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**
- **Floods in South Sudan**

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:**

- There has been tremendous improvement in the response to the ongoing Ebola disease outbreak caused by the Sudan ebolavirus in Uganda, particularly around contact tracing and follow up. Community engagement coupled with poor perception and hostility towards the response remains one of the major challenges. Although the mobile laboratory is already operational, there are persistent delays in results turnaround time. Furthermore, there are low stocks of response supplies including gumboots, phones for contact tracing, scrub-suits, stationery and thermometers.

- As Africa continues to grapple with the monkeypox pandemic, two new countries including, Egypt and Mozambique, reported their first confirmed cases in the past week. Twenty-five new cases were reported from Egypt, Central Africa Republic, Ghana, Sudan, and Mozambique. In general, thirteen countries have confirmed monkeypox outbreaks in Africa from January to October 2022. WHO has deployed high-level support missions to the Central Africa Republic, the Democratic Republic of the Congo, Ghana, China, and Nigeria, which have been prioritized for Monkeypox response.

- South Sudan, has been experiencing recurrent flooding in majority of its counties since 2019. The ongoing flooding has led to a humanitarian crisis in an already fragile country grappling with several emergencies including armed conflicts, instability, violence, food insecurity, malnutrition, and ongoing outbreaks. These floods have impacted the already weak and under-developed local health system characterized by a limited access to optimal health services, deterioration of health infrastructure, and inconsistent availability of essential commodities and basic services. Moreover, access to flood affected areas remains a challenge. The country is therefore in high need for support not only to adequately respond to the ongoing crisis, but more so to prevent recurrent flooding.
EVENT DESCRIPTION
From 3 to 9 October 2022, five new confirmed cases of Ebola Virus Disease caused by Sudan virus (SVD) have been reported, with no new probable case. In addition, eight new confirmed deaths have been recorded, as well as ten new recoveries. A comparison with the previous week (ending 2 October 2022) depicts a significant reduction (80%) in the number of new confirmed (5 vs 25) and probable (0 vs 2) cases, but an increase in the number of confirmed deaths (8 vs 4). Eight new survivors of SVD were recorded in the same reporting period.

Cumulatively, between the beginning of the outbreak on 19 September and 9 October 2022, 68 cases of SVD including 48 laboratory-confirmed and 20 probable cases have been reported. Thirty-seven fatalities have been registered including 17 confirmed cases, for an overall case fatality ratio of 54.4%, and 35.4% among confirmed cases. A total of 14 patients have been discharged, giving a recovery rate of 29.2%. SVD infections remain almost equally distributed between men and women. The 20–29 years age group remains the most affected (26.5%) followed by the 30–39 years (20.0%) and the under-10 years age group which represent 17.5% of cases.

There has been no further geographical expansion of the outbreak, as compared to week 39 during which two new Districts had notified cases. In total, 15 Sub-Counties have reported at least one case, distributed in five Districts including the hotspot Mubende (40 confirmed and 19 probable), Kassanda (three confirmed and one probable), Kyegowa (three confirmed), Bunyangabu (one confirmed), and Kagadi (one confirmed).

A total of 1,110 contacts have ever been listed since the beginning of the outbreak, of which 657 are currently under follow-up. The contact follow-up rate has kept improving, from less than 25% at the beginning of the outbreak, 60% on 2 October, to 95% on 9 October 2022.

PUBLIC HEALTH ACTIONS
Cooperation
- National Task Force meetings are being held three times every week.
- Daily District Task Force meetings are being held in all affected Districts.
- Daily pillar meetings are also being held in all affected Districts.

Surveillance and Laboratory
- Epidemiological investigations, contact tracing, and active case finding are ongoing in the affected Districts. As of 9 October 2022, 657 contacts were still under follow-up, with 624 (95%) followed-up over the past 24hrs. A total of 16 alerts were received from category 1 Districts, all of whom were verified; nine of them were validated as new suspected cases and evacuated to the Ebola Treatment Unit (ETU).

In addition, 57 VHF alerts were received from non-affected Districts and Regions of the country, all of whom tested negative by PCR for Ebola, Marburg, CCHF and RVF viruses.
- Ecological investigations are ongoing in Bulega village of Madudu Sub-County, based on information from communities regarding probable cases. So far, four bat species have been identified and 52 bat samples have been collected.
- Mobile laboratory testing is ongoing at the Mubende Regional Referral Hospital (RRH), with a results turn-around time of approximately six hours. Cumulatively, 338 samples have been tested since the beginning of the outbreak, yielding 48 laboratory-confirmed cases.

Risk communication and community engagement
- There were nine new admissions in the past 24 hours, bringing cumulative admissions to 144. Currently, 16 suspected and 10 confirmed cases are being managed at Mubende ETU, with an additional five healthcare workers at Entebbe RRH. Fourteen patients have recovered and were discharged.
- Emergency Medical Services responded to six requests for community to ETU evacuations, and three requests for interfacility transfers within the communities of Mubende (eight) and Kassanda (one). However, one patient declined evacuation.
- Psychosocial support teams visited the families of three confirmed and one suspected case in Kassanda.

Infection, prevention and control (IPC)
- IPC teams conducted decontamination of four households in Kijuguzo sub-county, one in Mubende municipality, two healthcare facilities in Mubende municipality and two others in Kassanda.
- Guidance on public health prevention and control measures as well as an IPC kit were provided to a female visitor in a home of six people evacuated to the ETU.
- Twenty-one contact-tracing teams were oriented on ring IPC.
- The construction of a water system at the Madudu HC III isolation facility has been completed.

Risk communication and community engagement
- Ten Community audio towers in Madudu and Kiruma Sub-Counties have aired out 40 messages on SVD.
- Five radio stations have conducted radio talk shows and played 15 spot messages on SVD in addition to disk-jockey mentions.
- A sensitization of 210 followers of Ruhanga Owobusobozi Bisaka within their “Tambiro” (Church) was organized at Kisekende South Division of Mubende municipality.
- Three film vans conducted community sensitization and mobilization in areas of Kiyuni Sub-County. Other film vans have been mobilized in Kyegowa and Kassanda Districts.
Logistics

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

SITUATION INTERPRETATION

The ongoing response activities regarding the Ebola disease outbreak in Uganda are yielding satisfactory results, with continual improvement in some key performance indicators. For instance, the number of confirmed cases has decreased considerably and no new community deaths have been reported. Even when the disease has not spread to additional Districts, there is need to reinforce preparedness and readiness activities in non-affected Districts and Regions of the country. The increase in number of deaths among confirmed cases highlights the need to strengthen case management and further investigate other drivers of these deaths.

Distribution of cases of Ebola virus disease in Uganda by outcome, as of 9 October 2022
Distribution of Ebola Virus Disease by subcounty in the affected districts in Uganda, as of 9 October 2022

Map shows the
Health Information and Risk Assessment
Emergency Preparedness and Response
Regional Office for Africa
World Health Organization
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Legend
- Confirmed cases
- Deaths

District status
- Affected
- Not affected
- Countries

Note: The designations employed and the presentation of the material in this publication 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 lines on maps represent approximate border lines for which there may be no legal status.
EVENT DESCRIPTION

The African continent has been responding to the increasing trend of the Monkeypox pandemic since April 2022. As of 8 October 2022, there have been 749 confirmed cases of Monkeypox reported in 13 African countries: (Nigeria (400), Democratic Republic of the Congo (DRC) (190), Ghana (103), Sudan (17), Central Africa Republic (CAR) (10), Cameroon (8), Congo (5), South Africa (5), Benin Republic (3), Liberia (2), Morocco (3), Egypt (1), and Mozambique (1).

Between 3 and 9 October 2022, 25 new confirmed cases were reported in five African countries; Ghana (12), CAR (1), and Sudan (10); two new countries (Egypt and Mozambique) reported a monkeypox case each in the previous week.

The top three countries reporting the highest number of confirmed cases include; Nigeria (53.5%), DRC (25.4%), and Ghana (13.8%), accounting for 92.8% of all confirmed cases. More than half (60.8%) of confirmed cases are males with a median age of 23.5 years and an interquartile range of 11 – 35 years.

In addition, 14 deaths have been reported from Nigeria (7), Ghana (4), Cameroon (2) and Sudan (1). The number of Monkeypox cases and deaths in Africa represents 1.0% and 53.8% of global cases and fatalities, respectively.

Between 1 January and 9 October 2022, 71 237 laboratory-confirmed Monkeypox cases were reported globally. Similarly, 26 deaths were reported from Nigeria (7), Ghana (4), Brazil (3), Cameroon (2), Spain (2), the United States of America (2), Belgium (1), Cuba (1), Czechia (1), Ecuador (1), India (1), and Sudan (1).

PUBLIC HEALTH ACTIONS

- WHO has deployed high-level support missions to countries prioritized for Monkeypox response (DRC, the Central Africa Republic, Ghana and Nigeria).
- Efforts are ongoing across countries reporting to identify modes of transmission of Monkeypox
- WHO AFRO is collaborating with countries to understand and reclassify monkeypox deaths in the region
- WHO is supporting the countries in developing National Monkeypox Strategic Preparedness and Response Plans
- Ongoing monkeypox surveillance through a system for proactive information and data gathering using the Epidemic Intelligence from Open Sources platform.
- Ghana is currently conducting monkeypox health education at the district and regional levels.
- Nigeria is offering off-site support to states on case identification, reporting and response
- Ongoing development of awareness and community engagement tools in the Central Africa Republic
- Ongoing capacity building of providers for case management and infection prevention and control in the Democratic Republic of Congo.

SITUATION INTERPRETATION

Two new countries reported a Monkeypox case in Africa in the past seven days. New weekly cases were reported from four countries. Ghana, the Central Africa Republic, Sudan and Egypt WHO completed high-level support missions for the Monkeypox response in Ghana.
Distribution of cases of Monkeypox in the WHO African Region, as of 9 October 2022

Legend
- Red: Monkeypox cases
- Black: Deaths
- Orange: Affected countries
- Green: Non-affected countries
- Gray: Not applicable

Infection is on 14 October 2022
Data source: World Health Organization
Regional Office for Africa

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Go to map of the outbreaks
Go to Monkeypox dashboard
The recent rainy season in South Sudan started late, around July 2022, with heavy rains leading to flooding in most of the affected areas between July and September 2022. These floodings have led to a humanitarian crisis in 23 (29%) of the 80 counties across nine of the 10 states of the country including Northern Bahr el Ghazal (NBeG), Western Bahr el Ghazal (WBeG), Western Equatoria (WES), Warrap, Lakes, Upper Nile, Unity, Jonglei and Eastern Equatoria.

The flooding has affected around 630,989 people, which represent around 5.1% of the total population, out of which more than 140,000 have been displaced from their homes. The three most affected states include Warrap, Unity and Northern Bahr el Ghazel. Aweil East (72,036 people), Gogrial West (71,821 people), Rubkona (52,247 people), Leer (48,295 people) and Gogrial East (46,583 people) represent the most affected counties. Of note, most of the people reported as affected by flooding in Unity State are those that were displaced or affected by the flooding in 2021. Furthermore, 62 deaths were reported in flood-affected locations due to drowning, trauma, or snake bites from NBeG, Warrap, WBeG and Upper Nile. The affected populations have either been displaced, or cut off from basic services, while their livelihoods and homes were destroyed by the flooding. Fifty-two health facilities have either been destroyed or inaccessible to their catchment populations due to impassable roads.

There are ongoing multiple crises including conflict, acute food insecurity, displacement, and disease outbreaks in some of the affected locations. Notably, Unity and Jonglei states, have been waterlogged since the severe flooding in 2021 and are therefore facing a subsequent flooding season before recovering from the devastating effect of the previous flooding season.

Intersectoral initial needs assessment conducted in the affected counties indicated that flooding has led to displacement and relocation of population to higher grounds, and has damaged farmlands and crops, roads, latrines, houses, health facilities and other essential amenities.

The high levels of acute food insecurity in 2021 and 2022 have been unprecedented with an estimated 7.74 million (62.7% of the population) people projected to face high levels of acute food insecurity (IPC Phase 3 or above) during the April-July 2022 period. Further, 87,000 people are projected to be in catastrophic (IPC Phase 5) levels of food insecurity in eight counties in three states.

Multiple and concurrent infectious disease outbreaks, occasioned by limited access to essential health and basic services, and a weakened health system, are another major aggravating factor for the ongoing humanitarian crisis in the country. The confirmed outbreaks in 2022 include measles in 11 counties, cholera and Hepatitis E virus outbreaks in Rubkona, cutaneous anthrax in Gogrial West, suspected meningitis in five counties in NBeG, and the COVID-19 pandemic.

On 10 September 2022, the country declared floods as a national disaster in the affected areas and requested the humanitarian and the international community to support the humanitarian response in the flood-affected counties.

Multisectoral response involving all 11 activated clusters has been scaled-up with the existing resources.

The health response is being coordinated through the Health Cluster Coordination mechanism and Emergency Responders Meeting.

The multi-sectoral response is being coordinated through the Inter Cluster Coordination Group.

The Needs Analysis Working Group is where humanitarian needs across the country are discussed and affected locations are prioritised for response scale-up and emergency response.

The Ministry of Health operates through the Emergency Preparedness and Response platform, where all emergencies are discussed, and partners mobilised to carry out relevant response activities.

Access to flood-affected areas remains a challenge. Most roads are rendered impassable due to flooding. Airstrips are not ideal for landing for aircrafts using fix-wing. Helicopters are used for transportation of emergency health kits and response personnel.

South Sudan is experiencing recurrent floods since 2019, mostly in areas already facing multiple crises including conflict, acute food insecurity, displacement, and several disease outbreaks. This situation highlights the urgent need to develop a plurianual emergency preparedness and response plan to floods, and allocate necessary funds, accordingly. Water diversions such as dams and floodwalls should be built for preventive purposes. Humanitarian and development organizations, as well as Donors should strongly engage in supporting the country to respond to the ongoing crisis, but also work at preventing future occurrences.
Floods have reoccurred since last July, affecting 23 (29%) of the 80 counties across 9 of the 10 states of the country including Northern Bahr el Ghazal (NBeG), Western Bahr el Ghazal (WBeg), Western Equatoria (WES), Warrap, Lakes, Upper Nile, Unity, Jonglei and Eastern Equatoria. Around 630 989 people (preliminary data) have been affected, which represent around 5.1% of the total population, out of whom more than 140 000 have been displaced from their homes. Warrap (208 133 people), Unity (117 546 people) and Northern Bahr el Ghazal (106 633 people) states are the three most affected states, accounting for almost three-quarters of the affected populations. Awiel East (72 036 people), Gogrial West (71 821 people), Rubkona (52 247 people), Leer (48 295 people) and Gogrial East (46 583 people) represent the most affected counties. Almost 62 people are reported to have died in flood-affected locations due to drowning, trauma, or snake bites from NBeG, Warrap, WBeg and Upper Nile. The affected populations have either been displaced, or cut off from basic services, while their livelihoods and homes have been destroyed by the flooding. Some 52 health facilities have either been destroyed or cut-off and therefore will cease offering services to their catchment populations.

### Ongoing Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-2020</td>
<td>9-Oct-22</td>
<td>270 707</td>
<td>270 707</td>
<td>6 881</td>
<td>2.5%</td>
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<tr>
<td>Algeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Jul-22</td>
<td>11-Apr-2022</td>
<td>2-Sep-22</td>
<td>1</td>
<td>1</td>
<td>-</td>
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<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>8-Oct-22</td>
<td>103 131</td>
<td>103 131</td>
<td>1 917</td>
<td>-</td>
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<td>Benin</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>14-Jun-2022</td>
<td>29-Aug-2022</td>
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<td>0</td>
<td>0.0%</td>
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<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>6-Oct-22</td>
<td>326 329</td>
<td>326 329</td>
<td>2 789</td>
<td>0.9%</td>
</tr>
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<td>Burkina Faso</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>8-Aug-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>2-Oct-22</td>
<td>50 225</td>
<td>50 225</td>
<td>15</td>
<td>-</td>
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</tbody>
</table>

Floods have reoccurred since last July, affecting 23 (29%) of the 80 counties across 9 of the 10 states of the country including Northern Bahr el Ghazal (NBeG), Western Bahr el Ghazal (WBeg), Western Equatoria (WES), Warrap, Lakes, Upper Nile, Unity, Jonglei and Eastern Equatoria. Around 630 989 people (preliminary data) have been affected, which represent around 5.1% of the total population, out of whom more than 140 000 have been displaced from their homes. Warrap (208 133 people), Unity (117 546 people) and Northern Bahr el Ghazal (106 633 people) states are the three most affected states, accounting for almost three-quarters of the affected populations. Aweil East (72 036 people), Gogrial West (71 821 people), Rubkona (52 247 people), Leer (48 295 people) and Gogrial East (46 583 people) represent the most affected counties. Almost 62 people are reported to have died in flood-affected locations due to drowning, trauma, or snake bites from NBeG, Warrap, WBeg and Upper Nile. The affected populations have either been displaced, or cut off from basic services, while their livelihoods and homes have been destroyed by the flooding. Some 52 health facilities have either been destroyed or cut-off and therefore will cease offering services to their catchment populations.

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

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.

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.

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.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 6 October 2022, a total of 326 326 confirmed COVID-19 cases were reported in the country including 2 789 deaths.

**Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated due to attacks by armed groups. A total of 30 000 people from 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.**

**Between 9 March 2020 and 10 July 2022, a total of 21 150 confirmed cases of COVID-19 with 387 deaths and 20 745 recoveries have been reported from Burkina Faso.**

**On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 1 October 2022, the total number of confirmed COVID-19 cases is 50 225, including 15 deaths and 49 863 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.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 14 September 2022, a total of 123 629 cases have been reported, including 1 960 deaths and 121 131 recoveries.

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.

During epi week 38, a new suspected case of monkeypox was reported in Cameroon. Cumulatively, from 1 January to 25 September 2022, the country has notified 41 suspected cases of monkeypox from seven districts across five regions, including two deaths (CFR 4.9%). Sixteen human samples have been collected and eight cases have been laboratory-confirmed from Ayoc Health District (4) in Centre Region, Kumba Health District (2) in South-West Region, Benakuma Health District in North-West Region (1) and Djoum Health District (1) in South Region. Males and females are equally affected and the median age is 17.3 years (range 1-36 years).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 39, 2022. There were three cases reported in 2021 and seven cases reported in 2020. No case has yet been reported for 2022.

As of 4 October 2022, a total of 2 824 suspected cases of YF have been reported since the beginning of the outbreak in 2021, including 17 probable and 35 laboratory-confirmed cases. Cumulatively, 10 PRNT+ cases are pending classification including four in West, one in Adamawa, one in Centre, one in East, one in Littoral, one in North-West and one in South-West. All ten Regions and 32 Districts have been affected since the beginning of the outbreak in 2021.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 8 October 2022, a total of 62 389 confirmed COVID-19 cases including 410 deaths and 61 915 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 647 893 individuals, comprising 154 966 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, 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 26 September 2022, a total of 14 956 confirmed cases, 113 deaths and 14 536 recovered were reported.

Central African Republic
- **Measles**: Ungraded, from 13-Mar-22 to 1-Jan-22, 14 956 confirmed cases, 119 deaths, 133 CFR.
- **Measles**: Grade 3, from 14-Mar-20 to 14-Mar-20, 1 246 confirmed cases, 1 CFR.

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

Central African Republic
- **Monkeypox**: Grade 3, from 3-Mar-22 to 4-Mar-22, 1 246 confirmed cases, 1 CFR.

As at Week 38 of 2022: a total of 2 700 measles suspected cases reported from 126 of 139 districts with six measles related deaths (CFR 0.2%). A total of 946 confirmed cases investigated with blood samples showed 134 IGM positive for measles and 101 IGM positive for rubella. About 49% of confirmed cases are children under five years of age and only 18% of them are vaccinated. Two additional districts with lab confirmed measles, bringing the total to 12 districts reporting confirmed measles outbreak since the start of this year.

Chad
- **Humanitarian crisis (Sahel region)**, from 24-May-18 to 1-Jan-22, 2 700 confirmed cases, 134 CFR.
- **Measles**: Grade 2, from 11-Feb-22 to 1-Mar-16, 2 700 confirmed cases, 1 CFR.

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Chad
- **Measles**: Grade 2, from 11-Feb-22 to 1-Mar-16, 2 700 confirmed cases, 1 CFR.

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 4 October, a total of 687 suspected cases of YF have been reported including four probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.7%). Twenty-seven suspected cases have been reported on epi week 38, 2022. Three regions still remain affected (RS3, 4 & 6), with 70% of confirmed cases being reported in RS3 (Batangafo Kabo and Nanga-Boguila districts have each reported eight and six confirmed cases, respectively).

Chad
- **Yellow fever**: Grade 2, from 14-Sep-21 to 1-Apr-2021, 7 590 confirmed cases, 1 CFR.

On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever. As of 4 October 2022, 1 902 suspected cases of yellow fever have been reported, including 37 probable and 30 lab-confirmed cases with seven deaths (CFR 0.4%). Twenty-eight new suspected cases were reported on week 38, and 10 new samples were received at the national laboratory. Six confirmed cases (with onset of symptoms in May and June) were investigated with blood samples, showing 134 IGM positive for measles and 101 IGM positive for rubella. About 49% of confirmed cases are children under five years of age and only 18% of them are vaccinated. Two additional districts with lab confirmed measles, bringing the total to 12 districts reporting confirmed measles outbreak since the start of this year.

Comoros
- **COVID-19**: Grade 3, from 30-Apr-20 to 30-Apr-2020, 8 472 confirmed cases, 1 471 CFR.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 3 October 2022, a total of 7 590 confirmed COVID-19 cases were reported in the country including 193 deaths.

Chad
- **COVID-19**: Grade 3, from 13-Mar-20 to 19-Mar-20, 7 590 confirmed cases, 193 CFR.

As at Week 36 of 2022: a total of 2 700 measles suspected cases reported from 126 of 139 districts with six measles related deaths (CFR 0.2%). A total of 946 confirmed cases investigated with blood samples showed 134 IGM positive for measles and 101 IGM positive for rubella. About 49% of confirmed cases are children under five years of age and only 18% of them are vaccinated. Two additional districts with lab confirmed measles, bringing the total to 12 districts reporting confirmed measles outbreak since the start of this year.

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Comoros
- **COVID-19**: Grade 3, from 30-Apr-20 to 30-Apr-2020, 8 472 confirmed cases, 1 471 CFR.

The first confirmed COVID-19 case was reported in Chad on 19 March 2020. As of 3 October 2022, a total of 7 590 confirmed COVID-19 cases were reported in the country including 193 deaths.

Chad
- **COVID-19**: Grade 3, from 13-mar-20 to 19-Mar-20, 7 590 confirmed cases, 193 CFR.

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%). Two confirmed cases have been reported on week 36, including one from Pointe Noire which has reported its first ever case of monkeypox.
Since 11 March 2020, a total of 87,428 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 826 deaths, and a total of 86,552 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 70,000 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 benefiting 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.

From epidemiological week 1 to 37 (ending 18 September 2022), 9,705 suspected cholera cases including 183 deaths (CFR: 1.9%) were recorded in 71 health zones across 14 provinces of the Democratic Republic of the Congo. The overall national incidence is 12 cases per 100,000 inhabitants. Response actions are continuing in provincial health zones with active outbreaks (Sankuru, South Kivu, North Kivu, Tanganyika, etc.).

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 92,933 confirmed cases and two probable case, including 1,443 deaths have been 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 Epi-week 36, 2022 (ending 11 September), a total of 102,677 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).

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 13 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; eight in Tanganyika, one in Haut Lomami and two each in Maniema and Tshopo bringing the number of cases reported in 2022 to 133. There were 28 cases in 2021.

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.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-21</td>
<td>1-Jan-22</td>
<td>18-Sep-22</td>
<td>1 361 529</td>
<td>-</td>
<td>569</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

In 2022, from epidemiological week 1 to 37 (ending 18 September 2022), 1 361 529 suspected cases of typhoid fever including 569 deaths were recorded in the Democratic Republic of Congo. In 2021, from epidemiological week 1 to 49, 1 380 955 suspected cases of typhoid fever have been reported including 502 deaths (CFR 0.3%).

| Democratic Republic of the Congo | Yellow Fever           | Grade 2 | 21-Apr-21           | 1-Jan-22                   | 16-Sep-22               | 10          | 6               | 1      | 10.0%|

As of 16 September 2022, 10 probable cases and six confirmed yellow fever cases and one death have been reported in the country.

| Equatorial Guinea               | COVID-19               | Grade 3 | 14-Mar-20           | 14-Mar-20                  | 6-Oct-20                | 16 943      | 16 943          | 183    | 1.1% |

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 6 October 2022, a total of 16 943 cases have been reported in the country with 183 deaths and 16 707 recoveries.

| Eritrea                         | COVID-19               | Grade 3 | 21-Mar-20           | 21-Mar-20                  | 9-Oct-22                | 10 180      | 10 180          | 103    | 1.0% |

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 9 October 2022, a total of 10 180 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 069 patients have recovered from the disease.

| Eritrea                         | Poliomyelitis (cVDPV2) | Ungraded | 2-Jun-22           | 7-Jun-2022                | 4-Oct-22                | 2           | 2               | 0      | 0.0% |

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week 39, 2022. There has so far been one case reported in 2022 and another one reported in 2021, even though this case was confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.

| Equatorial Guinea               | COVID-19               | Grade 3 | 13-Mar-20           | 13-Mar-20                  | 9-Oct-22                | 73 436      | 73 436          | 1 422  | 1.9% |

The first case of COVID-19 was confirmed in the kingdom of Equatorial Guinea on 13 March 2020. As of 9 October 2022, a total of 73 436 cases have been reported with 1 422 associated deaths.

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

| Ethiopia                        | Measles                | Ungraded | 14-Jan-17           | 1-Jan-22                   | 30-Sep-22               | 9 850       | 5 806           | 56     | 0.6% |

From January to September 2022 (30 September), a total of 9 850 suspected cases with 5 806 confirmed and 56 deaths (CFR 0.6%) have been reported in Ethiopia. A total of 16 districts (Woredas) are currently experiencing confirmed measles outbreak: Chiga; Anded,Goloicha;Gura Damole; Guchi;Babile;Deraa;Banatsemary;North Ari; Raaso; West Imey; Harawo; Jigjiga City; Gashane; Gorobasa; Afder.

| Equatorial Guinea               | COVID-19               | Grade 3 | 13-Mar-20           | 13-Mar-20                  | 9-Oct-22                | 493 684     | 493 684         | 7 572  | 1.5% |

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 493 684 cases of COVID-19 as of 9 October 2022, with 7 572 deaths and 471 997 recoveries.

| Gabon                           | COVID-19               | Grade 3 | 12-Mar-20           | 12-Mar-20                  | 29-Sep-22               | 48 713      | 48 713          | 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 29 September 2022, a total of 48 713 cases including 306 deaths and 48 307 recoveries have been reported in the country.

| Gabon                           | Yellow fever           | Grade 2 | 12-Feb-22           | 17-Sep-21                  | 4-Oct-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 Ogooué-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. Another PRNT positive case from Bendje health zone in Port Gentil was discarded, and 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              | -      | -    |

On 1 August 2022, the Epidemiic 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 diarrhoea (55%). All children had an acute onset of symptoms, and clinical progression was rapid. Preliminary investigation was conducted to identify contacts of the cases. No similar illness among other siblings of similar age or other household members was detected. Further investigation is ongoing.

| Guinea                          | Poliomyelitis (cVDPV2) | Ungraded | 2-Jun-22           | 7-Jun-2022                | 4-Oct-22                | 2           | 2               | 0      | 0.0% |

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week 39, 2022. There has so far been one case reported in 2022 and another one reported in 2021, even though this case was confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.
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 1-Oct-22 169 685 169 685 1 459 0.9%

As of 1 October 2022, a total of 169 685 confirmed COVID-19 cases have been reported in Ghana. There have been 1 459 deaths and 167 712 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).

Guinea Yellow fever Grade 2 3-Nov-21 15-Oct-21 26-Aug-22 131 61 21 16.0%

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.

Guinea COVID-19 Grade 3 13-Mar-20 13-Mar-20 7-Sep-22 37 652 37 652 449 1.2%

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.

Guinea Lassa fever Ungraded 20-Sep-22 20-Sep-22 29-Sep-22 1 1 1 100.0%

As part of routine surveillance, the Prefectural Health Directorate (DPS) of N’zerékoré 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 livestock by profession. The deceased lived in the Gbangana district and shared the same household with only his wife. An investigation is ongoing to identify the source of contamination.

Guinea Measles Ungraded 9-May-18 1-Jan-22 27-May-22 21 914 397 33 0.2%

Since the beginning of 2022 up to week 21 (ending 27 May), a total of 21 194 measles suspected cases with 397 confirmed and 33 death (CFR 0.2%) have been reported in Guinea from 29 health districts including the capital city Conakry through Integrated disease surveillance and response.

Guinea-Bissau COVID-19 Grade 3 25-Mar-20 25-Mar-20 2-Oct-22 8 848 8 848 176 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 2 October 2022, the country has reported 8 848 confirmed cases of COVID-19 with 8 642 recoveries and 176 deaths.

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

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

Kenya Anthrax Ungraded 15-Jul-22 30-Jun-22 25-Sep-22 161 1 - -

Kenya is facing an anthrax outbreak with cases reported from different counties including Kakamega. Three (3) cases were reported from Runyejes sub county with no deaths in the last week (week 38, ending 25 September). From January to 25 September 2022, a total of 161 cases have been reported through weekly Integrated Disease Surveillance and Response report.

Kenya Chikungunya Ungraded 3-Mar-22 13-Feb-2022 18-Sep-22 291 5 1 0.3%

Wajir County County has continued to report the cases from Tarbaj sub-country in Kutulo village. A total of two hundred and ninety-one (291) cases have been reported with five confirmed cases and one death (CFR 0.3%).

Kenya COVID-19 Grade 3 13-Mar-20 13-Mar-20 9-Oct-22 338 499 338 499 5 678 1.7%

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the county. As of 9 October 2022, 338 499 confirmed COVID-19 cases including 5 678 deaths and 332 810 recoveries have been reported in the country.

Kenya Leishmaniasis (visceral) Ungraded 31-Mar-19 3-Jan-20 18-Sep-22 1 972 1 791 10 0.5%

The outbreak has been continuous since January 2020. 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.

Kenya Measles Ungraded 29-Jun-22 26-Jun-22 18-Sep-22 70 26 0 0.0%

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.

Kenya Yellow fever Grade 2 3-Mar-22 12-Jan-22 7-Oct-22 139 3 11 7.9%

From 12 Jan to 7 Oct 2022, there were a total of 139 suspected cases of yellow fever including 11 deaths (CFR 7.9%) reported from 11 counties in Kenya. No new cases were reported as of week 39 (ending 7 Oct). An outbreak was reported officially in Isiolo and Garissa counties. Of the suspected cases, only three were confirmed by PCR at the Kenya Medical Research Institute.

Lesotho COVID-19 Grade 3 13-May-20 13-May-20 8-Oct-22 34 490 34 490 706 2.1%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 8 October 2022, a total of 34 490 cases of COVID-19 have been reported, including 33 784 recoveries and 706 deaths.
Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

COVID-19 cases have been reported in the country including 742 deaths and 31,806 recoveries.

61,802 recovered have been reported in the country.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 6 October 2022, a total of 62,869 cases including 995 deaths and 62,869 recoveries have been 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 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).

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.

The aftermath of the cyclone Ana and Gombe in Malawi has largely been contained. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people were affected, with 51 deaths recorded. The decommissioning of IDP camps in affected districts. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps. Though, the cholera outbreak still persist, As of 2 October 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 3,737 and 106 respectively, with Case Fatality Rate at 2.8%.

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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 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. 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 Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 8 October 2022, a total of 263 177 confirmed COVID-19 cases including 1028 deaths have been reported in the country.

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 1 October 2022, the nationwide estimate of people in need of humanitarian assistance is 1.5 million and 946, 508 IDP population resulting from the conflict. 1.5 million still need life saving humanitarian assistance in 2022 resulting from heightened food insecurity and malnutrition.

Cholera has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 8 October 2022, a total of 3 685 cases and 19 deaths (CFR 0.5%) have been reported. In Sofala province, cases have been reported from Caia (707, 21.7%), Maringue (30, 0.9%), Chamba (36, 1.1%), and Marromeu districts (274, 5.9%). In Zambezia province, cases have reported from Morrumbala (1 333, 40.9%), Mopeia (589, 18.0%), and Quelimane City (386, 5.9%) districts. A total of 63 samples have been tested, of which 41 have returned positive for cholera by rapid diagnostic test (RDT) and 16 turned positive by culture. Response activities are ongoing. Niassa province started the outbreak on August 25th in Lago district, Cobue locality. From September 14th till 2nd of October 116 cases and 2 deaths (CFR 1.7%) were reported.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 30 September 2022, a total of 230 312 confirmed COVID-19 cases were reported in the country including 2 222 deaths and 227 967 recoveries.

Niger 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.
Since early 2021 to week 2, 2022 (ending 16 January 2022), 1,688 cases have been reported with 76 deaths (CFR 4.5%). Two health districts in Zinder region crossed the alert threshold. Dungass with an attack rate of 4.5 cases per 100,000 inhabitants and Magaria with an attack rate of 4.8 cases per 100,000 inhabitants. An analysis of data by sub-districts indicates that some health areas crossed the epidemic threshold on week 49 of 2021 (ending 12 December). Neisseria meningitidis serogroup C is the predominant germ identified in the 2 health districts. A request to the International Coordinating Group for vaccine provision is underway for a vaccine campaign response.

Niger
Poliomyelitis (cVDPV2)
Grade 2
1-Jan-20
1-Jan-21
21-Sep-22
28
28
0
0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are ten cases in 2022. There were 18 cases reported in 2021.

Nigeria
Humanitarian crisis (Sahel region)
Grade 2
10-Oct-16
10-Oct-16
30-Jul-22
- - - -

In north-eastern Nigeria, humanitarian needs remain high, with 8.4 million people, including 58% children (4.9 million), requiring humanitarian assistance in 2022. A total of 2.1 million internally displaced persons (IDPs) remain displaced in the three north-eastern states of Borno, Adamawa, and Yobe due to the ongoing conflict. Over 360,000 people 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.

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.

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.

Nigeria
Cholera
Ungraded
24-Sep-22
24-Sep-22
298
10
3.4%

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 and Gombe. The attack rate is 2.5 cases per 100,000 inhabitants. The predominant germ identified in the 2 health districts. A request to the International Coordinating Group for vaccine provision is underway for a vaccine campaign response.

Nigeria
COVID-19
Grade 3
27-Feb-20
27-Feb-20
7-Oct-22
265,816
265,816
3,155
1.2%

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 7 October 2022, a total of 265,816 confirmed cases with 259,043 recovered and 3,155 deaths have been reported.

Nigeria
Lassa fever
Grade 1
1-Jan-21
1-Jan-21
18-Sep-22
960
923
171
18.5%

From week 1 to 37 of 2022 (ending 18 September), a total of 960 Lassa fever cases including 923 confirmed, 37 probable and 171 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18.5% across 25 States. In week 37, six new confirmed cases were reported from Ondo and Bauchi States. In total, 6,732 cases are suspected in 2022. Of all confirmed cases, 71% are from Ondo (32%), Edo (26%), and Bauchi (13%) States.

Nigeria
Monkeypox
Grade 3
31-Jan-22
1-Jan-22
28-Aug-22
277
277
6
2.2%

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), Osun (7), Plateau (6), Taraba (5), Kwarai (5), Kano (5), Gombe (5), Ebonyi (5), Oyo (5), Katsina (5), Cross River (4), Benue (4), Borno (3), Kogi (3), Akwa Ibom (2), Niger (1), Bauchi (1), Osun (1) and Kaduna (1). Four deaths were recorded among confirmed cases from Delta, Lagos, Ondo and Akwa Ibom States.

Nigeria
Poliomyelitis (cVDPV2)
Grade 2
1-Jun-18
1-Jan-18
2-Sep-22
509
509
0
0.0%

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.

Nigeria
Yellow fever
Grade 2
12-Sep-17
1-Jan-21
26-Jul-22
29
22
0
0.0%

From January to December 2021, a total of 25 yellow fever cases including 22 confirmed and 3 probable cases were reported in Nigeria. From 1 January to 30 June 2022, a total of 814 suspected cases have been reported from 36 states in 345 Local Government Areas. Of these suspected cases reported in 2022, none have been confirmed.

Rwanda
COVID-19
Grade 3
14-Mar-20
14-Mar-20
6-Oct-22
132,511
132,511
1,467
1.1%

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 6 October 2022, a total of 132,511 cases with 1,467 deaths and 131,035 recovered cases have been reported in the country.

Sao Tome and Principe
COVID-19
Grade 3
6-Apr-20
6-Apr-20
2-Oct-22
6,236
6,236
77
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 2 October 2022, a total of 6,236 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6,153 cases have been reported as recoveries.

Sao Tome And Principe
Dengue
Grade 2
11-Apr-22
15-Apr-2022
2-Oct-22
1,007
1,007
3
0.3%

Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 2 October 2022, a total of 1,007 cases and 3 deaths (CFR 0.3%) have been confirmed via RDT from: Água Grande (684, 67.9%), Mé-Zôchi (143, 14.2%), Lobata (91, 9.0%), Cantagalo (40, 3.9%), Caie (19, 1.8%), Lembah (16, 1.6%), and RAP (14, 1.3%). During week 39 (ending 2 October), there were 3 new cases registered in the country. Água Grande’s attack rate is by far the highest (81.1 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 (922, 92%), headache (757, 75%) and myalgia (318, 32%).

Senegal
COVID-19
Grade 3
2-Mar-20
2-Mar-20
9-Oct-22
88,537
88,537
1,968
2.2%

From 2 March 2020 to 9 October 2022, a total of 88,537 confirmed cases of COVID-19 including 1,968 deaths and 86,444 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>Senegal</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>12-Aug-22</td>
<td>15-Aug-2022</td>
<td>28-Aug-22</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>40.0%</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>From epidemic week 1 to 34 of 2022</td>
<td>Ungraded</td>
<td>4-Jul-22</td>
<td>1-Jan-22</td>
<td>28-Aug-22</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-20</td>
<td>14-Mar-20</td>
<td>11-Sep-22</td>
<td>46358</td>
<td>46358</td>
<td>169</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td>Since the first COVID-19 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.</td>
<td></td>
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</tr>
<tr>
<td>Sierra Leone</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>20-May-22</td>
<td>20-May-2022</td>
<td>17-Jun-22</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>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 Karea 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%).</td>
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</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>27-Mar-20</td>
<td>25-Aug-22</td>
<td>7744</td>
<td>7744</td>
<td>125</td>
<td>1.6%</td>
</tr>
<tr>
<td></td>
<td>Since the start of the COVID-19 pandemic in South Africa through 9 October 2022, a cumulative total of 4 021 252 confirmed cases and 102 194 deaths have been reported.</td>
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</tr>
<tr>
<td>South Africa</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>23-Jun-22</td>
<td>23-Jun-2022</td>
<td>9-Oct-22</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>From 22 June 2022 to 9 October 2022, there have been five unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 2), Limpopo (n = 1) and Johannesburg (n = 1) provinces.</td>
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</tr>
<tr>
<td>South Sudan</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>18-Dec-20</td>
<td>5-Apr-2021</td>
<td>22-Sep-22</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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<tr>
<td></td>
<td>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, 8,700 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, Central Equatoria, Western Equatoria, Unity and Upper Nile.</td>
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<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>15-Aug-16</td>
<td>15-Aug-16</td>
<td>29-Sep-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there are a total of 8.9 million people in need of humanitarian assistance and 2.23 million people internally displaced people as of 31 August 2022. Over the past three years, seasonal floods have caused thousands of people to be displaced as well as caused problems for water, sanitation, and hygiene conditions in formalized camps and informal settlements. During 2022, more than 1.46 million people have been affected by flooding. As of 10 September 2022 the government declared a national emergency due to flooding affected 24 counties in eight states.</td>
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</tr>
<tr>
<td>South Sudan</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>25-Apr-22</td>
<td>13-Mar-22</td>
<td>6-Aug-22</td>
<td>108</td>
<td>8</td>
<td>5</td>
<td>4.6%</td>
</tr>
<tr>
<td></td>
<td>A total of 108 suspected cases and 5 deaths (CFR 4.6%) have been reported from Gorgil and West county of in Warrap state. A total of 8 samples returned positive for Anthrax. The cases were reported from 13 March - 6 August 2022 from registered hospital patients where the majority of cases have been female (61%).</td>
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<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Apr-22</td>
<td>2-22-Aug-22</td>
<td>18-Sep-22</td>
<td>337</td>
<td>56</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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</tr>
<tr>
<td>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-20</td>
<td>5-Apr-2020</td>
<td>7-Oct-22</td>
<td>18247</td>
<td>18247</td>
<td>138</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 7 October 2022, a total of 18 247 confirmed COVID-19 cases were reported in the country including 138 deaths and 18 022 recovered cases.</td>
<td></td>
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</tr>
</tbody>
</table>
### Health Emergency Information and Risk Assessment

**Uganda Rift Valley Fever**
- **Event**: Health Emergency Information and Risk Assessment
- **Grade**: Ungraded
- **Start of Reporting Period**: 28-Dec-21
- **End of Reporting Period**: 22-May-22
- **Total Cases**: 1 117 138
- **Confirmed Deaths**: 232

Between weeks 1-20 of 2022 (ending 22 May), 1 117 138 malaria cases including 232 deaths (CFR 0.02%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the county of Fangak.

**Measles outbreaks have been confirmed in 12 counties of Aweil Centre, Aweil East, Aweil West, Aweil South, Aweil North, Gogrial West, Malakal, Malakal, Juba, and Malakal with a total of 656 measles cases including two deaths (CFR 0.3%) reported with counties with confirmed outbreaks since the beginning of 2022. The outbreaks are currently active in Juba and Malakal counties where response interventions including reactive vaccination campaigns are yet to be concluded.**

### Table: Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country, United Republic of</th>
<th>Event</th>
<th>Grade</th>
<th>Date Notified to WHO</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>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-19</td>
<td>1-Jan-19</td>
<td>6-Aug-22</td>
<td>3 046</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-21</td>
<td>1-Jan-22</td>
<td>22-May-22</td>
<td>1 117 138</td>
<td>1 117 138</td>
<td>232</td>
<td>0.0%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>30-Sep-22</td>
<td>39 513</td>
<td>39 513</td>
<td>845</td>
<td>2.1%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Leptospirosis</td>
<td>Grade 1</td>
<td>14-Jul-22</td>
<td>5-Jul-2022</td>
<td>9-Oct-2022</td>
<td>20</td>
<td>15</td>
<td>3</td>
<td>15.0%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Measles</td>
<td>Ungraded</td>
<td>30-Jun-2022</td>
<td>23-Aug-2022</td>
<td>223</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>28-Aug-22</td>
<td>38 451</td>
<td>38 451</td>
<td>282</td>
<td>0.7%</td>
</tr>
<tr>
<td>Togo</td>
<td>Poliovirus (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>24-Aug-22</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>1-Jan-22</td>
<td>16-Sep-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uganda</td>
<td>Floods</td>
<td>Ungraded</td>
<td>31-Jul-22</td>
<td>31-Jul-22</td>
<td>31-Jul-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>5-Oct-2022</td>
<td>169 250</td>
<td>169 250</td>
<td>3 630</td>
<td>2.1%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Rift Valley fever</td>
<td>Ungraded</td>
<td>18-Aug-22</td>
<td>18-Aug-2022</td>
<td>18-Aug-2022</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

**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 30 September 2022, a total of 39 513 confirmed cases have been reported in Tanzania Mainland including 845 deaths.**

### Notes:
- **Measles**: A measles outbreak is ongoing in Tanzania since June 2022. As of 23 August 2022, a cumulative total of 223 suspected measles cases, with two IgM positive cases are reported since the onset of the outbreak in June 2022. A total of 88 cases were admitted to the local hospitals. About 48% (108 cases) of the suspected cases were children under five years of age. The majority of cases are reported from Magharibi B, Magharibi A and Wete districts. The Ministry of health is working on strengthening surveillance and routine vaccination activities as well as the planning for a mass measles vaccination outbreak response.

- **Togo**: On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 28 August 2022, a total of 38 451 cases, including 282 deaths and 38 031 recovered cases, have been reported in the country.

- **Uganda**: Drought/food insecurity has led to the destruction of crops and livestock, leading to increased prices of food and fuel. Many people are experiencing malnutrition and food insecurity. There have been reports of increased mental health issues, including anxiety and depression.

- **Togo**: Polio vaccination campaigns have been ongoing in Togo since 2017. The last case of polio was reported in 2018, and no new cases have been reported since then.

- **South Sudan**: 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.

- **Tanzania**: Measles outbreaks have been confirmed in 12 counties of Aweil Centre, Aweil East, Aweil West, Aweil South, Aweil North, Gogrial West, Malakal, Malakal, Juba, and Malakal with a total of 656 measles cases including two deaths (CFR 0.3%) reported with counties with confirmed outbreaks since the beginning of 2022. The outbreaks are currently active in Juba and Malakal counties where response interventions including reactive vaccination campaigns are yet to be concluded.
<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>Uganda</td>
<td>Sudan virus disease</td>
<td>Grade 2</td>
<td>19-Sep-22</td>
<td>19-Sep-22</td>
<td>25-Sep-22</td>
<td>68</td>
<td>17</td>
<td>37</td>
<td>54.4%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-21</td>
<td>2-Jan-22</td>
<td>4-Oct-22</td>
<td>398</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>West and Central Africa</td>
<td>Floods in West and Central Africa</td>
<td>Ungraded</td>
<td>16-Aug-2022</td>
<td>9-Sep-22</td>
<td>1 400 000</td>
<td>424</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>9-Oct-22</td>
<td>333 555</td>
<td>333 555</td>
<td>4 017</td>
<td>1.2%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Jun-2022</td>
<td>4-Sep-22</td>
<td>471</td>
<td>138</td>
<td>3</td>
<td></td>
<td>0.6%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>1-Jan-22</td>
<td>30-Sep-22</td>
<td>93</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>8-Oct-22</td>
<td>257 655</td>
<td>257 655</td>
<td>5 604</td>
<td>-</td>
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<tr>
<td>Zimbabwe</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Apr-2022</td>
<td>19-May-2022</td>
<td>5-Sep-22</td>
<td>7 468</td>
<td>744</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Kenya</td>
<td>Influenza A (H1N1)</td>
<td>Ungraded</td>
<td>19-Jul-2022</td>
<td>28-Sep-22</td>
<td>175</td>
<td>5</td>
<td>1</td>
<td>0.6%</td>
<td></td>
</tr>
</tbody>
</table>

Refer to text above.

There have been 398 suspected cases reported of yellow fever during 2 January-27 August 2022 in Uganda with no deaths reported. Two cases have been confirmed: one from Wakiso District confirmed in Feb 2022 and another from Masaka District in Jun 2022.

As of 9 September 2022, flooding affected 1.4 million people in 19 countries in West and Central Africa. Heavy rains and floods continued to take a significant toll on human life, property, farmlands, and livestock, killing 424 people, injuring 1,297, and displacing about 146,000. Chad, the Republic of Congo, Democratic Republic of Congo, Niger, Nigeria, Liberia, the Central African Republic, Gambia, Guinea, Mauritania, Senegal, Cote d'Ivoire, Ghana, Sierra Leone, Mali, Cameroon, Benin, Burkina Faso, Sao Tome and Principe, etc. are being severely impacted by torrential rains and floods. Some 62,000 houses were destroyed in the region.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 9 October 2022, a total of 333 555 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 8 October 2022, a total of 257 655 confirmed COVID-19 cases were reported in the country including 5 604 deaths and 251 640 cases that recovered.

A measles outbreak has been ongoing in Zimbabwe since 10 April 2022. As of 8 October 2022, A cumulative total of 7 468 Cases, 4 580 Recoveries, 355 confirmed cases and 744 Deaths have been reported since the onset of the outbreak. 85 new-suspected measles cases and zero suspected deaths were reported this week ending week 38.

Closed Events

An outbreak of influenza A (H1N1) was reported in Gilgil sub county in Nakuru County. A total of 175 cases with five 5 confirmed and one death (CFR 0.6%) were reported from 19 Jul to 25 Aug 2022. An upsurge was reported around 27 July following an exacerbated situation of drought and malnutrition in the cases. As of 28 Sept authorities are no longer considering the event as an outbreak, but are monitoring the situation.

†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/](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.