

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES



World Health Organization

African Region

Emergency Preparedness and Response

Week 46: 7 - 13 November 2022

Data as reported by: 17:00; 13 November 2022

0

New event

148

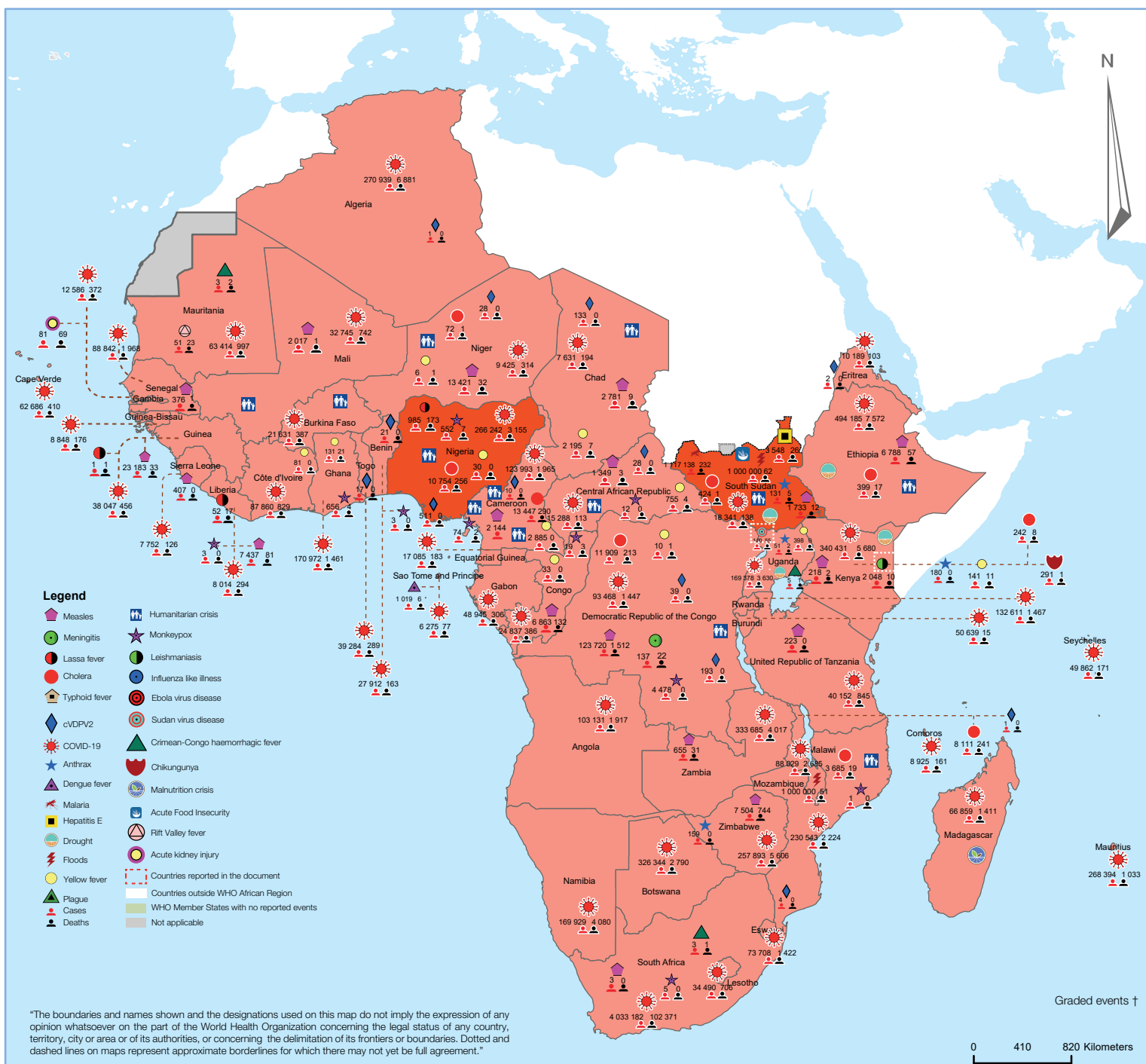
Ongoing events

127

Outbreaks

21

Humanitarian
crises



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

5

Grade 3 events

28

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 - 9 Ongoing events

10 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](#)
- [Leishmaniasis in Kenya](#)
- [Coronavirus disease 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:

- Although the number of new confirmed cases of Ebola disease caused by Sudan virus (SVD) has been slowing down over the past two weeks in Uganda, the disease has continued expanding to newly affected Districts including Jinja over the past week and Masaka in the previous week. Consequently, coordination and response mechanisms need to be quickly settled and brought to optimum in these Districts, with sufficient human, material and financial resources. Preparedness and readiness activities remain of high concern in non-affected Districts and neighbouring countries, for early detection and rapid containment of any further expansion of the SVD outbreak.
- An outbreak of visceral leishmaniasis has been ongoing in Kenya since January 2020. While fatalities have been reported during the two previous years of the outbreak, there is no death reported so far in 2022. However more resources are still needed to enhance outbreak response activities given that the country is currently responding to other major outbreaks and emergencies including Covid-19, yellow fever, chikungunya, anthrax, cholera, measles, and drought.

Ebola disease caused by Sudan virus in Uganda

140 cases :: 55 Deaths :: 39.3% CFR

EVENT DESCRIPTION

During epi week 45 (ending 13 November 2022), five new confirmed cases of SVD, with two deaths and seven recoveries have been reported, compared to six confirmed cases, 16 deaths and 19 recoveries in week 44 (ending 6 November).

Notably, one of the new confirmed cases was reported on 12 November, from a new District and City, Jinja in Buyengo Town Council. This was a 45-year old male linked to a probable SVD death, who later succumbed to the disease. A new health worker infection has been reported in the past week: a 23-year old female from Eastern Division of Mubende District.

From 19 September to 13 November 2022, a cumulative number of 140 laboratory-confirmed and 22 probable cases have been reported. Seventy-seven (77) fatalities have been registered of which 55 were confirmed cases, an overall case fatality ratio of 47.5%, and 39.3% among confirmed cases. Men (57.5%) are slightly more affected than women, and the most affected age groups are 20-29 years, and 30-39 years. The under-five represent less than 10% of cases. Nineteen (19) healthcare worker infections have so far been notified, of whom seven (36.8%) have died. A total of 69 recoveries have been registered giving a recovery rate of 49.3%.

Two new Districts have been affected over the past two weeks, one each in week 44 (Masaka) and week 45 (Jinja), bringing to nine the total number of affected Districts. More than half of the cases, (51.2%) have been reported in Mubende (64 confirmed and 19 probable), followed by Kassanda with 30.9% (48 confirmed and two probable), Kampala (17 confirmed; 10.5%), Kyegegwa (four confirmed; 2.5%), Wakiso (three confirmed; 1.9%), Jinja (one confirmed and one probable; 1.2%), Bunyangabu (one confirmed; 0.6%), Kagadi (one confirmed; 0.6%), and Masaka (one confirmed; 0.6%).

As of 13 November, 3 991 contacts have been listed in 14 Districts; contact tracing and follow-up is yet to be initiated in Jinja. A total of 2 784 contacts have completed 21 days of follow-up including all contacts within Bunyangabu, Fort Portal City, Kagadi, Kakumiro, Luweero, Mitooma, Mityana, Nakasongola, and Ntungamo.

On 13 November 1 086 contacts were still under active follow-up in Kampala Metropolitan Area (Kampala + Wakiso + Mukono), Kassanda, Kyegegwa, Masaka, and Mubende. Of these, 981 contacts (90.3%) were seen over the past 24hrs.

PUBLIC HEALTH ACTIONS

Coordination

- Coordination and response mechanisms are being set-up in Jinja District, following confirmation of a SVD case.
- Daily District Task Force meetings, partners' meetings and pillar meetings are ongoing in all affected Districts.
- National Task Force meetings continue to be held thrice a week.

Surveillance and Laboratory

- Epidemiological investigations, contact tracing, and active case finding are ongoing in all affected Districts. On 13 November, 1 086 contacts were still under active follow-up, 981 (90.3%) of whom were seen over the past 24hrs.
- On 13 November, 86 alerts were received nationwide, all of whom were verified; 31 (36.0%) of them were validated as new suspected cases and 20 (64.5%) were evacuated to Ebola Treatment Units (ETUs).
- On 13 November, 78 samples were processed at Uganda Viral Research Institute and Mubende mobile laboratory, with one new confirmed case. Cumulatively, 2 687 samples have been tested since the beginning of the outbreak, yielding 140 confirmed cases of SVD.
- Mentorship is ongoing on sample collection from cadavers. For instance, lab teams are working closely with morticians in Masaka to collect samples from dead bodies.

Case management and psychosocial support

- The response has now four fully functional ETUs including three in Mubende and one in Entebbe, with a total capacity of 132 beds, and two additional isolation units, one each in Madudu and Mulago, with a total capacity of 214 beds. On 13 November, the bed occupancy rate was at 8.9% (n=19) in isolation units and 9.1% (n=12) in treatment units. Cumulatively, 69 (49.3%) recoveries have so far been recorded.
- In Masaka, an isolation unit is being restructured at Masaka Regional Referral Hospital. In addition, the construction of the ambulance decontamination area is in its final stages.
- On 13 November 2022, Emergency Medical Services (EMS) teams performed 50 evacuations including 34 in Mubende, 15 in Kassanda and one in Masaka. Final plans are underway to deploy a team in Jinja.
- Psychosocial support continues to be offered to suspected and confirmed cases in ETUs, as well as to their family members. Pre-test (and post-test) counselling are also being offered to all patients at ETUs, and to contacts. In addition, the resettling of survivors and negative suspected cases into their community continues. Psychosocial teams are also providing supportive counselling to all staff working at ETUs.

Infection, prevention and control (IPC)

- Daily monitoring of IPC measures continues in all ETUs.
- An IPC mentorship support is ongoing in Mubende facilities that scored less than 50% at baseline evaluation, especially private clinics, pharmacies and drug shops.
- In Masaka, 62 trained IPC mentors have been allocated to different health care facilities in order to cascade IPC mentorship; on the occasion, IPC information, education and communication (IEC) materials were distributed. The SVD screening area is being modified at Masaka RRRH, and water connectivity is being managed at the isolation unit.

[Go to overview](#)

[Go to map of the outbreaks](#)

- Safe and dignified burial (SDB) teams continue to undertake safe and dignified burials in all affected Districts. On 13 November, five safe and dignified burials were performed in Mubende and Kassanda. In Masaka, seven SDB team members were oriented on their roles and capacity for sample collection from dead bodies.

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 Bunyangabu, Kagadi, Kakumiro, Kassanda, Kyegegwa, and Mubende. In addition, four radio talk shows were conducted including three in Masaka and one in Kassanda.
- At total of 463 IEC materials have been disseminated including 200 in Mubende, 150 in Kagadi and 113 in Bunyangabu.
- Fifty-two (52) Village Health Teams (VHTs) were sensitized in Masaka, and a movement plan was developed to support them reach out to the remaining 600 VHTs.
- Community mobilization drives by film vans were conducted in Kitovu village of Kassanda.
- Community engagement is ongoing in all affected Districts. For instance, community volunteers and VHTs conducted house to house visits in five districts including Bunyangabu, Kagadi, Kassanda, Kyegegwa, and Mubende, reaching 545 households and 3 486 people (1 841 males & 1 675 females) with SVD prevention messages.

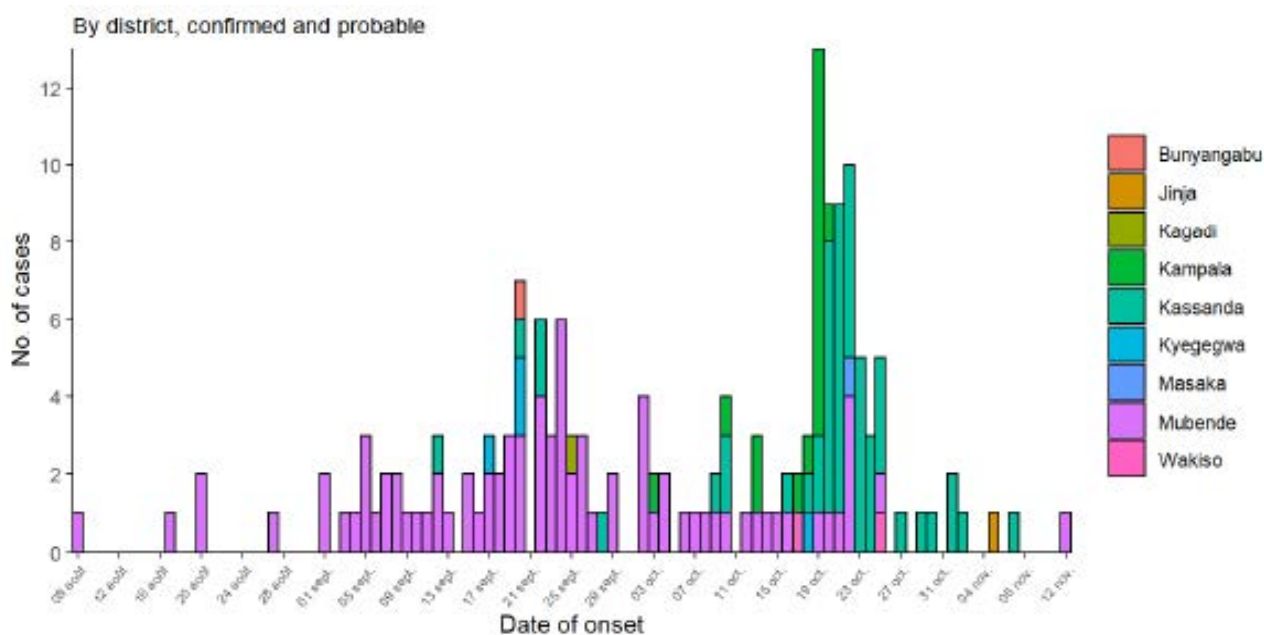
Logistics

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

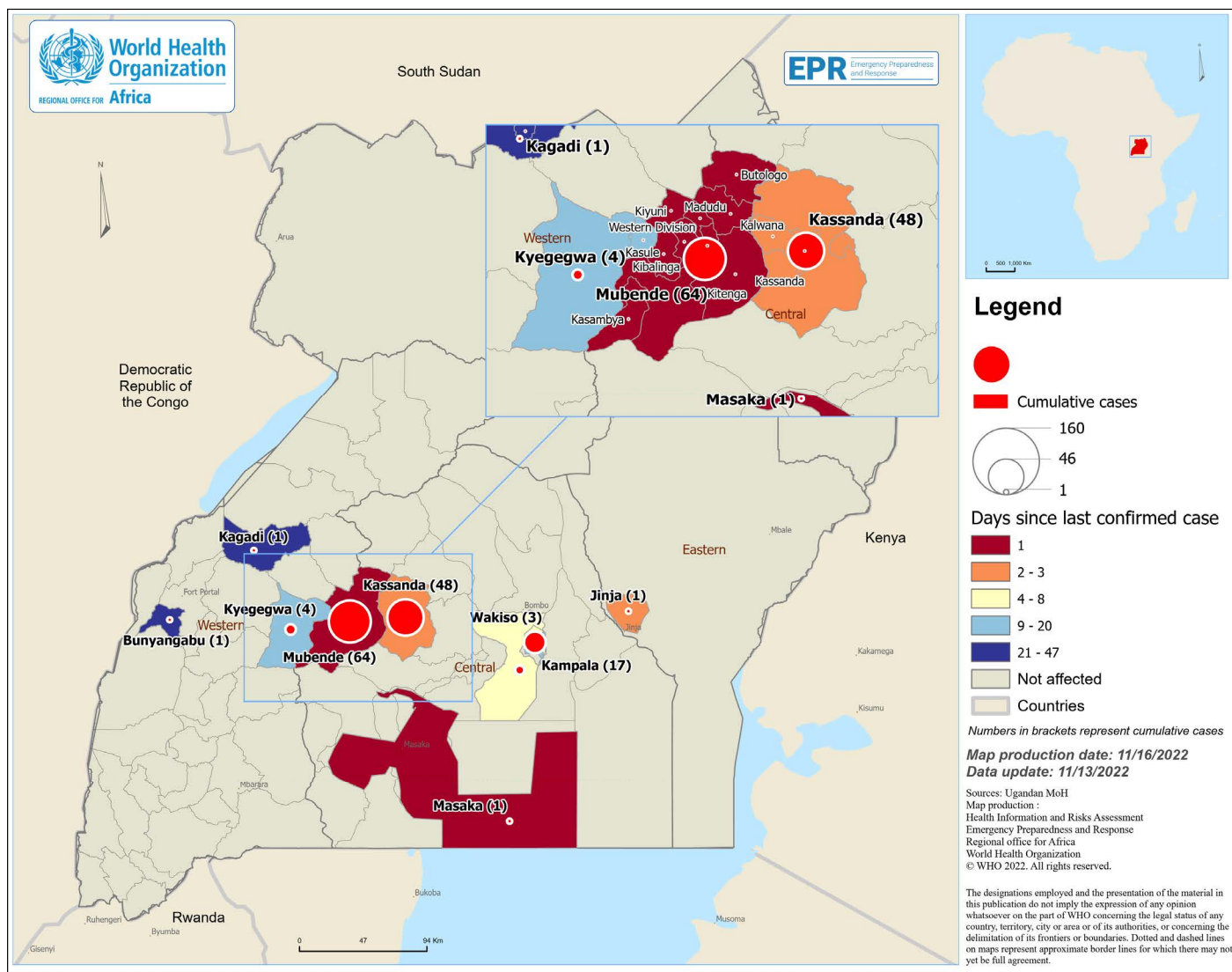
SITUATION INTERPRETATION

The number of new confirmed cases of SVD has been almost constant over the past two weeks (weeks 44-45), with 0-1 case reported per day compared to 4-6 cases/day during weeks 42-43, translating into promising results produced by response interventions, especially in Mubende, Kassanda and Kampala where majority of transmission chains are being controlled. However, the evolution has also been marked by an expansion of the outbreak to newly affected Districts, perhaps highlighting some weaknesses around community based surveillance, especially in Jinja where a community death occurred and has already generated a secondary case. Coordination and response mechanisms need to be set-up and quickly boosted in these newly affected areas to rapidly contain the virus. In addition, preparedness and readiness activities need to be strengthened in non-affected Districts as well as in neighbouring countries.

Distribution of Cases of Ebola Virus Disease caused by Sudan Virus in affected Districts in Uganda, as of 13 November 2022.



Distribution of Ebola Virus Disease by subcounty in the affected districts in Uganda, as of 13 November 2022



EVENT DESCRIPTION

Kenya has been facing an outbreak of visceral leishmaniasis which has affected nine counties namely: Baringo, Garissa, Kitui, Isiolo Marsabit, Mandera, Tharaka Nithi West Pokot, and Wajir, since January 2020. The outbreak is currently active in four counties: Isiolo, Kitui, West Pokot, and Wajir). A total of 2 048 cases including 1 867 confirmed by rapid diagnostic tests and 10 deaths (case fatality ratio (CFR) = 0.5%) have been reported from January 2022 through October 2022 (week 43). Regarding deaths reported, four were reported from Marsabit, three from Garissa and three from Wajir. No death has been reported in 2022.

Most cases have been reported from West Pokot County with 938 cases (45.8%, 938/2 048), followed by Wajir with 423 cases (20.6%) and Kitui with 220 cases (10.7%). Mandera County has reported the least number with 17 cases (0.8%).

The first case for the ongoing outbreak was detected on 3 January 2020 in Marsabit County and the last case was seen on 29 October 2022 in West Pokot. During the last week of the reporting period (week 43), 11 new cases were reported from West Pokot County.

Cases have been reported throughout the reporting period (see epi-curve) with a peak in number of cases reported during week 48, 2021 signifying good case detection and reporting performance.

PUBLIC HEALTH ACTIONS

- The county health departments are undertaking enhanced surveillance activities, case detection, confirmation, and management.
- Community awareness and sensitization are ongoing in the affected areas.
- Sensitization and supportive supervision of health care workers on the disease are also ongoing
- The National government through the Division of Non-Transmissible Diseases distributes on regular basis stocks of visceral leishmaniasis commodities to the affected Counties.

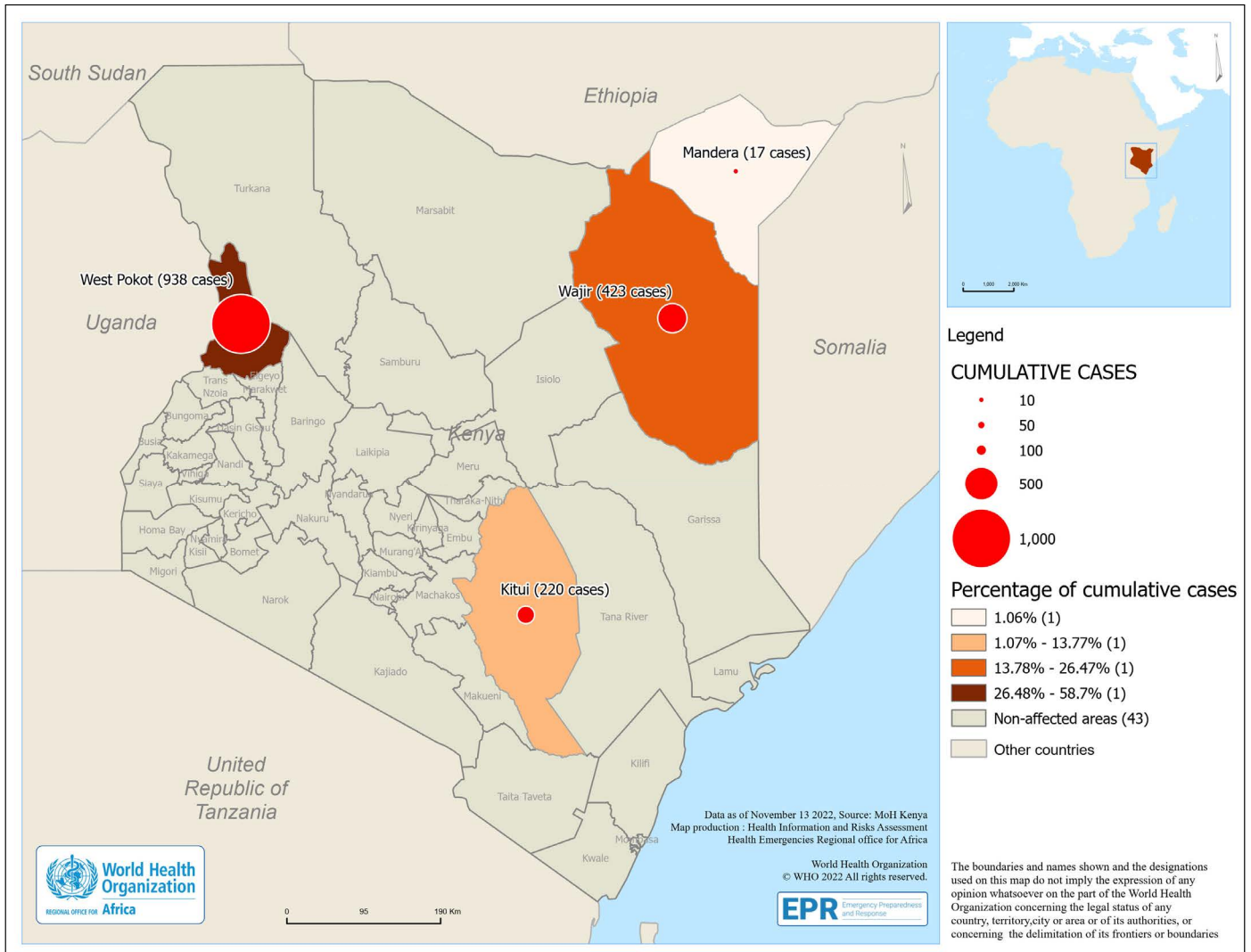
SITUATION INTERPRETATION

Kenya is endemic to visceral leishmaniasis, and the disease remains a public health problem with outbreaks reported frequently in the arid and semi-arid areas. The ongoing outbreak is considered as one of the longest ever experienced by the country. The low case fatality ratio (0.5%) with zero death reported this year, 2022 may be considered as a positive impact of previous outbreak management experience. Although the case detection and confirmation performances seem acceptable for the moment, more resources are needed for the country to keep up the dynamic and also deal with other ongoing emergencies, in particular the drought which is raging the north-Eastern part of the country.

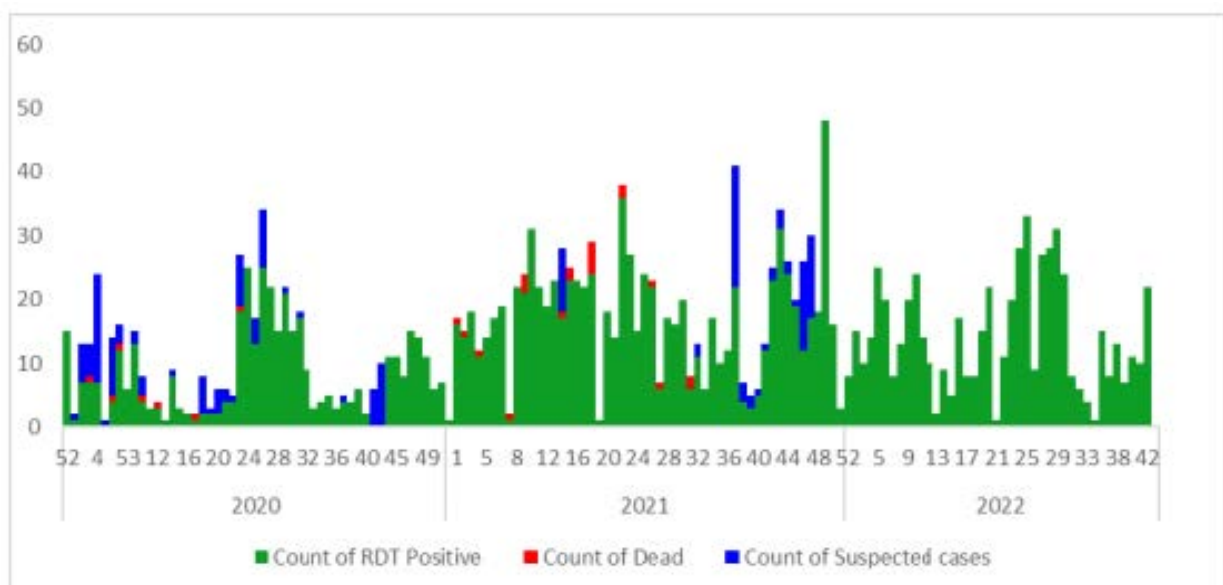
@WHO / AFRO



Distribution of cases of Visceral leishmaniasis in Kenya , as of 29 October 2022



Epicurve of Leishmaniasis outbreak in Kenya, January to November 2022



EVENT DESCRIPTION

As of 14 November 2022, a total of 8 856 547 laboratory-confirmed cases and 173 737 related COVID-19 fatalities have been reported in the WHO African region since the beginning of pandemic, resulting in an overall case fatality rate of 2.0%. It is estimated that 92% (8 132 754) of individuals infected fully recovered from the infection. Five countries have reported the highest cumulative caseload: South Africa 4 033 182 (45.5%), Ethiopia 494 185 (5.6%), Kenya 340 431 (3.8%), Zambia 333 685 (3.8%), and Botswana 326 344 (3.7%).

The following five countries reported the highest number of cumulative deaths: South Africa 102 371 (59.0% of all deaths), Ethiopia 7 572 (4.4%), Algeria 6 881 (4.0%), Kenya 5 680 (3.3%), Zimbabwe 5 606 (3.2%).

A total of 4 518 confirmed cases were reported in the AFRO region in past seven days (ending 13 November 2022) considering reports from 16 countries; while 32 countries reported 5 901 COVID-19 cases in the previous 7 days (ending on 06 November 2022). Of the new cases reported in the last 7 days, South Africa accounted for 3 240 (72%), Kenya 675 (15%), and Ethiopia 143 (3%).

Since mid-May 2022, the region has seen a progressive decline in the number of newly reported cases, although the last three weeks (from 24 October to 13 November) have been characterised by a plateauing pattern. When the number of COVID-19 cases for the 16 countries that have fully reported in the last 7 days (ending 13 November) is compared over the previous two weeks (week ending on 6 November and week ending on 13 November), an increase of 42% is observed (from 3 183 to 4 518). Three countries have reported a consistent rise over the past four consecutive weeks and are placed on alert for close monitoring: Kenya, the Democratic Republic of Congo, and Mauritius.

In Kenya, the weekly new COVID-19 laboratory-confirmed cases soared by 754% over the weeks of 10-16 October and 7-13 November, from 79 to 675. During the same time periods, the number of COVID-19 hospital admissions surged from one admission then to 26 cases currently admitted. After more than six weeks without any COVID-19-related deaths, two deaths have been recorded in the last week (ending 13 November). Nairobi City and Lamu counties have recorded the highest COVID-19 attack rates, with 12.3 and 5.6 per 100 000 populations, respectively, compared to the national attack rate of 1.3 per 100 000.

In Mauritius, between the week ending 30 October and the week ending 6 November, the number of newly reported COVID-19 cases increased by 61%, from 1 188 (incidence rate of 94 per 100 000 populations) to 1 908 (incidence rate of 151 per 100 000 populations).

The number of new COVID-19-related deaths remain low, with 15 new COVID-19 deaths recorded in the last 7 days (ending on 23 October), compared to 59 in the previous week (ending on 16 October). The hospital daily average bed occupancy increased from 18 (rate of 2.3%) to 28 (rate of 3.2%) in the same periods and no COVID-19 related deaths were observed.

Ten additional COVID-19-related fatalities were recorded in the region in the past week (ending November 13), compared to 59 (ending 6 November). The majority of the fatalities occurred in South Africa (80%), while just two occurred in Kenya (20%).

As the majority of COVID-19 cases are mild to moderate and respond to home-based treatment, the number of hospital admissions for related cases is extremely low throughout the region, and no country has reported any strain on hospital capacity in the last week of reporting.

Countries that have not reported new confirmed cases within the last 28 days: Botswana (44 days), Zimbabwe (30 days), Angola (70 days), Lesotho (66 days), Congo (Republic of) (113 days), Burkina Faso (57 days), Guinea-Bissau (43 days), however there is no official report indicating zero confirmed cases in these districts.

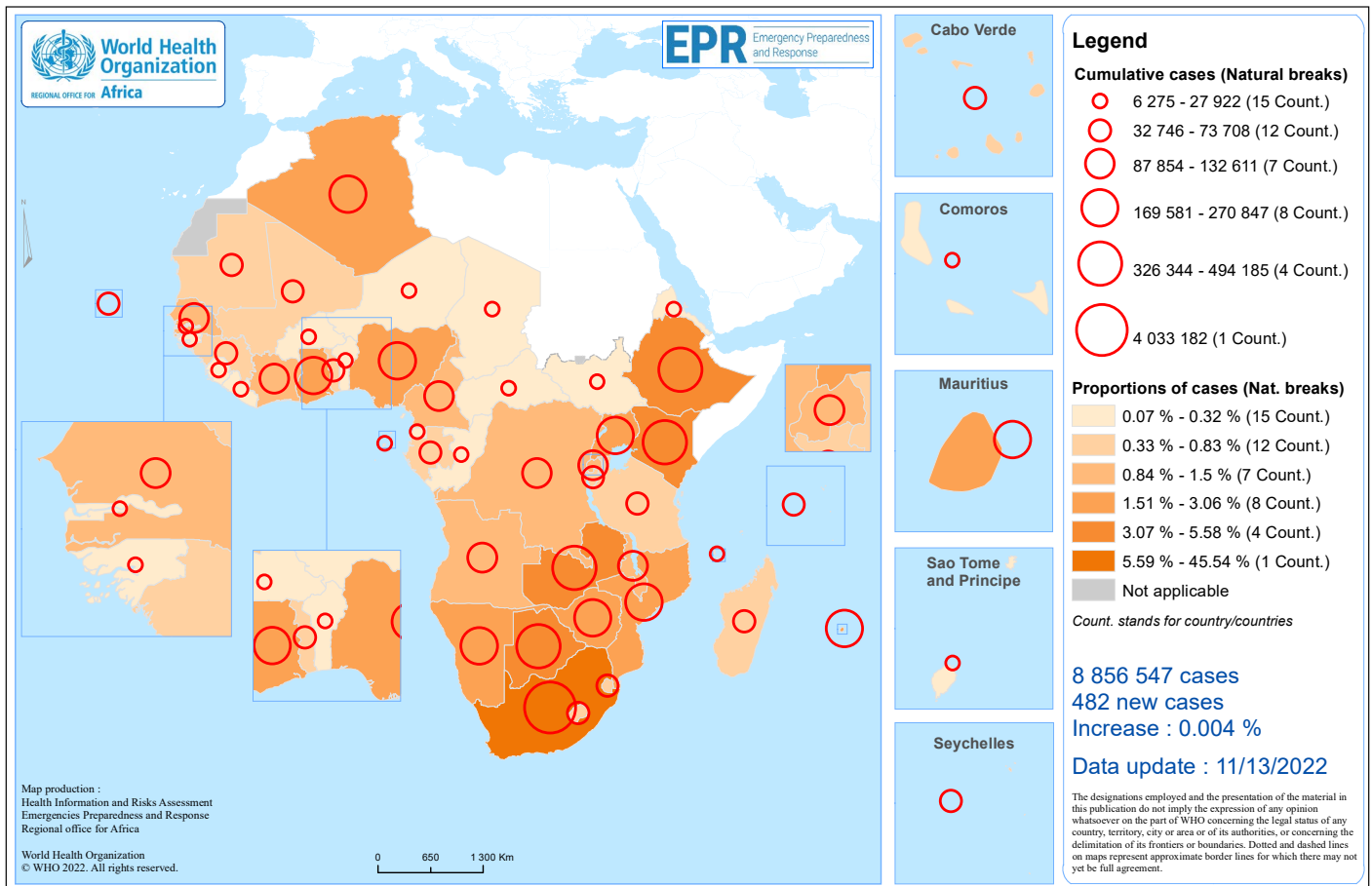
SITUATION INTERPRETATION

The increasing COVID-19 case incidence in a few countries (DRC, Kenya, and Mauritius) in the WHO African region showing signs of a new wave is particularly concerning and necessitates vigilant surveillance. In recent weeks, the situation in Seychelles has been improving. New COVID-19 deaths and CFRs remain low throughout the region, and no country is currently experiencing a resurgence or are on high alert. Any sustained two-week upticks or large jumps in new case incidence are being monitored very closely and investigated for signs of a new wave or variant of concern. The World Health Organization encourages all Member States to sustain the continual monitoring of the pandemic situation using subnational-level early warning systems that have been demonstrated to be effective in many countries.



@WHO / Booming - Carlos Cesar

Distribution of cases of Covid-19 in the WHO African Region, as of 13 November 2022



► COVID-19 dashboard



@WHO / Booming - Carlos Cesar

Go to overview ◀

8

► Go to map of the outbreaks

Table 1: Weekly new COVID-19 laboratory-confirmed cases in the AFRO region (As of 13 November 2022)

| Country | 10-16 Oct | 17-23 Oct | 24-30 Oct | 31 Oct - 6 Nov | 7-13 Nov | Weekly change |
|--------------------------|--------------|-------------|--------------|----------------|--------------|---------------|
| South Africa | 2 570 | 2 017 | 2 785 | 1 782 | 3 240 | 82% |
| Kenya | 79 | 206 | 329 | 643 | 675 | 5% |
| Ethiopia | 99 | 92 | 65 | 102 | 143 | 40% |
| Eswatini | NR | 90 | 32 | 60 | 90 | 50% |
| Tanzania | 125 | 116 | NR | 134 | 88 | -34% |
| Cabo Verde | 8 | NR | NR | 169 | 80 | -53% |
| Madagascar | NR | 19 | 40 | 42 | 71 | 69% |
| Nigeria | 121 | 106 | 95 | 54 | 50 | -7% |
| Cote d'Ivoire | 170 | 102 | 73 | 57 | 24 | -58% |
| Comoros | 100 | 145 | 112 | 70 | 18 | -74% |
| Senegal | 93 | 89 | 75 | 27 | 11 | -59% |
| South Sudan | 14 | 31 | 21 | 16 | 10 | -38% |
| Mali | 12 | 7 | 15 | 7 | 7 | 0% |
| Togo | 57 | 30 | 13 | 13 | 5 | -62% |
| Equatorial Guinea | 71 | 36 | 20 | 5 | 4 | -20% |
| Niger | 2 | 8 | 3 | 2 | 2 | 0% |
| Mauritius | 685 | 836 | 1 188 | 1 908 | NR | 61% |
| Democratic RC | 55 | 59 | 133 | 248 | NR | 86% |
| Ghana | 302 | 152 | 134 | 187 | NR | 40% |
| Uganda | NR | 97 | NR | 108 | NR | |
| Burundi | 83 | 98 | NR | 104 | NR | |
| Mozambique | 30 | 44 | 24 | 44 | NR | 83% |
| Mauritania | 190 | 170 | 75 | 37 | NR | -51% |
| Rwanda | 16 | 23 | 29 | 26 | NR | -10% |
| Zambia | 69 | 20 | 25 | 16 | NR | -36% |
| Malawi | 11 | 16 | 1 008 | 10 | NR | -99% |
| Algeria | 33 | 31 | 61 | 9 | NR | -85% |
| Benin | 0 | 130 | 3 | 7 | NR | 133% |
| Sao Tome and Principe | 11 | 3 | 4 | 5 | NR | 25% |
| Chad | 8 | 7 | 7 | 4 | NR | -43% |
| Sierra Leone | | 2 | | 4 | NR | |
| Eritrea | 2 | 3 | 3 | 1 | NR | -67% |
| Gambia | | | 138 | NR | NR | |
| Namibia | 3 086 | 9 | 38 | NR | NR | 322% |
| Gabon | 38 | 104 | 31 | NR | NR | -70% |
| Central African Republic | 96 | 83 | 29 | NR | NR | -65% |
| Liberia | 5 | 2 | 5 | NR | NR | 150% |
| Seychelles | 852 | 345 | NR | NR | NR | -60% |
| Cameroon | 62 | 66 | NR | NR | NR | 6% |
| Guinea | 43 | 32 | NR | NR | NR | -26% |
| Zimbabwe | 144 | NR | NR | NR | NR | |
| Angola | NR | NR | NR | NR | NR | |
| Botswana | NR | NR | NR | NR | NR | |
| Burkina Faso | NR | NR | NR | NR | NR | |
| Congo | NR | NR | NR | NR | NR | |
| Guinea-Bissau | NR | NR | NR | NR | NR | |
| Lesotho | NR | NR | NR | NR | NR | |
| Total | 9 342 | 5426 | 6 613 | 5 901 | 4 518 | -23% |

All events currently being monitored by WHO AFRO

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|---|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|------|
| Ongoing Events | | | | | | | | | |
| Algeria | COVID-19 | Grade 3 | 25-Feb-20 | 25-Feb-2020 | 13-Nov-22 | 270 939 | 270 939 | 6 881 | 2.5% |
| From 25 February 2020 to 13 November 2022, a total of 270 939 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 479 recovered. | | | | | | | | | |
| Algeria | Poliomyelitis (cVDPV2) | Grade 2 | 14-Jul-22 | 11-Apr-2022 | 07-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 case has no history of any dose of oral or inactivated polio vaccine and that nor travel outside the city of Tamanrasset. | | | | | | | | | |
| Angola | COVID-19 | Grade 3 | 21-Mar-20 | 21-Mar-20 | 12-Nov-22 | 103 131 | 103 131 | 1 917 | - |
| The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 12 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 | 23-Oct-22 | 27 912 | 27 912 | 163 | 0.6% |
| The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 23 October 2022, a total of 27 912 cases have been reported in the country, with 163 deaths and 27 730 recoveries. | | | | | | | | | |
| Benin | Monkeypox | Grade 3 | | 14-Jun-2022 | 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 | 08-Aug-19 | 24-Aug-2019 | 09-Nov-22 | 21 | 21 | 0 | 0.0% |
| No new case of Circulating Vaccine -derived poliovirus type 2 (cVDPV2) was reported this week. One case of cVDPV2 was reported in Donga, bringing the number of 2022 cases to seven. Six cases were reported in 2021 and 2020, and 8 in 2019. | | | | | | | | | |
| 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 | 01-Jan-19 | 01-Jan-19 | 21-Oct-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 1 719 332 displaced persons are registered in Burkina Faso as of 30 September 2022. Access to health services remains a challenge for the population in affected areas. There are 192 non-functional health facilities and 353 facilities that function at a minimum level of their capacity. | | | | | | | | | |
| Burkina Faso | COVID-19 | Grade 3 | 10-Mar-20 | 09-Mar-20 | 12-Nov-22 | 21 631 | 21 631 | 387 | 1.8% |
| Between 9 March 2020 and 12 November 2022, a total of 21 631 confirmed cases of COVID-19 with 387 deaths and 21 143 recoveries have been reported from Burkina Faso. | | | | | | | | | |
| Burundi | COVID-19 | Grade 3 | 31-Mar-20 | 18-Mar-20 | 12-Nov-22 | 50 639 | 50 639 | 15 | 0.0% |
| On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 12 November 2022, the total number of confirmed COVID-19 cases is 50 639, including 15 deaths and 50 418 recovered. | | | | | | | | | |
| Cameroon | Humanitarian crisis (North, Adamawa & East) | Protracted 2 | 31-Dec-13 | 27-Jun-2017 | 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. | | | | | | | | | |
| Cameroon | Humanitarian crisis (NW & SW) | Protracted 2 | 01-Oct-16 | 27-Jun-2018 | 11-Oct-22 | - | - | - | - |
| The situation in the North-West and South-West regions remains tense with continued violence and targeted attacks, including abductions, unlawful arrests, and destruction of property. Populations, as well as education and healthcare providers, continue to be under high risks when accessing essential services. The global rise in prices of basic commodities further exacerbates suffering among already vulnerable communities. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|--|------------------------------------|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|------|
| Cameroon | Humanitarian crisis (Sahel Region) | Grade 2 | 31-Dec-13 | 27-Jun-2017 | 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. In addition, the rainy season which started in June 2022 got intensified in August with heavy rainfall recorded across the region, causing flooding in around 20 localities in Logone & Chari, Mayo-Tsanaga and Mayo-Danay Divisions. As of 18 October, more than 150 000 people have been affected in these three Divisions. Ten fatalities have been reported, 18 276 houses completely destroyed, more than 27 400 hectares of flooded lands, approximately 5 886 animals dead or washed away by the waters, around 126 flooded schools, as well as more than 1 194 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 | 01-Jan-21 | 25-Oct-21 | 03-Nov-22 | 13 447 | 1 173 | 290 | 2.2% |
| Between 28 October and 3 November, 80 new suspected cases of cholera with five deaths have been reported in four Regions: Far North (36 cases, two deaths), Littoral (22 cases, two deaths), Centre (20 cases, one death), and West (two cases). In addition, two new districts (Kolofata and Maroua III in Far-North region) are investigating suspect cholera cases. As of 3 November 2022, 13 447 suspected cases including 1 173 laboratory-confirmed cases and 290 deaths (CFR 2.2%) have been reported since October 2021, from eight Regions and 51 Districts of which 23 remain active. Patients' ages range from 2 months to 95 years with a median of 29 years, and females remain twice less affected than males. | | | | | | | | | |
| Cameroon | COVID-19 | Grade 3 | 06-Mar-20 | 06-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 | 02-Apr-19 | 01-Jan-22 | 02-Oct-22 | 2 144 | 2 144 | - | - |
| As of 2 October 2022, 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 | 01-Jan-22 | 03-Nov-22 | 74 | 16 | 2 | 2.7% |
| During epi week 43, 12 new suspected cases of Monkeypox have been reported from North-West (5), South-West (5), Centre (1), and Far-North (1) regions. Between 1 January and 3 November 2022, the country has notified 74 suspected cases of monkeypox from 16 districts across seven regions, including two deaths (CFR 2.7%). A total of 58 human samples have been collected and 16 cases have been laboratory-confirmed from South-West (9), Centre (4), North-West (2), and South (1) regions. Males are slightly more affected than females (sex ratio M/F 1.5). Ages range from six months to 52 years with a median of 11 years; the under-five represent the most affected age group (n=15, 31.2%), followed by the 21-30 years (n=14, 29.2%). | | | | | | | | | |
| Cameroon | Poliomyelitis (cVDPV2) | Grade 2 | 01-Jan-20 | 01-Jan-20 | 02-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 | 07-Feb-21 | 04-Jan-21 | 08-Nov-22 | 2 885 | 35 | 0 | 0.0% |
| As of 8 November 2022, 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). Three IgM positive samples have been sent to the reference laboratory for confirmation, including one each from Littoral, South and West regions. 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 | 13-Nov-22 | 62 686 | 62 686 | 410 | 0.7% |
| The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 13 November 2022, a total of 62 686 confirmed COVID-19 cases including 410 deaths and 62 114 recoveries were reported in the country. | | | | | | | | | |
| Central African Republic | Humanitarian crisis | Protracted 2 | 11-Dec-13 | 11-Dec-2013 | 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. 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. The situation remains particularly alarming in hard-to-reach areas, notably in the Vakaga and Haute-Kotto Prefectures. | | | | | | | | | |
| 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 | 01-Jan-22 | 30-Oct-22 | 1 349 | 133 | 3 | 0.2% |
| As at Week 43 (ending 30 October), a total of 1 349 measles cases reported through IDSR with three related death (CFR .0.2%) and 133 confirmed cases. Nive districts are in measles outbreak : Alindao ,Bangui 1, Batangafo-Kabo , Bimbo, Bocaranga Kembe-Satema ,Kouango-Grimari, Ouango-Gambo ,Upper Kotto. | | | | | | | | | |
| Central African Republic | Monkeypox | Grade 3 | 03-Mar-22 | 04-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. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|--|------------------------------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| Central African Republic | Poliomyelitis (cVDPV2) | Grade 2 | 24-May-19 | 24-May-2019 | 02-Nov-22 | 28 | 28 | 0 | 0.0% |
| No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this epiweek 43 (ending 30 October 2022). There are three cases reported in 2022. One cVDPV2 positive environmental sample was reported in Région Sanitaire 7. There were no cases reported in 2021. There were 4 cVDPV2 cases reported in 2020 and 21 cases in 2019 from several outbreaks. | | | | | | | | | |
| Central African Republic | Yellow fever | Grade 2 | 14-Sep-21 | 1-Apr-2021 | 08-Nov-22 | 755 | 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. As of 8 November, 755 suspected cases of YF have been reported including 10 probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.5%). Thirteen suspected cases have been reported on epi week 43 (ending 30 October 2022). Three PRNT positive cases have been reported including one each in Kembe Satema, Mbaiki, and Mbambari districts. In addition, two IgM positive samples from Mbaiki have been shipped to the regional reference laboratory for confirmation. Five regions have so far been affected including RS1, RS2, RS3, RS4 and RS6. | | | | | | | | | |
| Chad | Humanitarian crisis (Sahel region) | Grade 2 | 11-Feb-22 | 01-Mar-16 | 10-Nov-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. Since September 8, heavy rains battered the country's south, causing the Chari and Logone rivers (which meet in the capital city of N'Djamena) to overflow their banks and forcing 149 936 people (24 874 households) to flee their homes and take refuge in public spaces. | | | | | | | | | |
| Chad | COVID-19 | Grade 3 | 19-Mar-20 | 19-Mar-20 | 06-Nov-22 | 7 631 | 7 631 | 194 | 2.5% |
| The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 6 November 2022, a total of 7 631 confirmed COVID-19 cases were reported in the country including 194 deaths. | | | | | | | | | |
| Chad | Measles | Ungraded | 24-May-18 | 01-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 | 09-Sep-19 | 02-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 | 01-Nov-21 | 08-Nov-22 | 2 195 | 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-2020 | 12-Nov-22 | 8 925 | 8 925 | 161 | 1.9% |
| The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 12 November 2022, a total of 8 925 confirmed COVID-19 cases, including 161 deaths and 8 681 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 | 01-Jan-22 | 06-Nov-22 | 6 863 | 6 863 | 132 | 1.9% |
| From week 1 through week 44, 2022 (ending 6 November), a total of 6 863 suspected measles cases were reported in Congo including 6 700 confirmed (6 385 through epi-link and 315 laboratory), about 132 deaths registered (CFR. 1.9%). A reactive measles vaccination campaign was organized in August. Two districts (Alima and Abala) are currently experiencing measles outbreak. | | | | | | | | | |
| Congo | Monkeypox | Grade 3 | 23-May-22 | 01-Jan-22 | 01-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 (2) and Ngoyo (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 | 06-Nov-22 | 33 | 4 | 0 | 0.0% |
| In Congo, as of 6 November 2022, a total of 33 probable cases of yellow fever and four confirmed and zero deaths have been reported. The number of probable cases has been revised. | | | | | | | | | |
| Côte d'Ivoire | COVID-19 | Grade 3 | 11-Mar-20 | 11-Mar-20 | 13-Nov-22 | 87 860 | 87 860 | 829 | 0.9% |
| Since 11 March 2020, a total of 87 860 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 829 deaths, and a total of 87 015 recoveries. | | | | | | | | | |
| Côte d'Ivoire | Yellow fever | Grade 2 | 14-Sep-21 | 13-Aug-2021 | 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. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|--|------------------------|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| Democratic Republic of the Congo | Humanitarian crisis | Protracted 3 | 20-Dec-16 | 17-Apr-2017 | 23-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%). In North Kivu Province, fighting continued between the Armed Forces of the Democratic Republic of Congo (FARDC) and the armed group March 23 Movement (M23) leading to population movements and other human rights violations in several localities of the Territory of Rutshuru. An estimated 40K people are believed to be newly displaced in Rutshuru territory and at least another 12K people have crossed into Uganda. Needs remain high in all sectors (food, shelter, health and water, hygiene and sanitation, etc.). | | | | | | | | | |
| Democratic Republic of the Congo | Cholera | Grade 3 | 16-Jan-15 | 03-Jan-22 | 23-Oct-22 | 11 909 | 1 272 | 213 | 1.8% |
| From epidemiological week 1 to 42 (ending 23 October 2022), 11 909 suspected cholera cases including 213 deaths (CFR: 1.8%) were recorded in 80 health zones across 16 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (3 978), Haut-Lomami (2 338), Tanganyika (2 305), and North Kivu (1 999). A total of 1 272 (30.4%) cases have been confirmed for <i>Vibrio cholerae</i> in the laboratory out of 4 178 analysed from weeks 1-42 in 2022. | | | | | | | | | |
| Democratic Republic of the Congo | COVID-19 | Grade 3 | 10-Mar-20 | 10-Mar-20 | 06-Nov-22 | 93 468 | 93 466 | 1 447 | 1.5% |
| Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 93 466 confirmed cases and two probable case, including 1 447 deaths have been reported. A total of 83 561 people have recovered. | | | | | | | | | |
| Democratic Republic of the Congo | Measles | Ungraded | 12-Oct-21 | 01-Jan-22 | 23-Oct-22 | 123 720 | 2 358 | 1 512 | 1.2% |
| From week 1 through week 42, 2022 (ending 23 October), a total of 123 720 suspected cases of measles have been reported with 1 512 deaths (CFR 1.2%). Among cases reported, 2 358 were laboratory confirmed of which 67% are children under five years old. It was noted that 34% of them were vaccinated, 16% unvaccinated and 50% with unknown vaccination status | | | | | | | | | |
| Democratic Republic of the Congo | Monkeypox | Grade 3 | 30-Mar-19 | 01-Jan-22 | 23-Oct-22 | 4 478 | 206 | 0 | 0.0% |
| From 1 January – 23 October 2022, the Democratic Republic of the Congo reported 4 478 suspected including 206 confirmed cases from 172 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1 868), Tshopo (714), Maniema (321), Kasai (282), and Kwango (249). | | | | | | | | | |
| Democratic Republic of the Congo | Poliomyelitis (cVDPV1) | Grade 2 | | 01-Jan-22 | 03-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 | 01-Jan-21 | 03-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 | | 02-Jun-22 | 02-Nov-22 | 137 | | 22 | 16.1% |
| A suspected meningitis outbreak is ongoing in the Banalia health zone, Tshopo province in the Democratic Republic of the Congo. From 2 June 2022 to 2 November 2022, a total of 137 suspected cases with 22 deaths (CFR 16.1%) have been reported. Three health areas are the hotspots: Mangi, Bongonza and Akuma. | | | | | | | | | |
| Democratic Republic of the Congo | Yellow Fever | Grade 2 | 21-Apr-21 | 01-Jan-22 | 06-Nov-22 | 10 | 6 | 1 | 10.0% |
| As of 6 November 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 | 10-Nov-22 | 17 085 | 17 085 | 183 | 1.1% |
| The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 10 November 2022, a total of 17 085 cases have been reported in the country with 183 deaths and 16 872 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. | | | | | | | | | |
| Eritrea | Poliomyelitis (cVDPV2) | Grade 2 | 02-Jun-22 | 7-Jun-2022 | 02-Nov-22 | 2 | 2 | 0 | 0.0% |
| No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week 43, 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 | 13-Nov-22 | 73 708 | 73 708 | 1 422 | 1.9% |
| The first case of COVID-19 was confirmed in the kingdom of Eswatini on 16 March 2020. As of 13 November 2022, a total of 73 708 cases have been reported with 1 422 associated deaths. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|--|--|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| Ethiopia | Drought/food insecurity | Grade 3 | 17-Feb-22 | 01-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 into 2023. Over 24 million people are projected to be affected by drought in Ethiopia in October, at least 9.9 million of whom are in need of emergency food assistance. At least 3.5 million livestock have already perished and another 25 million are at risk. At the same time, 2.2 million children are already acutely malnourished due to the impact of drought; over 760 000 of these children are severely malnourished. Some of the drought-affected areas are equally impacted by conflict, making the humanitarian context more complex. As of 15 October 2022, more than 10 million people have received some form of humanitarian assistance across the drought-affected areas. | | | | | | | | | |
| Ethiopia | Humanitarian crisis (Conflict in Tigray) | Grade 3 | 04-Nov-20 | 04-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 | 13-Nov-2022 | 399 | 15 | 17 | 4.3% |
| A cholera outbreak has been ongoing in Ethiopia since 27 August 2022. The index case was reported from Bekay Kebele, Harana Buluk Woreda of Bale Zone, Oromia Region. As of 13 November 2022, a total of 399 suspected cases of cholera have been reported including 274 cases from Oromia region and 125 cases from Somali region. At least 15 of these cases have been laboratory-confirmed through culture. The cumulative attack rate is 89.6 per 100 000 population. Seventeen deaths have been reported, for a CFR of 4.3%. Six woredas have so far been affected: Berbere (174 cases), Harena Buluk (71), Delo Mena (22), and Gura Damole (7) in Bale Zone of Oromia region, and Guradamole (88) and Kersadula (37) in Liben Zone of Somali region. A total of 38 Kebeles (villages) have reported one or several suspected cases of cholera since the beginning of the outbreak. Of note, no case has been reported from Harena Buluk in the last 36 days and from Dolo Mena over the last 29 days. | | | | | | | | | |
| Ethiopia | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 13-Nov-22 | 494 185 | 494 185 | 7 572 | 1.5% |
| Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 494 185 cases of COVID-19 as of 13 November 2022, with 7 572 deaths and 472 190 recoveries. | | | | | | | | | |
| Ethiopia | Measles | Ungraded | 14-Jan-17 | 01-Jan-22 | 06-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-2022 | 06-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 | 04-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 | 09-Nov-22 | 170 972 | 170 972 | 1 461 | 0.9% |
| As of 9 November 2022, a total of 170 972 confirmed COVID-19 cases have been reported in Ghana. There have been 1 461 deaths and 169 440 recoveries reported. | | | | | | | | | |
| Ghana | Monkeypox | Grade 3 | 08-Jun-22 | 24-May-2022 | 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). | | | | | | | | | |
| Ghana | Yellow fever | Grade 2 | 03-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. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|--------------------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|--------|
| 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'zerékorié 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. 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 | 09-May-18 | 01-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 | 02-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 | 01-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 | 30-Oct-22 | 180 | 1 | - | - |
| Kenya is facing an anthrax outbreak with cases reported from different counties including Kakamega). Seven cases were reported from Runyenjes (6), and Mwimbi (1) sub counties. No deaths were reported in the last week of the reporting period (week 43, ending 30 October). From January to 30 October 2022, a total of 180 cases have been reported through weekly Integrated Disease Surveillance and Response report. | | | | | | | | | |
| Kenya | Chikungunya | Ungraded | 03-Mar-22 | 13-Feb-2022 | 06-Nov-22 | 291 | 5 | 1 | 0.3% |
| Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutulo village. A total 291 cases have been reported with five confirmed cases and one death (CFR 0.3%). No new cases were reported in the last week of the reporting period (week 43, ending 6 November). | | | | | | | | | |
| Kenya | Cholera | Ungraded | 19-Oct-22 | 16-Oct-22 | 06-Nov-22 | 242 | 28 | 8 | 3.3% |
| The cholera outbreak has now affected nine counties: Nairobi, Kiambu, Nakuru, Uasin Gishu, Kajiado, Muranga, Machakos, Garissa and Meru. Two new counties reported new cases in the last epi week: Garissa and Meru. A total of 242 cases and 28 Confirmed by culture and eight deaths (CFR 3.3%) have been reported | | | | | | | | | |
| Kenya | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 13-Nov-22 | 340 431 | 340 431 | 5 680 | 1.7% |
| On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 13 November 2022, 340 431 confirmed COVID-19 cases including 5 680 deaths and 333 761 recoveries have been reported in the country. | | | | | | | | | |
| Kenya | Leishmaniasis (visceral) | Ungraded | 31-Mar-19 | 03-Jan-20 | 06-Nov-22 | 2 048 | 1 867 | 10 | 0.5% |
| Refer to text above. | | | | | | | | | |
| Kenya | Measles | Ungraded | 29-Jun-22 | 26-Jun-22 | 06-Nov-22 | 218 | 70 | 2 | 0.9% |
| The measles outbreak has been reported from six counties: Garissa, Mandera, Marsabit, Nairobi, Turkana and Wajir. A total of 218 cases with 70 confirmed and two deaths (CFR 0.9%) have been reported. In the last one week, five new cases were reported from Mandera South (4), Kamukunji (1), sub counties. | | | | | | | | | |
| Kenya | Yellow fever | Grade 2 | 03-Mar-22 | 12-Jan-22 | 06-Nov-22 | 141 | 3 | 11 | 7.8% |
| From 12 Jan to 6 Nov 2022, there were a total of 141 suspected cases of yellow fever including 11 deaths (CFR 7.8%) reported from 11 counties in Kenya. An outbreak was reported officially in Isiolo and Garissa counties. Of the suspected cases, only three were confirmed by PCR at the Kenya Medical Research Institute. | | | | | | | | | |
| Lesotho | COVID-19 | Grade 3 | 13-May-20 | 13-May-2020 | 12-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 12 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 | 10-Nov-22 | 8 014 | 8 014 | 294 | 3.7% |
| From 16 March 2020 to 10 November 2022, Liberia has recorded a total of 8 014 cases including 294 deaths and 7 705 recoveries have been reported. | | | | | | | | | |
| Liberia | Lassa Fever | Ungraded | 03-Mar-22 | 06-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. | | | | | | | | | |
| Liberia | Measles | Ungraded | 03-Feb-22 | 13-Dec-2021 | 02-Nov-22 | 7 437 | 7 437 | 81 | 1.1% |
| Since the measles outbreak started on 13 December 2021 as of 2 November 2022, a total of 7 942 suspected cases, including 7 437 confirmed and 81 deaths (CFR: 1%) were reported from 62 health districts in 15 counties. | | | | | | | | | |
| Liberia | Monkeypox | Grade 3 | 21-Jul-22 | 23-Jul-2022 | 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. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|---|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| Madagascar | Malnutrition crisis | Protracted 2 | 01-Jul-21 | 01-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 | 13-Nov-22 | 66 859 | 66 859 | 1 411 | 2.2% |
| Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 13 November 2022, a total of 66 859 confirmed cases including 1 411 deaths have been reported in the country. | | | | | | | | | |
| Malawi | Floods | Grade 2 | 26-Jan-22 | 26-Jan-22 | 07-Oct-22 | 1 000 000 | | 51 | 0.0% |
| The aftermath of the cyclone Ana and Gombé 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 | 03-Mar-22 | 03-Mar-22 | 13-Nov-22 | 8 111 | 8 111 | 241 | 3.0% |
| A total of 29 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 13 November 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 8 111 and 241 respectively, with Case Fatality Rate at 3.0%. | | | | | | | | | |
| Malawi | COVID-19 | Grade 3 | 02-Apr-20 | 2-Apr-2020 | 13-Nov-22 | 88 029 | 88 029 | 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 12 November 2022, the country has a total of 88 029 confirmed cases with 2 685 deaths. | | | | | | | | | |
| Malawi | Poliomyelitis | Ungraded | 31-Jan-22 | 1-Feb-2022 | 09-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 | 13-Nov-22 | 32 745 | 32 745 | 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 13 November 2022, a total of 32 745 confirmed COVID-19 cases have been reported in the country including 742 deaths and 31 921 recoveries. | | | | | | | | | |
| Mali | Measles | Ungraded | 20-Feb-18 | 01-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 | 13-Nov-22 | 63 414 | 63 414 | 997 | 1.7% |
| The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 13 November 2022, a total of 63 414 cases including 997 deaths and 62 385 recovered have been reported in the country. | | | | | | | | | |
| Mauritania | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 31-Aug-22 | 29-Aug-2022 | 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 Diabbe located 2 kilometers from M' Bagne city in Brakna region. She presented with a febrile syndrome during the prenatal consultation on 28 August 2022 and a sample was taken the same day. CCHF was confirmed on 29 August 2022 by polymerase chain reaction at the Institut National de Recherche en Santé Publique (INRSP). 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-2022 | 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. | | | | | | | | | |
| Mauritius | COVID-19 | Grade 3 | 18-Mar-20 | 18-Mar-20 | 12-Nov-22 | 268 394 | 268 394 | 1 033 | 0.4% |
| The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 12 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 | 01-Jan-20 | 01-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. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|------------------------------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| 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 | 12-Nov-22 | 230 543 | 230 543 | 2 224 | 1.0% |
| The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 12 November 2022, a total of 230 543 confirmed COVID-19 cases were reported in the country including 2 224 deaths and 228 216 recoveries. | | | | | | | | | |
| Mozambique | Monkeypox | Grade 3 | 06-Oct-22 | 07-Oct-22 | 12-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-2022 | 09-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 9 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 | 01-Feb-15 | 1-Feb-2015 | 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 | 03-Sep-22 | 01-Sep-22 | 07-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 01 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 | 05-Apr-22 | 01-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 | 01-Jan-20 | 01-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 | 01-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. | | | | | | | | | |
| Nigeria | Cholera | Ungraded | | 01-Jan-22 | 30-Sep-22 | 10 754 | | 256 | 2.4% |
| In 2022, as of 2 October, 10 754 suspected cholera, including 256 deaths (CFR 2.4%), have been reported from 31 states, mainly in North-West and North-East. Eleven states: Borno (3663 cases), Yobe (1632 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 cumulative cases. Of the suspected cases since the beginning of the year, the age group 5 -14 years are the most affected age group for males and females. | | | | | | | | | |
| Nigeria | COVID-19 | Grade 3 | 27-Feb-20 | 27-Feb-2020 | 11-Nov-22 | 266 242 | 266 242 | 3 155 | 1.2% |
| The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 11 November 2022, a total of 266 242 confirmed cases with 259 555 recovered and 3 155 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 |
|--|---|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|---------|-------|
| Nigeria | Lassa fever | Grade 1 | 01-Jan-21 | 01-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 | 01-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 | 01-Jun-18 | 01-Jan-18 | 07-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 | 01-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 | 06-Nov-22 | 132 611 | 132 611 | 1 467 | 1.1% |
| The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 6 November 2022, a total of 132 611 cases with 1 467 deaths and 131 112 recovered cases have been reported in the country. | | | | | | | | | |
| Sao Tome and Principe | COVID-19 | Grade 3 | 06-Apr-20 | 6-Apr-2020 | 06-Nov-22 | 6 275 | 6 275 | 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 6 November 2022, a total of 6 275 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6 193 cases have been reported as recoveries. | | | | | | | | | |
| Sao Tome And Principe | Dengue | Grade 2 | 11-Apr-22 | 15-Apr-2022 | 31-Oct-22 | 1 019 | 1 019 | 6 | 0.6% |
| Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 31 October 2022, a total of 1 019 cases and 6 deaths (CFR 0.6%) have been confirmed via RDT from: Água Grande (690, 67.7%), Mézôchi (146, 14.3%), Lobata (93, 9.1%), Cantagalo (41, 4.0%), Caué (19, 1.9%), Lembá (16, 1.6%), and RAP (14, 1.4%). During week 42 (ending 31 Oct), there was 7 new case registered in the country. Água Grande's attack rate is by far the highest (81.9 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 (932, 91%), headache (767, 75%) and myalgia (324, 32%). | | | | | | | | | |
| Senegal | COVID-19 | Grade 3 | 02-Mar-20 | 02-Mar-20 | 13-Nov-22 | 88 842 | 88 842 | 1 968 | 2.2% |
| From 2 March 2020 to 13 November 2022, a total of 88 842 confirmed cases of COVID-19 including 1 968 deaths and 86 832 recoveries have been reported in Senegal. | | | | | | | | | |
| Senegal | Measles | Ungraded | 04-Jul-22 | 01-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 | 06-Nov-22 | 49 862 | 49 862 | 171 | 0.3% |
| Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 6 November 2022, a total of 49 862 cases have been confirmed, including 49 393 recoveries and 171 deaths have been reported. | | | | | | | | | |
| 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 | 01-Nov-21 | 01-Jan-22 | 09-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 | 05-Mar-20 | 03-Mar-20 | 13-Nov-22 | 4 033 182 | 4 033 182 | 102 371 | 2.5% |
| Since the start of the COVID-19 pandemic in South Africa through 13 November 2022, a cumulative total of 4 033 182 confirmed cases and 102 371 deaths have been reported. | | | | | | | | | |
| South Africa | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 02-Oct-22 | 01-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. | | | | | | | | | |
| 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. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|-------------------------|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|------|
| South Africa | Monkeypox | Grade 3 | 23-Jun-22 | 23-Jun-2022 | 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. | | | | | | | | | |
| South Sudan | Drought/food insecurity | Grade 3 | 18-Dec-20 | 5-Apr-2021 | 03-Nov-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. About 6.6 million people, or over half of South Sudan's population (54%), are experiencing high levels of acute food insecurity, classified in Crisis (IPC Phase 3) or worse in November 2022. Of those, 2.2 million people are experiencing worse conditions in Emergency (IPC Phase 4) acute food insecurity and an estimated 61K people in Catastrophe (IPC Phase 5) acute food insecurity in Fangak, Canal/Pigi and Akobo of Jonglei State; Pibor County in the Greater Pibor Administrative Area. The most food insecure states between October and November 2022, where more than 50% of their populations are facing Crisis (IPC Phase 3) or worse acute food insecurity, are Jonglei (68%), Unity (66%), Northern Bahr el Ghazal (62%), Upper Nile (58%), Warrap (57%), and Lakes (57%). | | | | | | | | | |
| South Sudan | Floods | Ungraded | | 07-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 | 30-Oct-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 October 2022. Over the past three years, seasonal floods have caused thousands of people to be displaced as well as caused problems for water, sanitation, and hygiene conditions in formalized camps and informal settlements. During 2022, more than 1.46 million people have been affected by flooding. As of 10 September 2022 the government declared a national emergency due to flooding affected 36 counties in nine states. | | | | | | | | | |
| South Sudan | Anthrax | Ungraded | 25-Apr-22 | 13-Mar-22 | 30-Oct-22 | 131 | 8 | 5 | 3.8% |
| A total of 131 suspected cases and 5 deaths (CFR 3.8%) have been reported from eight payams in Warrap state but mostly from Kuajok Hospital. A total of 8 samples returned positive for bacillus anthracis bacteria. Cases were reported from 13 March - 30 October 2022 where the majority of cases have been females (62%) aged 5-9 years. A vaccination campaign targeting small ruminants in three counties of Warrap is ongoing. | | | | | | | | | |
| South Sudan | Cholera | Ungraded | 21-Apr-22 | 21-Mar-22 | 30-Oct-22 | 424 | 56 | 1 | 0.2% |
| From 19 March to 30 October 2022, 424 cases and 1 death (CFR 0.2%) 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 1.58 million doses of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned. | | | | | | | | | |
| South Sudan | COVID-19 | Grade 3 | 05-Apr-20 | 5-Apr-2020 | 13-Nov-22 | 18 341 | 18 341 | 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 13 November 2022, a total of 18 341 confirmed COVID-19 cases were reported in the country including 138 deaths and 18 115 recovered cases. | | | | | | | | | |
| South Sudan | Hepatitis E | Ungraded | 03-Jan-18 | 01-Jan-19 | 30-Oct-22 | 3 548 | 104 | 26 | 0.7% |
| The current outbreak in the Bentiu IDP camp is ongoing. As of 30 October 2022, a total of 3 548 cases of hepatitis E including 26 deaths (CFR: 0.7%) have been reported since January 2019. During week 42 (ending 23 Oct), a total of 39 new cases were reported. Approximately 54% of cases are male. | | | | | | | | | |
| South Sudan | Malaria | Ungraded | 28-Dec-21 | 01-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 | 01-Jan-22 | 06-Nov-22 | 1 733 | - | 12 | 0.7% |
| Since the beginning of 2022, the following counties have confirmed measles outbreaks Aweil Centre, Aweil East, Aweil West, Aweil South, Aweil North, Gogrial West, Maban, Raja, Tambura, Torit, Juba, and Malakal. A total of 1 733 suspected measles cases and 12 deaths (CFR 0.7%) have been reported countrywide through IDSR (Integrated Disease Surveillance and Response) system as of week 44 (ending 6 November) | | | | | | | | | |
| Tanzania, United Republic of | COVID-19 | Grade 3 | 16-Mar-20 | 16-Mar-20 | 07-Nov-22 | 40 152 | 40 152 | 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 7 November 2022, a total of 40 152 confirmed cases have been reported in Tanzania Mainland including 845 deaths. | | | | | | | | | |
| Tanzania, United Republic of | Measles | Ungraded | | 30-Jun-2022 | 23-Aug-22 | 223 | 2 | 0 | 0.0% |
| A measles outbreak is ongoing in Tanzania since June 2022. As of 23 August 2022, a cumulative total of 223 suspected measles cases, with two IgM positive cases are reported since the onset of the outbreak in June 2022. A total of 88 cases were admitted to the local hospitals. About 48% (108 cases) of the suspected cases were children under five years of age. The majority of cases are reported from Magharibi B, Magharibi A and Wete districts. The Ministry of health is working on strengthening surveillance and routine vaccination activities as well as the planning for a mass measles vaccination outbreak response. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|---|---|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|
| Togo | COVID-19 | Grade 3 | 06-Mar-20 | 01-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. | | | | | | | | | |
| 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 | 01-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-2022 | 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-2022 | 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-Oct-22 | 19-Oct-22 | 13-Nov-22 | 140 | 140 | 55 | 39.3% |
| Refer to text above. | | | | | | | | | |
| Uganda | Yellow fever | Grade 2 | 03-Mar-21 | 02-Jan-22 | 09-Nov-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-2022 | 08-Nov-22 | 5 900 000 | | 1 132 | - |
| As of 8 November 2022, the worst flooding in years affected 5.9 million people in 20 countries in West and Central Africa. Heavy rains and floods continued to take a significant toll on human life, property, farmlands, and livestock, killing 1 132 people, injuring 4 005, and displacing 1.8 million. Nigeria, Chad, Niger, the Republic of Congo, the Democratic Republic of Congo, Cameroon, the Central African Republic, Liberia, etc., have been severely impacted by torrential rains and floods. Some 458 000 houses were totally or partially destroyed in the region | | | | | | | | | |
| Zambia | COVID-19 | Grade 3 | 18-Mar-20 | 18-Mar-20 | 06-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-2022 | 01-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 | 06-May-19 | 01-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. | | | | | | | | | |

| Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
|--|----------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-----|
| Zimbabwe | COVID-19 | Grade 3 | 20-Mar-20 | 20-Mar-20 | 12-Nov-22 | 257 893 | 257 893 | 5 606 | - |
| The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 12 November 2022, a total of 257 893 confirmed COVID-19 cases were reported in the country including 5 606 deaths and 251 904 cases that recovered. | | | | | | | | | |
| Zimbabwe | Measles | Ungraded | 29-Apr-22 | 19-May-2022 | 02-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 | | | | | | | | | |

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

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

© WHO Regional Office for Africa

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

Correspondence on this publication may be directed to:

Dr Etien Luc Koua

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

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

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

Email: afrooutbreak@who.int

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

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

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

WCO Contributors

Abdourahmane DIALLO (Kenya)
Nollascus GANDA (Kenya)
Yonas Woldemariam TEGEGN (Uganda)
Alexander CHIMBARU (Uganda)

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.