Overview

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
- Cholera in Kenya

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 current Ebola disease outbreak caused by Sudan virus in Uganda has been evolving for nearly nine weeks, with response interventions that have gradually produced significant results towards controlling the outbreak. However, the contact tracing and follow-up activities have decreased over the past week, as they still need to be optimally set-up in Jinja and Masaka. Notably, the recovery rate has increased to 56% and the survivor program has commenced. Nevertheless, stigma among survivors and lack of resources remain major challenges to the full implementation and acceptance of the strategy. There is therefore need for sufficient financial support along with enough communication and sensitization among survivors.

- A new cholera outbreak was declared by the Kenyan health authorities in mid-October almost one month since another cholera outbreak was declared over in the country. The ongoing outbreak has affected nine counties: Garissa, Kajiado, Kiambu, Machakos, Meru, Muranga, Nakuru, Nairobi and Uasin Gishu. The rapid evolution of the ongoing cholera outbreak and fatality compared to the previous one are concerning; the number of cases has doubled for the last two weeks with cases detected in Machakos prisons and school of deaf. Concerted efforts are therefore needed for its control to avoid further spread.
On 20 November 2022, 225 signals were received nationwide. Epidemiological investigations, contact tracing, and active security officers have strategically been positioned to enforce National Task Force meetings continue to be held thrice a week. Surveillance and Laboratory Coordination

- Daily District Task Force meetings, partners’ meetings and pillar meetings are ongoing in all affected Districts including Jinja and Masaka.
- National Task Force meetings continue to be held thrice a week.
- Security officers have strategically been positioned to enforce presidential lockdown directives in Kassanda and Mubende.

Surveillance and Laboratory

- Epidemiological investigations, contact tracing, and active case finding remain ongoing in all affected Districts. On 20 November 2022, 703 contacts were still under active follow-up in seven districts, 441 (62.7%) of whom were seen over the past 24hrs.
- On 20 November 2022, 225 signals were received nationwide. Of these, 156 were considered as alerts and verified; 106 (67.9%) of them were validated as new suspected cases and 33 (31.1%) were evacuated to Ebola Treatment Units (ETUs).

The Masaka surveillance team mentored healthcare workers from 14 facilities within Bwala, Kimanya, Matanga, and Nyendo on SVD active search. In the meantime, the Kyeggo surveillance team oriented seven healthcare workers from three private health care facilities in Karwenyi and Izina Trading Centers in Ruyonza Sub-County on active case search at health care facility level.

On 20 November, 50 samples were processed at Uganda Viral Research Institute and Mubende mobile laboratory, without any new confirmed case. Cumulatively, 3,304 samples have been tested since the beginning of the outbreak, yielding 141 confirmed cases of SVD.

A total of 151 staff were oriented on SVD sample collection and management including 130 in KMA and 21 in Jinja.

Case management and psychosocial support

The isolation units and ETUs continue to deliver care both to suspected and confirmed cases of SVD, with a total capacity of 214 beds for suspected cases and 132 beds for confirmed ones. Over the past 24hrs, the bed occupancy rate stood at 18.9% (n=40) in isolation units and 22.7% (n=30) in ETUs. Cumulatively, 79 (56.0%) recoveries have been recorded.

A 100-bed capacity hotel has been identified in Jinja to support quarantine of all high-risk contacts. In addition, Magamaga Health Care III was designated as the transition Isolation Unit where suspected cases will be temporarily held before evacuation.

Within the past 24hrs, Emergency Medical Services (EMS) teams undertook a total of 46 evacuations including 24 in Kassanda, 20 in Mubende, one in Jinja and one in KMA. Five suspected cases declined evacuations.

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 survivors and negative suspected cases into their community continues. Psychosocial teams are also providing supportive counselling to all staff working at ETUs.

Survivor follow-up

The survivor clinic runs on Mondays and Wednesdays. Accordingly, six survivors have been followed-up through phone tele-conferencing.

Infection, prevention and control (IPC)

- Daily monitoring of IPC measures continues in all ETUs.
- In Mubende, an onsite IPC WASH mentorship was conducted in six health care facilities. In addition, a school-based IPC orientation was conducted at the Mubende infant primary school.
- Safe and dignified burial (SDB) teams continue to undertake SDBs in all affected Districts. On 20 November, 25 death alerts were received from the seven districts with active contacts.
Seven SDBs were performed in Mubende and Kassanda. In total, 237 SDBs have been conducted since the beginning of the outbreak.

Risk communication and community engagement

- RCCE interventions are still ongoing in all affected districts and beyond.
- At least 120 radio spots messages continue to be aired daily through six radio stations in Buyangabu, Kagadi, Kakumiro, Kassanda, Kyeggegwa, and Mubende. In addition, one radio talk show was conducted in Jinja.
- More than 9,147 information, education and communication (IEC) materials were distributed including 8,000 in Mityana, 787 in Jinja and 360 in Kagadi.
- In Mityana, communities and clergy in nine Churches located in Central and Busimbi Division were sensitized on SVD prevention.
- In Jinja, 30 churches were engaged with 3,734 people (1,492 males & 2,242 females) sensitized on SVD prevention and control.
- Community engagement is ongoing in all affected districts. For instance, community volunteers and VHTs conducted house to house visits in five districts including Buyangabu, Kagadi, Kassanda, Kyeggegwa, and Mubende, reaching 601 households and 4,823 people (2,647 males & 2,176 females) with SVD prevention messages.

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 different partners.

SITUATION INTERPRETATION

Great improvements have been made over the recent days and weeks, as only one confirmed case of SVD has been reported within the past week. However, a decrease in the contact follow-up rate has been observed, as the intervention has not yet been optimally set-up in Jinja and Masaka. Case management has significantly improved, with no new deaths recorded over the past week and a recovery rate that has increased up to 56.0%. Although the survivor program has been initiated, there are remaining challenges that hamper full implementation of this strategy. Considering that data regarding the possibility of SVD survivors to remain infectious is limited, there is need for particular investment in financially supporting the program and sensitizing survivors for their adherence and compliance.
On 20th September 2022, health authorities in Uganda confirmed Ebola Disease outbreak in Mubende district. Since the official announcement of the outbreak, the country has so far recorded a total of 34 cases (16 confirmed, 18 probable) and 21 deaths (4 confirmed, 17 probable) as of 25th September 2022. Cases have been registered in Mubende, Kyegegwa and Kassanda districts. PHOTO BY JIMMY ADRIKO @WHO
EVENT DESCRIPTION

On 19 October 2022, the Kenya Ministry of health issued a communication to all County Directors of Health on a multi-county cholera outbreak following the isolation of Vibrio cholerae -01 Ogawa serotype at The National Public Health Microbiology Laboratory.

The first cases were detected following a wedding festival that was held in Limuru sub-county, Kiambu County on Saturday of 8 October 2022. Additional cases have been linked to another function that was held on 29 October 2022 along Kiambu road. The date of onset for the first cases is 8 October 2022. Since then, the outbreak has further spread to other countries.

Momentarily, nine counties have been affected: Garissa, Kajiado, Kiambu, Machakos, Meru, Muranga, Nakuru, Nairobi and UasinGishu Counties. The outbreak is currently active in seven counties and been controlled in Nakuru and Uasin Gishu Counties.

As of 13 November 2022, a total of 568 cases with 281 confirmed (48 cases by culture and 233 by rapid diagnostic test) and 15 deaths (CFR = 2.6%), have been reported so far. The highest caseload has been registered in Machakos county with 215 cases (37.8%), followed by Nairobi County with 155 cases (27.3%), and Kiambu County with 86 cases (15.1%).

Among the 15 deaths reported, nine (60.0%) are reported from Nairobi County and Garissa, while Kiambu and Machakos Counties have reported each two deaths so far. In the past one week (week 45), a total of 326 new cases with seven new deaths were reported.

PUBLIC HEALTH ACTIONS

- Cholera response meetings with the affected Counties are being held on a daily basis coordinated by the National Public Health Emergency Operation Center and the Division of Disease Surveillance and Response.
- Ongoing consolidated efforts by the National and County Health teams to control the outbreak. Outbreak investigations including active case search are still ongoing in all affected counties.
- Cholera treatment units have been activated in all the affected sub-counties.
- The National Government through the Division of Disease Surveillance and Response has supported the affected Counties with Cholera response supplies.
- Collaboration between the Ministry of Health and the Ministry of water staff in a bid to control the outbreak in all affected counties is also ongoing.
- Risk communication activities are ongoing with awareness on cholera prevention messages for the community to adhere to simple hygienic measures such as hand washing and sanitizing.

SITUATION INTERPRETATION

This is the second cholera outbreak to be declared in almost one month this year for Kenya. Some counties like Nairobi and Kiambu were also hit by the previous cholera outbreak, the possible epidemiological link between the two outbreaks need to be investigated. It is also important to work on structural factors including access to drinking water, improvement of sanitation facilities, socio-cultures practices, to reduce the frequency of outbreaks occurrence especially in the hotspot areas. It is therefore necessary to strengthen the control measures, in particular the sensitization of the population on the preventive measures for its containment and reduce the case fatality ratio (2.6%) which is above the acceptable level of less than 1%. With the ongoing cholera outbreaks in some countries neighboring Kenya :South Sudan, Ethiopia and recently Tanzania, vigilance is required to prevent any cross-border contamination.
Distribution of cases of cholera in Kenya, as of 13 November 2022

Epi curve showing cases of cholera in Kenya, October-November 2022
**All events currently being monitored by WHO AFRO**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td><strong>New Events</strong></td>
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<tr>
<td>Senegal</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>14-Nov-22</td>
<td>1-Jan-22</td>
<td>9-Nov-22</td>
<td>99</td>
<td>99</td>
<td>0</td>
<td>0.0%</td>
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<td>In 2022, dengue has been confirmed in Senegal since 4 January. As of 9 November 2022, 99 cases have been recorded including 82 confirmed by PCR (83%) and 17 by IgM testing. Cases are mostly concentrated in the first and last quarters of the year. Nine (9) regions are affected. The Matam region has reported the highest number of cases (52 cases, 53%), followed by Dakar (13 cases, 13%) and Kaffrine (13).</td>
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<td>Tanzania, United Republic of</td>
<td>cholera</td>
<td>Ungraded</td>
<td>15-Nov-22</td>
<td>31-Oct-22</td>
<td>17-Nov-22</td>
<td>18</td>
<td>3</td>
<td>1</td>
<td>5.6%</td>
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<td>Cholera was first reported on 27 th October 2022 in Babati District Council in Manyara Region, 3 samples tested were positive for Vibrio cholerae. Cumulative total of 18 cases have been reported with 1 death (CFR 5.6%) reported in Babati District Council. As of 17th November 2022, no new case reported, last recorded case was on 12th November 2022.</td>
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<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-20</td>
<td>25-Feb-2020</td>
<td>20-Nov-22</td>
<td>271 023</td>
<td>271 023</td>
<td>6 881</td>
<td>2.5%</td>
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<td>From 25 February 2020 to 20 November 2022, a total of 271 023 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 526 recovered.</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>16-Nov-22</td>
<td>1</td>
<td>1</td>
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<td>According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week in Algeria. There is one case in 2022 that is linked to the Zamfara emergence from Nigeria.</td>
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<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>19-Nov-22</td>
<td>103 131</td>
<td>103 131</td>
<td>1 917</td>
<td>1.9%</td>
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<td>The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 19 November 2022, a total of 103 131 confirmed COVID-19 cases have been reported in the country with 1 917 deaths and 101 155 recoveries.</td>
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<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>10-Nov-22</td>
<td>27 922</td>
<td>27 922</td>
<td>163</td>
<td>0.6%</td>
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<tr>
<td>The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 10 November 2022, a total of 27 922 cases have been reported in the country, with 163 deaths and 27 746 recoveries.</td>
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<tr>
<td>Benin</td>
<td>monkeypox</td>
<td>Grade 3</td>
<td>14-Jun-2022</td>
<td>19-Oct-22</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>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.</td>
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<tr>
<td>Benin</td>
<td>poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>24-Aug-2019</td>
<td>16-Nov-22</td>
<td>21</td>
<td>21</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>No new case of Circulating Vaccine -derived poliovirus type 2 (cVDPV2) was reported this week. One case of 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.</td>
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<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>27-Oct-22</td>
<td>326 344</td>
<td>326 344</td>
<td>2 790</td>
<td>0.9%</td>
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<tr>
<td>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.</td>
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<tr>
<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>21-Oct-22</td>
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<td>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 1 719 332 displaced persons are registered in Burkina Faso as of 30 September 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.</td>
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<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>12-Nov-22</td>
<td>21 631</td>
<td>21 631</td>
<td>387</td>
<td>1.8%</td>
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<tr>
<td>Between 9 March 2020 and 12 November 2022, a total of 21 631 confirmed cases of COVID-19 with 387 deaths and 21 143 recoveries have been reported from Burkina Faso.</td>
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<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>14-Nov-22</td>
<td>50 639</td>
<td>50 639</td>
<td>15</td>
<td>0.0%</td>
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<tr>
<td>On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 14 November 2022, the total number of confirmed COVID-19 cases is 50 639, including 15 deaths and 50 418 recovered.</td>
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<td>Cameroon</td>
<td>Humanitarian crisis (North, Adamawa &amp; East)</td>
<td>Protracted</td>
<td>31-Dec-13</td>
<td>27-Jun-2017</td>
<td>11-Oct-22</td>
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<td>As a result of the ongoing crisis in Far-Northern Cameroon and neighbouring countries, there has been a massive influx of internally displaced populations and refugees in Adamawa, North and East regions. For 2022, there is an estimated 481 463 refugees and asylum seekers in Cameroon, including more than 325 000 refugees coming from Central African Republic.</td>
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The situation in the North-West and South-West regions remains tense with continued violent and targeted attacks, including abductions, unlawful arrests, and destruction of property. Populations, as well as education and healthcare providers, continue to be under high risks when accessing essential services. The global rise in prices of basic commodities further exacerbates suffering among already vulnerable communities.

### Humanitarian crisis

#### Central African Republic

- **Grade**: 2
- **Date notified to WCO**: 1-Oct-16
- **Start of reporting period**: 27-Jun-2018
- **End of reporting period**: 11-Oct-22
- **Total cases**: -
- **Cases Confirmed**: -
- **Deaths**: -
- **CFR**: -

#### Cameroon

- **Grade**: 2
- **Date notified to WCO**: 31-Dec-13
- **Start of reporting period**: 27-Jun-2017
- **End of reporting period**: 24-Oct-22
- **Total cases**: -
- **Cases Confirmed**: -
- **Deaths**: -
- **CFR**: -

The security context in Far-Northern Cameroon remained marked by persistence of incidents linked to the presence and activities of non-state armed groups (NSAGs) in the border area with Nigeria and Chad. In addition, the rainy season which started in June 2022 got intensified in August with heavy rainfall recorded across the region, causing flooding in around 20 localities in Logone & Chari, Mayo-Tsanaga and Mayo-Danay Divisions. As of 18 October, more than 150,000 people have been affected in these three Divisions. Ten fatalities have been reported, 18276 houses completely destroyed, more than 27400 hectares of flooded lands, approximately 5886 animals dead or washed away by the waters, around 126 flooded schools, as well as more than 1194 latrines and 294 flooded water points. The partners are continuing to provide humanitarian assistance to all these newly affected populations, despite deterioration of roads and insecurity limiting physical access to most affected areas.

A total of 15310 COVID-19 cases were reported, including 1965 deaths and 121873 recoveries.

- **Grade**: 3
- **Date notified to WCO**: 14-Mar-20
- **Start of reporting period**: 14-Mar-20
- **End of reporting period**: 10-Nov-22
- **Total cases**: 123,993
- **Cases Confirmed**: 123,993
- **Deaths**: 1965
- **CFR**: 1.6%

From week 1 through week 44, 2022 (ending 6 November), a total of 3998 suspected cases of poliomyelitis (cVDPV2) were reported during epi week 45, 2022. There were three cases reported in 2021 and seven cases reported in 2020. No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 45, 2022. There were three cases reported in 2021 and seven cases reported in 2020.

- **Grade**: Not specified
- **Date notified to WCO**: 27-Mar-21
- **Start of reporting period**: 27-Mar-21
- **End of reporting period**: 10-Nov-22
- **Total cases**: 13,612
- **Cases Confirmed**: 1,175
- **Deaths**: 289
- **CFR**: 2.1%

Between 4 and 10 November, 51 new suspected cases of cholera with no deaths have been reported in three Regions: Littoral (23 cases), Far North (22 cases), and Centre (six cases). The Kollofata District in Far-Northern Cameroon has been confirmed in outbreak. As of 10 November 2022, 13,612 suspected cases including 1,175 laboratory-confirmed cases and 289 deaths (CFR 2.1%) have been reported since October 2021, from eight Regions and 52 Districts of which 23 remain active in four Regions. Patients' ages range from 2 months to 95 years with a median of 29 years, and females remain twice less affected than males.

Between 4 and 10 November, five new suspected cases of Monkeypox have been reported from South-West (2), Centre (1), East (1), and Littoral (1) regions, none of whom have been found positive to the disease. Between 1 January and 10 November 2022, the country has notified 79 suspected cases of monkeypox from 18 districts across seven regions, including two deaths (CFR 2.5%). A total of 63 human samples have been collected and 16 cases have been laboratory-confirmed from South-West (9), Centre (4), North-West (2), and South (1) regions. Males are slightly more affected than females (sex ratio M/F 1.5). 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, 51.2%), followed by the 21-30 years (n=14, 29.2%).

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case in 6 March 2020. As of 10 November 2022, a total of 123,993 cases have been reported, including 1,965 deaths and 121,873 recoveries.

### Disease Surveillance and Response system (IDSR)

- **Country**: Cameroon
- **Event**: Measles
- **Grade**: Ungraded
- **Date notified to WCO**: 2-Apr-19
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 6-Nov-22
- **Total cases**: 3,998
- **Cases Confirmed**: 2,223
- **Deaths**: 58
- **CFR**: 1.5%

- **Country**: Cameroon
- **Event**: Monkeypox
- **Grade**: Grade 3
- **Date notified to WCO**: 24-Feb-22
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 10-Nov-22
- **Total cases**: 79
- **Cases Confirmed**: 16
- **Deaths**: 2
- **CFR**: 2.5%

- **Country**: Cameroon
- **Event**: Cholera
- **Grade**: Grade 2
- **Date notified to WCO**: 1-Jan-20
- **Start of reporting period**: 1-Jan-20
- **End of reporting period**: 16-Nov-22
- **Total cases**: 10
- **Cases Confirmed**: 10
- **Deaths**: 0
- **CFR**: 0.0%

- **Country**: Cameroon
- **Event**: COVID-19
- **Grade**: Grade 3
- **Date notified to WCO**: 6-Mar-20
- **Start of reporting period**: 6-Mar-20
- **End of reporting period**: 19-Oct-22
- **Total cases**: 123,993
- **Cases Confirmed**: 123,993
- **Deaths**: 1,965
- **CFR**: 1.6%

- **Country**: Cameroon
- **Event**: Measles
- **Grade**: Ungraded
- **Date notified to WCO**: 2-Apr-19
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 6-Nov-22
- **Total cases**: 3,998
- **Cases Confirmed**: 2,223
- **Deaths**: 58
- **CFR**: 1.5%

- **Country**: Cameroon
- **Event**: Monkeypox
- **Grade**: Grade 3
- **Date notified to WCO**: 24-Feb-22
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 10-Nov-22
- **Total cases**: 79
- **Cases Confirmed**: 16
- **Deaths**: 2
- **CFR**: 2.5%

- **Country**: Cameroon
- **Event**: Cholera
- **Grade**: Grade 2
- **Date notified to WCO**: 1-Jan-20
- **Start of reporting period**: 1-Jan-20
- **End of reporting period**: 16-Nov-22
- **Total cases**: 10
- **Cases Confirmed**: 10
- **Deaths**: 0
- **CFR**: 0.0%

- **Country**: Cameroon
- **Event**: COVID-19
- **Grade**: Grade 3
- **Date notified to WCO**: 6-Mar-20
- **Start of reporting period**: 6-Mar-20
- **End of reporting period**: 19-Oct-22
- **Total cases**: 123,993
- **Cases Confirmed**: 123,993
- **Deaths**: 1,965
- **CFR**: 1.6%

- **Country**: Cameroon
- **Event**: Measles
- **Grade**: Ungraded
- **Date notified to WCO**: 2-Apr-19
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 6-Nov-22
- **Total cases**: 3,998
- **Cases Confirmed**: 2,223
- **Deaths**: 58
- **CFR**: 1.5%

- **Country**: Cameroon
- **Event**: Monkeypox
- **Grade**: Grade 3
- **Date notified to WCO**: 24-Feb-22
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 10-Nov-22
- **Total cases**: 79
- **Cases Confirmed**: 16
- **Deaths**: 2
- **CFR**: 2.5%

- **Country**: Cameroon
- **Event**: Cholera
- **Grade**: Grade 2
- **Date notified to WCO**: 1-Jan-20
- **Start of reporting period**: 1-Jan-20
- **End of reporting period**: 16-Nov-22
- **Total cases**: 10
- **Cases Confirmed**: 10
- **Deaths**: 0
- **CFR**: 0.0%
Since 11 March 2020, a total of 87 870 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 830 deaths, and a total of 87 025 recoveries.

In Congo, as of 6 November 2022, a total of 33 probable cases of yellow fever and four confirmed and zero deaths have been reported. The number of probable cases has currently experienced measles outbreak.

From 1 January to 11 September 2022, the Republic of Congo has reported 19 suspected cases of monkeypox including five probable and five laboratory-confirmed cases, with three deaths (CFR 0.3%). A total of 27/126 districts in 11/23 provinces have been affected since the beginning of the outbreak.

From 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever (YF). A total of 54 suspected cases of YF were reported during epi-week 44 (ending 3 November). On 14 November, a PRNT positive case was reported by the regional reference laboratory, originating from Maro district in Moyen Chari region. As of 15 November, 758 suspected cases of YF have been reported including 10 probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.5%). Three suspected cases have been reported on epi week 44 (ending 6 November 2022). Two IgM positive cases have been identified in Mbai, the samples of whom are expected to be shipped to the regional reference laboratory for confirmation. In total, five regions have so far been affected including RS1, RS2, RS3, RS4 and RS6; RS3 has reported 70% of confirmed cases.

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. Since September 8, heavy rains battered the country’s south, causing the Chari and Logone rivers (which meet in the capital city of N’Djamena) to overflow their banks and forcing 149 936 people (24 874 households) to flee their homes and take refuge in public spaces.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 13 November 2022, a total of 7 637 confirmed COVID-19 cases were reported in the country including 194 deaths.

In Chad, a total of 2 893 suspected measles cases and 11 deaths have been reported through Integrated Diseases Surveillance and Response (IDSR) system from Week 1 to week 45 (ending 13 November) of 2022.

On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever (YF). A total of 54 suspected cases of YF were reported during epi-week 44 (ending 3 November). On 14 November, a PRNT positive case was reported by the regional reference laboratory, originating from Maro district in Moyen Chari region. As of 15 November, 2 249 suspected cases of YF have been reported, including 37 probable and 30 lab-confirmed cases with seven deaths (CFR 0.3%). A total of 27/126 districts in 11/23 provinces have been affected since the beginning of the outbreak.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported on week 45, 2022. The last confirmed case was reported on 3 November from Bayanga in Sangha-Mbaéré district. Cumulatively, six districts have so far been affected: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou. Men represent 69.2% (n=9) of cases; ages range from 4 to 40 years with a median of 18 years. The 0-14 years represent 38.5% (n=5) of cases.

The first case of confirmed COVID-19 was reported on 30 April 2020 in Comoros. As of 19 November 2022, a total of 8 941 confirmed COVID-19 cases, including 161 deaths and 23 644 recovered cases have been reported in the country.

From 1 January to 15 November, five new suspected cases of monkeypox have been reported. From 1 January to 15 November 2022, Central African Republic has reported 13 laboratory-confirmed cases of monkeypox with no deaths. The last confirmed case was reported on 3 November from Bayanga in Sangha-Mbaéré district. Cumulatively, six districts have so far been affected: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou. Men represent 89.2% (n=5) of cases; ages range from 4 to 40 years with a median of 18 years. The 0-14 years represent 38.5% (n=5) of cases.

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 (CFR 0.3%). A reactive measles vaccination campaign was organized in August. Two districts (Alima and Abala) are currently experiencing measles outbreaks.

From 1 January to 11 September 2022, the Republic of Congo has reported 19 suspected cases of monkeypox including five probable and five laboratory-confirmed cases, with three deaths (CFR 15.8%). The suspected cases have been reported from four Departments and nine Districts. Impfondo is the epicentre of the outbreak, with five probable and two confirmed cases. The other confirmed cases have been detected in Gueissou (2) and Ngoyo (1) Districts. Sixty percent of the probable and confirmed cases are females, and 40% aged less than 10 years.

In Congo, as of 6 November 2022, a total of 33 probable cases of yellow fever and four confirmed and zero deaths have been reported. The number of probable cases has been revised.

Since 11 March 2020, a total of 87 870 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 830 deaths, and a total of 87 072 recoveries.

---

### Data Table

<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>
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<td>Monkeypox</td>
<td>Grade 3</td>
<td>3-Mar-22</td>
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<td>24-May-19</td>
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<td>COVID-19</td>
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<td>Grade 3</td>
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<td>18-Nov-22</td>
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<td>87 870</td>
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</tr>
</tbody>
</table>
From 13 August 2021 to 9 November 2022, a total of 67 probable and eight confirmed cases of yellow fever were recorded in Côte d’Ivoire, with no deaths.

Since the beginning of 2022, more than 1.56 million people have been in a situation of internal displacement (IDPs) in the DRC. Total IDPs across the country is nearly 5.7 million. Nearly 83.5% of displacements are due to attacks and armed clashes and 11.9% to land- and inter-community conflicts. In North Kivu Province, at least 188K people have shifted since 20 October 2022, in addition to 16,500 others who have found refuge in Uganda bringing the total to more than 237K civilians displaced since the start of hostilities in March 2022 between Congolese army and the armed group Movement of 23 March (M23). IDPs need assistance in the territories of Nyiragongo (110K displaced persons), Rutshuru (85K IDPs) and Lubero (42K IDPs).

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 93,836 confirmed cases and two probable case, including 1,452 deaths have been reported. A total of 83,590 people have recovered.

The cumulative number of suspected measles cases reported since the beginning of this year as of week 43 (ending 30 October) is 125,473 suspected cases and 1,550 deaths (CFR 1.2%) from 464 health zones in 26 provinces. A total of 191 health zones have confirmed measles outbreak in all the 26 provinces for the country since the beginning of 2022. In total, 5,702 cases have been investigated and samples collected, and 2,435 cases came positive for measles (IgM+), of which 66% are children under five years old and 17% of them were unvaccinated.

From 1 January – 30 October 2022, the Democratic Republic of the Congo reported 4,508 suspected including 206 confirmed cases from 172 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1,868), Tshopo (714), Maniema (321), Kasaï (282), and Kwango (249).

Six cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported in Haut Lomami. There are now 47 cases reported in 2022.

According to the Global Polio Eradication Initiative, a total 17 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported: 11 in Tanganyika, four in Haut Lomami and one each in Haut Katanga and Tshopo bringing the number of cases reported in 2022 to 188. There were 26 cases in 2021

A suspected meningitis outbreak is ongoing in the Banalia health zone, Tshopo province in the Democratic Republic of the Congo. From 2 June 2022 to 2 November 2022, a total of 137 suspected cases with 22 deaths (CFR 16.1%) have been reported. Three health areas are the hotspots: Mangi, Bongonza and Akuma.

As of 6 November 2022, 10 probable cases and six confirmed yellow fever cases and one death have been reported in the country.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 14 November 2022, a total of 17,085 cases have been reported in the country with 183 deaths and 16,873 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 30 October 2022, a total of 10,189 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10,085 patients have recovered from the disease.

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week 45, 2022 (ending 13 November). There has so far been one case reported in 2022 and another one reported in 2021, even though this case was confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 16 March 2020. As of 20 November 2022, a total of 73 770 cases have been reported with 1 422 associated deaths.

Ethiopia Drought/food insecurity Grade 3 17-Feb-22 1-Jan-22 28-Oct-22 - - - -

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 rainy season during October-December 2022. The humanitarian impact will therefore likely continue to worsen 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. 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.

Ethiopia Humanitarian crisis (Conflict in Tigray) Grade 3 4-Nov-20 4-Nov-20 15-Oct-22 - - - -

Humanitarian needs in conflict, drought and flood-affected areas across Ethiopia continue increasing, not only affecting more people but also increasing the severity of needs. In northern Ethiopia for instance, hostilities continue to escalate leading to injuries, loss of life, additional displacement, destruction of civilian infrastructure and mounting humanitarian needs. In Afar Region, close to 40 000 people were newly displaced in Ab'a and Berhale woredas. In Amhara Region, following the improvement of the security situation in North Wollo Zone, close to 100 000 people who were displaced by hostilities a few weeks ago have started returning to their hometown. In Tigray Region, civilians waiting to receive much-needed humanitarian assistance came under fire on 14 October, which caused injuries and loss of life. In Oromia Region, ongoing hostilities, particularly in the Wollega zones, continued to lead to displacements into Amhara Region. In Benishangul Gumuz Region, access to Kamashi Zone remains blocked due to ongoing hostilities in western Oromia. As of 15 October 2022, 26 humanitarian workers have lost their lives since the hostilities in northern Ethiopia began at the end of 2020. About 22 million vulnerable people across the country have received some form of humanitarian assistance between January and August 2022.

Ethiopia COVID-19 Ungraded 17-Sep-22 17-Sep-22 18-Nov-22 456 15 19 4.2%

A cholera outbreak has been 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 18 November 2022, a total of 456 suspected cases of cholera have been reported including 295 cases from Oromia region and 161 cases from Somali region. At least 15 of these cases have been laboratory-confirmed through culture. The cumulative attack rate is 82.1 per 100 000 population. Nineteen (19) deaths have been reported, for a CFR of 4.2%. Six woredas have so far been affected: Berbere (190 cases, four deaths), Harena Buluk (71 cases, one death), Delo Mena (2 cases, two deaths), and Gura Damole (12 cases) in Bale Zone of Oromia region, and Guradamole (124 cases, ten deaths) and Kersadula (37 cases, two deaths) in Liben Zone of Somali region. A total of 41 Kebeles (villages) have reported one or several suspected cases of cholera since the beginning of the outbreak.

Ethiopia Measles Ungraded 14-Jan-17 1-Jan-22 6-Nov-22 6 788 6 320 57 0.8%

From week 1 to week 44, 2022 (6 November), a total of 6 788 suspected cases with 6 320 confirmed and 57 deaths (CFR 0.8%) have been reported in Ethiopia. A total of 16 districts (Woredas) are currently experiencing confirmed measles outbreak: Hadelela, Mecha North, Sekela, Dehane, Fedis, Ginir, Dobla, Tulo, Basketo, Doyogena, Fik, Jigjiga City, Jigjiga Zuria, Dagah Bur, Gashamo, Sagag. The total number of suspected cases reported since January 2022 has been revised.

Gabon COVID-19 Grade 3 12-Mar-20 12-Mar-20 26-Oct-22 48 945 48 945 306 0.6%

On 12 March 2020, the Ministry of Health announced the first case of COVID-19 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.

On 1 August 2022, the Epidemiic 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 4-Nov-22 12 586 12 586 372 3.0%

The first COVID-19 confirmed case was reported in The Gambia on 17 March 2020. As of 4 November 2022, a total of 12 586 confirmed COVID-19 cases including 372 deaths, and 12 189 recoveries have been reported in the country.

Ghana COVID-19 Grade 3 12-Mar-20 12-Mar-20 17-Nov-22 170 996 170 996 1 461 0.9%

As of 17 November 2022, a total of 170 996 confirmed COVID-19 cases have been reported in Ghana. There have been 1 461 deaths and 169 511 recoveries reported.

Ghana Monkeypox Grade 3 8-Jun-22 24-May-2022 11-Nov-22 656 107 4 0.6%

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-10 November 2022, there have been 656 suspected cases, including 107 confirmed and four deaths reported from 13 over 16 administrative regions. Most of the positive cases were reported from the Greater Accra region. Of the confirmed cases, 64 (62 %) are males. The age of confirmed cases ranges from 13 days to 67 Years (min-max).

Ghana Poliomyelitis (cVDPV2) Grade 2 9-Jul-19 8-Jul-2019 16-Nov-22 33 33 0 0.0%

No case of circulating vaccine-derived poliovirus type2 (cVDPV2) was reported this week. There are two cases reported in 2022, and no cases in 2021. In addition, 12 cases were reported in 2020, and 19 were reported in 2019.
<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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<td>Ghana</td>
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<td>3-Nov-21</td>
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<tr>
<td>Guinea</td>
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<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>6-Nov-22</td>
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<td>38 153</td>
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<tr>
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<td>20-Sep-22</td>
<td>20-Sep-22</td>
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<tr>
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<td>30-Jun-22</td>
<td>30-Oct-22</td>
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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 9 November 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 announced the first confirmed case of COVID-19 on 13 March 2020. As of 6 November 2022, a total of 38 153 cases, including 37 218 recovered cases and 464 deaths, have been reported in the country.

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 13 November 2022, the country has reported 8 929 confirmed cases of COVID-19 with 8 642 recoveries and 176 deaths.

In the northern areas of Kenya, the nutrition situation has significantly deteriorated and is projected to exacerbate due to worsening food insecurity resulting from four consecutive failed rainy seasons. Up to August, northern states experienced a rapid deterioration in indicators with malnutrition rising in many of the hardest-hit counties. Some areas have a general acute malnutrition rate of above 30%, and even 40%. This is in most cases nearly an increase of 50% compared to last year’s dry season. WHO works on strengthening nutrition surveillance, oedema screening and referral of children in health facilities. Additionally, WHO supports by providing capacity building in the management of severe acute malnutrition and outbreak investigation and confirmation.

Since January 2020, a total of 2 048 visceral leishmaniasis confirmed and suspected cases with ten deaths (CFR 0.5%), have been reported in nine counties namely: Baringo, Garissa, Isiolo, Kitui, Mandera, Marsabit, Tharaka Nithi, Wajir, West Pokot. The outbreak is active in four counties: Kitui, Isiolo, Wajir, and West Pokot; 11 new cases were reported during week 45. From 12 Jan to 15 Nov 2022, there were a total of 141 suspected cases of yellow fever including 11 deaths (CFR 7.8%) reported from 11 counties in Kenya. An outbreak was reported officially in Isiolo and Garissa counties. Of the suspected cases, only three were confirmed by PCR at the Kenya Medical Research Institute.

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

Since the beginning of 2022 up to 13 November 2022, a total of 156 suspected cases of Lassa fever including 59 laboratory confirmed and 19 deaths among confirmed cases (CFR 32%) have been reported in Liberia.

Refer to text above.
Since the measles outbreak started on 13 December 2021 as of 16 November 2022, a total of 8 177 suspected cases, including 7 656 confirmed and 85 deaths (CFR: 1%) were reported from 62 health districts in 15 counties. Among confirmed cases, 6.1% (469) have been laboratory confirmed. 7.0% (535) clinically confirmed and 85.8% (6 567) epidemiologically linked.

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 Pleabo Health centre in Maryland County, Liberia where he was detected and isolated with 4 contacts being line-listed. As of 2 November 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. An estimated 479,000 children are expected to suffer from Global Acute Malnutrition (severe and moderate) from May 2022 to April 2023 in Grand Sud and Grand Sud Est of Madagascar. Most affected districts, as December 2022 approaches, will be Nosy Varika and Befotaka for the Grand Sud Est and Bekily and Ampanihy for the Grand Sud.

Malawi confirmed a case of Wild Poliovirus Type 1 (WPV1) on 29 August 2022 by polymerase chain reaction at the National Public Health Laboratory. A total of 29 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 18 November 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%.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 20 November 2022, a total of 32 755 confirmed cases and deaths reported since the onset of the outbreak is 742 and 17 respectively, with Case Fatality Rate at 2.3%.

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.

As of 2 May 2022, a total of 2 685 measles cases has been reported in Malawi including 2 685 deaths.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 18 November 2022, the country has a total of 88 049 confirmed cases and deaths reported since the onset of the outbreak is 8 627 and 262 respectively, with Case Fatality Rate at 3.0%.

Malawi Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 20 November 2022, a total of 67 054 confirmed cases including 1 411 deaths have been reported in the country.

According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The number of cases in 2022 is 10. There were 13 cases in 2021.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 16 November 2022, a total of 63 416 cases including 997 deaths and 62 399 recovered have been reported in the country.

The Mauritania Ministry of Health reported a new confirmed case of Crimean-Congo haemorrhagic fever (CCHF) on 29 August 2022. The patient was a 28-year-old pregnant woman from the locality of Diabërë 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). As of 13 November 2022, a total of four confirmed cases with two deaths have been reported.
### Health Emergency Information and Risk Assessment

**MONKEYPOX**

- **Country:** Mozambique
- **Start of reporting period:** 1 Jan-20
- **End of reporting period:** 12 Oct-22
- **Total cases:** 3,858
- **Cases Confirmed:** 3,853
- **Deaths:** 1
- **CFR:** 0.5%

**POLIOMYELITIS**

- **Country:** Mozambique
- **Grade:** Protracted 2
- **Start of reporting period:** 1 Jan-20
- **End of reporting period:** 12 Oct-22
- **Total cases:** 11
- **CFR:** 0.0%

**CHOLERA**

- **Country:** Mozambique
- **Grade:** Ungraded
- **Start of reporting period:** 23-Mar-22
- **End of reporting period:** 14-Nov-22
- **Total cases:** 72
- **Deaths:** 1
- **CFR:** 1.4%

**RIFT VALLEY FEVER (RVF)**

- **Country:** Mauritania
- **Grade:** Protracted 2
- **Start of reporting period:** 31-Aug-22
- **End of reporting period:** 13-Nov-22
- **Total cases:** 51
- **Cases Confirmed:** 51
- **Deaths:** 23
- **CFR:** 45.1%

**COVID-19**

- **Country:** Mozambique
- **Start of reporting period:** 22-Mar-20
- **End of reporting period:** 23-Mar-20
- **Total cases:** 230,543
- **Deaths:** 2,224
- **CFR:** 1.0%

- **Country:** Namibia
- **Start of reporting period:** 14-Mar-20
- **End of reporting period:** 27-Oct-22
- **Total cases:** 169,929
- **Deaths:** 4,080
- **CFR:** 2.4%

- **Country:** Niger
- **Start of reporting period:** 1-Feb-2015
- **End of reporting period:** 30-Sep-22
- **Total cases:** -

**HEALTH EMERGENCY INFORMATION AND RISK ASSESSMENT**

A new confirmed case of RVF was reported by the Mauritanian Ministry of Health on 29 August 2022. The index case is a 23-year-old male breeder from the Moughataa (district) of Tinata 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 13 October 2022, a total of 51 cases have been confirmed with 23 deaths (CFR 45%). Response activities are underway including enhanced surveillance and investigations.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 19 November 2022, a total of 268,397 confirmed COVID-19 cases including 1,033 deaths have been reported in the country.

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 province since 14th of September, 2022 in Cobue Locality, Lago district. As of 13th of November, 308 cases and 5 deaths, CFR 1.6% were reported.

Since week 1 to week 45 (ending 13 November) of 2022, 13,642 cases and 27 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are eleven cases in 2022. There were 18 cases reported in 2021.
Health Emergency Information and Risk Assessment

**Health Emergency Information and Risk Assessment**

Immunisation activities have been intensified in all districts.

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 investigation of measles cases continues to be conducted.

**Sao Tome and Principe**

Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 31 October 2022, a total of 1,019 cases and 6 deaths (CFR 0.6%) have been reported. 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 Adadze districts. The date of onset of symptoms for the last case was 14 August 2022. Two probable cases were reported during the same period.

**Sierra Leone**

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 13 November 2022, a total of 7,759 confirmed COVID-19 cases were reported in the country, including 125 deaths and 4,895 recovered cases. Surveillance and investigation of COVID-19 cases continues to be conducted.

**Seychelles**

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 6 November 2022, a total of 49,862 cases have been confirmed, including 49,393 recoveries and 171 deaths have been reported. The most recent date of onset was 10 July 2022. There were 410 confirmed cases in 2021 and 511 cases since 1 January 2018.

**Senegal**

On 6 April 2020, the Ministry of Health of Sao Tome and Principe and reported the country’s first case of COVID-19. As of 13 November 2022, a total of 6,275 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6,198 cases have been reported as recoveries.

**Senegal Measles**

From epidemic week 1 to 42 of 2022 (ending 23 October), 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%.

**Senegal Measles**

From 2 March 2020 to 20 November 2022, a total of 88,855 confirmed cases of COVID-19 including 1,968 deaths and 86,855 recoveries have been reported in Senegal.

**Nigeria Measles**

In 2022, as of 6 November, 19,513 suspected choler, including 483 deaths (CFR 2.5%), have been reported from 31 states, mainly in North-West and North-East. The outbreak in 2022 has been mostly concentrated in Adamawa, Borno, Bauchi, Gombe, Jigawa, Katsina, Taraba, Yobe and Zamfara states. Three states, namely Taraba and Yobe, have reported a combined total of 14,240 (73%) cases and 367 (76%) deaths with a CFR of 2.5%. Children under five years are the most affected age group, and 47% of affected cases are males, while 53% are females.

**Nigeria Measles**

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 18 November 2022, a total of 266,283 confirmed cases with 259,640 recovered and 3,155 deaths have been reported.

**Nigeria Measles**

From week 1 to 42 of 2022 (ending 23 October), a total of 30,419 measles 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 Osun, Edo, Ogun and Cross River States. In total, 7,077 cases are suspected in 2022. 01 all confirmed cases, 77% are from Osun (33%), Edo (25%), and Bauchi (13%) States.

**Nigeria Measles**

The Rwanda Ministry of Health announced the confirmation of the first COVD-19 case on 14 March 2020. As of 6 November 2022, a total of 132,611 cases with 1,467 deaths have been reported. The most recent date of onset was 10 July 2022. There were 410 confirmed cases in 2021 and 511 cases since 1 January 2018.

**Nigeria Measles**

From 2 March 2020 to 20 November 2022, a total of 88,855 confirmed cases of COVID-19 including 1,968 deaths and 86,855 recoveries have been reported in Senegal. The most recent date of onset was 10 July 2022. There were 410 confirmed cases in 2021 and 511 cases since 1 January 2018.

**Nigeria Measles**

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 confirmed cases in 2021 and 511 cases since 1 January 2018.

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The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 18 November 2022, a total of 266,283 confirmed cases with 259,640 recovered and 3,155 deaths have been reported.

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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 confirmed cases in 2021 and 511 cases since 1 January 2018.
Since the start of the COVID-19 pandemic in South Africa through 20 November 2022, a cumulative total of 4 037 221 confirmed cases and 102 371 deaths have been reported.

In 2022, South Africa has reported three confirmed cases of CCHF from the Western Cape Province (n=2) and Eastern Cape Province (n=1). A case from Western Cape, detected in March 2022, succumbed to their illness. The last case reported was a 36-year-old man from the Cape Winelands District of Western Cape Province and is suspected to have exposure to infected sheep blood and tissue by way of occupation. He had an onset of symptoms on 8 Oct 2022 and was taken to a local hospital on 12 Oct 2022 with symptoms of fever, chills, headache, nausea, vomiting, abdominal pain, muscle pain, coughing and malaise. The patient is stable and recovering from his illness.

Measles surveillance at the National Institute for Communicable Diseases detected three cases of measles from two healthcare facilities in the Greater Sekhukhune District, Limpopo Province within 30 days. In South Africa, a measles outbreak is classified as three laboratory-confirmed measles cases reported within 30 days in a 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.

Floods have reoccurred since last July, affecting 36 (45.0%) of the 80 counties across 9 of the 10 states of the country including Northern Bahr el Ghazal (NBeG), Western Bahr el Ghazal (WBBeG), Western Equatoria (WES), Warrap, Lakes, Upper Nile, Jonglei and Eastern Equatoria. Over one million people have been affected, in addition to over 20 000 people affected in the southern part of the Abyei Administrative Area (AAA). People in Northern Bahr el Ghazal, Warrap, Unity and Western Equatoria states are the worst affected. The numbers are expected to increase if rain continues. Almost 62 people are reported to have died in flood-affected locations due to drowning, trauma, or snake bites from NBeG, Warrap, WBBeG and Upper Nile. Floods and insecurity have affected a total of 111 nutrition sites and hindered the delivery of nutrition services to 108 000 children and pregnant and lactating women in 42 counties in eight states, including Jonglei, Upper Nile, Lakes, Warrap, Western Bahr el Ghazal, Northern Bahr el Ghazal and Western Equatoria. Around 370 000 people have received some form of assistance.

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 22.3 million people internally displaced people as of 31 October 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 36 counties in nine states.

A total of 131 suspected cases and 5 deaths (CFR 3.8%) have been reported from eight payams in Warrap state but mostly from Kuajok Hospital. A total of 8 samples returned positive for bacillus anthracis bacteria. Cases were reported from 13 March - 30 October 2022 where the majority of cases have been females (62%) aged 5-9 years. A vaccination campaign targeting small ruminants in three counties of Warrap is ongoing.

During 2022, more than 1.58 million doses of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned. 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.

### Table: Epidemiological Update South Sudan

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-20</td>
<td>3-Mar-20</td>
<td>20-Nov-22</td>
<td>4 037 221</td>
<td>4 037 221</td>
<td>102 371</td>
<td>2.5%</td>
</tr>
<tr>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>2-Oct-22</td>
<td>1-Mar-22</td>
<td>19-Nov-22</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>33.3%</td>
</tr>
<tr>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>18-Dec-20</td>
<td>5-Apr-2021</td>
<td>5-Nov-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Floods</td>
<td>Ungraded</td>
<td>7-Oct-22</td>
<td>31-Oct-22</td>
<td>1 000 000</td>
<td>62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-16</td>
<td>15-Aug-16</td>
<td>8-Nov-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Anthrax</td>
<td>Ungraded</td>
<td>25-Apr-22</td>
<td>13-Mar-22</td>
<td>30-Oct-22</td>
<td>131</td>
<td>8</td>
<td>5</td>
<td>3.8%</td>
</tr>
<tr>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Apr-22</td>
<td>21-Mar-22</td>
<td>5-Nov-22</td>
<td>424</td>
<td>56</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-20</td>
<td>5-Apr-2020</td>
<td>20-Nov-22</td>
<td>18 349</td>
<td>18 349</td>
<td>138</td>
<td>0.8%</td>
</tr>
<tr>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-18</td>
<td>1-Jan-19</td>
<td>5-Nov-22</td>
<td>3 592</td>
<td>104</td>
<td>26</td>
<td>0.7%</td>
</tr>
<tr>
<td>Malaria</td>
<td>Ungraded</td>
<td>28-Dec-21</td>
<td>1-Jan-22</td>
<td>22-May-22</td>
<td>1 117 138</td>
<td>1 117 138</td>
<td>232</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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**Note:** CFR = Case Fatality Rate
Since the beginning of 2022, measles outbreaks were confirmed in 15 counties and the highest number of cases were reported from Aweil West (426) and Juba (406) counties. A total of 1 621 suspected measles cases and 21 deaths (CFR 1.3%) have been reported countrywide through IDS (Integrated Disease Surveillance and Response) system as of week 44 (ending 6 November).

Tanzania, United Republic of

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Feb-22</td>
<td>1-Jan-22</td>
<td>6-Nov-22</td>
<td>1 621</td>
<td>-</td>
<td>21</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Tanzania reported the country’s first case of COVID-19 on 16 March 2020. As of 11 November 2022, a total of 40 311 confirmed cases have been reported in Tanzania Mainland including 845 deaths.

Tanzania, United Republic of

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>11-Nov-22</td>
<td>40 311</td>
<td>40 311</td>
<td>845</td>
<td>2.1%</td>
<td></td>
</tr>
</tbody>
</table>

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 58 cases were admitted to the local hospitals. About 46% (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

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>17-Nov-22</td>
<td>39 321</td>
<td>39 321</td>
<td>290</td>
<td>0.7%</td>
<td></td>
</tr>
</tbody>
</table>

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 17 November 2022, a total of 39 321 cases, including 290 deaths and 39 023 recovered cases, have been reported in the country.

Togo

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>16-Nov-22</td>
<td>18</td>
<td>18</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>12-Nov-22</td>
<td>169 568</td>
<td>169 568</td>
<td>3 630</td>
<td>2.1%</td>
<td></td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 12 November 2022, a total of 169 568 confirmed COVID-19 cases with 3 630 deaths were reported.

Uganda

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
</table>

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, as well as risk communication and community engagement have been taken. Districts are on high alert due to the Ebola virus disease outbreak.

Uganda

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ebola disease caused by Sudan virus</td>
<td>Grade 2</td>
<td>19-Sep-22</td>
<td>13-Nov-2022</td>
<td>141</td>
<td>140</td>
<td>55</td>
<td>47.5%</td>
<td></td>
</tr>
</tbody>
</table>

Refer to text above.

Uganda

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-21</td>
<td>2-Jan-22</td>
<td>15-Nov-22</td>
<td>398</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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.

Uganda

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floods in West and Central Africa</td>
<td>Ungraded</td>
<td>16-Aug-2022</td>
<td>8-Nov-2022</td>
<td>5 900 000</td>
<td>1 132</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

As of 8 November 2022, the worst flooding in years affected 5.9 million people in 20 countries in West and Central Africa. Heavy rains and floods continued to take a significant toll on human life, property, farmlands, and livestock, killing 1 132 people, injuring 4 005, and displacing 1.8 million. Nigeria, Chad, Niger, the Republic of Congo, the Democratic Republic of Congo, Cameroon, the Central African Republic, Liberia, etc., have been severely impacted by torrential rains and floods. Some 458 000 houses were totally or partially destroyed in the region.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed Cases</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>6-Nov-22</td>
<td>333 685</td>
<td>333 685</td>
<td>4 017</td>
<td>1.2%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>1-Jan-22</td>
<td>16-Oct-22</td>
<td>159</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Apr-22</td>
<td>19-May-2012</td>
<td>2-Oct-22</td>
<td>7 504</td>
<td>355</td>
<td>744</td>
<td>9.9%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>12-Nov-22</td>
<td>257 893</td>
<td>257 893</td>
<td>5 606</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 6 November 2022, a total of 333 685 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 investigating other cases with similar symptoms.

The anthrax outbreak is ongoing in Zimbabwe. Forty-six new anthrax cases and no deaths were reported this week. The cases were reported from Mhondoro Ngezi District (19) in Mashonaland West Province, Zaka District (10) in Masvingo Province, Gokwe North District (9) and Gokwe South District (8) from Midlands Province. The cumulative figures for anthrax are 159 cases and 0 deaths.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 12 November 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.

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.

†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.
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.