

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 39: 19 - 25 September 2022

Data as reported by: 17:00; 25 September 2022



World Health
Organization

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

2

New events

153

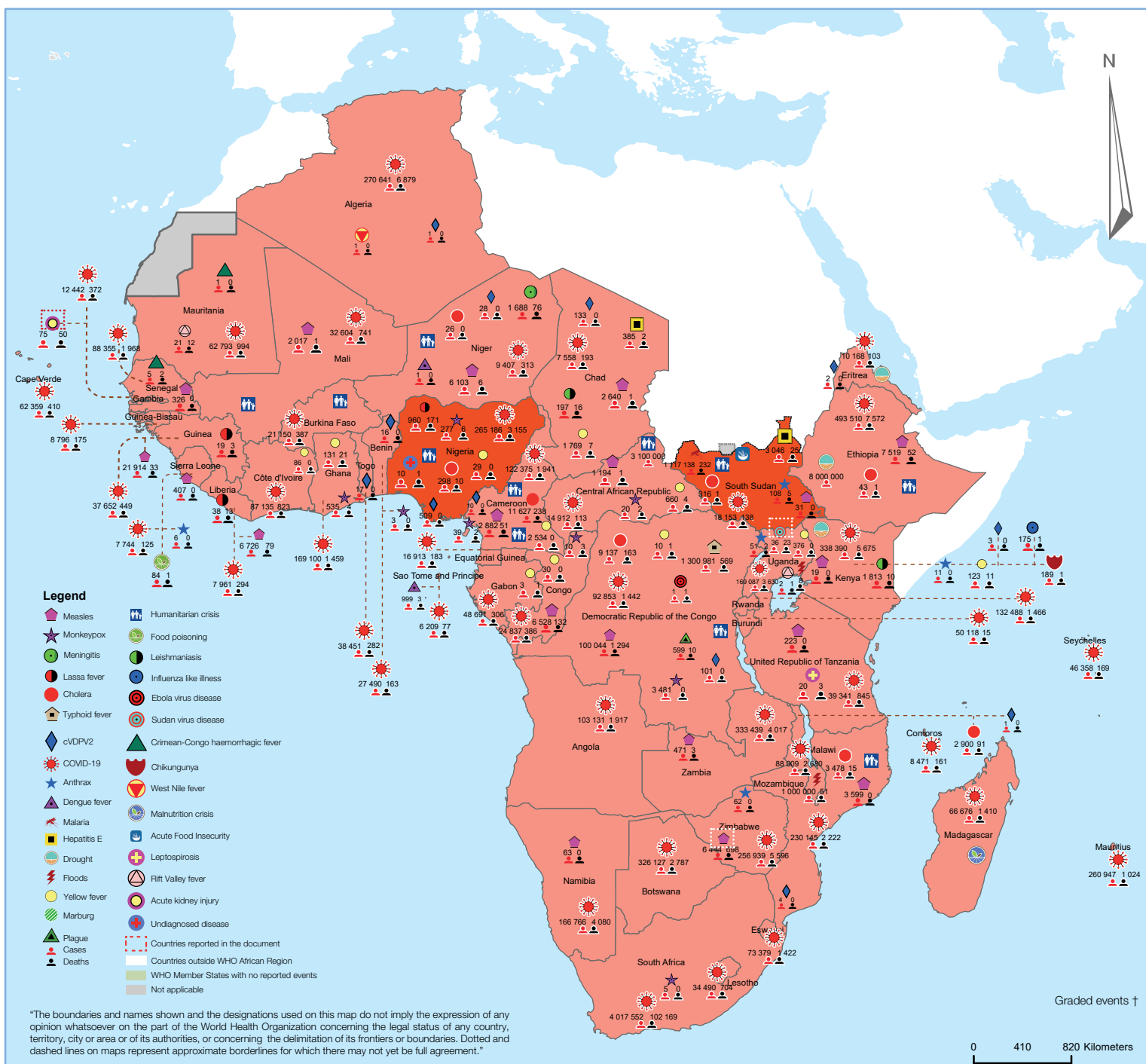
Ongoing events

135

Outbreaks

20

Humanitarian
crises



5

Grade 3 events

26

Grade 2 events

2

Grade 1 events

2

Protracted 3 events

5

Protracted 2 events

0

Protracted 1 events

53

Ungraded events

Overview

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9 All events currently being monitored

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

- Ebola Virus Disease caused by Sudan virus in Uganda
- Monkeypox in the WHO African Region
- Acute Renal illness in the Gambia

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:

- Uganda has reported an outbreak of Ebola virus disease caused by the Sudan virus, four years after the Country reported an ebola outbreak and ten years after reporting a similar strain. Although the country has developed an increased capacity to respond to Ebola disease outbreaks over recent years, the current extent of this outbreak is yet to be determined as it was detected almost three weeks later when the disease might have already spread and generated secondary or tertiary cases. There is also need for more resources as the country is concomitantly engaged in responding to multiple other emergencies. Moreover, in the absence of licensed vaccines and therapeutics for prevention and treatment of SVD, the risk of potential serious public health impact is direly high.
- Two new monkeypox cases were reported in Africa in the past week compared to six in the previous week. Eleven countries have confirmed monkeypox outbreaks in Africa from January to August 2022. In the past week, one new case and two deaths were reported from a previously affected country (Cameroon) and one case from a newly affected country (Sudan). WHO AFRO is providing necessary support to improve surveillance and laboratory capacity, including genomic surveillance in affected countries.
- The Gambia is experiencing an acute kidney injury (AKI) outbreak of unknown aetiology among children, identified at a Teaching Hospital since early August this year. Retrospective analysis of hospital records revealed additional cases, with the index case traced to 4 July 2022. Cases are reported from six out of seven health regions for the country. Stool samples from some cases tested positive for Escherichia Coli (E.coli) bacteria and toxicology investigations of two samples of medicines taken by children with AKI were found to contain ethylene glycol, and diethylene glycol plus ethylene glycol, respectively. Based on the available evidence, the event has been classified as acute kidney injury secondary to E. coli infection, compounded by toxins contained in medicines. However further epidemiological and laboratory investigation are urgently required to better identify the aetiology and contributory factors and therefore this is subject to change when more information becomes available.

Ebola Virus Disease caused by Sudan virus in Uganda

36
cases

23
Deaths

64.0%
CFR

EVENT DESCRIPTION

In line with the International Classification of Disease for filoviruses (ICD-11) released in May 2019, outbreaks of a disease caused by the Sudan ebolavirus are named Sudan Virus Disease (SVD) outbreaks. This is the first outbreak of SVD since the new classification.

On 20 September 2022, the Uganda Ministry of Health officially declared an outbreak of SVD. The index case is a 24-year-old male residing in Ngabano village, Madudu Sub-County in Mubende District. His symptom onset was on 11 September, when he developed high grade fever, tonic convulsions, blood-stained vomit and diarrhoea, loss of appetite, pain while swallowing, chest pain, dry cough and bleeding in the eyes.

He therefore attended two private clinics successively between 11-13 and 13-15 September without improvement. He was then referred to the Mubende Regional Referral Hospital (RRH) on 15 September where he was immediately isolated as a suspected case of viral haemorrhagic fever. A sample was collected on 17 September and sent to the Uganda Virus Research Institute in Kampala where RT-PCR tests conducted were positive for SVD on 19 September. On the same day, the patient died.

According to ongoing investigations, a series of unexplained community deaths from an unknown illness, and sudden deaths appearing in Madudu and Kiruma Sub-Counties of Mubende District were reported in the first two weeks of September.

Preliminary findings revealed six other suspected deceased cases with ages ranging from 10 days to 56 years recorded at Mubende RRH and a few private clinics in Kiruma (five cases) and Madudu (one case) sub-counties of Mubende district. These fatal cases include four members of one family and one health care worker. The deaths occurred between 1–15 September. The cases were not isolated while in treatment and they were traditionally buried through gathering ceremonies without specific infection control measures.

As of 25 September 2022, a total of 36 cases have been reported including 18 confirmed and 18 probable cases. Twenty-three deaths have been recorded, including five confirmed, for an overall case fatality ratio (CFR) of 64% and 28% among confirmed cases. Women (67%) are twice more affected than men, and 37% of cases are aged below 20 years.

Three Districts have so far been affected: Mubende, the epicentre with 32 cases, Kyegegwa with three confirmed cases and Kassanda with one confirmed case. Thirty-five patients are currently in admission including 22 suspected and 13 confirmed cases. A total of 399 contacts have been listed with a 26% follow-up rate in the past 24hrs.

PUBLIC HEALTH ACTIONS

Coordination

- ▶ A National Task Force has been established by the MoH, with WHO providing technical support, and daily meetings are being held.
- ▶ A national SVD response plan has been approved to guide response activities.
- ▶ An Incidence Management Team (IMT) has been activated at national level and the MoH Incident Commander has been deployed to Mubende District to support response efforts locally. A situation room has been established at Mubende RRH to support the coordination.
- ▶ District Task Force (DTFs) meetings have been activated in Mubende, Sembabule, Kyankwanzi, Kampala, Mityana, Kyegegwa, Gomba, Kiboga, Kassanda, Kazo, Kakumiro and Kibaale.
- ▶ Rapid Response Teams have been deployed to the 12 districts to activate the response mechanisms, conduct risk assessments and support development of district response plans.

Surveillance and Laboratory

- ▶ Epidemiological investigations, contact tracing, and active case finding in the districts are ongoing. A total of 399 contacts have already been listed with 176 over the past 24hrs; 104 contacts (26%) have been followed-up. In addition, an alert desk has been established in Mubende District: 24 alerts have been received in the past 24hrs, 11 (46%) of which have been investigated.
- ▶ The Mubende surveillance sub-committee has been activated and briefed on its role.
- ▶ Eighteen supervisors have been trained in contact tracing, alert management, case investigation, event-based surveillance, and data management.
- ▶ Additional epidemiologists have been deployed to support the neighbouring districts, and surveillance tools have been printed and distributed.
- ▶ Laboratory experts have been deployed from national level and capacity building support, sample collection, packaging, and transportation is ongoing.
- ▶ Two Bio-fire mobile laboratory equipment and assorted accessory equipment have been deployed to Mubende, with a capacity of 20 samples to be tested per day. In an event of increased number of samples, a higher version of Bio-fire will be deployed.

Case management and infection, prevention and control (IPC)

- ▶ Management of patients (suspected and confirmed) is ongoing at Mubende RRH. A total of 35 patients are currently in admission at Mubende RRH.

- The case management pillar has deployed experts for IPC as well patient care and treatment to support Mubende RRH.
- Mortuary attendants have been trained in safe and dignified burial practices.
- WHO and other Partners are supporting the MoH in establishing an Ebola Treatment Unit at Mubende RRH.
- IPC teams are supporting capacity building of health workers in IPC and the establishment of triage in all healthcare facilities in affected districts.
- Risk communication
- Information, Education and Communication materials have been reviewed and are being disseminated to affected and high-risk districts, especially in schools, churches, and communities at the epicentre of the outbreak. Around 1000 students and teachers of five schools have been sensitized in Madudu sub-country.
- All four radio stations in Mubende have been engaged and initiated the airing of WHO-sponsored messages and talk shows.

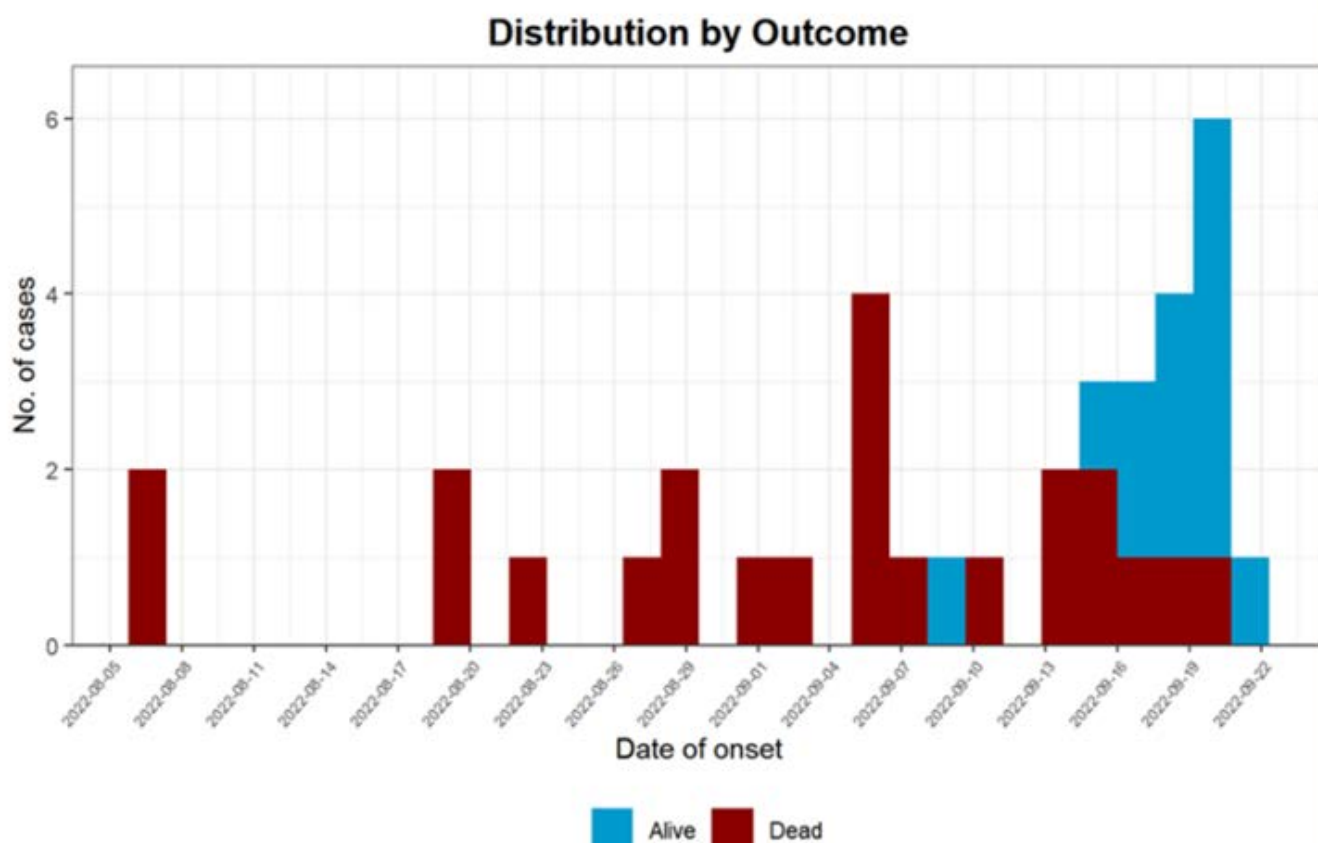
Logistics

- Three Ebola disease kits and an isolation tent have been received at the Mubende RRH to support case management, as well as IPC items and supplies.
- Fuel cards have been provided to support the mobility of response teams on ground.

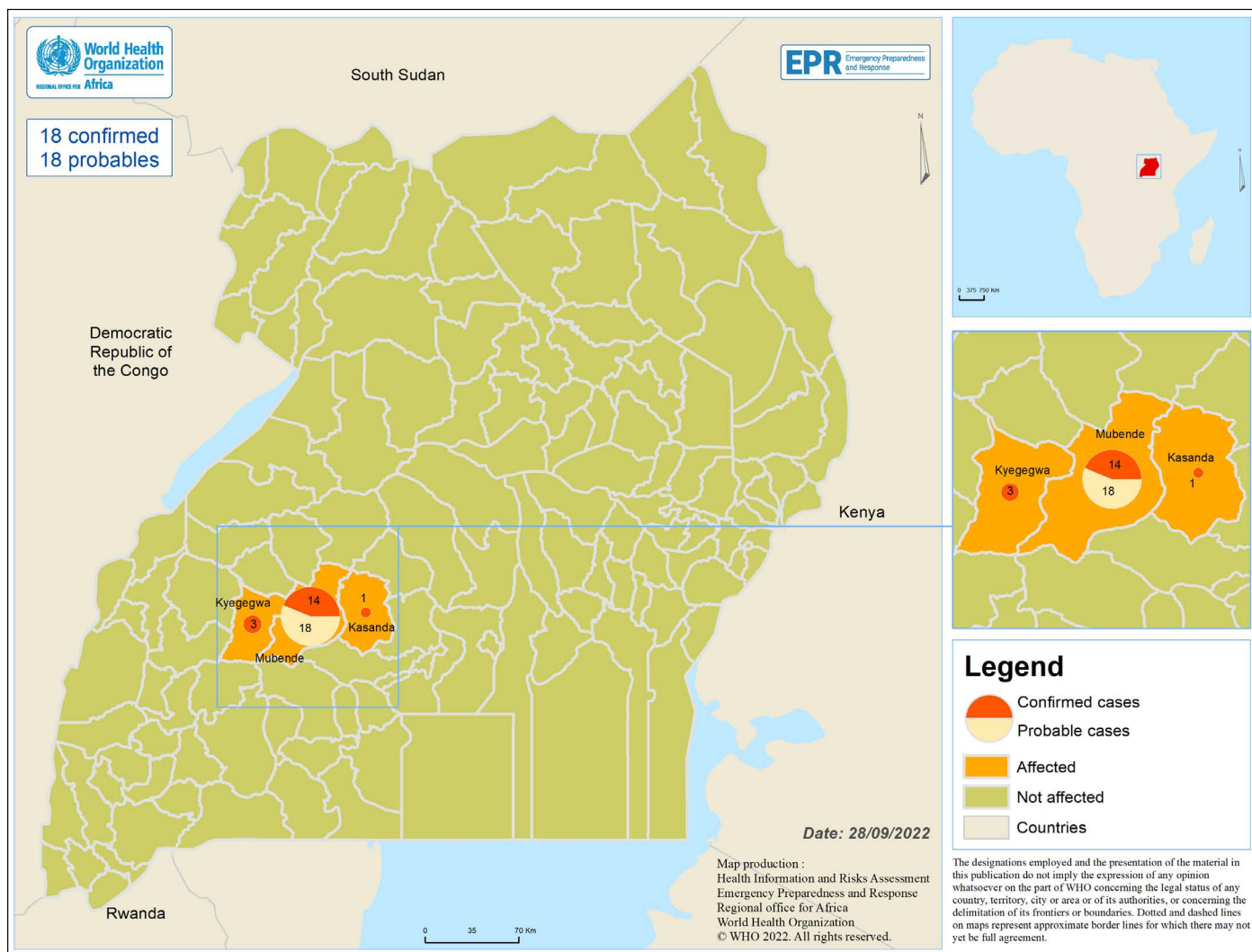
SITUATION INTERPRETATION

The source and extent of this outbreak remain to be determined. From available information, it is possible that the event started three weeks ago and is already generating secondary or tertiary cases. Also, the outbreak was detected among individuals living around an active local gold mine with a highly mobile population. Patients presented at different facilities yielding suboptimal IPC practices where they died and were subsequently traditionally buried with large gathering ceremonies. In this context, the possibility of spread to other districts and importation of cases to neighbouring countries cannot be ruled out. Therefore, in the absence of specific vaccines and therapeutics, the control of this outbreak will solely rely on early detection, isolation and management of cases, optimal IPC measures, and robust risk communication and community engagement.

Distribution of cases (confirmed and probable) of Ebola virus disease in Uganda by outcome



Distribution of Ebola Virus Disease by subcounty in the affected districts in Uganda, as of 25 September 2022



EVENT DESCRIPTION

The number of newly confirmed monkeypox cases in Africa decreased by 66.7% this week from six in week 37 (12 Sep – 18 Sep) to two new cases in 38 (19 Sep - 25 Sep). In the past week, two countries reported two new cases, including Cameroon (1) and Sudan (1).

Between 1 January and 25 September 2022, 11 African countries have reported 577 monkeypox cases, including nine countries in the WHO African region (Nigeria (277), Democratic Republic of the Congo (DRC) (174), Ghana (84), Central Africa Republic (CAR) (8), Cameroon (8), South Africa (5), Benin Republic (3), Congo (5) and Liberia (3) and two in the WHO Eastern Mediterranean Regional countries: Sudan (7) and Morocco (3).

The top three countries with the highest number of monkeypox cases in Africa include Nigeria (48.0%), DRC (30.2%), and Ghana (14.6%). The three countries account for 92.7% of all confirmed cases in Africa. With two new deaths from Cameroon, the number of Monkeypox cases and deaths in Africa represents 1.0% and 57.7% of global cases and fatalities, respectively.

Between 1 January and 25 September 2022, 64 561 laboratory-confirmed and 3 063 probable Monkeypox cases were reported globally. Similarly, 26 deaths were reported from Belgium (1), Cuba (1), Czechia (1), Ecuador (1), India (1), Sudan (1), United States of America (1), Brazil (2), Cameroon (2), CAR (2), Spain (3), Ghana (4), and Nigeria (6) across all six WHO regions.

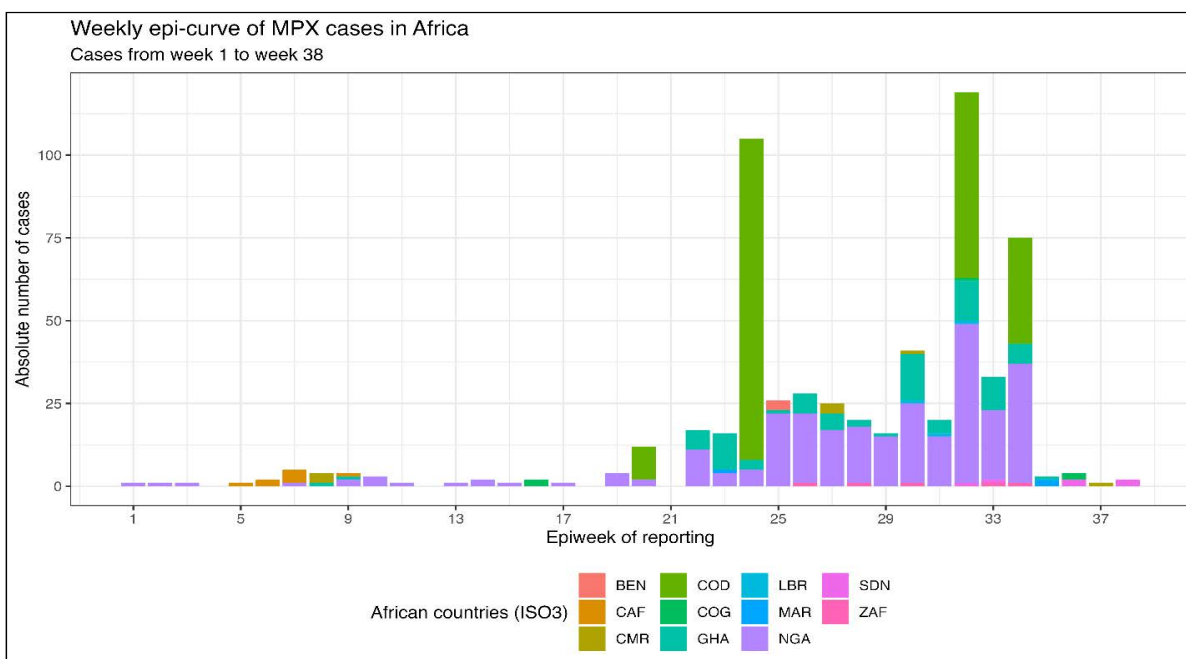
Most cases reported in the past week were notified from the Region of the Americas 39 355 (61.0%) and the European Region 24 371 (37.7%). Africa region recorded the highest proportion of global monkeypox deaths (53.8%), followed by the European region (19.2%) and Region of the Americas (19.2%). Two regions, Eastern Mediterranean and South-East Asia reported one death each (3.8%).

PUBLIC HEALTH ACTIONS

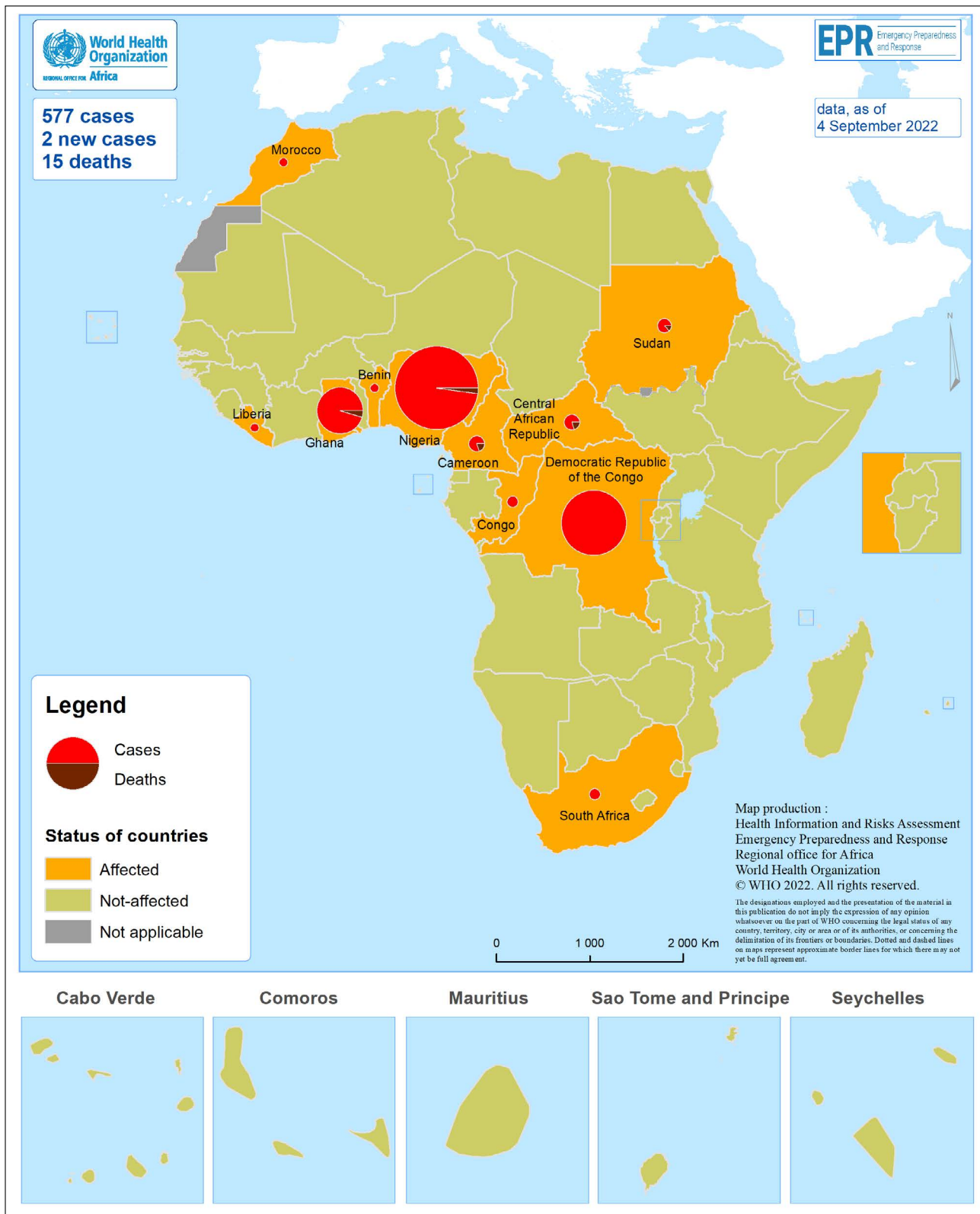
- WHO is providing necessary support to improve surveillance and laboratory capacity, including genomic surveillance in affected countries.
- Healthcare systems at various levels are currently using the standard and community case definitions for Monkeypox designed by the WHO and incorporated into the priority diseases list and reporting tools to enhance surveillance.
- Countries are using the WHO's technical surveillance guidelines and reporting tools to facilitate case detection, reporting, case investigations, contact tracing, and follow-up.
- Monkeypox signal detection and verification are being enhanced through proactive information and data gathering system using the Epidemic Intelligence from Open Sources.
- 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.
- WHO has developed a monkeypox vaccination strategy to guide the identification of high-risk and priority groups for vaccination.

SITUATION INTERPRETATION

No new country has reported a monkeypox case in the previous week. Two new cases were reported in Africa in the past week; one from Cameroon and one from Sudan. Two new deaths were confirmed in Cameroon. Nigeria, the Democratic Republic of Congo, and Ghana remain the top countries with the highest number of monkeypox cases. WHO continues to support countries on monkeypox surveillance and laboratory capacity, including genomic sequencing in the affected countries.



Distribution of cases of Monkeypox in the WHO African Region, as of 24 September 2022



[▶ Monkeypox dashboard](#)

Acute kidney injury secondary to Escherichia Coli infection

Gambia

75
cases

50
Deaths

66.7%
CFR

EVENT DESCRIPTION

On 1 August 2022, the Epidemic and Disease Control Unit of the Ministry of Health in the Gambia reported an unusual event detected at a Teaching Hospital. A nephrologist at that hospital reported an unusual increased incidence of acute kidney injury (AKI) of unknown aetiology. A case definition was developed following which a retrospective analysis of hospital records was conducted to 19 June 2022. This revealed additional cases, with the index case traced to 4 July 2022.

As of 23 September 2022, at least 75 cases have been reported among young children aged one month to seven years from six of the seven health regions in the country: Western Region 1 (32 cases) and 2 (19 cases) (WR 1&2), Upper River Region (URR) (13 cases), Lower River Region (LRR) (1 case), North Bank West Region (NBWR) (1 case), and Central River Region (CRR) (4 cases). The remaining five cases are being classified. Most of the cases (86%) are from three health regions (WR 1&2 and URR), and over 80% were less than two years old. A total of 50 deaths have been reported, resulting in a case fatality ratio of 66.7%.

The clinical features among the cases include fever followed by anuria (in 81% of cases), vomiting (61%), diarrhoea (51%) and cough (10%). The average duration of illness was nine days (range 5-18 days). A laboratory test confirmed AKI in 40% of children who had a kidney function test. In addition, of those who had a complete blood count (40%) test done, the white blood cell counts (predominantly granulocytes) was elevated in 60% of cases, but normal in 40% of cases. and routine urine tests were normal (dip stick and microscopy).

Stool samples from children with similar clinical symptoms to AKI cases (fever, vomiting and diarrhoea) were negative for rotavirus and Vibrio cholerae. However, 38 (61%) out of 62 stool samples (from children with similar clinical presentation as AKI cases) tested positive for Escherichia Coli (E. coli.). Two samples were positive for Shiga toxin- producing E. coli (O157). Whole-genome sequencing of E. coli to identify lineage was also done and is awaiting interpretation. Water quality assessment tests conducted in household of children with AKI revealed the presence of E. coli, but were negative for heavy metals including mercury and lead. Additionally, increased nitrite levels mainly in boreholes and one major national water source (Fajara) were also reported. The 2018 Multiple Indicator Cluster Surveys also revealed the presence of E. coli in all the water points tested.

Most of the children had received treatment before presenting at the referral hospital. The most common medicine was an antipyretic (40%), followed by antihistamine/antiemetic (7%) and cough syrup (6%). Nine samples of medicines taken by the children with AKI were sent for toxicological analysis. Results revealed that two out of nine medicine samples (one brand of paracetamol and one brand of promethazine) contained ethylene glycol, and diethylene glycol plus ethylene glycol, respectively. Post-mortem findings from two cases of AKI revealed findings consistent with

malnutrition and renal injury with no pathognomonic signs that could be linked to a specific cause.

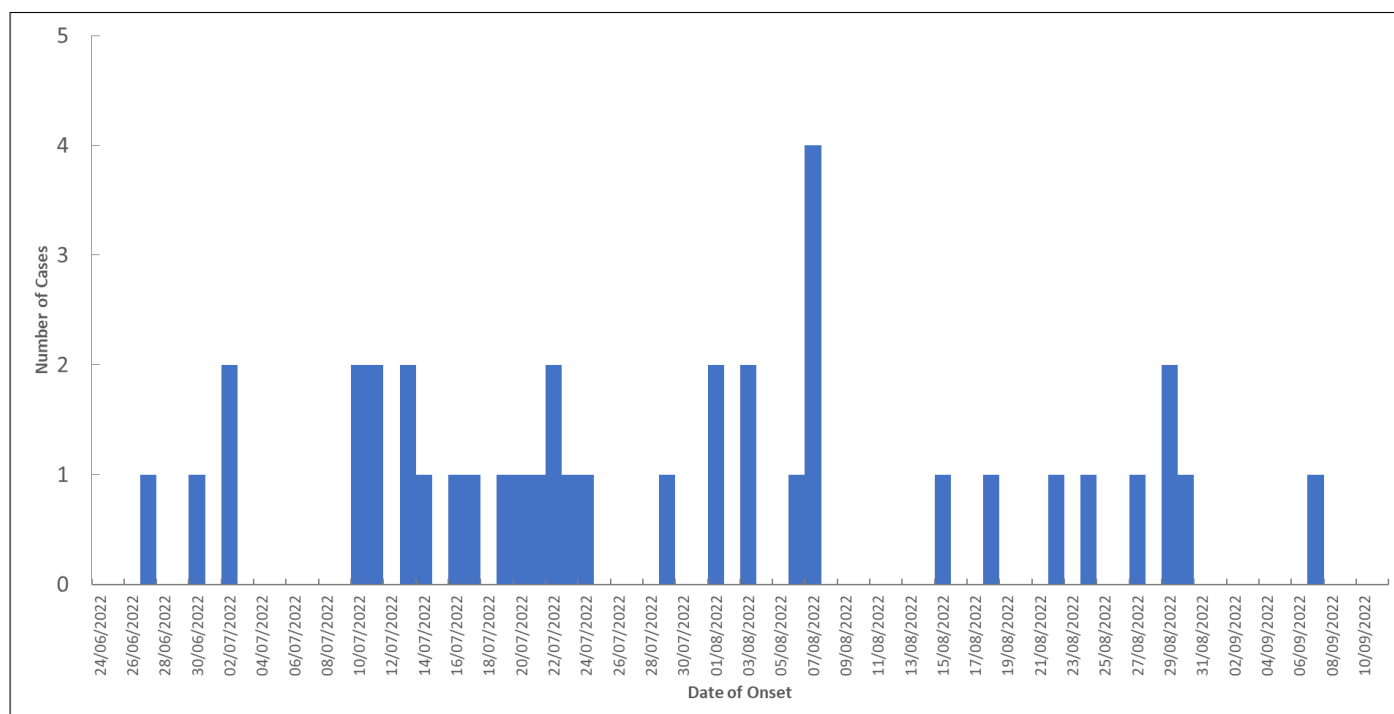
PUBLIC HEALTH ACTIONS

- A case definition was developed by the Ministry of health with support from the WHO for case detection and the retrospective analysis of hospital records. The case definition allowed more case detection and the communication to all the regions on the event across the country
- Laboratory investigation for samples (stool, bloods, urine) collected from cases and toxicology assessment of medicines taken were conducted
- Measures to prevent food- and water-borne infections have been disseminated
- Supporting the capacity of Medicine Control Agency to ensure effective regulatory oversight on medicines in the country including market surveillance and control and access to quality control laboratory is ongoing
- The planning of an in-depth epidemiological investigation to gather additional information to confirm the etiology and assess potential contributing factors for the good definition of prevention and control measures is ongoing.

SITUATION INTERPRETATION

Acute kidney injury in children particularly in developing countries is associated with high mortality rates. Most countries including the Gambia do not have proper and adequate human and material resources to manage kidney disease requiring dialysis. This is the first time an acute kidney injury outbreak is reported in The Gambia. There is therefore an urgent need to identify the definitive causative agent, so that adequate measures can be put into place to prevent further cases as well as clinical progression of cases to acute kidney injury.

Epicurve of cases of acute kidney injury in The Gambia by date of onset, as of 23 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 |
|---|------------------------------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| New Events | | | | | | | | | |
| Nigeria | Cholera | Ungraded | | 24-Sep-22 | 24-Sep-22 | 298 | | 10 | 3.4% |
| A cholera outbreak has been declared in Gombe State on 22 September 2022. The first case was reported on 24 August 2022. As of 24 September, a total of 298 cases including ten deaths (CFR 3.4%) have been reported, in 5 of the 11 Local Government Areas (LGAs), with majority of cases being reported in two LGAs: Yamaltu/Deba (98 cases) and Funakaye (93 cases). The other affected LGAs are Gombe (45 cases), Balanga (42 cases), and Nafada (20 cases). Twenty-one cases were on admission in the 5 LGAs as of 24 September 2022. | | | | | | | | | |
| Uganda | Sudan virus disease | Grade 2 | 19-Sep-22 | 19-Sep-22 | 25-Sep-22 | 36 | 18 | 23 | 63.9% |
| On 19 September 2022, the Uganda Virus Research Institute released results of a confirmed Ebola Sudan case. This is a 24-year male from Mubende district. Preliminary investigations of this event conducted by the National Rapid Response Team between 17-18 September revealed six other suspected deceased cases recorded between 1-15 September in the same district. As of 25 September, a total of 36 cases including 18 confirmed and 18 probable cases have been reported, with 23 deaths (CFR 64%). Three districts have so far been affected: Mubende, the epicentre (32 cases), Kyegegwa (3 confirmed cases) and Kassanda (1 confirmed case). Almost 67% of cases are females and 37% are aged below 20 years. Thirty five patients are currently in admission including 22 suspected and 13 confirmed cases. A total of 399 contacts have been listed with a 26% follow-up rate in the past 24hrs. | | | | | | | | | |
| Ongoing Events | | | | | | | | | |
| Algeria | COVID-19 | Grade 3 | 25-Feb-20 | 25-Feb-2020 | 25-Sep-22 | 270 641 | 270 641 | 6 879 | 2.5% |
| From 25 February 2020 to 25 September 2022, a total of 270 641 confirmed cases of COVID-19 with 6 879 deaths have been reported from Algeria, with 182 288 recovered. | | | | | | | | | |
| Algeria | Poliomyelitis (cVDPV2) | Grade 2 | 14-Jul-22 | 11-Apr-2022 | 2-Sep-22 | 1 | 1 | - | - |
| Algeria IHR focal point notified WHO of a confirmed case of Circulating Vaccine-Derived Poliovirus type 2 (cVDPV2). The case is a one-year-old girl resident of Tamanrasset Wilaya (commune of Tamanrasset). She was admitted on 11 April 2022 to a district hospital, for acute flaccid paralysis of both lower limbs. The epidemiological investigation carried out on the same day showed that she had not received any dose of oral or inactivated polio vaccine and that she had no history of travel outside the city of Tamanrasset. | | | | | | | | | |
| Algeria | West Nile fever | Ungraded | 29-Aug-22 | 9-Jul-2022 | 30-Aug-22 | 1 | 1 | 0 | 0.0% |
| The Ministry of Health of Algeria notified a confirmed case of West Nile fever (WNF) in an 11-year-old female child, resident of Touggourt city. The onset of symptoms was 9 July with fever, headache, stiff neck and vomiting. She was admitted to Touggourt hospital the same day for treatment. The diagnosis of WNF was confirmed on 21 July 2022 by the National Reference Laboratory for Arboviroses and Emerging Viruses of the Institut Pasteur in Algeria. The child was discharged from the hospital on 15 July 2022 after recovery. No additional cases have been reported as of yet. | | | | | | | | | |
| Angola | COVID-19 | Grade 3 | 21-Mar-20 | 21-Mar-20 | 17-Sep-22 | 103 131 | 103 131 | 1 917 | - |
| The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 16 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-20 | 16-Mar-20 | 21-Aug-22 | 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-22 | 3 | 3 | 0 | 0.0% |
| Three suspected cases of Monkeypox were notified to WHO by the Benin Ministry of Health on 3 June 2022. Two of the three suspected cases were from Nigeria and one person from the North of the country. Laboratory samples were taken and sent to the Institut 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-19 | 24-Aug-2019 | 3-Aug-22 | 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-20 | 28-Mar-20 | 22-Sep-22 | 326 127 | 326 127 | 2 787 | 0.9% |
| On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 22 September 2022, a total of 326 127 confirmed COVID-19 cases were reported in the country including 2 787 deaths. | | | | | | | | | |
| Burkina Faso | Humanitarian crisis (Sahel Region) | Grade 2 | 1-Jan-19 | 1-Jan-19 | 8-Aug-22 | - | - | - | - |
| Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated due to attacks by armed groups. A total of 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-20 | 9-Mar-20 | 10-Jul-22 | 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-20 | 18-Mar-20 | 24-Sep-22 | 50 118 | 50 118 | 15 | - |
| On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 24 September 2022, the total number of confirmed COVID-19 cases is 50 118, including 15 deaths and 49 555 recovered. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|---|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|------|
| Cameroon | Humanitarian crisis (North, Adamawa & East) | Protracted 2 | 31-Dec-13 | 27-Jun-2017 | 25-Aug-22 | | | | - |
| The security situation remains unstable, characterized by incursions and attacks in the departments of Mayo-Sava, Mayo-Tsanaga and Logone & Chari bordering Nigeria. At least 23 incidents involving armed men have been recorded, with 13 civilians killed including 2 children and 1 woman, as well as 12 people injured and 10 others abducted. The incursions of NSAGs are accompanied by looting of property and livestock, and sometimes burning of houses. Around 7 653 people have been displaced in June 2022, majority of which occurred in the Mokolo Subdivision following two NSAG attacks. As of 30 June 2022, 15 000 people have returned to their homes following the intercommunal conflict that occurred in the Logone-Birni department on December 2021. Moreover, nearly 640 households have been affected by torrential rains in Mayo-Danay and Logone & Chari since mid-April 2022. | | | | | | | | | |
| Cameroon | Humanitarian crisis (NW & SW) | Protracted 2 | 1-Oct-16 | 27-Jun-2018 | 25-Aug-22 | - | - | - | - |
| The situation in the North-West and South-West regions remains tense with continued violence and targeted attacks, including abductions, kidnappings, killings, unlawful arrests, and destruction of property. Populations, as well as education and healthcare providers in particular, continue to be under high risks when accessing facilities or delivering services. They continuously face threats, direct attacks, and armed incursions. The global rise in prices of basic commodities further exacerbates suffering among already vulnerable communities. | | | | | | | | | |
| Cameroon | Humanitarian crisis (Sahel Region) | Grade 2 | 31-Dec-13 | 27-Jun-2017 | 25-Aug-22 | - | - | - | - |
| The situation in the Far North Region remains characterized by the persistence of non-state armed groups' activities in the Mayo-Sava, Mayo-Tsanaga, and Logone & Chari Departments. Several security incidents have been reported during the month of July 2022. These were mainly predatory incursions, attacks on military positions, looting and kidnappings with or without ransom demands. The most striking attack was that of the Mada District Hospital in Makary Division on 2 July, with significant humanitarian consequences. Moreover, the current rainy season makes geographical access increasingly difficult in several areas across the region. Several humanitarian activities are postponed or cancelled due to the poor physical condition of the roads in addition to the risk of security incidents, and the suspension of UNHAS flights. | | | | | | | | | |
| Cameroon | Cholera | Grade 2 | 1-Jan-21 | 25-Oct-21 | 8-Sep-22 | 11 627 | 1 063 | 238 | 2.0% |
| Between 29 August and 8 September 2022, 295 new suspected cases of cholera including six deaths have been reported from three active Regions: Littoral (262 cases, six deaths); Centre (27 cases); West (two cases). As of 8 September 2022, 11 627 suspected cases including 1063 laboratory-confirmed cases and 238 deaths (CFR 2.0%) have been reported since October 2021, from eight Regions and 49 Districts of which 25 remain active. South-West (6 013 cases) and Littoral (4712 cases) Regions have reported majority of cases. The outbreak's hotspot has shifted from South-West to Littoral. | | | | | | | | | |
| Cameroon | COVID-19 | Grade 3 | 6-Mar-20 | 6-Mar-20 | 17-Aug-22 | 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-19 | 1-Jan-22 | 21-Aug-22 | 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-22 | 1-Jan-22 | 16-Sep-22 | 39 | 8 | 2 | 5.1% |
| Between 17 August and 16 September 2022, eight new suspected cases of monkeypox have been reported from two Health Districts: Djoum in South (seven cases) and Deido in Littoral (one case). All cases from Djoum have been sampled and tested, one of whom was confirmed positive to Clade I. In total, from 1 January to 16 September 2022, Cameroon has notified 39 suspected cases of monkeypox from six districts across five regions, including two deaths (CFR 5.1%). Sixteen human samples have been collected and eight cases have been laboratory-confirmed from Ayos Health District (4) in Centre Region, Kumba Health District (2) in South-West Region, Benakuma Health District in North-West Region (1) and Djoum Health District (1) in South Region. Males and females are equally affected and the median age is 17.3 years (range 1-36 years). | | | | | | | | | |
| Cameroon | Poliomyelitis (cVDPV2) | Grade 2 | 1-Jan-20 | 1-Jan-20 | 7-Sep-22 | 10 | 10 | 0 | 0.0% |
| No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 35, 2022. There were three cases reported in 2021 and seven cases reported in 2020. No case has yet been reported for 2022. | | | | | | | | | |
| Cameroon | Yellow fever | Grade 2 | 7-Feb-21 | 4-Jan-21 | 13-Sep-22 | 2 534 | 35 | 0 | 0.0% |
| As of 13 September 2022, a total of 2 534 suspected cases of YF have been reported since the beginning of the outbreak in 2021, including 17 probable and 35 laboratory-confirmed cases. One PCR+ case has recently been reported in Tcholire District (North Region) with symptoms onset on 12 August 2022. In addition, 10 PRNT+ cases are pending classification, including one case from East region reported on 12 September by Institut Pasteur Dakar. 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-20 | 18-Mar-20 | 24-Sep-22 | 62 359 | 62 359 | 410 | 0.7% |
| The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 24 September 2022, a total of 62 359 confirmed COVID-19 cases including 410 deaths and 61 888 recoveries were reported in the country. | | | | | | | | | |
| Central African Republic | Humanitarian crisis | Protracted 2 | 11-Dec-13 | 11-Dec-2013 | 15-Sep-22 | | - | - | - |
| After several years of displacement, humanitarian and development actors are helping internally displaced persons and refugees to resume normal lives. As of 31 July 2022, the total number of internally displaced persons (IDPs) in CAR was estimated at 647 883 individuals, comprising 154 964 people in IDP's sites and 492 919 in host families. This represents an overall increase of 37 618 IDPs (6.2%) compared to June 2022 when the number of IDPs was estimated at 610 265. Moreover, floods continue to affect CAR. More than 22 450 people have lost their homes and have taken shelter in host families, schools and churches. At least ten people were killed, nearly 2,000 houses and a dozen bridges were destroyed, and thousands of latrines and wells were flooded. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|------------------------------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| Central African Republic | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 14-Sep-22 | 14 912 | 14 912 | 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 14 September 2022, a total of 14 912 confirmed cases, 113 deaths and 14 520 recovered were reported. | | | | | | | | | |
| Central African Republic | Measles | Ungraded | 13-Mar-22 | 1-Jan-22 | 4-Sep-22 | 1 194 | 117 | 1 | 0.1% |
| From week 1 to week 35, 2022 (ending 4 September), a total 1 194 suspected cases of measles including one death (CFR 0.08 %) have been reported through IDSR system. Six districts with measles outbreak (Bangui 1 confirmed at week 33; Batangafo-Kabo at week 30, Ouango-Gambo at week 30, Bimbo 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-22 | 4-Mar-22 | 31-Aug-22 | 20 | 8 | 2 | 10.0% |
| As of 14 September 2022, the Central African Republic has so far recorded 20 suspected cases of monkeypox including eight confirmed cases and two deaths (CFR 10%). The confirmed cases have been reported from six health districts: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou. | | | | | | | | | |
| Central African Republic | Yellow fever | Grade 2 | 14-Sep-21 | 1-Apr-2021 | 13-Sep-22 | 660 | 20 | 4 | 0.6% |
| On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur of Cameroun. As of 13 September 2022, a total of 660 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%). Eight suspected cases have been reported on epi week 36, 2022. Three regions still remain affected (RS3, 4 & 6), with 70% of confirmed cases being reported in RS3 (Batangafo Kabo and Nanga-Boguila districts have each reported eight and six confirmed cases, respectively). | | | | | | | | | |
| Chad | Humanitarian crisis (Sahel region) | Grade 2 | 11-Feb-22 | 1-Mar-16 | 8-Aug-22 | - | - | - | - |
| More than 2.1 million people are in food and nutrition insecurity in Chad. The decline in agro-pastoral productivity is affecting the nutritional status of the populations. According to OCHA, more than 1.5 million of the most vulnerable people are at risk of not receiving assistance. Chad experienced flooding due to heavy rains starting from April 2022, and affected more than 340 000 people across 11 regions. The Capital, N'Djamena and the Southern region (Logone oriental and Occidental, Mayo Kebbi Est, Mayo Kebbi Ouest, Salamat and Sila) are the most affected. The affected population urgently needs food, NFIs, shelter and healthcare assistance. | | | | | | | | | |
| Chad | COVID-19 | Grade 3 | 19-Mar-20 | 19-Mar-20 | 12-Sep-22 | 7 558 | 7 558 | 193 | 2.6% |
| The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 12 September 2022, a total of 7 558 confirmed COVID-19 cases were reported in the country including 193 deaths. | | | | | | | | | |
| Chad | Leishmaniasis | Ungraded | 8-Sep-20 | 1-Jan-18 | 31-May-22 | 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-18 | 1-Jan-22 | 14-Aug-22 | 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 9ème, Oum Hadjer, N'Djamena Est, Abougoudam and Bousso. | | | | | | | | | |
| Chad | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 9-Sep-19 | 7-Sep-22 | 133 | 133 | 0 | 0.0% |
| During epi week 35, four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported: two in N'Djamena, and one each in Mayo Kebbi Est and Salamat Regions, bringing to 18 the number of 2022 cases of cVDPV2 in Chad. In addition, there were 106 cVDPV2 cases reported in 2020 from three different outbreaks, while nine other cases were reported in 2019. | | | | | | | | | |
| Chad | Yellow fever | Grade 2 | 13-Nov-21 | 1-Nov-21 | 13-Sep-22 | 1 769 | 29 | 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 13 September 2022, 1 769 suspected cases of yellow fever have been reported, including 38 probable and 29 lab-confirmed cases with seven deaths (CFR 0.4%). Thirty-two new suspected cases were reported on week 35, and 26 samples tested negative at the national laboratory. A total of 23/126 districts in 9/23 provinces have been affected since the beginning of the outbreak. | | | | | | | | | |
| Comoros | COVID-19 | Grade 3 | 30-Apr-20 | 30-Apr-2020 | 17-Sep-22 | 8 471 | 8 471 | 161 | 1.9% |
| The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 17 September 2022, a total of 8 471 confirmed COVID-19 cases, including 161 deaths and 8 281 recoveries were reported in the country. | | | | | | | | | |
| Congo | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 11-Aug-22 | 24 837 | 24 837 | 386 | 1.6% |
| The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 7 August 2022, a total of 24 837 cases including 386 deaths and 23 644 recovered cases have been reported in the country. | | | | | | | | | |
| Congo | Measles | Ungraded | 14-Mar-22 | 1-Jan-22 | 7-Sep-22 | 6 528 | 6 528 | 132 | 2.0% |
| From week 1 to week 23, 2022 (ending 12 June), a total of 214 lab confirmed measles cases and 6 314 epidemiologically linked cases and 132 deaths (CFR 2%) have been reported in Congo; 23 out of 52 districts for the country (44%) are in outbreak mode. Nationwide multi-intervention campaigns including measles outbreak response vaccination, Vitamin A supplementation and deworming took place from 5 to 11 August and the administrative data show a coverage rate of 107.9% for measles. | | | | | | | | | |
| Congo | Monkeypox | Grade 3 | 23-May-22 | 1-Jan-22 | 14-Sep-22 | 10 | 5 | 3 | 30.0% |
| Since the beginning of 2022, ten cases including five laboratory-confirmed and five probable cases have been reported from Impfondo District in the country's northern department of Likouala on the border with the Democratic Republic of Congo and Central Africa (7), from Sangha Department (2), and from Pointe Noire (1), as of 14 September 2022. Three of these cases have died (CFR 30.0%). Two confirmed cases have been reported on week 36, including one from Pointe Noire which has reported its first ever case of monkeypox. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|------------------------|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|--------|
| Congo | Yellow fever | Grade 2 | 31-Mar-22 | 31-Mar-22 | 26-Aug-22 | 30 | 4 | 0 | 0.0% |
| In Congo, as of 26 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-20 | 11-Mar-20 | 25-Sep-22 | 87 135 | 87 135 | 823 | 0.9% |
| Since 11 March 2020, a total of 87 135 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 823 deaths, and a total of 86 277 recoveries. | | | | | | | | | |
| Côte d'Ivoire | Yellow fever | Grade 2 | 14-Sep-21 | 13-Aug-2021 | 26-Aug-22 | 86 | 7 | 0 | 0.0% |
| From 13 August 2021 to 26 August 2022, a total of 79 probable and seven confirmed cases of yellow fever were recorded in Côte d'Ivoire, with no deaths. | | | | | | | | | |
| Democratic Republic of the Congo | Humanitarian crisis | Protracted 3 | 20-Dec-16 | 17-Apr-2017 | 28-Aug-22 | - | - | - | - |
| 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. Since April 2022, 66 685 people have returned to villages of the Mahagi territory. About 2% of these returnees (1 333 people) are accommodated in 4 schools primary places due to lack of shelter. In the territory of Mambasa, at least 8K people found refuge in Mandima following attacks by the presumed ADF in localities located on the Lolwa-Mambasa axis. 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. | | | | | | | | | |
| Democratic Republic of the Congo | Cholera | Grade 3 | 16-Jan-15 | 3-Jan-22 | 4-Sep-22 | 9 137 | 865 | 163 | 1.8% |
| From epidemiological week 1 to 35 (ending 4 September 2022), 9 137 suspected cholera cases including 163 deaths (CFR: 1.8%) were recorded in 70 health zones across 14 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (3 367), Haut-Lomami (1 736), Tanganyika (1 664), and North Kivu (1 586). The overall national incidence is 11 cases per 100 000 inhabitants. 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-20 | 10-Mar-20 | 18-Sep-22 | 92 853 | 92 851 | 1 442 | 1.6% |
| Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 92 851 confirmed cases and two probable case, including 1 442 deaths have been reported. A total of 83 504 people have recovered. | | | | | | | | | |
| Democratic Republic of the Congo | Ebola virus disease | Grade 2 | 17-Aug-22 | 17-Aug-22 | 25-Sep-22 | 1 | 1 | 1 | 100.0% |
| Thirty five (35) 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 25 September 2022 and two 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-21 | 1-Jan-22 | 8-Aug-22 | 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-19 | 1-Jan-22 | 4-Sep-22 | 3 481 | 174 | 0 | 0.0% |
| From 1 January – 4 September 2022, the Democratic Republic of the Congo reported 3 481 suspected including 174 confirmed cases from 150 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1 406), Tshopo (492), Maniema (289), Tshuapa (197), Equateur (181) and Kasai (162). | | | | | | | | | |
| Democratic Republic of the Congo | Plague | Ungraded | 12-Mar-19 | 1-Jan-22 | 4-Sep-22 | 599 | - | 10 | 1.7% |
| Between epidemiological weeks 1-35 of 2022, 599 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 (468, 78.1%) in 2022. | | | | | | | | | |
| Democratic Republic of the Congo | Poliomyelitis (cVDPV2) | Grade 2 | 26-Feb-21 | 1-Jan-21 | 24-Aug-22 | 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-21 | 1-Jan-22 | 4-Sep-22 | 1 300 981 | - | 569 | 0.0% |
| In 2022, from epidemiological week 1 to 35 (ending 4 September 2022), 1 300 981 suspected cases of typhoid fever including 569 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%). | | | | | | | | | |

| 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 | Yellow Fever | Grade 2 | 21-Apr-21 | 1-Jan-22 | 26-Aug-22 | 10 | 6 | 1 | 10.0% |
| As of 26 August 2022, 10 probable cases and six confirmed yellow fever cases and one death 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-20 | 14-Mar-20 | 22-Sep-22 | 16 913 | 16 913 | 183 | 1.1% |
| The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 22 September 2022, a total of 16 913 cases have been reported in the country with 183 deaths and 16 690 recoveries. | | | | | | | | | |
| Eritrea | COVID-19 | Grade 3 | 21-Mar-20 | 21-Mar-20 | 21-Sep-22 | 10 168 | 10 168 | 103 | 1.0% |
| The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 21 September 2022, a total of 10 168 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 058 patients have recovered from the disease. | | | | | | | | | |
| Eritrea | Poliomyelitis (cVDPV2) | Ungraded | 2-Jun-22 | 7-Jun-2022 | 7-Sep-22 | 2 | 2 | 0 | 0.0% |
| No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week 35, 2022. There has so far been one case reported in 2022 and another one reported in 2021, even though the case has been confirmed on 2 June 2022 by the Ethiopian National Polio laboratory. | | | | | | | | | |
| Eswatini | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 18-Sep-22 | 73 379 | 73 379 | 1 422 | 1.9% |
| The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 18 September 2022, a total of 73 379 cases have been reported with 1 422 associated deaths. | | | | | | | | | |
| Ethiopia | Drought/food insecurity | Grade 3 | 17-Feb-22 | 1-Jan-22 | 24-Aug-22 | | - | - | - |
| Nearly 24.1 million people in southern and south-eastern Ethiopia have now been affected by the drought which began in October 2020, representing a significant increase from July 2022 and reflecting the impact of the drought in additional geographic areas of Ethiopia. About 9.9 million people are severely food insecure due to the drought. Over 3.5 million livestock—which pastoralist families rely upon for sustenance and livelihoods—have died. Consequently, children have less access to milk, negatively affecting their nutrition. Nearly 2.2 million children under age 5 and 685 900 pregnant and lactating women are acutely malnourished in drought-affected areas, including about 704 500 who are severely malnourished. Moreover, more than 8.2 million people cannot access enough water for drinking, cooking and cleaning across Ethiopia. | | | | | | | | | |
| Ethiopia | Humanitarian crisis (Conflict in Tigray) | Grade 3 | 4-Nov-20 | 4-Nov-20 | 6-Sep-22 | - | - | - | - |
| The overall humanitarian situation in Ethiopia continues to be dire. More than 20 million people affected by violence as well as by climatic shocks such as prolonged drought and seasonal floods require humanitarian assistance and protection services until the end of 2022. The resumption of violence after a five-month generally calm situation in northern Ethiopia is already impacting the lives and livelihood of vulnerable people, including the delivery of lifesaving humanitarian assistance and is likely to create higher humanitarian needs in Afar, Amhara and Tigray. In Tigray Region, humanitarian supplies for humanitarian operations had been steadily flowing in August until the deterioration of the security situation. Similarly, humanitarian operations in hard-to-reach areas in Amhara Region were put on hold due to security concerns. Violence in parts of western, southern, and eastern Ethiopia is also driving humanitarian needs and causing interruptions in humanitarian operations. | | | | | | | | | |
| Ethiopia | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 25-Sep-22 | 493 510 | 493 510 | 7 572 | 1.5% |
| Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 493 510 cases of COVID-19 as of 25 September 2022, with 7 572 deaths and 471 884 recoveries. | | | | | | | | | |
| Ethiopia | Measles | Ungraded | 14-Jan-17 | 1-Jan-22 | 7-Aug-22 | 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-20 | 12-Mar-20 | 20-Sep-22 | 48 691 | 48 691 | 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 20 September 2022, a total of 48 691 cases including 306 deaths and 48 292 recoveries have been reported in the country. | | | | | | | | | |
| Gabon | Yellow fever | Grade 2 | 12-Feb-22 | 17-Sep-21 | 13-Sep-22 | 3 | 1 | 1 | 33.3% |
| On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogooué-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. No other confirmed cases have been reported so far. | | | | | | | | | |
| Gambia | Acute kidney injury | Grade 2 | 11-Aug-22 | 4-Jul-2022 | 23-Sep-22 | 75 | | 50 | 66.7% |
| 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. A total of 75 cases with 50 deaths (CFR 66.7%) 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 2022 . 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. | | | | | | | | | |
| Gambia | COVID-19 | Grade 3 | 17-Mar-20 | 17-Mar-20 | 24-Sep-22 | 12 442 | 12 442 | 372 | 3.0% |
| The first COVID-19 confirmed case was reported in The Gambia on 17 March 2020. As of 24 September 2022, a total of 12 442 confirmed COVID-19 cases including 372 deaths, and 12 051 recoveries have been reported in the country. | | | | | | | | | |
| Ghana | COVID-19 | Grade 3 | 12-Mar-20 | 12-Mar-20 | 22-Sep-22 | 169 100 | 169 100 | 1 459 | 0.9% |
| As of 22 September 2022, a total of 169 100 confirmed COVID-19 cases have been reported in Ghana. There have been 1 459 deaths and 167 307 recoveries reported. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|-------------------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| Ghana | Monkeypox | Grade 3 | 8-Jun-22 | 24-May-2022 | 6-Sep-22 | 535 | 84 | 4 | 0.7% |
| On 8 June 2022, the Director General of the Ghana Health Service confirmed that 5 cases of monkeypox have been detected in the country. From 24 May-6 September 2022, there have been 535 suspected cases, including 84 confirmed and four deaths reported from 16 administrative regions. Most of the positive cases were reported from the Greater Accra region (n=191). Of the confirmed cases, 33 (40 %) are females. The age of confirmed cases ranges from 13 days to 67 Years (min-max). | | | | | | | | | |
| Ghana | Yellow fever | Grade 2 | 3-Nov-21 | 15-Oct-21 | 26-Aug-22 | 131 | 61 | 21 | 16.0% |
| From 15 October 2021, suspected cases of yellow fever were reported mostly among nomadic settlers in the Savannah Region, northwest Ghana (bordering Côte d'Ivoire). As of 26 August 2022, a total of 70 probable and 61 confirmed cases of yellow fever were reported from 13 regions in Ghana. Of the reported cases, nine deaths were recorded among probable cases and 12 deaths among confirmed cases. | | | | | | | | | |
| Guinea | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 7-Sep-22 | 37 652 | 37 652 | 449 | 1.2% |
| The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 7 September 2022, a total of 37 652 cases, including 36 880 recovered cases and 449 deaths, have been reported in the country. | | | | | | | | | |
| Guinea | Lassa fever | Ungraded | 10-Aug-22 | 10-Aug-2022 | 26-Sep-22 | 19 | 7 | 3 | 15.8% |
| As part of routine surveillance, the Gbessia clinic reported on 8 September 2022 that seven (7) grouped cases were 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, which resulted in two positive cases for Lassa fever. As of 26 September 2022, eighteen confirmed, one probable, and two deaths cases of Lassa fever were reported in Conakry and Kindia. On 20 September 2022, a new confirmed case of Lassa Fever not linked epidemiologically to cases in Conakry and Kindia was notified in by the prefectural health Directorate of Nzerekore. The epidemiological investigation is ongoing to identify the source of its contamination. | | | | | | | | | |
| Guinea | Measles | Ungraded | 9-May-18 | 1-Jan-22 | 27-May-22 | 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-20 | 25-Mar-20 | 28-Aug-22 | 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-22 | 1-Jan-22 | 24-Aug-22 | - | - | - | - |
| About 4.2 million people in northern and eastern Kenya have now been affected by the drought which began in October 2020, representing a significant increase from July 2022. Some 3.5 million people are severely food insecure due to the drought. Over 2.4 million livestock—which pastoralist families rely upon for sustenance and livelihoods—have died. Consequently, children have less access to milk, negatively affecting their nutrition. In Kenya, nearly 884 500 children under age 5 and 115 700 pregnant and lactating women are affected by acute malnutrition and need treatment, including 222 700 severely malnourished children. Moreover, more than 4.1 million people cannot access enough water for drinking, cooking and cleaning across Kenya. | | | | | | | | | |
| Kenya | Anthrax Suspected | Ungraded | 15-Jul-22 | 30-Jun-22 | 7-Aug-22 | 11 | 1 | 0 | 0.0% |
| Between 30 May and 7 August 2022, 11 suspected Anthrax cases 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-22 | 13-Feb-2022 | 30-Jul-22 | 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-20 | 13-Mar-20 | 25-Sep-22 | 338 390 | 338 390 | 5 675 | 1.7% |
| On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 25 September 2022, 338 390 confirmed COVID-19 cases including 5 675 deaths and 332 620 recoveries have been reported in the country. | | | | | | | | | |
| Kenya | Influenza A (H1N1) | Ungraded | | 19-Jul-2022 | 25-Aug-22 | 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-19 | 3-Jan-20 | 30-Jul-22 | 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-22 | 26-Jun-22 | 30-Jul-22 | 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-22 | 12-Jan-22 | 25-Aug-22 | 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-20 | 13-May-2020 | 17-Sep-22 | 34 490 | 34 490 | 704 | 2.1% |
| Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 17 September 2022, a total of 34 490 cases of COVID-19 have been reported, including 33 784 recoveries and 706 deaths. | | | | | | | | | |
| Liberia | COVID-19 | Grade 3 | 16-Mar-20 | 16-Mar-20 | 18-Sep-22 | 7 961 | 7 961 | 294 | 3.7% |
| From 16 March 2020 to 18 September 2022, Liberia has recorded a total of 7 961 cases including 294 deaths and 7 636 recoveries have been reported. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|--|---|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| Liberia | Lassa Fever | Ungraded | 3-Mar-22 | 6-Jan-22 | 18-Sep-22 | 38 | 38 | 13 | 34.2% |
| Since the beginning of 2022 up to 18 September 2022, a total of 117 suspected cases of Lassa fever including 38 confirmed and 13 deaths (CFR 34.2%) have been reported in Liberia. Three Counties are currently experiencing an outbreak: Grand Bassa, Nimba and Bong Counties. | | | | | | | | | |
| Liberia | Measles | Ungraded | 3-Feb-22 | 1-Jan-22 | 7-Sep-22 | 6 726 | 6 726 | 79 | 1.2% |
| As of 7 September 2022, 7 150 suspected cases, including 6 726 confirmed and 79 deaths (CFR: 1%) were reported from 62 health districts in 15 counties. Of the confirmed cases, 5.7% (384 cases) were laboratory confirmed, 8.3% (557 cases) were clinically confirmed, and 86.0% (5,785 cases) by epidemiological link. The median age of the affected population is six years (range: one month-67 years). | | | | | | | | | |
| Liberia | Monkeypox | Grade 3 | 21-Jul-22 | 23-Jul-2022 | 9-Sep-22 | 3 | 3 | 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 9 September 2022, three confirmed cases of monkeypox and 0 deaths were reported. | | | | | | | | | |
| Madagascar | Malnutrition crisis | Protracted 2 | 1-Jul-21 | 1-Jan-21 | 10-Sep-22 | - | - | - | - |
| Despite humanitarian aid, from April to August 2022, 33% of the population of the Grand South is still highly food insecure, including 122,000 people in IPC Stage 4 (Emergency), and 925,000 in IPC Stage 3 (Crisis). Madagascar Health Cluster was activated in January 2022 as part of a joint intervention with the Nutrition Cluster to alleviate the ongoing crisis. An estimated 1.7 million people (32% of the total population) in Madagascar who are projected to face Integrated food security IPC projections estimate that 189 056 people are classified as emergency phase 4 and a little more than 1.5 million are classified as IPC Phase 3. | | | | | | | | | |
| Madagascar | COVID-19 | Grade 3 | 20-Mar-20 | 20-Mar-20 | 25-Sep-22 | 66 676 | 66 676 | 1 410 | 2.2% |
| Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 25 September 2022, a total of 66 676 confirmed cases including 1 410 deaths have been reported in the country. | | | | | | | | | |
| Malawi | Floods | Grade 2 | 26-Jan-22 | 26-Jan-22 | 17-Sep-22 | 1 000 000 | | 51 | 0.0% |
| The aftermath of the cyclone Ana and Gombe in Malawi has largely been contained. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people were affected, with 51 deaths recorded. The decommissioning of IDP camps in affected districts. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps. Though, the cholera outbreak still persists with 89 new cases in past 2 weeks. | | | | | | | | | |
| Malawi | Cholera | Ungraded | 3-Mar-22 | 3-Mar-22 | 25-Sep-22 | 3 246 | 3 246 | 98 | 3.0% |
| A total of 22 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 25 September 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 3 246 and 98 respectively, with Case Fatality Rate at 3.1%. | | | | | | | | | |
| Malawi | COVID-19 | Grade 3 | 2-Apr-20 | 2-Apr-2020 | 25-Sep-22 | 88 009 | 88 009 | 2 680 | 3.0% |
| On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 25 September 2022, the country has a total of 88 009 confirmed cases with 2 680 deaths. | | | | | | | | | |
| Malawi | Poliomyelitis | Ungraded | 31-Jan-22 | 1-Feb-2022 | 21-Sep-22 | 1 | 1 | 0 | 0.0% |
| One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area. | | | | | | | | | |
| Mali | Humanitarian crisis (Sahel region) | Grade 2 | n/a | 11-Sep-17 | 7-Jul-22 | - | - | - | - |
| The humanitarian situation in Mali has deteriorated significantly in the first half of 2022 due to the intensification of the conflict and intercommunity clashes. The level of need is the highest it has been since the crisis began in 2012. Currently, 7.5 million people, or one in three Malians, are in need of humanitarian assistance, up from 3.8 million in 2017. In addition, 1.8 million people need food aid, a 50% increase from last year. | | | | | | | | | |
| Mali | COVID-19 | Grade 3 | 25-Mar-20 | 25-Mar-20 | 25-Sep-22 | 32 604 | 32 604 | 741 | 2.3% |
| On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 25 September 2022, a total of 32 604 confirmed COVID-19 cases have been reported in the country including 741 deaths and 31 480 recoveries. | | | | | | | | | |
| Mali | Measles | Ungraded | 20-Feb-18 | 1-Jan-22 | 3-Jul-22 | 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-20 | 13-Mar-20 | 25-Sep-22 | 62 793 | 62 793 | 994 | 1.7% |
| The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 25 September 2022, a total of 62 793 cases including 994 deaths and 61 784 recovered have been reported in the country. | | | | | | | | | |
| Mauritania | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 31-Aug-22 | 29-Aug-2022 | 21-Sep-22 | 1 | 1 | 0 | 0.0% |
| The Mauritanian Ministry of Health reported a new confirmed case of Crimean-Congo haemorrhagic fever (CCHF) on 29 August 2022. The patient was a 28-year-old pregnant woman from the locality of Diabbé 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). | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|-------------------------------------|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| Mauritania | Rift Valley fever | Ungraded | 31-Aug-22 | 26-Aug-2022 | 21-Sep-22 | 21 | 21 | 12 | 57.1% |
| A new confirmed case of Rift Valley fever (RVF) was reported by the Mauritanian Ministry of Health on 29 August 2022. The index case is a 25-year-old male breeder from the Moughataa (district) of Tintane in Hodh El Gharbi region. He presented to a health facility with high fever and headache. On 26 August, he developed a haemorrhagic syndrome (epistaxis) with severe thrombocytopenia. He died on 29 August. As of 21 September 2022, a total of 21 cases have been confirmed with 12 deaths (CFR 57.1%). Response activities are underway including enhanced surveillance and investigations. | | | | | | | | | |
| Mauritius | COVID-19 | Grade 3 | 18-Mar-20 | 18-Mar-20 | 17-Sep-22 | 260 947 | 260 947 | 1 024 | 0.4% |
| The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 17 September 2022, a total of 260 947 confirmed COVID-19 cases including 1024 deaths have been reported in the country. | | | | | | | | | |
| Mozambique | Humanitarian crisis in Cabo Delgado | Protracted 2 | 1-Jan-20 | 1-Jan-20 | 10-Sep-22 | - | - | - | - |
| 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-22 | 13-Jan-22 | 11-Sep-22 | 3 478 | 16 | 15 | 0.4% |
| Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 11 September 2022, a total of 3 478 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-20 | 22-Mar-20 | 7-Sep-22 | 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-20 | 1-Jan-21 | 17-Apr-22 | 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-22 | 18-May-2022 | 21-Sep-22 | 4 | 4 | 0 | 0.0% |
| Three new wild poliovirus type 1 (WPV1) cases are reported this week from Tete Province, including one case from a district bordering Zimbabwe. As of 21 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-20 | 14-Mar-20 | 22-Sep-22 | 166 766 | 166 766 | 4 080 | 2.4% |
| The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 22 September 2022, a total of 166 766 confirmed cases with 4 080 deaths have been reported. | | | | | | | | | |
| Namibia | Measles | Ungraded | 2-Jun-22 | 6-Jun-2022 | 7-Jul-22 | 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-15 | 1-Feb-2015 | 31-Aug-22 | - | - | - | - |
| There is an increasing number of security incidents reported in the first five months of the year. Since the beginning of May 2022, a total of 16 193 people have been forced to move to the communes of Torodi and Makalondi. More than 17 000 people also have fled Mali to settle in Niger's Tillaberi and Tahoua regions. As of 31 August 2022, a total of 293 256 refugees and asylum seekers, with 69 % coming from Nigeria, 21% from Mali, 5% from Burkina 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-22 | 1-Sep-22 | 14-Sep-22 | 26 | 14 | 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 15 September 2022, 26 suspected cases have been reported, of whom 14 tested positive for cholera, and no deaths were recorded. | | | | | | | | | |
| Niger | COVID-19 | Grade 3 | 19-Mar-20 | 19-Mar-20 | 25-Sep-22 | 9 407 | 9 407 | 313 | 3.3% |
| From 19 March 2020 to 25 September 2022, a total of 9 407 cases with 313 deaths have been reported across the country. A total of 8 908 recoveries have been reported from the country. | | | | | | | | | |
| Niger | Dengue | Ungraded | 31-Aug-22 | 14-Aug-2022 | 31-Aug-22 | 1 | 1 | 0 | 0.0% |
| The Ministry of Health of Niger has reported the first ever case of dengue in Niger. The patient is a 47-year-old male from Niger who arrived from Cuba on 13 August 2022. On 14 August 2022, he exhibited flu-like symptoms, including fever, arthromyalgia, body aches, cold, etc., and then consulted a clinic in Niamey. He tested positive for COVID-19 and dengue in June 2022 in Cuba. The sample taken and sent to the Centre de Recherche Médicale et Sanitaire (CERMES) on 8 August 2022 tested positive for dengue. A second sample was sent to the Institut Pasteur in Dakar for confirmation and also returned positive for dengue on 24 August 2022. The patient currently has no signs of bleeding but blood analysis showed thrombocytopenia. | | | | | | | | | |
| Niger | Measles | Ungraded | 5-Apr-22 | 1-Jan-22 | 17-Apr-22 | 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 | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|---|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| Niger | Meningitis | Ungraded | | 1-Jan-21 | 22-May-22 | 1 688 | - | 76 | 4.5% |
| Since early 2021 to week 2, 2022 (ending 16 January 2022), 1 688 cases have been reported with 76 deaths (CFR 4.5%). Two health districts in Zinder region crossed the alert threshold: Dungass with an attack rate of 4.5 cases per 100 000 inhabitants and Magaria with an attack rate of 4.8 cases per 100 000 inhabitants. An analysis of data by sub-districts indicates that some health areas crossed the epidemic threshold on week 49 of 2021 (ending 12 December). Neisseria meningitidis serogroup C is the predominant germ identified in the 2 health districts. A request to the International Coordinating Group for vaccine provision is underway for a vaccine campaign response. | | | | | | | | | |
| Niger | Poliomyelitis (cVDPV2) | Grade 2 | 1-Jan-20 | 1-Jan-21 | 21-Sep-22 | 28 | 28 | 0 | 0.0% |
| No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are ten cases in 2022. There were 18 cases reported in 2021. | | | | | | | | | |
| Nigeria | Humanitarian crisis (Sahel region) | Grade 2 | 10-Oct-16 | 10-Oct-16 | 30-Jul-22 | - | - | - | - |
| In north-eastern Nigeria, humanitarian needs remain high, with 8.4 million people, including 58% children (4.9 million), requiring humanitarian assistance in 2022. A total of 2.1 million internally displaced persons (IDPs) remain displaced in the three north-eastern states of Borno, Adamawa, and Yobe due to the ongoing conflict. Over 360 000 persons are displaced in three States, with Katsina (173 856) having the highest number of IDPs, followed by Zamfara (123 102) the epicentre of the banditry attacks. Over 81% of the IDPs reside in host communities, while the rest are living in camp like settings. | | | | | | | | | |
| Nigeria | COVID-19 | Grade 3 | 27-Feb-20 | 27-Feb-2020 | 23-Sep-22 | 265 186 | 265 186 | 3 155 | 1.2% |
| The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 23 September 2022, a total of 265 186 confirmed cases with 258 139 recovered and 3 155 deaths have been reported. | | | | | | | | | |
| Nigeria | Lassa fever | Grade 1 | 1-Jan-21 | 1-Jan-21 | 18-Sep-22 | 960 | 923 | 171 | 18.5% |
| From week 1 to 37 of 2022 (ending 18 September), a total of 960 Lassa fever cases including 923 confirmed, 37 probable and 171 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18.5% across 25 States. In week 37, six new confirmed cases were reported from Ondo and Bauchi States. In total, 6 732 cases are suspected in 2022. Of all confirmed cases, 71% are from Ondo (32%), Edo (26%), and Bauchi (13%) States. | | | | | | | | | |
| Nigeria | Monkeypox | Grade 3 | 31-Jan-22 | 1-Jan-22 | 28-Aug-22 | 277 | 277 | 6 | 2.2% |
| From 1 January to 28 August 2022, Nigeria has reported 704 monkeypox suspected cases. Of these, 277 cases were laboratory confirmed from 30 States: Lagos (49), Ondo (22), Bayelsa (19), Rivers (18), Edo (16), Adamawa (15), Abia (15), Delta (14), FCT (11), Imo (11), Anambra (10), Nasarawa (9), Ogun (7), Plateau (6), Taraba (5), Kwara (5), Kano (5), Gombe (5), Ebonyi (5), Oyo (5), Katsina (5), Cross River (4), Benue (4), Borno (3), Kogi (3), Akwa Ibom (2), Niger (1), Bauchi (1), Osun (1) and Kaduna (1).. Four deaths were recorded among confirmed cases from Delta, Lagos, Ondo and Akwa Ibom States. | | | | | | | | | |
| Nigeria | Poliomyelitis (cVDPV2) | Grade 2 | 1-Jun-18 | 1-Jan-18 | 2-Sep-22 | 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 (movement disorder condition) | Ungraded | 21-Jul-22 | 2-Jun-2022 | 15-Jul-22 | 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-17 | 1-Jan-21 | 26-Jul-22 | 29 | 22 | 0 | 0.0% |
| From January to December 2021, a total of 25 yellow fever cases including 22 confirmed and 3 probable cases were reported in Nigeria. From 1 January to 30 June 2022, a total of 814 suspected cases have been reported from 36 states in 345 Local Government Areas. Of these suspected cases reported in 2022, none have been confirmed. | | | | | | | | | |
| Rwanda | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 18-Sep-22 | 132 488 | 132 488 | 1 466 | 1.1% |
| The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 18 September 2022, a total of 132 488 cases with 1 466 deaths and 131 007 recovered cases have been reported in the country. | | | | | | | | | |
| Sao Tome and Principe | COVID-19 | Grade 3 | 6-Apr-20 | 6-Apr-2020 | 18-Sep-22 | 6 209 | 6 209 | 77 | 1.2% |
| On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 18 September 2022, a total of 6 209 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6 117 cases have been reported as recoveries. | | | | | | | | | |
| Sao Tome And Principe | Dengue | Grade 2 | 11-Apr-22 | 15-Apr-2022 | 11-Sep-22 | 999 | 999 | 3 | 0.3% |
| Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 11 September 2022, a total of 999 cases and 3 deaths (CFR 0.3%) have been confirmed via RDT from: Agua Grande (681, 68.5%), Mézôchi (142, 14.2%), Lobata (90, 8.9%), Cantagalo (40, 4.0%), Lemba (16, 1.6%), Caué (17, 1.7%), and RAP (13, 1.3%). During week 36 (ending 11 September), there were 6 new cases registered in the country. Agua 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 62.9 cases per 10 000. The 3 main clinical signs are fever (916, 92%), headache (751, 75%) and myalgia (317, 32%). | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|---|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|---------|-------|
| Senegal | COVID-19 | Grade 3 | 2-Mar-20 | 2-Mar-20 | 25-Sep-22 | 88 355 | 88 355 | 1 968 | 2.2% |
| From 2 March 2020 to 25 September 2022, a total of 88 355 confirmed cases of COVID-19 including 1 968 deaths and 86 273 recoveries have been reported in Senegal. | | | | | | | | | |
| Senegal | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 12-Aug-22 | 15-Aug-2022 | 28-Aug-22 | 5 | 5 | 2 | 40.0% |
| On 12 August 2022, a confirmed outbreak of Crimean-Congo haemorrhagic fever (CCHF) was reported in Podor District, Saint-Louis region, Senegal. The index case is a 38-year-old female who presented with fever, headache, myalgia, fatigue and haemorrhagic symptoms, and was detected through the viral hemorrhagic fever surveillance system. The disease started on 20 July; she consulted on 5 August, was sampled on 6 August and died on 7 August. There is an history of travel to Mauritania on 2 July. As of 28 August, two additional cases were reported, a contact of the index case and a case with no evident epidemiological link to the first two cases. | | | | | | | | | |
| Senegal | Measles | Ungraded | 4-Jul-22 | 1-Jan-22 | 28-Aug-22 | 326 | 326 | 0 | 0.0% |
| From epidemic week 1 to 34 of 2022 (ending 28 August), 326 confirmed cases of measles were reported from 44 districts of Senegal, with 24 districts having crossed the epidemic threshold. Of the reported cases, 176 (54.0%) are females; the most affected age group is 1-5 years with 159 cases (48.8%) of which 89.3% were not vaccinated against measles. | | | | | | | | | |
| Seychelles | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 11-Sep-22 | 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-22 | 20-May-2022 | 17-Jun-22 | 6 | 5 | 0 | 0.0% |
| The Ministry of Health and Sanitation in Sierra Leone declared an outbreak of human anthrax in the country after identifying three lab confirmed cutaneous anthrax cases in Karene district. Investigation result, reported consumption of dead meat in surrounding communities. There was also prior confirmation of anthrax from tissues collected from some of the affected animals during epi week 19. As of 17 June 2022, a total of six cases were reported including five confirmed cases and one probable case. Majority of them are among the 15-year old age group and above (43%) followed by 12-59 months (29%), 0-11 months (14%) and 5-15 years (14%). | | | | | | | | | |
| Sierra Leone | COVID-19 | Grade 3 | 31-Mar-20 | 27-Mar-20 | 25-Aug-22 | 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-22 | 28-Jul-2022 | 28-Jul-22 | 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-21 | 1-Jan-22 | 9-Aug-22 | 407 | 407 | 0 | 0.0% |
| By 9 August 2022 (Week 31), 14 out of 16 districts reported 407 confirmed measles cases (134 lab-confirmed and 273 epi linked; 55 % (224) of these cases are below five years, 26 % (106) above five years and 18.7%, (77) age missing. Currently, only one (Western Urban) district continues to report measles cases. Surveillance and immunisation activities have been intensified in all districts. | | | | | | | | | |
| South Africa | COVID-19 | Grade 3 | 5-Mar-20 | 3-Mar-20 | 25-Sep-22 | 4 017 552 | 4 017 552 | 102 169 | 2.5% |
| Since the start of the COVID-19 pandemic in South Africa through 18 September 2022, a cumulative total of 4 017 552 confirmed cases and 102 169 deaths have been reported. | | | | | | | | | |
| South Africa | Monkeypox | Grade 3 | 23-Jun-22 | 23-Jun-2022 | 18-Sep-22 | 5 | 5 | 0 | 0.0% |
| From 22 June 2022 to 18 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-20 | 5-Apr-2021 | 17-Aug-22 | - | - | - | - |
| From April to July 2022 an estimated 7.74 million people (63% of total population) faced crisis levels of food insecurity phase (IPC) 3 or worse. Of the total number, 87 000 are in IPC 5, 2.89 million are in IPC 4, and 4.77 million are in IPC 3. Counties expected to be in IPC phase 5 are Fangak, Canal/Pigi and Ayod counties in Jonglei State; Pibor County in Greater Pibor Administrative Area; 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-16 | 15-Aug-16 | 1-Sep-22 | - | - | - | - |
| The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there are a total of 8.9 million people in need of humanitarian assistance and 2.22 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-22 | 13-Mar-22 | 6-Aug-22 | 108 | 8 | 5 | 4.6% |
| A total of 108 suspected cases and 5 deaths (CFR 4.6%) have been reported from Gogrial West county of in Warrap state. A total of 8 samples returned positive for bacillus anthracis bacteria. Cases were reported from 13 March - 6 August 2022 from registered hospital patients where the majority of cases have been female (61%). | | | | | | | | | |

| 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-22 | 21-Mar-22 | 14-Aug-22 | 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 Vibrio cholerae 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-20 | 5-Apr-2020 | 22-Sep-22 | 18 153 | 18 153 | 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 22 September 2022, a total of 18 153 confirmed COVID-19 cases were reported in the country including 138 deaths and 17 700 recovered cases. | | | | | | | | | |
| South Sudan | Hepatitis E | Ungraded | 3-Jan-18 | 1-Jan-19 | 6-Aug-22 | 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-21 | 1-Jan-22 | 22-May-22 | 1 117 138 | 1 117 138 | 232 | 0.0% |
| Between weeks 1-20 of 2022 (ending 22 May), 1 117 138 malaria cases including 232 deaths (CFR 0.02%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the county of Fangak. | | | | | | | | | |
| South Sudan | Measles | Ungraded | 23-Feb-22 | 1-Jan-22 | 6-Aug-22 | 31 | | 0 | 0.0% |
| A new measles outbreak was reported in Juba County with suspected cases reported since 14 July 2022. As of 6 August 2022, a total of 31 suspected cases of measles have been reported from Munuki, Juba, N. Bari, Kator and Rejaf Payam. Juba Payam has the most (32%) cases among the five affected payams. Age of 0-4 years accounted for the majority, 67.7% (21 cases), of the cases reported. More than half (54.8%) of the cases are males. About 41.9% (17 cases) of the cases were admitted for inpatient management; no deaths reported so far. This the ninth county to report measles outbreak since the beginning of 2022. Others counties (Gogrial West, Raja, Torit, Maban, Tambura, Aweil East, Aweil Centre, Aweil West) have implemented vaccination campaigns as response to this outbreak | | | | | | | | | |
| Tanzania, United Republic of | COVID-19 | Grade 3 | 16-Mar-20 | 16-Mar-20 | 16-Sep-22 | 39 341 | 39 341 | 845 | 2.1% |
| The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Tanzania reported the country's first case of COVID-19 on 16 March 2020. As of 16 September 2022, a total of 39 341 confirmed cases have been reported in Tanzania Mainland including 845 deaths. | | | | | | | | | |
| Tanzania, United Republic of | Leptospirosis | Grade 1 | 14-Jul-22 | 5-Jul-2022 | 14-Sep-22 | 20 | 15 | 3 | 15.0% |
| On 14 July 2022, the Ministry of Health of Tanzania notified WHO of cases of an unknown disease in Ruangwa District, Lindi Region. On 5 and 7 July 2022, two cases of fever, nose bleeding, headache, and general body weakness were reported. As of 14 September 2022, 20 cases with three deaths were reported. No new cases have been reported since 15 July. Fifteen of the 18 human samples collected returned positive for Leptospirosis. All samples were negative for Ebola virus disease, Marburg virus disease, Influenza, Crimean-Congo haemorrhagic fever, Yellow fever, Chikungunya, West Nile virus and Rift Valley fever. | | | | | | | | | |
| Tanzania, United Republic of | Measles | Ungraded | | 30-Jun-2022 | 23-Aug-22 | 223 | 2 | 0 | 0.0% |
| A measles outbreak is ongoing in Tanzania since June 2022. As of 23 August 2022, a cumulative total of 223 suspected measles cases, with two IgM positive cases are reported since the onset of the outbreak in June 2022. A total of 88 cases were admitted to the local hospitals. About 48% (108 cases) of the suspected cases were children under five years of age. The majority of cases are reported from Magharibi B, Magharibi A and Wete districts. The Ministry of health is working on strengthening surveillance and routine vaccination activities as well as the planning for a mass measles vaccination outbreak response. | | | | | | | | | |
| Togo | COVID-19 | Grade 3 | 6-Mar-20 | 1-Mar-20 | 28-Aug-22 | 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-19 | 13-Sep-19 | 24-Aug-22 | 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-22 | 1-Jan-22 | 29-Jul-22 | - | - | - | - |
| 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-22 | 16-May-2022 | 9-Aug-22 | 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-20 | 21-Mar-20 | 22-Sep-22 | 169 087 | 169 087 | 3 630 | 2.1% |
| The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 22 September 2022, a total of 169 087 confirmed COVID-19 cases with 3 630 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-22 | 31-Jul-2022 | 31-Jul-22 | | | 8 | |
| On 31 July 2022, floods from Nabuyonga river affected Nabisti and Nakibiso, Namatala and Nkoma affecting many people. Affected persons have presented with severe and minor injuries. Eight deaths have been reported. | | | | | | | | | |
| Uganda | Rift Valley fever | Ungraded | 18-Aug-22 | 18-Aug-2022 | 18-Aug-22 | 2 | 2 | 1 | 50.0% |
| On 18 August 2022, the Uganda IHR-NFP notified WHO of two confirmed cases of Rift Valley Fever (RVF) reported on 27 July and 2 August, respectively, in Rubanda and Isingiro districts both located in the south western regions of the country. The index case from Rubanda is a female patient aged 39 years who presented at the Kabale Regional Referral Hospital on 23 June 2022 with fever, loss of appetite, joint pains and headache. The index case in Isingiro is a 27-year old farmer whose disease started on 24 July 2022 with fever, vomiting, diarrhoea, fatigue, abdominal pain, joint pains, difficulties in breathing and swallowing, and unexplained bleeding from the nose. He was admitted at the Mbarara Regional Referral Hospital where he died on 29 July 2022. Both cases were sampled and results from the Uganda Virus Research Institute returned positive for RVF. | | | | | | | | | |
| Uganda | Yellow fever | Grade 2 | 3-Mar-21 | 2-Jan-22 | 12-Aug-22 | 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-22 | 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 | COVID-19 | Grade 3 | 18-Mar-20 | 18-Mar-20 | 25-Sep-22 | 333 439 | 333 439 | 4 017 | 1.2% |
| The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 25 September 2022, a total of 333 439 confirmed COVID-19 cases were reported in the country including 4 017 deaths. | | | | | | | | | |
| Zambia | Measles | Ungraded | | 13-Jun-2022 | 4-Sep-22 | 471 | 138 | 3 | 0.6% |
| Mushindano district in North-western province is currently responding to a measles outbreak. As of 4 September 2022, 138 measles cases and 3 suspected deaths have been reported. WHO is supporting the Ministry of Health investigating other cases with similar symptoms. | | | | | | | | | |
| Zimbabwe | Anthrax | Ungraded | 6-May-19 | 1-Jan-22 | 17-Aug-22 | 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-20 | 20-Mar-20 | 17-Sep-22 | 256 939 | 256 939 | 5 596 | - |
| The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 17 September 2022, a total of 256 939 confirmed COVID-19 cases were reported in the country including 5 596 deaths and 251 343 cases that recovered. | | | | | | | | | |
| Zimbabwe | Measles | Ungraded | 29-Apr-22 | 19-May-2022 | 5-Sep-22 | 6 444 | | 698 | - |
| A measles outbreak has been ongoing in Zimbabwe since 10 April 2022. As of 05 September 2022, A cumulative total of 6 444 Cases, 4 580 Recoveries and 698 Deaths have been reported since the onset of the outbreak. New cases were reported from Midlands (95), Manicaland (28), Mashonaland East (13), Chitungwiza (11), Harare (5) and Mashonaland West (1) | | | | | | | | | |
| Closed Events | | | | | | | | | |
| Tanzania, United Republic of | Cholera | Ungraded | 13-Sep-22 | 26-Aug-22 | 26-Sep-22 | 40 | 29 | 0 | 0.0% |
| A new outbreak of cholera has been reported from Tanganyika District in Katavi Region since 1 August 2022, 32 days after the previous outbreak in the same area which was reported in last June 2022. As of 13 September 2022, there has been a cumulative number of 40 cases with no death, all of whom have been cured and discharged. The last case was reported on 2 September 2022. A total of 37 samples were collected, 29 of which returned positive to Vibrio cholerae. Majority of cases were aged between 11-20 years (13 cases) and 3-5 years (13 cases). Two wards have been affected in Katavi Region: Karema (85% of cases) and Kapalamsenga (15% of cases). The outbreak was officially declared over by MoH on 26 September 2022. | | | | | | | | | |

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: <http://www.who.int/hac/about/erf/en/>.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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