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

- Ebola disease caused by Sudan virus in Uganda
- Monkeypox in the WHO African Region
- Circulating Vaccine Derived Poliovirus 1 and 2 in the Democratic Republic of the Congo

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

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

**Major issues and challenges include:**

- The ongoing Ebola disease outbreak caused by Sudan virus in Uganda continues in the seven affected Districts with the outbreak hotspot shifting from Mubende to Kassanda. Even when the government supported by different key partners has boosted response activities, the risk of expanding to other Districts of the country and to neighbouring countries remains high. Although the number of alerts are low especially in affected areas; there is need to engage more human resources and ambulances for evacuations of suspects from communities to isolation units. Additionally, there is need to create more isolation units with adequate personnel and infection prevention and control supplies nearer to the communities. Moreover, social mobilization and community engagement remains of particular concern, as pockets of community reluctance are still observed in some of the affected communities due to persistence of myths, misconceptions, and low risk perception towards Ebola disease.

- More cases of laboratory-confirmed Monkeypox are being detected in Africa as the countries intensify surveillance and response. Three countries recorded new cases in the past week. More research is required to understand transmission dynamics and the root causes of Monkeypox in Africa. WHO AFRO supports health facilities in affected countries with diagnostic reagents and personal protective equipment to enhance Monkeypox diagnosis.

- Every year, on 24 October the world celebrates the world polio day which is an opportunity to highlight global efforts toward a polio-free world. While admirable global efforts have been made and substantial results achieved in fighting polio worldwide, some parts of the world continue to be affected by polio. In 2020 the African region was certified as free of indigenous wild polio, however some countries like the Democratic Republic of the Congo continue to be affected by the circulating vaccine-derived poliovirus (cVDPV) outbreaks with both type 1 (cVDPV1) and type 2 (cVDPV2) cases being reported this year.
Health Emergency Information and Risk Assessment

Ongoing events

Ebola disease caused by Sudan virus in Uganda

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<th>EVENT DESCRIPTION</th>
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<td>The Uganda Ministry of Health (MoH) continues to respond to the Sudan virus disease (SVD) which was declared on 20 September 2022. As of 30 October 2022, a cumulative 129 laboratory-confirmed and 21 probable cases have been reported. Fifty-eight (58) fatalities have been registered including 37 confirmed cases, resulting to an overall case fatality ratio of 38.7%, and 28.7% among confirmed cases. A total of 43 patients have been discharged, giving a recovery rate of 33.3%. Cumulatively, 18 healthcare workers have been affected including two probable cases, of whom seven (39.0%) have died. A comparison between weeks 42 (17-23 October) and 43 (24-30 October) shows a 30% increase in the number of new confirmed cases (30 vs 39 cases). One new probable case validated in week 43 compared to zero recoveries on week 42. Notably, all new cases over the past seven days have been linked to known cases. The number of affected Districts remains at seven. Although Mubende is the District with the highest caseload (65 confirmed and 19 probable), the current hotspot of the outbreak has shifted to Kassanda District with a cumulative of 41 cases (39 confirmed and two probable). Nearly three-quarters (n=29, 74.4%) of new confirmed cases have been reported in Kassanda over the past seven days. At Sub-County level, Kalwana Sub-County accounts for two-thirds (n=26) of Kassanda cases. The other affected Districts are Kampala (17 confirmed), Kyegegwa (four confirmed), Bukasa (one confirmed), and Kabadi (one confirmed). Of note, a confirmed case was reported in Kassanda on 29 October, 37 days after the last case had been reported. A total of 3,685 contacts have been listed since the beginning of the outbreak in 13 Districts, of whom 1,795 have completed 21 days of follow-up. On 30 October 2022, 1,859 contacts were still under active follow-up in eight Districts, 82.8% of whom (n=1,540) were seen over the past 24hrs. The call centre at the Greater Kampala Metropolitan with call centre, alert desk and linkage to Emergency Medical Services (EMS) dispatch system. On 30 October, 91 alerts were received nationwide, all of whom were verified; 27 (29.7%) of them were validated as new suspected cases and 22 (81.5%) were evacuated to Ebola Treatment Units (ETUs). Coordination has been strengthened between laboratory, surveillance and EMS for timely sample collection and filing of case investigation forms (CIFs). Currently, there is timely sample collection upon receipt of filled CIFs, timely sample testing and release of test results, and adequate test kits at testing laboratories. A total of 75 samples have been processed at Uganda Viral Research Institute and Mubende mobile laboratory within the past 24hrs, with one new confirmed case from Kassanda District. Case management and psychosocial support Four ETUs, one each in Entebbe, Madudu, Mubende, and Mulago are fully operational. The total bed capacities are 182 beds for the isolation unit, and 103 beds for the treatment unit. On 30 October 2022, 72 suspected cases were managed in the isolation unit while 48 patients were in the treatment unit. Cumulatively, 43 (33.3%) recoveries have so far been recorded. EMS teams have performed 26 evacuations in Kassanda and 13 in Mubende. Psychosocial support continues to be 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. In addition, the resettling of the discharged persons and negative suspected cases into their community continues. Infection, prevention and control (IPC) Daily monitoring of IPC measures is ongoing in all ETUs. In Kassanda, 11 IPC district mentors were oriented on IPC ring approach in SVD response. IPC and WASH teams continue to participate in the hotspot integrated community engagement activities ongoing in hotspot villages, and plan to include traditional medicine practitioners.</td>
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<tr>
<td>Epidemiological investigations, contact tracing, and active case finding are ongoing in all affected Districts. On 30 October 2022, 1,859 contacts were still under active follow-up, among whom 1,540 (82.8%) were seen over the past 24hrs. Alert systems have been set-up in Mubende, Kassanda, Greater Kampala Metropolitan with call centre, alert desk and linkage to Emergency Medical Services (EMS) dispatch system. On 30 October, 91 alerts were received nationwide, all of whom were verified; 27 (29.7%) of them were validated as new suspected cases and 22 (81.5%) were evacuated to Ebola Treatment Units (ETUs). Coordination has been strengthened between laboratory, surveillance and EMS for timely sample collection and filing of case investigation forms (CIFs). Currently, there is timely sample collection upon receipt of filled CIFs, timely sample testing and release of test results, and adequate test kits at testing laboratories. A total of 75 samples have been processed at Uganda Viral Research Institute and Mubende mobile laboratory within the past 24hrs, with one new confirmed case from Kassanda District. Case management and psychosocial support Four ETUs, one each in Entebbe, Madudu, Mubende, and Mulago are fully operational. The total bed capacities are 182 beds for the isolation unit, and 103 beds for the treatment unit. On 30 October 2022, 72 suspected cases were managed in the isolation unit while 48 patients were in the treatment unit. Cumulatively, 43 (33.3%) recoveries have so far been recorded. EMS teams have performed 26 evacuations in Kassanda and 13 in Mubende. Psychosocial support continues to be 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. In addition, the resettling of the discharged persons and negative suspected cases into their community continues. Infection, prevention and control (IPC) Daily monitoring of IPC measures is ongoing in all ETUs. In Kassanda, 11 IPC district mentors were oriented on IPC ring approach in SVD response. IPC and WASH teams continue to participate in the hotspot integrated community engagement activities ongoing in hotspot villages, and plan to include traditional medicine practitioners.</td>
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Safe and dignified burial teams continue to undertake safe and dignified burials in all affected Districts including Mubende and Kassanda.

Risk communication and community engagement

RCCE interventions are ongoing in all affected Districts and beyond.

Fifteen (15) radio spots/messages continue to be aired on five radio stations while 10 community audio towers are disseminating SVD messages in the 10 hotspots in Mubende. Three (3) mobile audio systems have been mobilized for Kitenga, Kyenda Town councils & Kalonga in Buwekula constituency in Mubende.

SVD radio spots messages were aired on Kagadi FM radio and one talk-show was held on Paradigm radio.

In Kyegegwa, sensitizations were organised in two churches in Kibuuba and a community engagement meeting was held in Kasule Town which involved nearly 120 people and during which SVD preventive messages were shared. In addition, VHTs in Bugogo Town Councils and Kasule Sub-County conducted house to house sensitization on SVD prevention, and mapped out schools, traditional healers and religious leaders in Kibuba parish.

Logistics

The distribution of supplies in healthcare facilities within all affected districts is ongoing, 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

Over the recent days, the ongoing SVD outbreak in Uganda has been marked by a continual increase in the number of confirmed cases and deaths, highlighting the crucial need to escalate and strengthen surveillance and case management activities. It is expected that the coordination that has been strengthened between surveillance, laboratory and EMS will enable early detection, rapid evacuation/isolation, sampling and testing of suspected cases, and quick initiation of supportive care for confirmed cases. However, the long silent period before a new case was confirmed in Kyegegwa calls to reinforce active case finding and case investigations, with consequential need of further human resources to be deployed in affected Districts and beyond. Furthermore, as the hotspot has shifted to Kassanda District, there is urgent need to scale-up response activities in this affected District.
Distribution of Ebola Virus Disease by subcounty in the affected districts in Uganda, as of 30 October 2022

Legend

- **Red**: Cumulative cases (160)
- **Orange**: 1.73% - 5.17%
- **Brown**: 5.18% - 86.21%
- **Green**: Not affected
- **White**: Countries

**Map production date:** 11/3/2022

**Sources:** Uganda MOH

Map production by World Health Organization Department of Health Information and Risk Assessment

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EVENT DESCRIPTION

The number of confirmed monkeypox cases in Africa increased by 3.9% to 957 in week 43 (24 Oct – 30 Oct) from 921 in week 42 (17 Oct - 23 Oct). In the past week, three countries reported 36 new cases, including Nigeria (31), Cameroon (2), and Ghana (3).

Between 1 January and 30 October 2022, 13 African countries have reported 957 monkeypox cases, including Nigeria (583), Democratic Republic of the Congo (DRC) (206), Ghana (107), Sudan (17), Central Africa Republic (CAR) (11), Cameroon (12), Congo (5), South Africa (5), Benin Republic (3), Liberia (3), Morocco (3), Egypt (1), and Mozambique (1).

Five countries have reported 15 deaths, including Nigeria (7), Ghana (4), Cameroon (2), Mozambique (1), and Sudan (1). The deaths in Nigeria and Ghana represent 46.7% and 26.7% of all Monkeypox related deaths in Africa.

Country specific updates

Ethiopia

Suspected Monkeypox cases were reported in the past week at Mekane Selam IDP collective site in Borena Woreda in South Wollo Zone, Amhara region. A total of 12 suspected cases were identified and documented in the IDP collective site, with no deaths reported. Five samples of the 12 suspected cases were collected and sent to the Ethiopian Public Health Institute (EPHI) for confirmation.

Ghana

Ghana is one of the four African countries with a high Monkeypox burden alongside Nigeria and DRC. Ghana has reported new weekly cases in the past two weeks and three new cases between 24 to 30 October 2022. A total of 107 Monkeypox cases and four deaths have been reported in Ghana from 1 January to 30 October 2022. Males form the majority of confirmed Monkeypox cases, with more than half 65 (61.9%), and all four recorded deaths were males.

Nigeria

Nigeria has the highest number of Monkeypox cases in Africa (583, 61%) and has consistently reported new cases weekly since May 2022. In the past week, 31 new cases were reported in Nigeria from 13 states and the Federal Capital Territory, with no death recorded. The majority, 19 (61%) of the new cases, were males, almost similar to 66% of all cases seen in 2022 that were males. Collaboration and data harmonization between laboratories, surveillance and case management are ongoing at all levels in Nigeria to enhance surveillance.

SITUATION INTERPRETATION

Monkeypox cases continue to increase in Africa, but no new death has been reported in the past week. All cases reported in the past week were from countries that have previously recorded Monkeypox. Suspected cases in Ethiopia are being investigated. Enhanced Monkeypox surveillance collaboration between WHO and countries continues to yield results with observed improved early detection and reporting. WHO is supporting researchers to investigate the causes and characterize Monkeypox in Africa.
Distribution of cases of Monkeypox in the WHO African Region, as of 30 October 2022

Weekly epi-curve of MPX cases in Africa
Cases from week 1 to week 43
EVENT DESCRIPTION
In 2022, from week 1 through 28 October, a total of 194 confirmed circulating vaccine-derived poliovirus (cVDPV) cases have been reported in the Democratic Republic of the Congo including 36 type 1 cases (cVDPV1) and 158 type 2 cases (cVDPV2). No death has been reported so far among confirmed cases, however three suspected polio deaths have been reported in Haut-Lomami province, two deaths in week 35 (ending 4 September) from Mulongo health zone and one death in week 39 (ending 2 October) from Malemba Nkulu health zone. Unfortunately, no sample was collected for laboratory confirmation from the suspected cases before death.

Out of the 26 provinces for the country, nine (Bas-Uele, Haut-Lomami, Haut-Katanga, Lualaba Nord Kivu, Maniema, Sud-Kivu, Tanganyika, and Tshopo and) are affected with the ongoing vaccine derived polio outbreaks with Tanganyika province having the highest case load reported (75 cases), followed by Maniema (63 cases) and Haut-Lomami provinces (38 cases).

The cVDPV1 cases have been reported from two provinces so far: Haut-Lomami province (91.6%, 33/36 cases) and Tanganyika (8.3%, 3/36 cases) whereas cVDPV2 cases have been reported from all the nine affected provinces with Tanganyika and Maniema leading in number of cases reported with 72 cases and 63 cases respectively. Three environmental samples were positive for cVDPV2, one from Haut-Katanga and two from Maniema provinces.

Regarding surveillance performances, since the beginning of this year, more than 3 221 acute flaccid paralysis (AFP) cases have been reported countrywide of which more than 194 cases were confirmed to be vaccine-derived poliovirus (VDPV) cases (6.0%) with an estimated no polio AFP rate of 6.6/100 000 populations of less than 15 years old (country target: ≥3/100 000); the proportion of stool adequacy is 87% (target: ≥ 80%). The investigation rate within 48 hours of AFP notification is 96% (target: ≥80%) and the average time of the sample transportation is 13 days (target: ≤3 days).

Since 2017 through 28 October 2022, the Democratic Republic of the Congo has reported a total of 437 cVDPV2 cases (36 type 1 and 401 type 2) out of 18 668 Acute Flaccid Paralysis (AFP) cases reported. Seven environmental samples tested positive for cVDPV2 for the same period. The country experienced 16 outbreaks of cVDPV2 reported in 108 health zones across 22 provinces. The year, 2022 has the most cVDPV cases reported since 2017 with 194 cases (44.4%).

The country has not reported wild polio virus case for a while and the paralysis onset date for the last wild polio virus (WPV) case reported in the country is 20 December 2011. The Democratic Republic of the Congo has been certified as a "wild polio-free country" by the WHO since November 2015.

SITUATION INTERPRETATION
The Democratic Republic of the Congo is facing an upsurge in cases of type 1 and 2 vaccine-derived polioviruses with Haut-Lomani province as the epicenter of cVDPV1. This Province recorded its second and last polio outbreak in October 2019. Reinforcement of routine polio vaccination activities is required mostly in the affected health districts to slow down the outbreaks and implement as quickly as possible the mass polio vaccination campaign. Furthermore, required resources should be mobilized to achieve the national and Global polio eradication targets.
cVDPV cases reported per year

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<tr>
<th>Years</th>
<th>Type 1</th>
<th>Type 2</th>
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<tbody>
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<td>20</td>
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<td>2018</td>
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<td>2022</td>
<td>180</td>
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### All events currently being monitored by WHO AFRO

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<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tr>
<td><strong>Ongoing Events</strong></td>
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<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-2020</td>
<td>25-Feb-2020</td>
<td>30-Oct-22</td>
<td>270 836</td>
<td>270 836</td>
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<td>Algeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Jul-22</td>
<td>11-Apr-2022</td>
<td>7-Oct-22</td>
<td>1</td>
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<tr>
<td>Algeria</td>
<td>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.</td>
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<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
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<td>29-Oct-22</td>
<td>103 131</td>
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<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>16-Oct-22</td>
<td>27 902</td>
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<td>Benin</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>14-Jun-22</td>
<td>19-Oct-22</td>
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<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
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<td>19-Oct-22</td>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>27-Oct-22</td>
<td>326 344</td>
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<td>Burkina Faso</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>20-Sep-22</td>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>12-Oct-22</td>
<td>21 631</td>
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<td>Humanitarian crisis (North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>4-Oct-22</td>
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<td>Cameroon</td>
<td>Humanitarian crisis (NW &amp; SW)</td>
<td>Protracted 2</td>
<td>1-Oct-16</td>
<td>27-Jun-18</td>
<td>4-Oct-22</td>
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**From 25 February 2020 to 30 October 2022, a total of 270 836 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 419 recovered.**

**The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 29 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.**

**The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 16 October 2022, a total of 27 902 cases have been reported in the country, with 163 deaths and 27 709 recoveries.**

**Three suspected cases of Monkeypox were notified to WHO by the Benin Ministry of Health on 3 June 2022. Two of the three suspected cases were from Nigeria, and one person 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.**

**No new case of Circulating Vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Donga, bringing the number of 2022 cases to seven. Six cases were reported in 2021 and 2020, and 8 in 2019.**

**On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 27 October 2022, a total of 326 344 confirmed COVID-19 cases were reported in the country including 2 790 deaths.**

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

**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.**

**On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 30 October 2022, the total number of confirmed COVID-19 cases is 50 517, including 15 deaths and 50 259 recovered.**

**The security situation remains unstable, characterized by incursions and attacks in the departments of Mayo-Sava, Mayo-Tsanaga and Logone & Chari bordering Nigeria. At least 23 incidents involving armed men have been recorded, with 13 civilians killed including 2 children and 1 woman, as well as 12 people injured and 10 others abducted. The incursions of NSAGs are accompanied by looting of property and livestock, and sometimes burning of houses. Around 7 653 people have been displaced in June 2022, majority of which occurred in the Mokolo Subdivision following two NSAG attacks. As of 30 June 2022, 15 000 people have returned to their homes following the intercommunal conflict that occurred in the Logone-Biri department on December 2021. Moreover, nearly 640 households have been affected by torrential rains in Mayo-Danay and Logone & Chari since mid-April 2022.**

**The situation in the North-West and South-West regions remains tense with continued violence and targeted attacks, including abductions, kidnappings, killings, unlawful arrests, and destruction of property. Populations, as well as education and healthcare providers in particular, continue to be under high risks when accessing facilities or delivering services. They continuously face threats, direct attacks, and armed incursions. The global rise in prices of basic commodities further exacerbates suffering among already vulnerable communities.**
The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 23 October 2022, a total of 123 629 cases have been reported, including 1 960 deaths and 121 131 recoveries. 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 2 824 suspected cases of Monkeypox have been reported in 10 Regions and 32 Districts, including two deaths (CFR 10%). The confirmed cases have been reported from six health districts: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou.

As of 4 October 2022, a total of 2 144 cases of measles have been confirmed including: 506 IgM+ (out of 1272 investigated cases with blood samples); 53 clinically compatible and 1 585 epi-linked cases. A total of 21 lab confirmed cases of rubella. About 91% of the children with confirmed measles are below nine years of age; 69% are less than five years with only 29% known to be vaccinated. A total of 54 districts with confirmed epidemics since the beginning of this year.

As of 4 October 2022, a total of 123 629 cases have been reported in Cameroon, including 1 149 deaths and 122 480 recoveries.

As of 2 October 2022, a total of 2 824 suspected cases of Monkeypox have been reported in Cameroon, including two deaths (CFR 10%). The confirmed cases have been reported from six health districts: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou.

Between 7 and 13 October 2022, 156 new suspected cases of cholera including six deaths have been reported from four active Regions: Littoral (115 cases, five deaths), Far North (thirty-five cases, one death), Centre (four cases), and West (two cases). As of 13 October 2022, 12 779 suspected cases including 1149 laboratory-confirmed cases and 263 deaths (CFR 2.1%) have been reported since October 2021, from eight Regions and 49 Districts of which 19 remain active. South-West (6015 cases) and Littoral (5778 cases) Regions have reported majority of cases. Patients ages range from 2 months to 95 years with a median of 27 years, and females remain twice less affected than males.

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.

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 South-West (1) regions. Males are slightly more affected than females (sex ratio M/F 1.4). Ages range from six months to 52 years with a median of 11 years; the under-five represent the most affected age group (n=15, 31.2%), followed by the 21-30 years (n=14, 29.2%).

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

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 14 September 2022, a total of 123 629 cases have been reported, including 1 960 deaths and 121 131 recoveries.
On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur of Cameroon. As of 4 October, a total of 687 suspected cases of YF have been reported including four probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.7%). Twenty-seven suspected cases have been reported on 27 cases (35%). Three regions still remain affected (RS3, 4 & 6), with 70% of confirmed cases being reported in RS3 (Batekai Kobo and Nanga-Bogola districts have each reported eight and six confirmed cases, respectively).

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

The first confirmed case was reported in Chad on 19 March 2020. As of 24 October 2022, a total of 7,620 confirmed COVID-19 cases were reported in the country including 194 deaths.

A total of 2,781 suspected measles cases and nine measles deaths reported from the start of the year 2022 in 127 of 139 districts; 142 of 988 tested were lab confirmed measles and 101 of 496 tested were lab confirmed rubella cases. Only 27% of confirmed cases were vaccinated and 51% of lab confirmed cases are less than five years of age, and 17% are from five to nine years old.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported on week 40. 2022 The last four cases were reported on week 35 including two in Djajema, 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 108 cVDPV2 cases reported in 2020 from three different outbreaks, while nine other cases were reported in 2019.

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 (Lare), 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.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 29 October 2022, a total of 8,762 confirmed COVID-19 cases, including 161 deaths and 8,421 recoveries were reported in the country.

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

A total of 394 lab confirmed measles cases and 8,385 cases confirmed by epidemiological linkage reported in 2022 with 97 cases of confirmed rubella, 32 out of 52 districts in the country (62%) experienced outbreaks at some point this year.

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.

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 Mai Ndombe province, the resurgence of deadly inter-community violence observed in Kwamouth territory has led to the displacement of thousands of people since July 2022 and the death of more than 142 people. Since the beginning of the violence until 6 October, approximately 27,000 people, most of whom are women and children, have relocated and need emergency assistance in the provinces of Kwilu and Mai Ndombe. Another 2,600 have found refuge in the Republic of Congo after crossing the Congo River.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Central African Republic</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>14-Sep-21</td>
<td>1-Apr-2021</td>
<td>4-Oct-22</td>
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<td>20</td>
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<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>11-Feb-22</td>
<td>1-Mar-16</td>
<td>8-Aug-22</td>
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<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
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<td>Measles</td>
<td>Ungraded</td>
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<td>1-Jan-22</td>
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<td>9-Sep-19</td>
<td>12-Oct-22</td>
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<td>Grade 2</td>
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<td>1-Nov-21</td>
<td>4-Oct-22</td>
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<td>COVID-19</td>
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<td>Congo</td>
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<td>14-Mar-22</td>
<td>1-Jan-22</td>
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<td>Congo</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>23-May-22</td>
<td>1-Jan-22</td>
<td>14-Sep-22</td>
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<td>Yellow fever</td>
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<td>19-Oct-22</td>
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<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>20-Dec-16</td>
<td>17-Apr-2017</td>
<td>9-Oct-22</td>
<td>-</td>
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<tr>
<td>Country</td>
<td>Event</td>
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<td>Total cases</td>
<td>Cases Confirmed</td>
<td>Deaths</td>
<td>CFR</td>
</tr>
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<tr>
<td>Democratic Republic of Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>3-Jan-22</td>
<td>9-Oct-22</td>
<td>11 043</td>
<td>1 156</td>
<td>202</td>
<td>1.8%</td>
</tr>
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</table>

From epidemiological week 1 to 40 (ending 9 October 2022), 11 043 suspected cholera cases including 202 deaths (CFR: 1.8%) were recorded in 77 health zones across 15 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (3 840), Haut-Lomami (2 098), Tanganyika (2 020), and North Kivu (1 861). Response actions are continuing in provincial health zones with active outbreaks (Sankuru, South Kivu, Haut Lomami, Tanganyika, etc.). A total of 1 156 (29.6%) cases have been confirmed in the laboratory out of 3 906 analysed from weeks 1-40 in 2022.

Democratic Republic of Congo COVID-19 Grade 3 10-Mar-20 10-Mar-20 23-Oct-22 93 087 93 085 1 445 1.6%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 93 085 confirmed cases and two probable case, including 1 445 deaths have been reported. A total of 83 534 people have recovered.

Democratic Republic of Congo Measles Ungraded 12-Oct-21 1-Jan-22 9-Oct-22 115 905 5 441 1 411 1.2%

As at Epi Week 40 of 2022 (ending 9 October) : 115 905 suspected cases and 1 411 measles related deaths (CFR 1.2%) ; 5 441 cases investigated through the case-based surveillance system; 2 199 tested IgM+ for Measles and 1 168 tested IgM+ for Rubella ; 67% lab confirmed measles cases are less than five years old , and only 28% with history of vaccination

Democratic Republic of Congo Monkeypox Grade 3 30-Mar-19 1-Jan-22 9-Oct-22 4 221 206 0 0.0%

From 1 January – 9 October 2022, the Democratic Republic of the Congo reported 4 221 suspected including 206 confirmed cases from 168 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1 767), Tshopo (622), Maniema (315), Kasai (273), and Tshuapa (241).

Democratic Republic of Congo Plague Ungraded 12-Mar-19 1-Jan-22 9-Oct-22 615 - 10 1.6%

Between epidemiological weeks 1-40 of 2022, 615 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 Congo Poliomyelitis (cVDPV1) Grade 2 1-Jan-22 28-Oct-22 28 28 0 0.0%

Refer to text above.

Democratic Republic of Congo Poliomyelitis (cVDPV2) Grade 2 26-Feb-21 1-Jan-21 28-Oct-22 186 186 0 0.0%

Refer to text above.

Democratic Republic of Congo Suspected meningitis Ungraded 2-Jun-22 22-Oct-22 131 20 15.3%

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 22 October 2022, a total of 131 suspected cases with 20 deaths (CFR 15.3%) have been reported. Three health areas are the hotspots: Mangi , Bongonza and Akuma.

Democratic Republic of Congo Yellow Fever Grade 2 21-Apr-21 1-Jan-22 19-Oct-22 10 6 1 10.0%

As of 19 October 2022, 10 probable cases and six confirmed yellow fever cases and one death have been reported in the country.

Equatorial Guinea COVID-19 Grade 3 14-Mar-20 14-Mar-20 26-Oct-22 17 074 17 074 183 1.1%

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 26 October 2022, a total of 17 074 cases have been reported in the country with 183 deaths and 16 814 recoveries.

Eritrea COVID-19 Grade 3 21-Mar-20 21-Mar-20 28-Oct-22 10 188 10 188 103 1.0%

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 28 October 2022, a total of 10 188 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 082 patients have recovered from the disease.

Eritrea Poliomyelitis (cVDPV2) Grade 2 2-Jun-22 7-Jun-22 12-Oct-22 2 2 0 0.0%

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week 40, 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 30-Oct-22 53 558 53 558 1 422 1.9%

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 16 March 2020. As of 30 October 2022, a total of 73 558 cases have been reported with 1 422 associated deaths.
As of 25 October 2022, a total of 170 707 confirmed COVID-19 cases have been reported in Ghana. There have been 1 460 deaths and 169 031 recoveries reported.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 26 October 2022, a total of 48 945 cases including 306 deaths and 48 392 recoveries have been reported in the country.

A cholera outbreak is ongoing in Ethiopia since 27 August 2022. The index case was reported from Bekay Kebele, Harana Buluk Woreda of Bale Zone, Oromia Region. As of 29 October 2022, a total of 331 suspected cases of cholera have been reported including 245 cases from Oromia region and 86 cases from Somaliland region. The cumulative attack rate is 63.7 per 100 000 population. Seventeen deaths have so far been reported, for a CFR of 5.1%. Five woredas have been affected: Berbere (n=152 cases), Haren Buluk (n=71 cases), and Dolo Men (n=22 cases) in Bale Zone of Oromia region, and kurumadi (n=49 cases) and kurumbul (n=37 cases) in Liben Zone of Somali region. No case has been reported from Haren Buluk in the last 20 days, and from Dolo Men in the last 13 days.

**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR** |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
Ethiopia | Drought/food insecurity | Grade 3 | 17-Feb-22 | 1-Jan-22 | 28-Oct-22 | - | - | - | - |
Ghana | COVID-19 | Grade 3 | 12-Mar-20 | 12-Mar-20 | 25-Oct-22 | 170 707 | 170 707 | 1 460 | 0.9% |
Guinea | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 12-Oct-22 | 38 047 | 38 047 | 456 | 1.2% |

The unprecedented severe drought in southern and north-eastern Ethiopia is worsening in scope and scale. Vulnerable communities in these areas are still bracing for the projected fifth failed rainy season during October-December 2022. The humanitarian impact will therefore likely continue to worsen well into 2023. Over 24 million people are projected to be affected by drought in Ethiopia in October, at least 9.9 million of whom are in need of emergency food assistance. At least 3.5 million livestock have already perished and another 25 million are at risk. At the same time, 2.2 million children are already acutely malnourished due to the impact of drought; over 760 000 of these children are severely malnourished. The Government and humanitarian partners are collectively working to scale-up the drought response, including availing food, water and health services. Livestock feed is also being distributed to prevent further livestock deaths. Some of the drought-affected areas are equally impacted by conflict, making the humanitarian context more complex. As of 15 October 2022, more than 10 million people have received some form of humanitarian assistance across the drought-affected areas.
As part of routine surveillance, the Prefectural Health Directorate (DPF) of N'zerekoré 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.

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.

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.

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.

As of 12 Jan to 22 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 cases have been reported with zero death.

A total of 55 additional cases were reported in the last one week from Wajir north (48), Wajir East (3) and Kutulo (4) sub counties including 33 784 recoveries and 706 deaths.

Since the measles outbreak started on 13 February 2022, a total of 7 312 confirmed and 81 deaths (CFR: 1%) were reported from 82 health districts in 15 counties.

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 Ebokaville Une, La Côte D'Ivoire but sought treatment at the Pleafo 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.
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 30-Oct-22 66 749 66 749 1 411 2.2%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 30 October 2022, a total of 66 749 confirmed cases including 1 411 deaths have been reported in the country.

Malawi Rift Valley fever Grade 1 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 Mauritian 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 23-Oct-22 265 301 265 301 1 032 0.4%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 29 October 2022, a total of 265 301 confirmed COVID-19 cases including 1032 deaths have been reported in the country.

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.
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 Caiça (707, 21.7%), Maringue (30, 0.9%), Chamba (36, 1.1%), and Marromeu districts (274, 5.9%). In Zambezia province, cases have been reported from Morrumbala (1 333, 40.9%), Mogea (589, 16.0%), and Quelimane City (386, 5.9%) districts. A total of 63 samples have been tested, of which 41 have returned positive for cholera by rapid diagnostic test (RDT) and 16 turned positive by culture. Response activities are ongoing. 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 29-Oct-22 230 475 230 475 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 230 475 confirmed COVID-19 cases were reported in the country including 2 224 deaths and 228 176 recoveries.

Mozambique Monkeypox Grade 3 6-Oct-22 7-Oct-22 17-Oct-22 4 4 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 26-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 26 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 27-Oct-22 169 929 169 929 4 080 2.4%

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 27 October 2022, a total of 169 929 confirmed cases with 4 080 deaths have been reported.

Niger Humanitarian crisis (Sahel region) Grade 2 1-29-15 1-29-2015 30-Sep-22 - - - -

Tillabéri region recorded at the end of August 2022, around 42 122 new displaced persons fleeing the insecurity in the departments near the Niger river, bordering Burkina Faso. As of 30 September 2022, eight integrated health centres (CSI), including two in Belsi (Torodi) and Waraou (Gothève), and 23 community health centres are non-functional due to insecurity in the region. As of 31 August 2022, a total of 580 838 refugees and asylum seekers, with 48 % Internally Displaced Persons, 43 % refugees, 6% repatriated and 2%asylum seekers, were recorded in Niger. Most refugees are from Nigeria (73%) and Mali (21%).

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 01 Ogawa. As of 7 October 2022, 72 suspected cases have been reported, of whom 14 tested positive for cholera, and one death was recorded.


From 19 March 2020 to 23 October 2022, a total of 9 425 cases with 314 deaths have been reported across the country. A total of 8 949 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 30-Sep-22 2 999 - 152 5.1%

From early 2021 to week 40, 2022 (ending 30 September 2022), 2999 cases have been reported with 152 deaths (CFR 5%). Neisseria meningitidis serogroup C is the predominant germ identified. Dungas and Magaria health districts in Zinder region reported the highest cumulative attack rate in 2022, 74 and 68 cases per 10 000 inhabitants, respectively.

Niger Poliomyelitis (cVDPV2) Grade 2 1-Jan-20 1-Jan-21 19-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.


In September and October 2022, the Institut Pasteur in Dakar confirmed four yellow fever cases from Niger, including one death. The cases were confirmed by plaque reduction neutralization test (PRNT) and were reported from Dosso, Zinder, Tahoua, and Adadaz districts. The date of onset of symptoms for the last case was 14 August 2022. Two probable cases were reported during the same period.

Niger Humanitarian crisis (Sahel region) Grade 2 10-Oct-16 10-Oct-16 18-Oct-22 - - - -

Tens of thousands of people have been killed and millions internally displaced since Boko Haram launched its campaign in 2009, creating one of the world’s worst humanitarian crises and causing a near-total breakdown in education and health services. Throughout the northeast region, the violence has destroyed schools, hospitals and other social facilities, leaving affected communities - particularly women and children - in urgent need of assistance. Overall, some 8.4 million people, primarily women and children, in Borno, Adamawa and Yobe states need humanitarian assistance, according to OCHA.

Nigeria Cholera Ungraded 1-Jan-22 30-Sep-22 10 754 256 2.4%

In 2022, as of 2 October, 10 754 suspected cholera, including 256 deaths (CFR 2.4%), have been reported from 31 states, mainly in North-West and North-East. Eleven states: Borno (3663 cases), Yobe (1632 cases), Katsina (767 cases), Taraba (675 cases), Cross River (649 cases), Gombe (470 cases), Jigawa (417 cases) and Bauchi (304 cases) account for 86% of all cumulative cases. Of the suspected cases since the beginning of the year, the age group 5 -14 years are the most affected age group for males and females.
From January 2021 to 20 October 2022, a total of 30 yellow fever cases including seven probable and 23 confirmed cases have been reported in Nigeria. From 22 June 2022 to 14 October 2022, there have been five unlinked laboratory-confirmed monkeypox cases in South Africa. 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 district. A public health response investigation is needed to identify new measles cases and vaccination of the contacts to prevent the spread of the disease.

### Country Summary

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-20</td>
<td>27-Feb-2020</td>
<td>28-Oct-22</td>
<td>266 138</td>
<td>266 138</td>
<td>3 155</td>
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<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Grade 1</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>23-Oct-22</td>
<td>985</td>
<td>948</td>
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<tr>
<td>Nigeria</td>
<td>Monkeypox</td>
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<td>1-Jan-22</td>
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<td>-</td>
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<td>Nigeria</td>
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<td>Grade 2</td>
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<tr>
<td>Rwanda</td>
<td>COVID-19</td>
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<td>23-Oct-22</td>
<td>132 556</td>
<td>132 556</td>
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</tr>
<tr>
<td>Senegal</td>
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<td>Ungraded</td>
<td>4-Jul-22</td>
<td>1-Jan-22</td>
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<td>376</td>
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<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>16-Oct-22</td>
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<td>49 035</td>
<td>171</td>
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</tr>
<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</td>
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<td>27-Mar-20</td>
<td>12-Oct-22</td>
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<td>7 752</td>
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<tr>
<td>Sierra Leone</td>
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<td>9-Aug-22</td>
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<tr>
<td>South Africa</td>
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<td>Grade 3</td>
<td>3-Mar-20</td>
<td>3-Mar-20</td>
<td>30-Oct-22</td>
<td>4 028 160</td>
<td>4 028 160</td>
<td>102 311</td>
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</tr>
<tr>
<td>South Africa</td>
<td>Measles</td>
<td>Ungraded</td>
<td>17-Oct-22</td>
<td>13-Oct-22</td>
<td>13-Oct-22</td>
<td>3</td>
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<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Africa</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>23-Jun-22</td>
<td>23-Jun-22</td>
<td>14-Oct-22</td>
<td>5</td>
<td>5</td>
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</tr>
</tbody>
</table>

From 1 January to 21 September 2022, Nigeria has reported 552 monkeypox confirmed cases with seven deaths. 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.

**COVID-19 Cases in South Africa**
- **From 2 March 2020 to 27 October 2022**, a total of 88 765 confirmed cases of COVID-19 including 1 968 deaths and 86 692 recoveries have been reported in South Africa. Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 16 October 2022, a total of 49 035 cases have been confirmed, including 47 995 recoveries and 171 deaths have been reported.

**Dengue Outbreak in Sao Tome and Principe**
- Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 16 October 2022, a total of 1 012 cases and 4 deaths (CFR 0.4%) have been confirmed via RDT from: Água Grande (686, 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 41 (ending 16 Oct), there was 1 new case 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 (759, 75%).

**Measles Outbreaks**
- In 2022, 373 confirmed cases of measles with one death were reported from 13 regions in Senegal. Dakar, Tambacounda, and Kédougou regions reported 277 confirmed cases, accounting for 74%.

**Lassa Fever Outbreak in Nigeria**
- From week 1 to 42 of 2022 (ending 23 October), a total of 985 Lassa fever cases including 948 confirmed, 37 probable and 173 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18% across 26 States. In week 42, seven new confirmed cases were reported from Ondo, Edo, Ebonyi and Cross River States.
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.

Floods have reoccurred since last July, affecting 29 (36.3%) of the 80 counties across 9 of the 10 states of the country including Northern Bahr el Ghazal (NBeg), Western Bahr el Ghazal (WBg), Western Equatoria (WES), Warrap, Lakes, Upper Nile, Unity, Jonglei and Eastern Equatoria. Around 909,000 people have been affected, which represent around 7.4% of the total population, out of whom more than 140,000 have been displaced from their homes. Northern Bahr el Ghazal (252,000 people) Warrap (208,000 people), Unity (118,000 people) and Western Equatoria (111,000 people) states are the four most affected states, accounting for three-quarters (75.8%) of the affected populations. Almost 62 people are reported to have died in flood-affected locations due to drowning, trauma, or snake bites from NBeg, WBg 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 45 health facilities and 25 nutrition facilities have either been destroyed or cut-off and therefore will cease offering services to their catchment populations.

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

From 19 March to 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.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 30 October 2022, a total of 18,313 confirmed COVID-19 cases were reported in the country including 138 deaths and 115 recovered cases.

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 22 May), 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.

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 5 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 country of Fangak.

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.

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 21 October 2022, a total of 39,920 confirmed cases have been reported in Tanzania mainland including 845 deaths.

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.
### Health Emergency Information and Risk Assessment

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.

### Zimbabwe

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 22 October 2022, a total of 39 284 cases, including 289 deaths and 38 953 recovered cases, have been reported in the country.

### Uganda

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).

### Table: Health Emergency Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>30-Oct-22</td>
<td>333 681</td>
<td>333 681</td>
<td>4 017</td>
<td>1.2%</td>
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<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>22-Oct-22</td>
<td>39 284</td>
<td>39 284</td>
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<tr>
<td>Uganda</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>26-May-22</td>
<td>16-May-2022</td>
<td>16-Oct-22</td>
<td>51</td>
<td>5</td>
<td>2</td>
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<tr>
<td>Uganda</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-21</td>
<td>2-Jan-22</td>
<td>18-Oct-22</td>
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<td>0</td>
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<td>Zambia</td>
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<td>Ungraded</td>
<td>13-Jun-22</td>
<td>1-Oct-22</td>
<td>655</td>
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<tr>
<td>Zambia</td>
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<td>1-Jan-22</td>
<td>2-Oct-22</td>
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<td>Zambia</td>
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<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>29-Oct-22</td>
<td>257 893</td>
<td>257 893</td>
<td>5 606</td>
<td>-</td>
</tr>
</tbody>
</table>

### Notes:

- **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.

- **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 22 October 2022, a total of 39 284 cases, including 289 deaths and 38 953 recovered cases, have been reported in the country.

- **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).

- **An anthrax outbreak** has been confirmed in Bududa District, Uganda, in early May 2022. As of 16 October, a total of 51 suspected cases have been reported including two deaths (CFR 4%). Two Districts have so far reported human cases: Kween (31 cases and one death) and Bududa (20 cases and one death). Eleven samples have been collected in Bududa, five of which tested positive for anthrax. No new suspected cases have been reported in Kween and the last suspected case from Bududa was admitted on 1 August 2022. Of note, 65 animals have suddenly died in Bududa (40), Namisindwa (9), Manafwa (8), Kween (6) & Mbale City (2) Districts. However, no new sudden animal death has been reported. Around 10 000 doses of vaccines have been received and 1196 animals have been vaccinated in Bududa District over the past week, bringing the total to 3716.

- The first COVID-19 confirmed case was reported in Uganda on 23 March 2020. As of 23 October 2022, a total of 169 378 confirmed COVID-19 cases with 3 630 deaths were reported.

- From 12 July to 15 October 2022, five cases of Crimean-Congo haemorrhagic fever (CCHF) have been confirmed in Uganda from Amuru, Kaberamaido, Mukende, Rakai, and Wakiso districts with one death. Response measures such as patient isolation, contact tracing, suspect quarantine, as well as risk communication and community engagement have been taken. Districts are on high alert due to the Ebola virus disease outbreak.

- 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.

- Above-average rainfall and devastating floods in West and Central Africa have affected five million people in 19 countries across the region, claiming hundreds of lives, disrupting livelihoods. These floods have displaced tens of thousands of people from their homes and decimated more than a million hectares of cropland - in a region already in the grip of an unprecedented hunger crisis. This climate-related disaster is one of the deadliest the region has seen in years. According to the WFP, these floods risk aggravating an already worrying hunger situation for millions of people.

- **The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 30 October 2022, a total of 333 681 confirmed COVID-19 cases were reported in the country including 4 017 deaths.**

- **A measles outbreak continues to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces have recorded 655 measles cases and 31 deaths as of 1 October 2022. WHO is supporting the Ministry of Health investing other cases with similar symptoms.**

- **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.**
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 29 October 2022, a total of 257,893 confirmed COVID-19 cases were reported in the country including 5,606 deaths and 251,904 cases that recovered.

Zimbabwe

<table>
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<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
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<td>19-May-2022</td>
<td>2-Oct-22</td>
<td>7,504</td>
<td>355</td>
<td>744</td>
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</table>

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.

**Closed Events**

<table>
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<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-21</td>
<td>1-Jan-22</td>
<td>9-Oct-22</td>
<td>1,481,985</td>
<td>-</td>
<td>636</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

In 2022, from epidemiological week 1 to 40 (ending 9 October 2022), 1,481,985 suspected cases of typhoid fever including 636 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%).

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>12-Aug-22</td>
<td>15-Aug-2022</td>
<td>28-Aug-22</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

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.

†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.