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
- Dengue fever in Niger
- Ebola Virus Disease in the Democratic Republic of the Congo

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

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

**Major issues and challenges include:**

- Health authorities of Niger have reported the first ever case of dengue in Abalak department, Tahoua region. In-depth investigations are ongoing to identify the source of infection of the case. WHO is currently providing the necessary support to improve and strengthen risk communication, surveillance and laboratory capacity for dengue in Niger.

- No new case of Ebola virus disease has been reported in the past week in the Democratic Republic of the Congo after 26 days of the detection of the only confirmed case. The ongoing response activities are facing some challenges including, insufficient resources, the source of contamination has not yet been identified, some listed contacts are still missing and the resistance of the population to public health response activities.
Ongoing events

Monkeys Information and Risk Assessment

EVENT DESCRIPTION

The number of confirmed monkeypox cases in Africa has increased by 12.6% from 524 in Week 35 (29 Aug - 04 Sept) to 590 in week 36 (5 Sep - 11 Sep). In the past week, three countries reported 66 new cases, including Ghana (8) and Liberia (1). An additional 57 cases were retrospectively reported from Nigeria. Nigeria recorded two deaths in the past week.

Between 1 January and 4 September 2022, 11 African countries have reported monkeypox, including nine countries in the WHO African region (Nigeria (277), Democratic Republic of the Congo (DRC) (195), Ghana (84), Central Africa Republic (CAR) (8), Cameroon (7), South Africa (5), Benin Republic (3), Congo (3) and Liberia (3) and two countries in the WHO Eastern Mediterranean Region: Morocco (3) and Sudan (2).

Nigeria (46.9%), DRC (33.1%) and Ghana (14.2%) remain the top three countries reporting the highest number of cases, accounting for 94.2% of all confirmed cases. Nigeria recorded two deaths in the past week, making a total of 12 deaths in Africa; Nigeria (6), Ghana (4), and CAR (2). The number of Monkeypox cases and deaths in Africa represents 1.0% and 60.0% of global cases and fatalities, respectively. No new country has reported a monkeypox case in the previous week.

Globally, a cumulative total of 54,709 laboratory-confirmed and 397 probable Monkeypox cases have been reported between 1 January and 11 September 2022. Similarly, 20 deaths were reported from Belgium (1), Cuba (1), Ecuador (1), India (1), Brazil (2), CAR (2), Spain (2), Ghana (4), and Nigeria (6) across all six WHO regions. Most cases reported in the past 4 weeks were notified from the Region of the Americas 30,772 (56.2%) and the European Region 23,196 (42.4%).

The top ten countries with the highest number of Monkeypox cases include the United States of America (19,833), Spain (6,749), Brazil (5,525), France (3,646), Germany (3,505, The United Kingdom (3,484), Peru (1,724), Canada (1,289), Netherlands (1,172), and Colombia (938). Together, these countries account for 87.5% of the cases reported globally.

PUBLIC HEALTH ACTIONS

- WHO is currently supporting affected countries to investigate the modes of transmission of monkeypox (zoonotic and urban outbreaks).
- 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.
- Efforts are currently ongoing to understand comorbidities and other underlying factors (e.g. HIV infection) of deaths associated with monkeypox.
- A policy response tracker has been developed and disseminated to the affected countries to understand better the characteristics of response measures put in place by governments and their impact on epidemic trends.

SITUATION INTERPRETATION

In the past week, three countries reported new cases (Nigeria, Ghana, and Liberia) in the African Region. Two new deaths were reported in Nigeria. Nigeria, the Democratic Republic of Congo and Ghana remain the countries with the highest monkeypox burden in the past 4 weeks. Enhanced risk communication and community engagement are needed to address rumours and misinformation about monkeypox in Africa. WHO AFRO supports countries in understanding comorbidities and other underlying factors of monkeypox-related deaths.

WHO continues to provide technical assistance to countries to enhance their readiness to respond to potential monkeypox outbreaks promptly and effectively.

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.

Go to overview Go to map of the outbreaks

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

The Ministry of Health of Niger has reported the first ever case of dengue in Abalak department, Tahoua region. The patient is a 47-year-old male Nigerien who arrived from Cuba on 13 August 2022.

On 14 August 2022, he exhibited flu-like symptoms, including fever, arthromyalgia, body aches, cold and consulted a community clinic in Niamey. The patient currently has no signs of bleeding; however a complete blood analysis showed thrombocytopenia. The case-patient has history of COVID-19 and dengue infection in June 2022 in Cuba.

Basing on the history and clinical presentation, a sample collected from the case and sent to the Centre de Recherche Médicale et Sanitaire on 8 August 2022 tested positive for dengue fever. A second sample sent to the Institut Pasteur in Dakar confirmed the case-patient positive on 24 August 2022.

**PUBLIC HEALTH ACTIONS**

Health authorities in Niger have implemented the following response activities:

- Outbreak investigations are conducted by a joint team – Directorate of Surveillance and Epidemic Response and WHO;
- Entomological assessments have been performed, including: capturing of aedes mosquitoes (at the patient’s home and at the clinic where the case was treated) for laboratory analysis to look for evidence of contamination of these mosquitoes;
- The patient, his family and nearby communities have been educated on best practices;
- Sensitization of the health care facility personnel for better surveillance of contacts of the confirmed case;
- Identification and follow-up of contacts among health workers and family members is underway;
- Strengthening surveillance, educating all health district workers on the dengue case definition, especially those in Abalak city.

**SITUATION INTERPRETATION**

Dengue is a mosquito-borne viral disease that has rapidly spread in all regions of WHO in recent years. Dengue is unusual in Niger and requires particular attention as the reported case of dengue is the first-ever detected in Niger. Enhanced surveillance in the case’s vicinity and among all contacts is essential. Detailed investigations to identify the source of infection of the case remain paramount.
**EVENT DESCRIPTION**

Twenty-six (26) days have passed since health authorities in the Democratic Republic of the Congo declared an outbreak of Ebola Virus Disease on 21 August 2022 in Butanuka health area, Beni health zone. No new case has been reported so far as of 11 September 2022 and 16 days are remaining before the declaration of the end of this outbreak if no new case is identified. To date, there has been one confirmed case and one death (case fatality ratio (CFR) =100%), in one affected health area (Butanuka) in Beni health zone.

Among the contacts listed since the onset of the outbreak, 23 contacts were from Beni health zone, three from Oicha health zone and one form Mutwanga health zone. A total of 27 contacts remain missing, all of which were patients admitted at the same hospital with the confirmed case. Other four contacts previously missing were found in good health condition in the past week.

Since the onset of the outbreak, a total of 51 suspected cases have been admitted to the Ebola treatment center, of which 47 were discharged as no cases and four are still under isolation.

Regarding alerts, a total of 296 alerts including five deaths were reported as of 10 September 2022, and all of them were investigated, of which 17 (5.7%) were validated as suspected cases of Ebola and samples collected from them. Out of the 326 alerts reported, 164 (55.4%) are from active case search, 45 (15.0%) from through passive surveillance from healthcare facilities and 87 (29.4%) from the community.

From 15 to 11 September 2022, a total of 406 samples (190 swabs) were collected and analyzed, of which one sample (1 swab) tested positive for the Ebola virus.

**PUBLIC HEALTH ACTIONS**

- Coordination meetings organized by the national and provincial health authorities with the participation of other partners including WHO continue.
- Advocacy meeting toward health partners was organised for additional resource mobilisation for the response activities.
- Vaccination activities have been launched on 25 August targeting firstly the contacts and contacts of contacts. A total of 289 contacts vaccinated so far, including 221 frontline health workers as of 11 September 2022.
- Psychosocial support and follow up was provided to admit suspected cases, some of their family members and orphans of the dead suspected cases.
- Risk communication activities on prevention measures including educative talks, community dialogues and sensitisations are also ongoing
- Assessment and monitoring of infection prevention and control (IPC) practices at health facilities are also ongoing as well the on job briefing of health provider on IPC measures.
- Alerts management as well as active case search activities are also ongoing
- Case management including nutritional and psychosocial follow up are also ongoing

**SITUATION INTERPRETATION**

The ongoing EVD outbreak in the eastern DRC has 16 days left to the end of outbreak declaration if no new case is reported. The need to mobilize more resources for the implementation of response activities is still relevant even if no new case has been reported. Population movements following security incidents are reported in the affected area of Beni. This situation may jeopardize the ongoing efforts for the control of this outbreak. Gaps in resource mobilization for full implementation of the response plan should be filled as soon as possible. Furthermore, it is essential that all contacts are identified and followed up on a regular basis.
### Health Emergency Information and Risk Assessment

**Torrential Rains in Mayo-Danay and Logone & Chari since Mid-April 2022.**

Since mid-April 2022, Mayo-Danay and Logone & Chari have experienced torrential rains, leading to flooding and damage to infrastructure. The rains have displaced nearly 640 households, with an estimated 15,000 people returning to their homes by 30 June 2022. Displacements were primarily caused by the intercommunal conflict in Logone-Birni department in December 2021.

**NSAG Incursions and Attacks in Mayo-Sava, Mayo-Tsanaga, and Logone & Chari.**

Incursions and attacks by non-state armed groups (NSAGs) have continued in the Mayo-Sava, Mayo-Tsanaga, and Logone & Chari regions. As of 30 June 2022, 15,000 people had returned to their homes following NSAG attacks. The attacks are accompanied by looting of property and livestock, and sometimes burning of houses. Approximately 7,653 people have been displaced in 2022, with 23 confirmed attacks involving armed men reported, resulting in 13 civilian deaths, 12 injuries, and 10 abductions.

**Security Situation in the Sahel and East of Burkina Faso.**

Since 2015, the security situation in the Sahel and East of Burkina Faso has deteriorated due to attacks by armed groups. As of 30 July 2022, a total of 30,000 people from Sebbia town have faced deteriorating food security after a blockade by armed groups prevented food supplies. Access to health services remains a challenge for the population in affected areas.

### All events currently being monitored by WHO AFRO

<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-2020</td>
<td>25-Feb-2020</td>
<td>11-Sep-2022</td>
<td>270,539</td>
<td>270,539</td>
<td>6,879</td>
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<td>Algeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Jul-2022</td>
<td>11-Apr-2022</td>
<td>2-Sep-2022</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
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<td>Algeria</td>
<td>West Nile fever</td>
<td>Ungraded</td>
<td>29-Aug-2022</td>
<td>9-Jul-2022</td>
<td>30-Aug-2022</td>
<td>1</td>
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<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-2020</td>
<td>21-Mar-2020</td>
<td>7-Sep-2022</td>
<td>103,131</td>
<td>103,131</td>
<td>1,917</td>
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<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-2020</td>
<td>16-Mar-2020</td>
<td>21-Aug-2022</td>
<td>27,490</td>
<td>27,490</td>
<td>163</td>
<td>0.6%</td>
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<tr>
<td>Benin</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>14-Jun-2022</td>
<td>29-Aug-2022</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-2020</td>
<td>28-Mar-2020</td>
<td>8-Sep-2022</td>
<td>325,931</td>
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<td>2,786</td>
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<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>1-Jan-2019</td>
<td>1-Jan-2019</td>
<td>8-Aug-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-2020</td>
<td>9-Mar-2020</td>
<td>10-Jul-2022</td>
<td>21,150</td>
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<td>387</td>
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<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-2020</td>
<td>18-Mar-2020</td>
<td>7-Sep-2022</td>
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<td>0.0%</td>
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<td>Cameroon</td>
<td>Humanitarian crisis (North, Adamawa &amp; East)</td>
<td>Protracted</td>
<td>31-Dec-2013</td>
<td>27-Jun-2017</td>
<td>1-Aug-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</table>

The security situation remains unstable, characterized by incursions and attacks in the departments of Mayo-Sava, Mayo-Tsanaga, and Logone & Chari. 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.
**Central African Republic**

- **Humanitarian crisis (SW)**
  - Grade: Protracted 2
  - Date notified to WCO: 1-Oct-2016
  - Start of reporting period: 27-Jun-2018
  - End of reporting period: 1-Aug-2022
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -

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 Akwaryা subdivision (SW) resulted in more than 30 civilian casualties. The Mambete 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.

- **Humanitarian crisis (Sahel Region)**
  - Grade: Grade 2
  - Date notified to WCO: 31-Dec-2013
  - Start of reporting period: 27-Jun-2017
  - End of reporting period: 1-Aug-2022
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -

Multiple incidents involving NSAGs have been reported 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.

- **Cholera**
  - Grade: Grade 2
  - Date notified to WCO: 1-Jan-2021
  - Start of reporting period: 25-Oct-2021
  - End of reporting period: 3-Aug-2022
  - Total cases: 10,348
  - Cases Confirmed: 904
  - Deaths: 200
  - CFR: 1.9%

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.

- **COVID-19**
  - Grade: Grade 3
  - Date notified to WCO: 6-Mar-2020
  - Start of reporting period: 6-Mar-2020
  - End of reporting period: 17-Aug-2022
  - Total cases: 122,375
  - Cases Confirmed: 122,375
  - Deaths: 1,941
  - CFR: 1.6%

The Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 17 August 2022, a total of 122,375 cases have been reported, including 1,941 deaths and 119,220 recoveries.

- **Measles**
  - Grade: Ungraded
  - Date notified to WCO: 2-Apr-2019
  - Start of reporting period: 1-Jan-2022
  - End of reporting period: 21-Aug-2022
  - Total cases: 2,882
  - Cases Confirmed: 1,924
  - Deaths: 51
  - CFR: 1.8%

From week 1 to week 33, 2022 (ending 21 August), about 2,882 suspected cases of measles, 51 deaths and 1,924 confirmed cases of measles have been reported through IDSR system across 119 of 139 districts; 478 confirmed cases are lab confirmed, 1,389 epi linked and 49 clinical compatible.

- **Monkeypox**
  - Grade: Grade 3
  - Date notified to WCO: 24-Feb-2022
  - Start of reporting period: 1-Jan-2022
  - End of reporting period: 5-Aug-2022
  - Total cases: 34
  - Cases Confirmed: 7
  - Deaths: 2
  - CFR: 5.9%

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).

- **Yellow fever**
  - Grade: Grade 2
  - Date notified to WCO: 7-Feb-2021
  - Start of reporting period: 4-Jan-2021
  - End of reporting period: 9-Aug-2022
  - Total cases: 2,477
  - Cases Confirmed: 34
  - Deaths: 0
  - CFR: 0.0%

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: Grade 3
  - Date notified to WCO: 19-Mar-2020
  - Start of reporting period: 18-Mar-2020
  - End of reporting period: 10-Sep-2022
  - Total cases: 62,344
  - Cases Confirmed: 62,344
  - Deaths: 410
  - CFR: 0.7%

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 10 September 2022, a total of 62,344 confirmed COVID-19 cases including 410 deaths and 61,863 recoveries were reported in the country.

**Central African Republic (South) & South Sudan (Sahel)**

- **Humanitarian crisis (Sahel)**
  - Grade: Protracted 2
  - Date notified to WCO: 11-Dec-2013
  - Start of reporting period: 11-Dec-2013
  - End of reporting period: 8-Aug-2022
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -

With 50% of 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.

- **COVID-19**
  - Grade: Grade 3
  - Date notified to WCO: 14-Mar-2020
  - Start of reporting period: 14-Mar-2020
  - End of reporting period: 28-Aug-2022
  - Total cases: 14,882
  - Cases Confirmed: 14,882
  - Deaths: 113
  - CFR: 0.8%

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 28 August 2022, a total of 14,882 confirmed cases, 113 deaths and 14,520 recoveries were reported.

- **Measles**
  - Grade: Ungraded
  - Date notified to WCO: 13-Mar-2022
  - Start of reporting period: 1-Jan-2022
  - End of reporting period: 24-Jul-2022
  - Total cases: 1,122
  - Cases Confirmed: 99
  - Deaths: 1
  - CFR: 0.1%

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 confirmed measles outbreak (Bimbo confirmation at week 10, Kouango-Grimari at week 11, Alindao at week 14 and Haute-Kotto at week 20.)

- **Monkeypox**
  - Grade: Grade 3
  - Date notified to WCO: 3-Mar-2022
  - Start of reporting period: 4-Mar-2022
  - End of reporting period: 31-Aug-2022
  - Total cases: 17
  - Cases Confirmed: 8
  - Deaths: 2
  - CFR: 11.8%

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: Mbaïki, Alindao and Bimbo.

- **Yellow fever**
  - Grade: Grade 2
  - Date notified to WCO: 14-Sep-2021
  - Start of reporting period: 1-Apr-2021
  - End of reporting period: 9-Aug-2022
  - Total cases: 604
  - Cases Confirmed: 20
  - Deaths: 4
  - CFR: 0.7%

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.
Kebbi Est, Mayo Kebi Ouest, Salamat and Sila) are the most affected. The affected population urgently needs food, NFIs, shelter and healthcare assistance.

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'Djamen, and the Southern region (Logone oriental and Occidental, Mayo Kebi Est, Mayo Kebi Ouest, Salamat and Sila) are the most affected. The affected population urgently needs food, NFIs, shelter and healthcare assistance.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 5 September 2022, a total of 7 547 confirmed COVID-19 cases were reported in the country including 193 deaths.

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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.

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, Abougoudam 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 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.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 07 September 2022, a total of 8 455 confirmed COVID-19 cases, including 161 deaths and 2 851 recoveries were reported in the country.

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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 2 437 cases including 386 deaths and 23 644 recovered cases have been reported in the country.

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 devorming took place from 5 to 11 August and the administrative data show a coverage rate of 107.9% for measles.

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 Oueso 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 Oueso was sampled and tested positive at the National Public Health Laboratory of Brazzaville.

Since the beginning of 2022 more than 877 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. In July 2022, 34 new security incidents directly affecting humanitarian personnel or goods were recorded in the DRC. Two aid workers were abducted and 1 injured. In addition, humanitarian partners also reported access incidents related to conflict and military operations; interference in the implementation of humanitarian activities in the eastern provinces of the country. Towards the end of July 2022, demonstrations demanding the departure of MONUSCO affected humanitarian operations, particularly in North and South Kivu.

<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>Chad</td>
<td>humanitarian crisis</td>
<td>Grade 2</td>
<td>11-Feb-2022</td>
<td>1-Mar-2016</td>
<td>8-Aug-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-2020</td>
<td>19-Mar-2020</td>
<td>5-Sep-2022</td>
<td>4 574</td>
<td>4 574</td>
<td>193</td>
<td>2.6%</td>
</tr>
<tr>
<td>Chad</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>8-Sep-2020</td>
<td>1-Jan-2018</td>
<td>31-May-2022</td>
<td>197</td>
<td>13</td>
<td>16</td>
<td>8.1%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-2018</td>
<td>1-Jan-2022</td>
<td>14-Aug-2022</td>
<td>2 640</td>
<td>109</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-2019</td>
<td>9-Sep-2019</td>
<td>31-Jul-2022</td>
<td>122</td>
<td>122</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Chad</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>13-Nov-2021</td>
<td>1-Nov-2021</td>
<td>9-Aug-2021</td>
<td>1 627</td>
<td>24</td>
<td>7</td>
<td>0.4%</td>
</tr>
<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>11-Aug-2022</td>
<td>2 437</td>
<td>2437</td>
<td>386</td>
<td>1.6%</td>
</tr>
<tr>
<td>Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Mar-2012</td>
<td>1-Jan-2012</td>
<td>7-Sep-2022</td>
<td>6 528</td>
<td>6 528</td>
<td>132</td>
<td>2.0%</td>
</tr>
<tr>
<td>Congo</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>31-Mar-2021</td>
<td>31-Mar-2021</td>
<td>22-Aug-2022</td>
<td>30</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>11-Mar-2020</td>
<td>11-Mar-2020</td>
<td>11-Sep-2022</td>
<td>86 933</td>
<td>86 933</td>
<td>822</td>
<td>0.9%</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>14-Sep-2021</td>
<td>13-Aug-2021</td>
<td>26-Aug-2022</td>
<td>86</td>
<td>7</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Leishmaniasis</td>
<td>Protracted 3</td>
<td>20-Dec-2016</td>
<td>17-Apr-2017</td>
<td>21-Aug-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Côte d'Ivoire COVID-19 Grade 3 11-Mar-2020 11-Mar-2020 11-Sep-2022 86 933 86 933 822 0.9%
Côte d'Ivoire Yellow fever Grade 2 14-Sep-2021 13-Aug-2021 26-Aug-2022 86 7 0 0.0%
Democratic Republic of the Congo Leishmaniasis Protracted 3 20-Dec-2016 17-Apr-2017 21-Aug-2022 - - - -
From epidemiological week 1 to 33 (ending 21 August 2022), 8,667 suspected cholera cases including 150 deaths (CFR: 1.7%) were recorded in 65 health zones across 12 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (3,238), Haut-Lomami (1,701), Tanganjika (1,629), and North Kivu (1,531). 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 through week 31, 865 returned positive for Vibrio cholerae yielding a positivity rate of 27.2%. Joint WHO, UNICEF, MSF and PNECHOL teams have been deployed to Sankuru to support the local health authorities in the response to this epidemic.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 92,750 confirmed cases and two probable case, including 1,422 deaths have been reported. A total of 83,432 people have recovered.

Twenty-six (26) days have passed since health authorities in the Democratic Republic of the Congo declared an outbreak of Ebola Virus Disease on 21 August 2022 in Butanuka health area, Beni health zone. No new case has been reported so far as of 11 September 2022 and 16 days are remaining before the declaration of the end of this outbreak if no new case is identified. To date, there has been one confirmed case and one death (case fatality ratio (CFR) =100%), in one affected health area (Butanuka) of the Beni health zone.

As of Epi-Week 34 of 2022 (ending 28 August), 100,044 suspected cases and 1,294 measles related deaths have been reported. A total of 4,652 cases investigated through the case-based surveillance system; 1,894 tested IgM+ for Measles; 63% of lab confirmed measles cases have less than 5 years old, and only 36% with history of vaccination. A total of 148 health zones have confirmed measles outbreak at some point since the start of this year.

From 1 January – 21 August 2022, the Democratic Republic of the Congo reported 3,047 suspected including 195 confirmed cases from 148 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1,240), Tshopo (469), Maniema (276), and Tshuapa (190).

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.

In 2022, from epidemiological week 1 to 33 (ending 21 August 2022), 1,235,975 suspected cases of typhoid fever including 539 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%).

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.

<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>Democratic Republic of Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-2015</td>
<td>3-Jan-2022</td>
<td>21-Aug-2022</td>
<td>8,667</td>
<td>865</td>
<td>150</td>
<td>1.7%</td>
</tr>
<tr>
<td>Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-2020</td>
<td>10-Mar-2020</td>
<td>4-Sep-2022</td>
<td>92,752</td>
<td>92,750</td>
<td>1,422</td>
<td>1.5%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Ebola virus disease</td>
<td>Grade 2</td>
<td>17-Aug-2022</td>
<td>17-Aug-2022</td>
<td>11-Sep-2022</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-2021</td>
<td>1-Jan-2022</td>
<td>8-Aug-2022</td>
<td>100,044</td>
<td>4,652</td>
<td>1,294</td>
<td>1.3%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>30-Mar-2019</td>
<td>1-Jan-2022</td>
<td>21-Aug-2022</td>
<td>3,047</td>
<td>195</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-2019</td>
<td>1-Jan-2022</td>
<td>21-Aug-2022</td>
<td>583</td>
<td>-</td>
<td>10</td>
<td>1.7%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Poliovirus disease (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-2021</td>
<td>1-Jan-2021</td>
<td>24-Aug-2022</td>
<td>101</td>
<td>101</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-2021</td>
<td>1-Jan-2022</td>
<td>21-Aug-2022</td>
<td>1,235,975</td>
<td>-</td>
<td>539</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>21-Apr-2021</td>
<td>1-Jan-2022</td>
<td>27-Jul-2022</td>
<td>12</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>6-Sep-2022</td>
<td>16,868</td>
<td>16,868</td>
<td>183</td>
<td>1.1%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-2020</td>
<td>21-Mar-2020</td>
<td>8-Sep-2022</td>
<td>10,163</td>
<td>10,163</td>
<td>103</td>
<td>1.0%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Poliovirus disease (cVDPV2)</td>
<td>Ungraded</td>
<td>2-Jun-2022</td>
<td>7-Jun-2022</td>
<td>31-Jul-2022</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

As of 28 August 2022, a total of 21,866 cases have been reported in the country with 183 deaths and 16,648 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 8 September 2022, a total of 10,163 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10,051 patients have recovered from the disease.

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.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-2020</td>
<td>13-Mar-2020</td>
<td>11-Sep-2022</td>
<td>73 374</td>
<td>73 374</td>
<td>1 422</td>
<td>1.9%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-2022</td>
<td>1-Jan-2022</td>
<td>5-Aug-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 3</td>
<td>4-Nov-2020</td>
<td>4-Nov-2020</td>
<td>31-Jul-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gabon</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>12-Feb-2022</td>
<td>17-Sep-2021</td>
<td>9-Aug-2022</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>33.3%</td>
</tr>
<tr>
<td>Gabon</td>
<td>Undiagnosed disease (acute renal failure)</td>
<td>Ungraded</td>
<td>11-Aug-2022</td>
<td>4-Jul-2022</td>
<td>4-Aug-2022</td>
<td>19</td>
<td>17</td>
<td>-</td>
<td>89.5%</td>
</tr>
<tr>
<td>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-2020</td>
<td>12-Mar-2020</td>
<td>1-Sep-2022</td>
<td>168 616</td>
<td>168 616</td>
<td>1 459</td>
<td>0.9%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Marburg virus disease</td>
<td>Grade 2</td>
<td>6-Jul-2022</td>
<td>6-Jul-2022</td>
<td>6-Sep-2022</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>66.7%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>8-Jun-2022</td>
<td>24-May-2022</td>
<td>23-Aug-2022</td>
<td>373</td>
<td>56</td>
<td>3</td>
<td>0.8%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Nov-2021</td>
<td>15-Oct-2021</td>
<td>26-Aug-2022</td>
<td>131</td>
<td>61</td>
<td>21</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 11 September 2022, a total of 73 374 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) is also expected to be widespread in southern and southeastern pastoral areas.

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.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 493 340 cases of COVID-19 as of 28 August 2022, with 7 572 deaths and 471 716 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 ten districts are currently experiencing confirmed measles outbreak.

The first COVID-19 confirmed case was reported in the Gabon on 17 March 2020. As of 6 August 2022, a total of 48 668 cases including 306 deaths and 48 235 recoveries have been reported in the country.

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 36 deaths, and 11 745 recoveries have been reported in the country.

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.

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 epidemiologic link was established during the preliminary epidemiologic 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).

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 26 August 2022, a total of 70 probable and 61 confirmed cases of yellow fever were reported from 13 regions in Ghana. Of the reported cases, nine deaths were recorded among probable cases and 12 deaths among confirmed cases.
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

Lassa fever were reported in Conakry and Kindia. As part of routine surveillance, the Gbessia clinic reported on 8 September 2022 of a situation of seven (7) grouped cases working in the same clinic with similar symptoms of fever and vomiting. The epidemiological investigation 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 28 August 2022, eighteen confirmed, one probable and two deaths cases of Lassa fever were reported in Conakry and Kindia.

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-2020

28-Aug-2022

8 796

8 796

175

2.0%

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 with 8 301 recoveries and 175 deaths.

Kenya

Drought/food insecurity

Grade 3

17-Feb-2022

1-Jan-2022

5-Aug-2022

- - - -

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

15-Jul-2022

30-Jun-2022

7-Aug-2022

11 1 0 0.0%

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.

Kenya

Chikungunya

Ungraded

3-Mar-2022

13-Feb-2022

30-Jul-2022

189 5 1 0.5%

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

COVID-19

Grade 3

13-Mar-2020

13-Mar-2020

11-Sep-2022

338 295

338 295

5 674

1.7%

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 11 September 2022, 338 295 confirmed COVID-19 cases including 5 674 deaths and 332 521 recoveries have been reported in the country.

Kenya

Influenza A (H1N1)

Ungraded

19-Jul-2022

25-Aug-2022

175 5 1 0.6%

An outbreak of influenza A (H1N1) has been reported in Gilgil sub county in Nakuru County. A total of 175 cases with five confirmed and one death (CFR 0.6%) have been reported from 19 Jul to 25 Aug 2022. A total of 28 new cases were reported in week 33 (ending 25 August 2022).

Kenya

Leishmaniasis

Ungraded

31-Mar-2019

3-Jan-2020

30-Jul-2022

1 813

1 632

10 0.6%

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

Suspected

29-Jun-2022

26-Jun-2022

30-Jul-2022

19 8 0 0.0%

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-2022

12-Jan-2022

25-Aug-2022

123 3 11 8.9%

From 12 Jan to 25 Aug 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.

Lesotho

COVID-19

Grade 3

13-May-2020

13-May-2020

7-Sep-2022

34 287

34 287

704 2.1%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 07 September 2022, a total of 34 287 cases of COVID-19 have been reported, including 33 583 recoveries and 704 deaths.

Liberia

COVID-19

Grade 3

16-Mar-2020

16-Mar-2020

8-Sep-2022

7 953

7 953

294 3.7%

From 16 March 2020 to 8 September 2022, Liberia has recorded a total of 7 953 cases including 294 deaths and 7 482 recoveries have been reported.

Liberia

Lassa Fever

Ungraded

3-Mar-2022

6-Jan-2022

27-Jul-2022

30 30 8 26.7%

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.

Liberia

Measles

Suspected

3-Feb-2022

1-Jan-2022

20-Jul-2022

5 923

5 528

71 1.2%

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-57 years).

Liberia

Monkeypox

Grade 3

21-Jul-2022

31-Jul-2022

8-Aug-2022

2 2 0 0.0%

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 Pleaabo 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.
Despite humanitarian aid, from April to August 2022, 33% of the population of the Grand South is still highly food insecure, including 122,000 people in IPC Stage 4 (Emergency), and 925,000 in IPC Stage 3 (Crisis). Madagascar Health Cluster was activated in January 2022 as part of a joint intervention with the Nutrition Cluster to alleviate the ongoing crisis. An estimated 1.7 million people (32% of the total population) in Madagascar who are projected to face Integrated food security IPC-projections estimate that 189,056 people are classified as emergency phase 4 and a little more than 1.5 million are classified as IPC Phase 3.

Madagascar COVID-19 Grade 3 20-Mar-2020 20-Mar-2020 11-Sep-2022 66,652 66,652 1,410 2.2%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 11 September 2022, a total of 66,652 confirmed cases including 1,410 deaths have been reported in the country.

Madagascar Malaria Ungraded 30-Jun-2022 30-Jun-2022 543,994 543,994 68 0.0%

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 Analanjaka region; Toamasina in Atsinanana region; Miala in Betsiboka region; Toamasina in Toamasina region; Toliara in Toliara region; and Mananjary in Mananjary region.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 11 September 2022, the country has a total of 87,938 confirmed cases with 2,679 deaths.

Malawi Cholera Ungraded 3-Mar-2022 3-Mar-2022 2,479 23 85 3.4%

A total of 19 districts have reported cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 11 September 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 2,479 and 85 respectively, with Case Fatality Rate at 3.4%. Of the 19 affected districts, Nhaka Bay (612 cases; 17 deaths) has reported most of the cases, followed by Blantyre (546; 22 deaths), and Nsanje (291 cases; 14 deaths).

Malawi COVID-19 Grade 3 2-Apr-2020 2-Apr-2020 11-Sep-2022 87,938 87,938 2,679 3.0%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 11 September 2022, the country has a total of 87,938 confirmed cases with 2,679 deaths.

Malawi Humanitarian crisis (Sahel region) Grade 2 n/a 11-Sep-2017 7-Jul-2022 - - - -

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.

On 4 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 10 September 2022, a total of 62,776 cases including 993 deaths and 61,768 recovered have been reported in the country.

Mauritania Crimean-Congo haemorrhagic fever (CCHF) Ungraded 31-Aug-2022 29-Aug-2022 2-Sep-2022 1 1 0 0.0%

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

Mauritania Rift Valley fever Ungraded 31-Aug-2022 26-Aug-2022 31-Aug-2022 1 1 1 100.0%

A new confirmed case of Rift Valley fever (RVF) was reported by the Mauritanian Ministry of Health on 29 August 2022. The case is a 25-year-old male breeder from the Moughataa (district) of Tintane in Hodh El Gharbi region. He presented to a health facility with high fever and headache. On 26 August, he developed a haemorrhagic syndrome (epistaxis) with severe thrombocytopenia. He died on 29 August. Response activities are underway including enhanced surveillance and investigations.

Mauritius COVID-19 Grade 3 18-Mar-2020 18-Mar-2020 4-Sep-2022 259,730 259,730 1,024 0.4%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 4 September 2022, a total of 259,730 confirmed COVID-19 cases including 1,024 deaths have been reported in the country.
Cholera outbreak has been reported from Sofala and Zambezia 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%), Chamba (36, 1.1%), and Marromeu districts (274, 7.9%). In Zambezia province, cases have been reported from Morrumbala (1 333, 40.9%), Mopeia (589, 18.0%), and Quelimane City (386, 5.9%) districts.

A total of 63 samples have been tested, of which 41 have returned positive for cholera by rapid diagnostic test (RDT) and 16 turned positive by culture. Response activities are ongoing.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 7 September 2022, a total of 230 145 confirmed COVID-19 cases were reported in the country including 2 222 deaths and 227 819 recoveries.

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 10 September 2022, the nationwide estimate of people in need of humanitarian assistance is 1.5 million and 946, 508 IDP population resulting from the conflict. 1.5 million still need life saving humanitarian assistance in 2022 resulting from heightened food insecurity and malnutrition.

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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.

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 9 September 2022, a total of 264 450 confirmed cases with 257 670 recovered and 3 154 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.

In 2022, 39 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria, including four in week 30 from Zamfara State. The most recent date of onset was 9 June 2022. There were 410 cVDPV2 cases reported in 2021.

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.

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.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 10 September 2022, a total of 132 474 cases with 1 466 deaths and 86 108 recoveries 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-2020 6-Apr-2020 4-Sep-2022 6 177 6 177 76 1.2%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 4 September 2022, a total of 6 177 confirmed cases of COVID-19 have been reported, including 76 deaths. A total of 6 077 cases have been reported as recoveries.

Senegal COVID-19 Grade 3 2-Mar-2020 2-Mar-2020 10-Sep-2022 88 199 88 199 1 968 2.2%

From 2 March 2020 to 10 September 2022, a total of 88 199 confirmed cases of COVID-19 including 1 968 deaths and 86 108 recoveries have been reported in Senegal.

<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>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-2020</td>
<td>1-Jan-2021</td>
<td>3-Aug-2022</td>
<td>26</td>
<td>26</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>10-Oct-2016</td>
<td>10-Oct-2016</td>
<td>30-Jul-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-2020</td>
<td>27-Feb-2020</td>
<td>9-Sep-2022</td>
<td>264 450</td>
<td>264 450</td>
<td>3 154</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

| Country          | Lassa fever | Grade 1 | 1-Jan-2021 | 1-Jan-2021 | 28-Aug-2022 | 936 | 899 | 169 | 18.8% |

| Country          | Monkeypox | Grade 3 | 31-Jan-2022 | 1-Jan-2022 | 14-Aug-2022 | 220 | 220 | 4 | 1.8% |

| Country          | Undiagnosed disease | Ungraded | 21-Jul-2022 | 15-Jul-2022 | 10 | 10 | 10.0% |

| Country          | Yellow fever | Grade 2 | 12-Sep-2017 | 1-Jan-2021 | 26-Jul-2022 | 29 | 22 | 0 | 0.0% |

| Country          | COVID-19 | Grade 3 | 14-Mar-2020 | 14-Mar-2020 | 10-Sep-2022 | 132 474 | 132 474 | 1 466 | 1.1% |

| Country          | Dengue | Grade 2 | 11-Apr-2022 | 15-Apr-2022 | 5-Sep-2022 | 993 | 993 | 3 | 0.3% |

| Country          | COVID-19 | Grade 3 | 2-Mar-2020 | 10-Sep-2022 | 88 199 | 88 199 | 1 968 | 2.2% |
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.

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 11 September 2022, a total of 46,358 cases have been confirmed, including 45,977 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 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%).

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 25 August 2022, a total of 7,744 confirmed COVID-19 cases were reported in the country, including 125 deaths and 4,875 recovered cases.

<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>Senegal</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>12-Aug-2022</td>
<td>15-Aug-2022</td>
<td>28-Aug-2022</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>40.0%</td>
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<tr>
<td>Senegal</td>
<td>Measles</td>
<td>Ungraded</td>
<td>4-Jul-2022</td>
<td>1-Jan-2022</td>
<td>28-Aug-2022</td>
<td>326</td>
<td>326</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>11-Sep-2022</td>
<td>46,358</td>
<td>46,358</td>
<td>169</td>
<td>0.4%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>20-May-2022</td>
<td>20-May-2022</td>
<td>17-Jun-2022</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-2020</td>
<td>27-Mar-2020</td>
<td>25-Aug-2022</td>
<td>7,744</td>
<td>7,744</td>
<td>125</td>
<td>1.6%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-2020</td>
<td>3-Mar-2020</td>
<td>11-Sep-2022</td>
<td>4,014,045</td>
<td>4,014,045</td>
<td>102,129</td>
<td>2.5%</td>
</tr>
<tr>
<td>South Africa</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>23-Jun-2022</td>
<td>23-Jun-2022</td>
<td>10-Sep-2022</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>18-Dec-2020</td>
<td>5-Apr-2021</td>
<td>17-Aug-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-2016</td>
<td>15-Aug-2016</td>
<td>1-Sep-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>25-Apr-2022</td>
<td>13-Mar-2022</td>
<td>6-Aug-2022</td>
<td>108</td>
<td>8</td>
<td>5</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

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

#### Poliomyelitis

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 were reported in the country including 138 deaths and 17,700 recovered cases.

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. 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 1999. During week 30 (ending 30 July), a total of 43 cases were reported. Approximately 54% of cases are male.

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. 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 1999. During week 30 (ending 30 July), a total of 43 cases were reported. Approximately 54% of cases are male.

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#### Drought/food insecurity

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.

#### Anthrax

An anthrax outbreak has been confirmed in Bududa District, Uganda, in early May 2022. As of 9 August 2022, a total of 51 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 Bududa (20 cases and one death). Eleven samples have been collected in Bududa, five of which tested positive for anthrax. No new suspected cases have been reported in Kween and the last suspected case from Bududa remains under home based care. Of note, 60 animals have suddenly died in Bududa (35), Namisindwa (9), Manafwa (8), Kween (6) & Mbale City (2) Districts.

#### Cholera

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.

### Table: Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>Total cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Apr-2022 to 21-Mar-2022</td>
<td>316</td>
<td>56</td>
<td>0.3%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-2020 to 5-Apr-2020</td>
<td>18,046</td>
<td>18,046</td>
<td>0.8%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-2018 to 6-Aug-2022</td>
<td>104</td>
<td>25</td>
<td>0.8%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>28-Dec-2021 to 1-Jan-2022</td>
<td>117,138 to 117,138</td>
<td>232</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Feb-2022 to 1-Jan-2022</td>
<td>535</td>
<td>68</td>
<td>2%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-2020 to 16-Mar-2020</td>
<td>39,168</td>
<td>39,168</td>
<td>2.2%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Leptospirosis</td>
<td>Grade 1</td>
<td>14-Jul-2022 to 5-Jul-2022</td>
<td>20</td>
<td>15</td>
<td>3%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Measles</td>
<td>Ungraded</td>
<td>30-Jun-2022 to 23-Aug-2022</td>
<td>223</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-2020 to 1-Mar-2020</td>
<td>38,451</td>
<td>38,451</td>
<td>0.7%</td>
</tr>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-2019 to 13-Sep-2019</td>
<td>17</td>
<td>17</td>
<td>0%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-2022 to 1-Jan-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uganda</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>26-May-2022 to 16-May-2022</td>
<td>51</td>
<td>5</td>
<td>3.9%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Mar-2020 to 3-Sep-2022</td>
<td>168,937 to 168,937</td>
<td>3,628</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
On 31 July 2022, floods from Nabyungo 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.

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 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.

Research Institute returned positive for RVF. 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. 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.

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.

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.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 07 September 2022, a total of 256 834 confirmed COVID-19 cases were reported in the country including 4 017 deaths.

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.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 07 September 2022, a total of 256 834 confirmed COVID-19 cases were reported in the country including 5 596 deaths and 251 238 cases that recovered.

A measles outbreak has been ongoing in Zimbabwe since 10 April 2022. As of 31 August 2022, 4 117 recoveries and 639 Deaths have been reported since the onset of the outbreak. New cases were reported from Matabeleland North (60), Manicaland (49), Mashonaland East (41), Mashonaland West (23), Chitungwiza (11) and Harare (6).
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