

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES



World Health Organization

African Region

Emergency Preparedness and Response

Week 45: 31 October - 6 November 2022

Data as reported by: 17:00; 6 November 2022

1

New event

146

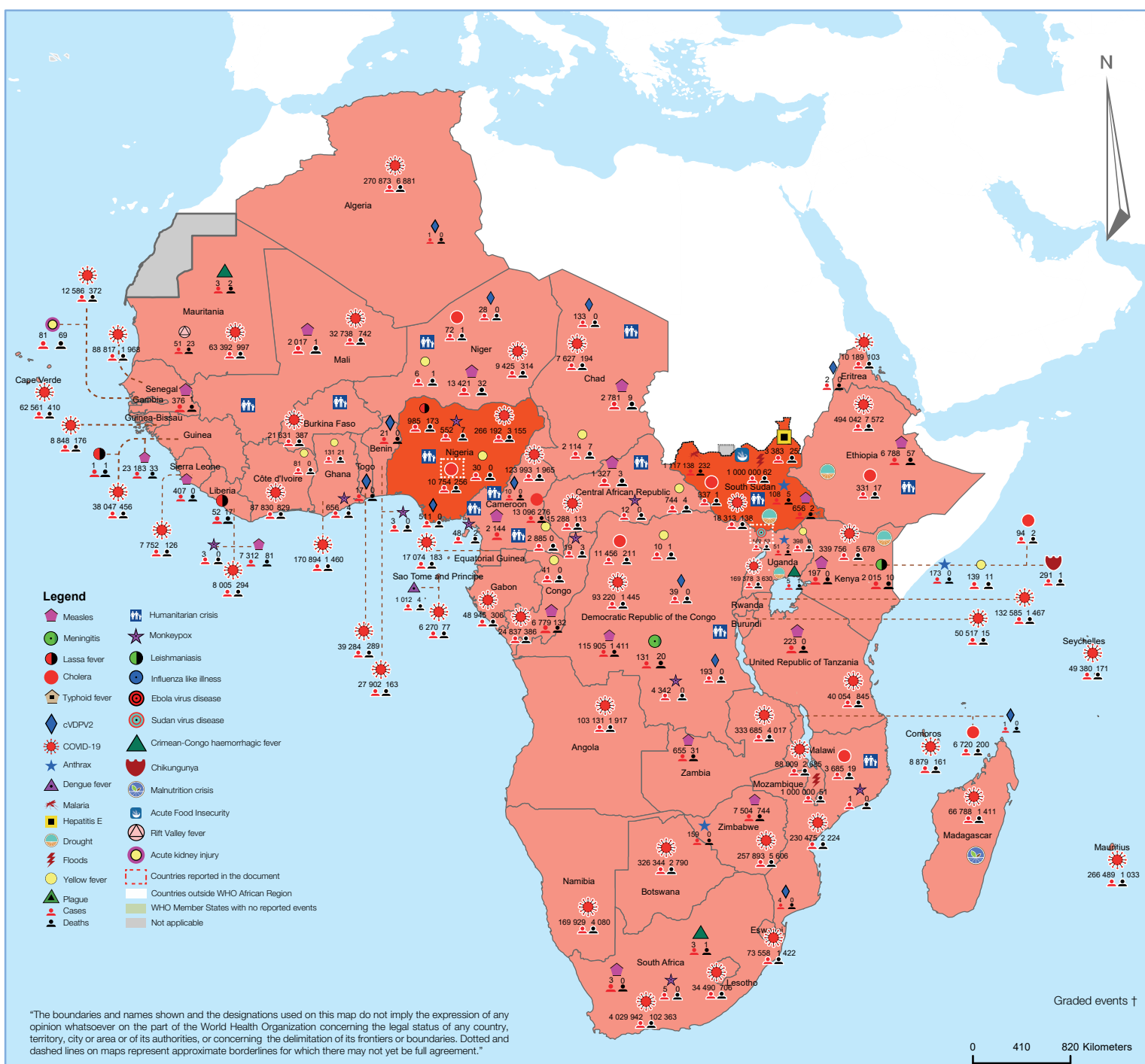
Ongoing events

126

Outbreaks

21

Humanitarian  
crises



5

Grade 3 events

27

Grade 2 events

2

Grade 1 events

2

Protracted 3 events

5

Protracted 2 events

0

Protracted 1 events

43

Ungraded events

# Overview

## Contents

1 Overview

2 - 8 Ongoing events

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 disease caused by Sudan virus in Uganda
- Cholera in Nigeria
- Monkeypox in the WHO African Region

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

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

### Major issues and challenges include:

- As Uganda struggles to contain its second largest Ebola outbreak, another district has been affected, however, on the overall a significant reduction in the number of new confirmed cases over the past week along with an increase in the number of recoveries was observed. Notably, the response still faces key challenges, especially around case management and infection prevention and control (IPC). Although the number of alerts has greatly increased over the course of the outbreak, it still remains low especially in affected Districts, as well as the proportion of suspected cases' evacuated to treatment units. Moreover, the overall IPC capacity remains suboptimal in many health care facilities of affected and non-affected Districts, especially in private facilities.
- Africa continues to grapple with the ongoing Monkeypox outbreak, however with a declining trend when compared to the previous week. All cases reported in the past week are from three countries, Nigeria, Sudan and the Central Africa Republic. The causes, types and characterization of Monkeypox in Africa require scientific research.

## Ebola disease caused by Sudan virus in Uganda

135 cases : 53 Deaths : 39.3% CFR

### EVENT DESCRIPTION

In the past week, a new district Masaka, located in Central Uganda registered a positive case of Ebola disease bringing the total number of affected districts to seven. The confirmed cases (deceased) was a 23-year-old female who earlier admitted at Masaka Regional Referral Hospital where she was identified as a suspect case and isolated. She succumbed to the deadly virus hours after being evacuated to Entebbe treatment centre.

As of 6 November 2022, a total of 135 laboratory-confirmed and 21 probable cases have been reported. Seventy-four (74) fatalities have been registered including 53 confirmed cases, resulting to an overall case fatality ratio of 47.4%, and 39.3% among confirmed cases.

Cumulatively, 66 patients have been discharged, giving a recovery rate of 48.9%. In total, 18 healthcare worker infections have been recorded including two probable cases, of whom seven (39.0%) have died.

Between weeks 43 (24-30 October) and 44 (31 October-6 November), the number of new confirmed cases has decreased sharply, by 84.6%, from 39 to six new confirmed cases, while the number of new recoveries has increased by 35.3%, from 17 to 23. However, the number of new deaths has kept increasing over the past three weeks, from five deaths in week 42 (17-23 October), nine deaths in week 43, to 16 deaths in week 44.

No new affected Sub-County has been reported over the past seven days. Hence, the number of affected Sub-Counties remains at 26, distributed in seven Districts of which Mubende has reported majority of cases (65 confirmed and 19 probable; 53.8%), followed by Kassanda (43 confirmed and two probable; 28.8%) and Kampala (18 confirmed; 11.5%). Kassanda remains the District of highest concern, reporting two-thirds (66.7%) of the new confirmed cases in the past week. No new case has been reported from Mubende over the past week.

From the beginning of the outbreak to 5 November 2022, a total of 3 867 contacts have been listed in 14 Districts, of whom 2 237 have completed 21 days of follow-up including all those from Bunyangabu, Fort Portal City, Kagadi, Kakumiro, Luweero, Nakasongola, and Ntungamo. On 5 November 2022, 1 396 contacts were still under active follow-up in seven Districts including Kampala, Kassanda, Kyegegwa, Masaka, Mitooma, Mityana and Mubende, 91.9% of whom (n=1 274) were seen over the past 24hrs. An average of 1 464 contacts have been followed-up on a daily basis during week 44, which represents a 14% decrease from week 43 during which 1 703 contacts were followed-up daily. Since the beginning of week 44, 34 contacts have become suspected cases of SVD.

Alert systems have been set-up in Mubende, Kassanda, Greater Kampala Metropolitan with call centre, alert desk and linkage to Emergency Medical Services (EMS) dispatch system. As of 5 November, a total of 2 798 alerts have been received, giving an

average of 71 alerts per day. Of these, 2 636 (94.2%) alerts were investigated within 24hrs, of which 1 120 (42.5%) alerts were validated as suspected cases of SVD. The proportion of alerts investigated within 24hrs has consistently increased; in week 44, 100% (n=622) of alerts were investigated within 24hrs, of which 32.6% (n=203) were validated as suspected cases of SVD.

Of note, findings from the population mobility mapping exercise conducted by the International Organization for Migration and WHO, prioritized four mobility corridors based on the high volume of population movement and connectivity to and from the epicentre to major towns: Mubende – Kassanda Road, Kassanda – Kampala Road, Kassanda – Mubende – Fort portal – Kasese road and Mubende – Kyegwa – Kazo – Ibanda – Mbarara road. In addition, four key factors were identified to be the main drivers of population mobility to, within and from the five initially affected Districts: gold mining, refugee settlements, socioeconomic factors including pastoral movements, and traditional healers/shrines.

### PUBLIC HEALTH ACTIONS

#### Coordination

- Daily District Task Force meetings, partners' meetings and pillar meetings continue to be held in all affected Districts.
- National Task Force meetings are held thrice a week.

#### Surveillance and Laboratory

- Epidemiological investigations, contact tracing, and active case finding are ongoing in all affected Districts. On 5 November 2022, 1 386 contacts were still under active follow-up, among whom 1 274 (91.9%) were seen over the past 24hrs.
- On 5 November, 126 alerts were received nationwide, all of whom were verified; 34 (27.0%) of them were validated as new suspected cases and 9 (26.5%) were evacuated to Ebola Treatment Units (ETUs).
- On 5 November, 81 samples were processed at Uganda Viral Research Institute and Mubende mobile laboratory, with no new confirmed case.

#### Case management and psychosocial support

- Four ETUs, one each in Entebbe, Madudu, Mubende, and Mulago are fully operational. The total bed capacities are 182 beds for the isolation unit, and 103 beds for the treatment unit. Cumulatively, 66 (48.9%) recoveries have so far been recorded.
- The training in case management has been completed for cohort 3 participants.
- On 5 November 2022, Emergency Medical Services teams performed 21 evacuations in Mubende, 13 in Kassanda and one in Kampala/Wakiso.
- Psychosocial support continues to be offered to suspected and confirmed cases in ETUs, as well as to their family

members. Pre-test (and post-test) counselling are also being offered to all patients at ETUs, and to contacts. In addition, the resettling of the discharged persons and negative suspected cases into their community continues.

- Psychosocial teams are also providing supportive counselling to all staff working at ETUs.

### Infection, prevention and control (IPC)

- Daily monitoring of IPC measures is ongoing in all ETUs.
- IPC and WASH teams continue to participate in the hotspot integrated community engagement activities ongoing in hotspot villages, and plan to include traditional medicine practitioners.
- Safe and dignified burial teams continue to undertake safe and dignified burials in all affected Districts. Ten safe and dignified burials were performed on 5 November.

### Risk communication and community engagement

- RCCE interventions are ongoing in all affected Districts and beyond.
- At least 120 radio spots messages continue to be aired daily through six radio stations in Mubende, Kassanda, Kagadi, Kakumiro, Buyangabu and Kyegegwa.
- At total of 350 information, education and communication (IEC) materials have been disseminated in Kagadi and Bunyangabu.
- House to house sensitization is ongoing in Mubende, Bunyangabu, Kagadi, Kyegegwa and Kassanda Districts, by community volunteers and Village Health Teams, where 898

households representing 8 480 people including 4 411 males and 4 069 females have been reached with SVD prevention messages.

- At least 26 head teachers/deputies from schools in Makindye Division, Kampala have been trained on SVD prevention and response.

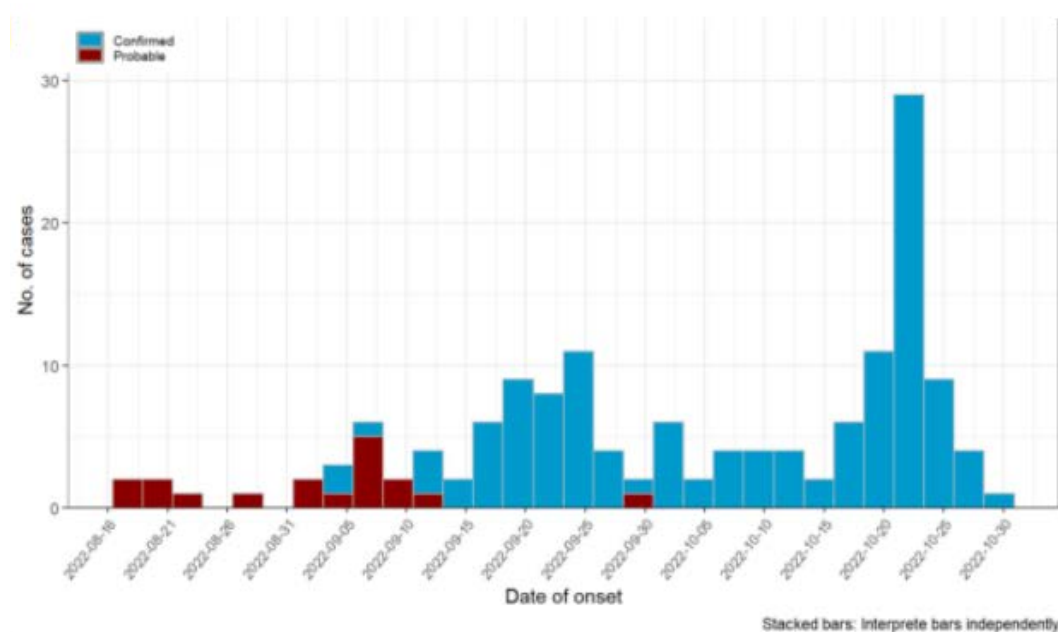
### Logistics

- The distribution of supplies in healthcare facilities within all affected districts is ongoing, including personal protective equipment, spray pumps, wooden pallets, tarpaulin, essential medicines, discharge packages, fuel, vehicles, stationery, digital thermometers, infra-red thermometers from MoH and partners.

### SITUATION INTERPRETATION

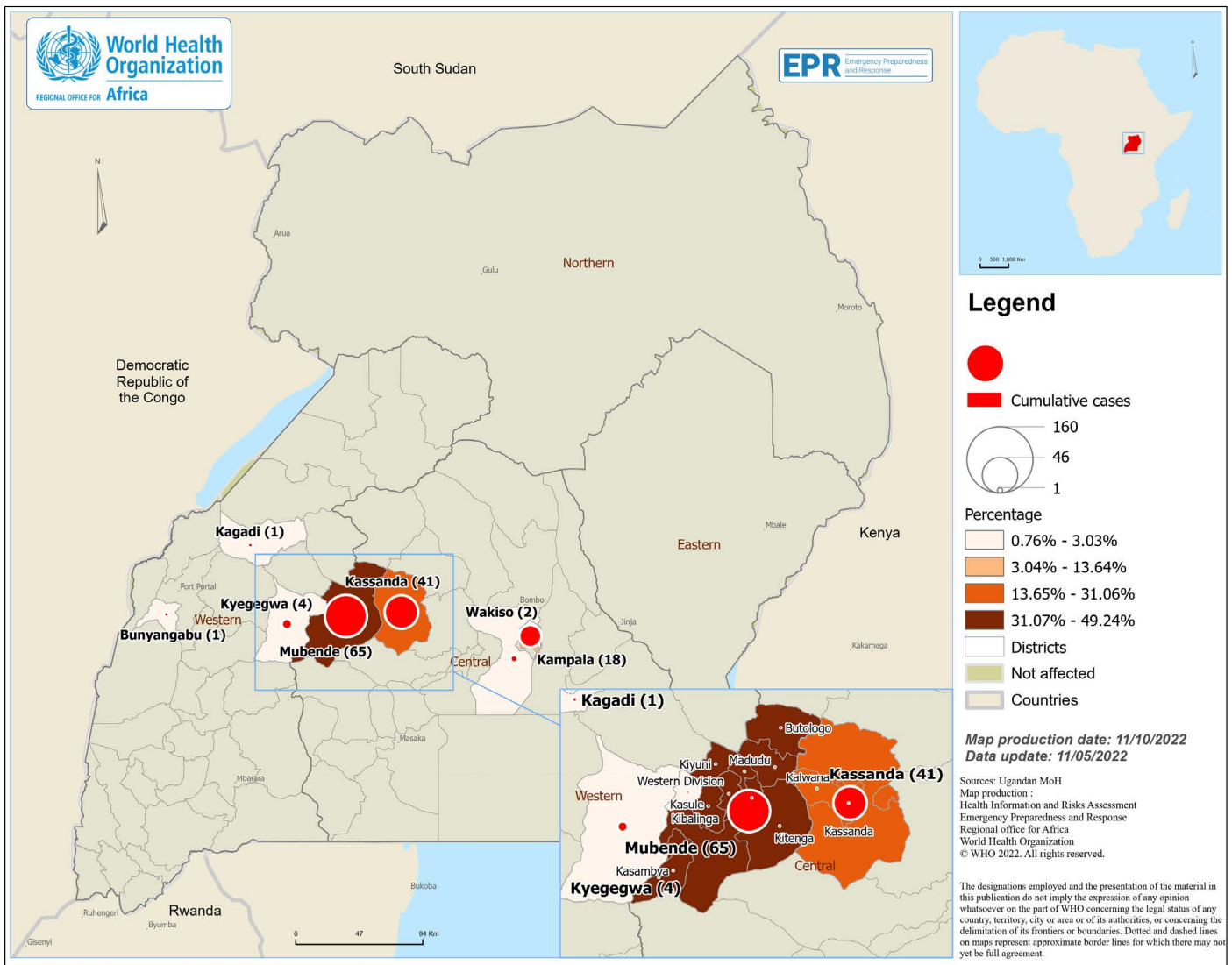
The ongoing response interventions have yielded positive and promising results, with a significant reduction in the number of new confirmed cases over the past week. Of note, no new case has been reported from Mubende over the past seven days, inferring that transmission chains are being controlled locally. However, over the two preceding weeks, majority of cases have been reported from Kassanda where there is still need to scale-up response interventions. The number of deaths has however kept increasing, highlighting some challenges around case management, considering that the chance of survival is dependent of early detection of, and rapid and adequate care to confirmed cases. Moreover, IPC is another area of improvement. A recent evaluation in Kampala has revealed an overall IPC capacity of 77% in health care facilities, much lower in private facilities.

Distribution of Cases of Ebola Disease caused by Sudan Virus in Uganda, as of 6 November 2022.





## Distribution of Ebola Virus Disease by subcounty in the affected districts in Uganda, as of 6 November 2022



@WHO/AFRO

[Go to overview](#)

4

[Go to map of the outbreaks](#)

## EVENT DESCRIPTION

Cholera is endemic in Nigeria, and outbreaks occur almost every year with a peak during the rainy seasons. Reports of suspected cholera outbreak have been reported this year since January and with cases reported from 19 states of the country. As of 2 October 2022, 31 states have reported suspected cholera cases. These states include Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ekiti, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kwara, Lagos, Nasarawa, Niger, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe and Zamfara.

In the month of September 2022, nine states reported 4 153 suspected cases of cholera – Borno (2 626), Yobe (718), Gombe (317), Zamfara (212), Bauchi (119), Jigawa (95), Sokoto (47), Katsina (16) and Adamawa (3) with Borno and Yobe States accounting for 80% of cases reported. There was a 42% increase in the number of new suspected cases reported in September Epi week 36 - 39 2022 (4 153) compared to the same reporting period in August.

Since the start of the outbreak, a cumulative total of 10 745 suspected cases with 256 associated deaths (CFR 2.4%) have been reported from 31 states. At the moment, the most affected age group is 5 -14 years. Females (52%) have been affected more than the males. Eleven states – Borno (3 663 cases), Yobe (1 632 cases), Katsina (767 cases), Taraba (675 cases), Cross River (649 cases), Gombe (470 cases), Jigawa (417 cases) and Bauchi (304 cases) account for 86% of all cases for the year.

Cholera vaccination @WHO/AFRO



## PUBLIC HEALTH ACTIONS

The Cholera response is coordinated by the national multi-sectoral Technical Working Group hosted at NCDC, in collaboration with Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment, National Primary Health Care Development Agency (NPHCDA) and Development Partners. WHO is supporting the NCDC and partners in the States to continue implementation of the response plan in a bid to control the Outbreak:

- Multi-sectoral State-level EOC has been activated in Borno, Adamawa, Bauchi, Gombe, Yobe and Katsina
- Ongoing surveillance in all states through the routine Integrated Disease Surveillance and Response and Event Based Surveillance supported by NCDC and partners
- Providing offsite/onsite support to affected states and follow up for daily reporting and progress with response activities
- Technical support and response commodities has been provided to affected states. WHO has deployed response teams especially in the North-east Nigeria (Borno, Adamawa and Yobe States) to support the response activities.
- A workshop was held on cholera case management guidelines, treatment protocol and SOP harmonization
- Supported ongoing testing across state level laboratories and at NCDC National Reference Laboratory (NRL), Abuja and Central Public Health Laboratory Yaba-Lagos
- Hygiene promotion, provision of safe water, water chlorination, household disinfection and sensitization on dangers of open defecation ongoing in high-risk communities by WASH sector partners and Community Health Volunteers in the affected states.
- Cholera jingles are being aired in English and local languages on different radio and Television stations. In addition, community social mobilisation, media interviews, distribution of Information, Education and Communication materials and awareness campaigns ongoing in affected communities.

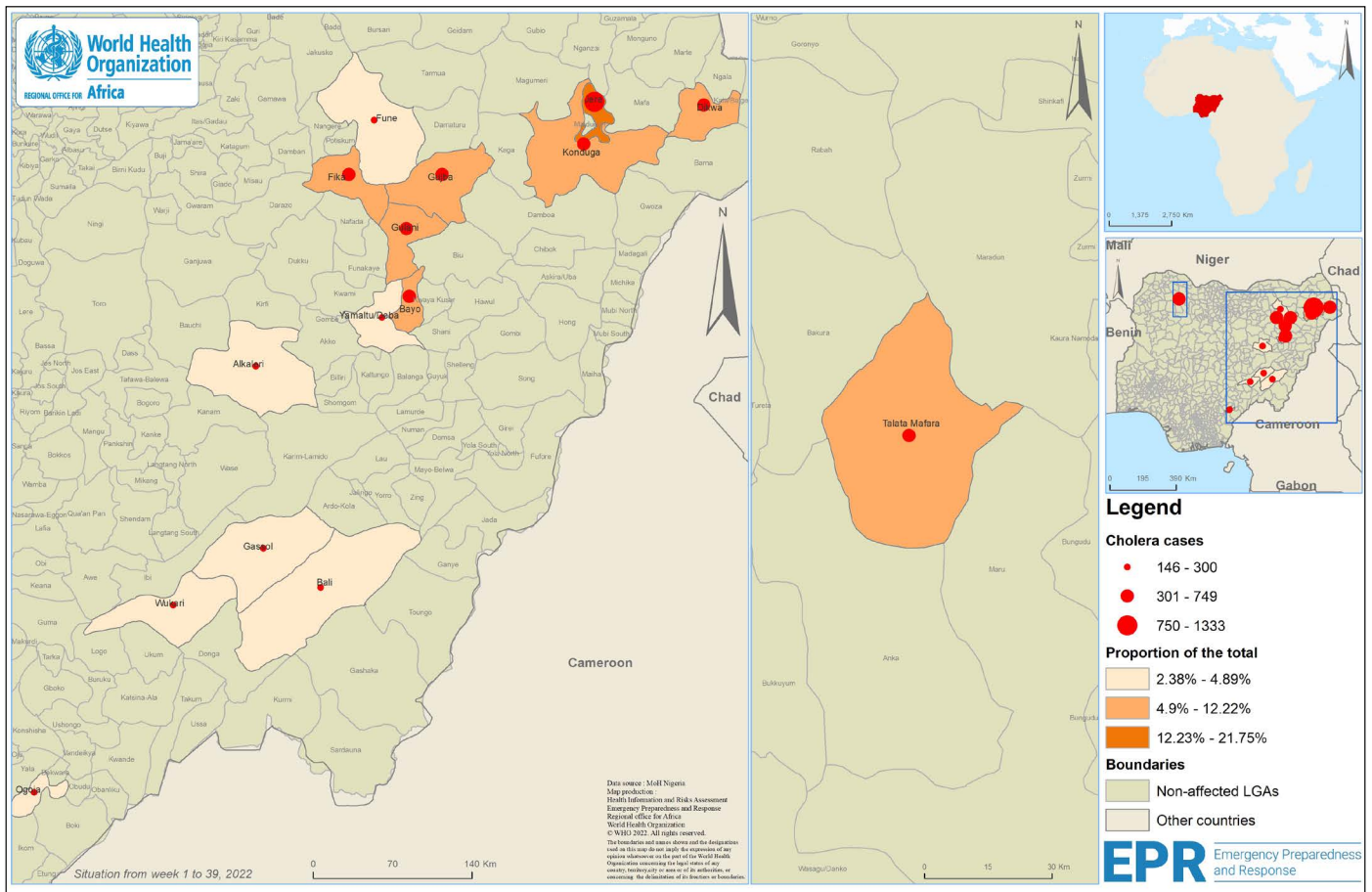
## SITUATION INTERPRETATION

Cholera is endemic in Nigeria and outbreak usually occurs during the rainy seasons though can occur anytime of the year when predisposing actors are prevalent. The most affected state– Borno in Northeast Nigeria, has history of several cholera outbreaks, with the largest in 2017 with over 5000 cases.

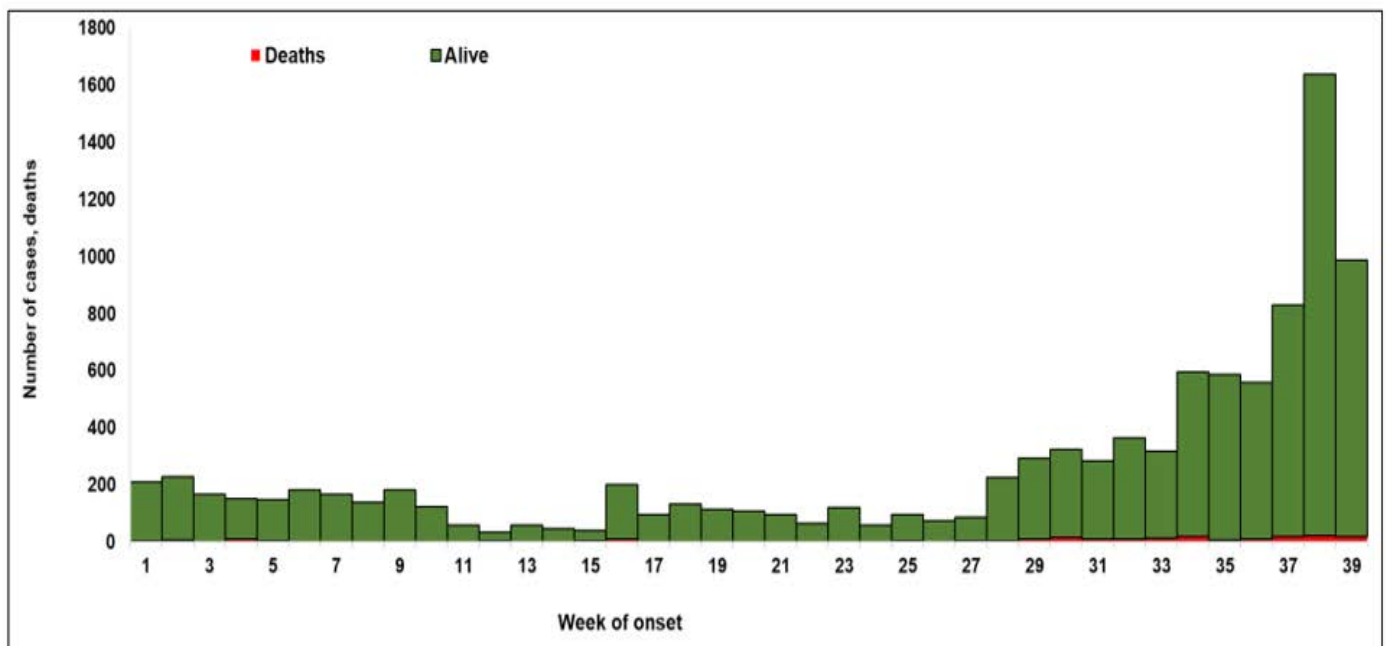
The current situation would require oral cholera vaccination for these vulnerable population, couples with other public health response activities, specifically long-term investment in improving WASH infrastructures will be key to cholera control in the country especially the Northeast States battling insurgency for over 10 years.



## Distribution of cases of cholera among affected Local government authorities (LGAs) in Nigeria, Week 1-39, 2022



## Epidemic curve of cases and deaths of cholera among affected States in Nigeria, Week 1-39 2022



## EVENT DESCRIPTION

In the past week, 21 newly confirmed Monkeypox cases were reported in Africa, showing a decline of 15 (41.7%) from 36 cases in week 43 (24 – 30 October). Three countries reported new laboratory-confirmed cases in the past week, with the highest number (19) from Nigeria while Central Africa Republic (CAR) and Ghana reported one case each.

Between 1 January and 6 November 2022, 13 African countries have reported 980 Monkeypox cases, including Nigeria (604), the Democratic Republic of the Congo (206), Ghana (107), Sudan (18), Cameroon (12), CAR (12), Congo (5), South Africa (5), Benin Republic (3), Liberia (3), Morocco (3), Egypt (1), and Mozambique (1).

Five countries (Benin, Congo, Liberia, Morocco, and South Africa,) have not reported new cases in the past 21 days. The average age of Monkeypox cases reported in Africa is 25.7 years, ranging from 0-87 years, and the majority are males (62.4%). Fifteen deaths have been reported in the continent in 2022 from Nigeria (7), Ghana (4), Cameroon (2), Mozambique (1), and Sudan (1). The deaths in Nigeria and Ghana represent 46.7% and 26.7% of all Monkeypox deaths in Africa.

## Country specific updates

## Central Africa Republic (CAR)

There have been outbreaks of Monkeypox reported in the southwestern part of CAR annually since 2018. However, there has been a trend of expansion towards areas with high populations between 2020 and 2022. In 2022, 12 confirmed cases have been reported in the country, including one new case in the past week. In addition to the one confirmed case, samples were taken from 27 suspected cases in Mbaïki central prison in the past week, but all tested negative for Monkeypox.

## Ethiopia

Although no cases of Monkeypox have been reported in Ethiopia, the country has increased the outbreak surveillance due to the high likelihood of its occurrence. Ethiopia has reported 23 suspected Monkeypox cases since October 2022 with no deaths. Of all total cases, 14 (61.0%) were females, and 7 (39.0%) were males. None of the listed suspected cases has either travel or exposure history. Laboratory results of the five samples sent for laboratory testing are still awaited. Currently, no confirmed Monkeypox cases have been reported in the country. WHO continues to support public health response activities with Ethiopia Zonal Health Departments.

## Nigeria

Nigeria has reported 604 confirmed cases and seven deaths between 1 January and 6 October 2022. Three states are responsible for about 39% of confirmed cases, including Lagos (154), Abia (46), and Bayelsa (36). In the past week, Nigeria reported 90 suspected cases, of which 19 confirmed positive for Monkeypox from Lagos (6), Bayelsa (3), Delta (2), Imo (2), Kaduna (2), Abia (1), FCT (1), Ogun (1) and Plateau (1) but

no new death. More than half (66.0%) of the cases reported in Nigeria in 2022 were males, and 34% were females.

## PUBLIC HEALTH ACTIONS

- ▶ The Democratic Republic of the Congo continues to train response teams on Monkeypox surveillance and reporting at all levels
- ▶ Nigeria intensifies surveillance through follow-up calls and emails to Monkeypox-surveillance teams in States and local government
- ▶ Ongoing enhanced regional Monkeypox surveillance and response in Ghana
- ▶ Ongoing Monkeypox awareness among medical staff and the community in Cameroon
- ▶ Ongoing orientation on quality specimen collection, case definition, screening and reporting of suspected monkeypox cases for surveillance officers, laboratory personnel from 15 counties and point of entry staff in 4 counties in Liberia

## SITUATION INTERPRETATION

All new Monkeypox cases reported in Africa in the past week were from countries that have previously recorded cases, but no new death was reported. There was an increase in the number of suspected cases in Ethiopia, however no laboratory confirmation has been done. Nigeria has the highest Monkeypox burden, with more than half of all cases reported in Africa. WHO begins vaccination plan for Democratic Republic of the Congo and Nigeria.



@WHO/AFRO

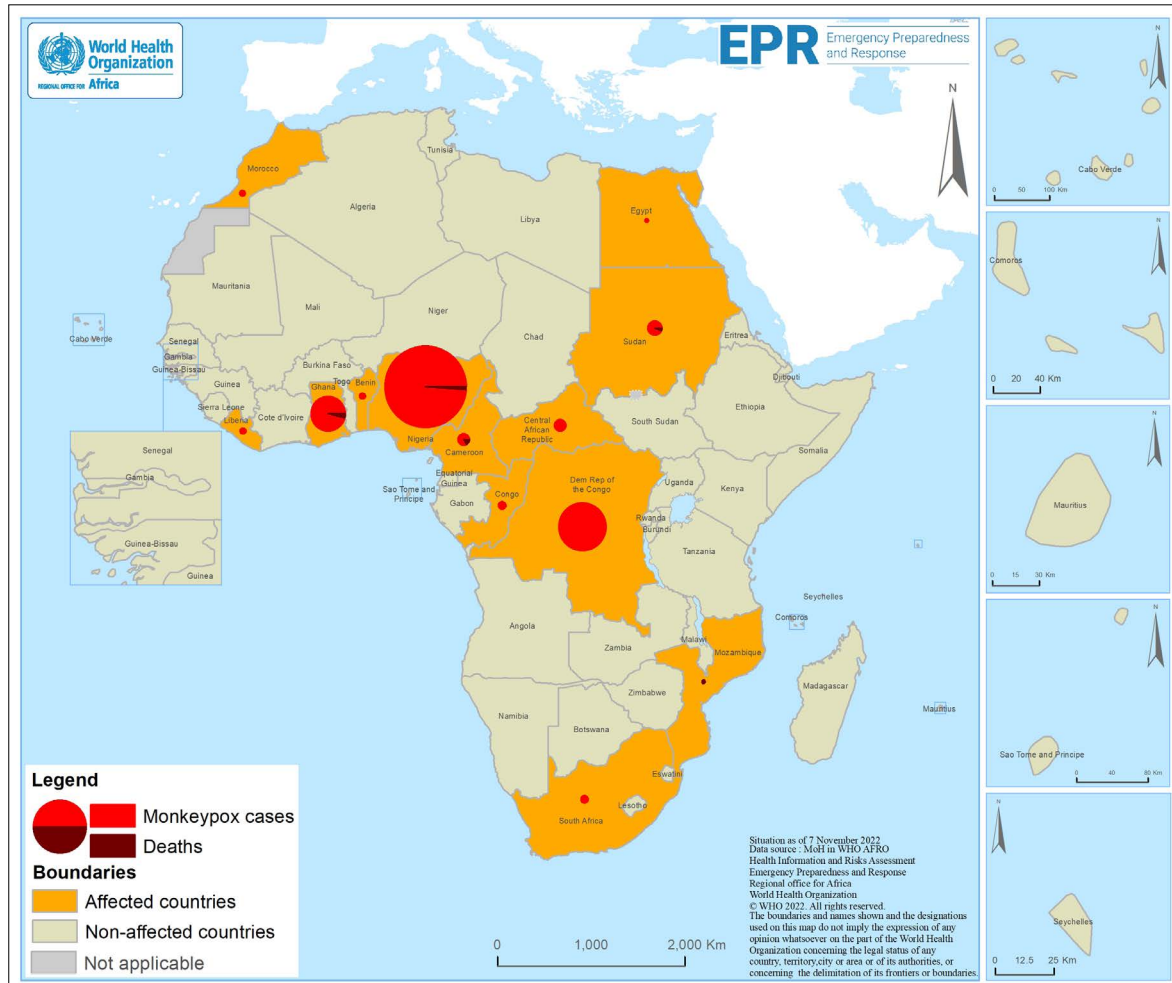
[Go to overview](#)

7

[Go to map of the outbreaks](#)

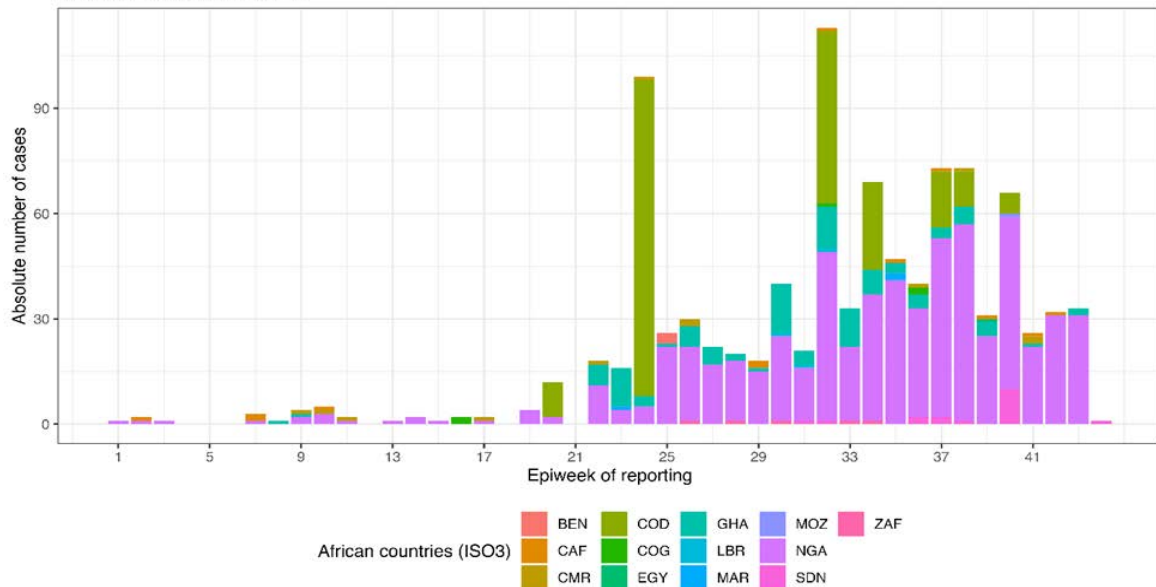


## Distribution of cases of Monkeypox in the WHO African Region, as of 6 October 2022



► [Monkeypox dashboard](#)

Weekly epi-curve of MPX cases in Africa  
 Cases from week 1 to week 44



[Go to overview](#)

8

[Go to map of the outbreaks](#)

# 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
<b>New Events</b>									
South Africa	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	2-Oct-22	1-Mar-22	22-Oct-22	3	3	1	33.3%
In 2022, South Africa has reported three confirmed cases of CCHF from the Western Cape Province (n=2) and Eastern Cape Province (n=1). A case from Western Cape, detected in March 2022, succumbed to their illness. The last case reported was a 36-year-old man from the Cape Winelands District of Western Cape Province and is suspected to have exposure to infected sheep blood and tissue by way of occupation. He had an onset of symptoms on 8 Oct 2022 and was taken to a local hospital on 12 Oct 2022 with symptoms of fever, chills, headache, nausea, vomiting, abdominal pain, muscle pain, coughing and malaise. The patient is stable and recovering from his illness.									
<b>Ongoing Events</b>									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	6-Nov-22	270 873	270 873	6 881	2.5%
From 25 February 2020 to 6 November 2022, a total of 270 873 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 442 recovered.									
Algeria	Poliomyelitis (cVDPV2)	Grade 2	14-Jul-22	11-Apr-22	7-Oct-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.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	4-Nov-22	103 131	103 131	1 917	-
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 04 November 2022, a total of 103 131 confirmed COVID-19 cases have been reported in the country with 1 917 deaths and 101 155 recoveries.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	16-Oct-22	27 902	27 902	163	0.6%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 16 October 2022, a total of 27 902 cases have been reported in the country, with 163 deaths and 27 709 recoveries.									
Benin	Monkeypox	Grade 3		14-Jun-22	19-Oct-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 was from the North of the country. Laboratory samples were taken and sent to the Institute Pasteur laboratory in Dakar, which confirmed the three samples positive on 14 June 2022.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	24-Aug-19	19-Oct-22	21	21	0	0.0%
No new case of Circulating Vaccine -derived poliovirus type 2 (cVDPV2) was reported this week. One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Donga, bringing the number of 2022 cases to seven. Six cases were reported in 2021 and 2020, and 8 in 2019.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	27-Oct-22	326 344	326 344	2 790	0.9%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 27 October 2022, a total of 326 344 confirmed COVID-19 cases were reported in the country including 2 790 deaths.									
Burkina Faso	Humanitarian crisis (Sahel Region)	Grade 2	1-Jan-19	1-Jan-19	20-Sep-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 1 520 012 displaced persons are registered in Burkina Faso as of April 30, 2022. Access to health services remains a challenge for the population in affected areas. There are 192 non-functional health facilities and 353 facilities that function at a minimum level of their capacity.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	12-Oct-22	21 631	21 631	387	1.8%
Between 9 March 2020 and 12 October 2022, a total of 21 631 confirmed cases of COVID-19 with 387 deaths and 21 143 recoveries have been reported from Burkina Faso.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	30-Oct-22	50 517	50 517	15	0.0%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 30 October 2022, the total number of confirmed COVID-19 cases is 50 517, including 15 deaths and 50 259 recovered.									
Cameroon	Humanitarian crisis (North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	11-Oct-22				-
As a result of the ongoing crisis in Far-Northern Cameroon and neighbouring countries, there has been a massive influx of internally displaced populations and refugees in Adamawa, North and East regions. For 2022, there is an estimated 481 463 refugees and asylum seekers in Cameroon, including more than 325 000 refugees coming from Central African Republic.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-16	27-Jun-18	11-Oct-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-17	24-Oct-22	-	-	-	-
The security context in Far-Northern Cameroon remained marked by persistence of incidents linked to the presence and activities of non-state armed groups (NSAGs) in the border area with Nigeria and Chad. Incursions by armed men, accompanied by murders and kidnappings of civilians as well as looting of populations' property, continued to be reported in several localities of Mayo-Tsanaga, Mayo-Sava and Logone & Chari Divisions, as well as operations by security forces against NSAGs. Following this recurrence of incidents, 1281 new displaced households (10,607 people) have been registered in August 2022. This brings to 26 526 the number of people displaced by insecurity since the beginning 2022. In addition, the rainy season which started in June 2022 got intensified in August with heavy rainfall recorded across the region, causing flooding in around twenty localities in Logone & Chari, Mayo-Tsanaga and Mayo-Danay Divisions. As of 18 October, more than 31 000 households (150 000 people) have been affected in these three Divisions. Ten fatalities have been reported, 18 276 houses completely destroyed, more than 27 400 hectares of flooded lands, approximately 5886 animals dead or washed away by the waters, around 126 flooded schools (affecting more than 38 813 students), as well as more than 1194 latrines and 294 flooded water points. The partners are continuing to provide humanitarian assistance to all these newly affected populations, despite deterioration of roads and insecurity limiting physical access to most affected areas.									
Cameroon	Cholera	Grade 2	1-Jan-21	25-Oct-21	20-Oct-22	13 096	1 160	276	2.1%
Between 14 and 20 October 2022, 94 new suspected cases of cholera including two deaths have been reported from three of the four active Regions: Littoral (47 cases), Far North (46 cases, two deaths), and Centre (one case). As of 20 October 2022, 13 096 suspected cases including 1160 laboratory-confirmed cases and 276 deaths (CFR 2.1%) have been reported since October 2021, from eight Regions and 51 Districts of which 23 remain active. South-West (6015 cases) and Littoral (5957 cases) Regions have reported majority of cases. Patients' ages range from 2 months to 95 years with a median of 27 years, and females remain twice less affected than males.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	19-Oct-22	123 993	123 993	1 965	1.6%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 19 October 2022, a total of 123 993 cases have been reported, including 1 965 deaths and 121 873 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-22	2-Oct-22	2 144	2 144	-	-
As of 2 October 2022, a total of 2 144 cases of measles have been confirmed including: 506 IgM+ (out of 1272 investigated cases with blood samples); 53 clinically compatible and 1 585 epi-linked cases. A total of 21 lab confirmed cases of rubella. About 91% of the children with confirmed measles are below nine years of age; 69% are less than five years with only 29% known to be vaccinated. A total of 54 districts with confirmed epidemics since the beginning of this year.									
Cameroon	Monkeypox	Grade 3	24-Feb-22	1-Jan-22	18-Oct-22	48	10	2	4.2%
From 16 September to 18 October 2022, two new suspected cases of Monkeypox have been reported, each in Kumba and Mbonge districts of South-West region. Between 1 January and 18 October 2022, the country has notified 48 suspected cases of monkeypox from seven districts across five regions, including two deaths (CFR 4.2%). A total of 35 human samples have been collected and ten cases have been laboratory-confirmed from Centre (4), South-West (2), North-West (2), Littoral (1) and South (1) regions. Males are slightly more affected than females (sex ratio M/F 1.4). Ages range from six months to 52 years with a median of 11 years; the under-five represent the most affected age group (n=15, 31.2%), followed by the 21-30 years (n=14, 29.2%).									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	2-Nov-22	10	10	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 43, 2022. There were three cases reported in 2021 and seven cases reported in 2020. No case has yet been reported for 2022, as of 2 November 2022.									
Cameroon	Yellow fever	Grade 2	7-Feb-21	4-Jan-21	2-Nov-22	2 885	35	0	0.0%
As of 2 November 2022, a total of 2 885 suspected cases of YF have been reported since the beginning of the outbreak in 2021, including 17 probable and 35 laboratory-confirmed cases. Eight suspected cases have been reported during epi week 41 (ending 16 October). Four PRNT positive cases have recently been reported including two cases in North-West, one case in Littoral and one case in Far-North. All ten Regions and 38 Districts have been affected since the beginning of the outbreak in 2021. In 2022, eight confirmed cases have been reported from eight districts located in five regions.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	5-Nov-22	62 561	62 561	410	0.7%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 5 November 2022, a total of 62 561 confirmed COVID-19 cases including 410 deaths and 62 008 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	26-Oct-22	-	-	-	-
In Central African Republic (CAR), armed groups continue to be active in the towns' outskirts and at the mining sites, restricting access to fields, farmland and forests, and disrupting supply chains. This has led to the depletion of food supplies, rising prices and the adoption of negative coping mechanisms. CAR has one of the highest proportions of critically food-insecure people worldwide, with 50% of the total population not eating enough. The country has also been grappling with flooding. From June 2022 to 17 October 2022, floods have affected around 104 000 people, destroyed more than 5 000 houses and more than 19 500 hectares of crops and damaged many infrastructures in 12 of the country's 17 prefectures, including the capital Bangui. Seven schools are still occupied by displaced flood victims, impacting 10 000 students for the 2022-2023 school year. The humanitarian community provided a multisectoral emergency response to more than 44 000 people. Many affected people have yet to receive assistance due to lack of resources and physical access, among other reasons. The situation remains particularly alarming in hard-to-reach areas, notably in the Vakaga and Haute-Kotto Prefectures. According to weather forecasts, there is a risk of further flooding before the end of the rainy season (April to October).									



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	26-Oct-22	15 288	15 288	113	0.7%
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 26 October 2022, a total of 15 288 confirmed cases, 113 deaths and 14 615 recovered were reported.									
Central African Republic	Measles	Ungraded	13-Mar-22	1-Jan-22	23-Oct-22	1 327	128	3	0.2%
As at Week 42 (ending 2 October), a total of 1 327 measles cases reported through IDSR with one related death. About 79 cases tested IgM+ for measles. In additional 49 cases of measles were confirmed through epi-link; eight districts with confirmed measles outbreaks are reported since the beginning of the year (Bimbo, Kouango-Grimari, Alindao, Haute-Kotto, Batangafo-Kabo, Ouango-Gambo, Bangui 1 and Kembe-Satema)									
Central African Republic	Monkeypox	Grade 3	3-Mar-22	4-Mar-22	31-Oct-22	12	12	0	0.0%
From 1 January to 31 October 2022, Central African Republic has reported 12 laboratory-confirmed cases of monkeypox with no deaths. Six districts have so far been affected: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou. Men are three times more affected than women and majority of cases (7 cases, 58.3%) are aged 15 years and above.									
Central African Republic	Yellow fever	Grade 2	14-Sep-21	1-Apr-21	2-Nov-22	744	20	4	0.5%
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 2 November, a total of 744 suspected cases of YF have been reported including ten probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.7%). Fourteen suspected cases have been reported on epi week 42 (ending 23 October 2022). Five regions have so far been affected including RS1, RS2, RS3, RS4 and RS6. Nearly 70% of confirmed cases have been reported in RS3 (Batangafo Kabo, Nanga-Boguila, Haut-Mbomou, Kembe-Satema and Bambari have each reported eight, six, three, two, and one confirmed case(s), 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	30-Oct-22	7 627	7 627	194	2.5%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 30 October 2022, a total of 7 627 confirmed COVID-19 cases were reported in the country including 194 deaths.									
Chad	Measles	Ungraded	24-May-18	1-Jan-22	19-Oct-22	2 781	142	9	0.3%
A total of 2 781 suspected measles cases and nine measles deaths reported from the start of the year 2022 in 127 of 139 districts; 142 of 988 tested were lab confirmed measles and 101 of 496 tested were lab confirmed rubella cases. Only 27% of confirmed cases were vaccinated and 51% of lab confirmed cases are less than five years of age, and 17% are from five to nine years old.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	2-Nov-22	133	133	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported on week 40, 2022 The last four cases were reported on week 35 including two in 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	2-Nov-22	2 114	30	7	0.3%
On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever. As of 2 November 2022, 2 114 suspected cases of yellow fever have been reported, including 37 probable and 30 lab-confirmed cases with seven deaths (CFR 0.3%). Forty-two new suspected cases were reported on week 42 (ending 23 October), and 1 five IgM positive samples have been shipped to Institut Pasteur Dakar for further confirmation. A total of 23/126 districts in 11/23 provinces have been affected since the beginning of the outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	4-Nov-22	8 879	8 879	161	1.9%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 04 November 2022, a total of 8 879 confirmed COVID-19 cases, including 161 deaths and 8 587 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	18-Sep-22	6 779	6 779	132	1.9%
A total of 394 lab confirmed measles cases and 6 385 cases confirmed by epidemiological linkage reported in 2022 with 97 cases of confirmed rubella; 32 out of 52 districts in the country (62%) experienced outbreaks at some point this year									
Congo	Monkeypox	Grade 3	23-May-22	1-Jan-22	1-Nov-22	19	5	3	15.8%
From 1 January to 11 September 2022, the Republic of Congo has reported 19 suspected cases of monkeypox including five probable and five laboratory-confirmed cases, with three deaths (CFR 15.8%). The suspected cases have been reported from four Departments and nine Districts. Impfondo is the epicentre of the outbreak, with five probable and two confirmed cases. The other confirmed cases have been detected in Ouessou (n=2) and Ngoyo (n=1) Districts. Sixty percent of the probable and confirmed cases are females, and 40% aged less than 10 years.									
Congo	Yellow fever	Grade 2	31-Mar-22	31-Mar-22	19-Oct-22	41	4	0	0.0%
In Congo , as of 19 October 2022, a total of 41 probable cases of yellow fever and four confirmed and zero deaths have been reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	6-Nov-22	87 830	87 830	829	0.9%
Since 11 March 2020, a total of 87 830 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 829 deaths, and a total of 86 994 recoveries.									
Côte d'Ivoire	Yellow fever	Grade 2	14-Sep-21	13-Aug-21	19-Oct-22	81	8	0	0.0%
From 13 August 2021 to 19 October 2022, a total of 73 probable and eight 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-17	16-Oct-22	-	-	-	-
As of 31 July, more than 5.5 million people are internally displaced with North Kivu and Ituri provinces hosting the majority of IDPs (32% each) followed by South Kivu province (24%). The main causes of displacement are armed attacks and clashes, land and inter-community conflicts and natural disasters. In July 2022, 34 new security incidents directly affecting humanitarian personnel or goods were recorded in the DRC. In North Kivu Province, the Congolese army (FARDC) and fighters from the armed group, the March 23 Movement (M23), have been fighting since 20 Oct 2022 in the territory of Rutshuru after more than a month of ceasefire. Since last March, clashes between the Congolese army and the M23 armed group had caused the displacement of at least 186K people bringing the total number of displacements in Rutshuru to more than 396K. On the nights of 19 and 20 Oct, 2 healthcare establishments in Kalunguta health zone were attacked by alleged elements of the Allied Democratic Forces (ADF). The Maboya reference health center in the health zone was looted and burned.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	3-Jan-22	16-Oct-22	11 456	1 216	211	1.8%
From epidemiological week 1 to 41 (ending 16 October 2022), 11 456 suspected cholera cases including 211 deaths (CFR: 1.8%) were recorded in 77 health zones across 15 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (3 916), Haut-Lomami (2 205), Tanganyika (2 132), and North Kivu (1 937). Response actions are continuing in provincial health zones with active outbreaks (Sankuru, South Kivu, Haut Lomami, Tanganyika, etc.). A total of 1 216 (29.9%) cases have been confirmed in the laboratory out of 4 054 analysed from weeks 1-41 in 2022.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	30-Oct-22	93 220	93 218	1 445	1.6%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 93 218 confirmed cases and two probable case, including 1 445 deaths have been reported. A total of 83 560 people have recovered.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-21	1-Jan-22	9-Oct-22	115 905	5 441	1 411	1.2%
As at Epi Week 40 of 2022 (ending 9 October) : 115 905 suspected cases and 1 411 measles related deaths (CFR 1.2%) ; 5 441 cases investigated through the case-based surveillance system; 2 199 tested IgM+ for Measles and 1 168 tested IgM+ for Rubella ; 67% lab confirmed measles cases are less than five years old , and only 28% with history of vaccination									
Democratic Republic of the Congo	Monkeypox	Grade 3	30-Mar-19	1-Jan-22	16-Oct-22	4 342	206	0	0.0%
From 1 January – 16 October 2022, the Democratic Republic of the Congo reported 4 342 suspected including 206 confirmed cases from 172 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1 867), Tshopo (632), Maniema (307), Kasai (276), and Tshuapa (247).									
Democratic Republic of the Congo	Poliomyelitis (cVDPV1)	Grade 2		1-Jan-22	3-Nov-22	39	39	0	0.0%
A total of 39 cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported in 2022 with 36 in Haut Lomami and three in Tanganyika provinces.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-21	1-Jan-21	3-Nov-22	193	193	0	0.0%
A total of 165 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in 2022 and 28 in 2021									
Democratic Republic of the Congo	Suspected meningitis	Ungraded		2-Jun-22	22-Oct-22	131		20	15.3%
A suspected meningitis outbreak is ongoing in the Banalia health zone, Tshopo province in the Democratic Republic of the Congo. From 2 June 2022 to 22 October 2022, a total of 131 suspected cases with 20 deaths (CFR 15.3%) have been reported. Three health areas are the hotspots: Mangi , Bongonza and Akuma.									
Democratic Republic of the Congo	Yellow Fever	Grade 2	21-Apr-21	1-Jan-22	19-Oct-22	10	6	1	10.0%
As of 19 October 2022, 10 probable cases and six confirmed yellow fever cases and one death have been reported in the country .									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Oct-22	17 074	17 074	183	1.1%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 26 October 2022, a total of 17 074 cases have been reported in the country with 183 deaths and 16 814 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	30-Oct-22	10 189	10 189	103	1.0%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 30 October 2022, a total of 10 189 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 085 patients have recovered from the disease.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Eritrea	Poliomyelitis (cVDPV2)	Grade 2	2-Jun-22	7-Jun-22	12-Oct-22	2	2	0	0.0%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week 40, 2022. There has so far been one case reported in 2022 and another one reported in 2021, even though this case was confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	6-Nov-22	73 558	73 558	1 422	1.9%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 16 March 2020. As of 6 November 2022, a total of 73 558 cases have been reported with 1 422 associated deaths.									
Ethiopia	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	28-Oct-22		-	-	-
The unprecedented severe drought in southern and north-eastern Ethiopia is worsening in scope and scale. Vulnerable communities in these areas are still bracing for the projected fifth failed rainy season during October-December 2022. The humanitarian impact will therefore likely continue to worsen well into 2023. Over 24 million people are projected to be affected by drought in Ethiopia in October, at least 9.9 million of whom are in need of emergency food assistance. At least 3.5 million livestock have already perished and another 25 million are at risk. At the same time, 2.2 million children are already acutely malnourished due to the impact of drought; over 760 000 of these children are severely malnourished. The Government and humanitarian partners are collectively working to scale-up the drought response, including availing food, water and health services. Livestock feed is also being distributed to prevent further livestock deaths. Some of the drought-affected areas are equally impacted by conflict, making the humanitarian context more complex. As of 15 October 2022, more than 10 million people have received some form of humanitarian assistance across the drought-affected areas.									
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 3	4-Nov-20	4-Nov-20	15-Oct-22	-	-	-	-
Humanitarian needs in conflict, drought and flood-affected areas across Ethiopia continue increasing, not only affecting more people but also increasing the severity of needs. In northern Ethiopia for instance, hostilities continue to escalate leading to injuries, loss of life, additional displacement, destruction of civilian infrastructure and mounting humanitarian needs. In Afar Region, close to 40 000 people were newly displaced in Aba'la and Berhale woredas. In Amhara Region, following the improvement of the security situation in North Wollo Zone, close to 100 000 people who were displaced by hostilities a few weeks ago have started returning to their hometown. In Tigray Region, civilians waiting to receive much-needed humanitarian assistance came under fire on 14 October, which caused injuries and loss of life. In Oromia Region, ongoing hostilities, particularly in the Wollega zones, continued to lead to displacements into Amhara Region. In Benishangul Gumuz Region, access to Kamashi Zone remains blocked due to ongoing hostilities in western Oromia. As of 15 October 2022, 26 humanitarian workers have lost their lives since the hostilities in northern Ethiopia begun at the end of 2020. About 22 million vulnerable people across the country have received some form of humanitarian assistance between January and August 2022.									
Ethiopia	Cholera	Ungraded	17-Sep-22	17-Sep-22	29-Oct-22	331	4	17	5.1%
A cholera outbreak in ongoing in Ethiopia since 27 August 2022. The index case was reported from Bekay Kebele, Harana Buluk Woreda of Bale Zone, Oromia Region. As of 29 October 2022, a total of 331 suspected cases of cholera have been reported including 245 cases from Oromia region and 86 cases from Somali region. The cumulative attack rate is 63.7 per 100 000 population. Seventeen deaths have so far been reported, for a CFR of 5.1%. Five woredas have been affected: Berbere (n=152 cases), Harena Buluk (n=71 cases), and Delo Mena (n=22 cases) in Bale Zone of Oromia region, and Guradamole (n=49 cases) and Kersadula (n=37 cases) in Liben Zone of Somali region. No case has been reported from Harena Buluk in the last 20 days, and from Dolo Mena in the last 13 days.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	6-Nov-22	494 042	494 042	7 572	1.5%
Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 494 042 cases of COVID-19 as of 6 November 2022, with 7 572 deaths and 472 146 recoveries.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-22	6-Nov-22	6 788	6 320	57	0.8%
From week 1 to week 44, 2022 ( 6 November ), a total of 6 788 suspected cases with 6 320 confirmed and 57 deaths (CFR 0.8%) have been reported in Ethiopia. A total of 16 districts (Woredas) are currently experiencing confirmed measles outbreak : Hadelela ,Mecha North,Sekela,Dehana, Fedis, Ginir, Doba,Tulo,Basketo,Doyogena,Fik,Jigjiga City,Jigjiga Zuria,Dagah Bur,Gashamo,Sagag. The total number of suspected cases reported since January 2022 has been revised.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	26-Oct-22	48 945	48 945	306	0.6%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 26 October 2022, a total of 48 945 cases including 306 deaths and 48 392 recoveries have been reported in the country.									
Gambia	Acute kidney injury	Grade 2	11-Aug-22	4-Jul-22	6-Oct-22	81		69	85.2%
On 1 August 2022, the Epidemic and Disease Control Unit of the Ministry of Health in The Gambia reported an unusual event detected at the Edward Francis Small Teaching Hospital, the main tertiary hospital in the country. A total of 81 cases with 69 deaths ( CFR 85%) have been reported as of 6 October 2022. The median age is 17 years with a range of two to 84 months. The highest number of cases was among children under two years of age. The index case was traced to 4 July 2022. Patients presented with symptoms such as inability to urinate, fever, vomiting, and diarrhoea. In addition, 23 samples of medicines taken by these children were sent for toxicology testing, and four of the medicines were found to contain diethylene glycol and ethylene glycol. Further investigation is ongoing.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	4-Nov-22	12 586	12 586	372	3.0%
The first COVID-19 confirmed case was reported in The Gambia on 17 March 2020. As of 4 November 2022, a total of 12 586 confirmed COVID-19 cases including 372 deaths, and 12 189 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	31-Oct-22	170 894	170 894	1 460	0.9%
As of 25 October 2022, a total of 170 894 confirmed COVID-19 cases have been reported in Ghana. There have been 1 460 deaths and 169 218 recoveries reported.									
Ghana	Monkeypox	Grade 3	8-Jun-22	24-May-22	13-Oct-22	656	104	4	0.6%
On 8 June 2022, the Director General of the Ghana Health Service confirmed that 5 cases of monkeypox have been detected in the country. From 24 May-13 October 2022, there have been 656 suspected cases, including 104 confirmed and four deaths reported from 13 over 16 administrative regions. Most of the positive cases were reported from the Greater Accra region (60%). Of the confirmed cases, 64 (62 %) are males. The age of confirmed cases ranges from 13 days to 67 Years (min-max).									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ghana	Yellow fever	Grade 2	3-Nov-21	15-Oct-21	19-Oct-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 19 October 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	12-Oct-22	38 047	38 047	456	1.2%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 12 October 2022, a total of 38 047 cases, including 37 118 recovered cases and 456 deaths, have been reported in the country.									
Guinea	Lassa fever	Ungraded	20-Sep-22	20-Sep-22	29-Sep-22	1	1	1	100.0%
As part of routine surveillance, the Prefectural Health Directorate (DPS) of N'zerékoré was alerted by the Regional Hospital Directorate on 20 September 2022 of a positive case of hemorrhagic fever from the Mohomou health area in the urban commune. This is a male patient, 45 years old, a logistician by profession. The deceased lived in the Gbangana district and shared the same household with only his wife. An investigation is ongoing to identify the source of contamination									
Guinea	Measles	Ungraded	9-May-18	1-Jan-22	30-Sep-22	23 183	418	33	0.1%
Since the beginning of 2022 up to week 40 (ending 30 September), a total of 23 183 suspected measles cases with 418 confirmed and 33 death (CFR 0.2%) have been reported in Guinea through the Integrated disease surveillance and response.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	2-Oct-22	8 848	8 848	176	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 2 October 2022, the country has reported 8 848 confirmed cases of COVID-19 with 8 642 recoveries and 176 deaths.									
Kenya	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	10-Oct-22	-	-	-	-
In the northern areas of Kenya, the nutrition situation has significantly deteriorated and is projected to exacerbate due to worsening food insecurity resulting from four consecutive failed rainy seasons. Up to August, northern states experienced a rapid deterioration in indicators with malnutrition rising in many of the hardest-hit counties. Some areas have a general acute malnutrition rate of above 30%, and even 40%. This is in most cases nearly an increase of 50% compared to last year's dry season. WHO works on strengthening nutrition surveillance, oedema screening and referral of children in health facilities. Additionally, WHO supports by providing capacity building in the management of severe acute malnutrition and outbreak investigation and confirmation.									
Kenya	Anthrax	Ungraded	15-Jul-22	30-Jun-22	9-Oct-22	173	1	-	-
Kenya is facing an anthrax outbreak with cases reported from different counties including Kakamega. Twelve cases were reported from Runyenjes (5), Tigania East (3), and Trans Mara East (4) sub counties with no deaths in the last week (week 40, ending 9 October ). From January to 9 Oct 2022, a total of 173 cases have been reported through weekly Integrated Disease Surveillance and Response report									
Kenya	Chikungunya	Ungraded	3-Mar-22	13-Feb-22	16-Oct-22	291	5	1	0.3%
Wajir County has continued to report the cases from Tarbaj sub-county in Kutulo village. A total of two hundred and ninety-one (291) cases have been reported with five confirmed cases and one death (CFR 0.3%).									
Kenya	Cholera	Ungraded	19-Oct-22	16-Oct-22	16-Oct-22	94	14	2	2.1%
Cholera outbreak has been confirmed affecting six counties as listed below: Nairobi, Kiambu, Nakuru, Uasin Gishu, Kajiado and Murang'a. The index case and majority of the first cases had attended a wedding which was held in Red hill Gardens, Limuru sub county, Kiambu county on 8 October 2022. The outbreak has then extended to the community outside the event. A total of 94 cases with 14 Confirmed by culture and two deaths (CFR 2.1%) have been reported.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	6-Nov-22	339 756	339 756	5 678	1.7%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 6 November 2022, 339 756 confirmed COVID-19 cases including 5 678 deaths and 333 292 recoveries have been reported in the country.									
Kenya	Leishmaniasis (visceral)	Ungraded	31-Mar-19	3-Jan-20	16-Oct-22	2 015	1 834	10	0.5%
The outbreak has been continuous since 2020. A total of 2 015 visceral leishmaniasis (suspected and confirmed) cases have been reported in Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir and Isiolo Counties with a total of 10 deaths reported. The outbreak is active in four counties, West Pokot County in Pokot North, Pokot south and West Pokot Sub Counties, Kitui county from Mwingi North and Mwingi Central Sub-counties, Wajir County from Wajir East, west, South and Eldas sub counties and Isiolo County. In the last week, no new cases were reported.									
Kenya	Measles	Ungraded	29-Jun-22	26-Jun-22	16-Oct-22	197	57	0	0.0%
The measles outbreak has been reported from six counties Marsabit, Wajir, Nairobi, Turkana, Garissa and Mandera Counties. A total of 197 cases with 57 confirmed cases have been reported with zero death. A total of 55 additional cases were reported in the last one week from Wajir north (48), Wajir East (3) and Kutulo (4) sub counties									
Kenya	Yellow fever	Grade 2	3-Mar-22	12-Jan-22	22-Oct-22	139	3	11	7.9%
From 12 Jan to 22 Oct 2022, there were a total of 139 suspected cases of yellow fever including 11 deaths (CFR 7.9%) reported from 11 counties in Kenya. No new cases were reported as of week 41 (ending 22 Oct). 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-20	4-Nov-22	34 490	34 490	706	2.1%
Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 04 November 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	3-Nov-22	8 005	8 005	294	3.7%
From 16 March 2020 to 3 November 2022, Liberia has recorded a total of 8 005 cases including 294 deaths and 7 698 recoveries have been reported.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	6-Jan-22	23-Oct-22	52	52	17	32.7%
Since the beginning of 2022 up to 23 October 2022, a total of 156 suspected cases of Lassa fever including 52 laboratory confirmed and 17 deaths among confirmed cases (CFR 33%) have been reported in Liberia.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Liberia	Measles	Ungraded	3-Feb-22	13-Dec-21	26-Oct-22	7 312	7 312	81	1.1%
Since the measles outbreak started on 13 December 2021 as of 12 October 2022, a total of 7 806 suspected cases, including 7 312 confirmed and 81 deaths (CFR: 1%) were reported from 62 health districts in 15 counties.									
Liberia	Monkeypox	Grade 3	21-Jul-22	23-Jul-22	11-Oct-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 11 October 2022, three confirmed cases of monkeypox and 0 deaths were reported.									
Madagascar	Malnutrition crisis	Protracted 2	1-Jul-21	1-Jan-21	28-Oct-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	6-Nov-22	66 788	66 788	1 411	2.2%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 6 November 2022, a total of 66 788 confirmed cases including 1 411 deaths have been reported in the country.									
Malawi	Floods	Grade 2	26-Jan-22	26-Jan-22	7-Oct-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. As of 2 October 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 3 737 and 106 respectively, with Case Fatality Rate at 2.8%.									
Malawi	Cholera	Ungraded	3-Mar-22	3-Mar-22	5-Nov-22	6 720	6 720	200	3.0%
A total of 28 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 5 November 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 6 720 and 200 respectively, with Case Fatality Rate at 3.0%.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	5-Nov-22	88 009	88 009	2 685	3.1%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 5 November 2022, the country has a total of 88 009 confirmed cases with 2 685 deaths.									
Malawi	Poliomyelitis	Ungraded	31-Jan-22	1-Feb-22	2-Nov-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	11-Oct-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	6-Nov-22	32 738	32 738	742	2.3%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 6 November 2022, a total of 32 738 confirmed COVID-19 cases have been reported in the country including 742 deaths and 31 912 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-22	25-Sep-22	2 017	683	1	0.0%
As of 25 September 2022, a total of 2 017 suspected cases of measles and 683 confirmed and one death have been reported in Mali through integrated disease surveillance and response (IDSR) system. In September 2022, 30 positive cases and none deaths were recorded. The most affected age group is from 0 to 59 months.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	5-Nov-22	63 392	63 392	997	1.7%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 5 November 2022, a total of 63 392 cases including 997 deaths and 62 323 recovered have been reported in the country.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	31-Aug-22	29-Aug-22	31-Oct-22	3	3	2	66.7%
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). As of 31 October 2022, a total of three confirmed cases with two deaths have been reported.									
Mauritania	Rift Valley fever	Grade 1	31-Aug-22	26-Aug-22	31-Oct-22	51	51	23	45.1%
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 31 October 2022, a total of 51 cases have been confirmed with 23 deaths (CFR 45%). Response activities are underway including enhanced surveillance and investigations.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	4-Nov-22	266 489	266 489	1 033	0.4%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 04 November 2022, a total of 266 489 confirmed COVID-19 cases including 1033 deaths have been reported in the country.									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	1-Jan-20	12-Oct-22	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. As of 12 October 2022, the nationwide estimate of people in need of humanitarian assistance is 1.5 million and 946, 508 IDP population resulting from the conflict. 1.5 million still need life saving humanitarian assistance in 2022 resulting from heightened food insecurity and malnutrition.									
Mozambique	Cholera	Ungraded	23-Mar-22	13-Jan-22	16-Oct-22	3 685	16	19	0.5%
Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 8 October 2022, a total of 3 685 cases and 19 deaths (CFR 0.5%) have been reported. In Sofala province, cases have been reported from 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. Zambezia province declared the end of the outbreak in 2 districts (Morrumbala and Mopeia). Quelimane district didn't report any case for 4 weeks. Cholera outbreak has been reported from Niassa province since 14th of September, 2022 in Cobue Locality, Lago district. As of 16th of October, 135 cases and 2 deaths, CFR 1.5% were reported									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	4-Nov-22	230 475	230 475	2 224	1.0%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 04 November 2022, a total of 230 475 confirmed COVID-19 cases were reported in the country including 2 224 deaths and 228 176 recoveries.									
Mozambique	Monkeypox	Grade 3	6-Oct-22	7-Oct-22	4-Nov-22	1	1	0	0.0%
The case was diagnosed Wednesday, 12 October 2022 in Maputo City in a man, Health minister Armindo Tiago said.									
Mozambique	Poliomyelitis (WPV1)	Ungraded	17-May-22	18-May-22	2-Nov-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 2 November, there are four cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	27-Oct-22	169 929	169 929	4 080	2.4%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 27 October 2022, a total of 169 929 confirmed cases with 4 080 deaths have been reported.									
Niger	Humanitarian crisis (Sahel region)	Grade 2	1-Feb-15	1-Feb-15	30-Sep-22	-	-	-	-
Tillabéri region recorded at the end of August 2022, around 44 122 new displaced persons fleeing the insecurity in the departments near the Niger river, bordering Burkina Faso. As of 30 September 2022, eight integrated health centres (CSI), including two in Bolsi (Torodi) and Waraou (Gothèye), and 23 community health centres are non-functional due to insecurity in the region. As of 31 August 2022, a total of 580 838 refugees and asylum seekers, with 48 % Internally Displaced Persons, 43 % refugees, 6% repatriated and 2%asylum seekers, were recorded in Niger. Most refugees are from Nigeria (73%) and Mali (21%).									
Niger	Cholera	Ungraded	3-Sep-22	1-Sep-22	7-Oct-22	72	14	1	1.4%
The Direction Régionale de la Santé Publique (DRSP) of Maradi, Niger, notified 10 suspected cases of cholera, including three positive cases by rapid diagnostic test on 1 September 2022 in Madaroufa district, Maradi region. Further testing identified Vibrio cholerae O1 Ogawa. As of 7 October 2022, 72 suspected cases have been reported, of whom 14 tested positive for cholera, and one death was recorded.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	23-Oct-22	9 425	9 425	314	3.3%
From 19 March 2020 to 23 October 2022, a total of 9 425 cases with 314 deaths have been reported across the country. A total of 8 949 recoveries have been reported from the country.									
Niger	Measles	Ungraded	5-Apr-22	1-Jan-22	30-Sep-22	13 421	675	32	0.2%
From week 1 to week 39 (ending 30 September) of 2022, 13 421 cases and 32 deaths (CFR: 0.2%) have been reported. Among the eight regions of the country, Agadez has the highest attack rate (124 cases per 100 000 inhabitants), followed by Diffa (123 cases /per 100 000). 94% (68/72) of the districts of Niger have notified at least one suspect case of measles. The vaccination campaign is ongoing in nine districts of the country. According to available data, there is no district in outbreak currently.									
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-21	19-Oct-22	28	28	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are ten cases in 2022. There were 18 cases reported in 2021.									
Niger	Yellow fever	Grade 2	19-Oct-22	1-Sep-22	19-Oct-22	6	4	1	16.7%
In September and October 2022, the Institut Pasteur in Dakar confirmed four yellow fever cases from Niger, including one death. The cases were confirmed by plaque reduction neutralization test (PRNT) and were reported from Dosso, Zinder, Tahoua, and Adadez districts. The date of onset of symptoms for the last case was 14 August 2022. Two probable cases were reported during the same period.									
Nigeria	Humanitarian crisis (Sahel region)	Grade 2	10-Oct-16	10-Oct-16	18-Oct-22	-	-	-	-
Tens of thousands of people have been killed and millions internally displaced since Boko Haram launched its campaign in 2009, creating one of the world's worst humanitarian crises and causing a near-total breakdown in education and health services. Throughout the northeast region, the violence has destroyed schools, hospitals and other social facilities, leaving affected communities - particularly women and children - in urgent need of assistance. Overall, some 8.4 million people, primarily women and children, in Borno, Adamawa and Yobe states need humanitarian assistance, according to OCHA.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Cholera	Ungraded		1-Jan-22	30-Sep-22	10 754		256	2.4%
Refer to text above.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	4-Nov-22	266 192	266 192	3 155	1.2%
The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 4 November 2022, a total of 266 192 confirmed cases with 259 532 recovered and 3 155 deaths have been reported.									
Nigeria	Lassa fever	Grade 1	1-Jan-21	1-Jan-21	23-Oct-22	985	948	173	18.2%
From week 1 to 42 of 2022 (ending 23 October), a total of 985 Lassa fever cases including 948 confirmed, 37 probable and 173 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18% across 26 States. In week 42, seven new confirmed cases were reported from Ondo, Edo, Ebonyi and Cross River States. In total, 7 077 cases are suspected in 2022. Of all confirmed cases, 771% are from Ondo (33%), Edo (25%), and Bauchi (13%) States.									
Nigeria	Monkeypox	Grade 3	31-Jan-22	1-Jan-22	21-Oct-22	552	552	7	1.3%
From 1 January to 21 September 2022, Nigeria has reported 552 monkeypox confirmed cases with seven deaths.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	7-Oct-22	511	511	-	-
In 2022, 41 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria, including two cases in week 38 from Plateau and Zamfara States. The most recent date of onset was 10 July 2022. There were 410 cVDPV2 cases reported in 2021 and 511 cases since 1 January 2018.									
Nigeria	Yellow fever	Grade 2	12-Sep-17	1-Jan-21	19-Oct-22	30	23	0	0.0%
From January 2021 to 20 October 2022, a total of 30 yellow fever cases including seven probable and 23 confirmed cases have been reported in Nigeria.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	30-Oct-22	132 585	132 585	1 467	1.1%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 30 October 2022, a total of 132 585 cases with 1 467 deaths and 131 061 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	30-Oct-22	6 270	6 270	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 30 October 2022, a total of 6 270 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6 189 cases have been reported as recoveries.									
Sao Tome And Principe	Dengue	Grade 2	11-Apr-22	15-Apr-22	16-Oct-22	1 012	1 012	4	0.4%
Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 16 October 2022, a total of 1 012 cases and 4 deaths (CFR 0.4%) have been confirmed via RDT from: Água Grande (686, 67.9%), Mézôchi (144, 14.2%), Lobata (93, 9.0%), Cantagalo (40, 3.9%), Caué (19, 1.8%), Lembá (16, 1.6%), and RAP (14, 1.3%). During week 41 (ending 16 Oct), there was 1 new case registered in the country. Água Grande's attack rate is by far the highest (81.3 per 10 000 inhabitants). Those aged 50-59 years are experiencing the highest attack rate at 62.9 cases per 10 000. The 3 main clinical signs are fever (926, 92%), headache (761, 75%) and myalgia (318, 32%).									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	4-Nov-22	88 817	88 817	1 968	2.2%
From 2 March 2020 to 4 November 2022, a total of 88 817 confirmed cases of COVID-19 including 1 968 deaths and 86 775 recoveries have been reported in Senegal.									
Senegal	Measles	Ungraded	4-Jul-22	1-Jan-22	23-Oct-22	376	376	1	0.3%
From epidemic week 1 to 42 of 2022 (ending 23 October), 373 confirmed cases of measles with one death were reported from 13 regions in Senegal. Dakar, Tambacounda, and Kédougou regions reported 277 confirmed cases, accounting for 74%.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	23-Oct-22	49 380	49 380	171	0.3%
Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 23 October 2022, a total of 49 380 cases have been confirmed, including 48 626 recoveries and 171 deaths have been reported.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	12-Oct-22	7 752	7 752	126	1.6%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 12 October 2022, a total of 7 752 confirmed COVID-19 cases were reported in the country, including 126 deaths and 4 889 recovered cases.									
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	30-Oct-22	4 029 942	4 029 942	102 363	2.5%
Since the start of the COVID-19 pandemic in South Africa through 6 November 2022, a cumulative total of 4 029 942 confirmed cases and 102 363 deaths have been reported.									
South Africa	Measles	Ungraded	17-Oct-22	13-Oct-22	13-Oct-22	3	3	0	0.0%
Measles surveillance at the National Institute for Communicable Diseases detected three cases of measles from two healthcare facilities in the Greater Sekhukhune District, Limpopo Province within 30 days. In South Africa, a measles outbreak is classified as three laboratory-confirmed measles cases reported within 30 days in a district. A public health response investigation is needed to identify new measles cases and vaccination of the contacts to prevent the spread of the disease.									
South Africa	Monkeypox	Grade 3	23-Jun-22	23-Jun-22	19-Oct-22	5	5	0	0.0%
From 22 June 2022 to 19 October 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	Drought/food insecurity	Grade 3	18-Dec-20	5-Apr-21	10-Oct-22	-	-	-	-
In recent months, a range of emergencies including extensive flooding, conflicts, and rising food prices, have brought South Sudan into an unprecedented food insecurity and nutrition crisis, with rising numbers of children at risk of malnutrition along with an array of diseases. Over 1.3 million children below the age of five are currently acutely malnourished with severe acute malnutrition (SAM) rising in multiple areas. From January to August 2022, a total of 189 580 children suffering from SAM were treated in inpatient and outpatient therapeutic programs. The attained treatment was 78.4% of the annual target and 62.7% of people in need. WHO is supporting projects in Fangak, Leer, Mayendit, and Pibor (June-November 2022), supporting 11 health facilities through sub-grantees. WHO is also involved in conducting mobile outreaches in three counties affected by food insecurity and malnutrition.									
South Sudan	Floods	Ungraded		7-Oct-22	31-Oct-22	1 000 000		62	
Floods have reoccurred since last July, affecting 36 (45.0%) of the 80 counties across 9 of the 10 states of the country including Northern Bahr el Ghazal (NBeG), Western Bahr el Ghazal (WBeG), Western Equatoria (WES), Warrap, Lakes, Upper Nile, Unity, Jonglei and Eastern Equatoria. Over one million people have been affected, in addition to over 20 000 people affected in the southern part of the Abyei Administrative Area (AAA). People in Northern Bahr el Ghazal, Warrap, Unity and Western Equatoria states are the worst affected. The numbers are expected to increase if rain continues. Almost 62 people are reported to have died in flood-affected locations due to drowning, trauma, or snake bites from NBeG, Warrap, WBeG and Upper Nile. Floods and insecurity have affected a total of 111 nutrition sites and hindered the delivery of nutrition services to 108 000 children and pregnant and lactating women in 42 counties in eight states, including Jonglei, Unity, Upper Nile, Lakes, Warrap, Western Bahr el Ghazal, Northern Bahr el Ghazal and Western Equatoria. Around 370 000 people have received some form of assistance.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	15-Aug-16	29-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 2.23 million people internally displaced people as of 31 August 2022. Over the past three years, seasonal floods have caused thousands of people to be displaced as well as caused problems for water, sanitation, and hygiene conditions in formalized camps and informal settlements. During 2022, more than 1.46 million people have been affected by flooding. As of 10 September 2022 the government declared a national emergency due to flooding affected 24 counties in eight states.									
South Sudan	Anthrax	Ungraded	25-Apr-22	13-Mar-22	24-Sep-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%).									
South Sudan	Cholera	Ungraded	21-Apr-22	21-Mar-22	24-Sep-22	337	56	1	0.3%
From 19 March to 24 September 2022, 337 cases and 1 death (CFR 0.3%) have been reported from Unity State and Ruweng Administrative Area, however most cases have been reported from the Bentiu IDP camp (89% of cumulative total). A total of 56 cases have been confirmed positive by RDT for cholera and 29 tested positive for Vibrio cholerae by culture at the National Public Health Laboratory in Juba. Females account for 62% of all cases and children ages 0-4 years have been the most affected age group accounting for 32.3% of all cases. More than 1.2 million does of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned. Among cholera cases, 118 (35.0%) were reported to be vaccinated, 147 (43.6%) were reported to be unvaccinated, and 72 (21.4%) had unknown vaccination status.									
South Sudan	COVID-19	Grade 3	5-Apr-20	5-Apr-20	30-Oct-22	18 313	18 313	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 30 October 2022, a total of 18 313 confirmed COVID-19 cases were reported in the country including 138 deaths and 18 115 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	1-Jan-19	24-Sep-22	3 383	104	25	0.7%
The current outbreak in the Bentiu IDP camp is ongoing. As of 24 September 2022, a total of 3 383 cases of hepatitis E including 25 deaths (CFR: 0.8%) have been reported since January 2019. During week 38 (ending 24 Sept), a total of 72 cases were reported. Approximately 54% of cases are male. A vaccination campaign conducted in Bentiu IDP Camp had a 91% coverage rate during the first round, 82% coverage during the second round, and the third round is expected to commence in October 2022.									
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	30-Sep-22	656		2	0.3%
Measles outbreaks have been confirmed in 12 counties of Aweil Centre, Aweil East, Aweil West, Aweil South, Aweil North, Gogrial West, Maban, Raja, Tambura, Torit, Juba, and Malakal with a total of 656 measles cases including two deaths (CFR 0.3%) reported from counties with confirmed outbreak since the beginning of 2022. The outbreaks are currently active in Juba and Malakal counties where response interventions including reactive vaccination campaigns are yet to be concluded									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	31-Oct-22	40 054	40 054	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 31 October 2022, a total of 40 054 confirmed cases have been reported in Tanzania Mainland including 845 deaths.									
Tanzania, United Republic of	Measles	Ungraded		30-Jun-22	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	22-Oct-22	39 284	39 284	289	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 22 October 2022, a total of 39 284 cases, including 289 deaths and 38 953 recovered cases, have been reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	19-Oct-22	17	17	0	0.0%
No cVDPV2-positive environmental sample was reported this week. One case of cVDPV2 was notified in 2022. No cases were reported in 2021. There were nine cases in 2020, while the total number of cVDPV2 cases reported in 2019 remains at eight.									
Uganda	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	10-Oct-22	-	-	-	-
In Karamoja district of Uganda, the situation of malnutrition is worsening. Severe acute malnutrition rates in several areas are around 5% and moderate acute malnutrition rates are between 10-20%. The Inpatient Therapeutic Care program (ITC) performance has remained within the SPHERE standards from January to August 2022. However, the Outpatient Therapeutic Care (OTC) program cure rates have been mainly below 75% due to high defaulter and non-response rates. To address the challenge, defaulter tracing has been intensified, and efforts to advocate for linkage with other nutrition-sensitive programs are made. WHO field teams at the regional hubs of Moroto, Gulu, and Soroti have identified the areas for support during monitoring visits to health facilities. These include nutrition screening at all health care facilities and capacity building of health workers on management of nutrition data.									
Uganda	Anthrax	Ungraded	26-May-22	16-May-22	16-Oct-22	51	5	2	3.9%
An anthrax outbreak has been confirmed in Bududa District, Uganda, in early May 2022. As of 16 October, a total of 51 suspected cases have been reported including two deaths (CFR 4%). Two Districts have so far reported human cases: Kween (31 cases and one death) and Bududa (20 cases and one death). Eleven samples have been collected in Bududa, five of which tested positive for anthrax. No new suspected cases have been reported in Kween and the last suspected case from Bududa was admitted on 1 August 2022. Of note, 65 animals have suddenly died in Bududa (40), Namisindwa (9), Manafwa (8), Kween (6) & Mbale City (2) Districts. However, no new sudden animal death has been reported. Around 10 000 doses of vaccines have been received and 1196 animals have been vaccinated in Bududa District over the past week, bringing the total to 3716.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	23-Oct-22	169 378	169 378	3 630	2.1%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 23 October 2022, a total of 169 378 confirmed COVID-19 cases with 3 630 deaths were reported.									
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	23-Oct-22	12-Jul-22	15-Oct-22	5	5	1	20.0%
From 12 July to 15 October 2022, five cases of Crimean-Congo haemorrhagic fever (CCHF) have been confirmed in Uganda from Amuru, Kaberamaido, Mubende, Rakai, and Wakiso districts with one death. Response measures such as patient isolation, contact tracing, suspect quarantine, as well as risk communication and community engagement have been taken. Districts are on high alert due to the Ebola virus disease outbreak.									
Uganda	Ebola disease caused by Sudan virus	Grade 2	19-Sep-22	19-Sep-22	6-Oct-22	135	121	53	39.3%
Refer to text above.									
Uganda	Yellow fever	Grade 2	3-Mar-21	2-Jan-22	18-Oct-22	398	2	0	0.0%
There have been 398 suspected cases reported of yellow fever during 2 January-27 August 2022 in Uganda with no deaths reported. Two cases have been confirmed: one from Wakiso District confirmed in Feb 2022 and another from Masaka District in Jun 2022.									
West and Central Africa	Floods in West and Central Africa	Ungraded		16-Aug-22	17-Oct-22	5 000 000		-	-
Above-average rainfall and devastating floods in West and Central Africa have affected five million people in 19 countries across the region, claiming hundreds of lives, disrupting livelihoods. These floods have displaced tens of thousands of people from their homes and decimated more than a million hectares of cropland - in a region already in the grip of an unprecedented hunger crisis. This climate-related disaster is one of the deadliest the region has seen in years. According to the WFP, these floods risk aggravating an already worrying hunger situation for millions of people									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	6-Nov-22	333 685	333 685	4 017	1.2%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 6 November 2022, a total of 333 685 confirmed COVID-19 cases were reported in the country including 4 017 deaths.									
Zambia	Measles	Ungraded		13-Jun-22	1-Oct-22	655	188	31	4.7%
A measles outbreak continues to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces have recorded 655 measles cases and 31 deaths as of 1 October 2022. WHO is supporting the Ministry of Health investing other cases with similar symptoms.									
Zimbabwe	Anthrax	Ungraded	6-May-19	1-Jan-22	16-Oct-22	159	0	0	0.0%
The anthrax outbreak is ongoing in Zimbabwe. Forty-six new anthrax cases and no deaths were reported this week. The cases were reported from Mhondoro Ngezi District (19) in Mashonaland West Province, Zaka District (10) in Masvingo Province, Gokwe North District (9) and Gokwe South District (8) from Midlands Province. The cumulative figures for anthrax are 159 cases and 0 deaths.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	4-Nov-22	257 893	257 893	5 606	-
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 04 November 2022, a total of 257 893 confirmed COVID-19 cases were reported in the country including 5 606 deaths and 251 904 cases that recovered.									
Zimbabwe	Measles	Ungraded	29-Apr-22	19-May-22	2-Oct-22	7 504	355	744	-
A measles outbreak has been ongoing in Zimbabwe since 10 April 2022. As of 12 October 2022, A cumulative total of 7 504 Cases, 4 580 Recoveries, 355 confirmed cases and 744 Deaths have been reported since the onset of the outbreak. 865 new-suspected measles cases and zero suspected deaths were reported this week ending week 39									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<b>Closed Events</b>									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-22	9-Oct-22	615	-	10	1.6%
Between epidemiological weeks 1-40 of 2022, 615 cases of suspected bubonic plague have been reported with 10 deaths (CFR 1.6%). All cases have been reported from the Rethy health zone in Ituri Province. Lokpa health area has reported the majority of suspected cases (477, 78.1%) in 2022.									
Niger	Meningitis	Ungraded		1-Jan-21	30-Sep-22	2 999	-	152	5.1%
From early 2021 to week 40, 2022 (ending 30 September 2022), 2999 cases have been reported with 152 deaths (CFR 5%). <i>Neisseria meningitidis</i> serogroup C is the predominant germ identified. Dungas and Magaria health districts in Zinder region reported the highest cumulative attack rate in 2022, 74 and 56 cases per 10 000 inhabitants, respectively.									
Tanzania, United Republic of	Leptospirosis	Grade 1	14-Jul-22	5-Jul-22	6-Nov-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 9 October 2022, 20 cases with three deaths were reported. No new cases have been reported since 15 July. Fifteen of the 18 human samples collected returned positive for Leptospirosis. All samples were negative for Ebola virus disease, Marburg virus disease, Influenza, Crimean-Congo haemorrhagic fever, Yellow fever, Chikungunya, West Nile virus and Rift Valley fever. A 3-L grade removal was held on 1 November 2022 and the event was agreed for closure.									

†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.

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

Correspondence on this publication may be directed to:

Dr Etien Luc Koua

Programme Area Manager, Health Emergency Information and Risk Assessment Programme.

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

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

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

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

#### WCO Contributors

Yonas Woldemariam TEGEGN (Uganda)  
Charles NJUGUNA (Uganda)  
Okamura Mie (Nigeria)  
Victor Tugumuzemu (Nigeria)

A. Moussongo

#### Editorial Team

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

#### Production Team

T. Mlanda  
R. Ngom  
F. Moussana

#### Editorial Advisory Group

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

#### Data sources

Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.