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

- Monkeypox in the WHO African Region
- Yellow fever in West, Central and East Africa
- COVID-19 in the African Region

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

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

**Major issues and challenges include:**

- The number of confirmed monkeypox cases has drastically increased within the past week. Eleven countries have confirmed monkeypox outbreaks in Africa since the start of the outbreak. All cases reported in the past week are from three countries that previously notified monkeypox cases; Ghana, Nigeria and Morocco. WHO continues to provide the necessary support to improve surveillance and laboratory capacity, including genomic surveillance in affected countries.

- The immunization coverage for yellow fever has been suboptimal in most of the countries in the WHO African region prone to yellow fever and in specific populations. According to WHO and UNICEF estimates, in 2021, the routine childhood vaccination immunization coverage for yellow fever in the African region was 47%. This is much lower than the 80% threshold required to confer population immunity against yellow fever, indicating that a large population remains susceptible to yellow fever with a risk of continued transmission. Furthermore, many countries in West, Central, and East Africa have been facing political instability and insecurity, in addition to concurrent outbreaks (including COVID-19, Ebola virus disease, cholera, meningitis, malaria, monkeypox, chikungunya, plague, Lassa fever, etc.). These could contribute to delayed case investigation and hinder the surveillance and response efforts against yellow fever.
The number of newly confirmed monkeypox cases has continued to increase in African countries since January 2022. Between August 28 and 4 September 2022, the number of confirmed monkeypox cases increased by 12.7% (59), with one additional death reported in Ghana. Within this period, three countries reported new cases, including Nigeria (48), Ghana (9) and Morocco (2). In Africa, 11 countries have reported monkeypox cases, (Nigeria (220), Democratic Republic of the Congo (DRC) (195), Ghana (76), Cameroon (7), South Africa (5), Benin Republic (3), Central Africa Republic (CAR) (3), Congo (3), Morocco (3), Liberia (2), and Sudan (2).

Nigeria (42.0%), DRC (37.2%) and Ghana (14.5%) remain the top three countries reporting the highest number of cases, accounting for 95.0% of all confirmed cases. More than half (59%) of monkeypox cases in Africa are males with an average age of 21 years.

In the past week, Ghana recorded the fourth death, making a total of 10 deaths in Africa. Nigeria (4), Ghana (3), and CAR (2). The number of Monkeypox cases and deaths in Africa represents 1.0% and 58.8% of global cases and fatalities, respectively. No new country has reported a monkeypox case in the previous week.

Between 1 January and 4 September 2022, 51 163 laboratory-confirmed and 302 probable Monkeypox cases were reported globally. Similarly, 17 deaths were reported from Belgium (1), Brazil (1), Cuba (1), Ecuador (1), India (1), CAR (2), Spain (2), Ghana (4), and Nigeria (4) across all six WHO regions. WHO Region of the Americas (27 803; 54.3%) and European region (22 648; 44.3%) reported the highest number of cases. The top ten countries with the highest number of Monkeypox cases include the United States of America (18 303), Spain (6 543), Brazil (4 876), France (3 558), Germany (3 480), The United Kingdom (3 413), Peru (1 496), Canada (1 228), Netherlands (1 166), and Portugal (846).

WHO has developed a policy response tracker to understand better the characteristics of response measures put in place by countries and their impact on epidemic trends. Daily tracking, monitoring and response to rumours and misinformation of monkeypox is currently ongoing in Nigeria. WHO continues to provide technical assistance to countries to enhance their readiness to respond to potential monkeypox outbreaks promptly and effectively. Liberia to conduct refresher training for surveillance officers and laboratory technicians on case detection and specimen collection. A dedicated monkeypox incident management support system has been established at AFRO and in the respective countries to strengthen coordination and harmonize the response. Standard and community case definitions for monkeypox have been incorporated into the priority diseases list and reporting tools and disseminated to various levels of the healthcare systems to enhance surveillance. Surveillance technical guidelines and reporting tools have been developed and disseminated to all countries to facilitate case detection, reporting, case investigations, contact tracing and follow-up. A system for proactive information and data gathering using the Epidemic Intelligence from Open Sources platform was established to improve signal detection and verification with the national authorities. An epidemiology analytics cell has been established at AFRO to improve data capture, management, analysis, interpretation and use of the resulting information for decision-making.
SITUATION INTERPRETATION

No new country reported a Monkeypox case in Africa in the past seven days. One new death was reported in Ghana. Nigeria, DRC, and Ghana continue to report the highest disease burden. New weekly cases were reported from two countries in the WHO African region, Nigeria and the Democratic Republic of Congo. More than half of the confirmed monkeypox cases are males. Improved case investigations and testing of suspected cases are required. WHO is providing necessary support to enhance surveillance and laboratory capacity, including genomic surveillance in affected countries.

Distribution of cases of Monkeypox in the WHO African Region, as of 4 September 2022

Map production:
Health Information and Risk Assessment
Emergency Preparedness and Response
Regional office for Africa
World Health Organization
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Legend
Cases
Deaths
Status of countries
Affected
Not-affected
Not applicable

Cabo Verde
Comoros
Mauritius
Sao Tome and Principe
Seychelles

Go to overview
Go to map of the outbreaks
**EVENT DESCRIPTION**

In 2021, nine African countries – Cameroon, Central African Republic, Chad, Côte d’Ivoire, Democratic Republic of Congo, Gabon, Ghana, Nigeria, and Republic of the Congo, reported a total of 151 confirmed cases of yellow fever. Of these nine countries, six continue to report confirmed cases of yellow fever with ongoing transmission in 2022, while Côte d’Ivoire and Nigeria have reported probable cases and Gabon has not reported further probable or confirmed cases since 2021.

In 2022, two additional countries, Kenya and Uganda, have reported confirmed cases of yellow fever. From 1 January to 26 August 2022, a total of 33 confirmed cases of yellow fever were reported from eight African countries including Central African Republic (33%, 11 cases), Cameroon (24%, eight cases), Democratic Republic of Congo (13%, four cases), Kenya (9%, three cases), Chad (6%, two cases), Republic of the Congo (6%, two cases), Uganda (6%, two cases), and Ghana (3%, one case).

Ten countries – Cameroon, Central African Republic, Chad, Côte d’Ivoire, Democratic Republic of Congo, Ghana, Kenya, Niger, Nigeria, and Republic of the Congo – have also reported a total of 274 probable cases of yellow fever from 1 January 2021 to 26 August 2022.

The majority of cases over the entire period were reported in the last quarter of 2021, with Ghana reporting around 33% of all confirmed cases. Of the 184 confirmed cases reported from 1 January 2021 to 26 August 2022, 73% are aged 30 years and below, and the male-to-female ratio is 1.2. The case count and the number of outbreaks are anticipated to continue evolving as the Region enters the seasonal period when there is often an increase in cases notified.

**PUBLIC HEALTH ACTIONS**

WHO is providing coordination and technical support to countries in conducting comprehensive investigations and outbreak response. Response measures by affected countries include:

- WHO is supporting national authorities with field investigations, including training of health personnel on yellow fever case investigation, review of case investigation reports, and undertaking case classification sessions to ascertain the epidemiological classification of yellow fever cases.
- The Eliminate Yellow Fever Epidemics strategy continues to support international shipment of yellow fever samples to regional reference laboratories since 2019, as well as ongoing laboratory testing and capacity building.
- Data management activities have been strengthened.
- As part of the outbreak response to the reported cases, there have been seven reactive vaccination campaigns (RVC), two in Ghana, two in Chad, and one each in Central African Republic, Cameroon, and Kenya.

From 1 January 2021 to 26 August 2022, a total of 3 991 568 persons have been vaccinated with support from the International Coordination Group.

An additional RVC has been approved by ICG for implementation in Central African Republic and is expected to launch in September 2022 with a target of 345 920 people.

Preventive mass vaccination campaigns (PMVC) target areas at high risk of virus transmission and inadequate population immunity. In total, approximately 80 million people are expected to be protected by PMVC in 2022.

Of the countries affected in this outbreak, Nigeria (in select States) and the Republic of the Congo have begun their PMVC this year; the Democratic Republic of the Congo and Uganda have also planned vaccination activities in the last quarter of 2022.

**SITUATION INTERPRETATION**

According to the Eliminate Yellow fever Epidemics strategy, 27 countries in the African region are high-risk countries for yellow fever based on timing and intensity of yellow fever virus transmission, transmission potential and assessment of urban risk. Re-emergence of yellow fever was reported in 2020 with two outbreaks in West African countries with history of mass vaccination (in Guinea and Senegal, now contained). Since late 2021, the situation has intensified with 12 countries across the region reporting probable and confirmed cases.
Distribution of cases of yellow fever in the Western, Central and Eastern Africa, as of 26 August 2022
EVENT DESCRIPTION

COVID-19 has been confirmed in 8,790,770 people in the WHO African region from the beginning of the pandemic until September 4, 2022. The region reported a total of 5,348,384 cases last year (2021) and 1,532,617 cases have been reported from January 2022 to September 4, 2022 having the lowest number of laboratory-confirmed cases so far this year at 40,958. Last week (ending 4 September), 26 countries in the region reported 3,683 new COVID-19 cases, compared to 7,171 in the previous week (ending 28 August) for 38 reporting countries, suggesting a 13% week-on-week reduction.

Ten countries have shown an increase in the number of weekly new cases compared to the previous week, including Guinea-Bissau (328.9%), Lesotho (500%), Mali (358%), Democratic Republic of Congo (67%), Cameroon (55%), Chad (42%), Madagascar (27%), Rwanda (22%), Zambia (12%), and Sao Tome and Principe (6%).

When considering the number of new COVID-19 cases in relation to the total population, the islands of Seychelles and Mauritius have a very high incidence. However, the countries have adequate resources to deal with the current situation. In Cameroon, the number of patients hospitalized for COVID-19 in Cameroon has increased slightly in the past two weeks, as the country experiences a surge. Nonetheless, hospital and intensive care unit admissions continue to decline in most countries that have seen rises in recent weeks.

The following five countries accounted for 75% of the 3,683 new cases reported in the last 7 days: South Africa 40% (1,455), Nigeria 12% (460), Mali 8% (298), Zambia 8% (295), and Algeria 7% (249).

The total number of COVID-19-associated deaths currently stands at 173,296 with a case fatality rate of 2% in the region. Considering the 26 reporting countries, 34 new fatalities occurred in the last 7 days, including 24 (71%) in South Africa, 3 (9%) in Zimbabwe, and 2 (6%) in Cote d’Ivoire. In the previous week (ending 28 August 2022), 36 new deaths associated to COVID-10 were reported in the WHO African region.

Since the start of the epidemic, the following five nations have reported the highest cumulative number of deaths attributable to COVID-10: South Africa accounted for 102,108 fatalities (59%) while Ethiopia accounted for 7,572 (4%), Algeria for 6,879 (4%), Kenya for 5,674 (3%) and Zimbabwe for 5,596 (3%).

The five countries with the highest number of COVID-19-related deaths per million populations are Seychelles (472,020), Mauritius (204,076), Botswana (133,034), South Africa (68,527), and Namibia (66,811).

SITUATION INTERPRETATION

For the sixth week in a row, weekly COVID-19 incidence has continued to decrease across African region, indicating that the pandemic situation is stabilizing in many African countries.

In the previous week, only Niger has experienced a resurgence, while Gambia, Cameroon, Chad, Liberia, Mali, Mauritius, and Seychelles are on full alert. WHO is engaged in developing a transition framework with key specific recommendations to accompany the member states in developing and implementing response plans adapted to the current dynamic of the pandemic. WHO also recommends that Member States integrate COVID-19 vaccination with other scheduled route immunization programs at regular intervals in order to increase vaccination uptake in countries.
### Weekly Lab confirmed COVID-19 new cases and change over the last 7 days

<table>
<thead>
<tr>
<th>Country</th>
<th>08-14 August</th>
<th>15-21 August</th>
<th>22-28 August</th>
<th>29 August</th>
<th>Weekly change</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 September</td>
<td>1 461</td>
<td>1 545</td>
<td>1 480</td>
<td>1 480</td>
<td>-4%</td>
</tr>
<tr>
<td>South Africa</td>
<td>1 461</td>
<td>1 545</td>
<td>1 480</td>
<td>1 480</td>
<td>-2%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>635</td>
<td>392</td>
<td>495</td>
<td>460</td>
<td>-7%</td>
</tr>
<tr>
<td>Mali</td>
<td>9</td>
<td>15</td>
<td>65</td>
<td>298</td>
<td>-35%</td>
</tr>
<tr>
<td>Zambia</td>
<td>1 505</td>
<td>250</td>
<td>263</td>
<td>295</td>
<td>12%</td>
</tr>
<tr>
<td>Algeria</td>
<td>887</td>
<td>664</td>
<td>389</td>
<td>249</td>
<td>-36%</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>439</td>
<td>303</td>
<td>186</td>
<td>181</td>
<td>-3%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>262</td>
<td>215</td>
<td>164</td>
<td>105</td>
<td>-36%</td>
</tr>
<tr>
<td>Burundi</td>
<td>786</td>
<td>515</td>
<td>224</td>
<td>83</td>
<td>-63%</td>
</tr>
<tr>
<td>Togo</td>
<td>94</td>
<td>72</td>
<td>84</td>
<td>79</td>
<td>-6%</td>
</tr>
<tr>
<td>Kenya</td>
<td>97</td>
<td>97</td>
<td>114</td>
<td>74</td>
<td>-35%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>52</td>
<td>89</td>
<td>76</td>
<td>65</td>
<td>-14%</td>
</tr>
<tr>
<td>Senegal</td>
<td>137</td>
<td>208</td>
<td>108</td>
<td>64</td>
<td>-41%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>191</td>
<td>114</td>
<td>67</td>
<td>61</td>
<td>-9%</td>
</tr>
<tr>
<td>Chad</td>
<td>5</td>
<td>14</td>
<td>33</td>
<td>47</td>
<td>42%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>32</td>
<td>31</td>
<td>27</td>
<td>33</td>
<td>22%</td>
</tr>
<tr>
<td>Niger</td>
<td>14</td>
<td>64</td>
<td>126</td>
<td>28</td>
<td>-78%</td>
</tr>
<tr>
<td>Uganda</td>
<td>180</td>
<td>91</td>
<td>119</td>
<td>26</td>
<td>-78%</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>40</td>
<td>35</td>
<td>21</td>
<td>18</td>
<td>-14%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>42</td>
<td>16</td>
<td>11</td>
<td>14</td>
<td>27%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>22</td>
<td>17</td>
<td>14</td>
<td>10</td>
<td>-29%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>51</td>
<td>31</td>
<td>22</td>
<td>10</td>
<td>-55%</td>
</tr>
<tr>
<td>Malawi</td>
<td>94</td>
<td>72</td>
<td>51</td>
<td>8</td>
<td>-84%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>16</td>
<td>39</td>
<td>13</td>
<td>7</td>
<td>-46%</td>
</tr>
<tr>
<td>Liberia</td>
<td>79</td>
<td>103</td>
<td>56</td>
<td>7</td>
<td>-88%</td>
</tr>
<tr>
<td>Comoros</td>
<td>53</td>
<td>20</td>
<td>25</td>
<td>5</td>
<td>-80%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>18</td>
<td>13</td>
<td>5</td>
<td>1</td>
<td>-80%</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>0</td>
<td>9</td>
<td>305</td>
<td>NR</td>
<td>3 289%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>6</td>
<td>36</td>
<td>NR</td>
<td>NR</td>
<td>500%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>45</td>
<td>46</td>
<td>77</td>
<td>NR</td>
<td>67%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>685</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>55%</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>0</td>
<td>16</td>
<td>17</td>
<td>NR</td>
<td>6%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>NR</td>
<td>0%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>249</td>
<td>258</td>
<td>239</td>
<td>NR</td>
<td>-7%</td>
</tr>
<tr>
<td>Gambia</td>
<td>73</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>-18%</td>
</tr>
<tr>
<td>Mauritius</td>
<td>2 347</td>
<td>2 359</td>
<td>1 849</td>
<td>NR</td>
<td>-22%</td>
</tr>
<tr>
<td>Botswana</td>
<td>26</td>
<td>14</td>
<td>NR</td>
<td>NR</td>
<td>-46%</td>
</tr>
<tr>
<td>Namibia</td>
<td>63</td>
<td>31</td>
<td>8</td>
<td>NR</td>
<td>-74%</td>
</tr>
<tr>
<td>Ghana</td>
<td>89</td>
<td>108</td>
<td>15</td>
<td>NR</td>
<td>-86%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>33</td>
<td>35</td>
<td>3</td>
<td>NR</td>
<td>-91%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>160</td>
<td>NR</td>
<td>229</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td>NR</td>
<td>NR</td>
<td>174</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Gabon</td>
<td>43</td>
<td>0</td>
<td>14</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Congo (Republic of)</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Guinea</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11 024</strong></td>
<td><strong>7 940</strong></td>
<td><strong>7 171</strong></td>
<td><strong>3 683</strong></td>
<td></td>
</tr>
</tbody>
</table>

*NR: Not reported*
### New Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>West Nile fever</td>
<td>Ungraded</td>
<td>29-Aug-22</td>
<td>9-Jul-22</td>
<td>30-Aug-22</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0,00%</td>
</tr>
</tbody>
</table>

The Ministry of Health of Algeria notified a confirmed case of West Nile fever (WNF) in an 11-year-old female child, resident of Tougourt city. The onset of symptoms was 9 July with fever, headache, stiff neck and vomiting. She was admitted to Tougourt hospital the same day for treatment. The diagnosis of WNF was confirmed on 21 July 2022 by the National Reference Laboratory for Arboviruses and Emerging Viruses of the Institut Pasteur in Algeria. The child was discharged from the hospital on 15 July 2022 after recovery. No additional cases have been reported as of yet.

| Mauritania | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 31-Aug-22 | 29-Aug-22 | 31-Aug-22 | 1 | 1 | 1 | 100,00% |

The Mauritanian Ministry of Health reported a new confirmed case of Crimean-Congo haemorrhagic fever (CCHF) on 29 August 2022. The patient was a 28-year-old pregnant woman from the locality of Diabbi located 2 kilometers from M’Bagne city in Brakna region. She presented with a febrile syndrome during the prenatal consultation on 28 August 2022 and a sample was taken the same day. CCHF was confirmed on 29 August 2022 by polymerase chain reaction at the Institut National de Recherche en Santé Publique (INRSP).

### Ongoing Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>4-Sep-22</td>
<td>270 443</td>
<td>270 443</td>
<td>6 879</td>
<td>2,50%</td>
</tr>
</tbody>
</table>

From 25 February 2020 to 4 September 2022, a total of 270 443 confirmed cases of COVID-19 with 6 879 deaths have been reported from Algeria, with 182 067 recovered.

| Algeria | Poliovirus type 2 (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 Ministry of Health of Algeria notified a confirmed case of Circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) on 11 April 2022 to WHO. As of 1 September 2022, a total of 16 393 cases have been reported in the country including 2 778 deaths.

| 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 | 21-Aug-22 | 27 490 | 27 490 | 163 | 0,60% |

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 21 August 2022, a total of 27 490 cases have been reported in the country, with 163 deaths and 27 217 recoveries.

| Benin | Monkeypox                     | Grade 3 | 14-Jun-22 | 29-Aug-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 in Dakar, which confirmed the three samples positive on 14 June 2022. Epidemiological investigations are ongoing.

| Benin | Poliovirus type 2 (cVDPV2) | Grade 2 | 8-Aug-19 | 24-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 | 1-Sep-22 | 325 864 | 325 864 | 2 778 | 0,90% |

On 30 March 2022, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 1 September 2022, a total of 325 864 confirmed COVID-19 cases were reported in the country including 2 778 deaths.
Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated due to attacks by armed groups. A total of 30 000 people from Sebban town face a deteriorating food security situation after a month of blockade by armed groups preventing food supplies. Access to health services remains a challenge for the population in affected areas. There are 192 non-functional health facilities and 353 facilities that function at a minimum level of their capacity.

Burkina Faso  COVID-19 Grade 3 10-Mar-20 9-Mar-20 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.

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.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 31 August 2022, the total number of confirmed COVID-19 cases is 49 370, including 15 deaths and 48 578 recovered.

Burundi COVID-19 Grade 3 31-Mar-20 18-Mar-20 31-Aug-22 49 370 49 370 15 0,00%

Cameroon COVID-19 Grade 2 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-Danyan and Logone & Chari since mid-April 2022.

Cameroon COVID-19 Grade 3 6-Mar-20 6-Mar-20 3-Sep-22 62 328 62 328 410 0,70%

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 3 September 2022, a total of 62 328 confirmed COVID-19 cases including 410 deaths and 61 843 recoveries were reported in the country.
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.

The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 17 August 2022, a total of 14,861 confirmed cases, 113 deaths and 14,520 recovered were reported.

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 IDS 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.)

As of 31 August 2022, the Central African Republic has so far recorded 17 suspected cases of monkeypox including eight confirmed cases and two deaths (CFR 11.8%). The confirmed cases were reported from three health districts: Mbaiki, Alindao and Bimbo.

More than 2.1 million people are in food and nutrition insecurity in Chad. The decline in agro-pastoral productivity is affecting the nutritional status of the populations. According to OCHA, more than 1.5 million of the most vulnerable people are at risk of not receiving assistance. Chad experienced flooding due to heavy rains starting from April 2022, and affected more than 340,000 people across 11 regions. The Capital, N'Djamena and the Southern region (Logone oriental and Occidental, Mayo Kebbi Est, Mayo Kebi Ouest, Salamat and Sila) are the most affected. The affected population urgently needs food, NFIs, shelter and healthcare assistance.

As of 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.

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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 Cameroon. 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.

As of week 32 of 2022 (ending 14 August), Chad reported a total of 2,640 suspected measles cases through the aggregate reporting system; Eight districts have had lab confirmed measles outbreaks at some point since January 2022: N’Djamena Sud, Bongor, N’Djamena Centre, N’Djamena 9ème, Oum Hadjer, N’Djamena Est, Abougoumad and Boussa.

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.

On 15 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mando 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.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 24 August 2022, a total of 8,445 confirmed COVID-19 cases, including 161 deaths and 8,259 recoveries were reported in the country.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 7 August 2022, a total of 24,837 cases including 386 deaths and 23,644 recovered cases have been reported in the country.
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.

**Response Interventions**

Since the beginning of 2022, response vaccination, Vitamin A supplementation and deworming are planned. From week 1 to week 22, 2022 (ending 12 June), a total of 214 lab confirmed measles cases and 6 314 epidemiologically linked or 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.

**Case-Based Surveillance**

As of Epi-Week 28 of 2022 (ending 17 July), 8 357 suspected cholera cases including 132 deaths (CFR: 1.6%) were recorded in 63 health zones across 12 provinces of the Democratic Republic of Congo. Suspected cases have mostly been reported from South Kivu (3 082), Haut-Lomami (1 686), Tanganyika (1 602), and North Kivu (1 508). The overall national incidence is 13 cases per 100 000 inhabitants. From a total of 3 185 samples analysed since the beginning of the year 12 provinces of the Democratic Republic of Congo. Suspected cases have mostly been reported from South Kivu (3 082), Haut-Lomami (1 686), Tanganyika (1 602), and North Kivu (1 508). The overall national incidence is 13 cases per 100 000 inhabitants. From a total of 3 185 samples analysed since the beginning of the year 12 provinces of the Democratic Republic of Congo. Suspected cases have mostly been reported from South Kivu (3 082), Haut-Lomami (1 686), Tanganyika (1 602), and North Kivu (1 508). The overall national incidence is 13 cases per 100 000 inhabitants. From a total of 3 185 samples analysed since the beginning of the year.

**Humanitarian Crisis**

Since the beginning of 2022 more than 877K people have been in a situation of internal displacement. Total IDPs in the DRC is nearly 4.86 million. The main causes of displacement are armed attacks and clashes (4.1 million or 83.3% of all displacements), land and inter-community conflicts (609K or 12.5% of all displacements) and natural disasters (182K or 3.7% of all displacements). About 90.0% (4.4 million) of IDPs are hosted with host families and the remaining 10.0% (490K) are in sites. The provinces of North Kivu and Ituri have received the largest number of returnees over the past 3 months. Since 2 August 2022, the conflict between the FARDC and the armed group M23 has caused the displacement of approximately 15K people from the localities of Kanombe, Kabaya, Nkokwe, Rubumba to the localities of Rumangabo, Katale, Bushenge and Bugomba on the Goma Rutshuru axis. The humanitarian community notes that more than 210K people are in need, the majority of whom are concentrated in the territories of Rutshuru (170K IDPs). 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.

**Cholera**

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 92 633 confirmed cases and two probable case, including 1 400 deaths have been reported. A total of 83 504 people have recovered.

**Ebola Virus Disease**

The new Ebola virus disease outbreak recently declared by the Democratic Republic of the Congo health authorities on 21 August 2022 in the North-Kivu province is now at its thirteenth day as of 28 August 2022, with no new confirmed case reported since the first confirmed case was reported on 15 August 2022, a 46-year-old woman, who died on 15 August after 23 days of admission at General Referral Hospital of Beni and unsafely buried on 16 August 2022 by her family, with a case fatality ratio (CFR) of 100%. Only one Health zone (Beni) and one health area, (Butanuka)are affected by this outbreak at the moment.

**Measles**

From 1 January – 14 August 2022, the Democratic Republic of the Congo reported 2 877 suspected cases including 195 confirmed cases from 134 health zones across 22 provinces. The most affected provinces in 2022 are Sankuru (1 190), Tshopo (434), Maniema (232), and Tshaua (184). At least 196 of the cases sampled were confirmed positive for monkeypox virus infection.

**Monkeypox**

Between epidemiological weeks 1-32 of 2022, 576 cases of suspected bubonic plague have been reported with 9 deaths (CFR 1.6%). All cases have been reported from the Rethy health zone in Ituri Province. Lokpa health area has reported the majority of suspected cases (444, 77.1%) in 2022.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tr>
<td>Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Mar-22</td>
<td>1-Jan-22</td>
<td>12-Jun-22</td>
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<td>Monkeypox</td>
<td>Grade 3</td>
<td>23-May-22</td>
<td>1-Jan-22</td>
<td>31-Jul-22</td>
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<td>31-Mar-22</td>
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<td>Protracted 3</td>
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<td>17-Apr-17</td>
<td>14-Aug-22</td>
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<td>3-Jan-22</td>
<td>14-Aug-22</td>
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<td>1-Jan-22</td>
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<td>14-Aug-22</td>
<td>576</td>
<td>-</td>
<td>9</td>
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The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 31 August 2022, a total of 16 860 cases have been reported in the country with 183 deaths and 16 623 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 28 August 2022, a total of 10 154 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 046 patients have recovered from the disease.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 4 September 2022, a total of 73 368 cases have been reported with 1 422 associated deaths.

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) and Crisis (IPC Phase 3) outcomes will likely be widespread in northern, central, southern, and southeastern Ethiopia.

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 Tigray regional forces have agreed to a humanitarian ceasefire to negotiate standing peace.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 493 144 cases of COVID-19 as of 28 August 2022, with 7 571 deaths and 471 532 recoveries.

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 10 districts are currently experiencing confirmed measles outbreak.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 6 August 2022, there were 28 cases including 10 deaths, and 11 745 recoveries have been reported in the country.

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.

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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of cases in 2022 remains 73. There were 28 cases in 2021.
On 1 August 2022, 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 67 years.

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.

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 Institute Pasteur in Dakar for confirmation, one turned positive for MVD. Following the confirmation of this case of MVD, 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. All contacts identified have completed the 21-day follow-up.

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-28 August 2022, there have been 373 suspected cases, including 56 confirmed and three deaths reported from nine of the 16 administrative regions. Most of the positive cases were reported from the Greater Accra region. Of the confirmed cases, 33 (58.9%) are males; 23 are females (41.1%). The age of confirmed cases ranges from 4 months to 67 years (min-max).

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 recoveries and 175 deaths have been reported in the country. The first confirmed case was reported from Conakry through Integrated disease surveillance and response.

The Ministry of Health in Guinea-Bissau reported the first COVID-19 confirmed case in the country. As of 28 August 2022, the country has reported 8 796 confirmed cases of COVID-19 including 8 301 recoveries and 175 deaths.

On 25 March 2020, the Ministry of Health of Guinea-Bissau reported the first COVID-19 confirmed case in the country. As of 28 August 2022, the country has reported 8 796 confirmed cases of COVID-19 including 8 301 recoveries and 175 deaths.

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.

Between 30 May and 7 August 2022, 11 suspected Anthrax cases and one confirmed have been reported in Kenya. No death reported so far, cases are reported from different counties including Kakamega. Among the five samples collected, one tested positive for Anthrax.

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%).

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 28 August 2022, 338 161 confirmed COVID-19 cases including 367 753 recoveries and 445 deaths have been reported in the country.
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.

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 33502 recoveries and 704 deaths.

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.

From 12 January to 25 August 2022, there were a total of 123 suspected cases of yellow fever including 11 deaths (CFR 8.9%) 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.

From 16 March 2020 to 29 August 2022, Liberia has recorded a total of 7898 cases including 294 deaths and 7482 recoveries have been reported.

Since 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.

Since January 2020, a total of 1,813 visceral leishmaniasis confirmed (1,532 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.

Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

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 and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps.

Malawi needs food aid, a 50% increase from last year.
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 4 September 2022, a total of 31 623 confirmed COVID-19 cases have been reported in the country including 739 deaths and 30 534 recoveries.

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.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 3 September 2022, a total of 62 770 cases including 993 deaths and 61 745 recovered have been reported in the country.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 15 August 2022, a total of 254 400 confirmed COVID-19 cases including 1020 deaths have been reported in the country.

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.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 24 August 2022, a total of 230 019 confirmed COVID-19 cases were reported in 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.

Cholera outbreak has been reported from Sofala and Zambézia provinces of Mozambique. From 13 January to 23 August 2022, a total of 3 470 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%), Chema (36, 1.1%), and Marromeu districts (274, 5.9%). In Zambézia province, cases have reported from Morrumbala (1 333, 34.8%), Moqueira (589, 16.0%), and Quelimane City (386, 5.9%) districts. A total of 63 samples have been tested, of which 41 have returned positive for cholera by rapid diagnostic test (RDT) and 16 turned positive by culture. Response activities are ongoing.

The first COVID-19 confirmed case in Namibia was detected in Namibia on 14 March 2020. As of 1 September 2022, a total of 166 675 confirmed cases with 4 077 deaths have been reported.

From week 1 to week 15 (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.

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 31 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.

On 30 May 2022, the Ministry of Health and Social Services of Namibia notified WHO about a confirmed outbreak of measles in Omusati region, Otavi 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 Otavi District, however, Tsandi (8 cases) and Ondada (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.

On 2 January to 23 August 2022, a total of 9 329 cases with 312 deaths have been reported. Furthermore, there are more than 247 648 Internally Displaced Persons and Nigerien returnees.

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 Tillabéri and Tahoua regions. As of 31 July 2022, a total of 293 256 refugees and asylum seekers, with 69% coming from Nigeria, 21% from Mali, 5% from Burkina Faso and 5% from other countries, were reported. Furthermore, there are more than 247 648 Internally Displaced Persons and Nigerien returnees.

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 crisis 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.

The first COVID-19 case was confirmed in Nigeria on 22 March 2020. As of 28 August 2022, a total of 1,006 397 confirmed COVID-19 cases were reported in the country with 18 122 deaths and 1 069 318 recoveries.

From 19 March 2020 to 28 August 2022, a total of 9 329 cases with 312 deaths have been reported across the country. A total of 8 863 recoveries have been reported from the country.

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 crisis 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.

The first COVID-19 case was confirmed in Nigeria on 22 March 2020. As of 28 August 2022, a total of 1,006 397 confirmed COVID-19 cases were reported in the country with 18 122 deaths and 1 069 318 recoveries.

From 19 March 2020 to 28 August 2022, a total of 9 329 cases with 312 deaths have been reported across the country. A total of 8 863 recoveries have been reported from the country.
**Since early 2021 to week 2, 2022**, 1,688 cases have been reported with 76 deaths (CFR 4.5%). Two health districts in Zinder region crossed the alert threshold. Dungas 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.

**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.

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.

**Niger**  
**COVID-19**  
Grade 3  
27-Feb-20  
27-Feb-20  
2-Sep-22  
263 867  
263 867  
3 148  
1.20%

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 3 September 2022, a total of 263 867 confirmed cases with 257 435 recovered and 3 148 deaths have been reported.

From week 1 to 34 of 2022 (ending 28 August), a total of 936 Lassa fever cases including 899 confirmed, 37 probable and 169 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18.8% across 25 States. In week 34, five new confirmed cases were reported from Ondo and Edo States. In total, 6 392 cases are suspected in 2022. Of all confirmed cases, 70% are from Ondo (31%), Edo (26%), and Bauchi (13%) States.

**Niger**  
**Monkeypox**  
Grade 3  
31-Jan-22  
1-Jan-22  
14-Aug-22  
220  
220  
4  
1.80%

From 1 January to 14 August 2022, Nigeria has reported 530 monkeypox suspected cases. Of these, 220 cases were laboratory confirmed from 29 States: – Lagos (55), Ondo (18), Rivers (16), Bayelsa (14), Adamawa (13), Delta (12), Edo (12), FCT (10), Abia (9), Nasarawa (9), Anambra (8), Imo (8), Ogun (7), Plateau (6), Taraba (5), Kwara (5), Kano (5), Gombe (4), Cross River (4), Oyo (4), Borno (3), Benue (3), Katsina (3), Kogi (2), Niger (1), Bauchi (1), Akwa Ibom (1), Ebonyi (1) and Osun (1). Four deaths were recorded among confirmed cases from Delta, Lagos, Ondo and Akwa Ibom States.

**Nigeria**  
**Undiagnosed disease**  
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 1  
12-Sep-17  
1-Jan-21  
26-Jul-22  
29  
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 30 June 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  
28-Aug-22  
132 416  
132 416  
1 466  
1.10%

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 28 August 2022, a total of 132 416 cases with 1 466 deaths and 135 906 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  
21-Aug-22  
6 136  
6 136  
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 21 August 2022, a total of 6 136 confirmed cases of COVID-19 have been reported, including 76 deaths. A total of 6 047 cases have been reported as recoveries.

**Sao Tome And Principe**  
**Dengue**  
Grade 2  
11-Apr-22  
15-Apr-22  
29-Aug-22  
981  
981  
3  
0.30%

Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April-29 August 2022, a total of 981 cases and 3 deaths (CFR 0.3%) have been confirmed via RDT from: Água Grande (679, 69.2%), Mêzôchi (136, 13.9%), Lobata (88, 8.7%), Cantagalo (40, 4.1%), Lemba (16, 1.6%), Caué (12, 1.2%), and RAP (12, 1.2%). During week 34 (ending 29 August), there were 9 new cases registered in the country. Água Grande’s attack rate is by far the highest (80.5 per 10 000 inhabitants). Those aged 50-59 years are experiencing the highest attack rate at 612.1 cases per 10 000. The 3 main clinical signs are fever (899, 92%), headache (735, 75%) and myalgia (311, 32%).

**Senegal**  
**COVID-19**  
Grade 3  
2-Mar-20  
2-Mar-20  
4-Sep-22  
88 132  
88 132  
1 968  
2.20%

From 2 March 2020 to 4 September 2022, a total of 88 132 confirmed cases of COVID-19 including 1 968 deaths and 86 026 recoveries have been reported in Senegal.
On 12 August 2022, a confirmed outbreak of Crimean-Congo haemorrhagic fever (CCHF) was reported in Podor District, Saint-Louis region, Senegal. The index case is a 38-year-old female who presented with fever, headache, myalgia, fatigue and haemorrhagic symptoms, and was detected through the viral hemorrhagic fever surveillance system. The disease started on 20 July; she consulted on 5 August, was sampled on 6 August and died on 7 August. There is an history of travel to Mauritania on 2 July. As of 28 August, two additional cases were reported, a contact of the index case and a case with no evident epidemiological link to the first two cases.

On 13 March 2023, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 25 August 2023, a total of 7 444 confirmed COVID-19 cases were reported in the country, including 125 deaths and 4 875 recovered cases.

From epidemic week 1 to 34 of 2022 (ending 28 August), 326 confirmed cases of measles were reported from 44 districts of Senegal, with 24 districts having crossed the epidemic threshold. Of the reported cases, 176 (54.0%) are females; the most affected age group is 1-5 years with 159 cases (48.8%) of which 89.3% were not vaccinated against measles.

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 29 August 2022, a total of 46 081 cases have been confirmed, including 45 777 recoveries and 169 deaths have been reported.

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 Karem 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 period 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%).

Since the start of the COVID-19 pandemic in South Africa through 4 September 2022, a cumulative total of 4 012 812 confirmed cases and 102 108 deaths have been reported.

By 9 August 2022 (Week 31), 14 out of 16 districts reported 407 confirmed measles cases (134 lab-confirmed and 273 epi linked); 55% (224) of these cases are below five years, 26% (106) above five years and 18.7%, (77) age missing. Currently, only one (Western Urban) district continues to report measles cases. Surveillance and immunisation activities have been intensified in all districts.

since the COVID-19 pandemic in South Africa through 4 September 2022, a cumulative total of 4 012 812 confirmed cases and 102 108 deaths have been reported.

South Africa COVID-19 Grade 3 5-Mar-20 3-Mar-20 4-Sep-22 4 012 812 4 012 812 102 108 2,50%

From 22 June 2022 to 17 August, there have been five unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 2), Limpopo (n = 1) and Johannesburg (n = 1) provinces.

South Africa Monkeypox Grade 3 23-Jun-22 23-Jun-22 17-Aug-22 5 5 0 0,00%

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.

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.

South Sudan Drought/food insecurity Grade 3 18-Dec-20 5-Apr-21 17-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. In June 2022, malnutrition cases peaked with a 28% increase in admissions as compared to previous years. 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 1-Sep-22 - - - -

The long-standing and complex humanitarian crisis in Sudan continues. In 2022, there are 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. Over the past three years, seasonal floods have caused thousands of people to be displaced as well as caused problems for water, sanitation, and hygiene conditions in formalized camps and informal settlements. In Abyei Administrative Area, Unity, and Eastern Equatoria States, more than 100k IDPs have been displaced. In addition to armed conflicts, armed groups have displaced people from their homes and caused problems for water, sanitation, and hygiene conditions in formalized camps and informal settlements. In Abyei Administrative Area, Unity, and Eastern Equatoria States, more than 100k IDPs have been displaced.

Further reports of IDPs have been indicated to Jonglei State, Unity State, Ruweng Administrative Area, and neighbouring Sudan.

South Sudan Anthrax 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.

Since the 2019-2020 outbreak of anthrax in the country, 108 suspected cases and 5 deaths (CFR 4.6%) have been reported from Gogrial West county of in Warrap state. A total of 8 samples returned positive for bacillus anthracis bacteria. Cases were reported from 13 March - 6 August 2022 from registered hospital patients where the majority of cases have been female (61%).
Health Emergency Information and Risk Assessment

South Sudan

Cholera

Ungraded

21-Apr-22

21-Mar-22

14-Aug-22

316

56

1

0.30%

From 19 March to 14 August 2022, 316 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 56 cases have been confirmed positive by RDT for cholera and 29 tested positive for Vibrio cholerae by culture at the National Public Health Laboratory in Juba. Females account for 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. More than 1 million doses of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned.

South Sudan

COVID-19

Grade 3

5-Apr-20

5-Apr-20

3-Sep-22

18 019

18 019

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 3 September 2022, a total of 18 019 confirmed COVID-19 cases were reported in the country including 138 deaths and 17 700 recovered cases.

South Sudan

Hepatitis E

Ungraded

3-Jan-19

1-Jan-19

6-Aug-22

3 046

104

25

0.80%

The current outbreak in the Bentiu IDP camp is ongoing. As of 6 August 2022, a total of 3 046 cases of hepatitis E including 25 deaths (CFR: 0.8%) have been reported since January 2019. During week 30 (ending 30 July), a total of 43 cases were reported. Approximately 54% of cases are male.

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 Jiep 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.

Tanzania, United Republic of

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, Malakal, 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.

South Sudan

Malaria

Ungraded

28-Dec-21

1-Jan-22

22-May-22

1 117 138

1 117 138

232

0.00%

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 19 August 2022, a total of 38 712 confirmed cases have been reported in Tanzania Mainland including 841 deaths.

Uganda

Anchrology

Ungraded

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

Drought/food insecurity

Grade 3

17-Feb-22

1-Jan-22

29-Jul-22

-  

-  

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 27 August 2022, a total of 168 891 confirmed COVID-19 cases with 3 628 deaths were reported. The cumulative cases and deaths have been revised compared to the last week figures.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Uganda</strong></td>
<td><strong>Floods</strong></td>
<td>Ungraded</td>
<td>31-Jul-22</td>
<td>31-Jul-22</td>
<td>31-Jul-22</td>
<td></td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**  
On 18 August 2022, the Uganda IHR-NFP notified WHO of two confirmed cases of Rift Valley Fever (RVF) reported on 27 July and 2 August, respectively, in Rubanda and Isingiro districts both located in the south western regions of the country. The index case from Rubanda is a female patient aged 39 years who presented at the Kabale Regional Referral Hospital on 23 June 2022 with fever, loss of appetite, joint pains and headache. The index case in Isingiro is a 27-year old farmer whose disease started on 24 July 2022 with fever, vomiting, diarrhoea, fatigue, abdominal pain, joint pains, difficulties in breathing and swallowing, and unexplained bleeding from the nose. He was admitted at the Mbarara Regional Referral Hospital where he died on 29 July 2022. Both cases were sampled and results from the Uganda Virus Research Institute returned positive for RVF.

Both cases were sampled and results from the Uganda Virus Research Institute returned positive for RVF.

**West and Central Africa**

Since the beginning of 2022, seasonal rains and floods have severely impacted 17 countries of Western and Central Africa including Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Cote d’Ivoire, Democratic Republic of the Congo, Gambia, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, and Senegal. As of 16 August 2022, nearly 731 000 people have been affected including 250 deaths and 749 injuries. Some 35 000 houses have been damaged or completely destroyed by waters and/or landslides in 13 countries, including 2 455 IDP shelters in Burkina Faso, Chad and Nigeria, and a total of 126 000 people have been internally displaced across 11 countries.

**Zambia**

A cholera outbreak was declared in Zambia on 3 May 2022. A total of 160 cases have been registered with no deaths as of 31 July 2022. Three districts are affected: Lusaka, Chilanga and Nsama.

**Zambia**

The first COVID-19 confirmed case was reported in Zambia on 20 March 2020. As of 24 August 2022, a total of 256 675 confirmed COVID-19 cases were reported in the country including 5 593 deaths.

**Zambia**

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 31 July 2022, 438 measles cases and 3 suspected deaths have been reported. WHO is supporting the Ministry of Health investigating other cases with similar symptoms.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zimbabwe</strong></td>
<td><strong>Malaria</strong></td>
<td>Ungraded</td>
<td>10-Jun-22</td>
<td>5-Jul-22</td>
<td>95</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0,00%</td>
</tr>
</tbody>
</table>

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**

The anthrax outbreak is ongoing in Zimbabwe. 1 new case was reported in Week 31 of 2022 with the cumulative for the year being 62. 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**

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 24 August 2022, a total of 256 675 confirmed COVID-19 cases were reported in the country including 5 593 deaths and 250 921 cases that recovered.

**Zimbabwe**

A measles outbreak has been ongoing in Mutasa district, Zimbabwe since 10 April 2022. A s 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.
The cholera outbreak in Kenya affected three counties: Nairobi, Kisumu and Kiambu. As of 31 May 2022, a total of 319 cases were reported with two confirmed by culture and two deaths (CFR 0.6%). Kisumu reported more cases (311), followed by Nairobi (7) and Kiambu (1). As of 1 September, the outbreak is considered closed following an extended period of no cases reported.

<table>
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<th>Grade</th>
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<th>Start of reporting period</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>30-May-22</td>
<td>3-May-22</td>
<td>19-Jun-22</td>
<td>319</td>
<td>2</td>
<td>2</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

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).
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.