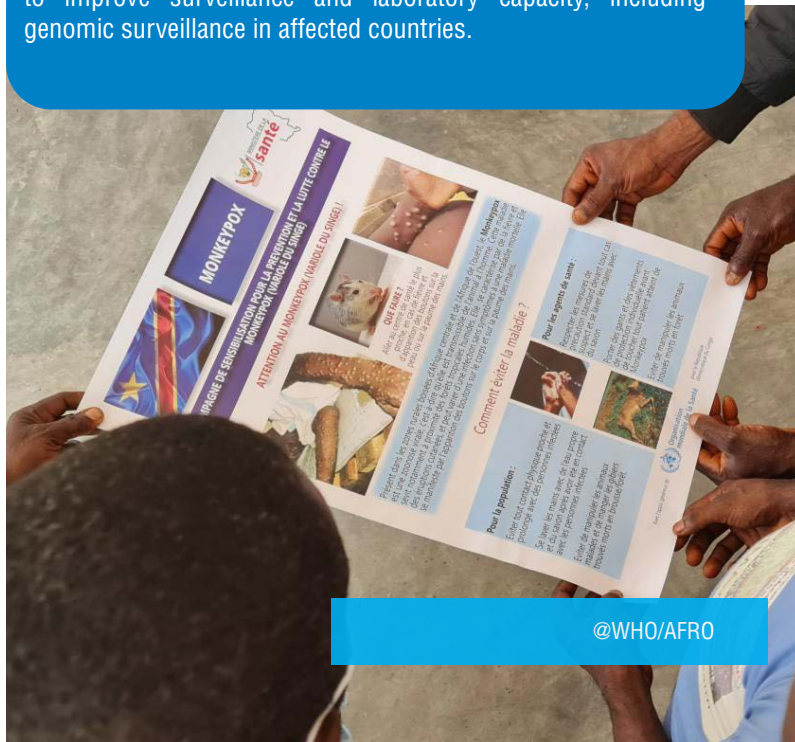
The Central African Republic has reported 11 laboratory-confirmed Monkeypox cases with no deaths in 2022. The geospatial distribution of confirmed cases in 2022 shows that six (6) health districts of the CAR are affected (Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango Gambo and Bangassou). Males are the most affected gender (73%), and the average age is 19 years, ranging from 4 to 40 years. There is ongoing training of agents at the central and operational levels on Monkeypox surveillance and case management.

PUBLIC HEALTH ACTIONS

- ▶ Ghana has heightened surveillance for Monkeypox in the regions and districts.
- ▶ Liberia is to conduct refresher training for surveillance officers and laboratory technicians on case detection and specimen collection
- ▶ Nigeria is providing off-line support on Monkeypox case identification, reporting, and response
- ▶ The Central African Republic is mobilizing resources for the implementation of the response plan developed by the Ministry of Health
- ▶ The Democratic Republic of the Congo is developing a preparedness and response plan against Monkeypox to categorize health areas according to the epidemiological profile.
- ▶ The Democratic Republic of the Congo is also building the capacity of healthcare providers for case management and infection prevention, and control
- ▶ WHO is collaborating with countries to send an alert on the multi-country outbreak of Monkeypox to all levels.

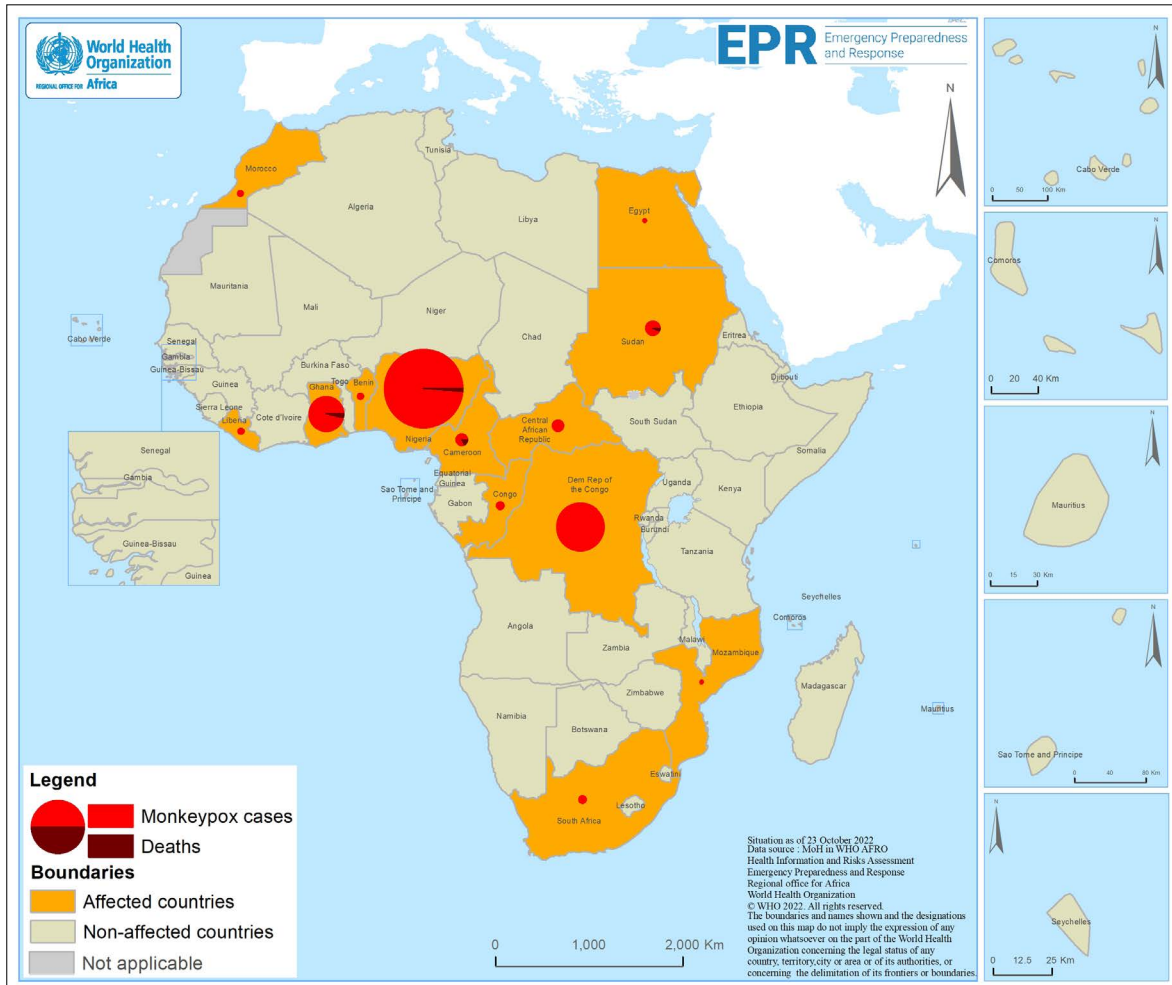
SITUATION INTERPRETATION

Four countries reported new laboratory-confirmed Monkeypox cases in the past week. One death was reported in a newly affected country (Mozambique). WHO AFRO continues to support countries in determining the region's causes, type, and transmission dynamics of Monkeypox. Also, efforts are ongoing to improve surveillance and laboratory capacity, including genomic surveillance in affected countries.



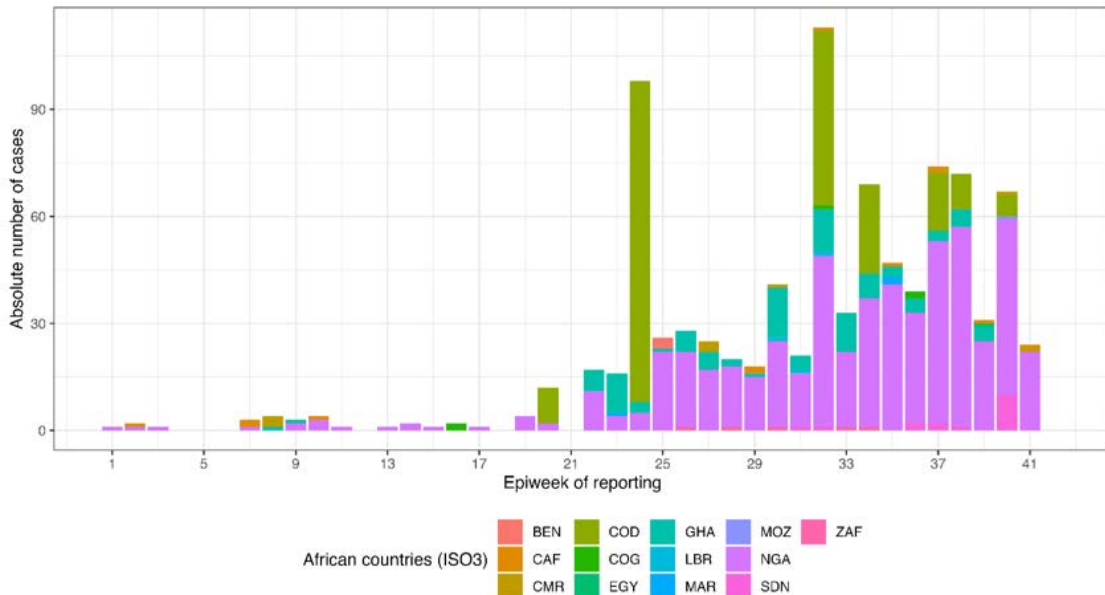
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Distribution of cases of Monkeypox in the WHO African Region, as of 23 October 2022



[▶ Monkeypox dashboard](#)

Weekly epi-curve of MPX cases in Africa
 Cases from week 1 to week 42



EVENT DESCRIPTION

On 30 August 2022, the Ministry of Health of Mauritania notified WHO of an outbreak of Rift valley fever (RVF) following confirmation of a case by reverse transcription-polymerase chain reaction (RT-PCR) at the Institut National de la Recherche en Santé Publique (INRSP) on 29 August 2022.

The case was a 25-year old male, a stockbreeder from Tintane Moughataa (District) in Hodh El Gharbi Wilaya (Region). He presented to a health center with a high fever and headache. On 26 August, he developed a hemorrhagic syndrome (epistaxis) with severe thrombocytopenia. He died on 29 August.

As of 17 October 2022, 47 confirmed cases with 23 deaths (case fatality ratio 49%), mostly among breeders, have been reported in eight regions, including some regions bordering Mali, Senegal, and Algeria. The affected regions include: Assaba (four confirmed cases, two deaths), Adrar (nine cases, three deaths), Hodh El Chargui (12 cases, four deaths), Hodh El Gharbi (13 cases, seven deaths), Tagant (three cases, two deaths), Nouakchott North (two cases, two deaths), Nouakchott South (one case, one death), Nouakchott West (two cases, one death) and Dakhlet Nouadhibou (one case, one death). Almost all the deaths occurred in the hospitals of these wilayas, with severe thrombocytopenia and fever, associated with hemorrhagic. The median age of the cases is 22 years, ranging from three to 70 years. Most cases are males with a sex ratio of 4.1 males to one female.

While human cases have been reported in nine regions, confirmed and suspected animal cases have been recorded in 12 regions (confirmed cases in eight regions and suspected cases in four regions). The alert was raised by the sentinel herd surveillance which reported animal abortions and deaths in the Moughataa of Aioun (Wilaya of Hodh ElGharbi).

Outbreaks were subsequently identified in the wilayas of Hodh El Chargui, Tiris zemmour, Adrar, Tagant, Assaba, Brakna, Guidimagha and Trarza. Of 1 148 animal samples tested from 18 August to 10 October 2022, (26.0%), 113/438 were positive by RT-PCR in camels, (26.0%), 159/614 were positive by ELISA IgM in small ruminants, and (5.2%), 5/96 were positive by ELISA IgM in cattle.

PUBLIC HEALTH ACTIONS

A One Health technical committee has been established for a coordinated response of this epidemic at the national level. In some of the affected regions, coordination meetings involving the human and animal health sectors are held on a weekly basis under the leadership of the regional governors. The following priority activities are being implemented:

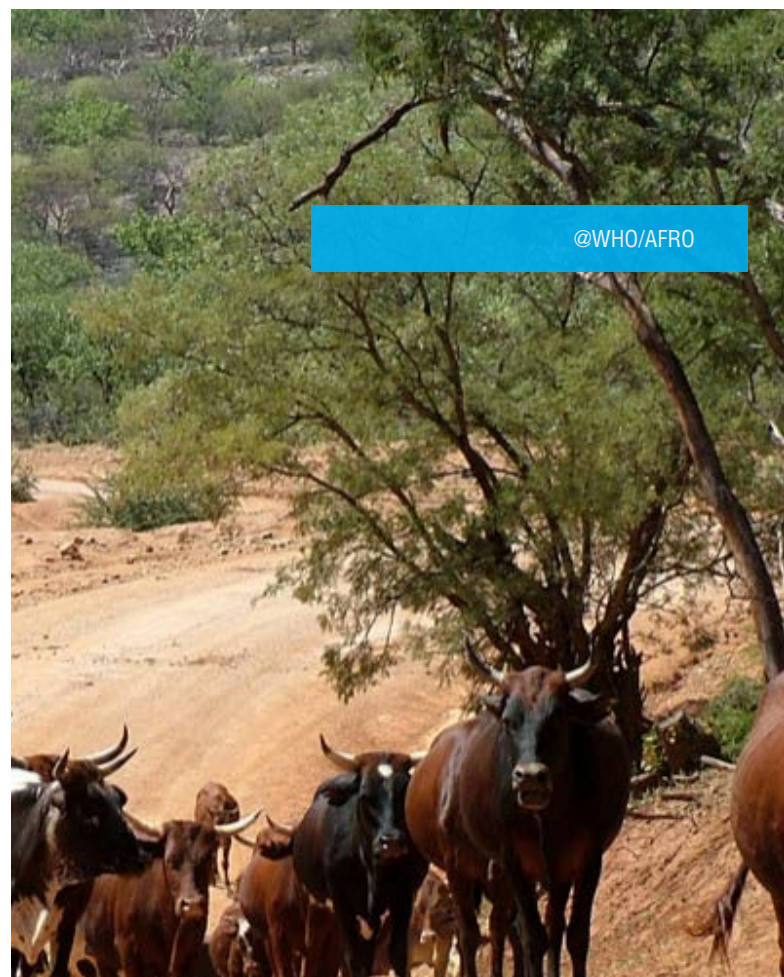
- Organization of daily meetings of the One Health technical committee for the management of this epidemic under the coordination of the Ministry of Health.
- Organization of in-depth epidemiological and entomological investigations;

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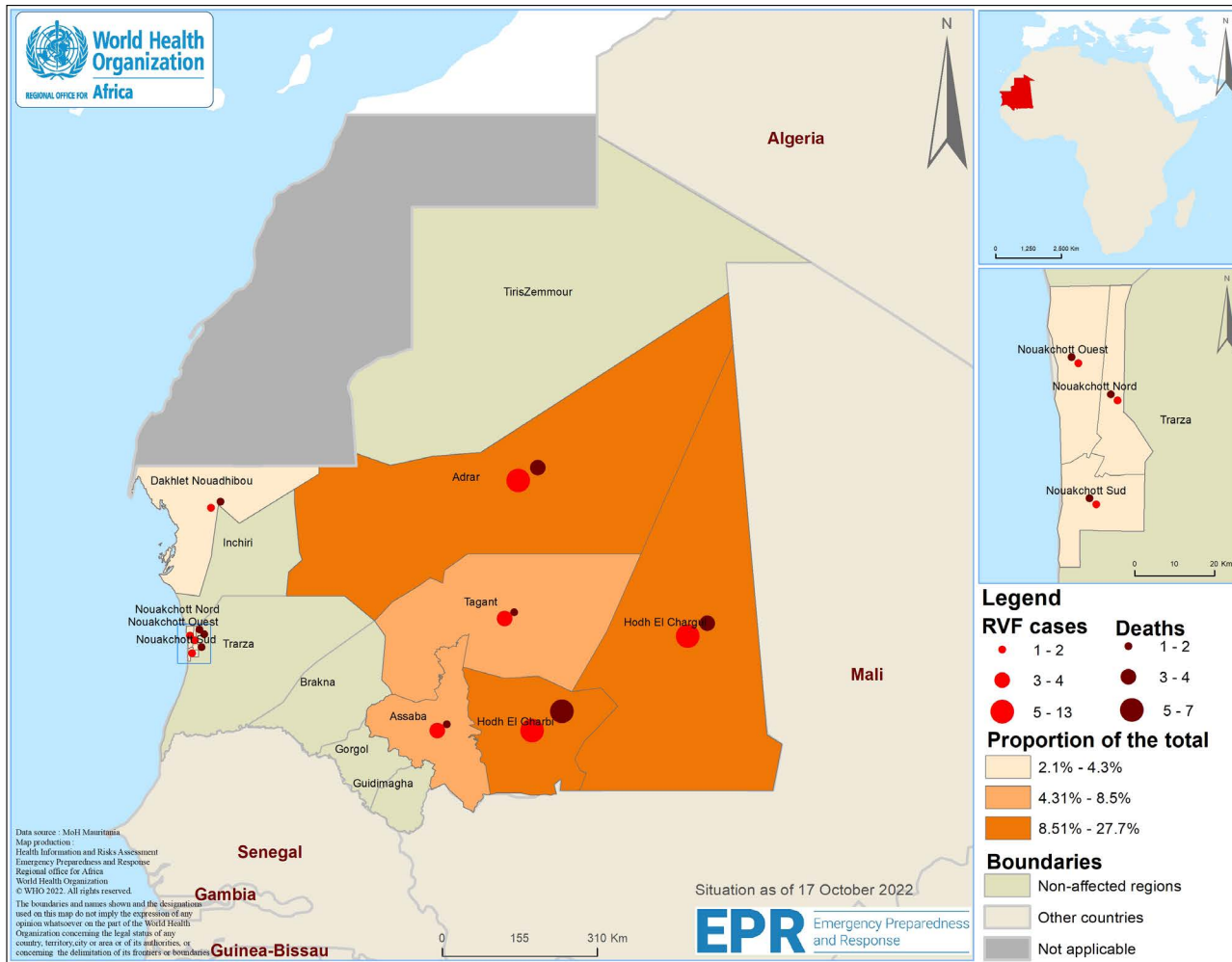
- Development of regular situation reports;
- Sensitization of affected communities, particularly at-risk populations (stockbreeders and butchers) on preventive measures and what to do in the event of abortions, deaths within herds or the occurrence of a hemorrhagic syndrome in a person and their research enabled;
- Spraying animals and supply of drugs and personal protective equipment (PPE) to health structures in affected areas;
- Reinforcement of diagnostic and management capacities of health facilities in affected areas;
- Mobilization of partners for support in material and financial resources.

SITUATION INTERPRETATION

The occurrence of RVF in Mauritania is not unusual, as the country has a history of several RVF outbreaks since 1987. The precarious environmental conditions, weak hygiene and sanitation services in the affected and exposed localities in combination with the dense animal populations contribute to the proliferation of vectors and the spread of the virus. The heavy rainfall recorded this year in most of these wilayas has caused flooding which, coupled with the deposit of garbage, tires and used containers littering the streets, definitely favors the proliferation of vector breeding sites.



Distribution of cases of Rift valley fever in affected regions of Mauritania, as of 17 October 2022



EVENT DESCRIPTION

Since the first case of COVID-19 was notified in the WHO African Region until 23 October 2022, 8 834 593 laboratory confirmed cases and 173 601 related COVID-19 fatalities have been reported, resulting in an overall case fatality rate of 2.0%. In total, 92% (8 117 586) of those who were affected recovered from the disease. Cumulatively, countries registering the highest number of deaths include: South Africa 102 257 (59% of all deaths), Ethiopia 7 572 (4%), Algeria 6 881 (4%), Kenya 5 678 (3%), and Zimbabwe 5 606 (3%).

Since the recent COVID-19 resurgence peak around mid-May 2022, the weekly number of newly reported COVID-19 cases in the African region observed a consistent decline until the week ending 16 October 2022. This was followed by a significant increase (30%) of new weekly cases mainly due to Namibia reporting a backlog of 3 064 reinfection cases.

A total of 3 007 confirmed cases were reported in the AFRO region in past seven days (ending 23 October 2022) considering reports from 18 countries; while 30 countries reported 7 575 COVID-19 cases in the previous 7 days (ending on 16 October). Of the 3 007 new cases reported in the last 7 days, South Africa accounted for 2 017 (67%), followed by Kenya 171 (6%), and Nigeria 106 (4%). Seychelles and Ghana are still on ALERT and close monitoring.

The number of new COVID-19-related deaths remain low, with 15 new COVID-19 deaths recorded in the last 7 days (ending on 23 October), compared to 59 in the previous week (ending on 16 October). Of these COVID-19 deaths reported in the last 7 days, 11 (73%) occurred in South Africa.

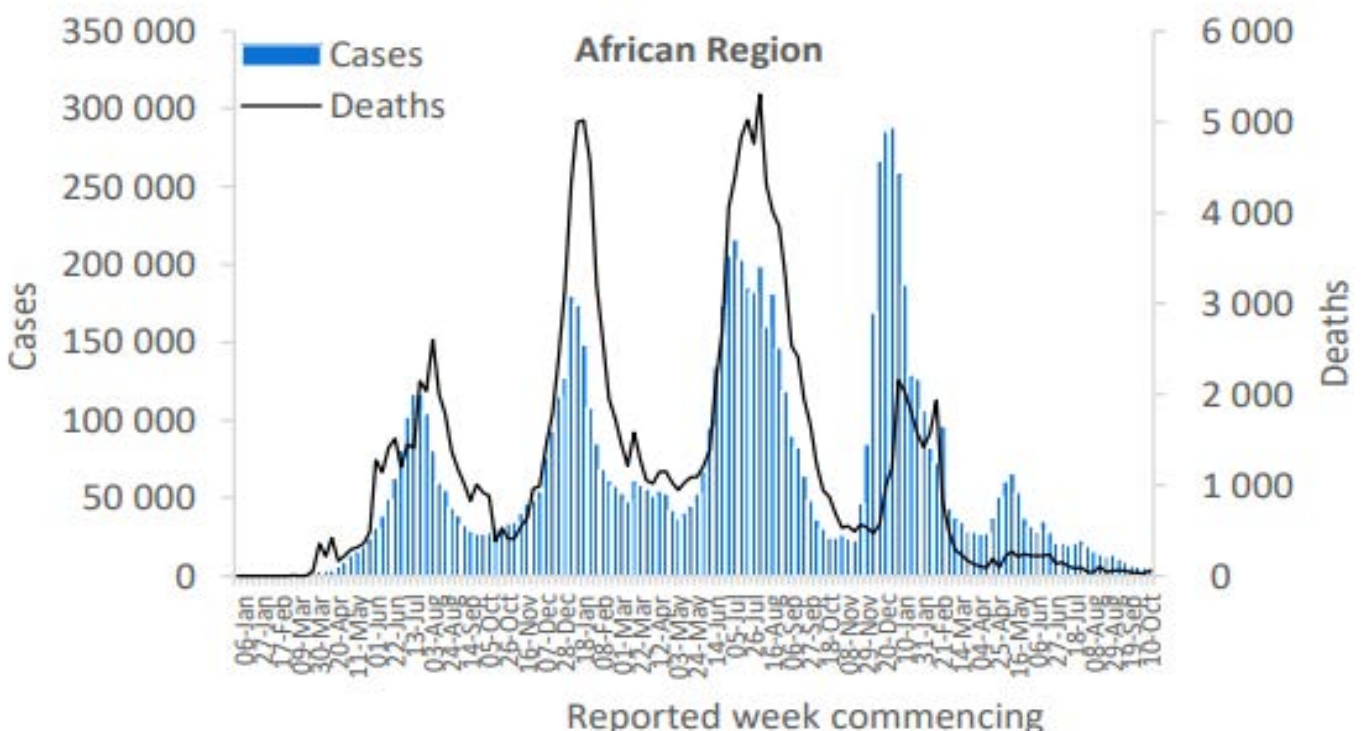
As the majority of COVID-19 cases are mild to moderate and respond to home-based treatment, the number of hospital admissions for related cases is extremely low throughout the region, and no country has reported a burden on hospital capacity in recent weeks.

SITUATION INTERPRETATION

The COVID-19 situation in the region is steady, with the majority of countries continuing to observe a reduction in the incidence, hospitalization, and mortality rates associated with COVID-19. The increasing number of reported cases in Seychelles, Kenya and Eswatini need active monitoring and investigation to identify the key drivers and respond appropriately to contain the spread. However, there has been no evidence of strain on healthcare systems in these countries as most cases are following home-base care

As many countries have demonstrated the capacity to handle sudden surges of new COVID-19 cases, the World Health Organization and other key partners continue to support the Member States in monitoring the COVID-19 pandemic evolution.

Epi curve of lab-confirmed COVID-19 cases and deaths in the WHO AFRO Region, as of 23 October 2022 (n = 8 834 593)



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
New Events									
Kenya	Cholera	Ungraded	19-Oct-22	16-Oct-22	16-Oct-22	94	14	2	2,10%
Cholera outbreak has been confirmed affecting six counties as listed below: Nairobi, Kiambu, Nakuru, Uasin Gishu, Kajiado and Murang'a. The index case and majority of the first cases had attended a wedding which was held in Red hill Gardens, Limuru sub county, Kiambu county on 8 October 2022. The outbreak has then extended to the community outside the event. A total of 94 cases with 14 Confirmed by culture and two deaths (CFR 2.1%) have been reported.									
Niger	Yellow fever	Grade 2	19-Oct-22	1-Sep-22	19-Oct-22	6	4	1	16,70%
In September and October 2022, the Institut Pasteur in Dakar confirmed four yellow fever cases from Niger, including one death. The cases were confirmed by plaque reduction neutralization test (PRNT) and were reported from Dosso, Zinder, Tahoua, and Adadez districts. The date of onset of symptoms for the last case was 14 August 2022. Two probable cases were reported during the same period.									
South Africa	Measles	Ungraded	17-Oct-22	13-Oct-22	13-Oct-22	3	3	0	0,00%
Measles surveillance at the National Institute for Communicable Diseases detected three cases of measles from two healthcare facilities in the Greater Sekhukhune District, Limpopo Province within 30 days. In South Africa, a measles outbreak is classified as three laboratory-confirmed measles cases reported within 30 days in a district. A public health response investigation is needed to identify new measles cases and vaccination of the contacts to prevent the spread of the disease.									
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	23-Oct-22	12-Jul-22	15-Oct-22	5	5	1	20,00%
From 12 July to 15 October 2022, five cases of Crimean-Congo haemorrhagic fever (CCHF) have been confirmed in Uganda from Amuru, Kaberamaido, Mubende, Rakai, and Wakiso districts with one death. Response measures such as patient isolation, contact tracing, suspect quarantine, as well as risk communication and community engagement have been taken. Districts are on high alert due to the Ebola virus disease outbreak.									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	23-Oct-22	270 783	270 783	6 881	2,50%
From 25 February 2020 to 23 October 2022, a total of 270 783 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 387 recovered.									
Algeria	Poliomyelitis (cVDPV2)	Grade 2	14-Jul-22	11-Apr-22	7-Oct-22	1	1	-	-
Algeria IHR focal point notified WHO of a confirmed case of Circulating Vaccine-Derived Poliovirus type 2 (cVDPV2). The case is a one-year-old girl resident of Tamanrasset Wilaya (commune of Tamanrasset). She was admitted on 11 April 2022 to a district hospital, for acute flaccid paralysis of both lower limbs. The epidemiological investigation carried out on the same day showed that she had not received any dose of oral or inactivated polio vaccine and that she had no history of travel outside the city of Tamanrasset.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	14-Oct-22	103 131	103 131	1 917	-
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 14 October 2022, a total of 103 131 confirmed COVID-19 cases have been reported in the country with 1 917 deaths and 101 155 recoveries.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	16-Oct-22	27 902	27 902	163	0,60%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 16 October 2022, a total of 27 902 cases have been reported in the country, with 163 deaths and 27 709 recoveries.									
Benin	Monkeypox	Grade 3		14-Jun-22	19-Oct-22	3	3	0	0,00%
Three suspected cases of Monkeypox were notified to WHO by the Benin Ministry of Health on 3 June 2022. Two of the three suspected cases were from Nigeria, and one person was from the North of the country. Laboratory samples were taken and sent to the Institut Pasteur laboratory in Dakar, which confirmed the three samples positive on 14 June 2022.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	24-Aug-19	19-Oct-22	21	21	0	0,00%
No new case of Circulating Vaccine -derived poliovirus type 2 (cVDPV2) was reported this week. One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Donga, bringing the number of 2022 cases to seven. Six cases were reported in 2021 and 2020, and 8 in 2019.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	20-Oct-22	326 344	326 344	2 790	0,90%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 20 October 2022, a total of 326 344 confirmed COVID-19 cases were reported in the country including 2 790 deaths.									
Burkina Faso	Humanitarian crisis (Sahel Region)	Grade 2	1-Jan-19	1-Jan-19	20-Sep-22	-	-	-	-
Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated due to attacks by armed groups. A total of 1 520 012 displaced persons are registered in Burkina Faso as of April 30, 2022. Access to health services remains a challenge for the population in affected areas. There are 192 non-functional health facilities and 353 facilities that function at a minimum level of their capacity.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	12-Oct-22	21 631	21 631	387	1,80%
Between 9 March 2020 and 12 October 2022, a total of 21 631 confirmed cases of COVID-19 with 387 deaths and 21 143 recoveries have been reported from Burkina Faso.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	21-Oct-22	50 452	50 452	15	0,00%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 21 October 2022, the total number of confirmed COVID-19 cases is 50 452, including 15 deaths and 50 169 recovered.									
Cameroon	Humanitarian crisis (North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	25-Aug-22				-
The security situation remains unstable, characterized by incursions and attacks in the departments of Mayo-Sava, Mayo-Tsanaga and Logone & Chari bordering Nigeria. At least 23 incidents involving armed men have been recorded, with 13 civilians killed including 2 children and 1 woman, as well as 12 people injured and 10 others abducted. The incursions of NSAGs are accompanied by looting of property and livestock, and sometimes burning of houses. Around 7 653 people have been displaced in June 2022, majority of which occurred in the Mokolo Subdivision following two NSAG attacks. As of 30 June 2022, 15 000 people have returned to their homes following the intercommunal conflict that occurred in the Logone-Birni department on December 2021. Moreover, nearly 640 households have been affected by torrential rains in Mayo-Danay and Logone & Chari since mid-April 2022.									
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-16	27-Jun-18	25-Aug-22	-	-	-	-
The situation in the North-West and South-West regions remains tense with continued violence and targeted attacks, including abductions, kidnappings, killings, unlawful arrests, and destruction of property. Populations, as well as education and healthcare providers in particular, continue to be under high risks when accessing facilities or delivering services. They continuously face threats, direct attacks, and armed incursions. The global rise in prices of basic commodities further exacerbates suffering among already vulnerable communities.									
Cameroon	Humanitarian crisis (Sahel Region)	Grade 2	31-Dec-13	27-Jun-17	25-Aug-22	-	-	-	-
The situation in the Far North Region remains characterized by the persistence of non-state armed groups' activities in the Mayo-Sava, Mayo-Tsanaga, and Logone & Chari Departments. Several security incidents have been reported during the month of July 2022. These were mainly predatory incursions, attacks on military positions, looting and kidnappings with or without ransom demands. The most striking attack was that of the Mada District Hospital in Makary Division on 2 July, with significant humanitarian consequences. Moreover, the current rainy season makes geographical access increasingly difficult in several areas across the region. Several humanitarian activities are postponed or cancelled due to the poor physical condition of the roads in addition to the risk of security incidents, and the suspension of UNHAS flights.									
Cameroon	Cholera	Grade 2	1-Jan-21	25-Oct-21	13-Oct-22	12 779	1 149	263	2,10%
Between 7 and 13 October 2022, 156 new suspected cases of cholera including six deaths have been reported from four active Regions: Littoral (115 cases, five deaths), Far North (thirty-five cases, one death), Centre (four cases), and West (two cases). As of 13 October 2022, 12 779 suspected cases including 1149 laboratory-confirmed cases and 263 deaths (CFR 2.1%) have been reported since October 2021, from eight Regions and 49 Districts of which 19 remain active. South-West (6015 cases) and Littoral (5778 cases) Regions have reported majority of cases. Patients' ages range from 2 months to 95 years with a median of 27 years, and females remain twice less affected than males.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	14-Sep-22	123 629	123 629	1 960	1,60%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 14 September 2022, a total of 123 629 cases have been reported, including 1 960 deaths and 121 131 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-22	2-Oct-22	2 144	2 144	-	-
As of 2 October 2022, a total of 2 144 cases of measles have been confirmed including: 506 IgM+ (out of 1272 investigated cases with blood samples); 53 clinically compatible and 1 585 epi-linked cases. A total of 21 lab confirmed cases of rubella. About 91% of the children with confirmed measles are below nine years of age; 69% are less than five years with only 29% known to be vaccinated. A total of 54 districts with confirmed epidemics since the beginning of this year.									
Cameroon	Monkeypox	Grade 3	24-Feb-22	1-Jan-22	18-Oct-22	48	10	2	4,20%
From 16 September to 18 October 2022, two new suspected cases of Monkeypox have been reported, each in Kumba and Mbonge districts of South-West region. Between 1 January and 18 October 2022, the country has notified 48 suspected cases of monkeypox from seven districts across five regions, including two deaths (CFR 4.2%). A total of 35 human samples have been collected and ten cases have been laboratory-confirmed from Centre (4), South-West (2), North-West (2), Littoral (1) and South (1) regions. Males are slightly more affected than females (sex ratio M/F 1.4). Ages range from six months to 52 years with a median of 11 years; the under-five represent the most affected age group (n=15, 31.2%), followed by the 21-30 years (n=14, 29.2%).									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	12-Oct-22	10	10	0	0,00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 40, 2022. There were three cases reported in 2021 and seven cases reported in 2020. No case has yet been reported for 2022.									
Cameroon	Yellow fever	Grade 2	7-Feb-21	4-Jan-21	4-Oct-22	2 824	35	0	0,00%
As of 4 October 2022, a total of 2 824 suspected cases of YF have been reported since the beginning of the outbreak in 2021, including 17 probable and 35 laboratory-confirmed cases. Cumulatively, 10 PRNT+ cases are pending classification including four in West, one in Adamawa, one in Centre, one in East, one in Littoral, one in North-West and one in South-West. All ten Regions and 32 Districts have been affected since the beginning of the outbreak in 2021.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	15-Oct-22	62 397	62 397	410	0,70%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 15 October 2022, a total of 62 397 confirmed COVID-19 cases including 410 deaths and 61 923 recoveries were reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	15-Sep-22		-	-	-
After several years of displacement, humanitarian and development actors are helping internally displaced persons and refugees to resume normal lives. As of 31 July 2022, the total number of internally displaced persons (IDPs) in CAR was estimated at 647 883 individuals, comprising 154 964 people in IDP's sites and 492 919 in host families. This represents an overall increase of 37 618 IDPs (6.2%) compared to June 2022 when the number of IDPs was estimated at 610 265. Moreover, floods continue to affect CAR. More than 22 450 people have lost their homes and have taken shelter in host families, schools and churches. At least ten people were killed, nearly 2,000 houses and a dozen bridges were destroyed, and thousands of latrines and wells were flooded.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	17-Oct-22	15 228	15 228	113	0,70%
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 17 October 2022, a total of 15 228 confirmed cases, 113 deaths and 14 542 recovered were reported.									
Central African Republic	Measles	Ungraded	13-Mar-22	1-Jan-22	25-Sep-22	1 246	119	1	0,10%
As at Week 38 (ending 25 September), a total of 1 246 measles cases reported through IDSR with one related death. About 70 cases tested IgM+ for measles. In additional 49 cases of measles were confirmed through epi-link; seven districts with confirmed measles outbreaks are reported since the beginning of the year including Bangui 1, in the capital region.									
Central African Republic	Monkeypox	Grade 3	3-Mar-22	4-Mar-22	31-Aug-22	20	8	2	10,00%
As of 14 September 2022, the Central African Republic has so far recorded 20 suspected cases of monkeypox including eight confirmed cases and two deaths (CFR 10%). The confirmed cases have been reported from six health districts: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou.									
Central African Republic	Yellow fever	Grade 2	14-Sep-21	1-Apr-21	4-Oct-22	687	20	4	0,60%
On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur of Cameroun. As of 4 October, a total of 687 suspected cases of YF have been reported including four probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.7%). Twenty-seven suspected cases have been reported on epi week 38, 2022. Three regions still remain affected (RS3, 4 & 6), with 70% of confirmed cases being reported in RS3 (Batangafo Kabo and Nanga-Boguila districts have each reported eight and six confirmed cases, respectively).									
Chad	Humanitarian crisis (Sahel region)	Grade 2	11-Feb-22	1-Mar-16	8-Aug-22	-	-	-	-
More than 2.1 million people are in food and nutrition insecurity in Chad. The decline in agro-pastoral productivity is affecting the nutritional status of the populations. According to OCHA, more than 1.5 million of the most vulnerable people are at risk of not receiving assistance. Chad experienced flooding due to heavy rains starting from April 2022, and affected more than 340 000 people across 11 regions. The Capital, N'Djamena and the Southern region (Logone oriental and Occidental, Mayo Kebbi Est, Mayo Kebbi Ouest, Salamat and Sila) are the most affected. The affected population urgently needs food, NFIs, shelter and healthcare assistance.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	17-Oct-22	7 613	7 613	193	2,50%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 17 October 2022, a total of 7 613 confirmed COVID-19 cases were reported in the country including 193 deaths.									
Chad	Measles	Ungraded	24-May-18	1-Jan-22	19-Oct-22	2 781	142	9	0,30%
A total of 2 781 suspected measles cases and nine measles deaths reported from the start of the year 2022 in 127 of 139 districts; 142 of 988 tested were lab confirmed measles and 101 of 496 tested were lab confirmed rubella cases. Only 27% of confirmed cases were vaccinated and 51% of lab confirmed cases are less than five years of age, and 17% are from five to nine years old.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	12-Oct-22	133	133	0	0,00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported on week 40, 2022. The last four cases were reported on week 35 including two in N'Djamena, and one each in Mayo Kebbi Est and Salamat Regions, bringing to 18 the number of 2022 cases of cVDPV2 in Chad. In addition, there were 106 cVDPV2 cases reported in 2020 from three different outbreaks, while nine other cases were reported in 2019.									
Chad	Yellow fever	Grade 2	13-Nov-21	1-Nov-21	4-Oct-22	1 902	30	7	0,40%
On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever. As of 4 October 2022, 1 902 suspected cases of yellow fever have been reported, including 37 probable and 30 lab-confirmed cases with seven deaths (CFR 0.4%). Twenty-eight new suspected cases were reported on week 38, and 10 new samples were received at the national laboratory. Six confirmed cases (with onset of symptoms in May and June) were reported from five Regions and six Districts including two from Logone Oriental (Bessao & Larmanaye), one from Mayo Kebbi Ouest (Lere), one from Mayo Kebbi Est (Gounou-Gaya), one from Ouaddai (Abeche), and one from Tandjile (Lai). A total of 18/126 districts in 8/23 provinces have been affected since the beginning of the outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	14-Oct-22	8 481	8 481	161	1,90%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 14 October 2022, a total of 8 481 confirmed COVID-19 cases, including 161 deaths and 8 316 recoveries were reported in the country.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	11-Aug-22	24 837	24 837	386	1,60%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 7 August 2022, a total of 24 837 cases including 386 deaths and 23 644 recovered cases have been reported in the country.									
Congo	Measles	Ungraded	14-Mar-22	1-Jan-22	18-Sep-22	6 779	6 779	132	1,90%
A total of 394 lab confirmed measles cases and 6 385 cases confirmed by epidemiological linkage reported in 2022 with 97 cases of confirmed rubella; 32 out of 52 districts in the country (62%) experienced outbreaks at some point this year									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Congo	Monkeypox	Grade 3	23-May-22	1-Jan-22	14-Sep-22	10	5	3	30,00%
Since the beginning of 2022, ten cases including five laboratory-confirmed and five probable cases have been reported from Impfondo District in the country's northern department of Likouala on the border with the Democratic Republic of Congo and Central Africa (7), from Sangha Department (2), and from Pointe Noire (1), as of 14 September 2022. Three of these cases have died (CFR 30.0%). Two confirmed cases have been reported on week 36, including one from Pointe Noire which has reported its first ever case of monkeypox.									
Congo	Yellow fever	Grade 2	31-Mar-22	31-Mar-22	19-Oct-22	41	4	0	0,00%
In Congo , as of 19 October 2022, a total of 41 probable cases of yellow fever and four confirmed and zero deaths have been reported.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	23-Oct-22	87 700	87 700	827	0,90%
Since 11 March 2020, a total of 87 700 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 827 deaths, and a total of 86 853 recoveries.									
Côte d'Ivoire	Yellow fever	Grade 2	14-Sep-21	13-Aug-21	19-Oct-22	81	8	0	0,00%
From 13 August 2021 to 19 October 2022, a total of 73 probable and eight confirmed cases of yellow fever were recorded in Côte d'Ivoire, with no deaths.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-16	17-Apr-17	2-Oct-22	-	-	-	-
As of 31 July, more than 5.5 million people are internally displaced with North Kivu and Ituri provinces hosting the majority of IDPs (32% each) followed by South Kivu province (24%). The main causes of displacement are armed attacks and clashes, land and inter-community conflicts and natural disasters. In July 2022, 34 new security incidents directly affecting humanitarian personnel or goods were recorded in the DRC. In Ituri Province, civilian populations are still the target of deadly attacks by armed groups. About 4 865 people moved to the neighboring locality of Busi following an incursion by the alleged ADF on 1 Oct 2022 which left at least 18 civilians killed, five kidnapped and 36 houses set on fire. These displaced families are accommodated with host families and approximately 30% are camped at Busio Centre. These new displaced persons join the approximately 6 500 former displaced persons present in the villages of Busio Tshabi.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	3-Jan-22	2-Oct-22	10 455	1 096	195	1,90%
From epidemiological week 1 to 39 (ending 2 October 2022), 10 455 suspected cholera cases including 195 deaths (CFR: 1.9%) were recorded in 74 health zones across 14 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (3 725), Haut-Lomami (1 956), Tanganyika (1 879), and North Kivu (1 778). Response actions are continuing in provincial health zones with active outbreaks (Sankuru, South Kivu, Haut Lomami, Tanganyika, etc.). A total of 1 096 (28.9%) cases have been confirmed in the laboratory out of 3 793 analysed from weeks 1-39 in 2022.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	16-Oct-22	93 028	93 026	1 445	1,60%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 93 026 confirmed cases and two probable case, including 1 445 deaths have been reported. A total of 83 534 people have recovered.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-21	1-Jan-22	9-Oct-22	115 905	5 441	1 411	1,20%
As at Epi Week 40 of 2022 (ending 9 October) : 115 905 suspected cases and 1 411 measles related deaths (CFR 1.2%) ; 5 441 cases investigated through the case-based surveillance system; 2 199 tested IgM+ for Measles and 1 168 tested IgM+ for Rubella ; 67% lab confirmed measles cases are less than five years old , and only 28% with history of vaccination									
Democratic Republic of the Congo	Monkeypox	Grade 3	30-Mar-19	1-Jan-22	2-Oct-22	4 043	206	0	0,00%
From 1 January – 2 October 2022, the Democratic Republic of the Congo reported 4 043 suspected including 206 confirmed cases from 163 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1 712), Tshopo (595), Maniema (304), Kasai (258), and Tshuapa (225).									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-22	2-Oct-22	615	-	10	1,60%
Between epidemiological weeks 1-39 of 2022, 615 cases of suspected bubonic plague have been reported with 10 deaths (CFR 1.6%). All cases have been reported from the Rethy health zone in Ituri Province. Lokpa health area has reported the majority of suspected cases (477, 78.1%) in 2022.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV1)	Grade 2		1-Jan-22	19-Oct-22	28	28	0	0,00%
A total of 18 cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported; 16 in Haut Lomami and two in Tanganyika. There are now 28 cases reported in 2022.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-21	1-Jan-21	19-Oct-22	182	182	0	0,00%
A total of 17 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; 13 in Tanganyika, one each in Sud-Kivu, Maniema and two in Lualaba, bringing the number of cases reported in 2022 to 154. There were 28 cases in 2021.									
Democratic Republic of the Congo	Suspected meningitis	Ungraded		2-Jun-22	25-Sep-22	116		18	15,50%
A suspected meningitis outbreak is ongoing in the Banalia health zone, Tshopo province in the Democratic Republic of the Congo. From 2 June 2022 to 25 September 2022, a total of 116 suspected cases with 18 deaths (CFR 15.5%) have been reported. Three health areas are the hotspots: Mangi , Bongonza and Akuma.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Typhoid fever	Ungraded	1-Jul-21	1-Jan-22	2-Oct-22	1 447 400	-	636	0,00%
In 2022, from epidemiological week 1 to 39 (ending 2 October 2022), 1 447 400 suspected cases of typhoid fever including 636 deaths were recorded in the Democratic Republic of the Congo. In 2021, from Epi week 1 to 49, 1 380 955 suspected cases of typhoid fever have been reported including 502 deaths (CFR 0.3%).									
Democratic Republic of the Congo	Yellow Fever	Grade 2	21-Apr-21	1-Jan-22	19-Oct-22	10	6	1	10,00%
As of 19 October 2022, 10 probable cases and six confirmed yellow fever cases and one death have been reported in the country .									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	20-Oct-22	17 056	17 056	183	1,10%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 20 October 2022, a total of 17 056 cases have been reported in the country with 183 deaths and 16 752 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	19-Oct-22	10 185	10 185	103	1,00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 19 October 2022, a total of 10 185 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 078 patients have recovered from the disease.									
Eritrea	Poliomyelitis (cVDPV2)	Ungraded	2-Jun-22	7-Jun-22	12-Oct-22	2	2	0	0,00%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week 40, 2022. There has so far been one case reported in 2022 and another one reported in 2021, even though this case was confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	23-Oct-22	73 526	73 526	1 422	1,90%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 16 March 2020. As of 23 October 2022, a total of 73 526 cases have been reported with 1 422 associated deaths.									
Ethiopia	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	24-Aug-22	-	-	-	-
Nearly 24.1 million people in southern and south-eastern Ethiopia have now been affected by the drought which began in October 2020, representing a significant increase from July 2022 and reflecting the impact of the drought in additional geographic areas of Ethiopia. About 9.9 million people are severely food insecure due to the drought. Over 3.5 million livestock—which pastoralist families rely upon for sustenance and livelihoods—have died. Consequently, children have less access to milk, negatively affecting their nutrition. Nearly 2.2 million children under age 5 and 685 900 pregnant and lactating women are acutely malnourished in drought-affected areas, including about 704 500 who are severely malnourished. Moreover, more than 8.2 million people cannot access enough water for drinking, cooking and cleaning across Ethiopia.									
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 3	4-Nov-20	4-Nov-20	6-Sep-22	-	-	-	-
The overall humanitarian situation in Ethiopia continues to be dire. More than 20 million people affected by violence as well as by climatic shocks such as prolonged drought and seasonal floods require humanitarian assistance and protection services until the end of 2022. The resumption of violence after a five-month generally calm situation in northern Ethiopia is already impacting the lives and livelihood of vulnerable people, including the delivery of lifesaving humanitarian assistance and is likely to create higher humanitarian needs in Afar, Amhara and Tigray. In Tigray Region, humanitarian supplies for humanitarian operations had been steadily flowing in August until the deterioration of the security situation. Similarly, humanitarian operations in hard-to-reach areas in Amhara Region were put on hold due to security concerns. Violence in parts of western, southern, and eastern Ethiopia is also driving humanitarian needs and causing interruptions in humanitarian operations.									
Ethiopia	Cholera	Ungraded	17-Sep-22	17-Sep-22	17-Sep-22	43	4	1	2,30%
A cholera outbreak is ongoing in Ethiopia since 27 August 2022. The index case was reported from Bekay Kebele; then, the outbreak expanded to the other six neighbouring kebeles of the Harana Buluk Woreda of Bale Zone, Oromia Region. As of 17 September 2022, a total of 43 cases (attack rate of 51.4/100 000 population) with one death (case fatality ratio of 2.3%) have been reported. Four stool samples have been collected and tested by Culture at the Adama Regional Laboratory, all of which returned positive for <i>Vibrio cholerae</i> .									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	23-Oct-22	493 875	493 875	7 572	1,50%
Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 493 875 cases of COVID-19 as of 23 October 2022, with 7 572 deaths and 472 057 recoveries.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-22	30-Sep-22	9 850	5 806	56	0,60%
From January to September 2022 (30 September), a total of 9 850 suspected cases with 5 806 confirmed and 56 deaths (CFR 0.6%) have been reported in Ethiopia. A total of 16 districts(Woredas) are currently experiencing confirmed measles outbreak : Chilga; Aneded;Gololcha;Gura Damole; Guchi;Babile;Deraa;Banatsemay;North Ari; Raaso; West Imey; Harawo; Jigjiga City; Gashamo; Gorabaqasa; Afдем									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	11-Oct-22	48 810	48 810	306	0,60%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 10 October 2022, a total of 48 810 cases including 306 deaths and 48 353 recoveries have been reported in the country.									
Gambia	Acute kidney injury	Grade 2	11-Aug-22	4-Jul-22	6-Oct-22	81	-	69	85,20%
On 1 August 2022, the Epidemic and Disease Control Unit of the Ministry of Health in The Gambia reported an unusual event detected at the Edward Francis Small Teaching Hospital, the main tertiary hospital in the country. A total of 81 cases with 69 deaths (CFR 85%) have been reported as of 6 October 2022. The median age is 17 years with a range of two to 84 months. The highest number of cases was among children under two years of age. The index case was traced to 4 July 2022. Patients presented with symptoms such as inability to urinate, fever, vomiting, and diarrhoea. In addition, 23 samples of medicines taken by these children were sent for toxicology testing, and four of the medicines were found to contain diethylene glycol and ethylene glycol. Further investigation is ongoing.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	24-Sep-22	12 442	12 442	372	3,00%
The first COVID-19 confirmed case was reported in The Gambia on 17 March 2020. As of 24 September 2022, a total of 12 442 confirmed COVID-19 cases including 372 deaths, and 12 051 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	19-Oct-22	170 573	170 573	1 460	0,90%
As of 19 October 2022, a total of 170 573 confirmed COVID-19 cases have been reported in Ghana. There have been 1 460 deaths and 168 807 recoveries reported.									
Ghana	Monkeypox	Grade 3	8-Jun-22	24-May-22	13-Oct-22	656	104	4	0,60%
On 8 June 2022, the Director General of the Ghana Health Service confirmed that 5 cases of monkeypox have been detected in the country. From 24 May-13 October 2022, there have been 656 suspected cases, including 104 confirmed and four deaths reported from 13 over 16 administrative regions. Most of the positive cases were reported from the Greater Accra region (60%). Of the confirmed cases, 64 (62 %) are males. The age of confirmed cases ranges from 13 days to 67 Years (min-max).									
Ghana	Yellow fever	Grade 2	3-Nov-21	15-Oct-21	19-Oct-22	131	61	21	16,00%
From 15 October 2021, suspected cases of yellow fever were reported mostly among nomadic settlers in the Savannah region, northwest Ghana (bordering Côte d'Ivoire). As of 19 October 2022, a total of 70 probable and 61 confirmed cases of yellow fever were reported from 13 regions in Ghana. Of the reported cases, nine deaths were recorded among probable cases and 12 deaths among confirmed cases.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	12-Oct-22	38 047	38 047	456	1,20%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 12 October 2022, a total of 38 047 cases, including 37 118 recovered cases and 456 deaths, have been reported in the country.									
Guinea	Lassa fever	Ungraded	20-Sep-22	20-Sep-22	29-Sep-22	1	1	1	100,00%
As part of routine surveillance, the Prefectural Health Directorate (DPS) of N'zerékéré was alerted by the Regional Hospital Directorate on 20 September 2022 of a positive case of hemorrhagic fever from the Mohomou health area in the urban commune. This is a male patient, 45 years old, a logistician by profession. The deceased lived in the Gbangana district and shared the same household with only his wife. An investigation is ongoing to identify the source of contamination									
Guinea	Measles	Ungraded	9-May-18	1-Jan-22	30-Sep-22	23 183	418	33	0,10%
Since the beginning of 2022 up to week 40 (ending 30 September), a total of 23 183 suspected measles cases with 418 confirmed and 33 death (CFR 0.2%) have been reported in Guinea through the Integrated disease surveillance and response.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	2-Oct-22	8 848	8 848	176	2,00%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 2 October 2022, the country has reported 8 848 confirmed cases of COVID-19 with 8 642 recoveries and 176 deaths.									
Kenya	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	24-Aug-22	-	-	-	-
About 4.2 million people in northern and eastern Kenya have now been affected by the drought which began in October 2020, representing a significant increase from July 2022. Some 3.5 million people are severely food insecure due to the drought. Over 2.4 million livestock—which pastoralist families rely upon for sustenance and livelihoods—have died. Consequently, children have less access to milk, negatively affecting their nutrition. In Kenya, nearly 884 500 children under age 5 and 115 700 pregnant and lactating women are affected by acute malnutrition and need treatment, including 222 700 severely malnourished children. Moreover, more than 4.1 million people cannot access enough water for drinking, cooking and cleaning across Kenya.									
Kenya	Anthrax	Ungraded	15-Jul-22	30-Jun-22	25-Sep-22	161	1	-	-
Kenya is facing an anthrax outbreak with cases reported from different counties including Kakamega. Three (3) cases were reported from Runyejes sub county with no deaths in the last week (week 38, ending 25 September). From January to 25 September 2022, a total of 161 cases have been reported through weekly Integrated Disease Surveillance and Response report									
Kenya	Chikungunya	Ungraded	3-Mar-22	13-Feb-22	16-Oct-22	291	5	1	0,30%
Wajir County has continued to report the cases from Tarbaj sub-county in Kutulo village. A total of two hundred and ninety-one (291) cases have been reported with five confirmed cases and one death (CFR 0.3%).									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	22-Oct-22	338 749	338 749	5 678	1,70%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 22 October 2022, 338 749 confirmed COVID-19 cases including 5 678 deaths and 332 831 recoveries have been reported in the country.									
Kenya	Leishmaniasis (visceral)	Ungraded	31-Mar-19	3-Jan-20	16-Oct-22	2 015	1 834	10	0,50%
The Outbreak has been continuous since 2020. A total of 2 015 visceral leishmaniasis (suspected and confirmed) cases have been reported in Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir and Isiolo Counties with a total of 10 deaths reported. The outbreak is active in four counties, West Pokot County in Pokot North, Pokot south and West Pokot Sub Counties, Kitui county from Mwingi North and Mwingi Central Sub-counties, Wajir County from Wajir East,west,South and Eldas sub counties and Isiolo County. In the last week, no new cases were reported.									
Kenya	Measles	Ungraded	29-Jun-22	26-Jun-22	16-Oct-22	197	57	0	0,00%
The measles outbreak has been reported from six counties Marsabit, Wajir,Nairobi,Turkana,Garissa and Mandera Counties.A total of 197 cases with 57 confirmed cases have been reported with zero death .A total of 55 additional cases were reported in the last one week from Wajir north(48),Wajir East(3) and Kutulo (4) sub counties									
Kenya	Yellow fever	Grade 2	3-Mar-22	12-Jan-22	16-Oct-22	139	3	11	7,90%
From 12 Jan to 16 Oct 2022, there were a total of 139 suspected cases of yellow fever including 11 deaths (CFR 7.9%) reported from 11 counties in Kenya. No new cases were reported as of week 40 (ending 16 Oct). An outbreak was reported officially in Isiolo and Garissa counties. Of the suspected cases, only three were confirmed by PCR at the Kenya Medical Research Institute.									
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	14-Oct-22	34 490	34 490	706	2,10%
Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 14 October 2022, a total of 34 490 cases of COVID-19 have been reported, including 33 784 recoveries and 706 deaths.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	14-Oct-22	7 988	7 988	294	3,70%
From 16 March 2020 to 14 October 2022, Liberia has recorded a total of 7 988 cases including 294 deaths and 7 681 recoveries have been reported.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	6-Jan-22	9-Oct-22	49	49	16	32,70%
Since the beginning of 2022 up to 9 October 2022, a total of 138 suspected cases of Lassa fever including 49 laboratory confirmed and 16 deaths among confirmed cases (CFR 33%) have been reported in Liberia.									
Liberia	Measles	Ungraded	3-Feb-22	1-Jan-22	12-Oct-22	6 695	6 695	81	1,20%
As of 12 October 2022, 7 603 suspected cases, including 6 695 confirmed and 81 deaths (CFR: 1%) were reported from 62 health districts in 15 counties. Of the confirmed cases, 5.3% (357 cases) were laboratory confirmed, 7.3% (491 cases) were clinically confirmed, and 87.3% (5 847 cases) by epidemiological link.									
Liberia	Monkeypox	Grade 3	21-Jul-22	23-Jul-22	11-Oct-22	3	3	0	0,00%
Liberia confirmed a case of Monkeypox on 23 July 2022 through the National Public Health Reference Laboratory in the country. The case is a 43-year-old male who resides and works in Ebokayville Une, La Côte D'Ivoire but sought treatment at the Pleabo Health centre in Maryland County, Liberia where he was detected and isolated with 4 contacts being line-listed. As of 11 October 2022, three confirmed cases of monkeypox and 0 deaths were reported.									
Madagascar	Malnutrition crisis	Protracted 2	1-Jul-21	1-Jan-21	7-Oct-22	-	-	-	-
Despite humanitarian aid, from April to August 2022, 33% of the population of the Grand South is still highly food insecure, including 122,000 people in IPC Stage 4 (Emergency), and 925,000 in IPC Stage 3 (Crisis). Madagascar Health Cluster was activated in January 2022 as part of a joint intervention with the Nutrition Cluster to alleviate the ongoing crisis. An estimated 1.7 million people (32% of the total population) in Madagascar who are projected to face Integrated food security IPC projections estimate that 189 056 people are classified as emergency phase 4 and a little more than 1.5 million are classified as IPC Phase 3.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	23-Oct-22	66 706	66 706	1 411	2,20%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 23 October 2022, a total of 66 706 confirmed cases including 1 411 deaths have been reported in the country.									
Malawi	Floods	Grade 2	26-Jan-22	26-Jan-22	7-Oct-22	1 000 000		51	0,00%
The aftermath of the cyclone Ana and Gombe in Malawi has largely been contained. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people were affected, with 51 deaths recorded. The decommissioning of IDP camps in affected districts. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps. Though, the cholera outbreak still persists, As of 2 October 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 3 737 and 106 respectively, with Case Fatality Rate at 2.8%.									
Malawi	Cholera	Ungraded	3-Mar-22	3-Mar-22	22-Oct-22	5 185	5 185	153	3,00%
A total of 25 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 22 October 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 5 185 and 153 respectively, with Case Fatality Rate at 3.0%.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	22-Oct-22	88 073	88 073	2 683	3,00%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 22 October 2022, the country has a total of 88 073 confirmed cases with 2 683 deaths.									
Malawi	Poliomyelitis	Ungraded	31-Jan-22	1-Feb-22	19-Oct-22	1	1	0	0,00%
One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.									
Mali	Humanitarian crisis (Sahel region)	Grade 2	n/a	11-Sep-17	11-Oct-22	-	-	-	-
The humanitarian situation in Mali has deteriorated significantly in the first half of 2022 due to the intensification of the conflict and intercommunity clashes. The level of need is the highest it has been since the crisis began in 2012. Currently, 7.5 million people, or one in three Malians, are in need of humanitarian assistance, up from 3.8 million in 2017. In addition, 1.8 million people need food aid, a 50% increase from last year.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	23-Oct-22	32 716	32 716	742	2,30%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 23 October 2022, a total of 32 716 confirmed COVID-19 cases have been reported in the country including 742 deaths and 31 881 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-22	25-Sep-22	2 017	683	1	0,00%
As of 25 September 2022, a total of 2 017 suspected cases of measles and 683 confirmed and one death have been reported in Mali through integrated disease surveillance and response (IDSR) system. In September 2022, 30 positive cases and none deaths were recorded. The most affected age group is from 0 to 59 months.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	17-Oct-22	63 133	63 133	995	1,70%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 17 October 2022, a total of 63 133 cases including 995 deaths and 61 912 recovered have been reported in the country.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	31-Aug-22	29-Aug-22	6-Oct-22	1	1	0	0,00%
The Mauritanian Ministry of Health reported a new confirmed case of Crimean-Congo haemorrhagic fever (CCHF) on 29 August 2022. The patient was a 28-year-old pregnant woman from the locality of Diabbé located 2 kilometers from M' Bagne city in Brakna region. She presented with a febrile syndrome during the prenatal consultation on 28 August 2022 and a sample was taken the same day. CCHF was confirmed on 29 August 2022 by polymerase chain reaction at the Institut National de Recherche en Santé Publique (INRSP).									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mauritania	Rift Valley fever	Grade 1	31-Aug-22	26-Aug-22	10-Oct-22	44	44	22	50,00%
Refer to text above.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	30-Sep-22	263 780	263 780	1 032	0,40%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 14 October 2022, a total of 263 780 confirmed COVID-19 cases including 1032 deaths have been reported in the country.									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	1-Jan-20	12-Oct-22	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. As of 12 October 2022, the nationwide estimate of people in need of humanitarian assistance is 1.5 million and 946, 508 IDP population resulting from the conflict. 1.5 million still need life saving humanitarian assistance in 2022 resulting from heightened food insecurity and malnutrition.									
Mozambique	Cholera	Ungraded	23-Mar-22	13-Jan-22	2-Oct-22	3 685	16	19	0,50%
Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 8 October 2022, a total of 3 685 cases and 19 deaths (CFR 0.5%) have been reported. In Sofala province, cases have been reported from Caia (707, 21.7%), Maringue (30, 0.9%), Chemba (36, 1.1%), and Marromeu districts (274, 5.9%). In Zambezia province, cases have reported from Morrumbala (1 333, 40.9%), Mopeia (589, 18.0%), and Quelimane City (386, 5.9%) districts. A total of 63 samples have been tested, of which 41 have returned positive for cholera by rapid diagnostic test (RDT) and 16 turned positive by culture. Response activities are ongoing. Niassa province started the outbreak on August 25th in Lago district, Cobue locality. From September 14th till 2nd of October 116 cases and 2 deaths (CFR=1.7%) were reported.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	30-Sep-22	230 370	230 370	2 224	1,00%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 14 October 2022, a total of 230 370 confirmed COVID-19 cases were reported in the country including 2 224 deaths and 228 146 recoveries.									
Mozambique	Monkeypox	Grade 3	6-Oct-22	7-Oct-22	17-Oct-22	1	1	0	0,00%
The case was diagnosed Wednesday in Maputo City in a man, Health minister Armindo Tiago said.									
Mozambique	Poliomyelitis (WPV1)	Ungraded	17-May-22	18-May-22	19-Oct-22	4	4	0	0,00%
Three new wild poliovirus type 1 (WPV1) cases are reported this week from Tete Province, including one case from a district bordering Zimbabwe. As of 19 October, there are four cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	20-Oct-22	169 904	169 904	4 080	2,40%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 20 October 2022, a total of 169 904 confirmed cases with 4 080 deaths have been reported.									
Niger	Humanitarian crisis (Sahel region)	Grade 2	1-Feb-15	1-Feb-15	30-Sep-22	-	-	-	-
Tillabéri region recorded at the end of August 2022, around 44 122 new displaced persons fleeing the insecurity in the departments near the Niger river, bordering Burkina Faso. As of 30 September 2022, eight integrated health centres (CSI), including two in Bolsi (Torodi) and Waraou (Gothèye), and 23 community health centres are non-functional due to insecurity in the region. As of 31 August 2022, a total of 580 838 refugees and asylum seekers, with 48 % Internally Displaced Persons, 43 % refugees, 6% repatriated and 2% asylum seekers, were recorded in Niger. Most refugees are from Nigeria (73%) and Mali (21%).									
Niger	Cholera	Ungraded	3-Sep-22	1-Sep-22	7-Oct-22	72	14	1	1,40%
The Direction Régionale de la Santé Publique (DRSP) of Maradi, Niger, notified 10 suspected cases of cholera, including three positive cases by rapid diagnostic test on 1 September 2022 in Madaroufa district, Maradi region. Further testing identified Vibrio cholerae O1 Ogawa. As of 7 October 2022, 72 suspected cases have been reported, of whom 14 tested positive for cholera, and one death was recorded.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	23-Oct-22	9 425	9 425	314	3,30%
From 19 March 2020 to 23 October 2022, a total of 9 425 cases with 314 deaths have been reported across the country. A total of 8 949 recoveries have been reported from the country.									
Niger	Measles	Ungraded	5-Apr-22	1-Jan-22	30-Sep-22	13 421	675	32	0,20%
From week 1 to week 39 (ending 30 September) of 2022, 13 421 cases and 32 deaths (CFR: 0.2%) have been reported. Among the eight regions of the country, Agadez has the highest attack rate (124 cases per 100 000 inhabitants), followed by Diffa (123 cases /per 100 000). 94% (68/72) of the districts of Niger have notified at least one suspect case of measles. The vaccination campaign is ongoing in nine districts of the country. According to available data, there is no district in outbreak currently.									
Niger	Meningitis	Ungraded		1-Jan-21	30-Sep-22	2 999	-	152	5,10%
From early 2021 to week 40, 2022 (ending 30 September 2022), 2999 cases have been reported with 152 deaths (CFR 5%). Neisseria meningitidis serogroup C is the predominant germ identified. Dungas and Magaria health districts in Zinder region reported the highest cumulative attack rate in 2022, 74 and 56 cases per 10 000 inhabitants, respectively.									
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-21	19-Oct-22	28	28	0	0,00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are ten cases in 2022. There were 18 cases reported in 2021.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Humanitarian crisis (Sahel region)	Grade 2	10-Oct-16	10-Oct-16	18-Oct-22	-	-	-	-
Tens of thousands of people have been killed and millions internally displaced since Boko Haram launched its campaign in 2009, creating one of the world's worst humanitarian crises and causing a near-total breakdown in education and health services. Throughout the northeast region, the violence has destroyed schools, hospitals and other social facilities, leaving affected communities - particularly women and children - in urgent need of assistance. Overall, some 8.4 million people, primarily women and children, in Borno, Adamawa and Yobe states need humanitarian assistance, according to OCHA.									
Nigeria	Cholera	Ungraded		1-Jan-22	30-Sep-22	10 754		256	2,40%
In 2022, as of 2 October, 10 754 suspected cholera, including 256 deaths (CFR 2.4%), have been reported from 31 states, mainly in North-West and North-East. Eleven states: Borno (3663 cases), Yobe (1632 cases), Katsina (767 cases), Taraba (675 cases), Cross River (649 cases), Gombe (470 cases), Jigawa (417 cases) and Bauchi (304 cases) account for 86% of all cumulative cases. Of the suspected cases since the beginning of the year, the age group 5 -14 years are the most affected age group for males and females.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	21-Oct-22	266 043	266 043	3 155	1,20%
The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 21 October 2022, a total of 266 043 confirmed cases with 259 388 recovered and 3 155 deaths have been reported.									
Nigeria	Lassa fever	Grade 1	1-Jan-21	1-Jan-21	2-Oct-22	970	933	173	18,50%
From week 1 to 39 of 2022 (ending 2 October), a total of 970 Lassa fever cases including 933 confirmed, 37 probable and 173 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18.5% across 25 States. In week 39, four new confirmed cases with one death were reported from Ondo and Enugu States. In total, 6 854 cases are suspected in 2022. Of all confirmed cases, 71% are from Ondo (32%), Edo (26%), and Bauchi (13%) States.									
Nigeria	Monkeypox	Grade 3	31-Jan-22	1-Jan-22	28-Aug-22	277	277	6	2,20%
From 1 January to 28 August 2022, Nigeria has reported 704 monkeypox suspected cases. Of these, 277 cases were laboratory confirmed from 30 States: Lagos (49), Ondo (22), Bayelsa (19), Rivers (18), Edo (16), Adamawa (15), Abia (15), Delta (14), FCT (11), Imo (11), Anambra (10), Nasarawa (9), Ogun (7), Plateau (6), Taraba (5), Kwara (5), Kano (5), Gombe (5), Ebonyi (5), Oyo (5), Katsina (5), Cross River (4), Benue (4), Borno (3), Kogi (3), Akwa Ibom (2), Niger (1), Bauchi (1), Osun (1) and Kaduna (1). Four deaths were recorded among confirmed cases from Delta, Lagos, Ondo and Akwa Ibom States.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	7-Oct-22	511	511	-	-
In 2022, 41 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria, including two cases in week 38 from Plateau and Zamfara States. The most recent date of onset was 10 July 2022. There were 410 cVDPV2 cases reported in 2021 and 511 cases since 1 January 2018.									
Nigeria	Yellow fever	Grade 2	12-Sep-17	1-Jan-21	19-Oct-22	30	23	0	0,00%
From January 2021 to 20 October 2022, a total of 30 yellow fever cases including seven probable and 23 confirmed cases have been reported in Nigeria.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	23-Oct-22	132 556	132 556	1 467	1,10%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 23 October 2022, a total of 132 556 cases with 1 467 deaths and 131 061 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	16-Oct-22	6 263	6 263	77	1,20%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 16 October 2022, a total of 6 263 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6 175 cases have been reported as recoveries.									
Sao Tome And Principe	Dengue	Grade 2	11-Apr-22	15-Apr-22	10-Oct-22	1 011	1 011	3	0,30%
Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 10 October 2022, a total of 1 011 cases and 3 deaths (CFR 0.3%) have been confirmed via RDT from: Agua Grande (685, 67.9%), Mézôchi (144, 14.2%), Lobata (93, 9.0%), Cantagalo (40, 3.9%), Caué (19, 1.8%), Lemba (16, 1.6%), and RAP (14, 1.3%). During week 40 (ending 10 Oct), there were 4 new cases registered in the country. Agua Grande's attack rate is by far the highest (81.3 per 10 000 inhabitants). Those aged 50-59 years are experiencing the highest attack rate at 62.9 cases per 10 000. The 3 main clinical signs are fever (926, 92%), headache (761, 75%) and myalgia (318, 32%).									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	20-Oct-22	88 679	88 679	1 968	2,20%
From 2 March 2020 to 20 October 2022, a total of 88 679 confirmed cases of COVID-19 including 1 968 deaths and 86 609 recoveries have been reported in Senegal.									
Senegal	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	12-Aug-22	15-Aug-22	28-Aug-22	5	5	2	40,00%
On 12 August 2022, a confirmed outbreak of Crimean-Congo haemorrhagic fever (CCHF) was reported in Podor District, Saint-Louis region, Senegal. The index case is a 38-year-old female who presented with fever, headache, myalgia, fatigue and haemorrhagic symptoms, and was detected through the viral haemorrhagic fever surveillance system. The disease started on 20 July; she consulted on 5 August, was sampled on 6 August and died on 7 August. There is an history of travel to Mauritania on 2 July. As of 28 August, two additional cases were reported, a contact of the index case and a case with no evident epidemiological link to the first two cases.									
Senegal	Measles	Ungraded	4-Jul-22	1-Jan-22	28-Aug-22	326	326	0	0,00%
From epidemic week 1 to 34 of 2022 (ending 28 August), 326 confirmed cases of measles were reported from 44 districts of Senegal, with 24 districts having crossed the epidemic threshold. Of the reported cases, 176 (54.0%) are females; the most affected age group is 1-5 years with 159 cases (48.8%) of which 89.3% were not vaccinated against measles.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	16-Oct-22	49 035	49 035	171	0,30%
Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 16 October 2022, a total of 49 035 cases have been confirmed, including 47 995 recoveries and 171 deaths have been reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	12-Oct-22	7 752	7 752	126	1,60%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 12 October 2022, a total of 7 752 confirmed COVID-19 cases were reported in the country, including 126 deaths and 4 889 recovered cases.									
Sierra Leone	Measles	Ungraded	1-Nov-21	1-Jan-22	9-Aug-22	407	407	0	0,00%
By 9 August 2022 (Week 31), 14 out of 16 districts reported 407 confirmed measles cases (134 lab-confirmed and 273 epi linked; 55 % (224) of these cases are below five years, 26 % (106) above five years and 18.7%, (77) age missing. Currently, only one (Western Urban) district continues to report measles cases. Surveillance and immunisation activities have been intensified in all districts.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	23-Oct-22	4 025 375	4 025 375	102 257	2,50%
Since the start of the COVID-19 pandemic in South Africa through 23 October 2022, a cumulative total of 4 025 375 confirmed cases and 102 257 deaths have been reported.									
South Africa	Monkeypox	Grade 3	23-Jun-22	23-Jun-22	14-Oct-22	5	5	0	0,00%
From 22 June 2022 to 14 October 2022, there have been five unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 2), Limpopo (n = 1) and Johannesburg (n = 1) provinces.									
South Sudan	Drought/food insecurity	Grade 3	18-Dec-20	5-Apr-21	22-Sep-22	-	-	-	-
From April to July 2022 an estimated 7.74 million people (63% of total population) faced crisis levels of food insecurity phase (IPC) 3 or worse. Of the total number, 87 000 are in IPC 5, 2.89 million are in IPC 4, and 4.77 million are in IPC 3. Counties expected to be in IPC phase 5 are Fangak, Canal/Pigi and Ayod counties in Jonglei State; Pibor County in Greater Pibor Administrative Area; Cuebiet and Rumbek North counties in Lakes State; and Leer and Mayendit counties in Unity State. An estimated 1.3 million children under five years and 676K pregnant/lactating women are expected to suffer acute malnutrition in 2022. From January to July 2022, more than 165K were admitted with severe acute malnutrition (SAM) and more than 370K people were admitted with moderate acute malnutrition (MAM). Patients admitted for both SAM and MAM during 2022 were higher for the same reporting period than they have been since 2019. Food insecurity in South Sudan is driven by climatic shocks (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households' coping capacities, and the loss of livelihoods.									
South Sudan	Floods	Ungraded		7-Oct-22	11-Oct-22	909 000		62	
Floods have reoccurred since last July, affecting 29 (36.3%) of the 80 counties across 9 of the 10 states of the country including Northern Bahr el Ghazel (NBeG), Western Bahr el Ghazel (WBeG), Western Equatoria (WES), Warrap, Lakes, Upper Nile, Unity, Jonglei and Eastern Equatoria. Around 909 000 people have been affected, which represent around 7.4% of the total population, out of whom more than 140 000 have been displaced from their homes. Northern Bahr el Ghazel (252 000 people) Warrap (208 000 people), Unity (118 000 people) and Western Equatoria (111 000 people) states are the four most affected states, accounting for three-quarters (75.8%) of the affected populations. Almost 62 people are reported to have died in flood-affected locations due to drowning, trauma, or snake bites from NBeG, Warrap, WBeG and Upper Nile. The affected populations have either been displaced, or cut off from basic services, while their livelihoods and homes have been destroyed by the flooding. Some 45 health facilities and 25 nutrition facilities have either been destroyed or cut-off and therefore will cease offering services to their catchment populations.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	15-Aug-16	29-Sep-22	-	-	-	-
The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there are a total of 8.9 million people in need of humanitarian assistance and 2.23 million people internally displaced people as of 31 August 2022. Over the past three years, seasonal floods have caused thousands of people to be displaced as well as caused problems for water, sanitation, and hygiene conditions in formalized camps and informal settlements. During 2022, more than 1.46 million people have been affected by flooding. As of 10 September 2022 the government declared a national emergency due to flooding affected 24 counties in eight states.									
South Sudan	Anthrax	Ungraded	25-Apr-22	13-Mar-22	24-Sep-22	108	8	5	4,60%
A total of 108 suspected cases and 5 deaths (CFR 4.6%) have been reported from Gogrial West county of in Warrap state. A total of 8 samples returned positive for bacillus anthracis bacteria. Cases were reported from 13 March - 6 August 2022 from registered hospital patients where the majority of cases have been female (61%).									
South Sudan	Cholera	Ungraded	21-Apr-22	21-Mar-22	24-Sep-22	337	56	1	0,30%
From 19 March to 24 September 2022, 337 cases and 1 death (CFR 0.3%) have been reported from Unity State and Ruweng Administrative Area, however most cases have been reported from the Bentiu IDP camp (89% of cumulative total). A total of 56 cases have been confirmed positive by RDT for cholera and 29 tested positive for Vibrio cholerae by culture at the National Public Health Laboratory in Juba. Females account for 62% of all cases and children ages 0-4 years have been the most affected age group accounting for 32.3% of all cases. More than 1.2 million does of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned. Among cholera cases, 118 (35.0%) were reported to be vaccinated, 147 (43.6%) were reported to be unvaccinated, and 72 (21.4%) had unknown vaccination status.									
South Sudan	COVID-19	Grade 3	5-Apr-20	5-Apr-20	23-Oct-22	18 298	18 298	138	0,80%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 23 October 2022, a total of 18 298 confirmed COVID-19 cases were reported in the country including 138 deaths and 18 115 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	1-Jan-19	24-Sep-22	3 383	104	25	0,70%
The current outbreak in the Bentiu IDP camp is ongoing. As of 24 September 2022, a total of 3 383 cases of hepatitis E including 25 deaths (CFR: 0.8%) have been reported since January 2019. During week 38 (ending 24 Sept), a total of 72 cases were reported. Approximately 54% of cases are male. A vaccination campaign conducted in Bentiu IDP Camp had a 91% coverage rate during the first round, 82% coverage during the second round, and the third round is expected to commence in October 2022.									
South Sudan	Malaria	Ungraded	28-Dec-21	1-Jan-22	22-May-22	1 117 138	1 117 138	232	0,00%
Between weeks 1-20 of 2022 (ending 22 May), 1 117 138 malaria cases including 232 deaths (CFR 0.02%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the county of Fangak.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	Measles	Ungraded	23-Feb-22	1-Jan-22	30-Sep-22	656		2	0,30%
Measles outbreaks have been confirmed in 12 counties of Aweil Centre, Aweil East, Aweil West, Aweil South, Aweil North, Gogrial West, Maban, Raja, Tambura, Torit, Juba, and Malakal with a total of 656 measles cases including two deaths (CFR 0.3%) reported from counties with confirmed outbreak since the beginning of 2022. The outbreaks are currently active in Juba and Malakal counties where response interventions including reactive vaccination campaigns are yet to be concluded									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	14-Oct-22	39 804	39 804	845	2,10%
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 14 October 2022, a total of 39 804 confirmed cases have been reported in Tanzania Mainland including 845 deaths.									
Tanzania, United Republic of	Leptospirosis	Grade 1	14-Jul-22	5-Jul-22	9-Oct-22	20	15	3	15,00%
On 14 July 2022, the Ministry of Health of Tanzania notified WHO of cases of an unknown disease in Ruangwa District, Lindi Region. On 5 and 7 July 2022, two cases of fever, nose bleeding, headache, and general body weakness were reported. As of 9 October 2022, 20 cases with three deaths were reported. No new cases have been reported since 15 July. Fifteen of the 18 human samples collected returned positive for Leptospirosis. All samples were negative for Ebola virus disease, Marburg virus disease, Influenza, Crimean-Congo haemorrhagic fever, Yellow fever, Chikungunya, West Nile virus and Rift Valley fever.									
Tanzania, United Republic of	Measles	Ungraded		30-Jun-22	23-Aug-22	223	2	0	0,00%
A measles outbreak is ongoing in Tanzania since June 2022. As of 23 August 2022, a cumulative total of 223 suspected measles cases, with two IgM positive cases are reported since the onset of the outbreak in June 2022. A total of 88 cases were admitted to the local hospitals. About 48% (108 cases) of the suspected cases were children under five years of age. The majority of cases are reported from Magharibi B, Magharibi A and Wete districts. The Ministry of health is working on strengthening surveillance and routine vaccination activities as well as the planning for a mass measles vaccination outbreak response.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	22-Oct-22	39 284	39 284	289	0,70%
On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 22 October 2022, a total of 39 284 cases, including 289 deaths and 38 953 recovered cases, have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	19-Oct-22	17	17	0	0,00%
No cVDPV2-positive environmental sample was reported this week. One case of cVDPV2 was notified 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.									
Uganda	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	16-Sep-22	-	-	-	-
In Uganda, spates of insecurity due to cattle rustling have led people to leave their initial settlements in the villages and move to urban centers, disrupting their lifestyles and impacting their access to health services. Health facilities in remote areas have limited service hours and community-integrated outreach activities. An increasing trend of severe acute malnutrition (SAM) cases admission has been observed in 2022. There were 870 admissions in January, increasing to 2430 admissions in July. An assessment on 1 245 600 Ugandans over the period August 2022-February 2023 showed that 276 290 (22.2%) people are projected to be in IPC3 (Crisis) and 38 385 (3.1%) people in IPC4 (Emergency).									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	7-Oct-22	169 274	169 274	3 630	2,10%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 7 October 2022, a total of 169 274 confirmed COVID-19 cases with 3 630 deaths were reported.									
Uganda	Ebola disease caused by Sudan virus	Grade 2	19-Sep-22	19-Sep-22	22-Oct-22	90	20	28	31,0%
Refer to text above.									
Uganda	Yellow fever	Grade 2	3-Mar-21	2-Jan-22	18-Oct-22	398	2	0	0,00%
There have been 398 suspected cases reported of yellow fever during 2 January-27 August 2022 in Uganda with no deaths reported. Two cases have been confirmed: one from Wakiso District confirmed in Feb 2022 and another from Masaka District in Jun 2022.									
West and Central Africa	Floods in West and Central Africa	Ungraded		16-Aug-22	9-Sep-22	1 400 000		424	
As of 9 September 2022, flooding affected 1.4 million people in 19 countries in West and Central Africa. Heavy rains and floods continued to take a significant toll on human life, property, farmlands, and livestock, killing 424 people, injuring 1,297, and displacing about 146,000. Chad, the Republic of Congo, Democratic Republic of Congo, Niger, Nigeria, Liberia, the Central African Republic, Gambia, Guinea, Mauritania, Senegal, Cote d'Ivoire, Ghana, Sierra Leone, Mali, Cameroon, Benin, Burkina Faso, Sao Tome and Principe, etc. are being severely impacted by torrential rains and floods. Some 62,000 houses were destroyed in the region.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	23-Oct-22	333 644	333 644	4 017	1,20%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 23 October 2022, a total of 333 644 confirmed COVID-19 cases were reported in the country including 4 017 deaths.									
Zambia	Measles	Ungraded		13-Jun-22	1-Oct-22	655	188	31	4,70%
A measles outbreak continues to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces have recorded 655 measles cases and 31 deaths as of 1 October 2022. WHO is supporting the Ministry of Health investing other cases with similar symptoms.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Zimbabwe	Anthrax	Ungraded	6-May-19	1-Jan-22	2-Oct-22	107	0	0	0,00%
The anthrax outbreak is ongoing in Zimbabwe. Eight new anthrax cases and no deaths were reported this week. The cases were reported from Gokwe North District (7) and Gokwe South (1) in Midlands Province. The cumulative figures for anthrax are 107 cases and 0 deaths. The cumulative figures for anthrax are 747 cases and three deaths in 2020 and 306 cases and 0 deaths in 2021.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	14-Oct-22	257 827	257 827	5 605	-
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 14 October 2022, a total of 257 827 confirmed COVID-19 cases were reported in the country including 5 605 deaths and 251 825 cases that recovered.									
Zimbabwe	Measles	Ungraded	29-Apr-22	19-May-22	2-Oct-22	7 504	355	744	-
A measles outbreak has been ongoing in Zimbabwe since 10 April 2022. As of 12 October 2022, A cumulative total of 7 504 Cases, 4 580 Recoveries, 355 confirmed cases and 744 Deaths have been reported since the onset of the outbreak. 865 new-suspected measles cases and zero suspected deaths were reported this week ending week 39									
Closed Events									
Sierra Leone	Anthrax	Ungraded	20-May-22	20-May-22	3-Oct-22	6	5	0	0,00%
The Ministry of Health and Sanitation in Sierra Leone declared an outbreak of human anthrax in the country after identifying three lab-confirmed cutaneous anthrax cases in the Karene district. Investigation results reported consumption of dead meat in surrounding communities. There was also prior confirmation of anthrax from tissues collected from some affected animals during epi week 19. As of 8 July 2022, six cases were reported in humans, including five confirmed cases and one probable case. The majority of them are among the 15-year-old age group and above (43%) followed by 12-59 months (29%), 0-11 months (14%) and 5-15 years (14%). Three hundred and four (304) cases were reported in animals; three (3) were confirmed, and (301) were probable. The latest confirmed case in humans was notified on 16 June 2022. This outbreak was declared over on 3 rd October 2022.									

†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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