WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 40: 26 September to 2 October 2022
Data as reported by: 17:00; 2 October 2022

2 New events
147 Ongoing events
128 Outbreaks
21 Humanitarian crises

Legend

- Measles
- Meningitis
- Leukaemia
- Cholera
- Typhoid fever
- Polio
- COVID-19
- Anthrax
- Dengue fever
- Malaria
- Hepatitis E
- Drought
- Rock<br />
- Yellow fever
- Plague
- Cases of
- Deaths

Countries reported in the document
Countries outside WHO African Region
WHO Member States with no reported events
Not applicable

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*
Overview

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

- **Ebola Virus Disease caused by Sudan virus in Uganda**
- **Monkeypox in the WHO African Region**
- **Cholera in Niger**

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

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

**Major issues and challenges include:**

- The ongoing Ebola disease outbreak caused by the Sudan ebolavirus in Uganda continues, however with further spread to additional Districts. Although significant improvement has been made in various aspects of the response as compared to the beginning of the outbreak, there remains some challenges especially around alert detection, thorough identification of all transmission chains, contact tracing and follow-up, and robust community engagement. One of the affected Districts borders the Democratic Republic of the Congo, highlighting an urgent need to reinforce cross-border collaboration with neighbouring countries and enhance preparedness and readiness activities in non-affected Districts of Uganda as well as in neighbouring countries.

- The number of confirmed monkeypox cases in Africa has shown an increasing trend in the past seven days. Two countries reported fifty-two new cases, including Nigeria and the Central Africa Republic. One new death reported in Nigeria and two deaths previously recorded in CAR were discarded after a detailed investigation.
The WHO AFRO Regional Emergency Director visited the Ministry of Health, the WHO Country Representative and also attended the daily DTF meeting at Mubende District.

Daily SVD Incident Management Team and National Task Force meetings are being held at the national level to provide strategic guidance to the response.

Daily District Task Force (DTF) meetings are being held in all affected Districts.

Daily partners’ meetings are happening in Mubende and Kyeggegwa Districts.

The Ministry of Health, the WHO Country Representative and their Delegations visited the three most affected Districts to evaluate and re-orient ongoing response activities.

The WHO AFRO Regional Emergency Director visited Madudu Sub-County and the Ebola Treatment Unit (ETU), and also attended the daily DTF meeting at Mubende District.

EVENT DESCRIPTION
The Uganda Ministry of Health (MoH) officially declared an outbreak of Ebola disease caused by the Sudan ebolavirus on 20 September 2022, after a 24-year-old male from Madudu Sub-County in Mubende District tested positive at the Uganda Virus Research Institute. As of 2 October 2022, a total of 63 cases including 43 laboratory-confirmed and 20 probable cases have been reported. Twenty-nine fatalities have been registered including nine confirmed cases, for an overall case fatality ratio of 46%, and 21% among confirmed cases. Four patients have been discharged, a recovery rate of 10%.

Unlike the beginning of the outbreak when females were twice more affected than males, cases are almost equally distributed between male (49%) and female (51%). The 20-29 age group is the most affected, with nearly 30% of cases (45% among confirmed cases); the under-10 represent almost 20% of cases (5% among confirmed cases). Ten healthcare workers (16%) have so far been affected, with three deaths.

From one initial District, the outbreak has now spread to four additional ones. Mubende remains the hotspot with 55 cases including 36 confirmed, followed by Kyeggegwa (three confirmed), Kassanda (two confirmed and one probable), Kagadi (one confirmed), and Bunyangabu (one confirmed). Of note, all cases reported out of Mubende district have an epidemiological linkage to the initial cases– have either sought care at Mubende Regional Referral Hospital (RRH) or taken part in burials of confirmed or probable cases in Mubende.

There has been a great improvement in the contact tracing and follow-up rate, around 20-25% at the beginning of the response. As of 2 October 2022, a total of 884 contacts have been listed. Of these, 529 have been followed-up in the past 24 hours, giving a follow-up rate of 60%. In addition, for the past days, all new confirmed cases have originated from the contact tracing list and no more probable cases (community deaths) have been depicted.

PUBLIC HEALTH ACTIONS

Coordination
- Daily SVD Incident Management Team and National Task Force meetings are being held at the national level to provide strategic guidance to the response.
- Daily District Task Force (DTF) meetings are being held in all affected Districts.
- Daily partners’ meetings are happening in Mubende and Kyeggegwa Districts.
- The Ministry of Health, the WHO Country Representative and their Delegations visited the three most affected Districts to evaluate and re-orient ongoing response activities.
- The WHO AFRO Regional Emergency Director visited Madudu Sub-County and the Ebola Treatment Unit (ETU), and also attended the daily DTF meeting at Mubende District.

Surveillance and Laboratory
- Epidemiological investigations, contact tracing, and active case finding are ongoing in the affected Districts. A total of 884 contacts have already been listed with 529 followed-up (60%) over the past 24hrs. In addition, 16 alerts were verified among which eight (50%) were validated as suspected cases of SVD.
- The on-site mobile testing laboratory is currently functional at the Mubende RRH, therefore reducing the turn-around time considerably, from 24 to six hours. A total of 26 samples were processed in the past 24hrs, with two new confirmed cases.

Case management and infection, prevention and control (IPC)
- The Mubende ETU is functional and has received additional human resources.
- Nalutuntu Health Care III in Kassanda District has been assessed for suitability of a SVD isolation centre.
- Emergency Medical Services responded to zero requests for inter-facility transfers, two intra-facility transfers and evacuated five suspected cases from communities of Kagadi (01), Kiryandongo (01) and Mubende (03).
- A total of 13 healthcare workers were oriented on SVD standard case definition, alert verification, reporting, contact tracing and IPC in Bunyangabu District.
- A safe and dignified burial team was trained in Kassanda District.

Risk communication
- Four local radio stations (Point FM, Mubende FM, Heart FM and Tropical FM) and all village community radios are currently running daily talk-shows and spot announcements on SVD awareness in Mubende. In addition, a government radio talk-show airtime has been allocated to SVD awareness in Kyeggegwa.
- SVD awareness messages are running on at least ten community tower radio stations.
- Five film vans have been deployed in Mubende, Kagadi, Kyeggegwa and Kassanda Districts to undertake community sensitization and mobilization.

Logistics
- Response in Mubende currently has a fleet of 32 vehicles and nine ambulances from MoH and partners.
- Assorted supplies for the Mubende ETU have been received, including oxygen concentrators, pulse oximeters, glucometers, beds, mattresses and several essential drugs.

EVENT DESCRIPTION

Ebola Virus Disease caused by Sudan virus in Uganda

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<td>63</td>
<td>23</td>
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<td>cases</td>
<td>Deaths</td>
<td>CFR</td>
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A joint MoH-WHO situation report is now issued on a daily basis.

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SITUATION INTERPRETATION

As response activities are being fully implemented in all affected Districts, there is continuous and significant improvement in some key performance indicators. Over the recent days indeed, no new probable cases have been recorded and all confirmed cases were all listed as contacts, showing that transmission chains are being thoroughly identified. In addition, the contact follow-up rate has almost tripled as compared to the beginning of the outbreak, from 20-25% to almost 60%, though there is still route for more improvement. Although the disease has expanded to four additional Districts, efforts are being put in place to avoid community transmission in other affected Districts.

Distribution of cases of Ebola virus disease in Uganda by outcome

![Graph showing the distribution of cases of Ebola virus disease in Uganda by outcome.](Image)
Distribution of Ebola Virus Disease by subcounty in the affected districts in Uganda, as of 2 October 2022

[Map showing the distribution of Ebola Virus Disease by subcounty in Uganda]

Legend
- Confirmed cases
- Probable cases

District status
- Affected
- Not affected
- Countries

Date: 04/10/2022

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Event Description

Between 1 January and 2 October 2022, 11 African countries have reported 724 monkeypox cases and 14 deaths, including nine countries in the WHO African region (Nigeria (400), Democratic Republic of the Congo (DRC) (190), Ghana (91), Central Africa Republic (CAR) (9), Cameroon (8), South Africa (5), Benin Republic (3), Congo (5) and Liberia (3) and two in the WHO Eastern Mediterranean Regional countries: Sudan (7) and Morocco (3).

Nigeria (55.2%), the Democratic Republic of the Congo (26.2%), and Ghana (12.6%) are the three nations in Africa that have reported the highest number of monkeypox cases. Together, these three countries account for 94.1% of all confirmed cases in Africa. The two deaths reported in CAR were reversed after a detailed investigation. There have been 14 fatalities and 724 laboratory-confirmed cases of Monkeypox in Africa; these numbers represent 1.1% and 56% of the total number of cases and deaths reported worldwide.

Since the start of the monkeypox outbreak in Africa to 02 October 2022, 67,556 laboratory-confirmed and 3,193 probable Monkeypox cases have been reported globally. Similarly, 25 deaths were reported from Belgium (1), Cuba (1), Czechia (1), Ecuador (1), India (1), Sudan (1), United States of America (1), Brazil (2), Cameroon (2), Spain (3), Ghana (4), and Nigeria (7) across all six WHO regions.

Most cases reported in the past week were notified from the Region of the Americas 41,966 (62.1%) and the European Region 24,637 (36.5%). Africa region recorded the highest number of global monkeypox deaths (13), followed by the European region (5) and the Region of the Americas (5).

Public Health Actions

- WHO AFRO is collaborating with countries to investigate modes of transmission of Monkeypox
- Countries are using the WHO’s technical surveillance guidelines and reporting tools to facilitate case detection, reporting, case investigations, contact tracing, and follow-up
- Efforts are ongoing to improve surveillance and laboratory capacity, including genomic surveillance in affected countries.
  - Monkeypox signal detection and verification are being enhanced through proactive information and data gathering system using the Epidemic Intelligence from Open Sources.
- WHO has developed a monkeypox vaccination strategy to guide the identification of high-risk and priority groups for vaccination.

Situation Interpretation

A monkeypox outbreak continues in Africa, with new cases reported from two countries in the past seven days. One new death was confirmed in Nigeria. Nigeria, the Democratic Republic of the Congo, and Ghana have reported the highest caseload. WHO AFRO has deployed high-level support missions to countries prioritized for Monkeypox response (DRC, Nigeria, Ghana and CAR).
**EVENT DESCRIPTION**

The ongoing cholera outbreak in Niger was first detected on 29 August 2022. From 29 August to 17 September 2022, according to the Ministry of Health Niger (MOH), a cumulative total of 34 cases with no death have been reported. Cholera cases have been reported from two districts, including Madarounfa in Maradi region (33) and Dungass in Zinder region (1).

As of 17 September, a total of 22 stool samples were collected and analyzed (by culture) by the reference laboratory in Niger. Of these, 14 samples (63.4%) tested positive for Vibrio cholerae Ogawa 01.

The last major epidemic in Niger was in 2021 and it recorded 5,591 cases including 166 deaths with a case fatality rate of 2.9%. Thirty five (35) districts of the 72 health districts within seven regions of the country, reported at least one case of cholera during the period. Following that outbreak, nine health districts of the 35 districts conducted mass cholera vaccination campaign. Among the districts affected by the current epidemic, only Dungass did not conduct a vaccination campaign in the previous year.

The national level risk for the current epidemic is considered "High" because Maradi region, the epicenter of the current epidemic, was the most affected in the previous epidemic with 3,038 cases recorded (54.3% of all cases), with 49 deaths, yielding a case fatality rate of 1.6%.

Niger is currently experiencing a rainy season and the eight regions are affected by floods. According to the Ministry of Humanitarian Action and Disaster Management, as of September 4, 2022, the country recorded 140,029 people in 16,579 households affected by floods throughout the national territory. The presence of traditional risk factors for cholera including limited access to clean water and inadequate sanitation facilities in a context of limited public sanitation and hygiene, coupled with the ongoing flooding, are likely to facilitate the spread of the disease and increase the scale of the outbreak.

**SITUATION INTERPRETATION**

In the previous year, around August-October, the Niger Minister of Public Health declared a cholera epidemic, that registered 5,591 cases including 166 deaths. This has shown that cholera in Niger is seasonal and associated with the rainy and flooding season in some regions of the country. With issues of poor access to clean water and flooding in some parts of the affected district, response efforts must be boosted as these prevailing risk factors remain key in propagation of the outbreak. The government is currently leveraging on support from key partners to control this outbreak and preventing high case mortality as experienced in 2021.

**PUBLIC HEALTH ACTIONS**

- Development of a Cholera Response Plan in Madarounfa health district with specific activities to control the ongoing outbreak.
- Deployment of the SURGE rapid response team to Maradi and Zinder and meeting of the “ONE HEALTH” National Committee.
- Setting up of a CTC (cholera treatment centre) and pre-positioning of treatment drugs.
- Pre-positioning of sampling kits and cholera Rapid Diagnostic Test kits at all CTC.
- Strengthening surveillance activities at all levels and investigations of suspected cases in the Integrated Health Centers affected districts.
- Daily transmission of data from health districts to the district coordination center of Maradi city and Madarounfa.
- Hypochlorite and Aquatab made available in the districts to support water treatment.
- Hand washing devices have been installed at three large mosques in Madarounfa district.
- Household sensitization and disinfection is ongoing for households that reported cases.
- Risk communication and messaging on cholera prevention ongoing, using community leaders and volunteers as well as mass media platforms to target affected communities.
- Radio programmes to increase awareness of the outbreak by the head of the public hygiene and health education service have been initiated.
- Community sensitization and water, sanitation and hygiene activities have been enhanced in the affected districts.
- Surveillance activities for cholera and other diarrheal diseases have been enhanced in health facilities and communities.
- Training on infection prevention and control measures have been provided to health workers at the treatment facilities.
Distribution of cases of cholera in Niger, 17 September 2022

Legend
Cholera cases
- 1
- 33

Proportion of the total
2.94 %
97.06 %

Boundaries
Non-affected areas
Other countries

Data source: World Health Organization
Health Emergency Information Management and Risk Assessment
Emergency Preparedness and Response
World Health Organization
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## New Events

A suspected meningitis outbreak is ongoing in the Banalia health zone, Tshopo province in the Democratic Republic of the Congo. From 2 June 2022 to 25 September 2022, a total of 116 suspected cases with 18 deaths (CFR 15.5%) have been reported. Three health areas are the hotspots: Mangi, Bongonza and Akuma.

As part of routine surveillance, the Prefectural Health Directorate (DPS) of N’zérékoré was alerted by the Regional Hospital Directorate on 20 September 2022 of a positive case of hemorrhagic fever from the Mohomou health area in the urban commune. This is a male patient, 45 years old, a logistician by profession. The deceased lived in the Gbangana district and shared the same household with only his wife. An investigation is ongoing to identify the source of contamination.

### Ongoing Events

**Algeria**
- **COVID-19**
  - Grade: 3
  - Start of reporting period: 25-Feb-2020
  - End of reporting period: 2-Oct-2022
  - Total cases: 270 685
  - Confirmed COVID-19 cases: 270 685
  - Deaths: 6 879
  - CFR: 2.5%

From 25 February 2020 to 2 October 2022, a total of 270 685 confirmed cases of COVID-19 with 6 879 deaths have been reported from Algeria, with 182 316 recovered.

**Algeria**
- **Poliomyelitis (cVDPV2)**
  - Grade: 2
  - Start of reporting period: 14-Jul-22
  - End of reporting period: 2-Sep-22
  - Total cases: 1
  - Confirmed cases: 1
  - Deaths: -
  - CFR: -

Algeria IHR focal point notified WHO of a confirmed case of Circulating Vaccine-Derived Poliovirus type 2 (cVDPV2). The case is a one-year-old girl resident of Tamanrasset Wilaya (commune of Tamanrasset). She was admitted on 11 April 2022 to a district hospital, for acute flaccid paralysis of both lower limbs. The epidemiological investigation carried out on the same day showed that she had not received any dose of oral or inactivated polio vaccine and that she had no history of travel outside the city of Tamanrasset.

**Algeria**
- **West Nile fever**
  - Grade: Ungraded
  - Start of reporting period: 29-Aug-22
  - End of reporting period: 30-Aug-22
  - Total cases: 1
  - Confirmed cases: 1
  - Deaths: 0
  - CFR: 0.0%

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 30 September 2022, a total of 103 131 confirmed COVID-19 cases have been reported in the country with 1 917 deaths and 101 155 recoveries.

**Benin**
- **COVID-19**
  - Grade: 3
  - Start of reporting period: 17-Mar-20
  - End of reporting period: 21-Aug-22
  - Total cases: 103 131
  - Confirmed cases: 103 131
  - Deaths: 1 917
  - CFR: 1.8%

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
  - Start of reporting period: 14-Jun-2022
  - End of reporting period: 29-Aug-22
  - Total cases: 3
  - Confirmed cases: 3
  - Deaths: 0
  - CFR: 0.0%

Three suspected cases of Monkeypox were notified to WHO by the Benin Ministry of Health on 3 June 2022. Two of the three suspected cases were from Nigeria and one person from the North of the country. Laboratory samples were taken and sent to the Institute Pasteur laboratory in Dakar, which confirmed the three samples positive on 14 June 2022. Epidemiological investigations are ongoing.

**Benin**
- **Poliomyelitis (cVDPV2)**
  - Grade: 2
  - Start of reporting period: 8-Aug-19
  - End of reporting period: 3-Aug-2019
  - Total cases: 16
  - Confirmed cases: 16
  - Deaths: 0
  - CFR: 0.0%

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
  - Start of reporting period: 30-Mar-20
  - End of reporting period: 29-Sep-22
  - Total cases: 326 308
  - Confirmed cases: 326 308
  - Deaths: 2 789
  - CFR: 0.9%

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 29 September 2022, a total of 326 308 confirmed COVID-19 cases were reported in the country including 2 789 deaths.

**Burkina Faso**
- **Humanitarian crisis (Sahel Region)**
  - Grade: 2
  - Start of reporting period: 1-Jan-19
  - End of reporting period: 8-Aug-22
  - Total cases: -
  - Confirmed cases: -
  - Deaths: -
  - CFR: -

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 Sebba 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
  - Start of reporting period: 10-Mar-20
  - End of reporting period: 10-Jul-22
  - Total cases: 21 150
  - Confirmed cases: 21 150
  - Deaths: 387
  - CFR: 1.8%

Between 9 March 2020 and 19 July 2022, a total of 21 150 confirmed cases of COVID-19 with 387 deaths and 20 745 recoveries have been reported from Burkina Faso.

**Burundi**
- **COVID-19**
  - Grade: 3
  - Start of reporting period: 31-Mar-20
  - End of reporting period: 29-Sep-22
  - Total cases: 50 176
  - Confirmed cases: 50 176
  - Deaths: 15
  - CFR: -

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 29 September 2022, the total number of confirmed COVID-19 cases is 50 176, including 15 deaths and 49 786 recovered.
The security situation remains unstable, characterized by incursions and attacks in the departments of Mayo-Sava, Mayo-Tsanaga and Logone & Chari bordering Nigeria. At least 23 incidents involving armed men have been recorded, with 13 civilians killed including 2 children and 1 woman, as well as 12 people injured and 10 others abducted. The incursions of NSAGs are accompanied by looting of property and livestock, and sometimes burning of houses. Around 7 653 people have been displaced in June 2022, majority of which occurred in the Mokolo Subdivision following two NSAG attacks. As of 30 June 2022, 15 000 people have returned to their homes following the intercommunal conflict that occurred in the Logone-Birni department on December 2021. Moreover, nearly 640 households have been affected by torrential rains in Mayo-Danay and Logone & Chari since mid-April 2022.

The situation in the North-West and South-West regions remains tense with continued violence and targeted attacks, including abductions, kidnappings, killings, unlawful arrests, and destruction of property. Populations, as well as education and healthcare providers in particular, continue to be under high risks when accessing facilities or delivering services. They continuously face threats, direct attacks, and armed incursions. The global rise in prices of basic commodities further exacerbates suffering among already vulnerable communities.

The situation in the Far North Region remains characterized by the persistence of non-state armed groups activities in the Mayo-Sava, Mayo-Tsanaga, and Logone & Chari Departments. Several security incidents have been reported during the month of July 2022. These were mainly predatory incursions, attacks on military positions, looting and kidnappings with or without ransom demands. The most striking attack was that of the Mada District Hospital in Makary Division on 2 July, with significant humanitarian consequences. Moreover, the current rainy season makes geographical access increasingly difficult in several areas across the region. Several humanitarian activities are postponed or cancelled due to the poor physical condition of the roads in addition to the risk of security incidents, and the suspension of UNHAS flights.

As of week 36, of 2022 (ending 11 September), a total of 1 968 cases of measles have been confirmed including 495 IgM+ (out of 1 243 investigated cases with blood samples); 50 compatible and 1 423 epi-linked case. About 91% of the children with confirmed measles are below nine years of age and 69% are less than five years old with only 29% known to be vaccinated. A total of 54 districts have reported confirmed epidemics.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 35, 2022. There were three cases reported in 2021 and seven cases reported in 2020. No case has yet been reported for 2022.

As of 13 September 2022, a total of 2 534 suspected cases of YF have been reported since the beginning of the outbreak in 2021, including 17 probable and 35 laboratory-confirmed cases. One PCPR case has recently been reported in Tcholire District (North Region) with symptoms onset on 12 August 2022. In addition, 10 PRNT+ cases are pending classification, including one case from East region reported on 12 September by Institut Pasteur Dakar. Cumulatively, all ten Regions and 32 Districts have been affected since the beginning of the outbreak in 2021.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 1 October 2022, a total of 62 376 confirmed COVID-19 cases including 410 deaths and 61 895 recoveries were reported in the country.

After several years of displacement, humanitarian and development actors are helping internally displaced persons and refugees to resume normal lives. As of 31 July 2022, the total number of internally displaced persons (IDPs) in CAR was estimated at 647 883 individuals, comprising 154 964 people in IDP’s sites and 492 919 in host families. This represents an overall increase of 37 618 IDPs (6.2%) compared to June 2022 when the number of IDPs was estimated at 610 265. Moreover, floods continue to affect CAR. More than 22 450 people have lost their homes and have taken shelter in host families, schools and churches. At least ten people were killed, nearly 2,000 houses and a dozen bridges were destroyed, and thousands of latrines and wells were flooded.
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 19 September 2022, a total of 14,922 confirmed cases, 113 deaths and 14,520 recovered were reported.

From week 1 to week 35, 2022 (ending 4 September), a total 1,194 suspected cases of measles including one death (CFR 0.08%) have been reported through IDSR system. Six districts with measles outbreak (Bangui 1 confirmed at week 33, Batangafo-Kabo at week 30, Ouango-Gambo at week 30, Bimbo at week 10, Kouango-Grimari at week 11, Alindao at week 14 and Haute-Kotto at week 20).

As of 14 September 2022, the Central African Republic has so far recorded 20 suspected cases of monkeypox including eight confirmed cases and two deaths (CFR 10%). The confirmed cases have been reported from six health districts: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou.

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 de Cameroon. As of 13 September 2022, a total of 660 suspected cases of yellow fever have been reported indicating four probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.7%). Eight suspected cases have been reported on epi-week 36, 2022. Three regions still remain affected (RS3, 4 & 6), with 70% of confirmed cases being reported in RS3 (Batangafo Kabo and Nanga-Boguila districts have each reported eight and six confirmed cases, respectively).

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

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 25 September 2022, a total of 7,581 confirmed COVID-19 cases were reported in the country including 193 deaths.

As at Week 36 of 2022: a total of 2,700 measles suspected cases reported from 126 of 139 districts for the country (44%) are in outbreak mode. Nationwide multi-intervention campaigns including measles outbreak response vaccination, Vitamin A supplementation and deworming took place from 5 to 11 August and the administrative data show a coverage rate of 107.9% for 11 of the 11 regions.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 30 September 2022, including 386 deaths and 23,644 recovered cases have been 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.

From week 1 to week 23, 2022 (ending 12 June), a total of 214 lab confirmed measles cases and 6,314 epidemiologically linked cases and 132 deaths (CFR 2%) have been reported in Congo; 23 out of 52 districts for the country (44%) are in outbreak mode. Nationwide multi-intervention campaigns including measles outbreak response vaccination, Vitamin A supplementation and deworming 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, ten cases including five laboratory-confirmed and five probable cases have been reported from Impfondo District in the country’s northern department of Likouala on the border with the Democratic Republic of Congo and Central Africa (7), from Sangha Department (2), and from Pointe Noire (1), as of 14 September 2022. Three of these cases have died (CFR 30.0%). Two confirmed cases have been reported on week 36, including one from Pointe Noire which has reported its first ever case of monkeypox.

In Congo, as of 16 September 2022, a total of 30 probable cases of yellow fever and four confirmed and zero deaths have been reported.
Since 11 March 2020, a total of 87 282 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 826 deaths, and a total of 86 395 recoveries. From 13 August 2021 to 26 August 2022, a total of 79 probable and seven confirmed cases of yellow fever were recorded in Côte d’Ivoire, with no deaths. As of 31 July, more than 5.5 million people are internally displaced with North Kivu and Ituri provinces hosting the majority of IDPs (32% each) followed by South Kivu province (24%). The main causes of displacement are armed attacks and clashes, land and inter-community conflicts and natural disasters. In July 2022, 34 new security incidents directly affecting humanitarian personnel or goods were recorded in the DRC. In Ituri Province, civilian populations are still the target of deadly attacks by armed groups. According to local civil society, at least 40 civilians, including 17 children, were killed, many others kidnapped and more than 400 houses burned in the locality of Mbidjo on 9 Sept 2022 by armed men. Following these incidents, nearly 18 500 people moved to the peripheral areas (Dala, Mongwalu, etc.). Emergency interventions in the western part of the Djugu territory, where more than 70K IDPs were registered between June and September 2022, are faced with constraints of physical access, security and weak response capacities of partners. 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. At least 39 civilians have been killed in multiple attacks carried out by armed men in Beni territory of North Kivu province since the beginning of September 2022 causing a delay in the delivery of humanitarian aid benefitting more than 250K people. As of 21 Sept 2022, 19 686 returnees from Uganda have been registered in the Rwasa II site where humanitarian needs are constantly increasing. In Nyiragongo territory, more than 24 500 IDPs cannot yet return to their homes due to persistent insecurity. As of Epi-week 36, 2022 (ending 11 September), a total of 102 877 suspected cases and 1 317 measles related deaths (CFR 1.3%). About 5 086 cases were investigated through the case-based surveillance system; 2 066 tested IgM+ for Measles and 1 056 tested IgM+ for Rubella; 66% lab confirmed measles cases are < 5 years old, and only 34% with history of vaccination; a total of 164 health zones with confirmed outbreaks at some point since the start of the year (148 health zones in Week 34). As of 1 January – 18 September 2022, the Democratic Republic of the Congo reported 3 797 suspected including 190 confirmed cases from 150 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1 583), Tshopo (522), Maniema (302), Kwango (347), and Tshuapa (213). Between epidemiological weeks 1-37 of 2022, 610 cases of suspected bubonic plague have been reported with 10 deaths (CFR 1.6%). All cases have been reported from the Rethy health zone in Ituri Province. Lokpa health area has reported the majority of suspected cases (475, 77.9%) in 2022. A total of nine cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported last week: eight in Tanganyika and one in Haut Katanga bringing the number of cases reported in 2022 to 120. There were 28 cases in 2021. Outbreak response to both cVDPV1 and cVDPV2 is being intensified. In 2022, from epidemiological week 1 to 37 (ending 18 September 2022), 1 361 529 suspected cases of typhoid fever were reported including 569 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 16 September 2022, 10 probable cases and six confirmed yellow fever cases and one death have been reported in the country.
Health Emergency Information and Risk Assessment

<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>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>28-Sep-22</td>
<td>16 915</td>
<td>16 915</td>
<td>183</td>
<td>1.1%</td>
</tr>
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</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case in 14 March 2020. As of 28 September 2022, a total of 16 915 cases have been reported in the country with 183 deaths and 16 690 recoveries.

| Eritrea         | COVID-19       | Grade 3 | 21-Mar-20            | 21-Mar-20                  | 30-Sep-22               | 10 170      | 10 170          | 103    | 1.0% |

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 30 September 2022, a total of 10 170 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 065 patients have recovered from the disease.

| Eritrea         | Poliomyelitis (cVDPV2) | Ungraded | 2-Jun-22            | 7-Jun-2022                 | 7-Sep-2022              | 2           | 2               | 0      | 0.0% |

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week 35, 2022. There has so far been one case reported in 2022 and another one reported in 2021, even though the case has been confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.

| Eswatini        | COVID-19       | Grade 3 | 13-Mar-20            | 13-Mar-20                  | 1-Oct-22                | 73 390      | 73 390          | 1 422  | 1.9% |

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 1 October 2022, a total of 73 390 cases have been reported with 1 422 associated deaths.

| Ethiopia        | Drought/food insecurity | Grade 3 | 17-Feb-22            | 1-Jan-22                   | 24-Aug-22               | -           | -               | -      | -   |

Nearly 24.1 million people in southern and south-eastern Ethiopia have now been affected by the drought which began in October 2020, representing a significant increase from July 2022 and reflecting the impact of the drought in additional geographic areas of Ethiopia. About 9.9 million people are severely food insecure due to the drought. Over 3.5 million livestock—which pastoralist families rely upon for sustenance and livelihoods—have died. Consequently, children have less access to milk, negatively affecting their nutrition. Nearly 2.2 million children under age 5 and 685 900 pregnant and lactating women are acutely malnourished in drought-affected areas, including about 704 500 who are severely malnourished. Moreover, more than 8.2 million people cannot access enough water for drinking, cooking and cleaning across Ethiopia.

| Ethiopia        | Humanitarian crisis (Conflict in Tigray) | Grade 3 | 4-Nov-20            | 4-Nov-20                   | 6-Sep-22                | -           | -               | -      | -   |

The overall humanitarian situation in Ethiopia continues to be dire. More than 20 million people affected by violence as well as by climatic shocks such as prolonged drought and seasonal floods require humanitarian assistance and protection services until the end of 2022. The resumption of violence after a five-month generally calm situation in northern Ethiopia is already impacting the lives and livelihood of vulnerable people, including the delivery of lifesaving humanitarian assistance and is likely to create higher humanitarian needs in Afar, Amhara and Tigray. In Tigray Region, humanitarian supplies for humanitarian operations had been steadily flowing in August until the deterioration of the security situation. Similarly, humanitarian operations in hard-to-reach areas in Amhara Region were put on hold due to security concerns. Violence in parts of western, southern, and eastern Ethiopia is also driving humanitarian needs and causing interruptions in humanitarian operations.

| Ghana           | COVID-19       | Grade 3 | 13-Mar-20            | 13-Mar-20                  | 2-Oct-22                | 493 588     | 493 588         | 7 572  | 1.5% |

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 493 588 cases of COVID-19 as of 2 October 2022, with 7 572 deaths and 471 399 recoveries.

| Ethiopia        | Measles        | Ungraded | 14-Jan-17            | 1-Jan-22                   | 30-Sep-22               | 9 850       | 5 806           | 56     | 0.8% |

From January to September 2022 (30 September), a total of 9 850 confirmed cases with 5 806 confirmed and 56 deaths (CFR 0.6%) have been reported in Ethiopia. A total of 16 districts (Woredas) are currently experiencing confirmed measles outbreak: Chilga; Anden;Gololcha;Gura Damole; Guch;Babile;Dera;Banatsemay;North Ari; Raaso; West Imey; Harawo; Jigjiga City; Gashamo; Gobaqaba; Afder

| Gabon           | COVID-19       | Grade 3 | 12-Mar-20            | 12-Mar-20                  | 20-Sep-22               | 48 691      | 48 691          | 306    | 0.6% |

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 20 September 2022, a total of 48 691 cases including 306 deaths and 48 292 recoveries have been reported in the country.

| Gabon           | Yellow fever   | Grade 2 | 12-Feb-22            | 17-Sep-21                  | 13-Sep-22               | 3           | 1               | 1      | 33.3% |

On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Gououle-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. No other confirmed cases have been reported so far.

| Gambia          | Acute kidney injury | Grade 2 | 11-Aug-22            | 4-Jul-2022                 | 23-Sep-22               | 75          | 50              | 66.7%  | -   |

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. A total of 75 cases with 50 deaths (CFR 66.7%) 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 2022. Patients presented with symptoms such as inability to urinate (100% of cases), fever (100% of cases), vomiting (91%), and diarrhea (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.

| Gambia          | COVID-19       | Grade 3 | 17-Mar-20            | 17-Mar-20                  | 24-Sep-22               | 12 442      | 12 442          | 372    | 3.0% |

The first COVID-19 confirmed case was reported in The Gambia on 17 March 2020. As of 24 September 2022, a total of 12 442 confirmed COVID-19 cases including 372 deaths, and 12 051 recoveries have been reported in the country.

| Ghana           | COVID-19       | Grade 3 | 12-Mar-20            | 12-Mar-20                  | 27-Sep-22               | 169 385     | 169 385         | 1 459  | 0.9% |

As of 27 September 2022, a total of 169 385 confirmed COVID-19 cases have been reported in Ghana. There have been 1 459 deaths and 167 468 recoveries reported.

| Ghana           | Monkeypox      | Grade 3 | 8-Jun-22            | 24-May-2022                 | 6-Sep-22                | 535         | 84              | 4      | 0.7% |

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-6 September 2022, there have been 535 suspected cases, including 84 confirmed and four deaths reported from 16 administrative regions. Most of the positive cases were reported from the Greater Accra region (n=191). Of the confirmed cases, 33 (40%) are females. The age of confirmed cases ranges from 13 days 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 7 September 2022, a total of 37 652 cases, including 36 880 recovered cases and 449 deaths, have been reported in the country.

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.

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.

About 4.2 million people in northern and eastern Kenya have now been affected by the drought which began in October 2020, representing a significant increase from July 2022. Some 3.5 million people are severely food insecure due to the drought. Over 2.4 million livestock—which pastoralist families rely upon for sustenance and livelihoods—have died. Consequently, children have less access to milk, negatively affecting their nutrition. In Kenya, nearly 884 500 children under age 5 and 115 700 pregnant and lactating women are affected by acute malnutrition and need treatment, including 222 700 severely malnourished children. Moreover, more than 4.1 million people cannot access enough water for drinking, cooking and cleaning across Kenya.

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On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 2 October 2022, 338 445 confirmed COVID-19 cases including 5 678 deaths and 332 701 recoveries have been reported in the country.

On 25 March 2020, the Ministry of Health announced the first confirmed case of COVID-19 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.

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).

The measles outbreak has been reported from five counties: Marsabit, Wajir, Nairobi, Turkana and Garissa Counties. A total of 70 cases with 26 confirmed cases have been reported with zero death.

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The outbreak has been continuous since January 2021. A total of 1 972 visceral leishmaniasis (suspected and confirmed) cases have been reported in Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir and Isiolo Counties with a total of 10 deaths reported (CFR 0.5%). The outbreak is active in four counties, West Pokot County in Pokot North, Pokot south and West Pokot Sub Counties, Kitui county from Mwingi North and Mwingi Central Sub-counties, Wajir County from Wajir East, west, South and Eldas sub counties and Isiolo County.

The measles outbreak has been reported from five counties: Marsabit, Wajir, Nairobi, Turkana and Garissa Counties. A total of 70 cases with 26 confirmed cases have been reported with zero death.

From 12 Jan to 30 Sep 2022, there were a total of 139 suspected cases of yellow fever including 11 deaths (CFR 7.9%) reported from 11 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.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 17 September 2022, a total of 34 490 cases of COVID-19 have been reported, including 33 784 recoveries and 706 deaths.

From 16 March 2020 to 27 September 2022, Liberia has recorded a total of 7 974 cases including 294 deaths and 7 659 recoveries have been reported.

Since the beginning of 2022 up to 18 September 2022, Liberia has reported a total of 117 suspected cases of Lassa fever including 38 confirmed and 13 deaths (CFR 34.2%) have been reported in Liberia. Three Counties are currently experiencing an outbreak: Grand Bassa, Nimba and Bong Counties.

As of 7 September 2022, 7 150 suspected cases, including 6 726 confirmed and 79 deaths (CFR: 1.1%) were reported from 62 health districts in 15 counties. Of the confirmed cases, 5.7% (384 cases) were laboratory confirmed, 8.3% (557 cases) were clinically confirmed, and 86.0% (5,785 cases) by epidemiological link. The median age of the affected population is six years (range: one-month-67 years).
Malawi announced the first confirmed cases of COVID-19 in the country. As of 2 October 2022, a total of 88,029 COVID-19 cases have been reported in the country including 742 deaths and 31,661 recoveries.

Mali reported the first COVID-19 confirmed cases in the country. As of 2 October 2022, a total of 32,683 confirmed cases and deaths reported since the onset of the outbreak is 3,737 and 106 respectively, with Case Fatality Rate at 2.8%.

A total of 22 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 2 October 2022, the cumulative confirmed cases including 1,410 deaths have been reported in the country.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 2 October 2022, a total of 66,684 confirmed cases including 1,410 deaths 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 30 September 2022, a total of 262,648 confirmed COVID-19 cases including 1,026 deaths have been reported in the country.

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 2 October 2022, a total of 66,684 confirmed cases including 1,410 deaths have been reported in the country.

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 Pleabao Health centre in Maryland County, Liberia where he was detected and isolated with 4 contacts being line-listed. As of 9 September 2022, three confirmed cases of monkeypox and 0 deaths were reported.

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 male breeder from the Moughata (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. As of 21 September 2022, a total of 21 cases have been confirmed with 12 deaths (CFR 57.1%). Response activities are underway including enhanced surveillance and investigations.

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).

A new confirmed case of Rift Valley fever (RVF) was reported by the Mauritanian Ministry of Health on 29 August 2022. The index case is a 25-year-old male breeder from the Moughata (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. As of 21 September 2022, a total of 21 cases have been confirmed with 12 deaths (CFR 57.1%). Response activities are underway including enhanced surveillance and investigations.

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The aftermath of the cyclone Ana and Gombe in Malawi has largely ben contained. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people were affected, with 51 deaths recorded. The decommissioning of IDP camps in affected districts. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps. Though, the cholera outbreak still persist with 89 new cases in past 2 weeks.

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.

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.

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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. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps. Though, the cholera outbreak still persist with 89 new cases in past 2 weeks.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 30 September 2022, a total of 262,648 confirmed COVID-19 cases including 1,026 deaths have been reported in the country.
Three new cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country. As of 28 September, there are four cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country.

The Ministry of Health of Niger has reported the first ever case of dengue in Niger. The patient is a 47-year-old male from Niger who arrived from Cuba on 13 August 2022. On 14 August 2022, he exhibited flu-like symptoms, including fever, arthromyalgia, body aches, cold, etc., and then consulted a clinic in Niamey. He tested positive for COVID-19 and dengue in June 2022 in Cuba. The sample taken and sent to the Centre de Recherche Médicale et Sanitaire (CERMES) on 8 August 2022 was confirmed positive for COVID-19 on 10 August 2022 and for dengue on 14 August 2022. The patient currently has no signs of bleeding but blood analysis showed thrombocytopenia.

From week 1 to week 15 (ending 17 April) of 2022, a total of 6 103 cases and 6 deaths (CFR: 0.1%) have been reported. Among the eight regions for the country, Agadez has the highest attack rate (59.8 cases per 100 000 inhabitants), followed by Niamey (46.7 cases /100 000). Risk assessment found: 17 districts of 72 for the country at very high risk while 21 districts are at high risk. The response plan is being finalized in order to vaccinate in the 38 high risk and very high-risk districts as well as 11 districts in outbreak but not yet reflected in the risk profile.

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.
A cholera outbreak has been declared in Gombe State on 22 September 2022. The first case was reported on 24 August 2022. As of 24 September, a total of 298 cases including ten deaths (CFR 3.4%) have been reported, in 5 of the 11 Local Government Areas (LGAs), with majority of cases being reported in two LGAs: Yamaltu/Deba (96 cases) and Funakaye (93 cases). The other affected LGAs are Gombe (45 cases), Balanga (42 cases), and Nafada (20 cases). Twenty-one cases were on admission in the 5 LGAs as of 24 September 2022.

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 23 September 2022, a total of 265,186 confirmed cases with 258,139 recovered and 3,155 deaths have been reported.

From 1 January to 28 August 2022, Nigeria has reported 704 monkeypox suspected cases. Of these, 277 cases were laboratory confirmed from 30 States: Lagos (49), Ondo (22), Bayelsa (19), Rivers (18), Edo (16), Adamawa (15), Abia (15), Delta (14), FCT (11), Imo (11), Anambra (10), Nasarawa (9), Ogun (7), Plateau (6), Taraba (5), Kwara (5), Kano (5), Gombe (5), Ebonyi (5), Oyo (5), Katsina (5), Cross River (4), Benue (4), Borno (3), Kogi (3), Akwa Ibom (2), Niger (1), Bauchi (1), Osun (1) and Kaduna (1). Four deaths were recorded among confirmed cases from Delta, Lagos, Ondo and Akwa Ibom States.

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.

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 30 September 2022, a total of 132,504 cases with 1,466 deaths and 131,027 recovered cases have been reported in the country.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 26 September 2022, a total of 6,230 confirmed cases with 77 deaths have been reported as recoveries.

Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 11 September 2022, a total of 999 cases and 3 deaths (CFR 0.3%) have been confirmed via RDT from: Água Grande (681, 68.5%), Mézôchi (142, 14.2%), Lobata (90, 8.9%), Cantagalo (40, 4.0%), Lemma (16, 1.6%), Cauê (17, 1.7%), and RAP (13, 1.3%). During week 36 (ending 11 September), there were 6 new cases registered in the country. Água Grande's attack rate is by far the highest (80.8 per 10,000 inhabitants). Those aged 50-59 years are experiencing the highest attack rate at 62.9 cases per 10,000. The 3 main clinical signs are fever (916, 92%), headache (751, 75%) and myalgia (317, 32%).

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%).

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 start of the COVID-19 pandemic in South Africa through 2 October 2022, a cumulative total of 4 017 077 confirmed cases and 102 185 deaths have been reported.

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

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 Gumbe North counties in Lakes State; and Leer and Mayendit counties in Unity State. An estimated 1.3 million children under five years and 676K pregnant/lactating women are expected to suffer acute malnutrition in 2022. From January to July 2022, more than 165K were admitted with severe acute malnutrition (SAM) and more than 370K people were admitted with moderate acute malnutrition (MAM). Patients admitted for both SAM and MAM during 2022 were higher for the same reporting period than they have been since 2019. Food insecurity in South Sudan is driven by climatic shocks (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households’ coping capacities, and the loss of livelihoods.

The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there are a total of 8.9 million people in need of humanitarian assistance and 2.23 million people internally displaced people as of 31 August 2022. Over the past three years, seasonal floods have caused thousands of people to be displaced as well as caused problems for water, sanitation, and hygiene conditions in formalized camps and informal settlements. During 2022, more than 1.46 million people were affected by flooding. As of 10 September 2022 the government declared a national emergency due to flooding affected 24 counties in eight states.

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

From 19 March to 18 September 2022, 337 cases and 1 death (CFR 0.3%) have been reported from Unity State and Ruweng Administrative Area, however most cases have been reported from the Bentiu IDP camp (89% of cumulative total). A total of 56 cases have been confirmed positive by RDT for cholera and 29 tested positive for Vibrio cholerae by culture at the National Public Health Laboratory in Juba. Females account for 61% of all cases and children ages 0-4 years have been the most affected age group accounting for 35.7% of all cases. More than 1 million doses of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 1 October 2022, a total of 18 224 confirmed COVID-19 cases were reported in the country including 158 deaths and 17 982 recovered cases.

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.

Between weeks 1-20 of 2022 (ending 22 May), 1 117 138 malaria cases including 232 deaths (CFR 0.2%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the county of Fangak.

A new measles outbreak was reported in Juba County with suspected cases reported since 14 July 2022. As of 6 August 2022, a total of 31 suspected cases of measles have been reported from Munuki, Juba, N. Bari, Kator and Rejaf Payam. Juba Payam has the most (32%) cases among the five affected payams. About 41.9% (17 cases) of the cases were admitted for inpatient management; no deaths reported so far. This the ninth county to report measles outbreak since the beginning of 2022. Others counties (Gogrial West, Raja, Torit, Maban, Tambura, Aweil East, Aweil Centre, Aweil West) have implemented vaccination campaigns as response to this outbreak.
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 23 September 2022, a total of 39 440 confirmed cases have been reported in Tanzania Mainland including 845 deaths.

On 31 July 2022, floods from Nabuyonga river affected Nabisti and Nakibiso, Namatala and Nkoma affecting many people. Affected persons have presented with fever, joint pains, headache and general body weakness were reported. As of 14 September 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.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 27 September 2022, a total of 169 120 confirmed COVID-19 cases with 3 630 deaths have been reported. 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 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 symptoms started on 24 July 2022 with fever, vomiting, diarrhea, 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.

No cVDPV2 positive environmental sample reported this week. One sample was reported last week, which is the first one in the Country. No cases have been reported in 2021. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.

In Uganda, spates of insecurity due to cattle rustling have led people to leave their initial settlements in the villages and move to urban centers, disrupting their lifestyles and impacting their access to health services. Health facilities in remote areas have limited service hours and community-integrated outreach activities. An increasing number of people have been internally displaced across 11 countries.

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.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 2 October 2022, a total of 333 549 confirmed COVID-19 cases were reported in the country including 4 017 deaths.
Mushindano district in North-western province is currently responding to a measles outbreak. As of 4 September 2022, 138 measles cases and 3 suspected deaths have been reported. WHO is supporting the Ministry of Health investing other cases with similar symptoms.

The anthrax outbreak is ongoing in Zimbabwe. 1 new case was reported in Week 37 of 2022 with the cumulative for the year being 93. 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 30 September 2022, a total of 257 342 confirmed COVID-19 cases were reported in the country including 5 599 deaths and 251 233 cases that recovered.

A measles outbreak has been ongoing in Zimbabwe since 10 April 2022. As of 30 September 2022, a cumulative total of 7 394 cases, 4 580 Recoveries, 355 confirmed cases and 744 Deaths have been reported since the onset of the outbreak. 148 new-suspected measles cases and zero suspected deaths were reported this week 37.

<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Zimbabwe</td>
<td>Measles</td>
<td>Ungraded</td>
<td>2-Jun-2022</td>
<td>6-Mar-2022</td>
<td>13-Mar-2022</td>
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<td>Mozambique</td>
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<td>Ungraded</td>
<td>25-Jun-2022</td>
<td>1-Jan-2021</td>
<td>17-Apr-2022</td>
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<td>Democratic Republic of the Congo</td>
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<td>Grade 2</td>
<td>17-Aug-2022</td>
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<td>27-Sep-2022</td>
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<tr>
<td>Chad</td>
<td>Leishmaniasis (visceral)</td>
<td>Ungraded</td>
<td>8-Sep-2020</td>
<td>1-Jan-2020</td>
<td>31-May-2020</td>
<td>197</td>
<td>13</td>
<td>16</td>
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<tr>
<td>Namibia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>2-Jun-2022</td>
<td>6-Jun-2022</td>
<td>7-Jul-2022</td>
<td>63</td>
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<td>Mass food poisoning</td>
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<td>28-Jul-2022</td>
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<td>28-Jul-2022</td>
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<td>Anthrax</td>
<td>Ungraded</td>
<td>26-May-2022</td>
<td>16-May-2022</td>
<td>30-Sep-2022</td>
<td>51</td>
<td>5</td>
<td>2</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

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

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

Health Emergency Information and Risk Assessment