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

- Rift Valley fever in Uganda
- COVID-19 in the WHO African Region

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:

- Confirmed human cases of Rift Valley fever have been reported in Mbarara District since February 2023, following confirmation of the disease in animals since December 2022. Veterinary surveillance activities have been initiated with support from the Uganda Virus Research Institute, but funding is needed to continue these activities and support veterinary investigations. Public health interventions are also being implemented, but funding is not available to support key response activities such as case management, district-level surveillance, health education, community sensitization and vector control activities.
Ongoing events

Rift Valley fever

EVENT DESCRIPTION

Uganda has reported a confirmed outbreak of Rift Valley Fever (RVF) in Mbarara District. On 10 February 2023, a butcher from Bwizibwera, a township in Kashari County, Mbarara District, presented to a private clinic with a history of fever and nosebleeding. The clinic staff suspected viral hemorrhagic fever and referred him to Mbarara Regional Referral Hospital (MRRH). The patient died on arrival and was buried before samples could be collected.

On 23 February 2022, the district surveillance team and the Uganda Virus Research Institute (UVRI) team collected samples from farm workers. Of the 51 samples collected, five tested positive for RVF by polymerase chain reaction. These five individuals had been involved in the slaughter of a dead cow on a farm in a village in Kashari District.

As of 9 March 2023, 20 human cases have been reported, including 19 confirmed cases and one probable case. There have been four deaths among the reported cases, two in the community and two in the health facility.

The outbreak was first confirmed in animals in December 2022 when the veterinary sector reported cases of abortion in cows at one of the main farms in Kashari, Rwanyamahembe, Mbarara District. Blood samples collected and sent to the National Animal Disease Diagnostics and Epidemiology Center (NADDEC) for analysis were positive for RVF and leptospirosis by serology.

PUBLIC HEALTH ACTIONS

- The District Task Force and all response structures were activated. A One Health approach has been adopted.
- Active case finding in community and health facilities is ongoing.
- Mapping of more farms in communities where most cases have been identified is ongoing.
- Sample management by the District Laboratory team has been undertaken.
- Radio talk shows with support from partners are ongoing. Residential District Commissioner radio talk time has been utilized and one radio talk show has been conducted on UBC radio.
- Identification of more partners willing to support Risk Communication and community engagement is still ongoing.
- Mild cases are being managed at home, while severe cases are managed at MRRH.
- Vector surveillance to be conducted and a plan for vector control is underway (use of fly repellant acaricides for animal spraying).

SITUATION INTERPRETATION

The first five confirmed cases of RVF were reported to have been involved in the slaughter of a dead cow. This highlights the importance of awareness of risk factors for RVF infection and protective measures to reduce human infections and deaths. As outbreaks of RVF in animals precede human cases, implementing preventive measures in animals and strengthening the active animal health surveillance system are essential to prevent human cases and provide early warning to veterinary and public health authorities of future outbreaks.
Location of confirmed cases of Rift Valley fever in Uganda, as of 9 March 2023
COVID-19 has been confirmed in 8,968,069 people in the WHO African region from the beginning of the pandemic until March 10, 2023. At the same time, 174,208 COVID-19 related deaths have been reported in the region, accounting for an overall case fatality ratio of 1.9%. Ninety-two percent (8,264,681) of the confirmed cases have been reported to have recovered from the disease.

Five countries account for the highest number of cumulative cases: South Africa 4,065,743 (45.3%), Ethiopia 500,116 (5.6%), Zambia 343,135 (3.8%), Kenya 342,938 (3.8%), and Botswana 329,769 (3.7%). The five countries that have reported the highest number of cumulative deaths are South Africa 102,595 (59.0%), Ethiopia 7,572 (4.4%), Algeria 6,881 (4.0%), Kenya 5,688 (3.3%), and Zimbabwe 5,671 (3.3%).

In the last two epidemiological weeks – epi weeks 9 (ending 5 March 2023) and 8 (ending 26 February), there was a 104% increase in the number of confirmed COVID-19 cases observed with a total of 5,418 cases reported during epi week 9 (daily average of 774 cases), compared to 2,652 cases reported in epi week 8 (daily average of 379 cases).

South Africa 4,165 (77%), Zambia 181 (3%), Zimbabwe 149 (3%), Ethiopia 91 (2%), and Eswatini 68 (1%) accounted for 86% of the 5,418 new cases reported in the last 7 days. The number of new COVID-19-related deaths in the region has remained low with three fatalities reported in epi week 9 from two countries including Eswatini (2), and Madagascar (1). Comparing epi weeks 9 to 8 with eight deaths reported, there was a 63% decline in the number of deaths reported in the region.

Following a steady increase in the number of new COVID-19 cases over the course of at least two consecutive weeks, only Cameroon was put in ALERT status and is being actively monitored. New hospitalizations, Intensive Care Unit (ICU) admissions and severe presentation of the disease have all remained low in the region.
### Integrated Disease Surveillance and Response

#### Health Emergency Information Management & Risk Assessment Programme

#### Update on Reporting - Epidemiological Week 09: 27 February – 5 March 2023

**Point du rapportage hebdomadaire – Semaine 09: 27 février – 5 mars 2023**

#### 31 Countries out of 47, reported for week 09

#### 66% Completeness for weekly reporting

#### 53% Timeliness for weekly reporting

#### 2022 Summary of Reporting - Frequency of weekly reports received at AFRO

---

Please, refer to the calendar below to submit your IDSR data on a weekly basis:

Veuillez-vous référer au calendrier ci-dessous pour soumettre vos données de la SIMR sur une base hebdomadaire:

**Reminder:** Upcoming deadlines for weekly data submission

**Rappel:** Dates limites prochaines de soumission des données hebdomadaires

<table>
<thead>
<tr>
<th>Week</th>
<th>Start date</th>
<th>End date</th>
<th>Deadline / Date limite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 9</td>
<td>27-Feb.-2023</td>
<td>05-Mar.-2023</td>
<td>08-Mar.-2023</td>
</tr>
<tr>
<td>Week 10</td>
<td>06-Mar.-2023</td>
<td>12-Mar.-2023</td>
<td>15-Mar.-2023</td>
</tr>
</tbody>
</table>

---

*All the correspondences related to this document should be directed to Dr Etien Luc Koua, HIR Programme Area Manager (kouae@who.int) Emergency Preparedness and Response, WHO Regional Office for Africa*
## 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>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>7-Mar-23</td>
<td>22-Feb-23</td>
<td>7-Mar-23</td>
<td>179</td>
<td>2</td>
<td>1</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

On 7 March 2023, the Ministry of health of South Sudan declared a cholera outbreak in Malakal, Upper Nile State. From 22 February to 7 March 2023, a total of 179 cases including two confirmed and one death (CFR 0.6%) have been reported.

### Ongoing Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>12-Mar-23</td>
<td>271 522</td>
<td>271 522</td>
<td>6 881</td>
<td>2.50%</td>
</tr>
</tbody>
</table>

From 25 February 2020 to 12 March 2023, a total of 271 522 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 825 recovered.

<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>Algeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Jul-22</td>
<td>11-Apr-22</td>
<td>22-Feb-23</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

According to the Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of cases in 2022 remains two.

<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>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>6-Mar-23</td>
<td>105 288</td>
<td>105 288</td>
<td>1 933</td>
<td>1.80%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 6 March 2023, a total of 105 288 confirmed COVID-19 cases have been reported in the country with 1 933 deaths.

<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>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>18-Feb-23</td>
<td>27 990</td>
<td>27 990</td>
<td>163</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 18 February 2023, a total of 27 990 cases have been reported in the country, with 163 deaths and 27 852 recoveries.

<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>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>24-Aug-19</td>
<td>8-Mar-23</td>
<td>24</td>
<td>24</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are no cases reported in 2022. Six cases were reported in 2021 and 2020, and 8 in 2019. No new cases were reported in 2023.

<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>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>30-Mar-20</td>
<td>8-Mar-23</td>
<td>329 769</td>
<td>329 769</td>
<td>2 795</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 8 March 2023, a total of 329 769 confirmed COVID-19 cases were reported in the country including 2 795 deaths.

<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>Burkina Faso</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>31-Jan-23</td>
<td>1 882 391</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 1 882 391 displaced persons are registered in Burkina Faso as of 31 December 2022. We observed a 4% increase in the total IDPs in December compared to November 2022. It is estimated that a total of 4.7 million people will need humanitarian aid in 2023. Access to health services remains a challenge for the population in affected areas.

<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>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>18-Feb-23</td>
<td>22 056</td>
<td>22 056</td>
<td>396</td>
<td>1.80%</td>
</tr>
</tbody>
</table>

Between 18 March 2020 and 18 February 2023, a total of 22 056 confirmed cases of COVID-19 with 396 deaths and 21 596 recoveries have been reported from Burkina Faso.

<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>Burundi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>31-Jan-23</td>
<td>18-Mar-20</td>
<td>21-Feb-23</td>
<td>53 631</td>
<td>53 631</td>
<td>15</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

On 30 March 2020, the Ministry of Health in Burundi reported the first two confirmed cases of COVID-19. As of 21 Feb 2023, the total number of confirmed COVID-19 cases is 53 631, including 15 deaths and 53 596 recoveries.

<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>Cameroon</td>
<td>Humanitarian crisis (North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>16-Jan-23</td>
<td>481 463</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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.
Although no new cases were reported in 2021, 4 cVDPV2 cases were reported in 2020 and 21 cases in 2019 from several outbreaks.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this epiweek 9, 2023 (ending 5 Mar 2023). There are five cases reported in 2022.

From 4 March 2022 through 17 February 2023, at least 774 suspected Mpox cases including confirmed and one death have been reported in the country. A total of four 982 suspected cases, 2,642 confirmed and 46 deaths (CFR 0.9%) were reported

Between 20 and 26 January 2023, five new suspected cases of choler with one death have been reported from Littoral (4 cases) and Centre (one case) regions. As of 26 January 2023, 15,164 suspected cases of choler including 1,806 laboratory-confirmed cases and 303 deaths (CFR 2.0%) have been reported since October 2021, from eight Regions. Patients' ages range from 2 months to 103 years with a median of 27 years, and females remain twice less affected than males.

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 22 January 2023, a total of 15,367 confirmed COVID-19 cases including 113 deaths and 15,200 recovered were reported.

The humanitarian crisis in the Central African Republic (CAR) continues to deteriorate. In 2023, 3,4 million people will need humanitarian assistance and protection, an increase of 10% compared to 2022. A recent analysis for the period October 2022-August 2023 showed an expected 16% and 20% increase in the burden of acute malnutrition, respectively among under-five children and pregnant women as compared to last year projections.

The security situation in the Far-North region of Cameroon remains volatile. The Mayo-Sava department concentrates the greatest number of incidents in November. In the Mayo-Tsanaga department, attacks of NSAGs led to the displacement of more than 2,935 households (24,192 people) and for which humanitarian assistance remains insufficient. In addition, more than 33,600 houses and 151 schools have been overflooded; 48,000 hectares of land have been destroyed and 10,566 animals have been lost in Mayo-Danay, Logone & Chari, and Mayo-Tsanaga departments.

The humanitarian situation in the NWSW regions remained dire, marked by continued violent attacks on schools and children, as well as on healthcare. Continued fighting between non-State armed groups (NSAGs) and State security forces led to the killing and displacement of civilians. Humanitarian activities continue to be hampered by roadblocks, theft of humanitarian supplies, bureaucratic impediments, and risk of IEDs in public spaces and roads used by humanitarians.

The humanitarian crisis in the Central African Republic (NW & SW) continues to be classified at Grade 2. As of 8 January 2023, 2,000,000 people are affected, in all ten regions of the country.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 5 March 2023, a total of 63,245 confirmed COVID-19 cases including 413 deaths and 62,773 recoveries were reported in the country.

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 22 January 2023, a total of 15,367 confirmed COVID-19 cases including 113 deaths and 15,200 recovered were reported.

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week 10, 2023 (ending 12 Mar 2023). There were three cases reported in 2022, including 1,965 deaths and 122,344 recoveries.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 5 March 2023, a total of 63,245 confirmed COVID-19 cases including 413 deaths and 62,773 recoveries were reported in the country.

From 4 March 2022 through 17 February 2023, at least 774 suspected Mpox cases including confirmed and one death have been reported in the country. A total of four 982 suspected cases, 2,642 confirmed and 46 deaths (CFR 0.9%) were reported

Between 20 and 26 January 2023, five new suspected cases of choler with one death have been reported from Littoral (4 cases) and Centre (one case) regions. As of 26 January 2023, 15,164 suspected cases of choler including 1,806 laboratory-confirmed cases and 303 deaths (CFR 2.0%) have been reported since October 2021, from eight Regions. Patients' ages range from 2 months to 103 years with a median of 27 years, and females remain twice less affected than males.

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 22 January 2023, a total of 15,367 confirmed COVID-19 cases including 113 deaths and 15,200 recovered were reported.

The humanitarian crisis in the Central African Republic (NW & SW) continues to be classified at Grade 2. As of 8 January 2023, 2,000,000 people are affected, in all ten regions of the country.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 5 March 2023, a total of 63,245 confirmed COVID-19 cases including 413 deaths and 62,773 recoveries were reported in the country.

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 22 January 2023, a total of 15,367 confirmed COVID-19 cases including 113 deaths and 15,200 recovered were reported.

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week 10, 2023 (ending 12 Mar 2023). There were three cases reported in 2022, including 1,965 deaths and 122,344 recoveries.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 5 March 2023, a total of 63,245 confirmed COVID-19 cases including 413 deaths and 62,773 recoveries were reported in the country.
Since the beginning of 2022, more than 1.56 million people have been in a situation of internal displacement (IDPs) in the DRC. Following an attack on a helicopter operated by the United Nations Humanitarian Air Service, the service has temporarily been suspended in the conflict zones of North Kivu and Ituri. As of 31 Dec 2022 in Tanganyika region, 367K people have been displaced following the persistence of insecurity, and 196K people have returned to localities that have remained relatively calm.

Democratic Republic of the Congo

**Cholera**
- **Grade**: Grade 3
- **Start of reporting period**: 16-Jan-15
- **End of reporting period**: 26-Feb-23
- **Confirmed**: 4,748
- **Deaths**: 361
- **CFR**: 4.0%

An outbreak of cholera was officially declared in North Kivu province of DRC on 14 December 2022, following a massive influx of IDPs in Nyiragongo and Karisimbi health zones (KHZs). Between outbreak inception on week 47, 2022 (21-27 November) and 27 January 2023, a cumulative of 4,104 suspected cases of cholera including 16 deaths (CFR 0.4%) have been reported, including 3,798 cases and 16 deaths (CFR 0.4%) in Nyiragongo HZ, and 306 cases and zero death (CFR 0.0%) in Karisimbi HZ. An OCV campaign has been officially launched on 25 January 2023 and is scheduled from 26-30 January 2023.

**COVID-19**
- **Grade**: Grade 3
- **Start of reporting period**: 19-Mar-20
- **End of reporting period**: 24-Jan-23
- **Confirmed**: 95,748
- **Deaths**: 1,464
- **CFR**: 1.50%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 95,748 confirmed cases and two probable case, including 1,464 deaths have been reported. A total of 84,321 people have recovered.

Democratic Republic of the Congo

**Humanitarian crisis**
- **Protracted**: 20-Dec-16
- **End of reporting period**: 26-Feb-23
- **Cases**: -
- **Deaths**: -
- **CFR**: -

Since the beginning of 2022, more than 68 suspected cases of monkeypox including five probable and five laboratory-confirmed cases, with three deaths among the probable (CFR 4.4%).

Côte d’Ivoire

**COVID-19**
- **Grade**: Grade 3
- **Start of reporting period**: 11-Mar-20
- **End of reporting period**: 26-Feb-23
- **Confirmed**: 88,275
- **Deaths**: 834
- **CFR**: 0.99%

Since 11 March 2020, a total of 88,275 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 834 deaths, and a total of 67,421 recoveries.

Democratic Republic of the Congo

**Measles**
- **Ungraded**: 24-May-18
- **End of reporting period**: 30-Jan-23
- **Cases**: 459
- **Deaths**: 38
- **CFR**: 0.00%

In 2023, five districts are in outbreak including two from the capital city of Ndjamena. A total of 459 suspected measles cases and 38 confirmed were reported. In 2022, a total of 3,134 suspected cases, 223 confirmed and 12 deaths (0.4%) were reported.

Chad

**COVID-19**
- **Grade**: Grade 3
- **Start of reporting period**: 19-Mar-20
- **End of reporting period**: 26-Feb-23
- **Confirmed**: 7,678
- **Deaths**: 194
- **CFR**: 2.50%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 26 February 2023, a total of 7,678 confirmed COVID-19 cases were reported in the country including 194 deaths.

Comoros

**COVID-19**
- **Grade**: Grade 3
- **Start of reporting period**: 30-Apr-20
- **End of reporting period**: 9-Mar-23
- **Confirmed**: 9,048
- **Deaths**: 160
- **CFR**: 1.80%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 9 March 2023, a total of 9,048 confirmed COVID-19 cases, including 160 deaths were reported in the country.

Congo

**Measles**
- **Ungraded**: 24-May-18
- **End of reporting period**: 30-Jan-23
- **Cases**: 459
- **Deaths**: 38
- **CFR**: 0.00%

In 2023, five districts are in outbreak including two from the capital city of Ndjamena. A total of 459 suspected measles cases and 38 confirmed were reported. In 2022, a total of 3,134 suspected cases, 223 confirmed and 12 deaths (0.4%) were reported.

Chad

**COVID-19**
- **Grade**: Grade 3
- **Start of reporting period**: 19-Mar-20
- **End of reporting period**: 26-Feb-23
- **Confirmed**: 7,678
- **Deaths**: 194
- **CFR**: 2.50%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 26 February 2023, a total of 7,678 confirmed COVID-19 cases were reported in the country including 194 deaths.

Comoros

**COVID-19**
- **Grade**: Grade 3
- **Start of reporting period**: 30-Apr-20
- **End of reporting period**: 9-Mar-23
- **Confirmed**: 9,048
- **Deaths**: 160
- **CFR**: 1.80%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 9 March 2023, a total of 9,048 confirmed COVID-19 cases, including 160 deaths were reported in the country.

Congo

**Measles**
- **Ungraded**: 24-May-18
- **End of reporting period**: 30-Jan-23
- **Cases**: 459
- **Deaths**: 38
- **CFR**: 0.00%

In 2023, five districts are in outbreak including two from the capital city of Ndjamena. A total of 459 suspected measles cases and 38 confirmed were reported. In 2022, a total of 3,134 suspected cases, 223 confirmed and 12 deaths (0.4%) were reported.

Chad

**COVID-19**
- **Grade**: Grade 3
- **Start of reporting period**: 19-Mar-20
- **End of reporting period**: 26-Feb-23
- **Confirmed**: 7,678
- **Deaths**: 194
- **CFR**: 2.50%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 26 February 2023, a total of 7,678 confirmed COVID-19 cases were reported in the country including 194 deaths.

Comoros

**COVID-19**
- **Grade**: Grade 3
- **Start of reporting period**: 30-Apr-20
- **End of reporting period**: 9-Mar-23
- **Confirmed**: 9,048
- **Deaths**: 160
- **CFR**: 1.80%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 9 March 2023, a total of 9,048 confirmed COVID-19 cases, including 160 deaths were reported in the country.

Congo

**Measles**
- **Ungraded**: 24-May-18
- **End of reporting period**: 30-Jan-23
- **Cases**: 459
- **Deaths**: 38
- **CFR**: 0.00%

In 2023, five districts are in outbreak including two from the capital city of Ndjamena. A total of 459 suspected measles cases and 38 confirmed were reported. In 2022, a total of 3,134 suspected cases, 223 confirmed and 12 deaths (0.4%) were reported.

Chad

**COVID-19**
- **Grade**: Grade 3
- **Start of reporting period**: 19-Mar-20
- **End of reporting period**: 26-Feb-23
- **Confirmed**: 7,678
- **Deaths**: 194
- **CFR**: 2.50%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 26 February 2023, a total of 7,678 confirmed COVID-19 cases were reported in the country including 194 deaths.

Comoros

**COVID-19**
- **Grade**: Grade 3
- **Start of reporting period**: 30-Apr-20
- **End of reporting period**: 9-Mar-23
- **Confirmed**: 9,048
- **Deaths**: 160
- **CFR**: 1.80%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 9 March 2023, a total of 9,048 confirmed COVID-19 cases, including 160 deaths were reported in the country.
In 2023, from week 1 through week 4 (ending 30 January), a total of 19,437 suspected cases with 174 related deaths (CFR 0.9%), 151 IgM+ for measles and 36 IgM+ for rubella from 264 investigated cases have been reported; 15 health zones are in outbreak. In 2022, there were 146,438 suspected measles cases, 2,853 IgM+ and 1,846 measles-related deaths (CFR 1.3%).

According to the Global Polio Eradication Initiative (GPEI), no case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. There are 92 cases reported in 2022. Outbreak response to both cVDPV1 and cVDPV2 is being intensified.

**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>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>1-Jan-23</td>
<td>30-Jan-23</td>
<td>19,437</td>
<td>151</td>
<td>174</td>
<td>0.90%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>30-Mar-19</td>
<td>1-Jan-22</td>
<td>15-Feb-23</td>
<td>-</td>
<td>395</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-21</td>
<td>1-Jan-22</td>
<td>22-Feb-23</td>
<td>287</td>
<td>287</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Suspected meningitis</td>
<td>Ungraded</td>
<td>31-May-22</td>
<td>2-Jan-22</td>
<td>23-Feb-23</td>
<td>419</td>
<td>76</td>
<td>18.10%</td>
<td></td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>23-Feb-23</td>
<td>17,229</td>
<td>17,229</td>
<td>183</td>
<td>1.10%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>Marburg virus disease</td>
<td>Grade 2</td>
<td>7-Feb-23</td>
<td>8-Feb-23</td>
<td>28-Feb-23</td>
<td>11</td>
<td>1</td>
<td>11</td>
<td>100.00%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>1-Jan-22</td>
<td>18-Jan-23</td>
<td>12,000,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 3</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>18-Jan-23</td>
<td>22,000,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>17-Sep-22</td>
<td>17-Sep-22</td>
<td>2-Feb-23</td>
<td>1,068</td>
<td>39</td>
<td>28</td>
<td>2.60%</td>
</tr>
</tbody>
</table>

Humanitarian partners have assisted more than 3.7 million people as of 4 January 2023, representing 68.5% of the total planned caseload of 5.4 million people in Tigray under the current round (Round 2) of food distribution. Hundreds of thousands of people continue to be uprooted from their homestead, with a consequential increase in humanitarian needs.

A cholera outbreak has been ongoing in Ethiopia since 27 August 2022. The index case was reported from Bekay Kebele, Oromia Region and the outbreak was confirmed on 9 September. As of 2 February 2023, a total of 1,068 suspected cases of cholera with 28 deaths (CFR 2.6%) have been reported, including 889 cases and 13 deaths (CFR 1.5%) from Oromia region and 199 cases and 15 deaths (CFR 7.5%) from Somali region. A total of 66 kebeles (villages) have so far been affected, distributed in ten woredas. Cholera outbreak in Somali region is controlled.
Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 500 014 cases of COVID-19 as of 2 March 2023, with 7 572 deaths and 487 273 recoveries.

A total of 907 suspected measles cases reported as of week 6, 2023 compared to 878 cases the same period last year. A total of 466 are confirmed cases (21% lab-confirmed, 364 (79%) epi-linked cases and 2 (0%) clinically compatible). In 2022, a total of 13 934 suspected measles cases were reported in Ethiopia including 8 554 confirmed and 71 deaths (CFR 0.5%).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week 10 of 2023 (ending 5 Mar 2023). There was one case reported in 2022. In addition, ten cases were reported in 2021, 38 in 2020 and 15 in 2019.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 18 February 2023, a total of 48 981 cases including 306 deaths and 48 675 recoveries have been reported in the country.

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.

On 24 February 2023, the Greater Accra Regional Health Directorate was notified of two confirmed cases of Lassa fever at the Korle Bu Teaching Hospital in Accra. As of 18 February 2023, a total of 27 confirmed cases of Lassa Fever, and one death (CFR: 3 %) were notified. The majority of cases are male. The ages of cases range from 3 to 65 years, with the highest number of cases recorded in the 26-35 years age-group.

There is an ongoing outbreak of measles in the Northern region of Ghana. From epidemiological week 1 to week 5 (ending 17 February 2023), a total of 209 suspected cases, including three confirmed, were reported in eleven districts. The attack rate per one million population is 209 (suspected cases). Cumulatively, a total of 502 suspected cases, including 123 confirmed cases of measles, were reported in the Northern region from epidemiological week 1, 2022, to epidemiological week 5, 2023.

On 6 January 2023, a total of 23 259 suspected measles cases with 432 confirmed and 33 death (CFR 0.1%) have been reported in the country.

On 8 June 2022, the Director General of the Ghana Health Service confirmed that five cases of monkeypox have been detected in the country. From 24 May-23 February 2023, there have been 123 confirmed and four deaths reported from 13 over 16 administrative regions, with the Greater Accra region reporting the most cases.

According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cases in 2022. No cases were reported in 2021. In addition, 12 cases were reported in 2020, and 19 were reported in 2019.

On 20 November 2022, a suspected case of yellow fever was reported from Dabola health district, Faranah health region, in Guinea. This is a 9-years-old child who died and whose yellow fever vaccination status is unknown. A confirmation test was conducted at the Dakar Institute Pasteur laboratory on 4 January 2023 and the results for ELISA and PCR received by the Ministry of Health on 6 January 2023 confirmed yellow fever infection.

The drought situation continued to worsen in twenty (20) of the 23 ASAL counties in Kenya. Seven (7) counties including Isiolo, Mandera, Samburu, Turkana, Wajir, Laikipia and Marsabit are in Alert drought phase. Thirteen (13) are in Alert drought phase. Drought is affecting about 4.5 million people, compared to 2.1 million in September 2021. Of these, approximately 2.14 million are children.
The outbreak has affected 16 counties: Nairobi, Kiambu, Nakuru, UasinGishu, Kajiado, Murang’a, Machakos, Garissa, Meru, Nyeri, Wajir, Tana River, Kitui, Homa Bay, Mandera and West Pokot counties. West Pokot is the new county reporting new cases. A total of 4 845 cases with 167 confirmed by culture and 85 deaths (CFR 1.8 %) have been reported. In the last epi week 192 cases with two deaths were reported.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 5 March 2023, 342 937 confirmed COVID-19 cases including 5 688 deaths and 337 222 recoveries have been reported in the country.

The outbreak has affected seven counties: Marsabit, Wajir, Garissa, Nairobi, Turkana, Mandera and Kitui Counties. A total of 418 cases with 105 confirmed and three deaths (CFR 0.7%) have been reported. No new cases were reported in the last epi week.

Since January 2020, a total of 2 187 visceral leishmaniasis confirmed and suspected cases with ten deaths (CFR 0.5%), have been reported in nine counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir, Tharaka Nithi and Isiolo. The outbreak is active in West Pokot County. Nine new cases were reported in the last epi week 6.

Since the beginning of 2022 up to 1 February 2023, a total of 84 confirmed cases of Lassa fever with 26 deaths (CFR 31%) have been reported in Liberia. Eleven confirmed cases with two deaths have been reported between week 1 and week 4 of 2023.

Since the measles outbreak started on 13 December 2021 as of 3 February 2023, a total of 9 200 suspected cases, including 8 732 confirmed and 92 deaths (CFR: 1%) were reported from all the 15 counties in Liberia. Among the confirmed cases, 5.4% (471) were laboratory confirmed, 6.5% (564) clinically confirmed and 88.1% (7 697) epidemiologically linked.

Madagascar Cyclones Ungraded 31-Mar-19 3-Jan-20 12-Feb-23 2 187 2 005 10 0.50%

Madagascar Malnutrition crisis Protracted 1-Jul-21 1-Jan-21 9-Mar-23 - - -

The situation in the Great Southeast of Madagascar could get even worse following cyclone Freddy, which hit on the night of February 21, 2023. According to projections, 115 000 children in these regions will need to be treated for acute malnutrition this year. Humanitarian actors, including UNICEF, are focused on rolling out a coordinated and large-scale response to avoid deaths and support the health system.

Madagascar COVID-19 Grade 3 20-Mar-20 20-Mar-20 9-Mar-23 67 889 67 889 1 423 2.20%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 9 March 2023, a total of 67 889 confirmed cases including 1 423 deaths have been reported in the country.

Malawi Cholera Grade 3 3-Mar-22 3-Mar-22 12-Mar-23 53 226 53 226 1 634 3.10%

A total of 29 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 12 March 2023, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 53 226 and 1 634 respectively, with Case Fatality Rate at 3.1%.

Malawi COVID-19 Grade 3 2-Apr-20 2-Apr-20 12-Mar-23 88 613 88 613 2 686 3.00%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 12 February 2023, the country has a total of 88 613 confirmed cases with 2 686 deaths.

Malawi Poliomyelitis (WPV1) Grade 2 31-Jan-22 1-Feb-22 8-Mar-23 1 1 0 0.00%

One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

Mali Humanitarian crisis (Sahel region) Grade 2 11-Sep-17 20-Dec-22 - - -

The humanitarian situation was recently marked by the flooding of more than 1 000 hectares in the commune of Alafia, Timbuktu region, which caused population movements. Overall, the number of internally displaced persons (IDPs) increased from 422 660 in August 2022 to 440 436 in September 2022, representing a 4% increase. The largest number of IDPs was in the Mopti region.

<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>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Jun-22</td>
<td>26-Jun-22</td>
<td>12-Feb-23</td>
<td>418</td>
<td>105</td>
<td>3</td>
<td>0.70%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis (visceral)</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>3-Jan-20</td>
<td>12-Feb-23</td>
<td>2 187</td>
<td>2 005</td>
<td>10</td>
<td>0.50%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>3-Mar-22</td>
<td>6-Jan-22</td>
<td>1-Feb-23</td>
<td>84</td>
<td>84</td>
<td>26</td>
<td>31.00%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>19-Feb-23</td>
<td>8 090</td>
<td>8 090</td>
<td>294</td>
<td>3.60%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-May-20</td>
<td>13-May-20</td>
<td>12-Sep-22</td>
<td>34 490</td>
<td>34 490</td>
<td>706</td>
<td>2.10%</td>
</tr>
<tr>
<td>Malawi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>3-Mar-22</td>
<td>3-Mar-22</td>
<td>12-Mar-23</td>
<td>53 226</td>
<td>53 226</td>
<td>1 634</td>
<td>3.10%</td>
</tr>
<tr>
<td>Mali</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2- Apr-20</td>
<td>2-Apr-20</td>
<td>12-Mar-23</td>
<td>88 613</td>
<td>88 613</td>
<td>2 686</td>
<td>3.00%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>11-Sep-17</td>
<td>-</td>
<td>20-Dec-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
The first case of COVID-19 was detected in Namibia on 14 March 2020. As of 19 February 2023, a total of 171 156 confirmed COVID-19 cases with 4 090 deaths have been reported. The first case was diagnosed Wednesday, 12 October 2022 in Maputo City in a man, Health minister Armindo Tiago said. As of 10 March 2023, no additonal case has been reported.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 2 March 2023, a total of 296 042 confirmed COVID-19 cases including 1 044 deaths have been reported in the country.

Between 31 Jan and 12 Mar 2023, heavy rainfall has occurred in 10/11 Provinces of Mozambique, including rains from the the Freddy cyclone system which has made landfall twice. The first passage of Freddy in Mozambique, cumulatively with floods that began since early February, has affected more than 239 000 people in ten of the 11 provinces of the country, including 20 deaths. Significant damages to infrastructures have been observed. Cyclone Freddy’s second landfall is expected to bring heavy rains between 100-200mm until 12 Mar 2023, especially in Manica, Sofala, Tete and Zambezia provinces.

Thousands of people fled the northern districts of Cabo Delgado, in Mozambique, and they came looking for safety and livelihood opportunities in areas such as where attacks have taken place since the beginning of the conflict since the beginning of the conflict. This additional population presents enormous pressure on the district’s basic services, particularly access to water and healthcare, which were already precarious before the conflict.

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 14 September 2022 to 5 March 2023, a total of 7 517 cases and 41 deaths (CFR 0.50%) have been reported from six provinces and 33 districts.

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 14 September 2022 to 5 March 2023, a total of 7 517 cases and 41 deaths (CFR 0.50%) have been reported from six provinces and 33 districts.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 9 March 2023, a total of 233 214 confirmed COVID-19 cases were reported in the country including 2 242 deaths.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 19 February 2023, a total of 171 156 confirmed cases with 4 090 deaths have been reported.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 19 February 2023, a total of 171 156 confirmed cases with 4 090 deaths have been reported.

Mali Measles Ungraded 20-Feb-18 1-Jan-23 26-Feb-23 62 62 0 0,00%

From the beginning of the year through 26 February 2023, 155 suspected measles cases were tested in Mali and 62 were laboratory confirmed. Confirmed measles cases were reported in 10 of the country’s 75 health districts (13.3%).

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 28 February 2023, a total of 33 018 confirmed COVID-19 cases have been reported in the country including 743 deaths and 32 074 recoveries.

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 28-Feb-23 33 018 33 018 743 2,30%

The case was diagnosed Wednesday, 12 October 2022 in Maputo City in a man, Health minister Armindo Tiago said. As of 10 March 2023, no additonal case has been reported.

According to the Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of cases in 2022 remains four. There were two cases reported in 2021.

According to the Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of cases in 2022 remains four. There were two cases reported in 2021.

According to the Global Polio Eradication Initiative, two cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported in Zambezia this week. There were 21 cases in 2022. Intensified surveillance efforts continue across the country.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 19 February 2023, a total of 171 156 confirmed cases with 4 090 deaths have been reported.

Niger COVID-19 Grade 3 19-Mar-20 19-Mar-20 18-Feb-23 9 512 9 512 315 3,30%

From 19 March 2020 to 18 February 2023, a total of 9 512 cases with 315 deaths have been reported across the country. A total of 9 082 recoveries have been reported from the country.

Mauritania COVID-19 Grade 3 13-Mar-20 13-Mar-20 5-Mar-23 63 440 63 440 997 1,70%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 5 March 2023, a total of 63 440 cases including 997 deaths and 62 441 recovered have been reported in the country.

Mauritania Rift Valley fever Grade 1 31-Aug-22 26-Aug-22 25-Dec-22 53 53 24 45,30%

A new confirmed case of Rift Valley fever (RVF) was reported by the Mauritanian Ministry of Health on 29 August 2022. The index case is a 25-year-old male breeder from Gharbi region. As of 25 December 2022, a total of 53 cases have been confirmed with 24 deaths (CFR 45.3%).

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 2-Mar-23 296 042 296 042 1 044 0,40%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 5 March 2023, a total of 63 440 cases including 997 deaths and 62 441 recovered have been reported in the country.

Mozambique COVID-19 Grade 3 22-Mar-20 22-Mar-20 9-Mar-23 233 214 233 214 2 242 1,00%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 9 March 2023, a total of 233 214 confirmed COVID-19 cases were reported in the country including 2 242 deaths.

Mozambique Mpox Grade 3 6-Oct-22 7-Oct-22 10-Mar-23 1 1 1 0 0,00%

The case was diagnosed Wednesday, 12 October 2022 in Maputo City in a man, Health minister Armindo Tiago said. As of 10 March 2023, no additonal case has been reported.

Mozambique Humanitarian crisis (cVDPV2) Grade 2 7-Dec-18 1-Jan-21 8-Mar-23 6 6 0 0,00%

According to the Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of cases in 2022 remains four. There were two cases reported in 2021.

Mozambique Humanitarian crisis (WPV1) Grade 2 17-May-22 18-May-22 8-Mar-23 10 10 0 0,00%

According to the Global Polio Eradication Initiative, two cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported in Zambezia this week. There were 21 cases in 2022. Intensified surveillance efforts continue across the country.

Mozambique Floods Ungraded 13-Feb-23 11-Feb-23 12-Mar-23 239 000 - - - -

Between 31 Jan and 12 Mar 2023, heavy rainfall has occurred in 10/11 Provinces of Mozambique, including rains from the the Freddy cyclone system which has made landfall twice. The first passage of Freddy in Mozambique, cumulatively with floods that began since early February, has affected more than 239 000 people in ten of the 11 provinces of the country, including 20 deaths. Significant damages to infrastructures have been observed. Cyclone Freddy’s second landfall is expected to bring heavy rains between 100-200mm until 12 Mar 2023, especially in Manica, Sofala, Tete and Zambezia provinces.

Namibia COVID-19 Grade 3 14-Mar-20 14-Mar-20 19-Feb-23 171 156 171 156 4 090 2,40%

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 19 February 2023, a total of 171 156 confirmed cases with 4 090 deaths have been reported.
Health Emergency Information and Risk Assessment

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES - WEEK 11: 6 TO 12 MARCH 2023

From week 1 to week 52 (ending on 31 December) of 2022, 14 127 cases and 32 deaths (CFR: 0.2%) have been reported. 94% (68/72) of the districts of Niger notified at least one suspected case of measles. In week 1 of 2023, 26 suspected cases and zero deaths were notified in five regions, namely Dosso (7 cases), Zinder (7 cases), Diffa (6 cases), Tahoua (7 cases) and Maradi (2 cases).

Niger reported on 23 February 2023 a confirmed case of Rift Valley fever (RVF) following laboratory confirmation in a 38-year-old male resident of the village of Zangon Natsira in Zinder region. No new cases were reported during this week. There are 13 cases reported in 2022. There were 18 cases reported in 2021.

Niger on 23 February 2023 reported 1 case of meningitis. In 2022 with Neisseria meningitidis identified as the causative agent. As of 26 February 2023, 911 suspected cases of meningitis including 105 laboratory confirmed cases and 30 deaths (CFR 3.3%) were reported.

A meningitis outbreak has been declared in the Danguss health district in the Zinder region. The first case was reported on 31 October 2022 and confirmed on 23 November 2022 with Neisseria meningitidis identified as the causative agent. As of 26 February 2023, 911 suspected cases of meningitis including 105 laboratory confirmed cases and 30 deaths (CFR 3.3%) were reported.

No new cases were reported during this week. There are 13 cases reported in 2022. There were 18 cases reported in 2021.

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 10 March 2023, a total of 266 641 confirmed cases with 259 940 recovered and 3 155 deaths have been reported.

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 10 March 2023, a total of 266 641 confirmed cases with 259 940 recovered and 3 155 deaths have been reported.

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 10 March 2023, a total of 266 641 confirmed cases with 259 940 recovered and 3 155 deaths have been reported.

From 1 October 2022 to 18 February 2023, Nigeria has reported 800 monkeypox confirmed cases with 800 recovered and 131 647 recovered cases have been reported in the country.

According to Global Polio Eradication Initiative, four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Zamfara with one case being the first of 2023. There are now 47 cases detected in 2022.

Rwanda on 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 26 February 2023, a total of 6 281 cases have been reported in the country.

Sao Tome and Principe on 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 26 February 2023, a total of 6 281 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6 204 cases have been reported as recoveries.

Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 22 January 2023, a total of 1 180 cases and 8 deaths (CFR 0.7%) have been confirmed via RDT from: Água Grande (799, 67.3%), Mêôzôchi (180, 15.5%), Lobata (97, 8.3%), Cantagalo (47, 4.1%), Cauê (23, 2.0%), Lempa (20, 1.6%), and RAP (14, 1.2%). During week 3, there was 8 new case registered in the country. Água Grande’s attack rate is by far the highest (94.8 per 10 000 inhabitants). Those aged 30-39 years are experiencing the highest attack rate at 73.1 cases per 10 000.

From 7 December to 31 December 2022, 429 cases of diphtheria were reported from 20 states in Nigeria. Kano (533, 74%), Yobe (86, 12%), and Katsina (45, 6%) states have reported the most cases. A total of 89 deaths were recorded among all suspected cases, a CFR of 12.3%.

Between week 19 of 2022 and week 7 of 2023, 724 suspected cases of diphtheria were reported from 20 states in Nigeria. Kano (533, 74%), Yobe (86, 12%), and Katsina (45, 6%) states have reported the most cases. A total of 89 deaths were recorded among all suspected cases, a CFR of 12.3%.

From 1 January 2022 to 22 February 2023, Nigeria has reported 800 monkeypox confirmed cases with 800 recovered and 131 647 recovered cases have been reported in the country.

From 1 January 2022 to 22 February 2023, Nigeria has reported 800 monkeypox confirmed cases with 800 recovered and 131 647 recovered cases have been reported in the country.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

From 1 October 2022 to 18 February 2023, Nigeria has reported 800 monkeypox confirmed cases with 800 recovered and 131 647 recovered cases have been reported in the country.

From 1 October 2022 to 18 February 2023, Nigeria has reported 800 monkeypox confirmed cases with 800 recovered and 131 647 recovered cases have been reported in the country.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

From 1 January 2022 to 22 February 2023, Nigeria has reported 800 monkeypox confirmed cases with 800 recovered and 131 647 recovered cases have been reported in the country.

From 1 January 2022 to 22 February 2023, Nigeria has reported 800 monkeypox confirmed cases with 800 recovered and 131 647 recovered cases have been reported in the country.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.
Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 28 February 2023, a total of 50 937 cases have been confirmed, including 50 750 recoveries and 172 deaths have been reported.

Sierra Leone COVID-19 Grade 3 31-Mar-20 27-Mar-20 28 Feb 2023 4 067 453 7 760 126 1,60%

The Government has declared on Monday 13 February 2023 a National State of Disaster to enable an intensive, coordinated response to the impact of floods that are affecting Mumpalanga, the Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo, the Northern Cape, and Northwest provinces. Fatalities and missing people are reported. Material damages reported are ranging from flooded homes, vehicles swept away by floodwaters and overflowing dams and sewerage facilities, to the loss of basic infrastructure and damage to roads, bridges and a Limpopo hospital.

South Africa Cholera Grade 3 3-Feb-23 3-Feb-23 10-Mar-23 6 6 1 16,70%

As of 28 February 2023, a total of six confirmed cholera cases including one death have been reported in Gauteng Province. All cases are adults, ranging in age from 19 to 44 years. No confirmed cases have been reported in other provinces. A total of 130 contacts have been identified and 61 traced. The 69 unreached contacts were from the bus used by the imported cases.

South Africa COVID-19 Grade 3 5-Mar-20 5-Mar-20 12-Mar-23 4 067 453 4 067 453 102 595 2,50%

Since the start of the COVID-19 pandemic in South Africa through 12 March 2023, a cumulative total of 4 067 453 confirmed cases and 102 595 deaths have been reported.

South Africa Measles Ungraded 14-Feb-23 14-Feb-23 14-Feb-23 - - - -

From 8 October 2022 to 4 March 2023, a total of 721 laboratory-confirmed cases were reported from eight provinces with declared measles outbreaks in Limpopo (255 cases), Mumpalanga (102 cases), North West (196), Gauteng (107), Free State (27), Western Cape (10), KwaZulu-Natal (17) and Northern Cape (7).

South Africa Mpox Grade 3 23-Jun-22 23-Jun-22 10-Mar-23 5 5 0 0,00%

From 22 June 2022 to 10 March 2023, there have been five unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 2), Limpopo (n = 1) and Johannesburg (n = 1) provinces. No new cases have been reported since October 2022.

South Sudan Drought/food insecurity Grade 3 18-Dec-20 5-Apr-21 29-Jan-23 6 310 000 - - -

The food insecurity situation in South Sudan is projected to worsen during the lean season from Apr-Jul 2023, as some 7.8 million people (63% of the population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with 43K people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Akobo, Canal/Pigi and Fangak counties of Jonglei State; and Leer and Mayendit counties of Unity State.

South Sudan floods Ungraded 7-Oct-22 7-Oct-22 15-Jan-23 1 000 000 - - -

Since July 2022, an estimated 1 million people were affected by severe flooding in 36 counties across South Sudan and in the southern part of the Abyei Administrative Area. Floodwater levels remained high in Bentiu and Rubkona towns in Unity, impeding livelihood activities, exposing people to waterborne diseases and disrupting the provision of basic services. An assessment team found 17,000 newly displaced people sheltering in three locations in Pibor town, following armed clashes that broke out in Gumuruk area in Pibor County.

South Sudan Humanitarian crisis Protracted 5 15-Aug-16 15-Aug-16 29-Jan-23 9 400 000 - - -

An estimated 9.4 million people including 2.2 million women, 4.9 million children, and 337K refugees, are projected to need humanitarian assistance and protection services in 2023. Communities faced critical needs in January 2023 owing to the impact of multiple emergencies such as recurring subnational violence, food insecurity, flooding, inaccessibility, and public health emergencies. Floodwater levels remained high in Bentiu and Rubkona towns in Unity, and multiple locations in Jonglei and Upper Nile impeding livelihood activities, exposing people to waterborne diseases, and disrupting the provision of basic services. Further, hostilities erupted in several parts of the country in Dec 2022 and Jan 2023. The violence between communities in Greater Pibor Administrative Area displaced 17K people to Pibor while the clashes between cattle keepers and host communities displaced 5K in Mangala in Juba and 2 500 people in Kajo Keji County where 19 people were killed.

South Sudan COVID-19 Grade 3 5-Apr-20 5-Apr-20 17-Feb-23 18 368 18 368 138 0,80%

On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 17 Feb 2023, a total of 18 368 confirmed COVID-19 cases were reported in the country including 138 deaths and 18 115 recovered cases.
### Weekly Bulletin on Outbreaks and Other Emergencies - Week 11: 6 to 12 March 2023

<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>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-18</td>
<td>1-Jan-19</td>
<td>29-Jan-23</td>
<td>3 908</td>
<td>104</td>
<td>27</td>
<td>0.70%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Feb-22</td>
<td>1-Jan-22</td>
<td>12-Feb-23</td>
<td>4 635</td>
<td>4 100</td>
<td>47</td>
<td>1.00%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>21-Feb-23</td>
<td>15-Feb-23</td>
<td>13-Mar-23</td>
<td>72</td>
<td>23</td>
<td>3</td>
<td>4.20%</td>
</tr>
<tr>
<td></td>
<td>Measles</td>
<td>Ungraded</td>
<td>21-Feb-23</td>
<td>1-Jan-22</td>
<td>21-Feb-23</td>
<td>3 811</td>
<td>710</td>
<td>11</td>
<td>0.30%</td>
</tr>
<tr>
<td></td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>24-Feb-23</td>
<td>42 846</td>
<td>42 846</td>
<td>846</td>
<td>2.00%</td>
</tr>
<tr>
<td></td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>15-Feb-23</td>
<td>19</td>
<td>19</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>1-Jan-22</td>
<td>31-Jan-23</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>25-Feb-23</td>
<td>170 449</td>
<td>170 449</td>
<td>3 630</td>
<td>2.10%</td>
</tr>
</tbody>
</table>

The current outbreak in the Bentiu IDP camp is ongoing. As of 29 January 2023, a total of 3 908 cases of hepatitis E including 27 deaths ( CFR: 0.7%) have been reported since January 2019. A total of 35 new cases were reported in week 4 (ending 29 Jan 2023). Approximately 53% of cases are male.

A total of 4 635 suspected measles cases and 47 measles-related deaths were reported in South Sudan from epi week 1, 2022, to week 6, 2023 (ending 12 February 2023). A total of 2 881 cases are epi-linked, 414 lab-confirmed and 805 clinically compatible. A total of 26 counties have confirmed measles outbreaks (23 counties in 2022 and 3 in 2023). A new measles outbreak was confirmed in Pariang (Unity state).

The cholera outbreak is ongoing in the regions of Katavi, Kigoma, Rukwa and Ruvuma in Tanzania. From 22 January to 13 Mar 2023, Ruvuma Region reported 13 cases, Katavi Region reported 34 cases, Rukwa Region reported 18 cases, and Kigoma Region reported 7 cases. Three cases (CFR 4.2%) have been reported as deaths all occurring in Nyasa District of Ruvuma Region. A total of 23 cases have been laboratory-confirmed as positive.

Cumulatively, 3 811 suspected measles cases have been tested, resulting in cumulative 710 laboratory confirmed measles cases and 313 laboratory confirmed rubella cases. Eleven probable deaths have been reported at Mpimbwe District Council, and nine of them occurred at the community level. One hundred and thirty-eight (138) councils have already reported at least one laboratory-confirmed measles case while 49 councils have confirmed measles outbreaks at one point during the period of one year from January 2022 to February 2023.

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 February 2023, a total of 39 366 cases, including 290 deaths and 39 072 recovered cases, have been reported in the country.

On 15 February 2023, an outbreak of meningitis was officially declared by the Ministry of Health of Togo, in Oti South district of Savana region in the northern part of the country. The epidemic threshold has been crossed in week 6 (ending 12 February), with a cumulative of 72 suspected cases and seven deaths (CFR 9.7%) reported between week 51, 2022 and week 6, 2023. The attack rate is of 55.2 per 100 000 population. Ten cases have been laboratory-confirmed to Streptococcus pneumoniae. More than 80% of cases are aged above 10 years.

No case was reported this week. There were 2 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported 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.

According to the Famine Early Warning Systems Network report covering projections from Oct 2022 to May 2023, below-average crop production and high food and non-food inflation are to drive acute food insecurity in Uganda. In Karamoja, significantly below-average crop production (estimated to be only around half of normal levels) for a third consecutive season and localized insecurity continue to disrupt typical livelihoods and reduce income-earning. According to the Integrated Food Security Phase Classification (IPC) initiative, Adjumani district is expected to be in IPC Phase 2 during the Aug 2022-Jan 2023 period. In the refugee hosting districts, all of them were classified in IPC Phase 1.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 18 February 2023, a total of 170 449 confirmed COVID-19 cases with 3 630 deaths were reported.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>7-Mar-22</td>
<td>2-Jan-22</td>
<td>25-Jan-23</td>
<td>984</td>
<td>2</td>
<td>0</td>
<td>0,00%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>24-Jan-23</td>
<td>20-Jan-23</td>
<td>5-Mar-23</td>
<td>215</td>
<td>215</td>
<td>5</td>
<td>2,30%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>5-Mar-23</td>
<td>343 135</td>
<td>343 135</td>
<td>4 057</td>
<td>1,20%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Jun-22</td>
<td>13-Jun-22</td>
<td>5-Feb-23</td>
<td>2 137</td>
<td>557</td>
<td>31</td>
<td>1,50%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>20-Jan-20</td>
<td>1-Jan-22</td>
<td>19-Feb-23</td>
<td>426</td>
<td>80</td>
<td>0</td>
<td>0,00%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Cholera</td>
<td>Grade 5</td>
<td>23-Feb-23</td>
<td>12-Feb-23</td>
<td>21-Feb-23</td>
<td>25</td>
<td>2</td>
<td>0</td>
<td>0,00%</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>5-Mar-23</td>
<td>264 127</td>
<td>264 127</td>
<td>5 668</td>
<td>2,10%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Apr-22</td>
<td>19-May-22</td>
<td>19-Jan-23</td>
<td>7 743</td>
<td>355</td>
<td>707</td>
<td>9,70%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>17-Oct-22</td>
<td>17-Oct-22</td>
<td>19-Feb-23</td>
<td>128</td>
<td>28</td>
<td>0</td>
<td>0,00%</td>
</tr>
</tbody>
</table>

In 2022 and as of 13 January 2023, a total of 984 samples have been collected and tested for yellow fever (YF), of which 28 tested IgM+ for YF. Two cases were classified as laboratory-confirmed, including one in Masaka district and another one in Wakiso district. There are currently six cases under investigation, from five districts including Kasese (2), Buikwe (1), Buvuma (1), Masaka (1), and Wakiso (1).

Zambia’s index case was confirmed in Vubwi district on 21 January 2023 and was linked to the Mozambique outbreak. Vubwi district continues to receive cases from Malawi and Mozambique seeking for care in Vubwi health facilities. Currently six districts are affected (Vubwi, Chipata, Chipangali, Lusangazi, Mwansabombwe and Nchelenge. Three of the four districts in Eastern province all share a border with Malawi, with Vubwi bordering Mozambique as well. Cumulatively, Zambia has reported 215 cases and 5 deaths (CFR = 2.2%) as of 5 March 2023.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 5 March 2023, a total of 343 135 confirmed COVID-19 cases were reported in the country including 4 057 deaths.

A measles outbreak continues to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces have recorded 2 137 measles cases and 31 deaths as of 5 February 2023. WHO is supporting the Ministry of Health investing other cases with similar symptoms.

The anthrax outbreak is ongoing in Zimbabwe. In February 2023, four new cases have been reported from Gokwe North district. As of 19 February 2023, the cumulative figures for anthrax are 426 suspected cases and 0 deaths.

A total of 23 suspected cases of cholera with no deaths were reported between 12 and 21 February 2023. Of 13 cases tested, two were confirmed for Vibrio cholerae O1 Ogawa by culture. All cases were reported from Chirungu District, Mashonaland West, in central northern Zimbabwe. The District Rapid Response Team has been activated. Investigations are underway to determine the source of infection.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 2 March 2023, a total of 264 127 confirmed COVID-19 cases were reported in the country including 5 668 deaths.

A measles outbreak has been ongoing in Zimbabwe since 10 April 2022. As of 31 December 2022, A cumulative total of 7 743 suspect cases, 355 confirmed cases and 707 deaths have been reported since the onset of the outbreak.

The Harare capital city of Zimbabwe is experiencing a typhoid fever outbreak since October 2022. As of 16 February 2023, a total of 128 cases with 28 confirmed have been reported. The 1 – 4 years age group accounts for 16% of the total cases.15 yrs and above has the highest absolute number of cases accounting for 58% of cases.

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 29 November 2022, a total of 75 probable and 62 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 Lassa Fever Ungraded 10-Dec-22 8-Dec-22 4-Jan-23 1 1 0 0,00%  One confirmed case of Lassa fever was notified on 8 December 2022 in the Health District of Gueckedou. It is a female patient greater than 60 years old. A total of 27 contacts were identified and are being followed. Since the notification of the first case on 8 December, no new case of confirmed Lassa fever was reported in the country, and the confirmed case was released from the hospital on 29 December 2022.

†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.
© WHO Regional Office for Africa

This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:
Dr Etien Luc Koua
Programme Area Manager, Health Emergency Information and Risk Assessment Programme.
WHO Emergency Preparedness and Response
WHO Regional Office for Africa
P O Box. 06 Cité du Djoué, Brazzaville, Congo
Email: afrooutbreak@who.int

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.
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.