

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 42: 10 - 16 October 2022

Data as reported by: 17:00; 16 October 2022



World Health  
Organization

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

**1**

New events

**146**

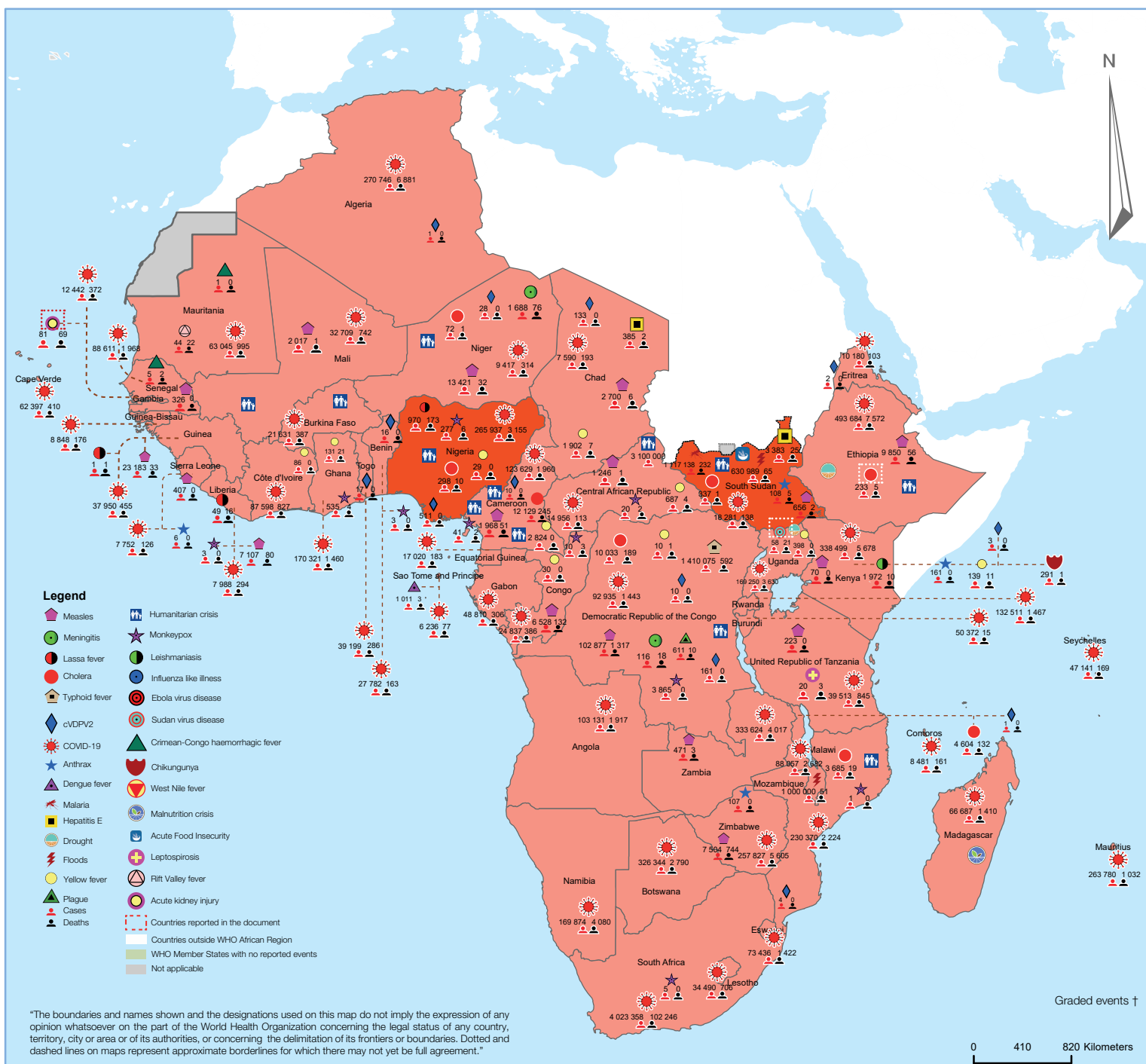
Ongoing events

**126**

Outbreaks

**21**

Humanitarian  
crises



**5**

Grade 3 events

**24**

Grade 2 events

**2**

Grade 1 events

**2**

Protracted 3 events

**3**

Protracted 2 events

**0**

Protracted 1 events

**45**

Ungraded events

# Overview

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

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

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 Sudan ebolavirus (SVD) in Uganda has entered its fourth week, with response activities continuing to show significant results, notably around field investigations, alert detection and verification, contact tracing and follow-up. However, the risk of further spread of the disease remains very high, considering that high risk contacts have been identified in other areas of the country including Kampala city. Community engagement remains a challenge as there persists a low awareness or risk perception of Ebola from the communities, some of which exhibit high hostility against response teams. Moreover, families affected by Ebola are still stigmatised, and SVD suspects and survivors still face rejection within their communities, highlighting a clear need to reinforce community engagement and psychosocial support.
- Confirmed monkeypox cases continue to increase in multiple African countries and extend to countries without previously documented monkeypox transmission. Detailed case characterization is essential to understand transmission dynamics and guide interventions. Leveraging existing networks and resources is needed to improve diagnosis and genome sequencing capacity. WHO continues to support countries to enhance surveillance and laboratory capacity, including genomic surveillance in affected countries.
- A cholera outbreak has affected Ethiopia's Oromia and Somali regions since August 2022. Various factors have made the situation worse including the poor hygiene practice of open defecation and lack of safe water. A looming drought has exacerbated the situation further causing dehydration and nutrition problems among patients in an area where there is poor support for aid services. Finally, the areas affected contain internally displaced populations creating challenges for safe water consumption, adequate levels of sanitation, and lack of access for transporting aid supplies thereby posing a risk for spread to other areas.

# Ongoing events

## Ebola Virus Disease caused by Sudan virus in Uganda

58  
cases

21  
Deaths

36.2%  
CFR

### EVENT DESCRIPTION

The Ebola disease caused by Sudan ebolavirus (named Sudan virus disease, SVD) outbreak has entered its fourth week in Uganda, since confirmation in a 24-year patient in Madudu Sub-County of Mubende District on 19 September 2022.

As of 14 October 2022, a total of 78 cases of SVD including 58 laboratory-confirmed and 20 probable cases have been reported. Forty-one fatalities have been registered including 21 confirmed cases, for an overall case fatality ratio of 52.7%, and 36.2% among confirmed cases. A total of 22 patients have been discharged, giving a recovery rate of 37.9%.

No new District has been affected in the past week. In total, 16 Sub-Counties have reported at least one case since the beginning of the outbreak, including 11 in Mubende which remains the epicentre (50 confirmed and 19 probable), two in Kassanda (three confirmed and one probable), one in Kyegegwa (three confirmed), one in Bunyangabu (one confirmed) and the last one in Kagadi (one confirmed).

A total of 873 contacts are currently under follow-up, of whom 97% (n=846) have been seen over the past 24hrs. All contacts from Kyegegwa have completed their 21-day follow-up with no new cases identified in the period. The last positive case was reported in Kyegegwa on 20 September 2022. The number of daily alerts has tremendously increased, from less than 10 alerts at the beginning of the outbreak to almost a hundred in recent days.

### PUBLIC HEALTH ACTIONS

#### Coordination

- Daily Greater Kampala Metropolitan Task force meetings continue to be held, with representation from Kampala Capital City, Wakiso and Mukono. In addition, the briefing of senior political leadership in Kampala has been completed.
- District Task Force meetings, partners' meetings and pillar meetings also continue to be held in all affected Districts on a daily basis.
- All sub-county task forces in Kassanda have been activated for SVD response.

#### Surveillance and Laboratory

- Epidemiological investigations, contact tracing, and active case finding are ongoing in the affected Districts. As of 14 October 2022, 873 contacts were still under follow-up, with 846 (97%) followed-up over the past 24hrs. A total of 96 alerts were received from affected and non-affected Districts, all of whom were verified; 21 (22%) of them were validated as new suspected cases and 15 (71%) were evacuated to the Ebola Treatment Unit (ETU).
- The internet connectivity at the Mobile Laboratory has been boosted to support swift uploading of results.

- Fourteen laboratory staff, five district focal points and one hub rider have been trained in sample collection, packaging, transportation, biosafety and biosecurity.
- Mobile laboratory testing is still ongoing at the Mubende Regional Referral Hospital (RRH), with a results turn-around time of six hours.

#### Case management and psychosocial support

- Entebbe isolation is now fully functional, as well as the Mulago isolation facility where suspected cases and high-risk contacts are currently being admitted. In addition, two tents have been installed at the Kiruddu RRH in Kampala City in order to support triage within the facility and early isolation of suspected cases.
- Currently, 10 suspected and 15 confirmed cases are being managed at Mubende ETU, with an additional one confirmed case at Entebbe ETU. Twenty-two recoveries have so far been recorded.
- The Emergency Medical Services system has been activated nationwide, to support transfer of suspected cases as well as continuity of essential health services. A total of 17 suspected cases were successfully evacuated.
- Psychosocial support is currently being offered to suspected and confirmed cases in ETUs, as well as to their family members. Pre-test (and post-test) counselling are also being offered to all patients at ETUs, and to contacts. The resettling of the discharged persons and negative suspected cases into their community continues.

#### Infection, prevention and control (IPC)

- Daily monitoring of IPC measures in ETUs is ongoing.
- There are ongoing campaigns for IPC and WASH within 10 villages in Mubende District. The sensitization of pupils and teachers in primary schools also continues. Sensitization and IPC orientation has been done for the Police officers in Mubende Municipality.
- Mildmay and Mubende District teams have delivered supplies to Kirwanyi village including 17 hand washing stations, five (20-liter Jerricans of liquid soap), and 40-liters of hand sanitizer. These supplies were meant to support churches, mosques, markets, boda stages, schools, clinics, saloons, and restaurants.

#### Risk communication and community engagement

- The ten Community audio towers in Madudu and Kiruma Sub-Counties continue to air out messages on SVD.
- Three mobile public address systems were contracted to disseminate SVD messages to the public in three divisions of Mubende Municipality, and approximately 100 000 people have been reached through this strategy. In addition, over 3000 pieces of IEC materials (posters and fact sheets) in Luganda language have been disseminated in the Municipality using the mobile public address system vehicles.

- A total of 96 village health team (VHT) members have been oriented on their roles in SVD outbreak and have been assigned areas of responsibility in Kibalinga sub-county.
- Cultural leaders, VHT members, religious leaders, and councillors have received SVD orientation from the Madudu Sub-County task force.

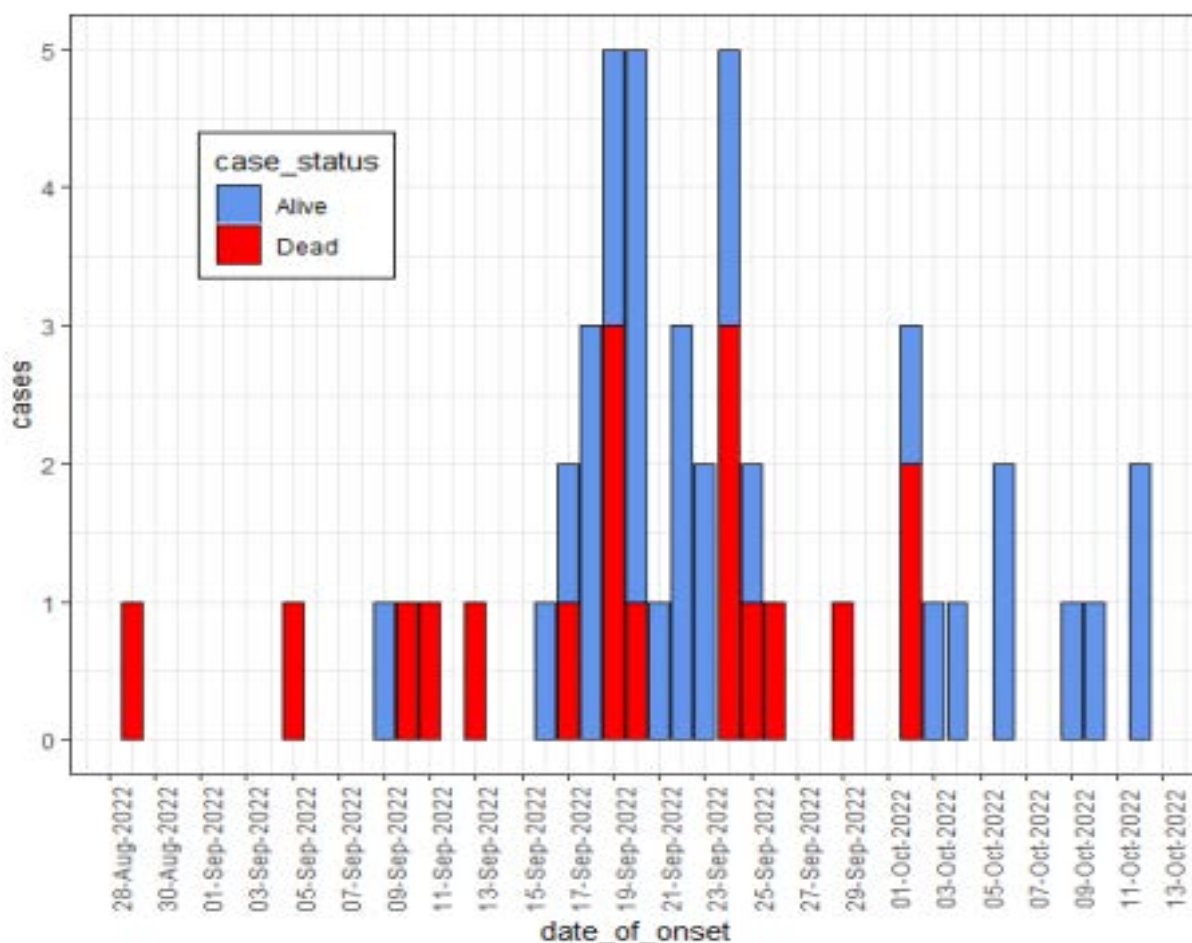
### Logistics

- The distribution of supplies in healthcare facilities within all affected districts continues, 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

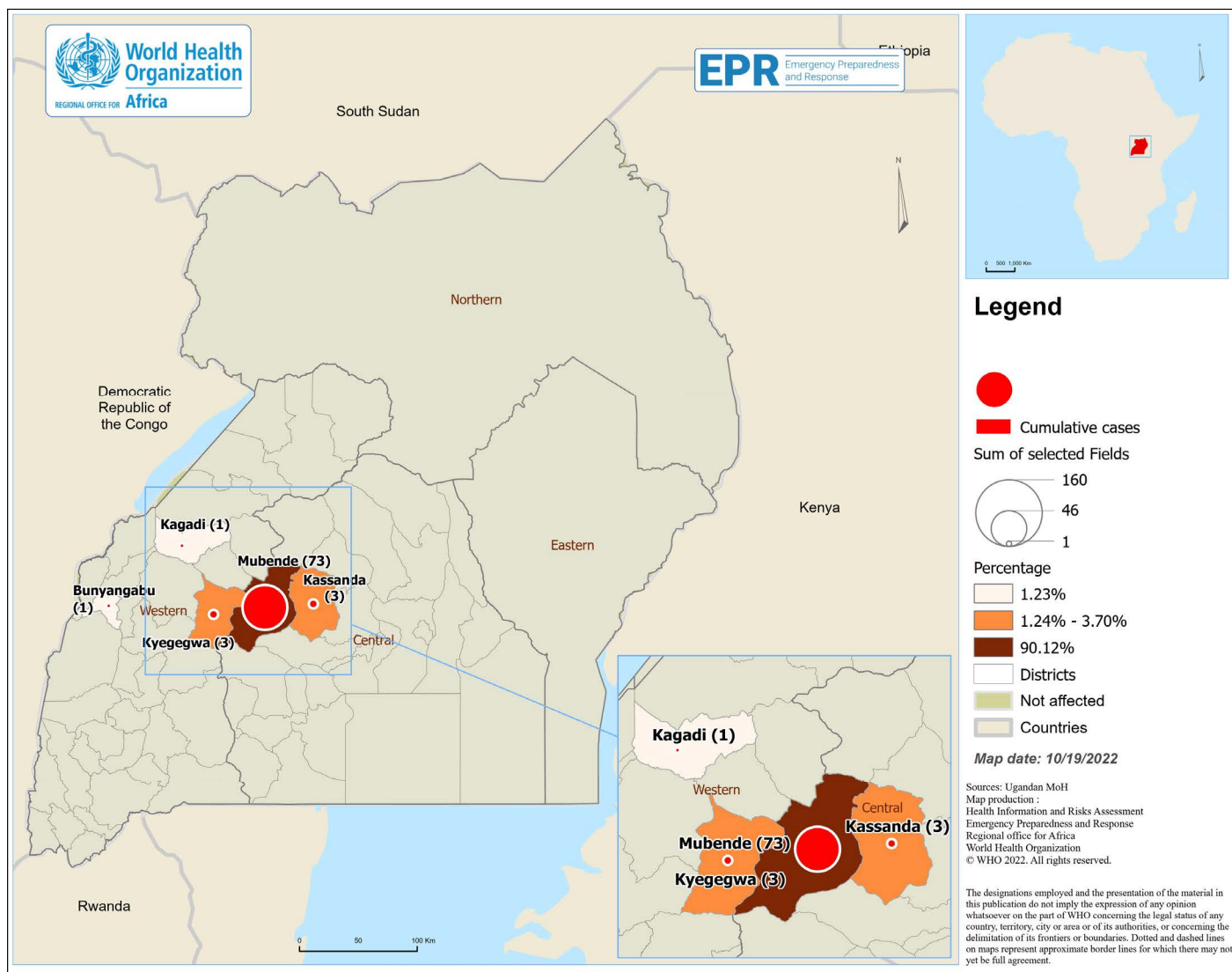
Ongoing response activities have continued to yield tremendous results especially around alert detection and contact tracing. For instance, the contact follow-up rate has been maintained above 90% over recent days. However, the risk of disease spread to other Districts and Regions of the country remains very high, as high-risk contacts have been identified in other areas including Kampala Capital city. In addition, case management has greatly improved, with a recovery rate reaching almost 40% in a context of no specific therapeutics and vaccines. Nevertheless, there remains areas of improvement especially around psychosocial support to patients and their families, and resettlement of survivors in their communities. As the number of survivors keeps increasing and considering that they may continue to transmit the virus, it is imperative to launch a survivor program for their close monitoring and follow-up.

Distribution of cases of Ebola virus disease in Uganda by outcome, as of 14 October 2022





## Distribution of Ebola Virus Disease by subcounty in the affected districts in Uganda, as of 16 October 2022



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## EVENT DESCRIPTION

Between 1 January and 16 October 2022, 13 African countries have reported 890 monkeypox cases, including eleven countries in the WHO African region (Nigeria (530), DRC (200), Ghana (104), Sudan (17), Central Africa Republic (CAR) (10), Cameroon (8), Congo (5), South Africa (5), Benin Republic (3), Liberia (3), Morocco (3), Egypt (1), and Mozambique (1).

One new case was reported in Ghana in the past week. An additional, 140 new cases were reported retrospectively from Nigeria (130) and the Democratic Republic of the Congo (DRC) (10) for weeks 39 - 40.

During the same reporting period, 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 50.0% of global cases and fatalities, respectively.

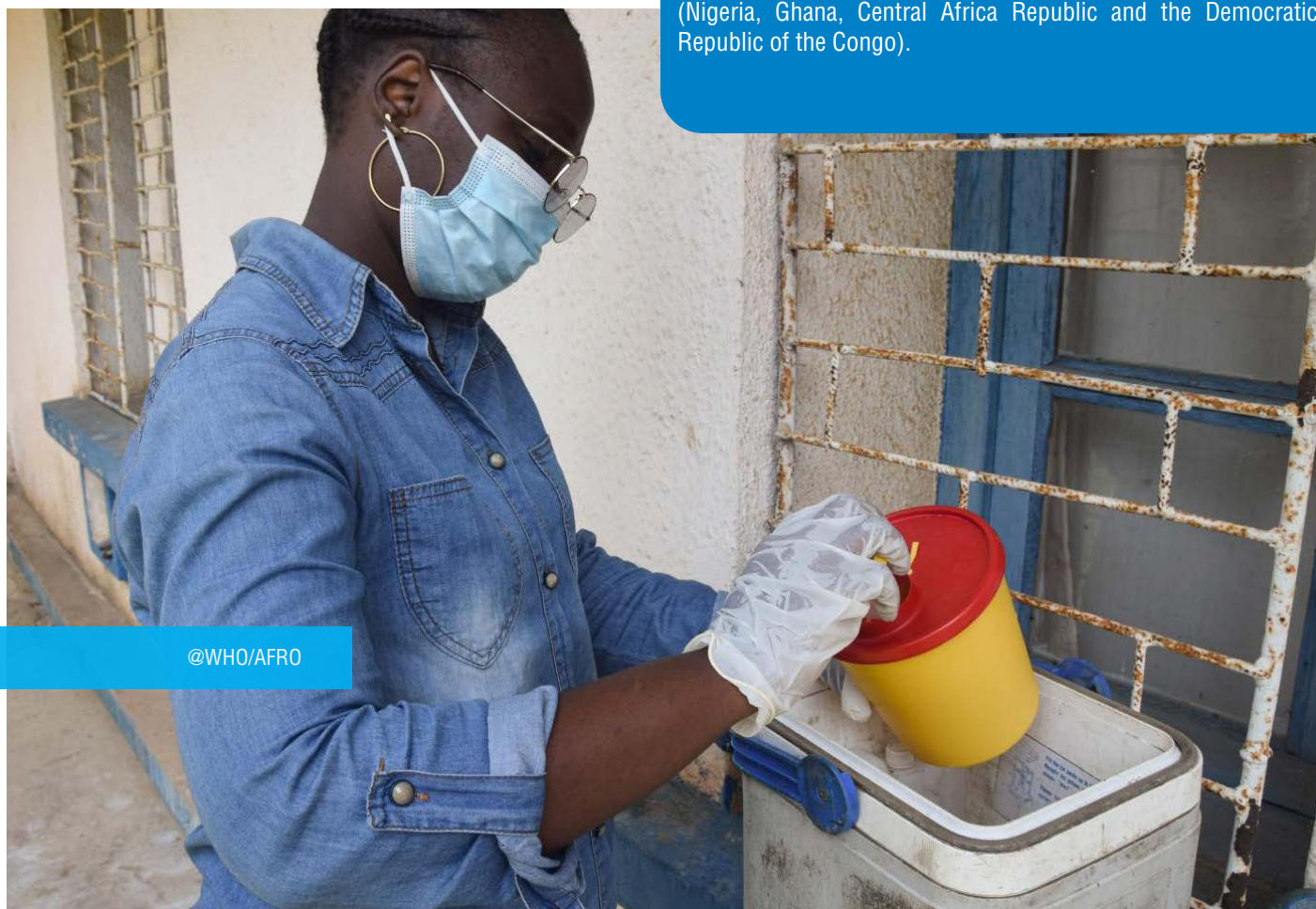
Between 1 January and 16 October 2022, 72 947 laboratory-confirmed and 1 094 probable Monkeypox cases were reported globally. Similarly, 28 deaths were reported from Nigeria (6), Brazil (5), Ghana (4), Cameroon (2), Spain (2), United States of America (2), Belgium (1), Cuba (1), Czechia (1), Ecuador (1), India (1), and Sudan (1) across all six WHO regions. Most cases reported in the past week were notified from the Region of the Americas 46 787 (64.1%), and the European Region 24 999 (32.3%).

## PUBLIC HEALTH ACTIONS

- WHO is supporting countries to understand monkeypox transmission dynamics
- WHO deployed high-level mission support to Nigeria, Ghana and the Central Africa Republic on Monkeypox response
- WHO is collaborating with countries to retrain healthcare workers on specimen collection, processing, packaging, storage, transport and manipulation, as well as infection prevention and control strategies?
- There is an ongoing policy response tracker project in the affected countries to understand better the characteristics of response measures put in place by governments and their impact on epidemic trends
- WHO continues to provide technical support to countries to develop and finalize strategic preparedness and response plans to respond to monkeypox outbreaks promptly and effectively.

## SITUATION INTERPRETATION

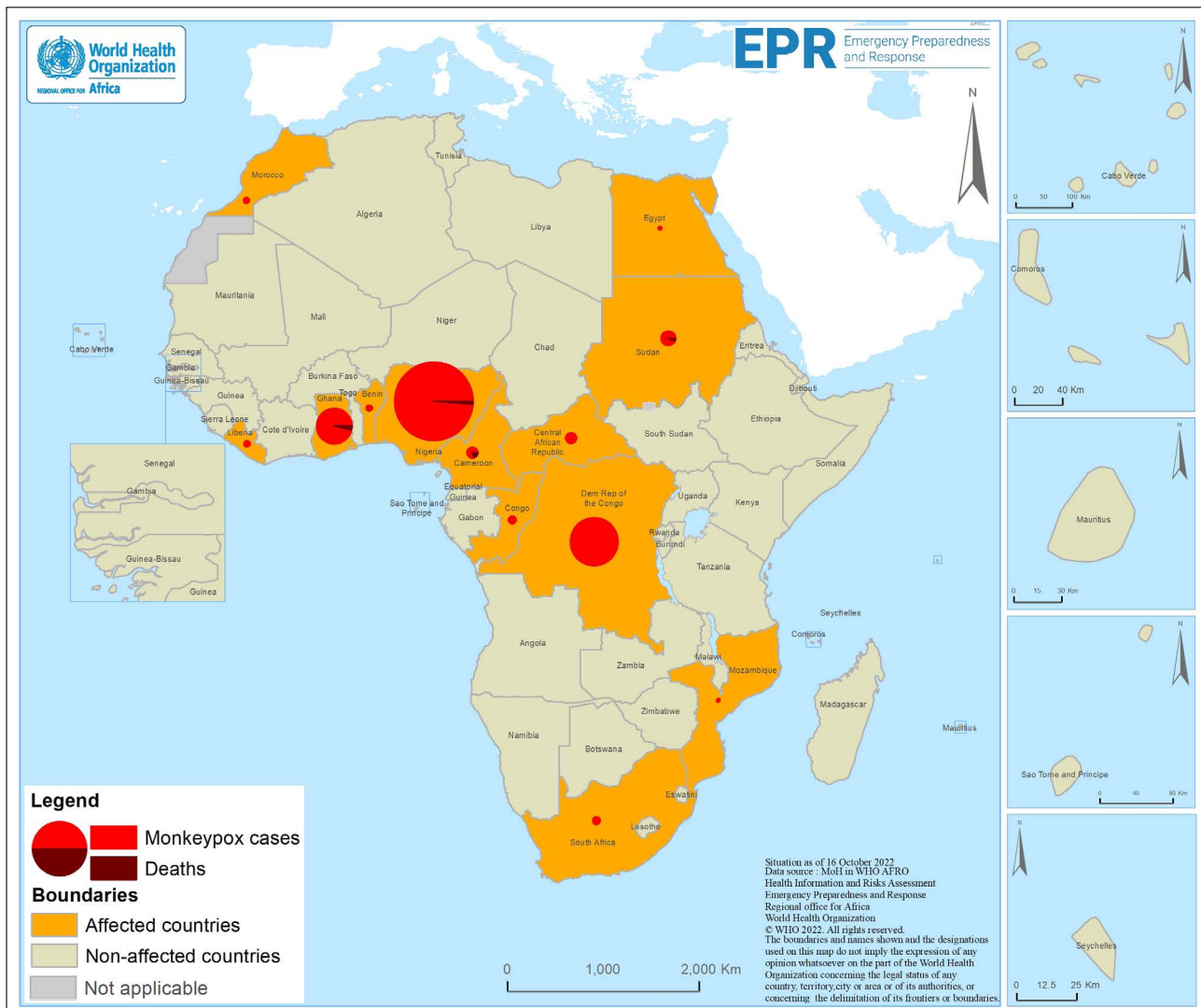
One new case was reported in Ghana in the past week. Additional cases of monkeypox were reported retrospectively from Nigeria and the Democratic Republic of Congo. WHO deploys high-level support missions to countries with high Monkeypox burden (Nigeria, Ghana, Central Africa Republic and the Democratic Republic of the Congo).



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## Distribution of cases of Monkeypox in the WHO African Region, as of 16 October 2022



► [Monkeypox dashboard](#)

## EVENT DESCRIPTION

Oromia and Somali regions of Ethiopia have been experiencing a cholera outbreak since 27 August 2022. As of 12 October 2022, a total of 233 cases of cholera and five deaths have been reported yielding a case fatality rate of 2.1%. Four woredas are currently experiencing active outbreaks including Kersadula (18 cases, 7.7%) in the Somali region; and Berbere (125 cases, 53.6%), Harena Buluk (71 cases, 30.5%), and Delo Mena (19 cases, 8.2%) in Oromia region.

The cumulative attack rate is 50.9 cases per 100 000 population at risk. At the woreda level, the highest attack rate has been recorded in Berbere at 91.7 cases per 100 000 population at risk, followed by Harena Buluk at 58.0 cases per 100 000, Kersadula at 28.3 cases per 100 000, and Delo Mena at 13.9 cases per 100 000. Children under the age of 5 years account for 30.9% (72) of all cases and 52.0% (121) of all cases were male.

At least 12 samples out of 16 collected have tested positive for cholera by either rapid diagnostic tests or culture methods. Notably, four samples out of four (100%) tested by culture from Harana Buluk woreda, and two samples out of four from Kersadula woreda, were all found positive for *Vibrio cholerae*.

The risk of spread to other areas is high given that the affected regions, which are known cholera hotspots, have reported suspected cases from at least 18 villages. In addition, due to a situation of drought and conflict in the region, many people have been subject to internal displacement and patients have presented with severe dehydration (57.1%) and severe acute malnutrition (25.0%).

Among cholera patients, 27.5% of patients were not vaccinated, 7.7% had unknown vaccination status, while 40.8% had at least one oral cholera vaccine (OCV) dose and 24% had two OCV doses. An OCV campaign coverage study is being considered to further understand the epidemiological situation in the country.

## PUBLIC HEALTH ACTIONS

- A national cholera elimination plan is being implemented.
- Regional coordination to manage the outbreak is ongoing with functioning response structures.
- A surge team to support the response was deployed including officers from Ethiopian Public Health Institute, Regional Health Bureaus, and World Health Organization.
- Case investigations and active case searching is ongoing including contact tracing
- Infection prevention and control measures are being taken in the affected areas.
- Seven cholera treatment centres were established in the affected woredas: one in Kersadula, three in Berbere, two in Harena Buluk, and one in Dolo Mena.
- About 72 supportive and health care workers have been trained on case management.

- Cholera kits, medical supplies, and water, sanitation, and hygiene materials were provided to the affected woredas.
- Water sample collection, bacteriological test, and chlorine residual testing have been conducted.
- Surveys were conducted for checking quality of household water and availability of latrines.
- Risk communication messages were disseminated at marketplaces, schools, community gatherings, and among religious and community leaders.

## SITUATION INTERPRETATION

The cholera outbreak in Ethiopia that began surging in August 2022 has deteriorated in the past one month. The situation has mainly affected children under 5 years of age which combined with nutrition issues could be detrimental to the children in these areas and especially among those who are internally displaced. The two affected regions have faced challenges that include lack of access to safe drinking water, poor sanitation conditions, and overcrowding due to massive concentration of pilgrims at holy water sites and daily labourers in farming areas. Some areas of the country are difficult to access for transporting supplies due to internal conflicts and poor roads. Other outbreaks of COVID-19, anthrax, malaria, measles, meningitis, and anthrax are further burdening the health system.



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## Distribution of cases of cholera in affected Woredas in Ethiopia, as of 12 October 2022

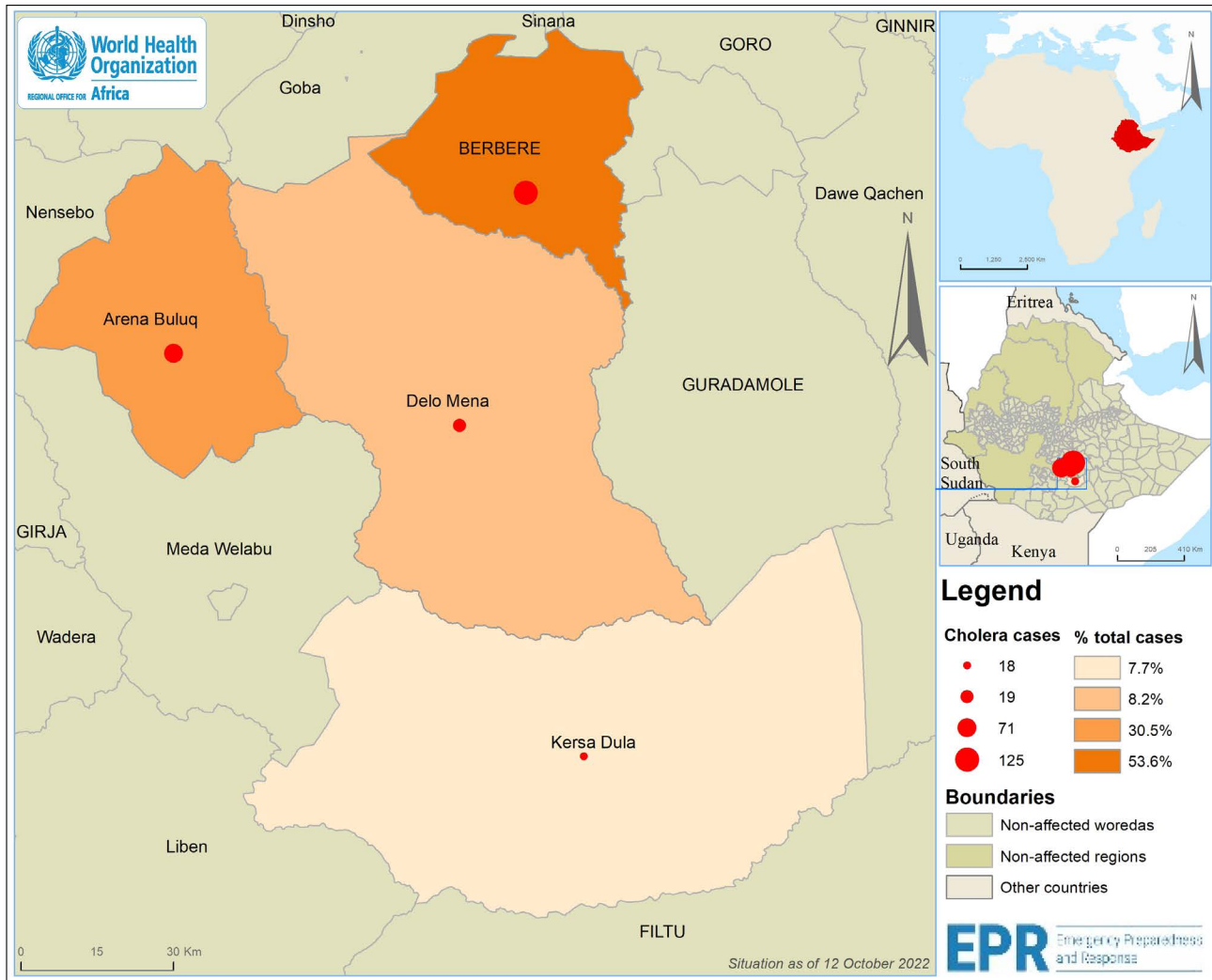
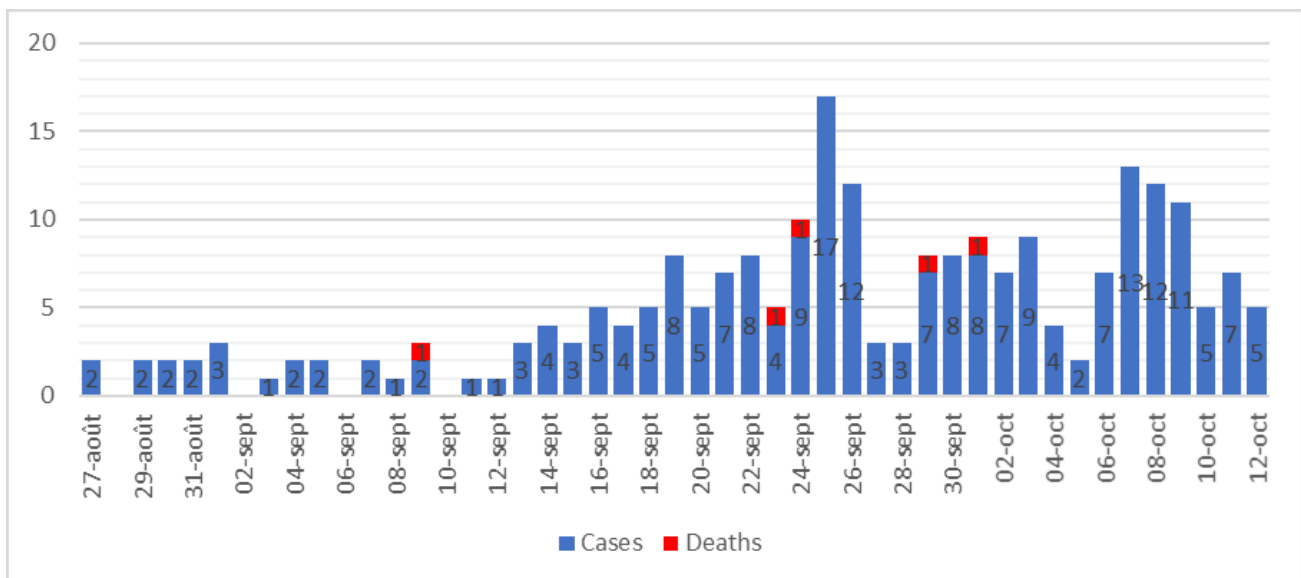


Table 1. Epidemiological Curve of Cholera Cases in Ethiopia, 27 August- 12 October 2022.



# All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<b>New Events</b>									
Democratic Republic of the Congo	Poliomyelitis (cVDPV1)	Grade 2		01-Jan-22	05-Oct-22	10	10	0	0.0%
Six cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported in Haut Lomami. There are 10 cases reported in 2022.									
<b>Ongoing Events</b>									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	16-Oct-22	270 746	270 746	6 881	2.5%
From 25 February 2020 to 16 October 2022, a total of 270 746 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 360 recovered.									
Algeria	Poliomyelitis (cVDPV2)	Grade 2	14-Jul-22	11-Apr-22	7-Oct-22	1	1	-	-
Algeria IHR focal point notified WHO of a confirmed case of Circulating Vaccine-Derived Poliovirus type 2 (cVDPV2). The case is a 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.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	14-Oct-22	103 131	103 131	1 917	-
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 14 October 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	17-Mar-20	16-Mar-20	12-Oct-22	27 782	27 782	163	0.6%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 12 October 2022, a total of 27 782 cases have been reported in the country, with 163 deaths and 27 464 recoveries.									
Benin	Monkeypox	Grade 3		14-Jun-2022	10-Oct-22	3	3	0	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 was 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.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	24-Aug-2019	5-Oct-22	16	16	0	0.0%
No new case of Circulating Vaccine -derived poliovirus type 2 (cVDPV2) was reported this week. 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.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	13-Oct-22	326 344	326 344	2 790	0.9%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 13 October 2022, a total of 326 344 confirmed COVID-19 cases were reported in the country including 2 790 deaths.									
Burkina Faso	Humanitarian crisis (Sahel Region)	Grade 2	1-Jan-19	1-Jan-19	20-Sep-22	-	-	-	-
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 1 520 012 displaced persons are registered in Burkina Faso as of April 30, 2022. Access to health services remains a challenge for the population in affected areas. There are 192 non-functional health facilities and 353 facilities that function at a minimum level of their capacity.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	12-Oct-22	21 631	21 631	387	1.8%
Between 9 March 2020 and 12 October 2022, a total of 21 631 confirmed cases of COVID-19 with 387 deaths and 21 143 recoveries have been reported from Burkina Faso.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	15-Oct-22	50 372	50 372	15	0.0%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 15 October 2022, the total number of confirmed COVID-19 cases is 50 372, including 15 deaths and 50 151 recovered.									
Cameroon	Humanitarian crisis (North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-2017	25-Aug-22				-
The security situation remains unstable, characterized by incursions and attacks in the departments of Mayo-Sava, Mayo-Tsanaga and Logone & Chari bordering Nigeria. At least 23 incidents involving armed men have been recorded, with 13 civilians killed including 2 children and 1 woman, as well as 12 people injured and 10 others abducted. The incursions of NSAGs are accompanied by looting of property and livestock, and sometimes burning of houses. Around 7 653 people have been displaced in June 2022, majority of which occurred in the Mokolo Subdivision following two NSAG attacks. As of 30 June 2022, 15 000 people have returned to their homes following the intercommunal conflict that occurred in the Logone-Birni department on December 2021. Moreover, nearly 640 households have been affected by torrential rains in Mayo-Danay and Logone & Chari since mid-April 2022.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-16	27-Jun-2018	25-Aug-22	-	-	-	-
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.									
Cameroon	Humanitarian crisis (Sahel Region)	Grade 2	31-Dec-13	27-Jun-2017	25-Aug-22	-	-	-	-
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.									
Cameroon	Cholera	Grade 2	1-Jan-21	25-Oct-21	22-Sep-22	12 129	1 122	245	2.0%
Between 16 and 22 September 2022, 151 new suspected cases of cholera including one death have been reported from three active Regions: Littoral (140 cases, one death); Centre (nine cases); West (two cases). As of 22 September 2022, 12 129 suspected cases including 1122 laboratory-confirmed cases and 245 deaths (CFR 2.0%) have been reported since October 2021, from eight Regions and 49 Districts of which 25 remain active. South-West (6015 cases) and Littoral (5180 cases) Regions have reported majority of cases. On 22 September, a suspected case of cholera was reported from Messamena District in East Region, who arrived from Douala (the current hotspot) on 19 September. Investigations are ongoing.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	14-Sep-22	123 629	123 629	1 960	1.6%
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.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-22	11-Sep-22	1 968	1 968	-	-
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.									
Cameroon	Monkeypox	Grade 3	24-Feb-22	1-Jan-22	25-Sep-22	41	8	2	4.9%
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 Ayos 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).									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	4-Oct-22	10	10	0	0.0%
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.									
Cameroon	Yellow fever	Grade 2	7-Feb-21	4-Jan-21	4-Oct-22	2 824	35	0	0.0%
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.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	15-Oct-22	62 397	62 397	410	0.7%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 15 October 2022, a total of 62 397 confirmed COVID-19 cases including 410 deaths and 61 923 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-2013	15-Sep-22	-	-	-	-
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.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Sep-22	14 956	14 956	113	0.8%
The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 26 September 2022, a total of 14 956 confirmed cases, 113 deaths and 14 536 recovered were reported.									
Central African Republic	Measles	Ungraded	13-Mar-22	1-Jan-22	25-Sep-22	1 246	119	1	0.1%
As at Week 38 (ending 25 September), a total of 1 246 measles cases reported through IDSR with one related death. About 70 cases tested IgM+ for measles. In additional 49 cases of measles were confirmed through epi-link; seven districts with confirmed measles outbreaks are reported since the beginning of the year including Bangui 1, in the capital region.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Monkeypox	Grade 3	3-Mar-22	4-Mar-22	31-Aug-22	20	8	2	10.0%
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	Yellow fever	Grade 2	14-Sep-21	1-Apr-2021	4-Oct-22	687	20	4	0.6%
On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur of Cameroun. As of 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	Humanitarian crisis (Sahel region)	Grade 2	11-Feb-22	1-Mar-16	8-Aug-22	-	-	-	-
More than 2.1 million people are in food and nutrition insecurity in Chad. The decline in agro-pastoral productivity is affecting the nutritional status of the populations. According to OCHA, more than 1.5 million of the most vulnerable people are at risk of not receiving assistance. Chad 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.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	3-Oct-22	7 590	7 590	193	2.5%
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	Measles	Ungraded	24-May-18	1-Jan-22	11-Sep-22	2 700	134	6	0.2%
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 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	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	4-Oct-22	133	133	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported on week 39, 2022 The last four cases were reported on week 35 including two in N'Djamena, and one each in Mayo Kebbi Est and Salamat Regions, bringing to 18 the number of 2022 cases of cVDPV2 in Chad. In addition, there were 106 cVDPV2 cases reported in 2020 from three different outbreaks, while nine other cases were reported in 2019.									
Chad	Yellow fever	Grade 2	13-Nov-21	1-Nov-21	4-Oct-22	1 902	30	7	0.4%
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 reported from five Regions and six Districts including two from Logone Oriental (Bessao & Larmanaye), one from Mayo Kebbi Ouest (Lere), one from Mayo Kebbi Est (Gounou-Gaya), one from Ouaddai (Abeche), and one from Tandjile (Lai). A total of 18/126 districts in 8/23 provinces have been affected since the beginning of the outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-2020	14-Oct-22	8 481	8 481	161	1.9%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 14 October 2022, a total of 8 481 confirmed COVID-19 cases, including 161 deaths and 8 316 recoveries were reported in the country.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	11-Aug-22	24 837	24 837	386	1.6%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 7 August 2022, a total of 24 837 cases including 386 deaths and 23 644 recovered cases have been reported in the country.									
Congo	Measles	Ungraded	14-Mar-22	1-Jan-22	7-Sep-22	6 528	6 528	132	2.0%
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.									
Congo	Monkeypox	Grade 3	23-May-22	1-Jan-22	14-Sep-22	10	5	3	30.0%
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.									
Congo	Yellow fever	Grade 2	31-Mar-22	31-Mar-22	16-Sep-22	30	4	0	0.0%
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.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	16-Oct-22	87 598	87 598	827	0.9%
Since 11 March 2020, a total of 87 598 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 827 deaths, and a total of 86 689 recoveries.									
Côte d'Ivoire	Yellow fever	Grade 2	14-Sep-21	13-Aug-2021	26-Aug-22	86	7	0	0.0%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-16	17-Apr-2017	18-Sep-22	-	-	-	-
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 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.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	3-Jan-22	25-Sep-22	10 033	1 049	189	1.9%
From epidemiological week 1 to 38 (ending 25 September 2022), 10 033 suspected cholera cases including 189 deaths (CFR: 1.9%) were recorded in 74 health zones across 14 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (3 584), Haut-Lomami (1 850), Tanganyika (1 806), and North Kivu (1 726). 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, Haut Lomami, Tanganyika, etc.).									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	2-Oct-22	92 935	92 933	1 443	1.6%
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 reported. A total of 83 521 people have recovered.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-21	1-Jan-22	11-Sep-22	102 877	5 086	1 317	1.3%
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)									
Democratic Republic of the Congo	Monkeypox	Grade 3	30-Mar-19	1-Jan-22	25-Sep-22	3 865	200	0	0.0%
From 1 January – 24 September 2022, the Democratic Republic of the Congo reported 3 865 suspected including 190 confirmed cases from 161 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1 653), Tshopo (552), Maniema (303), Kasai (240), and Tshuapa (219).									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-22	25-Sep-22	611	-	10	1.6%
Between epidemiological weeks 1-38 of 2022, 611 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 (477, 78.1%) in 2022.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-21	1-Jan-21	5-Oct-22	161	161	0	0.0%
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.									
Democratic Republic of the Congo	Suspected meningitis	Ungraded		2-Jun-22	25-Sep-22	116		18	15.5%
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.									
Democratic Republic of the Congo	Typhoid fever	Ungraded	1-Jul-21	1-Jan-22	25-Sep-22	1 410 075	-	592	0.0%
In 2022, from epidemiological week 1 to 38 (ending 25 September 2022), 1 410 075 suspected cases of typhoid fever including 592 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%).									
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 .									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	13-Oct-22	17 020	17 020	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 17 020 cases have been reported in the country with 183 deaths and 16 713 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.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	16-Oct-22	73 436	73 436	1 422	1.9%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 16 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	-	-	-	-
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.									
Ethiopia	Cholera	Ungraded	17-Sep-22	17-Sep-22	12-Oct-22	233	4	5	2.1%
Refer to text above									
Ethiopia	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.									
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 : Chilga; Anded;Gololcha;Gura Damole; Guchi;Babile;Deraa;Banatsemay;North Ari; Raaso; West Imey; Harawo; Jigjiga City; Gashamo; Gorabaqasa; Afdem									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	11-Oct-22	48 810	48 810	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 10 October 2022, a total of 48 810 cases including 306 deaths and 48 353 recoveries have been reported in the country.									
Gambia	Acute kidney injury	Grade 2	11-Aug-22	4-Jul-2022	6-Oct-22	81	-	69	85.2%
On 1 August 2022, the Epidemic and Disease Control Unit of the Ministry of Health in The Gambia reported an unusual event detected at the Edward Francis Small Teaching Hospital, the main tertiary hospital in the country. A total of 81 cases with 69 deaths ( CFR 85% ) have been reported as of 6 October 2022. The median age is 17 years with a range of two to 84 months. The highest number of cases was among children under two years of age. The index case was traced to 4 July 2022. Patients presented with symptoms such as inability to urinate, fever, vomiting, and diarrhoea. In addition, 23 samples of medicines taken by these children were sent for toxicology testing, and four of the medicines were found to contain diethylene glycol and ethylene glycol. 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	12-Oct-22	170 321	170 321	1 460	0.9%
As of 12 October 2022, a total of 170 321 confirmed COVID-19 cases have been reported in Ghana. There have been 1 460 deaths and 168 397 recoveries reported.									
Ghana	Monkeypox	Grade 3	8-Jun-22	24-May-2022	3-Oct-22	535	103	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-3 October 2022, there have been 535 suspected cases, including 103 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).									
Ghana	Yellow fever	Grade 2	3-Nov-21	15-Oct-21	26-Aug-22	131	61	21	16.0%



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	12-Oct-22	37 950	37 950	455	1.2%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 12 October 2022, a total of 37 950 cases, including 37 034 recovered cases and 455 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 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									
Guinea	Measles	Ungraded	9-May-18	1-Jan-22	30-Sep-22	23 183	418	33	0.1%
Since the beginning of 2022 up to week 40 (ending 30 September), a total of 23 183 suspected measles cases with 418 confirmed and 33 death (CFR 0.2%) have been reported in Guinea through the 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-county 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 country. 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-2020	14-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 14 October 2022, a total of 34 490 cases of COVID-19 have been reported, including 33 784 recoveries and 706 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	14-Oct-22	7 988	7 988	294	3.7%
From 16 March 2020 to 14 October 2022, Liberia has recorded a total of 7 988 cases including 294 deaths and 7 681 recoveries have been reported.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	6-Jan-22	9-Oct-22	49	49	16	32.7%
Since the beginning of 2022 up to 9 October 2022, a total of 138 suspected cases of Lassa fever including 49 laboratory confirmed and 16 deaths among confirmed cases (CFR 33%) have been reported in Liberia.									
Liberia	Measles	Ungraded	3-Feb-22	1-Jan-22	2-Oct-22	7 107	7 107	80	1.1%
As of 2 October 2022, 7 644 suspected cases, including 7 107 confirmed and 80 deaths (CFR: 1%) were reported from 62 health districts in 15 counties. Of the confirmed cases, 6% (457 cases) were laboratory confirmed, 8% (556 cases) were clinically confirmed, and 86% (6 094 cases) by epidemiological link.									
Liberia	Monkeypox	Grade 3	21-Jul-22	23-Jul-2022	11-Oct-22	3	3	0	0.0%

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Liberia confirmed a case of Monkeypox on 23 July 2022 through the National Public health Reference Laboratory in the country. The case is a 43-year-old male who resides and works in Ebokayville Une, La Côte D'Ivoire but sought treatment at the Pleabo Health centre in Maryland County, Liberia where he was detected and isolated with 4 contacts being line-listed. As of 11 October 2022, three confirmed cases of monkeypox and 0 deaths were reported.									
Madagascar	Malnutrition crisis	Protracted 2	1-Jul-21	1-Jan-21	7-Oct-22	-	-	-	-
Despite humanitarian aid, from April to August 2022, 33% of the population of the Grand South is still highly food insecure, including 122,000 people in IPC Stage 4 (Emergency), and 925,000 in IPC Stage 3 (Crisis). Madagascar Health Cluster was activated in January 2022 as part of a joint intervention with the Nutrition Cluster to alleviate the ongoing crisis. An estimated 1.7 million people (32% of the total population) in Madagascar who are projected to face Integrated food security IPC projections estimate that 189 056 people are classified as emergency phase 4 and a little more than 1.5 million are classified as IPC Phase 3.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	16-Oct-22	66 687	66 687	1 410	2.2%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 16 October 2022, a total of 66 687 confirmed cases including 1 410 deaths have been reported in the country.									
Malawi	Floods	Grade 2	26-Jan-22	26-Jan-22	7-Oct-22	1 000 000		51	0.0%
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 persists, 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%.									
Malawi	Cholera	Ungraded	3-Mar-22	3-Mar-22	14-Oct-22	4 604	4 107	132	2.9%
A total of 25 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 14 October 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 4 604 and 132 respectively, with Case Fatality Rate at 2.9%.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-2020	14-Oct-22	88 057	88 057	2 682	3.0%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 14 October 2022, the country has a total of 88 057 confirmed cases with 2 682 deaths.									
Malawi	Poliomyelitis	Ungraded	31-Jan-22	1-Feb-2022	12-Oct-22	1	1	0	0.0%
One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.									
Mali	Humanitarian crisis (Sahel region)	Grade 2	n/a	11-Sep-17	11-Oct-22	-	-	-	-
The humanitarian situation in Mali has deteriorated significantly in the first half of 2022 due to the intensification of the conflict and intercommunity clashes. The level of need is the highest it has been since the crisis began in 2012. Currently, 7.5 million people, or one in three Malians, are in need of humanitarian assistance, up from 3.8 million in 2017. In addition, 1.8 million people need food aid, a 50% increase from last year.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	16-Oct-22	32 709	32 709	742	2.3%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 16 October 2022, a total of 32 709 confirmed COVID-19 cases have been reported in the country including 742 deaths and 31 865 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-22	25-Sep-22	2 017	683	1	0.0%
As of 25 September 2022, a total of 2 017 suspected cases of measles and 683 confirmed and one death have been reported in Mali through integrated disease surveillance and response (IDSR) system. In September 2022, 30 positive cases and none deaths were recorded. The most affected age group is from 0 to 59 months.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	15-Oct-22	63 045	63 045	995	1.7%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 15 October 2022, a total of 63 045 cases including 995 deaths and 61 873 recovered have been reported in the country.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	31-Aug-22	29-Aug-2022	6-Oct-22	1	1	0	0.0%
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 Diabbe located 2 kilometers from M' Bagne city in Brakna region. She presented with a febrile syndrome during the prenatal consultation on 28 August 2022 and a sample was taken the same day. CCHF was confirmed on 29 August 2022 by polymerase chain reaction at the Institut National de Recherche en Santé Publique (INRSP).									
Mauritania	Rift Valley fever	Ungraded	31-Aug-22	26-Aug-2022	10-Oct-22	44	44	22	50.0%
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 10 October 2022, a total of 44 cases have been confirmed with 22 deaths (CFR 50%). Response activities are underway including enhanced surveillance and investigations.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	30-Sep-22	263 780	263 780	1 032	0.4%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 14 October 2022, a total of 263 780 confirmed COVID-19 cases including 1032 deaths have been reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	1-Jan-20	12-Oct-22	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. As of 12 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.									
Mozambique	Cholera	Ungraded	23-Mar-22	13-Jan-22	2-Oct-22	3 685	16	19	0.5%
Cholera outbreak 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%), Chemba (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.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	30-Sep-22	230 370	230 370	2 224	1.0%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 14 October 2022, a total of 230 370 confirmed COVID-19 cases were reported in the country including 2 224 deaths and 228 146 recoveries.									
Mozambique	Monkeypox	Grade 3	6-Oct-22	7-Oct-22	17-Oct-22	1	1	0	0.0%
The case was diagnosed Wednesday in Maputo City in a man, Health minister Armindo Tiago said.									
Mozambique	Poliomyelitis (WPV1)	Ungraded	17-May-22	18-May-2022	12-Oct-22	4	4	0	0.0%
Three new wild poliovirus type 1 (WPV1) cases are reported this week from Tete Province, including one case from a district bordering Zimbabwe. As of 12 October, there are four cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	13-Oct-22	169 874	169 874	4 080	2.4%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 12 October 2022, a total of 169 874 confirmed cases with 4 080 deaths have been reported.									
Niger	Humanitarian crisis (Sahel region)	Grade 2	1-Feb-15	1-Feb-2015	31-Aug-22	-	-	-	-
There is an increasing number of security incidents reported in the first five months of the year. Since the beginning of May 2022, a total of 16 193 people have been forced to move to the communes of Torodi and Makalondi. More than 17 000 people also have fled Mali to settle in Niger's Tillabéri and Tahoua regions. As of 31 August 2022, a total of 293 256 refugees and asylum seekers, with 69 % coming from Nigeria, 21% from Mali, 5% from Burkina Faso and 5% from other countries were reported. Furthermore, there are more than 347 648 Internally Displaced Persons and Nigerien returnees.									
Niger	Cholera	Ungraded	3-Sep-22	1-Sep-22	7-Oct-22	72	14	1	1.4%
The Direction Régionale de la Santé Publique (DRSP) of Maradi, Niger, notified 10 suspected cases of cholera, including three positive cases by rapid diagnostic test on 1 September 2022 in Madaroufa district, Maradi region. Further testing identified Vibrio cholerae O1 Ogawa. As of 7 October 2022, 72 suspected cases have been reported, of whom 14 tested positive for cholera, and one death was recorded.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	16-Oct-22	9 417	9 417	314	3.3%
From 19 March 2020 to 16 October 2022, a total of 9 417 cases with 314 deaths have been reported across the country. A total of 8 948 recoveries have been reported from the country.									
Niger	Measles	Ungraded	5-Apr-22	1-Jan-22	30-Sep-22	13 421	675	32	0.2%
From week 1 to week 39 (ending 30 September) of 2022, 13 421 cases and 32 deaths (CFR: 0.2%) have been reported. Among the eight regions of the country, Agadez has the highest attack rate (124 cases per 100 000 inhabitants), followed by Diffa (123 cases /per 100 000). 94% (68/72) of the districts of Niger have notified at least one suspect case of measles. The vaccination campaign is ongoing in nine districts of the country. According to available data, there is no district in outbreak currently.									
Niger	Meningitis	Ungraded		1-Jan-21	22-May-22	1 688	-	76	4.5%
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	12-Oct-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 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.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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 (98 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.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-2020	14-Oct-22	265 937	265 937	3 155	1.2%
The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 14 October 2022, a total of 265 937 confirmed cases with 259 259 recovered and 3 155 deaths have been reported.									
Nigeria	Lassa fever	Grade 1	1-Jan-21	1-Jan-21	2-Oct-22	970	933	173	18.5%
From week 1 to 39 of 2022 (ending 2 October), a total of 970 Lassa fever cases including 933 confirmed, 37 probable and 173 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18.5% across 25 States. In week 39, four new confirmed cases with one death were reported from Ondo and Enugu States. In total, 6 854 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), 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.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	7-Oct-22	511	511	-	-
In 2022, 41 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria, including two cases in week 38 from Plateau and Zamfara States. The most recent date of onset was 10 July 2022. There were 410 cVDPV2 cases reported in 2021 and 511 cases since 1 January 2018.									
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-2020	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	10-Oct-22	1 011	1 011	3	0.3%
Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 10 October 2022, a total of 1 011 cases and 3 deaths (CFR 0.3%) have been confirmed via RDT from: Água Grande (685, 67.9%), Mézôchi (144, 14.2%), Lobata (93, 9.0%), Cantagalo (40, 3.9%), Caué (19, 1.8%), Lembá (16, 1.6%), and RAP (14, 1.3%). During week 40 (ending 10 Oct), there were 4 new cases registered in the country. Água Grande's attack rate is by far the highest (81.3 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 (926, 92%), headache (761, 75%) and myalgia (318, 32%).									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	15-Oct-22	88 611	88 611	1 968	2.2%
From 2 March 2020 to 15 October 2022, a total of 88 611 confirmed cases of COVID-19 including 1 968 deaths and 86 534 recoveries have been reported in Senegal.									
Senegal	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	12-Aug-22	15-Aug-2022	28-Aug-22	5	5	2	40.0%
On 12 August 2022, a confirmed outbreak of Crimean-Congo haemorrhagic fever (CCHF) was reported in Podor District, Saint-Louis region, Senegal. The index case is a 38-year-old female who presented with fever, headache, myalgia, fatigue and haemorrhagic symptoms, and was detected through the viral hemorrhagic fever surveillance system. The disease started on 20 July; she consulted on 5 August, was sampled on 6 August and died on 7 August. There is an history of travel to Mauritania on 2 July. As of 28 August, two additional cases were reported, a contact of the index case and a case with no evident epidemiological link to the first two cases.									
Senegal	Measles	Ungraded	4-Jul-22	1-Jan-22	28-Aug-22	326	326	0	0.0%
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.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Sep-22	47 141	47 141	169	0.4%
Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 26 September 2022, a total of 47 141 cases have been confirmed, including 46 446 recoveries and 169 deaths have been reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Sierra Leone	Anthrax	Ungraded	20-May-22	20-May-2022	17-Jun-22	6	5	0	0.0%
The Ministry of Health and Sanitation in Sierra Leone declared an outbreak of human anthrax in the country after identifying three lab confirmed cutaneous anthrax cases in Karene district. Investigation result, reported consumption of dead meat in surrounding communities. There was also prior confirmation of anthrax from tissues collected from some of the affected animals during epi week 19. As of 17 June 2022, a total of six cases were reported including five confirmed cases and one probable case. Majority of them are among the 15-year old age group and above (43%) followed by 12-59 months (29%), 0-11 months (14%) and 5-15 years (14%).									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	12-Oct-22	7 752	7 752	126	1.6%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 12 October 2022, a total of 7 752 confirmed COVID-19 cases were reported in the country, including 126 deaths and 4 889 recovered cases.									
Sierra Leone	Measles	Ungraded	1-Nov-21	1-Jan-22	9-Aug-22	407	407	0	0.0%
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.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	16-Oct-22	4 023 358	4 023 358	102 246	2.5%
Since the start of the COVID-19 pandemic in South Africa through 16 October 2022, a cumulative total of 4 023 358 confirmed cases and 102 246 deaths have been reported.									
South Africa	Monkeypox	Grade 3	23-Jun-22	23-Jun-2022	14-Oct-22	5	5	0	0.0%
From 22 June 2022 to 14 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.									
South Sudan	Drought/food insecurity	Grade 3	18-Dec-20	5-Apr-2021	22-Sep-22	-	-	-	-
From April to July 2022 an estimated 7.74 million people (63% of total population) faced crisis levels of food insecurity phase (IPC) 3 or worse. Of the total number, 87 000 are in IPC 5, 2.89 million are in IPC 4, and 4.77 million are in IPC 3. Counties expected to be in IPC phase 5 are Fangak, Canal/Pigi and Ayod counties in Jonglei State; Pibor County in Greater Pibor Administrative Area; Cueibet and Rumbek North counties in Lakes State; and Leer and Mayendit counties in Unity State. An estimated 1.3 million children under five years and 676K pregnant/lactating women are expected to suffer acute malnutrition in 2022. 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.									
South Sudan	Floods	Ungraded		7-Oct-22	7-Oct-22	630 989		65	
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.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	15-Aug-16	29-Sep-22	-	-	-	-
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.									
South Sudan	Anthrax	Ungraded	25-Apr-22	13-Mar-22	24-Sep-22	108	8	5	4.6%
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%).									
South Sudan	Cholera	Ungraded	21-Apr-22	21-Mar-22	24-Sep-22	337	56	1	0.3%
From 19 March to 24 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 62% of all cases and children ages 0-4 years have been the most affected age group accounting for 32.3% of all cases. More than 1.2 million doses of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned. Among cholera cases, 118 (35.0%) were reported to be vaccinated, 147 (43.6%) were reported to be unvaccinated, and 72 (21.4%) had unknown vaccination status.									
South Sudan	COVID-19	Grade 3	5-Apr-20	5-Apr-2020	16-Oct-22	18 281	18 281	138	0.8%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 16 October 2022, a total of 18 281 confirmed COVID-19 cases were reported in the country including 138 deaths and 18 097 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	1-Jan-19	24-Sep-22	3 383	104	25	0.7%
The current outbreak in the Bentiu IDP camp is ongoing. As of 24 September 2022, a total of 3 383 cases of hepatitis E including 25 deaths (CFR: 0.8%) have been reported since January 2019. During week 38 (ending 24 Sept), a total of 72 cases were reported. Approximately 54% of cases are male. A vaccination campaign conducted in Bentiu IDP Camp had a 91% coverage rate during the first round, 82% coverage during the second round, and the third round is expected to commence in October 2022.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	Malaria	Ungraded	28-Dec-21	1-Jan-22	22-May-22	1 117 138	1 117 138	232	0.0%
Between weeks 1-20 of 2022 (ending 22 May), 1 117 138 malaria cases including 232 deaths (CFR 0.02%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the county of Fangak.									
South Sudan	Measles	Ungraded	23-Feb-22	1-Jan-22	30-Sep-22	656		2	0.3%
Measles outbreaks have been confirmed in 12 counties of Aweil Centre, Aweil East, Aweil West, Aweil South, Aweil North, Gogrial West, Maban, Raja, Tambura, Torit, Juba, and Malakal with a total of 656 measles cases including two deaths (CFR 0.3%) reported from counties with confirmed outbreak 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									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	30-Sep-22	39 513	39 513	845	2.1%
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.									
Tanzania, United Republic of	Leptospirosis	Grade 1	14-Jul-22	5-Jul-2022	9-Oct-22	20	15	3	15.0%
On 14 July 2022, the Ministry of Health of Tanzania notified WHO of cases of an unknown disease in Ruangwa District, Lindi Region. On 5 and 7 July 2022, two cases of fever, nose bleeding, headache, and general body weakness were reported. As of 9 October 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.									
Tanzania, United Republic of	Measles	Ungraded		30-Jun-2022	23-Aug-22	223	2	0	0.0%
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	COVID-19	Grade 3	6-Mar-20	1-Mar-20	12-Oct-22	39 199	39 199	286	0.7%
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 12 October 2022, a total of 39 199 cases, including 286 deaths and 38 762 recovered cases, have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	5-Oct-22	17	17	0	0.0%
No cVDPV2-positive environmental sample was reported this week. One case of cVDPV2 was notified in 2022. No cases were reported in 2021. There were nine cases in 2020, while the total number of cVDPV2 cases reported in 2019 remains at eight.									
Uganda	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	16-Sep-22	-	-	-	-
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 trend of severe acute malnutrition (SAM) cases admission has been observed in 2022. There were 870 admissions in January, increasing to 2430 admissions in July. An assessment on 1 245 600 Ugandans over the period August 2022-February 2023 showed that 276 290 (22.2%) people are projected to be in IPC3 (Crisis) and 38 385 (3.1%) people in IPC4 (Emergency).									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	5-Oct-22	169 250	169 250	3 630	2.1%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 5 October 2022, a total of 169 250 confirmed COVID-19 cases with 3 630 deaths were reported.									
Uganda	Sudan virus disease	Grade 2	19-Sep-22	19-Sep-22	14-Oct-22	58	20	21	36.2%
Refer to text above									
Uganda	Yellow fever	Grade 2	3-Mar-21	2-Jan-22	4-Oct-22	398	2	0	0.0%
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.									
West and Central Africa	Floods in West and Central Africa	Ungraded		16-Aug-2022	9-Sep-22	1 400 000		424	
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.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	16-Oct-22	333 624	333 624	4 017	1.2%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 16 October 2022, a total of 333 624 confirmed COVID-19 cases were reported in the country including 4 017 deaths.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Zambia	Measles	Ungraded		13-Jun-2022	4-Sep-22	471	138	3	0.6%
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 investigating other cases with similar symptoms.									
Zimbabwe	Anthrax	Ungraded	6-May-19	1-Jan-22	2-Oct-22	107	0	0	0.0%
The anthrax outbreak is ongoing in Zimbabwe. Eight new anthrax cases and no deaths were reported this week. The cases were reported from Gokwe North District (7) and Gokwe South (1) in Midlands Province. The cumulative figures for anthrax are 107 cases and 0 deaths. The cumulative figures for anthrax are 747 cases and three deaths in 2020 and 306 cases and 0 deaths in 2021.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	14-Oct-22	257 827	257 827	5 605	-
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 14 October 2022, a total of 257 827 confirmed COVID-19 cases were reported in the country including 5 605 deaths and 251 825 cases that recovered.									
Zimbabwe	Measles	Ungraded	29-Apr-22	19-May-2022	2-Oct-22	7 504	355	744	-
A measles outbreak has been ongoing in Zimbabwe since 10 April 2022. As of 12 October 2022, A cumulative total of 7 504 Cases, 4 580 Recoveries, 355 confirmed cases and 744 Deaths have been reported since the onset of the outbreak. 865 new-suspected measles cases and zero suspected deaths were reported this week ending week 39									
<b>Closed Events</b>									
Algeria	West Nile fever	Ungraded	29-Aug-22	9-Jul-2022	30-Aug-22	1	1	0	0.0%
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.									
Gabon	Yellow fever	Grade 2	12-Feb-22	17-Sep-21	15-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.									
Niger	Dengue	Ungraded	31-Aug-22	14-Aug-2022	31-Aug-22	1	1	0	0.0%
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 tested positive for dengue. A second sample was sent to the Institut Pasteur in Dakar for confirmation and also returned positive for dengue on 24 August 2022. The patient currently has no signs of bleeding but blood analysis showed thrombocytopenia.									
Uganda	Floods	Ungraded	31-Jul-22	31-Jul-2022	31-Jul-22			8	
On 31 July 2022, floods from Nabuyonga river affected Nabisti and Nakibiso, Namatala and Nkoma affecting many people. Affected persons have presented with severe and minor injuries. Eight deaths have been reported. NO further update has been obtained since almost two months.									
Uganda	Rift Valley fever	Ungraded	18-Aug-22	18-Aug-2022	18-Aug-22	2	2	1	50.0%
On 18 August 2022, the Uganda IHR-NFP notified WHO of two confirmed cases of Rift Valley Fever (RVF) reported on 27 July and 2 August, respectively, in Rubanda and Isingiro districts both located in the south western regions of the country. The index case from Rubanda is a female patient aged 39 years who presented at the Kabale Regional Referral Hospital on 23 June 2022 with fever, loss of appetite, joint pains and headache. The index case in Isingiro is a 27-year old farmer whose disease started on 24 July 2022 with fever, vomiting, diarrhoea, fatigue, abdominal pain, joint pains, difficulties in breathing and swallowing, and unexplained bleeding from the nose. He was admitted at the Mbarara Regional Referral Hospital where he died on 29 July 2022. Both cases were sampled and results from the Uganda Virus Research Institute returned positive for RVF.									

†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.