

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 33: 8 - 14 August 2022

Data as reported by: 17:00; 14 August 2022



World Health
Organization

REGIONAL OFFICE FOR **Africa**
WHO Health Emergencies Programme

3

New events

148

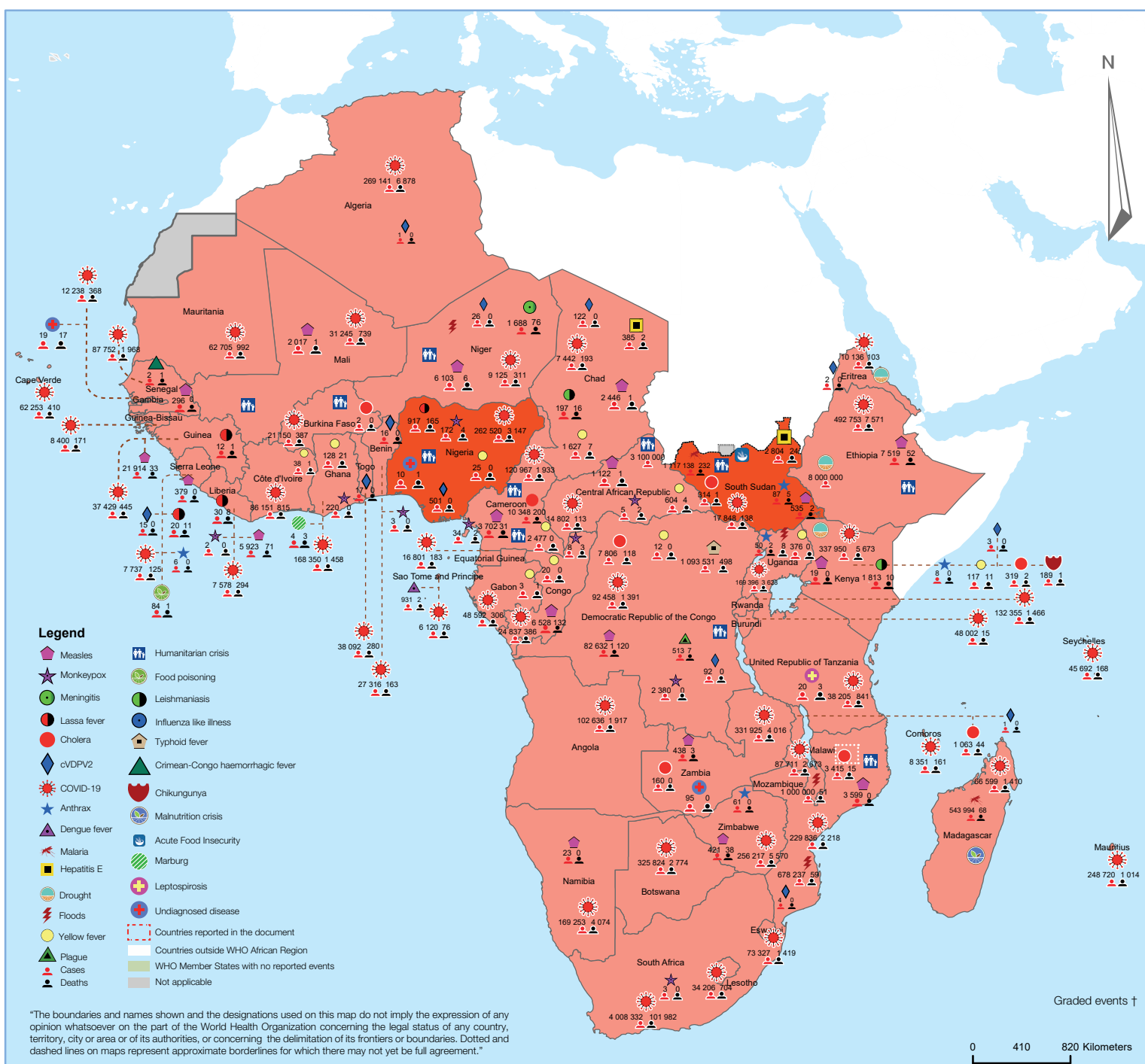
Ongoing events

130

Outbreaks

21

Humanitarian
crises



5

Grade 3 events

23

Grade 2 events

2

Grade 1 events

2

Protracted 3 events

5

Protracted 2 events

0

Protracted 1 events

53

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:

- Food insecurity in the Greater Horn of Africa
- COVID-19 in the African Region
- Cholera in Mozambique

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

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

Major issues and challenges include:

- The greater Horn of Africa is currently facing a major humanitarian crisis due to rising food insecurity driven by a toxic mix of extreme climatic shocks (drought, flooding), armed conflicts, and the socioeconomic impacts of the COVID-19 pandemic and the war in Ukraine. Although there is crucial and urgent need for important funding to support response interventions across the region, the largely limited health system human and financial resources are already overstretched while responding to multiple outbreaks including anthrax, chikungunya, cholera, COVID-19, hepatitis E, leishmaniasis, malaria, measles, meningitis and yellow fever.

EVENT DESCRIPTION

The Horn of Africa is currently experiencing one of the worst drought events in the past 40 years following four consecutive failed rainy seasons since late 2020 and putting an increasing number of people into an alarming life-threatening situation. Most recent forecasts predict that the October-December season will also be below average, announcing an unprecedented fifth failed rainy season. This new climatic shock has aggravated already fragile livelihoods that are heavily reliant on livestock - most of which has died, thus deepening food insecurity and malnutrition.

ETHIOPIA

In Ethiopia, almost 17 million people are targeted for assistance across the drought affected areas (including Somali, Afar, Oromia, The Southern Nations, Nationalities, and Peoples' Region (SNNPR) and South-West region) for the second half of the year, a rise from 8.1 million people targeted in the first half of 2022. In addition, it is estimated that more than 3.5 million livestock have died, while at least 25 million are at risk and are very weak and emaciated with no or little milk production, the main source of nutrition for children.

In contrast, Ethiopia is hugely affected by floods in majority of its areas, with 1.7 million people potentially affected including 407 000 people at risk of displacement due to the anticipated flooding across 11 regions of the country. Ethiopia is currently responding to multiple emergencies including an armed conflict and insecurity with movement restrictions in the Northern part of the country and outbreaks of suspected anthrax, COVID-19, dengue fever, malaria, measles and suspected meningitis.

KENYA

In the Arid and Semi-Arid Lands (ASAL) region of Kenya, nearly 4.2 million people are in need of humanitarian assistance. This includes 4.1 million people experiencing high acute food insecurity (IPC Phase 3 or worse) between March and June 2022. At least 1.5 million livestock had already died as a result of the drought by February 2022, and this figure is expected to increase in the months ahead. Malnutrition has risen at an alarming rate, with at least 942 000 children under age 5 and about 134 000 pregnant or lactating women in urgent need of treatment in the ASAL region from March to June 2022, including 229 000 severely acute malnourished children. Mandera County was of particular concern, with the prevalence of global acute malnutrition at 34.7% in March 2022, more than double the emergency threshold. Kenya is also engaged in responding to multiple outbreaks including suspected anthrax, chikungunya, cholera, COVID-19, leishmaniasis, measles and yellow fever.

SOUTH SUDAN

In South Sudan, failed rainfall has affected most of the Great Equatoria regions of the country since early 2022, with some areas receiving half of the expected rainfall by mid-May. More than 6.2 million people have been targeted for food and nutritional assistance in 2022. The country is also facing other shocks such as sub-national violence, conflicts and insecurity, economic crises, multiple infectious disease outbreaks (anthrax, cholera,

COVID-19, hepatitis E, malaria and measles) and seasonal flooding with 40% of the country being flooded for the third consecutive year.

UGANDA

Recent data indicate that all nine districts in the Karamoja region of Uganda are classified in IPC Phase 3 (Crisis) with 520 000 people facing significant food insecurity. In response, a nutrition mass screening was conducted in Moroto and Kaabong in early June 2022, which revealed that about 1 in 5 children are malnourished. Integrated outreach efforts have been launched in these two districts and will also be used to identify necessary therapeutic care. Meanwhile, the country is grappling with multiple outbreaks including anthrax, COVID-19 and yellow fever.

PUBLIC HEALTH ACTIONS

WHO has established an incident management team to coordinate with partners in the health sector and beyond in the respective affected countries. The strategic objectives of the response are:

- to enhance national and subnational coordination and collaboration among partners and sectors for strategic priorities and effective operationalization;
- to increase collection and use of timely and accurate health and nutrition data for early warning, IPC classification, assessment of service delivery capacities and barriers, guidance for decision-making, prioritization, planning and enabling monitoring and evaluation of interventions;
- to assure effective prevention and control of additional and interdependent epidemics and other health emergencies, including seasonal increases in morbidity that are likely to occur during food-security crises;
- to increase and integrate availability of essential nutrition actions for effective prevention, detection, and treatment of malnutrition;
- to scale-up and adapt the capacity of priority health services to the increased health needs, risks, and access barriers to health care in food insecurity crises.

SITUATION INTERPRETATION

WHO is scaling up its operations in eastern Africa as the region faces acute food insecurity caused by conflict, extreme weather events – including the worst drought in 40 years – induced by climate change, rising international food and fuel prices and the impact of the pandemic. The situation is particularly urgent in the drought-affected areas of Ethiopia, Kenya and Somalia where a lack of food means that an estimated 7 million children are malnourished, including over 1.7 million who are severely malnourished. There is crucial need for joint efforts from all stakeholders including Donors and Partners to implement adequate response and life-saving interventions. It is also hoped that the reopening of ports and exportation of cereals from Ukraine might help in alleviating the worsening situation.

EVENT DESCRIPTION

The WHO African region has reported since the beginning of the pandemic a total of 8 763 459 laboratory-confirmed COVID-19 cases as of August 14 2022, of which (16.7%) 1 466 226 have been recorded since the beginning of 2022. The Southern and East Africa sub-regions account for 82 percent (7.2 million) of all cases reported in the AFRO region.

Since the fifth wave of COVID-19 reached its peak around the mid-May 2022, the African region has observed a declining incidence to date. A total of 4 287 confirmed cases were reported in the AFRO region in past seven days (ending 14 August). Considering, the 27 countries that have complete reports for the last two epidemiological weeks (01-07 August and 08-14 August 2022), the incidence has reduced by an additional 26% following the 21% decrease from the previous 7 days (25-31 July 2022). South Africa (n=1 293, 30%), Nigeria (n=635, 15%), Algeria (n=612, 14%), Cote d'Ivoire (n=380, 9%), and Burundi (n=240, 6%), are the five countries accounting for 74% of the 4 287 new cases recorded in the last 7 days.

Since the start of the pandemic, the Central Africa sub-region has reported a total of 380 120 (4%) cases, including 59 845 since January of this year, and 261 cases in the last 7 days (08-14 August 2022). Burundi has been seeing a surge over the past weeks, but the number of new cases decreased by 84% last week compared to the previous week. Cameroon has been placed on alert status because the number of new cases each week jumped by 173% in the previous week.

Countries in the East Africa sub-region have reported 1 570 129 cases (18%) since the beginning of the pandemic, of which 368 726 cases occurred in 2022 and 565 cases were reported last week, a decrease of 87% from the previous week (4 204). Tanzania is undergoing a resurgence for the third consecutive week, despite signs of progress following a 37% decrease in weekly new cases in week that ended on 7 August 2022.

In the Northern African countries, Algeria has reported 612 news cases in the last 7 days, compared to 800 the week prior. This is a 24% decrease. Countries in the Southern Africa sub-region have reported 5 613 887 (64%) cases since the beginning of the pandemic, of which 879 731 were reported in the current year and 1 536 in the last week after a 34% decrease from the previous week's number of reported cases (2 345).

West African countries account for 10.6% (930 457 cases) of all cases recorded in the Africa region; with 146 570 cases reported thus far in 2022; 1 313 cases were reported last week, a 34% decrease from the previous week. Mozambique and Niger have reported an increase in the number of weekly new COVID-19 cases.

The following countries' situation is closely monitored: Burundi, which is still experiencing a resurgence; Tanzania, which is now out of resurgence and is now classified among the countries on ALERT with Algeria, Cameroon, Equatorial Guinea, Eritrea, Gabon, Mozambique, Nigeria, Mauritius, and Senegal.

In the AFRO region, the number of reported COVID-19 fatalities is now at 173 091 since the beginning of the pandemic. The number of deaths reported weekly continue to decrease (42%), with 15 new COVID-19 related deaths reported in the last 7 days compared to 26 cases reported during the previous 7 days. The majority of deaths (53%) in the past 7 days were reported in Zimbabwe and Cote d'Ivoire, each with four deaths.

Geographical variation in SARS-CoV-2 strains in Africa has not changed significantly since June 2022. Recent analysis of 644 sequences conducted by GISAID on August 08 2022 revealed that 99% were Omicron (BA.4 and BA.5) and 1% were Delta variants, suggesting that the region is dominated by Omicron variants.

SITUATION INTERPRETATION

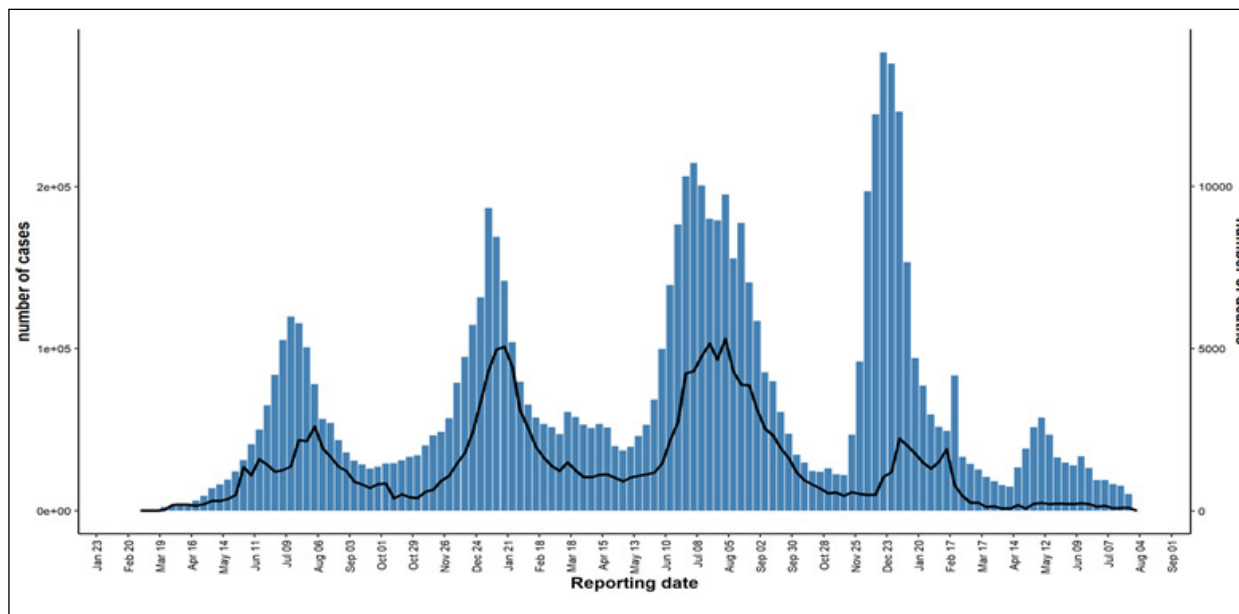
The trends in COVID-19 new cases and associated deaths have been decreasing in the AFRO region with many countries reporting very low hospital admission and fatality rates and this could indicate a new phase transitioning out of the pandemic alert phase. Beside the experience and better coordination of public health emergency response interventions, potential factors influencing this transition could include the non-aggressiveness of the COVID-19 Omicron variant and hybrid immunity in the individuals two years after the pandemic started.

WHO, in collaboration with member states and other health partners are maintaining their vigilance over the COVID-19 resurgence indicators while also planning the future of COVID-19 surveillance and response using a contextualized approach that will see it integrated into existing surveillance programmes.

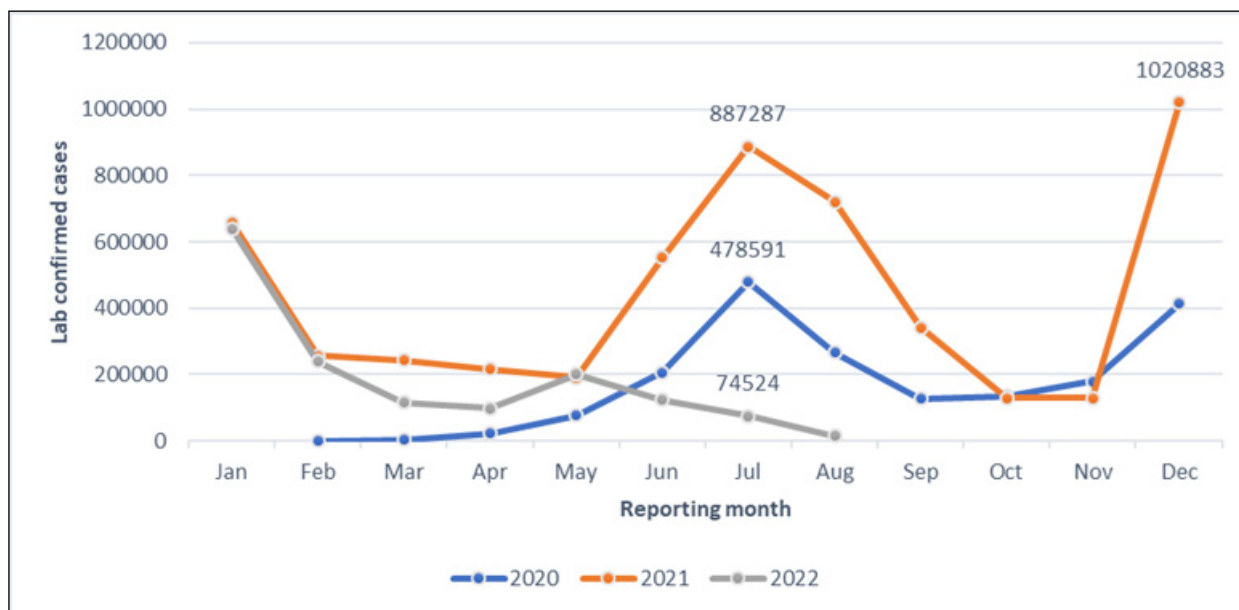


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Trends of confirmed COVID-19 cases and deaths in the WHO African Region by week of report – 14 August 2022 (n = 8 763 459)



Comparison of yearly COVID-19 trends in the AFRO Region, as 14 August 2022



EVENT DESCRIPTION

The cholera outbreak that was declared in Mozambique on 24 May 2022, is still ongoing in eight districts in Nampula, Sofala and Zambezia provinces, however with a declining trend. Four districts are in Sofala (Caia, Maringue, Chemba, Marromeu), three districts are in Zambézia (Morrumbala, Mopeia and Quelimane) while one district is in Nampula province.

Between January and March 2022, two cyclones, ANA and Gombe made landfall in Mozambique and affected six provinces: Nampula, Zambézia, Tete, Niassa, Sofala and Manica. Both cyclones resulted in mass displacement and death of several people, destruction of infrastructures including disruption of water supply.

Consequently, there were suspect cases of Cholera reported in Caia district in Sofala province and Morrumbala districts in Zambezia province. Detailed field investigations conducted by the Ministry of Health teams confirmed the outbreak in Caia and Morrumbala districts.

From 13 January 2022 to 31 July 2022, a total of 3 415 cholera cases and 15 deaths were reported from two provinces with a case fatality rate of 0.4%.

In Sofala province, Caia district reported the highest number of cases (707 cases). This was followed by Maringue district (30), Marromeu district (258) and Chemba district with 36 cases and one death, the only death registered in the province.

In Zambézia province, Morrumbala district reported 1 333 cases with 10 deaths (CFR=0.7), Mopeia district (589 cases; 4 deaths CFR=0.7) and Quelimane City had 347 cases with no deaths reported. In Nampula province, Nampula city has reported 115 cases with no deaths in a closing setting, civil prison.

During week 30, Sofala province reported seven new cases in Marromeu district, Zambezia province reported 13 new cases in Quelimane City while Nampula City didn't report any case in the last seven weeks.

PUBLIC HEALTH ACTIONS

In line with the national response plan, the Ministry of Health of Mozambique, with support from WHO and partners have continued to mount public health response through the implementation of targeted activities to control the outbreak:

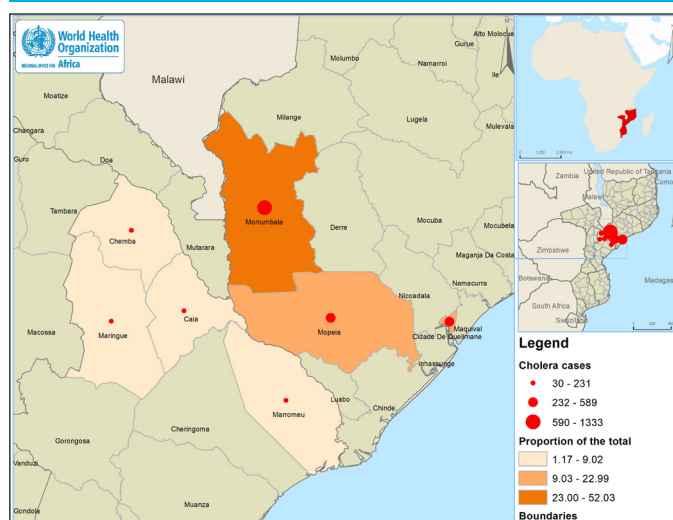
- A coordination mechanism is still in place at the provincial and district levels.
- Surveillance activities, including case detection and investigation across the affected districts remain ongoing.
- Cholera kits have been deployed and distributed in the affected health districts and the prison in Nampula city.
- In Nampula, WHO provided Rapid Diagnostic Test kits for cholera testing.
- Prison was equipped with medication to support stabilization of patients before transfer to cholera treatment centre (CTC).

- Decontamination of the prison and distribution of soap, buckets and chlorine to the prison has been done.
- Rapid diagnostic tests, including training have been provided to health workers to aid in the laboratory confirmation of cases.
- Training on infection prevention and control measures have been provided to health workers at the treatment facilities.
- Risk communication and messaging on cholera prevention ongoing, using community leaders and volunteers as well as mass media platforms to target affected communities has been conducted.
- Health education sessions have been conducted in the health facilities, CTCs and around affected communities.

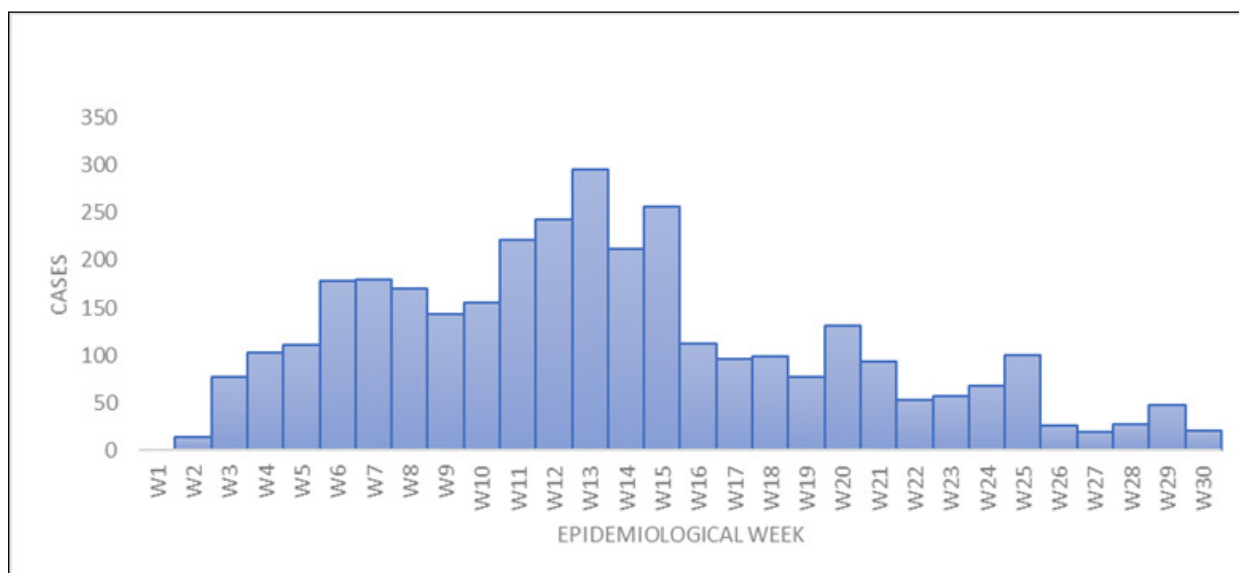
SITUATION INTERPRETATION

The current outbreak of cholera in Mozambique comes in the aftermath of two major cyclones that hit the southern African nation earlier in the year compromising access to clean water, sanitation, and hygiene. Even with the observed decreasing trend, the detection of a new cluster in a prison in Nampula city, remains of grave concern. Oral cholera vaccinations are been planned in line with the cholera elimination plan for the affected districts, however, long-term investment in sustainable access to clean water, sanitation, and hygiene for the population and strict follow up on the cholera elimination plan will be key to preventing future outbreaks.

Distribution of cases of cholera in affected Districts of Mozambique, as of 13 August 2022



Overall Epicurve for Cholera outbreak in Mozambique by epidemiological week, 1 - 30 2022



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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									
Gambia	Undiagnosed disease (acute renal failure)	Ungraded	11-Aug-22	4-Jul-22	4-Aug-22	19		17	89,50%
On 1 August 2022, the Epidemic and Disease Control Unit of the Ministry of Health in Gambia reported an unusual event detected at the Edward Francis Small Teaching Hospital, the main tertiary hospital in the country. Nineteen cases with 17 deaths have been reported. The median age is 17 years old and range from five to 46 months. The index case was traced to 4 July. Patients presented with symptoms such as inability to urinate (100% of cases), fever (100% of cases), vomiting (91%), and diarrhoea (55%). All children had an acute onset of symptoms, and clinical progression was rapid. Preliminary investigation was conducted to identify contacts of the cases. No similar illness among other siblings of similar age or other household members was detected. Further investigation is ongoing.									
Guinea	Lassa fever	Ungraded	10-Aug-22	10-Aug-22	13-Aug-22	12	6	1	8,30%
As part of routine surveillance, the Gbessia clinic reported on 8 September 2022 of a situation of four (4) grouped cases working in the same clinic with similar symptoms of fever and vomiting. The epidemiological investigation conducted by the Matoto health district team for three of the four cases revealed that the patients presented with fever, general body aches, headache, nausea, vomiting, and chest pain accompanied by anorexia. Blood samples were taken from which the PCR was carried out at the Laboratory of Viral Hemorrhagic Fevers of Guinea (LFHVG) to test for various diseases of which resulted in two positive cases for Lassa fever. As of 12 August 2022, a total of 6 confirmed cases of Lassa fever and 1 probable case were reported in Conakry and Kindia. A total of 63 contacts were listed in greater Conakry and 21 contacts were identified in Kouroussa.									
Senegal	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	12-Aug-22	15-Aug-22	15-Aug-22	2	2	1	50,00%
On 12 August 2022, WHO was notified of a confirmed outbreak of CCHF ongoing in Podor District, Saint-Louis region, Senegal. The index case is a female patient aged 38 years who presented with fever, headache, myalgia, fatigue and haemorrhagic symptoms, and was detected through the VHF 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. A second case who is a contact of the index case has been confirmed positive on 14 August 2022.									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	14-Aug-22	269 141	269 141	6 878	2,60%
From 25 February 2020 to 14 August 2022, a total of 269 141 confirmed cases of COVID-19 with 6 878 deaths (CFR 2.6%) have been reported from Algeria, with 180 790 recovered.									
Algeria	Poliomyelitis (cVDPV2)	Grade 2	14-Jul-22	11-Apr-22	7-Jul-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 1-year old girl residing in 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 OPV or IPV and that she had no history of travel outside the city of Tamanrasset.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	11-Aug-22	102 636	102 636	1 917	1,90%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 11 August 2022, a total of 102 636 confirmed COVID-19 cases have been reported in the country with 1 917 deaths and 100 437 recoveries.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	26-Jul-22	27 316	27 316	163	0,60%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 26 July 2022, a total of 27 316 cases have been reported in the country with 163 deaths and 27 112 recoveries.									
Benin	Monkeypox	Grade 3		14-Jun-22	31-Jul-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 from the North of the country. Laboratory samples were taken and sent to the Institute Pasteur laboratory in Dakar, which confirmed the three samples positive on 14 June 2022. Epidemiological investigations are ongoing									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	3-Aug-22	16	16	0	0,00%
Two cases of Circulating Vaccine-derived poliovirus type 2 (cVDPV2) were reported, one each in Atlantique and Oueme making them the first cases in 2022. Six cases were reported in 2021 and 2020, and 8 in 2019. No new case of Circulating Vaccine -derived poliovirus type 2 (cVDPV2) was reported this week.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	11-Aug-22	325 824	325 824	2 774	0,90%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 11 August 2022, a total of 325 824 confirmed COVID-19 cases were reported in the country including 2 774 deaths and 322 955 recovered cases.									
Burkina Faso	Humanitarian crisis (Sahel Region)	Grade 2	1-Jan-19	1-Jan-19	20-Jul-22	-	-	-	-
Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. On 15 July, two bridges leading to Dori and Djibo towns (Sahel region) were destroyed in attacks by non-state armed groups. Some convoys transporting food supplies have no access to these towns, which limits access to food. Access to health services remains a challenge for the population in affected areas. There is a total of 179 non-functional health facilities and 353 facilities that function at a minimum level of their capacity.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burkina Faso	Cholera	Ungraded	3-Jul-22	3-Jul-22	5-Jul-22	2	1	0	0,00%
A Cholera case was confirmed in Kantachari medical center, Diapaga health district in the East region of Burkina Faso in a 25-year-old male patient from Niger, where he had stayed before the onset of symptoms. On 5 July 2022, a second suspected case, a female of 30 years old from Kantchari has been reported. There is no epidemiological link with the confirmed case reported on 2 July 2022.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	10-Jul-22	21 150	21 150	387	1,80%
Between 9 March 2020 and 10 July 2022, a total of 21 150 confirmed cases of COVID-19 with 387 deaths and 20 745 recoveries have been reported from Burkina Faso.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	13-Aug-22	48 002	48 002	15	0,00%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 13 August 2022, the total number of confirmed COVID-19 cases is 48 002, including 15 deaths and 45 547 recovered.									
Cameroon	Humanitarian crisis (North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	1-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	1-Aug-22	-	-	-	-
The security context in the North-West and South-West (SW) regions remains volatile, marked by continuous violence, abductions, kidnappings, killings, unlawful arrests, and destruction of property. This is aggravating humanitarian needs, as affected people continue to flee their homes, seeking safety in the bushes and neighbouring communities. On 26 June 2022, intercommunal clashes in the Akwaya subdivision (SW) resulted in more than 30 civilian casualties. The Mamfe District Hospital and the Ballin Integrated Health Centre in the Manyu division (SW) were destroyed by fire in two different incidents. At least five humanitarian workers were abducted in two separate incidents in the SW. Multiple cases of interference by State security forces on NGO movements were reported in the SW.									
Cameroon	Humanitarian crisis (Sahel Region)	Grade 2	31-Dec-13	27-Jun-17	1-Aug-22	-	-	-	-
Multiple incidents involving NSAGs have been registered in localities neighbouring Nigeria. Military operations are still ongoing on both sides of the border with Nigeria and in the Lake Chad area, directly limiting movements and activities of humanitarian actors. Many humanitarian missions have been cancelled due to recurrence of clashes between security forces and NSAGs. The crisis has left 1.2M people needing humanitarian assistance, of whom 764k are targeted for interventions, with 378k IDPs, 119k refugees and 131k returnees.									
Cameroon	Cholera	Grade 2	1-Jan-21	25-Oct-21	3-Aug-22	10 348	904	200	1,90%
Between 25 July and 3 August, 172 new suspected cases of cholera including three deaths have been reported from four active Regions (Centre, East, Littoral and West). As of 3 August 2022, 10 348 suspected cases including 200 deaths (CFR 1.9%) have been reported since October 2021, from eight Regions and 48 Districts of which 27 remain active. South-West (6 010 cases) and Littoral (3 581 cases) Regions have reported majority of cases. Of note, it has been 18 days without a case notified in South-West.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	3-Aug-22	120 967	120 967	1 933	1,60%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 3 August 2022, a total of 120 967 cases have been reported, including 1 933 deaths and 118 459 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-22	17-Jul-22	3 702	1 668	31	0,80%
As at week 28 of 2022 (ending 17 July), 1 668 cases of measles have been confirmed including 450 IgM+ (out of 1,113 investigated cases with blood samples); 49 clinical compatible and 1 169 epi-linked cases. About 90% of measles confirmed cases are less than 10 years, only 29% known to be vaccinated. A total of 49 districts have confirmed outbreak									
Cameroon	Monkeypox	Grade 3	24-Feb-22	1-Jan-22	5-Aug-22	34	7	2	5,90%
As of 5 August 2022, Cameroon has notified 34 suspected cases of monkeypox from six districts across three regions, since the beginning of 2022, including two deaths (CFR 5.9%). Thirteen human samples have been collected and seven cases have been laboratory-confirmed from Ayos Health District (4) in the Centre Region, Kumba Health District (2) in the South-West Region and Benakuma Health District in the North-West Region (1). Males and females are equally affected and the median age is 17.3 years (range 1-36 years).									
Cameroon	Yellow fever	Grade 2	7-Feb-21	4-Jan-21	9-Aug-22	2 477	34	0	0,00%
As of 9 August 2022, a total of 2 477 suspected cases of YF have been reported since the beginning of the outbreak in 2021, including 10 probable and 34 laboratory-confirmed cases. A total of 49 suspected cases of YF have been reported during epi week 30, 2022. Eight confirmed cases have been reported since January 2022, from eight Districts; five of them started the disease between April-May. Cumulatively, 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	12-Aug-22	62 253	62 253	410	0,70%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 12 August 2022, a total of 62 253 confirmed COVID-19 cases including 410 deaths and 61 742 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	8-Aug-22		-	-	-
With 50% the population not eating enough, CAR has one of the highest proportions of critically food-insecure people in the world, around 2.2M. In total, nearly 3.1M people have been estimated in need of humanitarian assistance including 610k IDPs and 737k refugees. Thousands of Central Africans have recently been affected by torrential rains. In the half of 2022, the CAR Humanitarian Fund allocated 9.6M USD to 17 projects, supporting 187 307 people with urgent needs in conflict-affected areas. Of the 461.3M USD required for 2022 HRP, 221.4M have already been received as of 8 August 2022, representing 48% of expectations.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	7-Aug-22	14 802	14 802	113	0,80%
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 7 August 2022, a total of 14 802 confirmed cases, 113 deaths and 14 520 recovered were reported.									
Central African Republic	Measles	Ungraded	13-Mar-22	1-Jan-22	24-Jul-22	1 122	99	1	0,10%
From week 1 to week 29, 2022 (ending 24 July), a total 1 122 suspected cases of measles including one death (CFR 0.1%) have been reported through IDSR system. Four districts are in confirmed measles outbreak (Bimbo confirmation at week 10, Kouango-Grimari at week 11, Alindao at week 14 and Haute-Kotto at week 20.)									
Central African Republic	Monkeypox	Grade 3	3-Mar-22	4-Mar-22	31-Jul-22	5	3	2	40,00%
As of 31 June 2022, the Central African Republic has so far recorded 5 suspected cases of monkeypox including three confirmed cases and two deaths (CFR 40 %). The confirmed cases were reported from three health districts: Mbaïki, Alindao and Bimbo.									
Central African Republic	Yellow fever	Grade 2	14-Sep-21	1-Apr-21	9-Aug-22	604	20	4	0,70%
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 9 August 2022, a total of 604 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%). There remains a relative increase in the number of weekly reported suspected cases in 2022 compared to 2021. Three regions remain affected (RS3, 4 & 6), with 70% of confirmed cases being reported in RS3.									
Chad	Humanitarian crisis (Sahel region)	Grade 2	11-Feb-22	1-Mar-16	15-Jul-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	COVID-19	Grade 3	19-Mar-20	19-Mar-20	8-Aug-22	7 442	7 442	193	2,60%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 8 August 2022, a total of 7 442 confirmed COVID-19 cases were reported in the country including 193 deaths.									
Chad	Leishmaniasis	Ungraded	8-Sep-20	1-Jan-18	31-May-22	197	13	16	8,10%
Since 1 January 2018 to 31 May 2022, a total of 197 cases and 16 deaths (CFR 8.1%) have been reported from four provinces (N'Djamena, Borkou, Tibesti and Ouaddai). The majority of cases are male (70.1%). The under five years old patients are 74 (38.0%). In 2022, 30 cases and two deaths have been reported.									
Chad	Measles	Ungraded	24-May-18	1-Jan-22	19-Jun-22	2 446	109	1	0,00%
A total of 2 446 measles suspected cases reported since the start of 2022, across 119 out of 139 districts for the country; among the 109 measles cases IgM positive reported, 46 confirmed measles cases are children under five years old; 20 cases aged 5 – 9 years old.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	31-Jul-22	122	122	0	0,00%
As of epi week 30 (ending on 31 July 2022), seven cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2022. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks, while nine other cases were reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.									
Chad	Yellow fever	Grade 2	13-Nov-21	1-Nov-21	9-Aug-22	1 627	24	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 9 August 2022, there has been 1 627 suspected cases of yellow fever reported, including 30 probable and 24 lab-confirmed cases with seven deaths (CFR 0.4%). Twenty-one new suspected cases were reported during epi week 30, and 39 samples were received at the national laboratory. The majority of suspected and confirmed cases were reported in the last quarter of 2021, mostly in the southern part of the country; the last confirmed case was reported on week 4 of 2022. Mandoul and Moyen Chari provinces remain the current hotspots, with 45% and 32% of confirmed cases, respectively. A total of 19/126 districts in 7/23 provinces have been affected since the beginning of the outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	11-Aug-22	8 351	8 351	161	1,90%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 11 August 2022, a total of 8 351 confirmed COVID-19 cases, including 161 deaths and 8 157 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	12-Jun-22	6 528	6 528	132	2,00%
From week 1 to week 23, 2022 (ending 12 June), a total of 214 lab confirmed measles cases and 6 314 epidemiologically linked cases and 132 deaths (CFR 2%) have been reported in Congo; 23 out of 52 districts for the country (44%) are in outbreak mode. Nationwide multi-intervention campaigns including measles outbreak response vaccination, Vitamin A supplementation and deworming are planned.									

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	31-Jul-22	8	3	3	37,50%
Since the beginning of 2022, eight cases including three 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) and from Ouessou District in the Sangha Department (1). Three of these cases have died (CFR 37.5%). Samples from two cases sent to the National Institute of Biomedical Research Laboratory in Kinshasa on 12 April 2022 returned positive to monkeypox. In addition, the only case from Ouessou was sampled and tested positive at the National Public Health Laboratory of Brazzaville.									
Congo	Yellow fever	Grade 2	31-Mar-22	31-Mar-22	12-Jul-22	20	4	0	0,00%
As of 12 July 2022, a total of 20 probable cases of yellow fever and four confirmed and zero deaths have been reported. The integrated campaign for yellow fever and measles is planned for 4 August 2022									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	14-Aug-22	86 151	86 151	815	0,90%
Since 11 March 2020, a total of 86 151 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 815 deaths, and a total of 85 127 recoveries.									
Côte d'Ivoire	Yellow fever	Grade 2	14-Sep-21	13-Aug-21	14-Jul-22	38	7	1	2,60%
From 13 August 2021 to 15 June 2022, a total of 38 probable and seven confirmed cases of yellow fever were recorded in Côte d'Ivoire, including one death among probable cases.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-16	17-Apr-17	24-Jul-22	-	-	-	-
In the DRC, humanitarian partners reported at least 126 incidents affecting humanitarian access between January and March 2022, including 38 (30%) in North Kivu province, 32 (25%) in Tanganyika, 24 (19%) in South Kivu province, 19 (15%) in Ituri. In June 2022, 14 new security incidents directly affecting humanitarian personnel or goods were recorded. Two aid workers were kidnapped and 3 were injured. Humanitarian agencies continue to face administrative constraints involving the administrative, technical and financial facilities necessary for the smooth running of humanitarian interventions. Beyond these constraints, humanitarian partners also reported access incidents related to ongoing hostilities and military operations; interference in the implementation of humanitarian activities in the eastern provinces of the country; physical access constraints and movement restrictions.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	3-Jan-22	24-Jul-22	7 806	477	118	1,50%
From epidemiological week 1 to 29 (ending 24 July 2022), 7 806 suspected cholera cases including 118 deaths (CFR: 1.5%) were recorded in 59 health zones across 11 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (2 809), Haut-Lomami (1 646), Tanganyika (1 532), and North Kivu (1 436). The overall national incidence is 13 cases per 100 000 inhabitants. Response measures continue to be strengthened in the main active hot spots.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	31-Jul-22	92 458	92 456	1 391	1,50%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 92 456 confirmed cases and two probable case, including 1 391 deaths have been reported. A total of 83 236 people have recovered.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-21	1-Jan-22	17-Jul-22	82 632	4 735	1 120	1,40%
As of Epi-Week 28 of 2022 (ending 17 July), 82 632 suspected cases and 1 120 measles related deaths have been reported. A total of 3 857 cases investigated through the case-based surveillance system; 1 603 tested IgM+ for Measles; 61% of lab confirmed measles cases have less than 5 years old, and only 31% with history of vaccination. A total of 129 health zones have confirmed measles outbreak at some point since the start of this year									
Democratic Republic of the Congo	Monkeypox	Grade 3	30-Mar-19	1-Jan-22	28-Jul-22	2 380	163	0	0,00%
From 1 January – 28 July 2022, the Democratic Republic of the Congo reported 2 380 suspected including 163 confirmed cases from 128 health zones across 21 provinces. The most affected provinces in 2022 are Sankuru (1 053), Tshopo (328), Maniema (197), and Tshuapa (172). At least 163 of the cases sampled were confirmed positive for monkeypox virus infection.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-22	24-Jul-22	513	-	7	1,40%
Between epidemiological weeks 1-29 of 2022, 513 cases of suspected bubonic plague have been reported with 7 deaths (CFR 1.4%). All cases have been reported from the Rethy health zone in Ituri Province. Lokpa health area has reported the majority of suspected cases (405, 78.9%) in 2022. Cases are up by more than 100% from the same period in 2021, when a total of 117 were suspected including 13 deaths (CFR 11.1%).									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-21	1-Jan-21	26-Jul-22	92	92	0	0,00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Nord Kivu bringing the number of cases in 2022 to 64. There were 28 cases in 2021.									
Democratic Republic of the Congo	Typhoid fever	Ungraded	1-Jul-21	1-Jan-22	24-Jul-22	1 093 531	-	498	0,00%
In 2022, from epidemiological week 1 to 29 (ending 24 July 2022), 1 093 531 suspected cases of typhoid fever including 498 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%).									

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	Yellow Fever	Grade 2	21-Apr-21	1-Jan-22	27-Jul-22	12	4	0	0,00%
As of 27 July 2022, 12 probable cases and four confirmed yellow fever cases have been reported in the country . The figures of probable and confirmed cases have been revised following data cleaning.									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	11-Aug-22	16 801	16 801	183	1,10%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 11 August 2022, a total of 16 801 cases have been reported in the country with 183 deaths and 16 534 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	14-Aug-22	10 136	10 136	103	1,00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 14 August 2022, a total of 10 136 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 959 patients have recovered from the disease.									
Eritrea	Poliomyelitis (cVDPV2)	Ungraded	2-Jun-22	7-Jun-22	31-Jul-22	2	2	0	0,00%
As of week 30, a case of cVDPV2 was reported from Eritrea since the beginning of 2022. Another case has been detected on 3 September 2021 and later confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	14-Aug-22	73 327	73 327	1 419	1,90%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 14 August 2022, a total of 73 327 cases have been reported in the country including 71 875 recoveries. A total of 1 419 associated deaths have been reported.									
Ethiopia	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	5-Aug-22		-	-	-
The severity of food insecurity in Ethiopia is among the worst globally, with record-breaking food assistance needs driven by the impacts of prolonged drought and ongoing insecurity. Emergency (IPC Phase 4) and Crisis (IPC Phase 3) outcomes will likely be widespread in northern, central, southern, and southeastern Ethiopia through at least January 2023. Multiple areas of the country face the potential for more extreme outcomes associated with high levels of acute malnutrition and hunger-related mortality. Tigray is expected to remain the area of highest concern. Emergency (IPC Phase 4) is also expected to be widespread in southern and southeastern pastoral areas.									
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 3	4-Nov-20	4-Nov-20	31-Jul-22	-	-	-	-
The situation in northern Ethiopia remains generally calm but unpredictable, impacting humanitarian operations. In Tigray, some locations in the northern parts of the region and Western Zone continue to be inaccessible due to insecurity. In Amhara, some areas in Wag Himra zone administration continued to be hard to reach during the reporting period. In Afar, the road from Megale to Abala and zone 2 has access constraints due to security concerns. Almost 9.2M people are estimated in need of humanitarian assistance including 2.5M people internally displaced and 7M people facing acute food insecurity in northern Ethiopia. In April 2022, the Ethiopian government and Tigrayan regional forces have agreed to a humanitarian ceasefire to negotiate standing peace.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	14-Aug-22	492 753	492 753	7 571	1,50%
Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 492 753 cases of COVID-19 as of 14 August 2022, with 7 571 deaths and 471 016 recoveries.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-22	7-Aug-22	7 519	4 284	52	0,70%
From week 1 to 31 of 2022 (ending 7 August), a total of 7 519 suspected cases with 4 284 confirmed and 52 deaths (CFR 0.7%) have been reported in Ethiopia. A total of ten districts are currently experiencing confirmed measles outbreak.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	3-Aug-22	48 592	48 592	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 3 August 2022, a total of 48 592 cases including 306 deaths and 47 803 recoveries have been reported in the country.									
Gabon	Yellow fever	Ungraded	12-Feb-22	17-Sep-21	9-Aug-22	3	1	1	33,30%
On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogooué-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. No other confirmed cases have been reported so far.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	6-Aug-22	12 238	12 238	368	3,00%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 6 August 2022, a total of 12 238 confirmed COVID-19 cases including 368 deaths, and 11 745 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	5-Aug-22	168 350	168 350	1 458	0,90%
As of 5 August 2022, a total of 168 350 confirmed COVID-19 cases have been reported in Ghana. There have been 1 458 deaths and 166 751 recoveries reported.									
Ghana	Marburg virus disease	Grade 2	6-Jul-22	6-Jul-22	25-Jul-22	4	3	3	75,00%
The Ministry of Health in Ghana notified two suspected cases of Marburg Virus Disease (MVD) on 7 July 2022 in the Ashanti region. The two cases came from two different locations in the Ashanti Region and no epidemiological link was established during the preliminary epidemiological investigation. Preliminary laboratory results from the Noguchi Memorial Institute for Medical Research suggest that the infection is due to Marburg Virus. Of the two samples collected and sent to the Institut Pasteur in Dakar for confirmation, one turned positive for MVD. Following the initial confirmation of two cases of MVD in the Ashanti region of Ghana, two more cases have been confirmed in the Savannah region as of 25 July 2022. The two cases are related to the first confirmed case. The first 118 contacts identified have completed the 21-day follow-up. Currently, a total of 40 are being followed.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ghana	Monkeypox	Grade 3	8-Jun-22	24-May-22	20-Jul-22	220	35	1	0,50%
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-20 July 2022, there have been 220 suspected cases including 34 confirmed and one death reported from seven of the 16 administrative regions. Sixty-one per cent of the positive cases were reported from the Greater Accra region. The Ashanti region reported seventeen per cent of confirmed cases while the upper west region reported 5.8% of all confirmed cases.									
Ghana	Yellow fever	Grade 2	3-Nov-21	15-Oct-21	15-Jun-22	128	60	21	16,40%
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 14 July 2022, a total of 67 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	24-Jul-22	37 429	37 429	445	1,20%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 24 July 2022, a total of 37 429 cases including 36 753 recovered cases and 445 deaths have been reported in the country.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-22	27-May-22	21 914	397	33	0,20%
Since the beginning of 2022 up to week 21 (ending 27 May), a total of 21 194 measles suspected cases with 397 confirmed and 33 death (CFR 0.2%) have been reported in Guinea from 29 health districts including the capital city Conakry through Integrated disease surveillance and response.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	7-Jul-22	8 400	8 400	171	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 7 July 2022, the country has reported 8 400 confirmed cases of COVID-19 with 8 151 recoveries and 171 deaths.									
Kenya	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	5-Aug-22	-	-	-	-
The 2022 March to June rainy season has been extremely poor, with rainfall levels across much of the Horn of Africa region being among the lowest in the past 70 years. It has been an historic fourth consecutive failed rainy season. The severe drought crippling northeastern Kenya has driven the number of children facing acute malnutrition up by 25% so far this year to nearly one million with fears this will rise further if forecasts for another failed rainy season prove to be accurate, leading to an unprecedented catastrophe.									
Kenya	Anthrax Suspected	Ungraded	15-Jul-22	30-Jun-22	30-Jun-22	8		0	0,00%
Eight suspected cases of anthrax were recorded in Ikolomani sub-county, Kakamega county in Kenya between 30 May and 20 June 2022. All reported suspected cases were exposed by either handling carcasses from the animals that died of suspected anthrax or eating suspected meat. All had fever, and 87.5% (7/8) of them had skin lesions. A total of five samples have been collected and being analysed at Kenya Medical Research Institute (KEMRI).									
Kenya	Chikungunya	Ungraded	3-Mar-22	13-Feb-22	30-Jul-22	189	5	1	0,50%
Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutulo village. A total of one hundred and eighty nine (189) cases have been reported with five confirmed cases and one death (CFR 0.5%).									
Kenya	Cholera	Ungraded	30-May-22	3-May-22	19-Jun-22	319	2	2	0,60%
Cholera outbreak is ongoing in Kenya affecting three counties: Nairobi, Kisumu and Kiambu. As of 31 May 2022, a total of 319 cases with two confirmed by culture and two deaths (CFR 0.6%) have been reported. Kisumu has reported more cases (311), followed by Nairobi (7) and Kiambu (1). Response activities are ongoing to control the outbreak									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	14-Aug-22	337 950	337 950	5 673	1,70%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 14 August 2022, 337 950 confirmed COVID-19 cases including 5 673 deaths and 332 098 recoveries have been reported in the country.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	30-Jul-22	1 813	1 632	10	0,60%
Since January 2020, a total of 1 813 visceral leishmaniasis confirmed (1 632 cases) and suspected (181 cases) cases with ten deaths (CFR 0.6%), have been reported in eight counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir and Tharaka Nithi. The outbreak is active in two counties, Kitui and West Pokot									
Kenya	Measles	Ungraded	29-Jun-22	26-Jun-22	30-Jul-22	19	8	0	0,00%
The outbreak has been reported from Marsabit and Wajir Counties. A total of nineteen (19) cases with eight (8) confirmed cases have been reported no death reported.									
Kenya	Yellow fever	Grade 2	3-Mar-22	12-Jan-22	27-Jul-22	117	3	11	9,40%
From 12 Jan to 23 Jul 2022, there were a total of 117 suspected cases of yellow fever including 11 deaths (CFR 9.4%) reported from 10 counties in Kenya. 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 and 12 were classified as probable cases.									
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	11-Aug-22	34 206	34 206	704	2,10%
Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 11 August 2022, a total of 34 206 cases of COVID-19 have been reported, including 33 502 recoveries and 704 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	2-Aug-22	7 578	7 578	294	3,90%
From 16 March 2020 to 2 August 2022, Liberia has recorded a total of 7 578 cases including 294 deaths and 7 222 recoveries have been reported.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	6-Jan-22	27-Jul-22	30	30	8	26,70%
Since the beginning of 2022 up to 27 July 2022, a total of 89 suspected cases of Lassa fever including 30 confirmed and 8 deaths (CFR 26.7%) have been reported in Liberia. Two Counties are currently in an outbreak: Grand Bassa and Bong Counties.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Liberia	Measles	Ungraded	3-Feb-22	1-Jan-22	20-Jul-22	5 923	5 528	71	1,20%
As of 20 July 2022, 5 923 suspected cases, including 5 528 confirmed and 71 deaths (CFR: 1%) were reported from 61 health districts in 15 counties. Of the confirmed cases, 6.7% (369 cases) were laboratory confirmed, 9.1% (503 cases) were clinically confirmed, and 84.0% (4 657 cases) by epidemiological link. The median age of the affected population is 6 years (range: 1 month-67 years).									
Liberia	Monkeypox	Grade 3	21-Jul-22	23-Jul-22	8-Aug-22	2	2	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 8 August 2022, two confirmed cases of monkeypox and 0 deaths were reported.									
Madagascar	Malnutrition crisis	Protracted 2	1-Jul-21	1-Jan-21	8-Jun-22	-	-	-	-
Extreme weather producing droughts during part of the year and heavy rains causing flooding during other parts of the year have contributed to food insecurity issues for an estimated 1.7 million people (32% of the total population) in Madagascar who are projected to face Integrated food security Phase Classification (IPC) 3 or higher during April to August 2022. 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. Food insecurity and malnutrition improved in the first quarter of 2022 following a large scale-up in humanitarian assistance.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	14-Aug-22	66 599	66 599	1 410	2,20%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 14 August 2022, a total of 66 599 confirmed cases including 1 410 deaths have been reported in the country.									
Madagascar	Malaria	Ungraded		30-Jun-22	30-Jun-22	543 994	543 994	68	0,00%
During epi week 22 (ending on 5 June 2022), Madagascar registered 15 576 cases of malaria, including three deaths (CFR 0.02%). From epi week 1-22, 543 994 cases and 68 deaths (CFR 0.01%) have been reported. Since epi week 21 (ending on 29 May 2022), 19 health districts have crossed their epidemic threshold: Ambohidratrimo and Antananarivo Renivohitra in Analamanga region; Taolagnaro in Anosy region; Farafangana in Atsimo Atsinanana region; Mitsinjo in Boeny region; Ambohimahasoa, Fianarantsoa I, Isandra, Lalangina and Vohibato in Haute Matsiatra region; Ivohibe in Ihorombe region; Arivonimamo and Miaramarivo in Itasy region; Ambatomainy, Antsalova and Morafenobe in Melaky region; Morondava in Menabe region; Antanifotsy in Vakinankaratra, and Ifanadiana in Vatovavy region.									
Malawi	Floods	Grade 2	26-Jan-22	26-Jan-22	5-Jun-22	1 000 000		51	0,00%
Malawi is currently responding to the aftermath of the cyclone Ana and Gombe that occurred on 28 January 2022 and 13 March 2022 respectively. 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 is ongoing. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps.									
Malawi	Cholera	Ungraded	3-Mar-22	3-Mar-22	13-Aug-22	1 063	23	44	4,10%
The Malawian Ministry of Health declared a cholera outbreak on 3 March 2022. This was after a case was identified in a 53-years old businessman, resident of Balaka district. Laboratory results by culture confirmed him positive for Cholera on 3 March 2022. As of 13 August 2022, Malawi has reported a total of 1 063 cholera cases with 44 deaths from 10 districts.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	14-Aug-22	87 711	87 711	2 673	3,00%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 14 August 2022, the country has a total of 87 711 confirmed cases with 2 673 deaths.									
Malawi	Poliomyelitis	Ungraded	31-Jan-22	1-Feb-22	10-Aug-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	7-Jul-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	14-Aug-22	31 245	31 245	739	2,40%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 14 August 2022, a total of 31 245 confirmed COVID-19 cases have been reported in the country including 739 deaths and 30 424 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-22	3-Jul-22	2 017	626	1	0,00%
As of 3 July 2022, a total of 2 017 suspected cases of measles and 626 confirmed and one death (CFR 0.1) have been reported in Mali through integrated disease surveillance and response (IDSR) system. A total of 37 out of 75 health districts have confirmed measles outbreak, of which 13 health districts have received vaccines for response. The most affected age group is from 0 to 59 months.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	13-Aug-22	62 705	62 705	992	1,70%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 13 August 2022, a total of 62 705 cases including 992 deaths and 61 578 recovered have been reported in the country.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	11-Aug-22	248 720	248 720	1 014	0,40%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 11 August 2022, a total of 248 720 confirmed COVID-19 cases including 1014 deaths have been 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
Mozambique	Floods	Grade 2	24-Jan-22	26-Jan-22	12-Mar-22	678 237		59	0,00%
On 11 March 2022, a severe tropical cyclone Gombe made landfall over the coastal area of central Nampula province, with maximum sustained winds up to 190km/h. According to the latest information released by the National Institute for Disaster Management and Risk Reduction, to date Gombe has affected 478 237 people (93 497 families), caused 59 deaths, and injured 82 people. These figures on the impact are expected to rise as widespread damage has occurred though in-depth assessments have not yet taken place. This cyclone Gombe follows tropical storm Ana which hit the country in January, and tropical depression Dumako which struck in February. Together, these previous storms have already affected more than 200 000 people in Nampula, Zambezia and Tete provinces.									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	1-Jan-20	31-Mar-22	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. As of 31 Mar 2022, the nationwide estimate of people in need of humanitarian assistance is 622 108 and 266 246 people are displaced by conflict.									
Mozambique	Cholera	Ungraded	23-Mar-22	13-Jan-22	8-Aug-22	3 415	0	15	0,40%
Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 8 August 2022, a total of 3 415 cases and 15 deaths (CFR 0.4%) 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 (193, 5.9%). In Zambezia province, cases have reported from Morrumbala (1 333, 40.9%), Mopeia (589, 18.0%), and Quelimane City (253, 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.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	14-Jul-22	229 836	229 836	2 218	1,00%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 11 August 2022, a total of 229 836 confirmed COVID-19 cases were reported in the country including 2 218 deaths and 227 376 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-21	17-Apr-22	3 599	903	0	0,00%
From week 1 to week 15, 2022 (ending 17 April), a total of 582 suspected cases of measles and zero death have been reported through IDSR (Integrated Disease Surveillance and Response). The cumulative number of the reported cases since January 2021 is now 3 599									
Mozambique	Poliomyelitis (WPV1)	Ungraded	17-May-22	18-May-22	10-Aug-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 10 August, 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	12-Aug-22	169 253	169 253	4 074	2,40%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 4 August 2022, a total of 169 253 confirmed cases with 4 074 deaths have been reported.									
Namibia	Measles	Ungraded	2-Jun-22	6-Jun-22	6-Jun-22	23	5	0	0,00%
On 2 June 2022, the Ministry of Health and Social Services of Namibia notified WHO about a confirmed outbreak of measles in Omusati region, Outapi district. A total of 23 cases are suspected in the region which shares a border with Angola. The majority of suspected cases (14, 61% of total) have been reported from a school in Outapi District, however, Tsandi (8 cases) and Okahao (1 case) Districts have also reported suspected cases. Among the cases, five had positive IgM results for measles. All confirmed/compatible cases are <15 years of age, ranging between 5 months- 12 years. Four of the confirmed/compatible cases are females and two are males.									
Niger	Floods	Ungraded	2-Aug-22	18-Jul-22	8-Aug-22	-	-	-	-
Between 18-31 July 2022, a total of 231 villages/neighbourhoods from six regions (Diffa, Dosso, Maradi, Tahoua, Tillaberi and Zinder) have been affected by heavy rains in Niger. A total of 50 127 people were displaced from 5 625 houses and 801 collapsed huts. There have also been 22 deaths reported from drownings (10) and injuries sustained by debris (12). The regions that have had the most population displacement have been Zinder (28 750 people affected, 57.4% of total displaced), followed by Diffa (7 902, 15.8%), Maradi (5 890, 11.8%), Tillaberi (3 405, 6.8%), Tahoua (2 324, 4.6%) and Dosso (1 856, 3.7%).									
Niger	Humanitarian crisis (Sahel region)	Grade 2	1-Feb-15	1-Feb-15	30-Jun-22	-	-	-	-
There is an increasing number of security incidents reported in the first five months of the year. Since the beginning of May 2022, a total of 16 193 people have been forced to move to the communes of Torodi and Makalondi. More than 17 000 people also have fled Mali to settle in Niger's Tillaberi and Tahoua regions. As of 30 June 2022, a total of 291 629 refugees and asylum seekers, with 69 % coming from Nigeria, 21% from Mali, 5% from Burkina Fasso and 5% from other countries were reported. Furthermore, there are more than 300 000 Internally Displaced Persons and Nigerien returnees.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	7-Aug-22	9 125	9 125	311	3,40%
From 19 March 2020 to 7 August 2022, a total of 9 125 cases with 311 deaths have been reported across the country. A total of 8 779 recoveries have been reported from the country.									
Niger	Measles	Ungraded	5-Apr-22	1-Jan-22	17-Apr-22	6 103	323	6	0,10%
From week 1 to week 15 (ending 17 April) of 2022, a total of 6 103 cases and 6 deaths (CFR: 0.1%) have been reported. Among the eight regions for the country, Agadez has the highest attack rate (59.8 cases per 100 000 inhabitants), followed by Niamey (46.7 cases /100 000). Risk assessment found: 17 districts of 72 for the country at very high risk while 21 districts are at high risk. The response plan is being finalized in order to vaccinate in the 38 high risk and very high-risk districts as well as 11 districts in outbreak but not yet reflected in the risk profile									
Niger	Meningitis	Ungraded		1-Jan-21	22-May-22	1 688	-	76	4,50%
Since early 2021 to week 2, 2022 (ending 16 January 2022), 1 688 cases have been reported with 76 deaths (CFR 4.5%). Two health districts in Zinder region crossed the alert threshold: Dungass with an attack rate of 4.5 cases per 100 000 inhabitants and Magaria with an attack rate of 4.8 cases per 100 000 inhabitants. An analysis of data by sub-districts indicates that some health areas crossed the epidemic threshold on week 49 of 2021 (ending 12 December). Neisseria meningitidis serogroup C is the predominant germ identified in the 2 health districts. A request to the International Coordinating Group for vaccine provision is underway for a vaccine campaign response.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-21	3-Aug-22	26	26	0	0,00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are eight cases in 2022. There were 18 cases reported in 2021.									
Nigeria	Humanitarian crisis (Sahel region)	Grade 2	10-Oct-16	10-Oct-16	1-Apr-22	-	-	-	-
In north-eastern Nigeria, humanitarian needs remain high, with 8.4 million people, including 58% children (4.9 million), requiring humanitarian assistance in 2022. A total of 2.1 million internally displaced persons (IDPs) remain displaced in the three north-eastern states of Borno, Adamawa, and Yobe due to the ongoing conflict. Over 360 000 persons are displaced in three States, with Katsina (173 856) having the highest number of IDPs, followed by Zamfara (123 102) the epicentre of the banditry attacks. Over 81% of the IDPs reside in host communities, while the rest are living in camp like settings.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	12-Aug-22	262 520	262 520	3 147	1,20%
The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 12 August 2022, a total of 262 520 confirmed cases with 256 145 recovered and 3 147 deaths have been reported.									
Nigeria	Lassa fever	Grade 1	1-Jan-21	1-Jan-21	7-Aug-22	917	880	165	18,80%
From week 1 to 31 of 2022 (ending 7 August), a total of 917 Lassa fever cases including 880 confirmed, 37 probable and 165 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18.8% across 25 States. In total, 6 126 cases are suspected in 2022. Of all confirmed cases, 70% are from Ondo (31%), Edo (26%), and Bauchi (13%) States.									
Nigeria	Monkeypox	Grade 3	31-Jan-22	1-Jan-22	7-Aug-22	172	172	4	2,30%
From 1 January to 7 August 2022, Nigeria has reported 473 monkeypox suspected cases. Of these, 172 cases were laboratory confirmed from 27 States: Lagos (20), Ondo (16), Adamawa (13), Rivers (13), Delta (12), Bayelsa (12), Edo (9), Nasarawa (9), Anambra (7), FCT (7), Imo (7), Plateau (6), Taraba (5), Kwara (5), Kano (5), Abia (4), Cross River (3), Borno (3), Oyo (3), Gombe (3), Katsina (2), Kogi (2), Ogun (2), Niger (1), Bauchi (1), Akwa Ibom (1) and Ebonyi (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	15-Jul-22	501	501	0	0,00%
In 2022, 34 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria, including one in week 26 from Taraba State. The date of onset of symptoms of the last reported case was 13 May 2022. There were 410 cVDPV2 cases reported in 2021.									
Nigeria	Undiagnosed disease (movement disorder condition)	Ungraded	21-Jul-22	2-Jun-22	15-Jul-22	10		1	10,00%
An Increase in the report of seizure disorder was noticed among secondary school students of Marymount College Boji-Boji Owa in Ika North East Local Government Area of Delta State and escalated to the State Ministry of Health and World Health Organization on 14 July 2022. The first case of this seizure disorder was noticed among a student of the school in December 2021 and the second on 2 June 2022. Later (between 2nd June and 12th July 2022), 8 more cases were reported among students of the school. The school is about 20m away from a gas refilling station, separated by a fence and about 4m width road. The State rapid response team has activated officers from the Ministry of Oil and Gas to commence an investigation and assessment of the gas refilling station. Plans are ongoing to commence the collection of water samples from the source of drinking water and food samples from the kitchen for investigation. As of 15 July 2022, only one death has been reported among the cases (the patient died when undergoing Magnetic Resonance Imaging (MRI) investigation on 15 June 2022).									
Nigeria	Yellow fever	Grade 2	12-Sep-17	1-Jan-21	14-Jul-22	25	22	0	0,00%
From January to December 2021, a total of 25 yellow fever cases including 22 confirmed and 3 probable cases were reported in Nigeria. From 1 January to 31 May 2022, a total of 814 suspected cases have been reported from 36 states in 345 Local Government Areas. Of these suspected cases reported in 2022, none have been confirmed.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	13-Aug-22	132 355	132 355	1 466	1,10%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 13 August 2022, a total of 132 355 cases with 1 466 deaths and 130 811 recovered cases have been reported in the country. The cumulative number of confirmed cases has been corrected.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	7-Aug-22	6 120	6 120	76	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 7 August 2022, a total of 6 120 confirmed cases of COVID-19 have been reported, including 76 deaths. A total of 6 040 cases have been reported as recoveries.									
Sao Tome And Principe	Dengue	Grade 2	11-Apr-22	15-Apr-22	7-Aug-22	931	931	2	0,20%
Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April-7 August 2022, a total of 931 cases and 2 deaths (CFR 0.2%) have been confirmed via RDT from: Água Grande (655, 70.4%), Mézôchi (125, 13.4%), Lobata (78, 8.4%), Cantagalo (38, 4.1%), Lembá (14, 1.5%), Caué (9, 1.0%), and RAP (12, 1.3%). During week 31 (ending 7 August), there were 24 new cases registered in the country. Água Grande's attack rate is by far the highest (77.7 per 10 000 inhabitants). Those aged 50-59 years are experiencing the highest attack rate at 59.1 cases per 10 000. The 3 main clinical signs are fever (852, 92%), headache (689, 74%) and myalgia (300, 32%).									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	12-Aug-22	87 752	87 752	1 968	2,20%
From 2 March 2020 to 12 August 2022, a total of 87 752 confirmed cases of COVID-19 including 1 968 deaths and 85 574 recoveries have been reported in Senegal.									
Senegal	Measles	Ungraded	4-Jul-22	1-Jan-22	7-Aug-22	296	296	0	0,00%
From epidemic week 1 to 31 of 2022 (ending 7 August), 296 confirmed cases of measles were reported from 44 districts of Senegal, with 23 districts having crossed the epidemic threshold. Of the reported cases, 158 (53.4%) are females; the most affected age group is 1-5 years with 151 cases (51.0%) of which 89.4% were not vaccinated against measles.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	8-Aug-22	45 692	45 692	168	0,40%
Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 8 August 2022, a total of 45 692 cases have been confirmed, including 45 347 recoveries and 168 deaths have been reported.									
Sierra Leone	Anthrax	Ungraded	20-May-22	20-May-22	17-Jun-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 Karene district. Investigation result, reported consumption of dead meat in surrounding communities. There was also prior confirmation of anthrax from tissues collected from some of the affected animals during epi week 19. As of 17 June 2022, a total of six cases were reported including five confirmed cases and one probable case. 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%).									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	7-Aug-22	7 737	7 737	125	1,60%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 7 August 2022, a total of 7 737 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 861 recovered cases.									
Sierra Leone	Lassa fever	Ungraded	12-Feb-21	1-Jan-21	29-May-22	20	20	11	55,00%
From early 2021 to 20 March 2022, a total of 20 cases and 11 deaths (CFR 55%) have been reported due to Lassa fever in Sierra Leone. Cases were reported from Kenema (15), Kailahun (3), and Tonkolili (2) districts since the beginning of 2021. From these cases, 65% were females and 35% were <5 years old. From 2016-2020 Sierra Leone experienced gradually declining trends in annual Lassa fever case totals, however, in 2021, cases doubled compared to 2020 (from 8 total reported in 2020 to 16 total in 2021).									
Sierra Leone	Mass food poisoning	Ungraded	28-Jul-22	28-Jul-22	28-Jul-22	84	84	1	1,20%
Tragedy befell some graduation/birthday party attendants on 26 July 2022 at Momoh Thorley Street in Kenema, 84 people (Males-26, females-55) went unconscious after eating jollof rice, birthday cakes, and drinking ginger. One death, a 1-year old child was registered. Health authorities continue to monitor the situation.									
Sierra Leone	Measles	Ungraded	1-Nov-21	1-Jan-22	11-May-22	379	379	0	0,00%
By 11 May 2022 (Week 19), 12 out of 16 districts reported 379 confirmed measles cases (106 lab confirmed and 273 epi linked; 64% (208) of these cases are below five years, 26.4 % (100) above five years and 18.7%, (71) age missing. Currently, three districts (Western Rural, Western Urban and Port Loko District) are experiencing measles outbreak. Surveillance and immunization activities have been intensified in all districts.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	14-Aug-22	4 008 332	4 008 332	101 982	2,50%
Since the start of the COVID-19 pandemic in South Africa through 14 August 2022, a cumulative total of 4 008 332 confirmed cases and 101 982 deaths have been reported.									
South Africa	Monkeypox	Grade 3	23-Jun-22	23-Jun-22	31-Jul-22	3	3	0	0,00%
From 22 June 2022 to date (14 July), there have been three unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 1) and Limpopo (n = 1) provinces and are males aged 30, 32 and 42 years, respectively. The third confirmed case reported on 10 July 2022 in Limpopo province is an imported case involving a tourist from Switzerland who arrived in South Africa on 02 July 2022. However, he has a history of being in close contact with a suspected/confirmed case of monkeypox on 28 June 2022 in Switzerland and developed signs and symptoms of monkeypox on 02 July 2022 before travelling to South Africa. He developed the mild disease, not requiring hospital treatment and has since returned to Switzerland on 10 July 2022.									
South Sudan	Drought/food insecurity	Grade 3	18-Dec-20	5-Apr-21	7-Aug-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; Cueibet 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. 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, the effects of COVID-19, 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	Humanitarian crisis	Protracted 3	15-Aug-16	15-Aug-16	30-Jun-22	-	-	-	-
The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there is a total of 8.9 million people in need of humanitarian assistance and 2.22 million people internally displaced people as of 30 June 2022. Floods in early 2022 caused many people to become internally displaced as well as problems for water, sanitation, and hygiene conditions in formalized camps and informal settlements. Waters have not receded and are expected to worsen by the forthcoming rainy season.									
South Sudan	Anthrax	Ungraded	25-Apr-22	13-Mar-22	19-Jun-22	87	8	5	5,70%
A total of 87 suspected cases and 5 deaths (CFR 5.7%) 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 - 19 June 2022 from registered hospital patients where the majority of cases have been female (66%).									
South Sudan	Cholera	Ungraded	21-Apr-22	21-Mar-22	7-Aug-22	314	55	1	0,30%
From 19 March to 7 August 2022, 314 cases and 1 death (CFR 0.33%) have been reported from Unity State and Ruweng Administrative Area, however most cases have been reported from the Bentiu IDP camp (279 cases, 89% of cumulative total). A total of 55 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 61% of all cases and children ages 0-4 years have been the most affected age group accounting for 35.7% of all cases. Rubkona county experienced unprecedented floods in 2021 with flood waters persisting up to the end of the current dry season and the flood surface water is often used for bathing and playing.									
South Sudan	COVID-19	Grade 3	5-Apr-20	5-Apr-20	13-Aug-22	17 848	17 848	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 13 August 2022, a total of 17 848 confirmed COVID-19 cases were reported in the country including 138 deaths and 17 513 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	1-Jan-19	19-Jun-22	2 804	104	24	0,90%
The current outbreak in the Bentiu IDP camp is ongoing. As of 19 June 2022, a total of 2 804 cases of hepatitis E including 24 deaths (CFR: 0.9%) have been reported since January 2019. During week 24 (ending 19 June), a total of 53 cases were reported. Approximately 54% of cases are male.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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.									
South Sudan	Measles	Ungraded	23-Feb-22	1-Jan-22	12-Jun-22	535	68	2	0,40%
A measles outbreak was declared by health authorities of South Sudan on 23 February 2022. As of 12 June 2022, eight counties (of 79 counties nationally) have confirmed measles outbreaks (Gogrial West, Raja, Torit, Maban, Tambura, Aweil East, Aweil Centre, Aweil West) since the beginning of this year. Overall, 535 suspected measles cases and two deaths (CFR 0.3%) have been reported countrywide. A total of 68 samples tested positive for measles IgM out of 231 tested. The numbers of the suspected and confirmed cases have been revised from 681 and 421 to 535 and 68 respectively									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	5-Aug-22	38 205	38 205	841	2,20%
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 5 August 2022, a total of 38 205 confirmed cases have been reported in Tanzania Mainland including 841 deaths.									
Tanzania, United Republic of	Leptospirosis	Grade 1	14-Jul-22	5-Jul-22	7-Aug-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 7 August 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.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	31-Jul-22	38 092	38 092	280	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 31 July 2022, a total of 38 092 cases including 280 deaths and 37 672 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	3-Aug-22	17	17	0	0,00%
No cVDPV2 positive environmental sample reported this week. One sample was reported last week, which is the first one in the Country. No cases have been reported in 2021. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.									
Uganda	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	29-Jul-22	-	-	-	-
The latest data from the Integrated Food Security Phase Classification (IPC) indicates that all nine districts in the Karamoja region are classified in IPC Phase 3 (Crisis) with 520,000 facing significant food insecurity. In response, UNICEF completed a nutrition mass screening in Moroto and Kaabong in early June 2022, which found that some 1 in 5 children are malnourished.									
Uganda	Anthrax	Ungraded	26-May-22	16-May-22	19-Jul-22	50		2	4,00%
An anthrax outbreak has been confirmed in Buduba District, Uganda, in early May 2022. As of 19 July 2022, a total of 50 suspected cases have been reported including two deaths (CFR 4%). Two Districts have so far reported human cases: Kween (31 cases and one death) and Buduba (19 cases and one death). Of note, 55 animals have suddenly died in Buduba (30), Namisindwa (9), Manafwa (8), Kween (6) & Mbale City (2) Districts.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	12-Aug-22	169 396	169 396	3 628	2,10%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 12 August 2022, a total of 169 396 confirmed COVID-19 cases with 3 628 deaths were reported.									
Uganda	Floods	Ungraded	31-Jul-22	31-Jul-22	31-Jul-22			8	
On 31 July 2022, floods from Nabuyonga river affected Nabisti and Nakibiso, Namatala and Nkoma affecting many people. Affected persons have presented with severe and minor injuries. Eight deaths have been reported.									
Uganda	Yellow fever	Grade 2	3-Mar-21	2-Jan-22	30-Jul-22	376	1	0	0,00%
There have been 376 suspected cases reported of yellow fever during 2 January-9 July 2022 in Uganda with no deaths reported. Only one case from Wakiso District was classified as a confirmed case after thorough investigation and assessment of laboratory results. The case was confirmed on 18 Feb 2022 and occurred in an unvaccinated female 49-years-old who has since recovered from the disease. Rapid Response Team was activated and deployed in March 2022 to conduct additional investigations in the districts.									
Zambia	Cholera	Ungraded	13-Apr-22	11-Apr-22	24-Jul-22	160	12	0	0,00%
A cholera outbreak was declared in Zambia on 3 May 2022. A total of 160 cases have been registered with no deaths as of 24 July 2022. Three districts are affected: Lusaka, Chilanga and Nsama.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	14-Aug-22	331 925	331 925	4 016	1,20%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 14 August 2022, a total of 331 925 confirmed COVID-19 cases were reported in the country including 4 016 deaths.									
Zambia	Measles	Ungraded		13-Jun-22	24-Jul-22	438	101	3	0,70%
Mushindano district in North-western province is currently responding to a measles outbreak among some social-cultural and religious groupings with low immunisation coverages. As of 24 July 2022, 438 measles cases and 3 suspected deaths have been reported. 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
Zambia	Undiagnosed disease (movement disorder condition)	Ungraded			5-Jul-22	95		0	0,00%
On 27 May 2022, a 13-year-old pupil presented with signs and symptoms of difficulty in walking, weakness, and painful knees and ankles. The case was immediately isolated at the school sickbay and later referred to Kasama General Hospital for further management. On 4 June 2022, the school recorded four more new cases presenting with similar signs and symptoms from another grade 8 dorm. By 8 June 2022, the school had a cumulative of nine pupils isolated in the sickbay. There has been a total number of 95 suspected conditions of which 15 stool samples were collected to rule out AFP since 10 June 2022, with a cumulative of 95 recoveries as of 5 July 2022.									
Zimbabwe	Anthrax	Ungraded	6-May-19	1-Jan-22	22-May-22	61	0	0	0,00%
The anthrax outbreak is ongoing in Zimbabwe. No new cases were reported in Week 20 of 2022 with the cumulative for the year being 61. The cases were reported by Gokwe North District and Gokwe South District in Midlands Province. This outbreak started in Week 36 of 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. 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	21-Jul-22	256 217	256 217	5 570	2,10%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 21 July 2022, a total of 256 217 confirmed COVID-19 cases were reported in the country including 5 570 deaths and 250 112 cases that recovered.									
Zimbabwe	Measles	Ungraded	29-Apr-22	19-May-22	19-Jul-22	421		38	9,00%
A measles outbreak has been ongoing in Mutasa district, Zimbabwe since 10 April 2022. As of 19 July, a total of 421 cases with 38 deaths have been recorded in Mutasa District; 55 (13.0%) are vaccinated against measles, 330 (78.4%) are not vaccinated and 36 (8.6%) have unknown vaccination status.									
Closed Events									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	24-Apr-22	133	133	0	0,00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases reported in 2020. The total number of cases reported in 2019 remains 138.									
Democratic Republic of the Congo	Suspected Meningitis (Gombari health Zone)	Ungraded	31-May-22	20-May-22	27-Jul-22	173	1	21	12,10%
From 20 May 2022 (week 20) to 27 July 2022 (week 31), a total of 173 cases and 21 deaths (CFR 12.1%) have been reported. Among the 81 CSF samples tested only one tested positive for <i>Neisseria Meningitidis</i> . No death registered since week 23 (ending 12 June) and since week 29 (ending 24 July) no health area crossed the epidemic threshold in the Gombari health zone. The meningitis technical team suggested to close this event.									
Madagascar	Floods	Ungraded	19-Jan-22	16-Jan-22	8-Jun-22	571 000		214	0,00%
Heavy rains in Madagascar from multiple weather systems (Tropical Storm (TS) Ana, Cyclone Batsirai, TS Dumako, Cyclone Emnati, TS Gombe, and TS Jasmine) caused floods in parts of the country. The TS Ana weather system affected the country during week 3 of 2022, Cyclone Batsirai occurred in week 5, TS Dumako in week 7, Cyclone Emnati in week 8, TS Gombe in week 10, and TS Jasmine in week 16. As of 8 June 2022, there have been 571 000 victims affected including 214 deaths by the six tropical cyclones in 18 regions though Analamanga area was most affected. With increase in malaria cases since week 17; In week 20, 19/114 districts in 4 regions were in epidemic phase and 21/114 were in alert phase in 2 regions. A total of 172 000 persons displaced by the effects of these Cyclones.									
Tanzania, United Republic of	Cholera	Ungraded	25-Apr-22	14-Apr-22	7-Aug-22	341	40	6	1,80%
On 25 April 2022, the Ministry of Health notified WHO of an outbreak of cholera in Kigoma and Katavi Regions. The last case was reported in Kigoma Region on 22 May 2022. The outbreak is currently confined to Tanganyika District in Katavi Region. From 14 April to 7 August 2022, 341 cumulative cases and six deaths (CFR 1.8%) have been reported from the Districts of Tanganyika in Katavi Region (215 cases, six deaths, CFR 2.8%) and Uvinza in Kigoma Region (126 cases and zero death). In Katavi Region, a total of 78 samples were tested among which 40 were confirmed positive for <i>Vibrio cholerae</i> . It is now over 59 days with no new case from Katavi. About 24.7% of cases reported are aged between 21-30 years.									

†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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Correspondence on this publication may be directed to:

Dr Etien Luc Koua

Programme Area Manager, Health Emergency Information and Risk Assessment Programme.

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

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Contributors

Sinesia Lucinda JOSE SITAO
(Mozambique)

Severin RITTER VOV XYLANDER
(Mozambique)

A. Moussongo

Editorial Team

G. Sie Williams
J. Nguna
J. Kimenyi
O. Ogundiran
F. Kambale
R. Mangosa Zaza
J. Njingang Nansseu
V. Mize
C. Okot

Production Team

T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group

Dr. Salam Gueye, *Regional Emergency
Director*

E. Koua
D. Chamla
F. Braka

Data sources

Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.