

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 37: 5 - 11 September 2022

Data as reported by: 17:00; 11 September 2022



World Health
Organization

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

0

New event

156

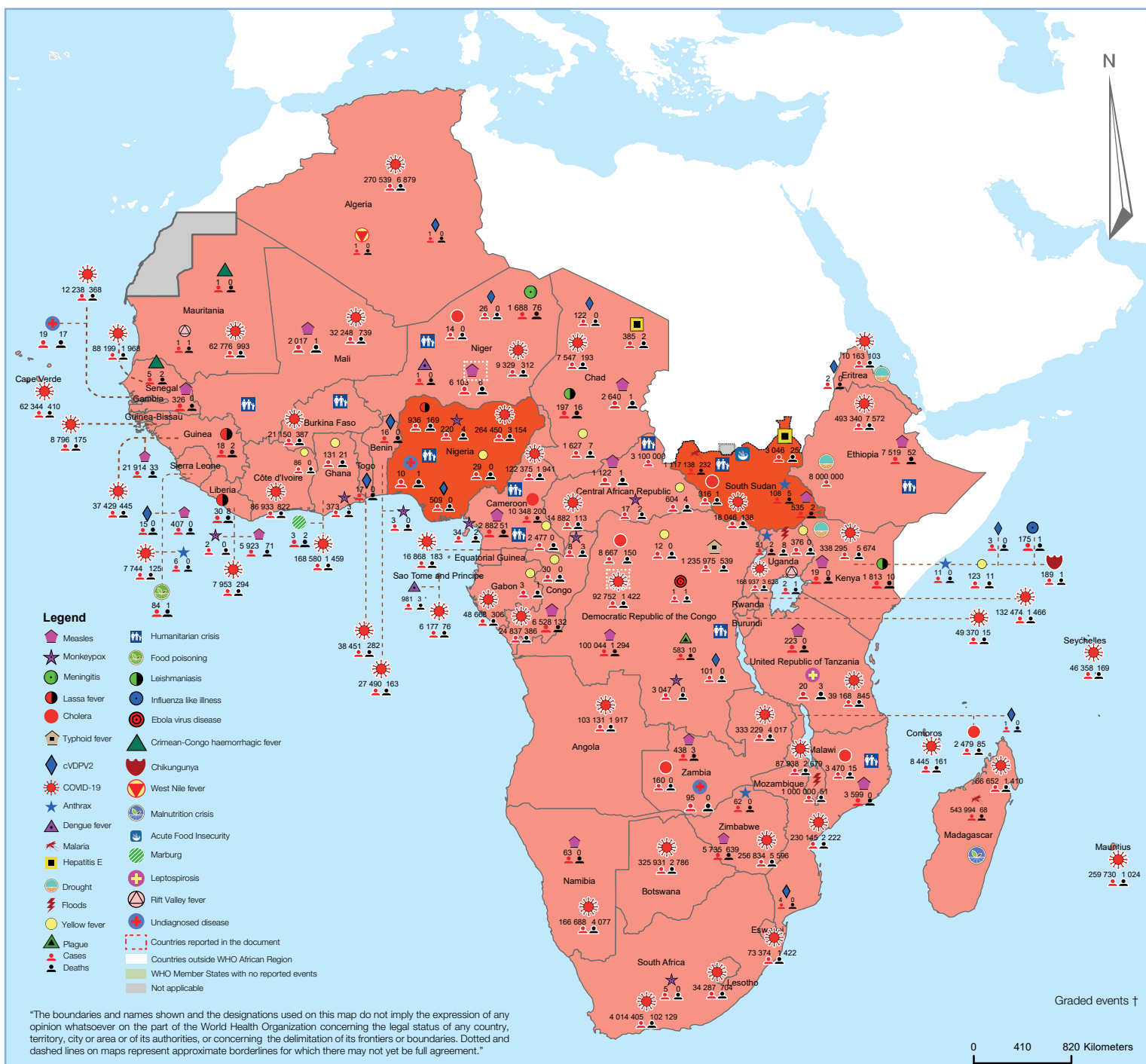
Ongoing events

136

Outbreaks

20

Humanitarian
crises



"The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement."

5

Grade 3 events

24

Grade 2 events

2

Grade 1 events

2

Protracted 3 events

5

Protracted 2 events

0

Protracted 1 events

56

Ungraded events

Overview

Contents

1 Overview

2 - 7 Ongoing events

8 All events currently being monitored

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

- [Monkeypox in the WHO African Region](#)
- [Dengue fever in Niger](#)
- [Ebola Virus Disease in the Democratic Republic of the Congo](#)

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

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

Major issues and challenges include:

- Health authorities of Niger have reported the first ever case of dengue in Abalak department, Tahoua region. In-depth investigations are ongoing to identify the source of infection of the case. WHO is currently providing the necessary support to improve and strengthen risk communication, surveillance and laboratory capacity for dengue in Niger.
- No new case of Ebola virus disease has been reported in the past week in the Democratic Republic of the Congo after 26 days of the detection of the only confirmed case. The ongoing response activities are facing some challenges including, insufficient resources, the source of contamination has not yet been identified, some listed contacts are still missing and the resistance of the population to public health response activities.

Ongoing events

Monkeypox

Multiple Countries

590
cases

12
Deaths

2.0%
CFR

EVENT DESCRIPTION

The number of confirmed monkeypox cases in Africa has increased by 12.6% from 524 in Week 35 (29 Aug - 04 Sept) to 590 in week 36 (5 Sep - 11 Sep). In the past week, three countries reported 66 new cases, including Ghana (8) and Liberia (1). An additional 57 cases were retrospectively reported from Nigeria. Nigeria recorded two deaths in the past week.

Between 1 January and 4 September 2022, 11 African countries have reported monkeypox, including nine countries in the WHO African region (Nigeria (277), Democratic Republic of the Congo (DRC) (195), Ghana (84), Central Africa Republic (CAR) (8), Cameroon (7), South Africa (5), Benin Republic (3), Congo (3) and Liberia (3) and two countries in the WHO Eastern Mediterranean Region: Morocco (3) and Sudan (2).

Nigeria (46.9%), DRC (33.1%) and Ghana (14.2%) remain the top three countries reporting the highest number of cases, accounting for 94.2% of all confirmed cases. Nigeria recorded two deaths in the past week, making a total of 12 deaths in Africa; Nigeria (6), Ghana (4), and CAR (2). The number of Monkeypox cases and deaths in Africa represents 1.0% and 60.0% of global cases and fatalities, respectively. No new country has reported a monkeypox case in the previous week.

Globally, a cumulative total of 54 709 laboratory-confirmed and 397 probable Monkeypox cases have been reported between 1 January and 11 September 2022. Similarly, 20 deaths were reported from Belgium (1), Cuba (1), Ecuador (1), India (1), Brazil (2), CAR (2), Spain (2), Ghana (4), and Nigeria (6) across all six WHO regions. Most cases reported in the past 4 weeks were notified from the Region of the Americas 30 772 (56.2%) and the European Region 23 196 (42.4%).

The top ten countries with the highest number of Monkeypox cases include the United States of America (19 833), Spain (6 749), Brazil (5 525), France (3 646), Germany (3 505), The United Kingdom (3 484), Peru (1 724), Canada (1 289), Netherlands (1 172), and Colombia (938). Together, these countries account for 87.5% of the cases reported globally.

PUBLIC HEALTH ACTIONS

- WHO is currently supporting affected countries to investigate the modes of transmission of monkeypox (zoonotic and urban outbreaks)
- An epidemiology analytics cell has been established at AFRO to improve data capture, management, analysis, interpretation and use of the resulting information for decision-making.
- Efforts are currently ongoing to understand comorbidities and other underlying factors (e.g. HIV infection) of deaths associated with monkeypox
- A policy response tracker has been developed and disseminated to the affected countries to understand better the characteristics of response measures put in place by governments and their impact on epidemic trends

- WHO continues to provide technical assistance to countries to enhance their readiness to respond to potential monkeypox outbreaks promptly and effectively
- A system for proactive information and data gathering using the Epidemic Intelligence from Open Sources platform was established to improve signal detection and verification with the national authorities.

SITUATION INTERPRETATION

In the past week, three countries reported new cases (Nigeria, Ghana, and Liberia) in the African Region. Two new deaths were reported in Nigeria. Nigeria, the Democratic Republic of Congo and Ghana remain the countries with the highest monkeypox burden in the past 4 weeks. Enhanced risk communication and community engagement are needed to address rumours and misinformation about monkeypox in Africa. WHO AFRO supports countries in understanding comorbidities and other underlying factors of monkeypox-related deaths.



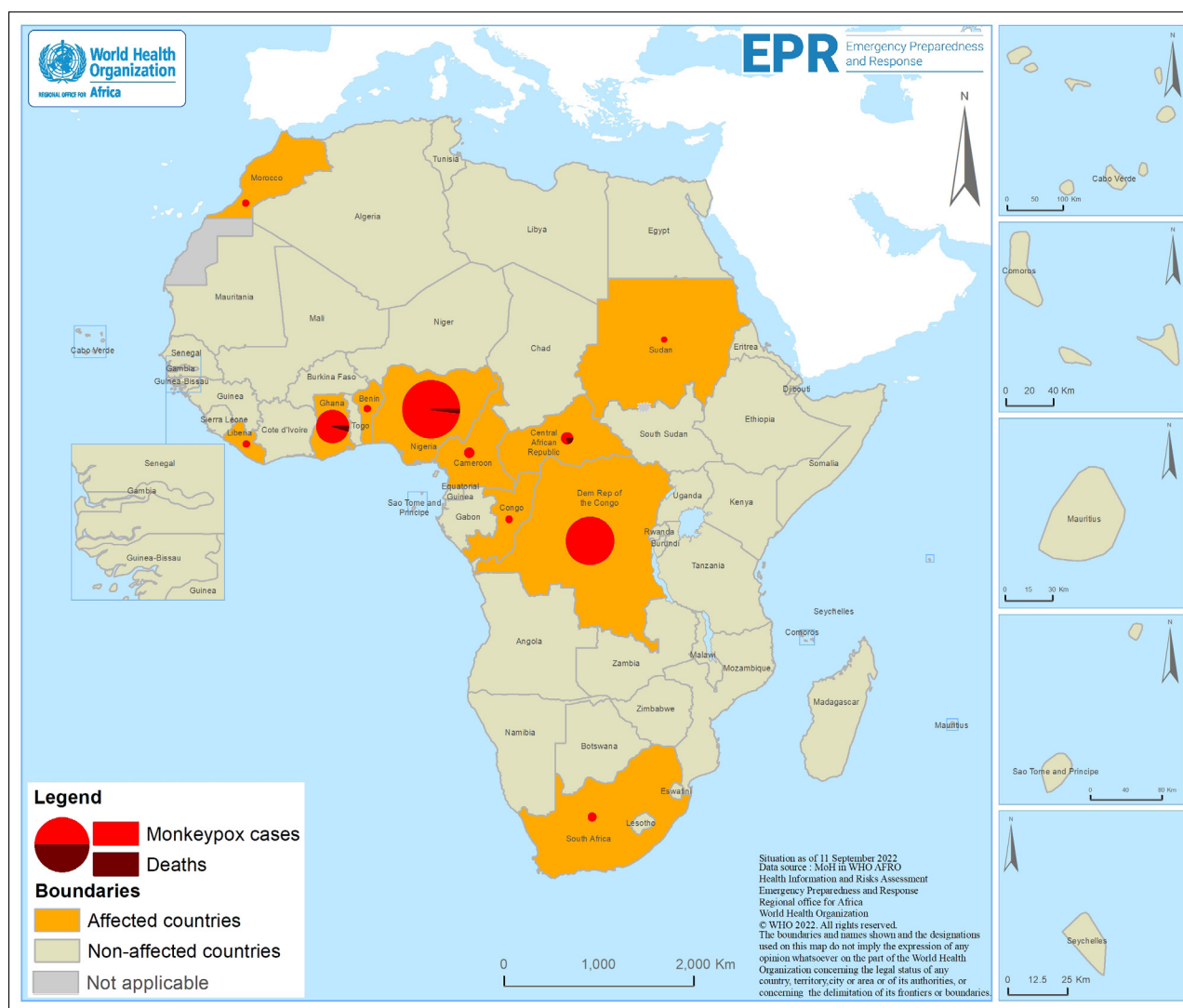
@WHO/AFRO

[Go to overview](#)

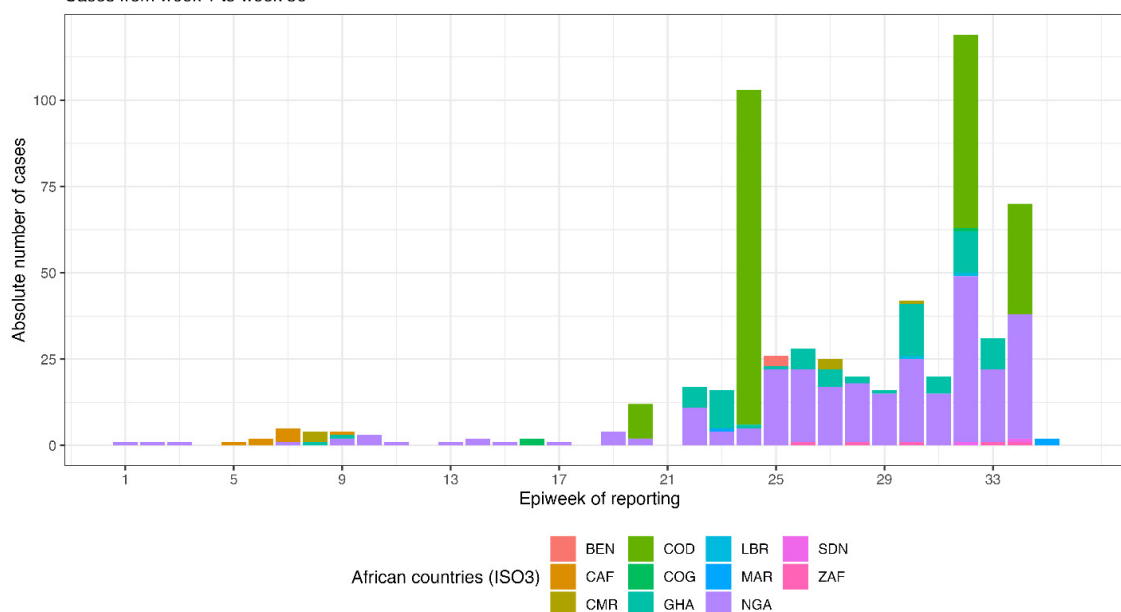
2

[Go to map of the outbreaks](#)

Distribution of cases of Monkeypox in the WHO African Region, as of 11 September 2022



Weekly epi-curve of MPX cases in Africa
Cases from week 1 to week 36



EVENT DESCRIPTION

The Ministry of Health of Niger has reported the first ever case of dengue in Abalak department, Tahoua region. The patient is a 47-year-old male Nigerien who arrived from Cuba on 13 August 2022.

On 14 August 2022, he exhibited flu-like symptoms, including fever, arthromyalgia, body aches, cold and consulted a community clinic in Niamey. The patient currently has no signs of bleeding; however a complete blood analysis showed thrombocytopenia. The case-patient has history of COVID-19 and dengue infection in June 2022 in Cuba.

Basing on the history and clinical presentation, a sample collected from the case and sent to the Centre de Recherche Médicale et Sanitaire on 8 August 2022 tested positive for dengue fever. A second sample sent to the Institut Pasteur in Dakar confirmed the case-patient positive on 24 August 2022.

PUBLIC HEALTH ACTIONS

Health authorities in Niger have implemented the following response activities:

- Outbreak investigations are conducted by a joint team – Directorate of Surveillance and Epidemic Response and WHO;
- Entomological assessments have been performed, including: capturing of aedes mosquitoes (at the patient's home and at the clinic where the case was treated) for laboratory analysis to look for evidence of contamination of these mosquitoes
- The patient, his family and nearby communities have been educated on best practices;
- Sensitization of the health care facility personnel for better surveillance of contacts of the confirmed case;
- Identification and follow-up of contacts among health workers and family members is underway
- Strengthening surveillance, educating all health district workers on the dengue case definition, especially those in Abalak city.

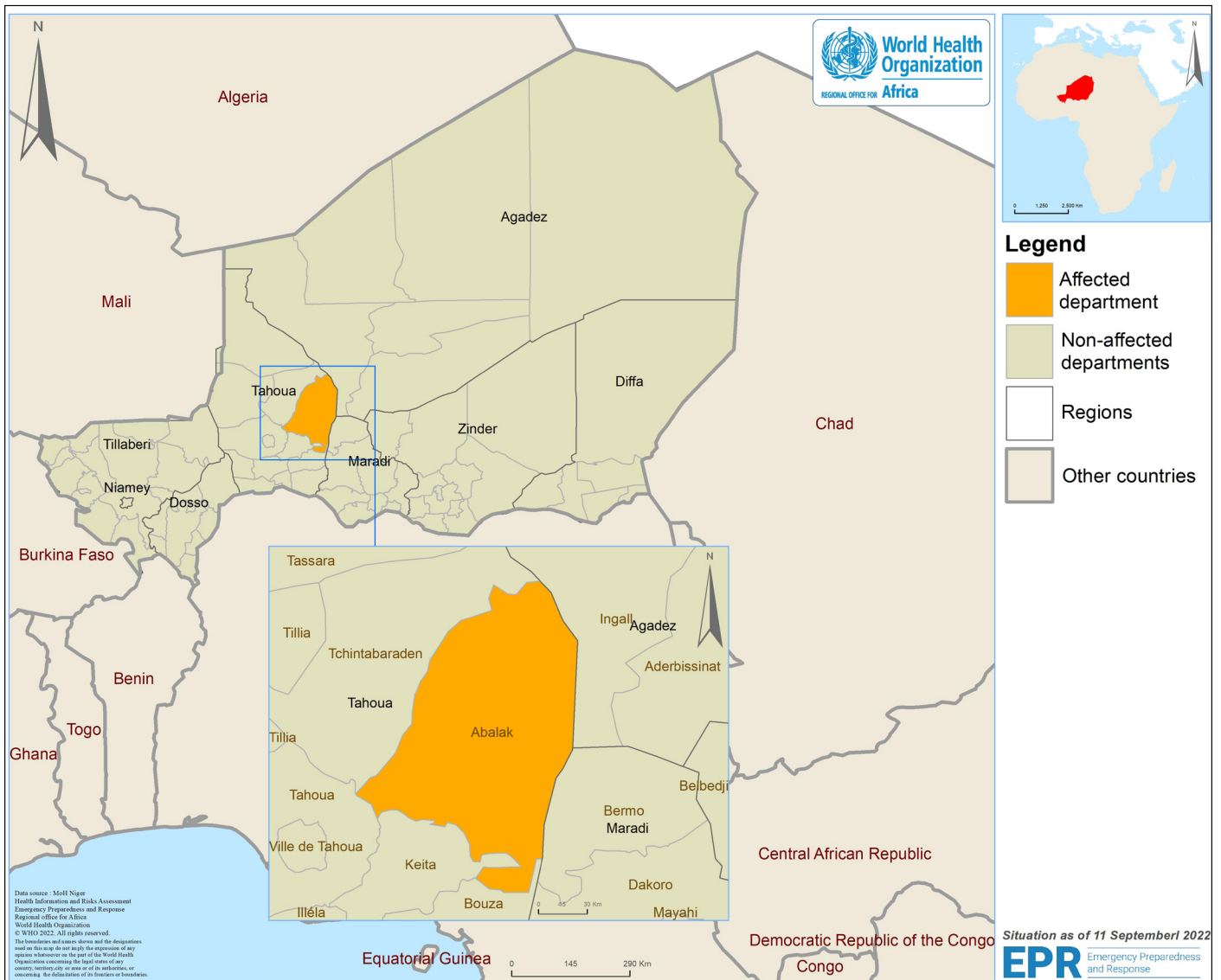
SITUATION INTERPRETATION

Dengue is a mosquito-borne viral disease that has rapidly spread in all regions of WHO in recent years. Dengue is unusual in Niger and requires particular attention as the reported case of dengue is the first-ever detected in Niger. Enhanced surveillance in the case's vicinity and among all contacts is essential. Detailed investigations to identify the source of infection of the case remain paramount.



@WHO/AFRO

Location of the confirmed case of Dengue fever in Niger, as of 11 September 2022



EVENT DESCRIPTION

Twenty-six (26) days have passed since health authorities in the Democratic Republic of the Congo declared an outbreak of Ebola Virus Disease on 21 August 2022 in Butanuka health area, Beni health zone. No new case has been reported so far as of 11 September 2022 and 16 days are remaining before the declaration of the end of this outbreak if no new case is identified. To date, there has been one confirmed case and one death (case fatality ratio (CFR) =100%), in one affected health area (Butanuka) in Beni health zone.

Among the contacts listed since the onset of the outbreak, 23 contacts were from Beni health zone, three from Oicha health zone and one from Mutwanga health zone. A total of 27 contacts remain missing, all of which were patients admitted at the same hospital with the confirmed case. Other four contacts previously missing were found in good health condition in the past week.

Since the onset of the outbreak, a total of 51 suspected cases have been admitted to the Ebola treatment center, of which 47 were discharged as no cases and four are still under isolation.

Regarding alerts, a total of 296 alerts including five deaths were reported as of 10 September 2022, and all of them were investigated, of which 17 (5.7%) were validated as suspected cases of Ebola and samples collected from them. Out of the 326 alerts reported, 164 (55.4%) are from active case search, 45 (15.0%) from through passive surveillance from healthcare facilities and 87 (29.4%) from the community.

From 15 to 11 September 2022, a total of 406 samples (190 swabs) were collected and analyzed, of which one sample (1 swab) tested positive for the Ebola virus.

PUBLIC HEALTH ACTIONS

- Coordination meetings organized by the national and provincial health authorities with the participation of other partners including WHO continue.
- Advocacy meeting toward health partners was organised for additional resource mobilisation for the response activities.
- Vaccination activities have been launched on 25 August targeting firstly the contacts and contacts of contacts. A total of 289 contacts vaccinated so far, including 221 frontline health workers as of 11 September 2022.
- Psychosocial support and follow up was provided to admit suspected cases, some of their family members and orphans of the dead suspected cases.
- Risk communication activities on prevention measures including educative talks, community dialogues and sensitisations are also ongoing
- Assessment and monitoring of infection prevention and control (IPC) practices at health facilities are also ongoing as well the on job briefing of health provider on IPC measures.
- Alerts management as well as active case search activities are also ongoing
- Case management including nutritional and psychosocial follow up are also ongoing

SITUATION INTERPRETATION

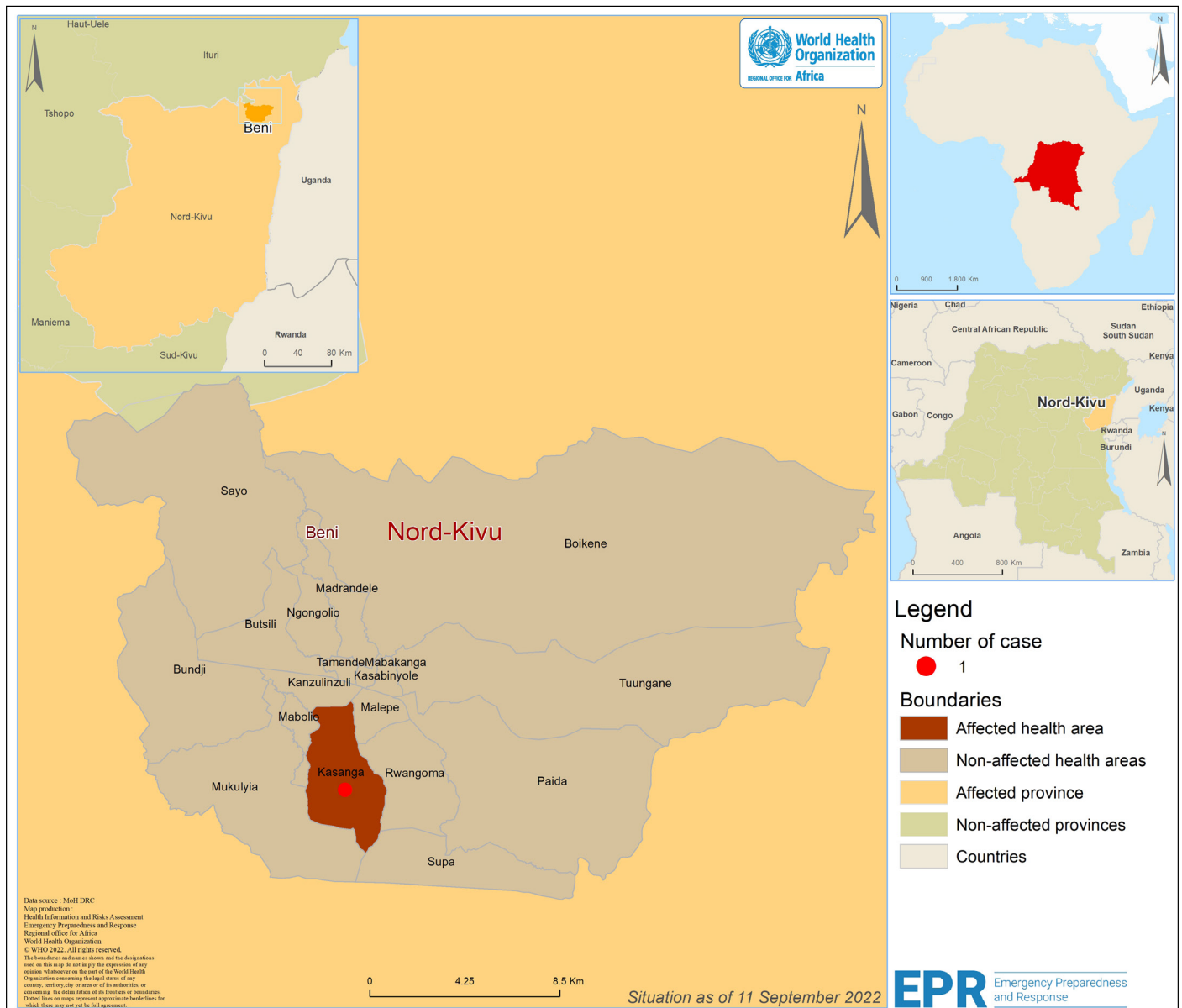
The ongoing EVD outbreak in the eastern DRC has 16 days left to the end of outbreak declaration if no new case is reported. The need to mobilize more resources for the implementation of response activities is still relevant even if no new case has been reported. Population movements following security incidents are reported in the affected area of Beni. This situation may jeopardize the ongoing efforts for the control of this outbreak. Gaps in resource mobilization for full implementation of the response plan should be filled as soon as possible. Furthermore, it is essential that all contacts are identified and followed up on a regular basis.



@WHO/AFRO



Location of confirmed case of Ebola virus disease in the Democratic Republic of the Congo, as of 11 September 2022



All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-2020	25-Feb-2020	11-Sep-2022	270 539	270 539	6 879	2.5%
From 25 February 2020 to 11 September 2022, a total of 270 539 confirmed cases of COVID-19 with 6 879 deaths have been reported from Algeria, with 182 181 recovered.									
Algeria	Poliomyelitis (cVDPV2)	Grade 2	14-Jul-2022	11-Apr-2022	2-Sep-2022	1	1	-	-
Algeria IHR focal point notified WHO of a confirmed case of Circulating Vaccine-Derived Poliovirus type 2 (cVDPV2). The case is a one-year-old girl resident of Tamanrasset Wilaya (commune of Tamanrasset). She was admitted on 11 April 2022 to a district hospital, for acute flaccid paralysis of both lower limbs. The epidemiological investigation carried out on the same day showed that she had not received any dose of oral or inactivated polio vaccine and that she had no history of travel outside the city of Tamanrasset.									
Algeria	West Nile fever	Ungraded	29-Aug-2022	9-Jul-2022	30-Aug-2022	1	1	0	0.0%
The Ministry of Health of Algeria notified a confirmed case of West Nile fever (WNF) in an 11-year-old female child, resident of Touggourt city. The onset of symptoms was 9 July with fever, headache, stiff neck and vomiting. She was admitted to Touggourt hospital the same day for treatment. The diagnosis of WNF was confirmed on 21 July 2022 by the National Reference Laboratory for Arboviroses and Emerging Viruses of the Institut Pasteur in Algeria. The child was discharged from the hospital on 15 July 2022 after recovery. No additional cases have been reported as of yet.									
Angola	COVID-19	Grade 3	21-Mar-2020	21-Mar-2020	7-Sep-2022	103 131	103 131	1 917	-
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 7 September 2022, a total of 103 131 confirmed COVID-19 cases have been reported in the country with 1 917 deaths and 101 155 recoveries.									
Benin	COVID-19	Grade 3	17-Mar-2020	16-Mar-2020	21-Aug-2022	27 490	27 490	163	0.6%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 21 August 2022, a total of 27 490 cases have been reported in the country, with 163 deaths and 27 217 recoveries.									
Benin	Monkeypox	Grade 3		14-Jun-2022	29-Aug-2022	3	3	0	0.0%
Three suspected cases of Monkeypox were notified to WHO by the Benin Ministry of Health on 3 June 2022. Two of the three suspected cases were from Nigeria and one person from the North of the country. Laboratory samples were taken and sent to the Institute Pasteur laboratory in Dakar, which confirmed the three samples positive on 14 June 2022. Epidemiological investigations are ongoing									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-2019	24-Aug-2019	3-Aug-2022	16	16	0	0.0%
Two cases of Circulating Vaccine-derived poliovirus type 2 (cVDPV2) were reported, one each in Atlantique and Oueme making them the first cases in 2022. Six cases were reported in 2021 and 2020, and 8 in 2019. No new case of Circulating Vaccine -derived poliovirus type 2 (cVDPV2) was reported this week.									
Botswana	COVID-19	Grade 3	30-Mar-2020	28-Mar-2020	8-Sep-2022	325 931	325 931	2 786	0.9%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 8 September 2022, a total of 325 931 confirmed COVID-19 cases were reported in the country including 2 786 deaths.									
Burkina Faso	Humanitarian crisis (Sahel Region)	Grade 2	1-Jan-2019	1-Jan-2019	8-Aug-2022	-	-	-	-
Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated due to attacks by armed groups. A total of 30 000 people from Sebba town face a deteriorating food security situation after a month of Blockade by armed groups preventing food supplies. Access to health services remains a challenge for the population in affected areas. There are 192 non-functional health facilities and 353 facilities that function at a minimum level of their capacity.									
Burkina Faso	COVID-19	Grade 3	10-Mar-2020	9-Mar-2020	10-Jul-2022	21 150	21 150	387	1.8%
Between 9 March 2020 and 10 July 2022, a total of 21 150 confirmed cases of COVID-19 with 387 deaths and 20 745 recoveries have been reported from Burkina Faso.									
Burundi	COVID-19	Grade 3	31-Mar-2020	18-Mar-2020	7-Sep-2022	49 370	49 370	15	0.0%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 7 September 2022, the total number of confirmed COVID-19 cases is 49 370, including 15 deaths and 48 057 recovered.									
Cameroon	Humanitarian crisis (North, Adamawa & East)	Protracted 2	31-Dec-2013	27-Jun-2017	1-Aug-2022				-
The security situation remains unstable, characterized by incursions and attacks in the departments of Mayo-Sava, Mayo-Tsanaga and Logone & Chari bordering Nigeria. At least 23 incidents involving armed men have been recorded, with 13 civilians killed including 2 children and 1 woman, as well as 12 people injured and 10 others abducted. The incursions of NSAGs are accompanied by looting of property and livestock, and sometimes burning of houses. Around 7 653 people have been displaced in June 2022, majority of which occurred in the Mokolo Subdivision following two NSAG attacks. As of 30 June 2022, 15 000 people have returned to their homes following the intercommunal conflict that occurred in the Logone-Birni department on December 2021. Moreover, nearly 640 households have been affected by torrential rains in Mayo-Danay and Logone & Chari since mid-April 2022.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-2016	27-Jun-2018	1-Aug-2022	-	-	-	-
The security context in the North-West and South-West (SW) regions remains volatile, marked by continuous violence, abductions, kidnappings, killings, unlawful arrests, and destruction of property. This is aggravating humanitarian needs, as affected people continue to flee their homes, seeking safety in the bushes and neighbouring communities. On 26 June 2022, intercommunal clashes in the Akwaya subdivision (SW) resulted in more than 30 civilian casualties. The Mamfe District Hospital and the Ballin Integrated Health Centre in the Manyu division (SW) were destroyed by fire in two different incidents. At least five humanitarian workers were abducted in two separate incidents in the SW. Multiple cases of interference by State security forces on NGO movements were reported in the SW.									
Cameroon	Humanitarian crisis (Sahel Region)	Grade 2	31-Dec-2013	27-Jun-2017	1-Aug-2022	-	-	-	-
Multiple incidents involving NSAGs have been registered in localities neighbouring Nigeria. Military operations are still ongoing on both sides of the border with Nigeria and in the Lake Chad area, direly limiting movements and activities of humanitarian actors. Many humanitarian missions have been cancelled due to recurrence of clashes between security forces and NSAGs. The crisis has left 1.2M people needing humanitarian assistance, of whom 764k are targeted for interventions, with 378k IDPs, 119k refugees and 131k returnees.									
Cameroon	Cholera	Grade 2	1-Jan-2021	25-Oct-2021	3-Aug-2022	10 348	904	200	1.9%
Between 25 July and 3 August, 172 new suspected cases of cholera including three deaths have been reported from four active Regions (Centre, East, Littoral and West). As of 3 August 2022, 10 348 suspected cases including 200 deaths (CFR 1.9%) have been reported since October 2021, from eight Regions and 48 Districts of which 27 remain active. South-West (6 010 cases) and Littoral (3 581 cases) Regions have reported majority of cases. Of note, it has been 18 days without a case notified in South-West.									
Cameroon	COVID-19	Grade 3	6-Mar-2020	6-Mar-2020	17-Aug-2022	122 375	122 375	1 941	1.6%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 17 August 2022, a total of 122 375 cases have been reported, including 1 941 deaths and 119 220 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-2019	1-Jan-2022	21-Aug-2022	2 882	1 924	51	1.8%
From week 1 to week 33, 2022 (ending 21 August), about 2 882 suspected cases of measles, 51 deaths and 1 924 confirmed cases of measles have been reported through IDSR system across 119 of 139 districts; 478 confirmed cases are lab confirmed, 1 398 epi linked and 49 clinical compatible.									
Cameroon	Monkeypox	Grade 3	24-Feb-2022	1-Jan-2022	5-Aug-2022	34	7	2	5.9%
As of 5 August 2022, Cameroon has notified 34 suspected cases of monkeypox from six districts across three regions, since the beginning of 2022, including two deaths (CFR 5.9%). Thirteen human samples have been collected and seven cases have been laboratory-confirmed from Ayos Health District (4) in the Centre Region, Kumba Health District (2) in the South-West Region and Benakuma Health District in the North-West Region (1). Males and females are equally affected and the median age is 17.3 years (range 1-36 years).									
Cameroon	Yellow fever	Grade 2	7-Feb-2021	4-Jan-2021	9-Aug-2022	2 477	34	0	0.0%
As of 9 August 2022, a total of 2 477 suspected cases of YF have been reported since the beginning of the outbreak in 2021, including 10 probable and 34 laboratory-confirmed cases. A total of 49 suspected cases of YF have been reported during epi week 30, 2022. Eight confirmed cases have been reported since January 2022, from eight Districts; five of them started the disease between April-May. Cumulatively, all ten Regions and 32 Districts have been affected since the beginning of the outbreak in 2021.									
Cape Verde	COVID-19	Grade 3	19-Mar-2020	18-Mar-2020	10-Sep-2022	62 344	62 344	410	0.7%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 10 September 2022, a total of 62 344 confirmed COVID-19 cases including 410 deaths and 61 863 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-2013	11-Dec-2013	8-Aug-2022	-	-	-	-
With 50% the population not eating enough, CAR has one of the highest proportions of critically food-insecure people in the world, around 2.2M. In total, nearly 3.1M people have been estimated in need of humanitarian assistance including 610k IDPs and 737k refugees. Thousands of Central Africans have recently been affected by torrential rains. In the half of 2022, the CAR Humanitarian Fund allocated 9.6M USD to 17 projects, supporting 187 307 people with urgent needs in conflict-affected areas. Of the 461.3M USD required for 2022 HRP, 221.4M have already been received as of 8 August 2022, representing 48% of expectations.									
Central African Republic	COVID-19	Grade 3	14-Mar-2020	14-Mar-2020	28-Aug-2022	14 882	14 882	113	0.8%
The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 28 August 2022, a total of 14 882 confirmed cases, 113 deaths and 14 520 recovered were reported.									
Central African Republic	Measles	Ungraded	13-Mar-2022	1-Jan-2022	24-Jul-2022	1 122	99	1	0.1%
From week 1 to week 29, 2022 (ending 24 July), a total 1 122 suspected cases of measles including one death (CFR 0.1%) have been reported through IDSR system. Four districts are in confirmed measles outbreak (Bimbo confirmation at week 10, Kouango-Grimari at week 11, Alindao at week 14 and Haute-Kotto at week 20.)									
Central African Republic	Monkeypox	Grade 3	3-Mar-2022	4-Mar-2022	31-Aug-2022	17	8	2	11.8%
As of 31 August 2022, the Central African Republic has so far recorded 17 suspected cases of monkeypox including eight confirmed cases and two deaths (CFR 11.8%). The confirmed cases were reported from three health districts: Mbaïki, Alindao and Bimbo.									
Central African Republic	Yellow fever	Grade 2	14-Sep-2021	1-Apr-2021	9-Aug-2022	604	20	4	0.7%
On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur of Cameroun. As of 9 August 2022, a total of 604 suspected cases of YF have been reported including four probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.7%). There remains a relative increase in the number of weekly reported suspected cases in 2022 compared to 2021. Three regions remain affected (RS3, 4 & 6), with 70% of confirmed cases being reported in RS3.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	Humanitarian crisis (Sahel region)	Grade 2	11-Feb-2022	1-Mar-2016	8-Aug-2022	-	-	-	-
More than 2.1 million people are in food and nutrition insecurity in Chad. The decline in agro-pastoral productivity is affecting the nutritional status of the populations. According to OCHA, more than 1.5 million of the most vulnerable people are at risk of not receiving assistance. Chad experienced flooding due to heavy rains starting from April 2022, and affected more than 340 000 people across 11 regions. The Capital, N'Djamena and the Southern region (Logone oriental and Occidental, Mayo Kebbi Est, Mayo Kebi Ouest, Salamat and Sila) are the most affected. The affected population urgently needs food, NFIs, shelter and healthcare assistance.									
Chad	COVID-19	Grade 3	19-Mar-2020	19-Mar-2020	5-Sep-2022	7 547	7 547	193	2.6%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 5 September 2022, a total of 7 547 confirmed COVID-19 cases were reported in the country including 193 deaths.									
Chad	Leishmaniasis	Ungraded	8-Sep-2020	1-Jan-2018	31-May-2022	197	13	16	8.1%
Since 1 January 2018 to 31 May 2022, a total of 197 cases and 16 deaths (CFR 8.1%) have been reported from four provinces (N'Djamena, Borkou, Tibesti and Ouaddai). The majority of cases are male (70.1%). The under five years old patients are 74 (38.0%). In 2022, 30 cases and two deaths have been reported.									
Chad	Measles	Ungraded	24-May-2018	1-Jan-2022	14-Aug-2022	2 640	109	1	0.0%
As of week 32 of 2022 (ending 14 August), Chad reported a total of 2 640 suspected measles cases through the aggregate reporting system; Eight districts have had lab confirmed measles outbreaks at some point since January 2022: N'Djamena Sud, Bongor, N'Djamena Centre, N'Djamena 9eme, Oum Hadjer, N'Djamena Est, Abougoudam and Bousso.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-2019	9-Sep-2019	31-Jul-2022	122	122	0	0.0%
As of epi week 30 (ending on 31 July 2022), seven cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2022. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks, while nine other cases were reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.									
Chad	Yellow fever	Grade 2	13-Nov-2021	1-Nov-2021	9-Aug-2022	1 627	24	7	0.4%
On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever. As of 9 August 2022, there has been 1 627 suspected cases of yellow fever reported, including 30 probable and 24 lab-confirmed cases with seven deaths (CFR 0.4%). Twenty-one new suspected cases were reported during epi week 30, and 39 samples were received at the national laboratory. The majority of suspected and confirmed cases were reported in the last quarter of 2021, mostly in the southern part of the country; the last confirmed case was reported on week 4 of 2022. Mandoul and Moyen Chari provinces remain the current hotspots, with 45% and 32% of confirmed cases, respectively. A total of 19/126 districts in 7/23 provinces have been affected since the beginning of the outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-2020	30-Apr-2020	7-Sep-2022	8 455	8 455	161	1.9%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 07 September 2022, a total of 8 455 confirmed COVID-19 cases, including 161 deaths and 8 281 recoveries were reported in the country.									
Congo	COVID-19	Grade 3	14-Mar-2020	14-Mar-2020	11-Aug-2022	24 837	24 837	386	1.6%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 7 August 2022, a total of 24 837 cases including 386 deaths and 23 644 recovered cases have been reported in the country.									
Congo	Measles	Ungraded	14-Mar-2022	1-Jan-2022	7-Sep-2022	6 528	6 528	132	2.0%
From week 1 to week 23, 2022 (ending 12 June), a total of 214 lab confirmed measles cases and 6 314 epidemiologically linked cases and 132 deaths (CFR 2%) have been reported in Congo; 23 out of 52 districts for the country (44%) are in outbreak mode. Nationwide multi-intervention campaigns including measles outbreak response vaccination, Vitamin A supplementation and deworming took place from 5 to 11 August and the administrative data show a coverage rate of 107.9% for measles.									
Congo	Monkeypox	Grade 3	23-May-2022	1-Jan-2022	31-Jul-2022	8	3	3	37.5%
Since the beginning of 2022, eight cases including three laboratory-confirmed and five probable cases have been reported from Impfondo District in the country's northern department of Likouala on the border with the Democratic Republic of Congo and Central Africa (7) and from Ouessou District in the Sangha Department (1). Three of these cases have died (CFR 37.5%). Samples from two cases sent to the National Institute of Biomedical Research Laboratory in Kinshasa on 12 April 2022 returned positive to monkeypox. In addition, the only case from Ouessou was sampled and tested positive at the National Public Health Laboratory of Brazzaville.									
Congo	Yellow fever	Grade 2	31-Mar-2022	31-Mar-2022	22-Aug-2022	30	4	0	0.0%
In Congo, as of 22 August 2022, a total of 30 probable cases of yellow fever and four confirmed and zero deaths have been reported									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-2020	11-Mar-2020	11-Sep-2022	86 933	86 933	822	0.9%
Since 11 March 2020, a total of 86 933 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 822 deaths, and a total of 86 087 recoveries.									
Côte d'Ivoire	Yellow fever	Grade 2	14-Sep-2021	13-Aug-2021	26-Aug-2022	86	7	0	0.0%
From 13 August 2021 to 26 August 2022, a total of 79 probable and seven confirmed cases of yellow fever were recorded in Côte d'Ivoire, with no deaths.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-2016	17-Apr-2017	21-Aug-2022	-	-	-	-
Since the beginning of 2022 more than 877K people have been in a situation of internal displacement. Total IDPs in the DRC is nearly 4.86 million. The main causes of displacement are armed attacks and clashes (4.1 million or 83.3% of all displacements), land and inter-community conflicts (609K or 12.5% of all displacements) and natural disasters (182K or 3.7% of all displacements). About 90.0% (4.4 million) of IDPs are hosted with host families and the remaining 10.0% (490K) are in sites. The provinces of North Kivu and Ituri have received the largest number of returnees over the past 3 months. In July 2022, 34 new security incidents directly affecting humanitarian personnel or goods were recorded in the DRC. Two aid workers were abducted and 1 injured. In addition, humanitarian partners also reported access incidents related to conflict and military operations; interference in the implementation of humanitarian activities in the eastern provinces of the country. Towards the end of July 2022, demonstrations demanding the departure of MONUSCO affected humanitarian operations, particularly in North and South Kivu.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-2015	3-Jan-2022	21-Aug-2022	8 667	865	150	1.7%
From epidemiological week 1 to 33 (ending 21 August 2022), 8 667 suspected cholera cases including 150 deaths (CFR: 1.7%) were recorded in 65 health zones across 12 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (3 238), Haut-Lomami (1 701), Tanganyika (1 626), and North Kivu (1 531). The overall national incidence is 13 cases per 100 000 inhabitants. From a total of 3 185 samples analysed since the beginning of the year through week 31, 865 returned positive for <i>Vibrio cholerae</i> yielding a positivity rate of 27.2%. Joint WHO, UNICEF, MSF and PNECHOL teams have been deployed to Sankuru to support the local health authorities in the response to this epidemic.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-2020	10-Mar-2020	4-Sep-2022	92 752	92 750	1 422	1.5%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 92 750 confirmed cases and two probable case, including 1 422 deaths have been reported. A total of 83 432 people have recovered.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	17-Aug-2022	17-Aug-2022	11-Sep-2022	1	1	1	100.0%
Twenty-six (26) days have passed since health authorities in the Democratic Republic of the Congo declared an outbreak of Ebola Virus Disease on 21 August 2022 in Butanuka health area, Beni health zone. No new case has been reported so far as of 11 September 2022 and 16 days are remaining before the declaration of the end of this outbreak if no new case is identified. To date, there has been one confirmed case and one death (case fatality ratio (CFR) =100%), in one affected health area (Butanuka) of the Beni health zone.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-2021	1-Jan-2022	8-Aug-2022	100 044	4 652	1 294	1.3%
As of Epi-Week 34 of 2022 (ending 28 August), 100 044 suspected cases and 1 294 measles related deaths have been reported. A total of 4 652 cases investigated through the case-based surveillance system; 1 894 tested IgM+ for Measles; 63% of lab confirmed measles cases have less than 5 years old, and only 36% with history of vaccination. A total of 148 health zones have confirmed measles outbreak at some point since the start of this year.									
Democratic Republic of the Congo	Monkeypox	Grade 3	30-Mar-2019	1-Jan-2022	21-Aug-2022	3 047	195	0	0.0%
From 1 January – 21 August 2022, the Democratic Republic of the Congo reported 3 047 suspected including 195 confirmed cases from 148 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1 240), Tshopo (469), Maniema (276), and Tshuapa (190).									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-2019	1-Jan-2022	21-Aug-2022	583	-	10	1.7%
Between epidemiological weeks 1-33 of 2022, 583 cases of suspected bubonic plague have been reported with 10 deaths (CFR 1.7%). All cases have been reported from the Rethy health zone in Ituri Province. Lokpa health area has reported the majority of suspected cases (452, 77.5%) in 2022.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-2021	1-Jan-2021	24-Aug-2022	101	101	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of cases in 2022 remains 73. There were 28 cases in 2021.									
Democratic Republic of the Congo	Typhoid fever	Ungraded	1-Jul-2021	1-Jan-2022	21-Aug-2022	1 235 975	-	539	0.0%
In 2022, from epidemiological week 1 to 33 (ending 21 August 2022), 1 235 975 suspected cases of typhoid fever including 539 deaths were recorded in the Democratic Republic of the Congo. In 2021, from Epi week 1 to 49, 1 380 955 suspected cases of typhoid fever have been reported including 502 deaths (CFR 0.3%).									
Democratic Republic of the Congo	Yellow Fever	Grade 2	21-Apr-2021	1-Jan-2022	27-Jul-2022	12	4	0	0.0%
As of 27 July 2022, 12 probable cases and four confirmed yellow fever cases have been reported in the country. The figures of probable and confirmed cases have been revised following data cleaning.									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-2020	14-Mar-2020	6-Sep-2022	16 868	16 868	183	1.1%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 6 September 2022, a total of 16 868 cases have been reported in the country with 183 deaths and 16 648 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-2020	21-Mar-2020	8-Sep-2022	10 163	10 163	103	1.0%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 8 September 2022, a total of 10 163 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 051 patients have recovered from the disease.									
Eritrea	Poliomyelitis (cVDPV2)	Ungraded	2-Jun-2022	7-Jun-2022	31-Jul-2022	2	2	0	0.0%
As of week 30, a case of cVDPV2 was reported from Eritrea since the beginning of 2022. Another case has been detected on 3 September 2021 and later confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Eswatini	COVID-19	Grade 3	13-Mar-2020	13-Mar-2020	11-Sep-2022	73 374	73 374	1 422	1.9%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 11 September 2022, a total of 73 374 cases have been reported with 1 422 associated deaths.									
Ethiopia	Drought/food insecurity	Grade 3	17-Feb-2022	1-Jan-2022	5-Aug-2022		-	-	-
The severity of food insecurity in Ethiopia is among the worst globally, with record-breaking food assistance needs driven by the impacts of prolonged drought and ongoing insecurity. Emergency (IPC Phase 4) and Crisis (IPC Phase 3) outcomes will likely be widespread in northern, central, southern, and southeastern Ethiopia through at least January 2023. Multiple areas of the country face the potential for more extreme outcomes associated with high levels of acute malnutrition and hunger-related mortality. Tigray is expected to remain the area of highest concern. Emergency (IPC Phase 4) is also expected to be widespread in southern and southeastern pastoral areas.									
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 3	4-Nov-2020	4-Nov-2020	31-Jul-2022	-	-	-	-
The situation in northern Ethiopia remains generally calm but unpredictable, impacting humanitarian operations. In Tigray, some locations in the northern parts of the region and Western Zone continue to be inaccessible due to insecurity. In Amhara, some areas in Wag Himra zone administration continued to be hard to reach during the reporting period. In Afar, the road from Megale to Abala and zone 2 has access constraints due to security concerns. Almost 9.2M people are estimated in need of humanitarian assistance including 2.5M people internally displaced and 7M people facing acute food insecurity in northern Ethiopia. In April 2022, the Ethiopian government and Tigrayan regional forces have agreed to a humanitarian ceasefire to negotiate standing peace.									
Ethiopia	COVID-19	Grade 3	13-Mar-2020	13-Mar-2020	10-Sep-2022	493 340	493 340	7 572	1.5%
Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 493 340 cases of COVID-19 as of 28 August 2022, with 7 572 deaths and 471 716 recoveries.									
Ethiopia	Measles	Ungraded	14-Jan-2017	1-Jan-2022	7-Aug-2022	7 519	4 284	52	0.7%
From week 1 to 31 of 2022 (ending 7 August), a total of 7 519 suspected cases with 4 284 confirmed and 52 deaths (CFR 0.7%) have been reported in Ethiopia. A total of ten districts are currently experiencing confirmed measles outbreak.									
Gabon	COVID-19	Grade 3	12-Mar-2020	12-Mar-2020	6-Sep-2022	48 668	48 668	306	0.6%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 6 September 2022, a total of 48 668 cases including 306 deaths and 48 235 recoveries have been reported in the country.									
Gabon	Yellow fever	Grade 2	12-Feb-2022	17-Sep-2021	9-Aug-2022	3	1	1	33.3%
On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogooué-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. No other confirmed cases have been reported so far.									
Gambia	COVID-19	Grade 3	17-Mar-2020	17-Mar-2020	6-Aug-2022	12 238	12 238	368	3.0%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 6 August 2022, a total of 12 238 confirmed COVID-19 cases including 368 deaths, and 11 745 recoveries have been reported in the country.									
Gambia	Undiagnosed disease (acute renal failure)	Ungraded	11-Aug-2022	4-Jul-2022	4-Aug-2022	19		17	89.5%
On 1 August 2022, the Epidemic and Disease Control Unit of the Ministry of Health in Gambia reported an unusual event detected at the Edward Francis Small Teaching Hospital, the main tertiary hospital in the country. Nineteen cases with 17 deaths have been reported. The median age is 17 years old and range from five to 46 months. The index case was traced to 4 July. Patients presented with symptoms such as inability to urinate (100% of cases), fever (100% of cases), vomiting (91%), and diarrhoea (55%). All children had an acute onset of symptoms, and clinical progression was rapid. Preliminary investigation was conducted to identify contacts of the cases. No similar illness among other siblings of similar age or other household members was detected. Further investigation is ongoing.									
Ghana	COVID-19	Grade 3	12-Mar-2020	12-Mar-2020	1-Sep-2022	168 616	168 616	1 459	0.9%
As of 25 August 2022, a total of 168 616 confirmed COVID-19 cases have been reported in Ghana. There have been 1 459 deaths and 167 123 recoveries reported.									
Ghana	Marburg virus disease	Grade 2	6-Jul-2022	6-Jul-2022	6-Sep-2022	3	3	2	66.7%
The Ministry of Health in Ghana notified two suspected cases of Marburg Virus Disease (MVD) on 7 July 2022 in the Ashanti region. The two cases came from two different locations in the Ashanti Region and no epidemiological link was established during the preliminary epidemiological investigation. Preliminary laboratory results from the Noguchi Memorial Institute for Medical Research suggest that the infection is due to Marburg Virus. Of the two samples collected and sent to the Institute Pasteur in Dakar for confirmation, one turned positive for MVD. Following the confirmation of this case of MVD, two more cases have been confirmed in the Savannah region as of 25 July 2022. The two cases are related to the first confirmed case. All contacts identified have completed the 21-day follow-up.									
Ghana	Monkeypox	Grade 3	8-Jun-2022	24-May-2022	23-Aug-2022	373	56	3	0.8%
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-28 August 2022, there have been 373 suspected cases, including 56 confirmed and three deaths reported from nine of the 16 administrative regions. Most of the positive cases were reported from the Greater Accra region. Of the confirmed cases, 33 (58.9%) are males; 23 are females (41.1%). The age of confirmed cases ranges from 4 months to 67 Years (min-max).									
Ghana	Yellow fever	Grade 2	3-Nov-2021	15-Oct-2021	26-Aug-2022	131	61	21	16.0%
From 15 October 2021, suspected cases of yellow fever were reported mostly among nomadic settlers in the Savannah Region, northwest Ghana (bordering Côte d'Ivoire). As of 26 August 2022, a total of 70 probable and 61 confirmed cases of yellow fever were reported from 13 regions in Ghana. Of the reported cases, nine deaths were recorded among probable cases and 12 deaths among confirmed cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Guinea	COVID-19	Grade 3	13-Mar-2020	13-Mar-2020	24-Jul-2022	37 429	37 429	445	1.2%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 24 July 2022, a total of 37 429 cases including 36 753 recovered cases and 445 deaths have been reported in the country.									
Guinea	Lassa fever	Ungraded	10-Aug-2022	10-Aug-2022	13-Aug-2022	18	6	2	11.1%
As part of routine surveillance, the Gbessia clinic reported on 8 September 2022 of a situation of seven (7) grouped cases working in the same clinic with similar symptoms of fever and vomiting. The epidemiological investigation revealed that the patients presented with fever, general body aches, headache, nausea, vomiting, and chest pain accompanied by anorexia. Blood samples were taken from which the PCR was carried out at the Laboratory of Viral Hemorrhagic Fevers of Guinea (LFHVG) to test for various diseases of which resulted in two positive cases for Lassa fever. As of 28 August 2022, eighteen confirmed, one probable and two deaths cases of Lassa fever were reported in Conakry and Kindia.									
Guinea	Measles	Ungraded	9-May-2018	1-Jan-2022	27-May-2022	21 914	397	33	0.2%
Since the beginning of 2022 up to week 21 (ending 27 May), a total of 21 194 measles suspected cases with 397 confirmed and 33 death (CFR 0.2%) have been reported in Guinea from 29 health districts including the capital city Conakry through Integrated disease surveillance and response.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-2020	25-Mar-2020	28-Aug-2022	8 796	8 796	175	2.0%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 28 August 2022, the country has reported 8 796 confirmed cases of COVID-19 with 8 301 recoveries and 175 deaths.									
Kenya	Drought/food insecurity	Grade 3	17-Feb-2022	1-Jan-2022	5-Aug-2022	-	-	-	-
The 2022 March to June rainy season has been extremely poor, with rainfall levels across much of the Horn of Africa region being among the lowest in the past 70 years. It has been an historic fourth consecutive failed rainy season. The severe drought crippling northeastern Kenya has driven the number of children facing acute malnutrition up by 25% so far this year to nearly one million with fears this will rise further if forecasts for another failed rainy season prove to be accurate, leading to an unprecedented catastrophe.									
Kenya	Anthrax Suspected	Ungraded	15-Jul-2022	30-Jun-2022	7-Aug-2022	11	1	0	0.0%
Between 30 May and 7 August 2022, 11 suspected Anthrax cases and one confirmed have been reported in Kenya. No death reported so far, cases are reported from different counties including Kakamega. Among the five samples collected, one tested positive for Anthrax									
Kenya	Chikungunya	Ungraded	3-Mar-2022	13-Feb-2022	30-Jul-2022	189	5	1	0.5%
Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutulo village. A total of one hundred and eighty nine (189) cases have been reported with five confirmed cases and one death (CFR 0.5%).									
Kenya	COVID-19	Grade 3	13-Mar-2020	13-Mar-2020	11-Sep-2022	338 295	338 295	5 674	1.7%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 11 September 2022, 338 295 confirmed COVID-19 cases including 5 674 deaths and 332 521 recoveries have been reported in the country.									
Kenya	Influenza A (H1N1)	Ungraded		19-Jul-2022	25-Aug-2022	175	5	1	0.6%
An outbreak of influenza A (H1N1) has been reported in Gilgil sub county in Nakuru County. A total of 175 cases with five 5 confirmed and one death (CFR 0.6%) have been reported from 19 Jul to 25 Aug 2022. A total of 28 new cases were reported in week 33 (ending 25 August 2022).									
Kenya	Leishmaniasis	Ungraded	31-Mar-2019	3-Jan-2020	30-Jul-2022	1 813	1 632	10	0.6%
Since January 2020, a total of 1 813 visceral leishmaniasis confirmed (1 632 cases) and suspected (181 cases) cases with ten deaths (CFR 0.6%), have been reported in eight counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera ,Wajir and Tharaka Nithi. The outbreak is active in two counties, Kitui and West Pokot									
Kenya	Measles	Ungraded	29-Jun-2022	26-Jun-2022	30-Jul-2022	19	8	0	0.0%
The outbreak has been reported from Marsabit and Wajir Counties. A total of nineteen (19) cases with eight (8) confirmed cases have been reported no death reported.									
Kenya	Yellow fever	Grade 2	3-Mar-2022	12-Jan-2022	25-Aug-2022	123	3	11	8.9%
From 12 Jan to 25 Aug 2022, there were a total of 123 suspected cases of yellow fever including 11 deaths (CFR 8.9%) reported from 10 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.									
Lesotho	COVID-19	Grade 3	13-May-2020	13-May-2020	7-Sep-2022	34 287	34 287	704	2.1%
Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 07 September 2022, a total of 34 287 cases of COVID-19 have been reported, including 33 583 recoveries and 704 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-2020	16-Mar-2020	8-Sep-2022	7 953	7 953	294	3.7%
From 16 March 2020 to 8 September 2022, Liberia has recorded a total of 7 953 cases including 294 deaths and 7 482 recoveries have been reported.									
Liberia	Lassa Fever	Ungraded	3-Mar-2022	6-Jan-2022	27-Jul-2022	30	30	8	26.7%
Since the beginning of 2022 up to 27 July 2022, a total of 89 suspected cases of Lassa fever including 30 confirmed and 8 deaths (CFR 26.7%) have been reported in Liberia. Two Counties are currently in an outbreak: Grand Bassa and Bong Counties.									
Liberia	Measles	Ungraded	3-Feb-2022	1-Jan-2022	20-Jul-2022	5 923	5 528	71	1.2%
As of 20 July 2022, 5 923 suspected cases, including 5 528 confirmed and 71 deaths (CFR: 1%) were reported from 61 health districts in 15 counties. Of the confirmed cases, 6.7% (369 cases) were laboratory confirmed, 9.1% (503 cases) were clinically confirmed, and 84.0% (4 657 cases) by epidemiological link. The median age of the affected population is 6 years (range: 1 month-67 years).									
Liberia	Monkeypox	Grade 3	21-Jul-2022	23-Jul-2022	8-Aug-2022	2	2	0	0.0%
Liberia confirmed a case of Monkeypox on 23 July 2022 through the National Public health Reference Laboratory in the country. The case is a 43-year-old male who resides and works in Ebokayville Une, La Côte D'Ivoire but sought treatment at the Pleabo Health centre in Maryland County, Liberia where he was detected and isolated with 4 contacts being line-listed. As of 8 August 2022, two confirmed cases of monkeypox and 0 deaths were reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Madagascar	Malnutrition crisis	Protracted 2	1-Jul-2021	1-Jan-2021	10-Sep-2022	-	-	-	-
Despite humanitarian aid, from April to August 2022, 33% of the population of the Grand South is still highly food insecure, including 122,000 people in IPC Stage 4 (Emergency), and 925,000 in IPC Stage 3 (Crisis). Madagascar Health Cluster was activated in January 2022 as part of a joint intervention with the Nutrition Cluster to alleviate the ongoing crisis. An estimated 1.7 million people (32% of the total population) in Madagascar who are projected to face Integrated food security IPC projections estimate that 189 056 people are classified as emergency phase 4 and a little more than 1.5 million are classified as IPC Phase 3.									
Madagascar	COVID-19	Grade 3	20-Mar-2020	20-Mar-2020	11-Sep-2022	66 652	66 652	1 410	2.2%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 11 September 2022, a total of 66 652 confirmed cases including 1 410 deaths have been reported in the country.									
Madagascar	Malaria	Ungraded		30-Jun-2022	30-Jun-2022	543 994	543 994	68	0.0%
During epi week 22 (ending on 5 June 2022), Madagascar registered 15 576 cases of malaria, including three deaths (CFR 0.02%). From epi week 1-22, 543 994 cases and 68 deaths (CFR 0.01%) have been reported. Since epi week 21 (ending on 29 May 2022), 19 health districts have crossed their epidemic threshold: Ambohidratrimo and Antananarivo Renivohitra in Analamanga region; Taolagnaro in Anosy region; Farafangana in Atsimo Atsinanana region; Mitsinjo in Boeny region; Ambohimahasoa, Fianarantsoa I, Isandra, Lalangina and Vohibato in Haute Matsiatra region; Ivohibe in Ihorombe region; Arivonimamo and Miaraminarivo in Itasy region; Ambatomainty, Antsalova and Morafenobe in Melaky region; Morondava in Menabe region; Antanifotsy in Vakinankaratra, and Ifanadiana in Vatovavy region.									
Malawi	Floods	Grade 2	26-Jan-2022	26-Jan-2022	10-Sep-2022	1 000 000		51	0.0%
The aftermath of the cyclone Ana and Gombe in Malawi has largely been contained. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people were affected, with 51 deaths recorded. The decommissioning of IDP camps in affected districts. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps. Though, the cholera outbreak still persist with 89 new cases in past 2 weeks.									
Malawi	Cholera	Ungraded	3-Mar-2022	3-Mar-2022	11-Sep-2022	2 479	23	85	3.4%
A total of 19 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 11 September 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 2 479 and 85 respectively, with Case Fatality Rate at 3.4%. Of the 19 affected districts, Nkhata Bay (612 cases; 17 deaths) has reported most of the cases, followed by Blantyre (546; 22 deaths), and Nsanje (291 cases; 14 deaths).									
Malawi	COVID-19	Grade 3	2-Apr-2020	2-Apr-2020	11-Sep-2022	87 938	87 938	2 679	3.0%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 11 September 2022, the country has a total of 87 938 confirmed cases with 2 679 deaths.									
Malawi	Poliomyelitis	Ungraded	31-Jan-2022	1-Feb-2022	7-Sep-2022	1	1	0	0.0%
One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.									
Mali	Humanitarian crisis (Sahel region)	Grade 2	n/a	11-Sep-2017	7-Jul-2022	-	-	-	-
The humanitarian situation in Mali has deteriorated significantly in the first half of 2022 due to the intensification of the conflict and intercommunity clashes. The level of need is the highest it has been since the crisis began in 2012. Currently, 7.5 million people, or one in three Malians, are in need of humanitarian assistance, up from 3.8 million in 2017. In addition, 1.8 million people need food aid, a 50% increase from last year.									
Mali	COVID-19	Grade 3	25-Mar-2020	25-Mar-2020	11-Sep-2022	32 248	32 248	739	2.3%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 11 September 2022, a total of 32 248 confirmed COVID-19 cases have been reported in the country including 739 deaths and 30 776 recoveries.									
Mali	Measles	Ungraded	20-Feb-2018	1-Jan-2022	3-Jul-2022	2 017	626	1	0.0%
As of 3 July 2022, a total of 2 017 suspected cases of measles and 626 confirmed and one death (CFR 0.1) have been reported in Mali through integrated disease surveillance and response (IDSR) system. A total of 37 out of 75 health districts have confirmed measles outbreak, of which 13 health districts have received vaccines for response. The most affected age group is from 0 to 59 months.									
Mauritania	COVID-19	Grade 3	13-Mar-2020	13-Mar-2020	10-Sep-2022	62 776	62 776	993	1.7%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 10 September 2022, a total of 62 776 cases including 993 deaths and 61 768 recovered have been reported in the country.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	31-Aug-2022	29-Aug-2022	2-Sep-2022	1	1	0	0.0%
The Mauritanian Ministry of Health reported a new confirmed case of Crimean-Congo haemorrhagic fever (CCHF) on 29 August 2022. The patient was a 28-year-old pregnant woman from the locality of Diabbe located 2 kilometers from M' Bagne city in Brakna region. She presented with a febrile syndrome during the prenatal consultation on 28 August 2022 and a sample was taken the same day. CCHF was confirmed on 29 August 2022 by polymerase chain reaction at the Institut National de Recherche en Santé Publique (INRSP).									
Mauritania	Rift Valley fever	Ungraded	31-Aug-2022	26-Aug-2022	31-Aug-2022	1	1	1	100.0%
A new confirmed case of Rift Valley fever (RVF) was reported by the Mauritanian Ministry of Health on 29 August 2022. The case is a 25-year-old male breeder from the Moughataa (district) of Tintane in Hodh El Gharbi region. He presented to a health facility with high fever and headache. On 26 August, he developed a haemorrhagic syndrome (epistaxis) with severe thrombocytopenia. He died on 29 August. Response activities are underway including enhanced surveillance and investigations.									
Mauritius	COVID-19	Grade 3	18-Mar-2020	18-Mar-2020	4-Sep-2022	259 730	259 730	1 024	0.4%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 4 September 2022, a total of 259 730 confirmed COVID-19 cases including 1 024 deaths have been reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-2020	1-Jan-2020	10-Sep-2022	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. As of 10 September 2022, the nationwide estimate of people in need of humanitarian assistance is 1.5 million and 946, 508 IDP population resulting from the conflict. 1.5 million still need life saving humanitarian assistance in 2022 resulting from heightened food insecurity and malnutrition.									
Mozambique	Cholera	Ungraded	23-Mar-2022	13-Jan-2022	23-Aug-2022	3 470	16	15	0.4%
Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 23 August 2022, a total of 3 470 cases and 15 deaths (CFR 0.4%) have been reported. In Sofala province, cases have been reported from Caia (707, 21.7%), Maringue (30, 0.9%), Chemba (36, 1.1%), and Marromeu districts (274, 5.9%). In Zambezia province, cases have reported from Morrumbala (1 333, 40.9%), Mopeia (589, 18.0%), and Quelimane City (386, 5.9%) districts. A total of 63 samples have been tested, of which 41 have returned positive for cholera by rapid diagnostic test (RDT) and 16 turned positive by culture. Response activities are ongoing.									
Mozambique	COVID-19	Grade 3	22-Mar-2020	22-Mar-2020	7-Sep-2022	230 145	230 145	2 222	1.0%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 7 September 2022, a total of 230 145 confirmed COVID-19 cases were reported in the country including 2 222 deaths and 227 819 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-2020	1-Jan-2021	17-Apr-2022	3 599	903	0	0.0%
From week 1 to week 15, 2022 (ending 17 April), a total of 582 suspected cases of measles and zero death have been reported through IDSR (Integrated Disease Surveillance and Response). The cumulative number of the reported cases since January 2021 is now 3 599									
Mozambique	Poliomyelitis (WPV1)	Ungraded	17-May-2022	18-May-2022	7-Aug-2022	4	4	0	0.0%
Three new wild poliovirus type 1 (WPV1) cases are reported this week from Tete Province, including one case from a district bordering Zimbabwe. As of 7 September, there are four cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country.									
Namibia	COVID-19	Grade 3	14-Mar-2020	14-Mar-2020	9-Sep-2022	166 688	166 688	4 077	2.4%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 9 September 2022, a total of 166 688 confirmed cases with 4 077 deaths have been reported.									
Namibia	Measles	Ungraded	2-Jun-2022	6-Jun-2022	7-Jul-2022	63	6	0	0.0%
On 2 June 2022, the Ministry of Health and Social Services of Namibia notified WHO about a confirmed outbreak of measles in Omusati region, Outapi district. A total of 63 cases, As at 07 July 2022, A total of 63 measles suspected cases reported.									
Niger	Humanitarian crisis (Sahel region)	Grade 2	1-Feb-2015	1-Feb-2015	31-Jul-2022	-	-	-	-
There is an increasing number of security incidents reported in the first five months of the year. Since the beginning of May 2022, a total of 16 193 people have been forced to move to the communes of Torodi and Makalondi. More than 17 000 people also have fled Mali to settle in Niger's Tillaberi and Tahoua regions. As of 31 July 2022, a total of 293 256 refugees and asylum seekers, with 69 % coming from Nigeria, 21% from Mali, 5% from Burkina Fasso and 5% from other countries, were reported. Furthermore, there are more than 347 648 Internally Displaced Persons and Nigerien returnees.									
Niger	Cholera	Ungraded	3-Sep-2022	1-Sep-2022	4-Sep-2022	14	7	0	0.0%
The Direction Régionale de la Santé Publique (DRSP) of Maradi, Niger, notified 10 suspected cases of cholera, including three positive cases by rapid diagnostic test on 1 September 2022 in Madaroufa district, Maradi region. Further testing identified Vibrio cholerae O1 Ogawa. As of 4 September 2022, 14 suspected cases have been reported, of whom seven tested positive for cholera, five recovered, and no deaths were recorded. Of the 14 reported cases, nine are females and nine are within the 5-14 year age range.									
Niger	COVID-19	Grade 3	19-Mar-2020	19-Mar-2020	28-Aug-2022	9 329	9 329	312	3.3%
From 19 March 2020 to 28 August 2022, a total of 9 329 cases with 312 deaths have been reported across the country. A total of 8 863 recoveries have been reported from the country.									
Niger	Dengue	Ungraded	31-Aug-2022	14-Aug-2022	31-Aug-2022	1	1	0	0.0%
The Ministry of Health of Niger has reported the first ever case of dengue in Niger. The patient is a 47-year-old male from Niger who arrived from Cuba on 13 August 2022. On 14 August 2022, he exhibited flu-like symptoms, including fever, arthromyalgia, body aches, cold, etc., and then consulted a clinic in Niamey. He tested positive for COVID-19 and dengue in June 2022 in Cuba. The sample taken and sent to the Centre de Recherche Médicale et Sanitaire (CERMES) on 8 August 2022 tested positive for dengue. A second sample was sent to the Institut Pasteur in Dakar for confirmation and also returned positive for dengue on 24 August 2022. The patient currently has no signs of bleeding but blood analysis showed thrombocytopenia.									
Niger	Measles	Ungraded	5-Apr-2022	1-Jan-2022	17-Apr-2022	6 103	323	6	0.1%
From week 1 to week 15 (ending 17 April) of 2022, a total of 6 103 cases and 6 deaths (CFR: 0.1%) have been reported. Among the eight regions for the country, Agadez has the highest attack rate (59.8 cases per 100 000 inhabitants), followed by Niamey (46.7 cases /100 000). Risk assessment found: 17 districts of 72 for the country at very high risk while 21 districts are at high risk. The response plan is being finalized in order to vaccinate in the 38 high risk and very high-risk districts as well as 11 districts in outbreak but not yet reflected in the risk profile									
Niger	Meningitis	Ungraded		1-Jan-2021	22-May-2022	1 688	-	76	4.5%
Since early 2021 to week 2, 2022 (ending 16 January 2022), 1 688 cases have been reported with 76 deaths (CFR 4.5%). Two health districts in Zinder region crossed the alert threshold: Dungass with an attack rate of 4.5 cases per 100 000 inhabitants and Magaria with an attack rate of 4.8 cases per 100 000 inhabitants. An analysis of data by sub-districts indicates that some health areas crossed the epidemic threshold on week 49 of 2021 (ending 12 December). Neisseria meningitidis serogroup C is the predominant germ identified in the 2 health districts. A request to the International Coordinating Group for vaccine provision is underway for a vaccine campaign response.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-2020	1-Jan-2021	3-Aug-2022	26	26	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are eight cases in 2022. There were 18 cases reported in 2021.									
Nigeria	Humanitarian crisis (Sahel region)	Grade 2	10-Oct-2016	10-Oct-2016	30-Jul-2022	-	-	-	-
In north-eastern Nigeria, humanitarian needs remain high, with 8.4 million people, including 58% children (4.9 million), requiring humanitarian assistance in 2022. A total of 2.1 million internally displaced persons (IDPs) remain displaced in the three north-eastern states of Borno, Adamawa, and Yobe due to the ongoing conflict. Over 360 000 persons are displaced in three States, with Katsina (173 856) having the highest number of IDPs, followed by Zamfara (123 102) the epicentre of the banditry attacks. Over 81% of the IDPs reside in host communities, while the rest are living in camp like settings.									
Nigeria	COVID-19	Grade 3	27-Feb-2020	27-Feb-2020	9-Sep-2022	264 450	264 450	3 154	1.2%
The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 9 September 2022, a total of 264 450 confirmed cases with 257 670 recovered and 3 154 deaths have been reported.									
Nigeria	Lassa fever	Grade 1	1-Jan-2021	1-Jan-2021	28-Aug-2022	936	899	169	18.8%
From week 1 to 34 of 2022 (ending 28 August), a total of 936 Lassa fever cases including 899 confirmed, 37 probable and 169 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18.8% across 25 States. In week 34, five new confirmed cases were reported from Ondo and Edo States. In total, 6 392 cases are suspected in 2022. Of all confirmed cases, 70% are from Ondo (31%), Edo (26%), and Bauchi (13%) States.									
Nigeria	Monkeypox	Grade 3	31-Jan-2022	1-Jan-2022	14-Aug-2022	220	220	4	1.8%
From 1 January to 14 August 2022, Nigeria has reported 530 monkeypox suspected cases. Of these, 220 cases were laboratory confirmed from 29 States: – Lagos (35), Ondo (18), Rivers (16), Bayelsa (14), Adamawa (13), Delta (12), Edo (12), FCT (10), Abia (9), Nasarawa (9), Anambra (8), Imo (8), Ogun (7), Plateau (6), Taraba (5), Kwara (5), Kano (5), Gombe (4), Cross River (4), Oyo (4), Borno (3), Benue (3), Katsina (3), Kogi (2), Niger (1), Bauchi (1), Akwa Ibom (1), Ebonyi (1) and Osun (1). Four deaths were recorded among confirmed cases from Delta, Lagos, Ondo and Akwa Ibom States.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-2018	1-Jan-2018	2-Sep-2022	509	509	0	0.0%
In 2022, 39 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria, including four in week 30 from Zamfara State. The most recent date of onset was 9 June 2022. There were 410 cVDPV2 cases reported in 2021.									
Nigeria	Undiagnosed disease	Ungraded	21-Jul-2022	2-Jun-2022	15-Jul-2022	10		1	10.0%
An Increase in the report of seizure disorder was noticed among secondary school students of Marymount College Boji-Boji Owa in Ika North East Local Government Area of Delta State and escalated to the State Ministry of Health and World Health Organization on 14 July 2022. The first case of this seizure disorder was noticed among a student of the school in December 2021 and the second on 2 June 2022. Later (between 2nd June and 12th July 2022), 8 more cases were reported among students of the school. The school is about 20m away from a gas refilling station, separated by a fence and about 4m width road. The State rapid response team has activated officers from the Ministry of Oil and Gas to commence an investigation and assessment of the gas refilling station. Plans are ongoing to commence the collection of water samples from the source of drinking water and food samples from the kitchen for investigation. As of 15 July 2022, only one death has been reported among the cases (the patient died when undergoing Magnetic Resonance Imaging (MRI) investigation on 15 June 2022).									
Nigeria	Yellow fever	Grade 2	12-Sep-2017	1-Jan-2021	26-Jul-2022	29	22	0	0.0%
From January to December 2021, a total of 25 yellow fever cases including 22 confirmed and 3 probable cases were reported in Nigeria. From 1 January to 30 June 2022, a total of 814 suspected cases have been reported from 36 states in 345 Local Government Areas. Of these suspected cases reported in 2022, none have been confirmed.									
Rwanda	COVID-19	Grade 3	14-Mar-2020	14-Mar-2020	10-Sep-2022	132 474	132 474	1 466	1.1%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 10 September 2022, a total of 132 474 cases with 1 466 deaths and 130 954 recovered cases have been reported in the country. The cumulative number of confirmed cases has been corrected.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-2020	6-Apr-2020	4-Sep-2022	6 177	6 177	76	1.2%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 4 September 2022, a total of 6 177 confirmed cases of COVID-19 have been reported, including 76 deaths. A total of 6 077 cases have been reported as recoveries.									
Sao Tome And Principe	Dengue	Grade 2	11-Apr-2022	15-Apr-2022	5-Sep-2022	993	993	3	0.3%
Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 5 September 2022, a total of 993 cases and 3 deaths (CFR 0.3%) have been confirmed via RDT from: Água Grande (681, 68.5%), Mézôchi (141, 14.2%), Lobata (88, 8.9%), Cantagalo (40, 4.0%), Lembá (16, 1.6%), Caué (15, 1.5%), and RAP (12, 1.2%). During week 35 (ending 5 September), there were 12 new cases registered in the country. Água Grande's attack rate is by far the highest (80.8 per 10 000 inhabitants). Those aged 50-59 years are experiencing the highest attack rate at 62.1 cases per 10 000. The 3 main clinical signs are fever (910, 92%), headache (745, 75%) and myalgia (315, 32%).									
Senegal	COVID-19	Grade 3	2-Mar-2020	2-Mar-2020	10-Sep-2022	88 199	88 199	1 968	2.2%
From 2 March 2020 to 10 September 2022, a total of 88 199 confirmed cases of COVID-19 including 1 968 deaths and 86 108 recoveries have been reported in Senegal.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Senegal	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	12-Aug-2022	15-Aug-2022	28-Aug-2022	5	5	2	40.0%
On 12 August 2022, a confirmed outbreak of Crimean-Congo haemorrhagic fever (CCHF) was reported in Podor District, Saint-Louis region, Senegal. The index case is a 38-year-old female who presented with fever, headache, myalgia, fatigue and haemorrhagic symptoms, and was detected through the viral hemorrhagic fever surveillance system. The disease started on 20 July; she consulted on 5 August, was sampled on 6 August and died on 7 August. There is an history of travel to Mauritania on 2 July. As of 28 August, two additional cases were reported, a contact of the index case and a case with no evident epidemiological link to the first two cases.									
Senegal	Measles	Ungraded	4-Jul-2022	1-Jan-2022	28-Aug-2022	326	326	0	0.0%
From epidemic week 1 to 34 of 2022 (ending 28 August), 326 confirmed cases of measles were reported from 44 districts of Senegal, with 24 districts having crossed the epidemic threshold. Of the reported cases, 176 (54.0%) are females; the most affected age group is 1-5 years with 159 cases (48.8%) of which 89.3% were not vaccinated against measles.									
Seychelles	COVID-19	Grade 3	14-Mar-2020	14-Mar-2020	11-Sep-2022	46 358	46 358	169	0.4%
Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 11 September 2022, a total of 46 358 cases have been confirmed, including 45 977 recoveries and 169 deaths have been reported.									
Sierra Leone	Anthrax	Ungraded	20-May-2022	20-May-2022	17-Jun-2022	6	5	0	0.0%
The Ministry of Health and Sanitation in Sierra Leone declared an outbreak of human anthrax in the country after identifying three lab confirmed cutaneous anthrax cases in Karene district. Investigation result, reported consumption of dead meat in surrounding communities. There was also prior confirmation of anthrax from tissues collected from some of the affected animals during epi week 19. As of 17 June 2022, a total of six cases were reported including five confirmed cases and one probable case. Majority of them are among the 15-year old age group and above (43%) followed by 12-59 months (29%), 0-11 months (14%) and 5-15 years (14%).									
Sierra Leone	COVID-19	Grade 3	31-Mar-2020	27-Mar-2020	25-Aug-2022	7 744	7 744	125	1.6%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 25 August 2022, a total of 7 744 confirmed COVID-19 cases were reported in the country, including 125 deaths and 4 875 recovered cases.									
Sierra Leone	Mass food poisoning	Ungraded	28-Jul-2022	28-Jul-2022	28-Jul-2022	84	84	1	1.2%
Tragedy befell some graduation/birthday party attendants on 26 July 2022 at Momoh Thorley Street in Kenema, 84 people (Males-26, females-55) went unconscious after eating jollof rice, birthday cakes, and drinking ginger. One death, a 1-year old child was registered. Health authorities continue to monitor the situation.									
Sierra Leone	Measles	Ungraded	1-Nov-2021	1-Jan-2022	9-Aug-2022	407	407	0	0.0%
By 9 August 2022 (Week 31), 14 out of 16 districts reported 407 confirmed measles cases (134 lab-confirmed and 273 epi linked; 55 % (224) of these cases are below five years, 26 % (106) above five years and 18.7%, (77) age missing. Currently, only one (Western Urban) district continues to report measles cases. Surveillance and immunisation activities have been intensified in all districts.									
South Africa	COVID-19	Grade 3	5-Mar-2020	3-Mar-2020	11-Sep-2022	4 014 405	4 014 405	102 129	2.5%
Since the start of the COVID-19 pandemic in South Africa through 11 September 2022, a cumulative total of 4 012 812 confirmed cases and 102 129 deaths have been reported.									
South Africa	Monkeypox	Grade 3	23-Jun-2022	23-Jun-2022	10-Sep-2022	5	5	0	0.0%
From 22 June 2022 to 10 September 2022, there have been five unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 2), Limpopo (n = 1) and Johannesburg (n = 1) provinces.									
South Sudan	Drought/food insecurity	Grade 3	18-Dec-2020	5-Apr-2021	17-Aug-2022	-	-	-	-
From April to July 2022 an estimated 7.74 million people (63% of total population) faced crisis levels of food insecurity phase (IPC) 3 or worse. Of the total number, 87 000 are in IPC 5, 2.89 million are in IPC 4, and 4.77 million are in IPC 3. Counties expected to be in IPC phase 5 are Fangak, Canal/Pigi and Ayod counties in Jonglei State; Pibor County in Greater Pibor Administrative Area; Cuiet and Rumbek North counties in Lakes State; and Leer and Mayendit counties in Unity State. An estimated 1.3 million children under five years and 676K pregnant/lactating women are expected to suffer acute malnutrition in 2022. In June 2022, malnutrition cases peaked with a 28% increase in admissions as compared to previous years. Food insecurity in South Sudan is driven by climatic shocks (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, the effects of COVID-19, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households' coping capacities, and the loss of livelihoods.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-2016	15-Aug-2016	1-Sep-2022	-	-	-	-
The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there are a total of 8.9 million people in need of humanitarian assistance and 2.22 million people internally displaced people as of 30 June 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. In Abyei Administrative Area, Unity, and Eastern Equatoria States, more than 100K displacements have been caused by armed conflict as of 18 August 2022. Between 14-15 August, heavy fighting was reported between armed factions in Tonga town and neighbouring areas in Panyikang County of Upper Nile State. More than 18K people were reported displaced near Malakal town, Pakwa and Adidiang as of 30 August. At least 2K IDPs arrived at the Malakal Protection of Civilians (PoC) site between 15 and 30 August with more expected. Further reports of IDPs have been indicated to Jonglei State, Unity State, Ruweng Administrative Area, and neighbouring Sudan.									
South Sudan	Anthrax	Ungraded	25-Apr-2022	13-Mar-2022	6-Aug-2022	108	8	5	4.6%
A total of 108 suspected cases and 5 deaths (CFR 4.6%) have been reported from Gogrial West county of in Warrap state. A total of 8 samples returned positive for bacillus anthracis bacteria. Cases were reported from 13 March - 6 August 2022 from registered hospital patients where the majority of cases have been female (61%).									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	Cholera	Ungraded	21-Apr-2022	21-Mar-2022	14-Aug-2022	316	56	1	0.3%
From 19 March to 14 August 2022, 316 cases and 1 death (CFR 0.33%) have been reported from Unity State and Ruweng Administrative Area, however most cases have been reported from the Bentiu IDP camp (279 cases, 89% of cumulative total). A total of 56 cases have been confirmed positive by RDT for cholera and 29 tested positive for <i>Vibrio cholerae</i> by culture at the National Public Health Laboratory in Juba. Females account for 61% of all cases and children ages 0-4 years have been the most affected age group accounting for 35.7% of all cases. Rubkona county experienced unprecedented floods in 2021 with flood waters persisting up to the end of the current dry season and the flood surface water is often used for bathing and playing. More than 1 million doses of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned.									
South Sudan	COVID-19	Grade 3	5-Apr-2020	5-Apr-2020	8-Sep-2022	18 046	18 046	138	0.8%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 8 September 2022, a total of 18 046 confirmed COVID-19 cases were reported in the country including 138 deaths and 17 700 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-2018	1-Jan-2019	6-Aug-2022	3 046	104	25	0.8%
The current outbreak in the Bentiu IDP camp is ongoing. As of 6 August 2022, a total of 3 046 cases of hepatitis E including 25 deaths (CFR: 0.8%) have been reported since January 2019. During week 30 (ending 30 July), a total of 43 cases were reported. Approximately 54% of cases are male.									
South Sudan	Malaria	Ungraded	28-Dec-2021	1-Jan-2022	22-May-2022	1 117 138	1 117 138	232	0.0%
Between weeks 1-20 of 2022 (ending 22 May), 1 117 138 malaria cases including 232 deaths (CFR 0.02%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the county of Fangak.									
South Sudan	Measles	Ungraded	23-Feb-2022	1-Jan-2022	12-Jun-2022	535	68	2	0.4%
A measles outbreak was declared by health authorities of South Sudan on 23 February 2022. As of 12 June 2022, eight counties (of 79 counties nationally) have confirmed measles outbreaks (Gogrial West, Raja, Torit, Maban, Tambura, Aweil East, Aweil Centre, Aweil West) since the beginning of this year. Overall, 535 suspected measles cases and two deaths (CFR 0.3%) have been reported countrywide. A total of 68 samples tested positive for measles IgM out of 231 tested. The numbers of the suspected and confirmed cases have been revised from 681 and 421 to 535 and 68 respectively									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-2020	16-Mar-2020	2-Sep-2022	39 168	39 168	845	2.2%
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 2 September 2022, a total of 39 168 confirmed cases have been reported in Tanzania Mainland including 845 deaths.									
Tanzania, United Republic of	Leptospirosis	Grade 1	14-Jul-2022	5-Jul-2022	7-Aug-2022	20	15	3	15.0%
On 14 July 2022, the Ministry of Health of Tanzania notified WHO of cases of an unknown disease in Ruangwa District, Lindi Region. On 5 and 7 July 2022, two cases of fever, nose bleeding, headache, and general body weakness were reported. As of 7 August 2022, 20 cases with three deaths were reported. No new cases have been reported since 15 July. Fifteen of the 18 human samples collected returned positive for Leptospirosis. All samples were negative for Ebola virus disease, Marburg virus disease, Influenza, Crimean-Congo haemorrhagic fever, Yellow fever, Chikungunya, West Nile virus and Rift Valley fever.									
Tanzania, United Republic of	Measles	Ungraded		30-Jun-2022	23-Aug-2022	223	2	0	0.0%
A measles outbreak is ongoing in Tanzania since June 2022. As of 23 August 2022, a cumulative total of 223 suspected measles cases, with two IgM positive cases are reported since the onset of the outbreak in June 2022. A total of 88 cases were admitted to the local hospitals. About 48% (108 cases) of the suspected cases were children under five years of age. The majority of cases are reported from Magharibi B, Magharibi A and Wete districts. The Ministry of health is working on strengthening surveillance and routine vaccination activities as well as the planning for a mass measles vaccination outbreak response.									
Togo	COVID-19	Grade 3	6-Mar-2020	1-Mar-2020	28-Aug-2022	38 451	38 451	282	0.7%
On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 28 August 2022, a total of 38 451 cases, including 282 deaths and 38 031 recovered cases, have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-2019	13-Sep-2019	24-Aug-2022	17	17	0	0.0%
No cVDPV2 positive environmental sample reported this week. One sample was reported last week, which is the first one in the Country. No cases have been reported in 2021. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.									
Uganda	Drought/food insecurity	Grade 3	17-Feb-2022	1-Jan-2022	29-Jul-2022	-	-	-	-
The latest data from the Integrated Food Security Phase Classification (IPC) indicates that all nine districts in the Karamoja region are classified in IPC Phase 3 (Crisis) with 520,000 facing significant food insecurity. In response, UNICEF completed a nutrition mass screening in Moroto and Kaabong in early June 2022, which found that some 1 in 5 children are malnourished.									
Uganda	Anthrax	Ungraded	26-May-2022	16-May-2022	9-Aug-2022	51	5	2	3.9%
An anthrax outbreak has been confirmed in Bududa District, Uganda, in early May 2022. As of 9 August, a total of 51 suspected cases have been reported including two deaths (CFR 4%). Two Districts have so far reported human cases: Kween (31 cases and one death) and Bududa (20 cases and one death). Eleven samples have been collected in Bududa, five of which tested positive for anthrax. No new suspected cases have been reported in Kween and the last suspected case from Bududa remains under home based care. Of note, 60 animals have suddenly died in Bududa (35), Namisindwa (9), Manafwa (8), Kween (6) & Mbale City (2) Districts.									
Uganda	COVID-19	Grade 3	21-Mar-2020	21-Mar-2020	3-Sep-2022	168 937	168 937	3 628	2.1%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 3 September 2022, a total of 168 937 confirmed COVID-19 cases with 3 628 deaths were reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Uganda	Floods	Ungraded	31-Jul-2022	31-Jul-2022	31-Jul-2022			8	
On 31 July 2022, floods from Nabuyonga river affected Nabisti and Nakibiso, Namatala and Nkoma affecting many people. Affected persons have presented with severe and minor injuries. Eight deaths have been reported.									
Uganda	Rift Valley fever	Ungraded	18-Aug-2022	18-Aug-2022	18-Aug-2022	2	2	1	50.0%
On 18 August 2022, the Uganda IHR-NFP notified WHO of two confirmed cases of Rift Valley Fever (RVF) reported on 27 July and 2 August, respectively, in Rubanda and Isingiro districts both located in the south western regions of the country. The index case from Rubanda is a female patient aged 39 years who presented at the Kabale Regional Referral Hospital on 23 June 2022 with fever, loss of appetite, joint pains and headache. The index case in Isingiro is a 27-year old farmer whose disease started on 24 July 2022 with fever, vomiting, diarrhoea, fatigue, abdominal pain, joint pains, difficulties in breathing and swallowing, and unexplained bleeding from the nose. He was admitted at the Mbarara Regional Referral Hospital where he died on 29 July 2022. Both cases were sampled and results from the Uganda Virus Research Institute returned positive for RVF.									
Uganda	Yellow fever	Grade 2	3-Mar-2021	2-Jan-2022	12-Aug-2022	376	1	0	0.0%
There have been 376 suspected cases reported of yellow fever during 2 January-9 July 2022 in Uganda with no deaths reported. Only one case from Wakiso District was classified as a confirmed case after thorough investigation and assessment of laboratory results. The case was confirmed on 18 Feb 2022 and occurred in an unvaccinated female 49-years-old who has since recovered from the disease. Rapid Response Team was activated and deployed in March 2022 to conduct additional investigations in the districts.									
West and Central Africa	Floods	Ungraded		16-Aug-2022	16-Aug-2022	731 000		250	
Since the beginning of 2022, seasonal rains and floods have severely impacted 17 countries of Western and Central Africa including Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Gambia, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, and Senegal. As of 16 August 2022, nearly 731 000 people have been affected including 250 deaths and 749 injuries. Some 35 000 houses have been damaged or completely destroyed by waters and/or landslides in 13 countries, including 2 455 IDP shelters in Burkina Faso, Chad and Nigeria, and a total of 126 000 people have been internally displaced across 11 countries.									
Zambia	Cholera	Ungraded	13-Apr-2022	11-Apr-2022	31-Jul-2022	160	12	0	0.0%
A cholera outbreak was declared in Zambia on 3 May 2022. A total of 160 cases have been registered with no deaths as of 31 July 2022. Three districts are affected: Lusaka, Chilanga and Nsama.									
Zambia	COVID-19	Grade 3	18-Mar-2020	18-Mar-2020	11-Sep-2022	333 229	333 229	4 017	1.2%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 11 September 2022, a total of 333 229 confirmed COVID-19 cases were reported in the country including 4 017 deaths.									
Zambia	Measles	Ungraded		13-Jun-2022	31-Aug-2022	438	101	3	0.7%
Mushindano district in North-western province is currently responding to a measles outbreak among some social-cultural and religious groupings with low immunisation coverages. As of 31 August 2022, 438 measles cases and 3 suspected deaths have been reported. WHO is supporting the Ministry of Health investing other cases with similar symptoms.									
Zambia	Undiagnosed disease	Ungraded		10-Jun-2022	5-Jul-2022	95		0	0.0%
On 27 May 2022, a 13-year-old pupil presented with signs and symptoms of difficulty in walking, weakness, and painful knees and ankles. The case was immediately isolated at the school sickbay and later referred to Kasama General Hospital for further management. On 4 June 2022, the school recorded four more new cases presenting with similar signs and symptoms from another grade 8 dorm. By 8 June 2022, the school had a cumulative of nine pupils isolated in the sickbay. There has been a total number of 95 suspected conditions of which 15 stool samples were collected to rule out AFP since 10 June 2022, with a cumulative of 95 recoveries as of 5 July 2022.									
Zimbabwe	Anthrax	Ungraded	6-May-2019	1-Jan-2022	17-Aug-2022	62	0	0	0.0%
The anthrax outbreak is ongoing in Zimbabwe. 1 new case was reported in Week 31 of 2022 with the cumulative for the year being 62. The cases were reported by Gokwe North District and Gokwe South District in Midlands Province. This outbreak started in Week 36 of 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. The cumulative figures for anthrax are 747 cases and three deaths in 2020 and 306 cases and 0 deaths in 2021.									
Zimbabwe	COVID-19	Grade 3	20-Mar-2020	20-Mar-2020	7-Sep-2022	256 834	256 834	5 596	2.2%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 07 September 2022, a total of 256 834 confirmed COVID-19 cases were reported in the country including 5 596 deaths and 251 238 cases that recovered.									
Zimbabwe	Measles	Ungraded	29-Apr-2022	19-May-2022	31-Aug-2022	5 735		639	11.0%
A measles outbreak has been ongoing in Zimbabwe since 10 April 2022. As of 31 August, A cumulative total of 5 735 Cases, 4 117 Recoveries and 639 Deaths have been reported since the onset of the outbreak. New cases were reported from Matabeleland North (60), Manicaland (49), Mashonaland East (41), Mashonaland West (23), Chitungwiza (11) and Harare (6).									

†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.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

Contributors

BARUANI Bienvenu (Niger)
TAMBWE Didier (Niger)
DJIGUIMDE, Amédée Prosper (Democratic Republic of the Congo)
FOLEFACK TENGOMO, Gervais Leon (Democratic Republic of the Congo)
KALAMBAYI KABAMBA, Guy (Democratic Republic of the Congo)

A. Moussongo

Editorial Team

G. Sie Williams
J. Nguna
J. Kimenyi
O. Ogundiran
F. Kambale
R. Mangosa Zaza
J. Njingang Nansseu
V. Mize
C. Okot

Production Team

T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group

Dr. Salam Gueye, *Regional Emergency Director*
E. Koua
D. Chamla
F. Braka

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.