

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 48: 21 to 27 November 2022
Data as reported by: 17:00; 27 November 2022

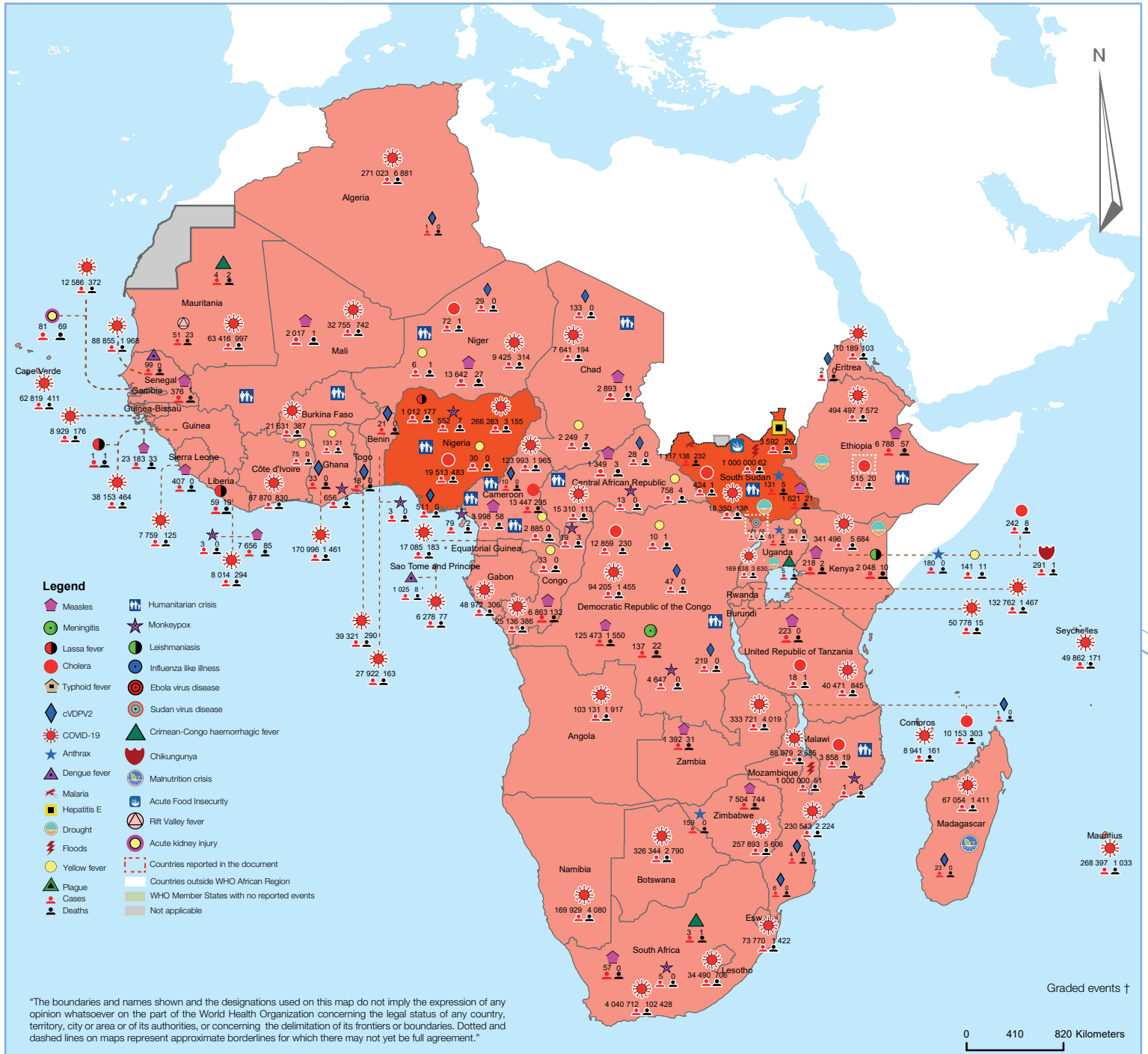
African Region
Emergency Preparedness and Response

0
New event

153
Ongoing events

132
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	33 Grade 2 events	2 Grade 1 events	43 Ungraded events
5 Protracted 3 events	5 Protracted 2 events	0 Protracted 1 events	

Overview

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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
- Cholera in Ethiopia
- 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:

- More than two months have passed since the first case of Ebola disease caused by Sudan virus was confirmed in Mubende District in Uganda, and no new case has been reported over the past 13 days. Although the transmission has indeed slowed down over the past three to four weeks, the response is still left with some challenges especially around contact tracing activities in Jinja where the contact follow-up rate remains below 75%. In addition, Emergency Medical Services Teams are currently experiencing difficulties to evacuate suspected cases from their communities, due to impassable roads resulting from heavy rains. Infection prevention and control (IPC) standards remain direly sub-optimal in health care facilities and there is lack of adherence to IPC measures by health care workers, added to limited IPC supplies both at facility and community levels. Moreover, the risk of disease resurgence from survivors remains of serious concern, as the survivors' program is not yet fully operational.
- The ongoing cholera outbreak has continued to affect Ethiopia's Oromia and Somali regions. Various factors have made the situation worse including the practice of open defecation and lack of safe water in affected areas making it difficult to maintain adequate levels of sanitation. A looming drought has exacerbated the situation further causing dehydration and nutrition problems for patients.

Ebola disease caused by Sudan virus in Uganda

141
cases

55
Deaths

39.0%
CFR

EVENT DESCRIPTION

No new confirmed case of Ebola disease caused by Sudan virus (SVD) has been reported in Uganda over the past seven days (epi week 47, ending 27 November), compared to one confirmed case reported in week 46 (ending 20 November). Similarly, no new death has been reported over the past two weeks, while one new recovery was registered in week 47 compared to ten recoveries in week 46.

Cumulatively, from outbreak inception on 19 September to 27 November, 141 new laboratory-confirmed and 22 probable cases of SVD have been reported, with 77 fatalities including 55 among confirmed cases, an overall case fatality ratio of 47.2%, and 39.0% among confirmed cases. Cumulatively, 80 recoveries have been recorded, yielding a recovery rate of 56.7%. Furthermore, 19 (17 confirmed and two probable) healthcare workers have been infected, among whom seven deaths (CFR 36.8%) have occurred.

Males represent 57.5% of cases, and the most affected age groups remain the 20-29 and 30-39 years. The under-five still represent less than 10% of cases and the 65+ constitute the less affected age group in this outbreak.

The number of affected sub-counties remains at 23, distributed in nine districts, with 92.6% of cases (n=151) who have been reported from three districts including Mubende (64 confirmed and 19 probable; 50.9%), Kassanda (48 confirmed and two probable; 30.7%) and Kampala (18 confirmed; 11.0%). The last confirmed case was reported more than 42 days ago in two of the affected districts, namely Bunyangabu (60 days) and Kagadi (57 days), and 21 days or more in three districts including Wakiso (21 days), Masaka (26 days), and Kyegegwa (30 days). Four districts have reported their last confirmed case less than 21 days ago, including Kampala (13 days), Mubende (14 days), Jinja (15 days), and Kassanda (16 days).

As of 26 November, 4 691 contacts have been listed in 15 districts among whom 3 802 (81.0%) have completed 21 days of follow-up. On 26 November, 565 contacts were still under active follow-up in Jinja, Kampala Metropolitan Area (KMA, Kampala + Wakiso + Mukono), Kassanda, and Mubende. Of these, 393 contacts (69.6%) were seen over the past 24hrs. the contact follow-up rate was 100% in all districts except Jinja where it equalled 56.5% (223/395).

PUBLIC HEALTH ACTIONS

Coordination

- ▶ The President of the Republic of Uganda extended the lockdown in Kassanda and Mubende for 21 more days. Security officers have strategically been positioned to enforce the presidential lockdown directives in these districts.
- ▶ National Task Force meetings continue to be held three times per week.

- ▶ Daily District Task Force meetings, partners' meetings and pillar meetings are ongoing in all affected districts.

Surveillance and Laboratory

- ▶ Epidemiological investigations, contact tracing, and active case finding are continuing in all affected districts. On 26 November, 565 contacts were still under active follow-up in six districts, 393 (69.6%) of whom were seen over the past 24hrs.
- ▶ On 26 November, 173 signals were received nationwide. Of these, 27 were considered as alerts and verified; 20 (74.1%) of them were validated as new suspected cases and 17 (85.0%) were evacuated to Ebola Treatment Units (ETUs).
- ▶ On 26 November, 64 samples were received from 18 districts and further processed at Uganda Viral Research Institute and Mubende mobile laboratory, without any new confirmed case. Cumulatively, 3 839 samples have been tested since the beginning of the outbreak, yielding 141 confirmed cases of SVD.

Case management and psychosocial support

- ▶ The bed capacity for isolation units has been increased, from 214 to 262 beds including an additional unit set in Kirruudu NR. The bed capacity for confirmed cases remains at 132 beds. Over the past 24hrs, the bed occupancy rate was 21.0% (n=55) in isolation units and 4.5% (n=6) in ETUs. Cumulatively, 80 (56.7%) recoveries have been recorded.
- ▶ A total of 143 healthcare workers were trained on SVD case management in Jinja and Mubende.
- ▶ The quarantine facility in Jinja has been operationalised, and is currently hosting seven high risk contacts.
- ▶ Within the past 24hrs, Emergency Medical Services (EMS) teams undertook a total of 41 evacuations including 25 in Mubende, 13 in Kassanda, and three in Jinja. Two suspected cases declined evacuations.
- ▶ 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.

Survivor follow-up

- ▶ The survivor clinic runs on Mondays and Wednesdays.

Infection, prevention and control (IPC)

- ▶ Daily monitoring of IPC measures continues in all ETUs.
- ▶ IPC mentorships were conducted in 19 health care facilities during which 63 healthcare workers were mentored and screening areas were established in 15 health care facilities in areas in Kawempe I & II, Mbogo, Kentifalawo, Katale and Kiyanja zones, all in Kampala.

- Safe and dignified burial (SDB) teams continue to undertake SDBs in all affected districts. On 26 November, nine death alerts were received from Mubende and Jinja; six of them were verified and sampled. Four SDBs were performed in Kassanda and Mubende. In total, 286 SDBs have been conducted since the beginning of the outbreak.

Risk communication and community engagement (RCCE)

- RCCE interventions are ongoing in all affected districts and beyond.
- At least 140 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, two in Jinja and one each in Kyegegwa and Mubende.
- An educational video of Maama Fiina (President of Uganda N’eddagala N’obuwangwa Bwaffe) was recorded, with a strong message to traditional healers/spiritualists and their clients.
- Community sensitization activities are ongoing in Jinja, Kampala, Kassanda, Masaka, and Mubende.
- Community engagement is ongoing in all affected districts. A total of 613 households were reached with SVD messages during the integrated RCCE/Active case search by Village Health Teams (VHTs) in Namungoona and Kasubi in Kampala.
- A total of 5 273 information, education and communication (IEC) materials have been distributed including 2 000 factsheets, 300 brochures and 75 frequently asked questions in Mubende, 2 260 factsheets in Kassanda, 330 factsheets in Masaka, 158 factsheets in Jinja, and 150 child-friendly Ebola posters in Kyegegwa.

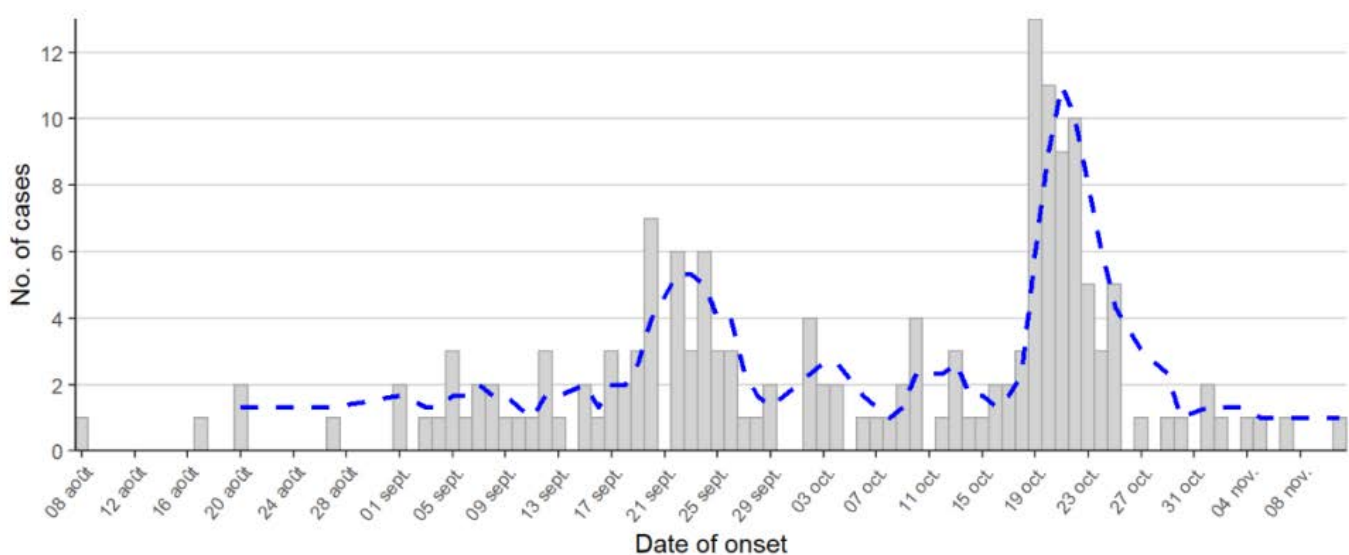
Logistics

- 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.
- In addition, all patients in the ETUs are being provided with food/meals.

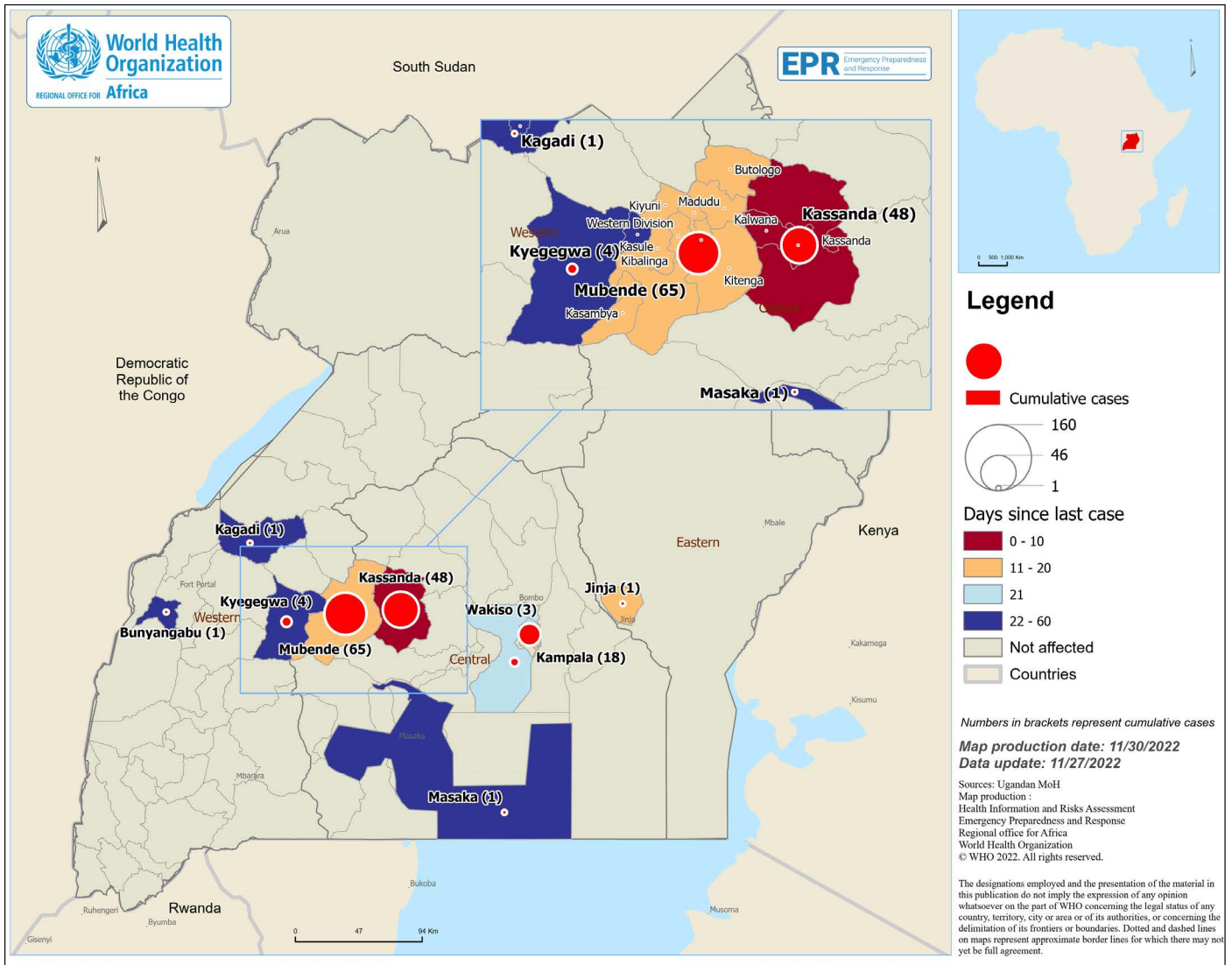
SITUATION INTERPRETATION

This outbreak is successfully being contained, with a clear slowing down of the viral transmission over the past three to four weeks, and no further case reported over the past 13 days. However, response efforts need to be maintained or enforced in all affected districts, and particularly scaled-up in Jinja where contact tracing and follow-up remains direly sub-optimal. The number of daily alerts remains critically low, especially in affected areas. There is therefore need to reinforce early case detection including active search along with seeking potential missed contacts or lost to follow-up, to identify and contain potentially missed transmission chains. Furthermore, a lot of efforts has to be directed towards increasing IPC standards in health care facilities especially private clinics, and mentoring health care workers to engage them in adopting and practicing adequate IPC measures. As survivors may potentially transmit the virus once resettled in their communities, the survivors’ program should be quickly brought to its optimal functioning for proper follow-up of survivors.

Epicurve of confirmed and probable cases of Ebola Disease caused by Sudan Virus in affected districts in Uganda, as of 27 November 2022.



Distribution of Ebola Virus Disease by subcounty in the affected districts in Uganda, as of 26 November 2022



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EVENT DESCRIPTION

A total of 515 cases and 20 deaths (CFR 3.8%) of cholera have been reported in Ethiopia between 27 August and 24 November 2022. The outbreak is occurring in six woredas in the Oromia (331, 64.3%) and Somali (184, 35.7%) regions.

In Somali region, two woredas are currently experiencing active outbreaks including Kersadula (37 cases, 7.2%) and Guradamole (14 cases, 28.5%); while in Oromia region four woredas have been affected including Berbere (217 cases, 42.1%), Harena Buluk (71 cases, 13.8%), Delo Mena (22 cases, 4.3%), and Guradamole (21 cases, 4.1%).

The cumulative attack rate for cholera is 97.0 cases per 100 000 population at risk. At the woreda level, the highest attack rate has been registered in Guradamole (Somali region) at 462.4 cases per 100 000 population at risk, followed by Berbere (Oromia region) at 159.2 cases per 100 000, Kersadula (Somali region) at 59.5 cases per 100 000, and Harana Buluk (Oromia region) at 58.0 cases per 100 000.

The majority deaths have been reported from the Guradamole woreda in Somali region with 11 (55%) out of 20 reported. The age group accounting for the most deaths are those from 5-14 years (30% of all deaths). Children under the age of 5 years account for 18.6% of all cases (96 out of 515). Additionally, 51.0% of all cases were female.

As of 13 November, at least 36 samples have tested positive for cholera by either rapid diagnostic tests or microbacterial culture methods. Even when samples have been tested from various other regions, the laboratory results have yielded negative results for cholera outside Oromia and Somali regions.

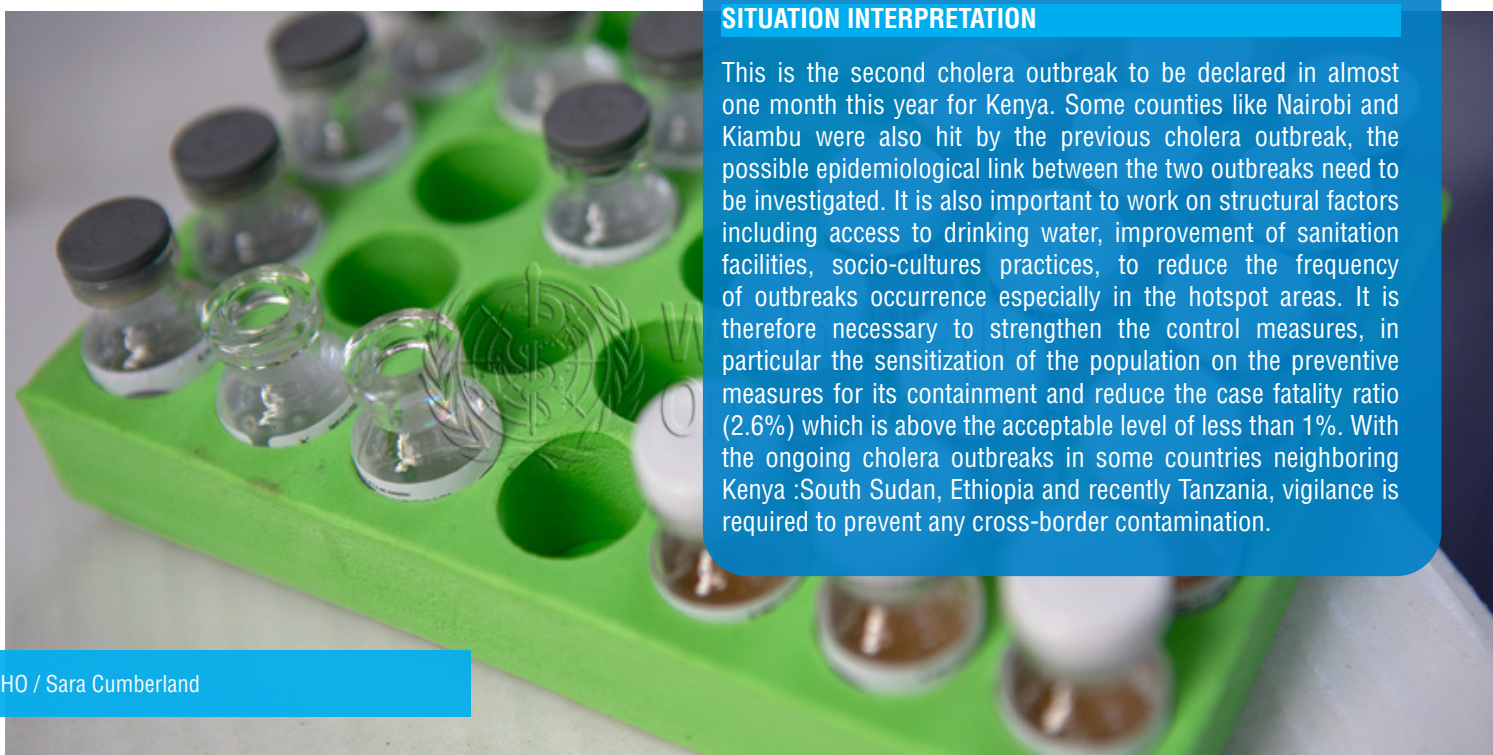
The main risk factors contributing to transmission of disease include suboptimal vaccination (oral cholera vaccination (OCV), lack of access to safe drinking water, insecurity, and the ongoing drought situation. Among cholera patients, 58.5% were found to not be vaccinated or had unknown status of vaccination, while 26.8% had at least one OCV dose and 14.8% had two OCV doses.

PUBLIC HEALTH ACTIONS

- Cholera response meetings with the affected Counties are being held on a daily basis coordinated by the National Public Health Emergency Operation Center and the Division of Disease Surveillance and Response.
- Ongoing consolidated efforts by the National and County Health teams to control the outbreak. Outbreak investigations including active case search are still ongoing in all affected counties
- Cholera treatment units have been activated in all the affected sub-counties
- The National Government through the Division of Disease Surveillance and Response has supported the affected Counties with Cholera response supplies.
- Collaboration between the Ministry of Health and the Ministry of water staff in a bid to control the outbreak in all affected counties is also ongoing
- Risk communication activities are ongoing with awareness on cholera prevention messages for the community to adhere to simple hygienic measures such as hand washing and sanitizing.

SITUATION INTERPRETATION

This is the second cholera outbreak to be declared in almost one month this year for Kenya. Some counties like Nairobi and Kiambu were also hit by the previous cholera outbreak, the possible epidemiological link between the two outbreaks need to be investigated. It is also important to work on structural factors including access to drinking water, improvement of sanitation facilities, socio-cultures practices, to reduce the frequency of outbreaks occurrence especially in the hotspot areas. It is therefore necessary to strengthen the control measures, in particular the sensitization of the population on the preventive measures for its containment and reduce the case fatality ratio (2.6%) which is above the acceptable level of less than 1%. With the ongoing cholera outbreaks in some countries neighboring Kenya :South Sudan, Ethiopia and recently Tanzania, vigilance is required to prevent any cross-border contamination.



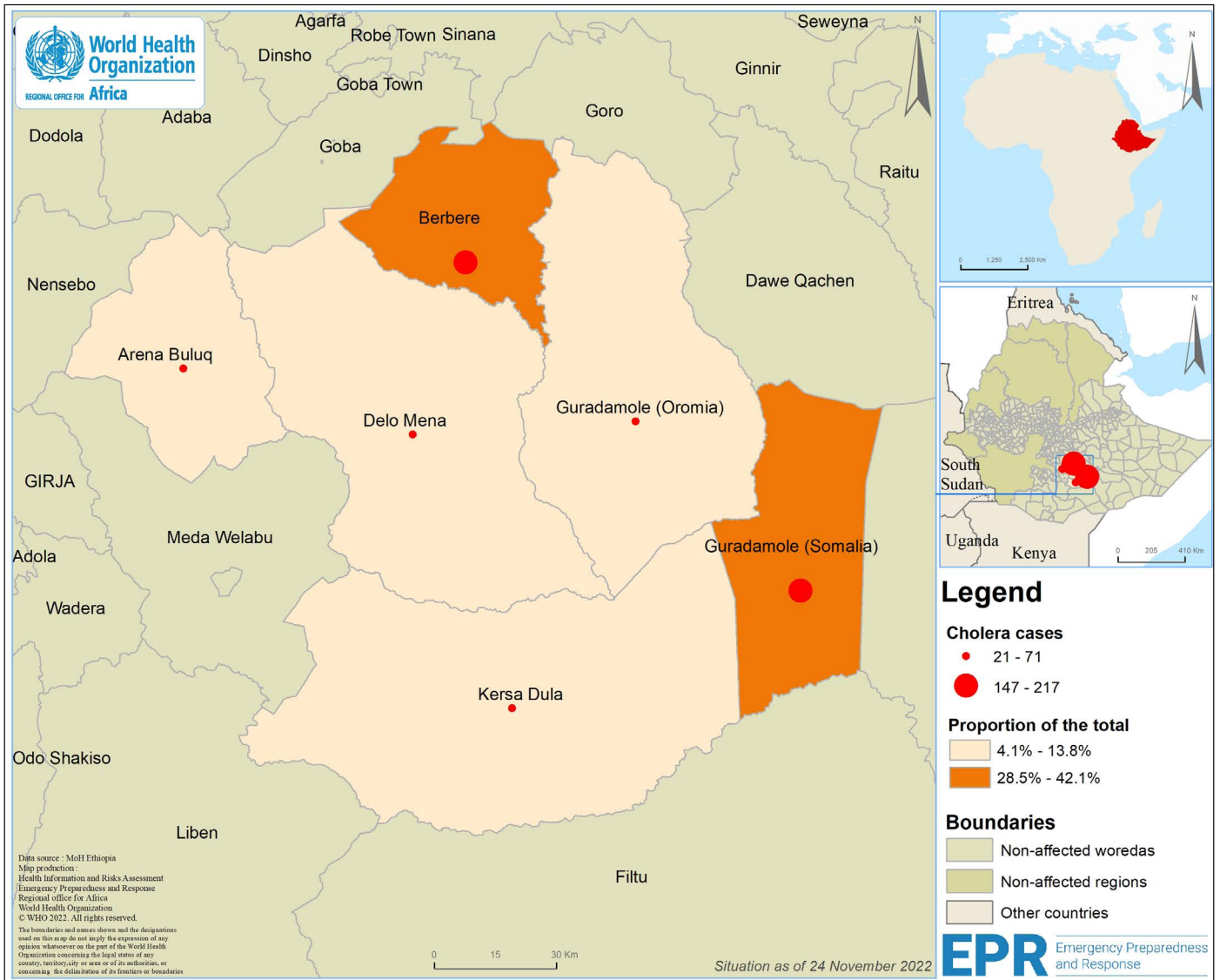
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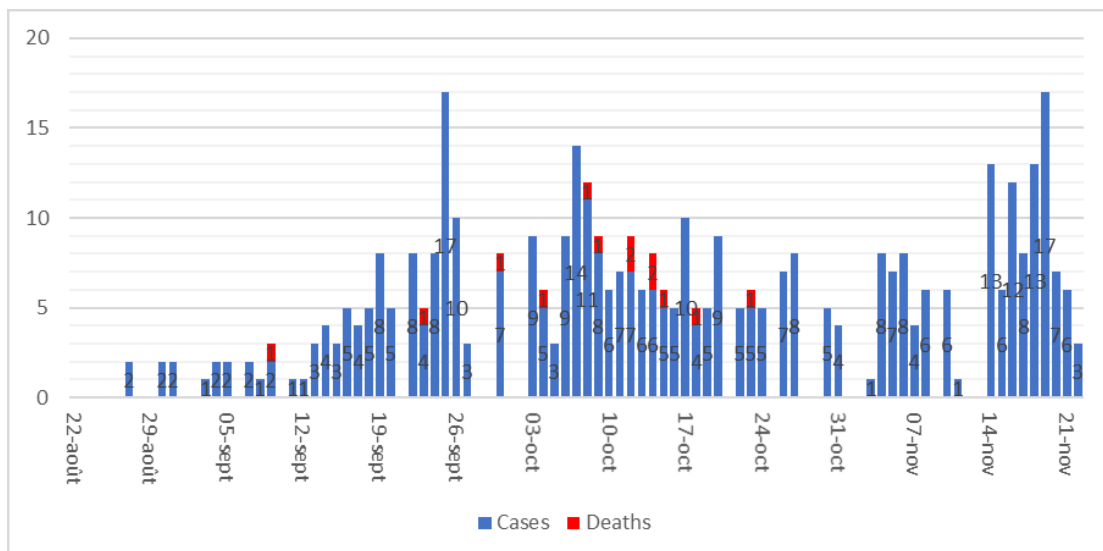
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Distribution of cases of cholera among affected Woredas in Ethiopia, as of 24 November 2022



Epidemiological Curve of Cases of Cholera in Ethiopia, 27 Aug - 22 Nov 2022.



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EVENT DESCRIPTION

As of 26 November 2022, a total of 8 876 264 laboratory-confirmed cases and 173 825 related COVID-19 fatalities have been reported in the WHO African region (AFRO) since the beginning of pandemic, resulting in an overall case fatality rate of 2.0%. It is estimated that 92% (8 186 284) of individuals infected fully recovered from the disease. Cumulatively, five countries have reported the highest number of cases: South Africa 4 039 858 (45.5%), Ethiopia 494 314 (5.6%), Kenya 341 319 (3.9%), Zambia 333 721 (3.8%), and Botswana 326 373 (3.7%).

At the same time, the following five countries have cumulatively reported the highest number of deaths: South Africa 102 428 (59.0% of all deaths), Ethiopia 7 572 (4.4%), Algeria 6 881 (4.0%), Kenya 5 684 (3.3%), Zimbabwe 5 606 (3.2%).

A total of 12 340 confirmed cases were reported in AFRO during epi week 46 (ending 20 November 2022) considering reports from 28 countries; while 34 countries reported 9 025 COVID-19 cases in epi week 45 (ending on 13 November). Of the new cases reported in epi week 46, Mauritius accounted for 4 804 (39%), followed by South Africa 4 039 (33%), Kenya 599 (5%), and the Democratic Republic of the Congo 367 (3%). Angola reported 1 360 new cases (11%) in epi week 46 mainly due to backlog after over 6 weeks without COVID-19 situational reports.

The AFRO region has seen a progressive increase in the number of newly reported cases in all the sub-regions except West Africa since the beginning of November 2022. Between epi week 45 (ending on 13 November) and epi week 46 (ending 20 November), a 37% increase has been observed (from 9 025 to 12 340) in the region, with the Central African sub-region reporting a 13% increase (from 464 to 526). Furthermore, a 25% increase was observed in the East Africa sub-region, a 27 % increase in North Africa, a 63% increase in Southern Africa and a 21% decrease the West Africa sub-region

Ten (10) out of 28 countries have reported a rise in the number of cases in epi week 46 when compared to epi week 45. They include Mauritius (38%), South Africa (25%), Madagascar (175%), Cabo Verde (18%), Burundi (114%), Algeria (27%), Rwanda (19%), Malawi (75%), Zambia (45%), and Mali (43%).

Mauritius has been placed on HIGH ALERT due to the fourth wave of COVID-19 cases currently ongoing in the country. Cabo Verde, the Democratic Republic of the Congo, Kenya, Madagascar, and South Africa are among the five other countries on ALERT.

The number of new COVID-19-related deaths in the region remained low, with 42 recorded in epi week 46 compared to 41 in epi week 45. The majority of fatalities recorded in epi week 46 were reported in South Africa 33 (79%) and six deaths reported in Angola as a backlog.

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.

SITUATION INTERPRETATION

A significant increase in the incidence risk of COVID-19 cases has been observed in the WHO African region since the beginning of November 2022, with Mauritius experiencing its fourth wave. 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 in the region. The probability of COVID-19 new infections and re-infections is greater toward the end of the year due to rising population mobility and high transmissible COVID-19 Omicron sub-variants.

This situation necessitates countries to remain vigilant even though no significant pressure on health systems has been observed where data are available. The vulnerable groups need to be protected throughout the festive season through implementation of appropriate public health and social measures.

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.



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Distribution of cases of Coronavirus disease in the WHO African Region, as of 26 November 2022

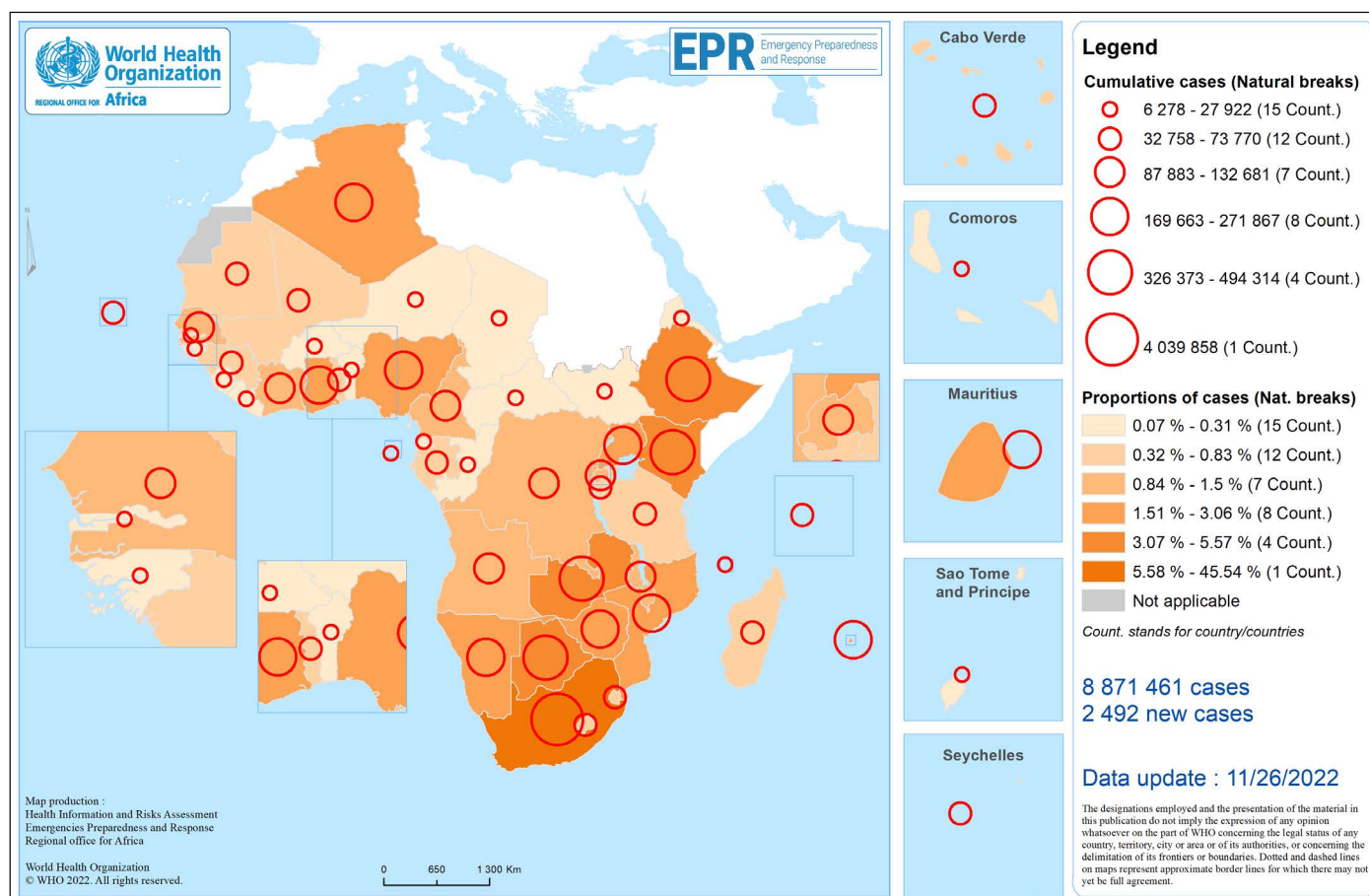


Table 1. Distribution of new weekly lab-confirmed COVID-19 cases by sub-region in the WHO AFRO Region, as of 25 November 2022

Sub- region	31 Oct - 06 Nov	07-13 Nov	14-20 Nov	Change in past week (%)
Central Africa	390	464	526	13%
East Africa	3 532	4 762	5 935	25%
North Africa	35	66	84	27%
Southern Africa	1 906	3 398	5 531	63%
West Africa	618	335	264	-21%
Total	6 481	9 025	12 340	37%

Table 2: Weekly new COVID-19 laboratory-confirmed cases in the AFRO region (As of 26 November 2022)

Country	24-30 Oct	31 Oct - 6 Nov	7-13 Nov	14-20 Nov	Weekly change
Mauritius	1 188	1 908	3 470	4 803	38%
South Africa	2 785	1 782	3 240	4 039	25%
Angola	NR	NR	NR	1 360	
Kenya	329	643	675	599	-11%
DRC	133	248	370	367	-1%
Madagascar	40	42	71	195	175%
Tanzania	NR	134	247	160	-35%

Country	24-30 Oct	31 Oct - 6 Nov	7-13 Nov	14-20 Nov	Weekly change
Cabo Verde	NR	169	120	142	18%
Burundi	NR	104	65	139	114%
Ethiopia	65	102	143	129	-10%
Algeria	61	35	66	84	27%
Eswatini	32	60	90	62	-31%
Nigeria	95	54	50	41	-18%
Rwanda	29	26	32	38	19%
Ghana	134	187	78	37	-53%
Malawi	26	4	20	35	75%
Zambia	25	16	1	35	3400%
Senegal	75	27	21	13	-38%
Gabon	31	14	0	13	
Cote d'Ivoire	73	57	30	10	-67%
Mali	15	7	7	10	43%
South Sudan	21	16	12	7	-42%
Mauritania	75	44	15	5	-67%
Comoros	112	70	30	4	-87%
Togo	13	13	7	4	-43%
Chad	7	4	6	4	-33%
Sao Tome and Principe	4	5	0	3	
Niger	3	2	2	2	0%
Uganda	0	108	82	NR	-24%
Mozambique	24	44	47	NR	7%
Central African Republic	32	5	14	NR	180%
Liberia	6	10	5	NR	-50%
Congo (Republic of)	3	5	5	NR	0%
Equatorial Guinea	20	5	4	NR	-20%
Seychelles	0	482	NR	NR	
Guinea	NR	31	NR	NR	
Benin	3	7	NR	NR	133%
Gambia	138	6	NR	NR	-96%
Sierra Leone	0	4	NR	NR	
Eritrea	3	1	NR	NR	-67%
Namibia	38	NR	NR	NR	
Botswana	NR	NR	NR	NR	
Burkina Faso	NR	NR	NR	NR	
Cameroon	NR	NR	NR	NR	
Guinea-Bissau	NR	NR	NR	NR	
Lesotho	NR	NR	NR	NR	
Zimbabwe					
Total	5 638	6 481	9 025	12 340	37%

*NR: Not reported

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	20-Nov-22	271 023	271 023	6 881	2.5%
From 25 February 2020 to 20 November 2022, a total of 271 023 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 526 recovered.									
Algeria	Poliomyelitis (cVDPV2)	Grade 2	14-Jul-22	11-Apr-2022	16-Nov-22	1	1	-	-
According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week in Algeria. There is one case in 2022 that is linked to the Zamfara emergence from Nigeria.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	19-Nov-22	103 131	103 131	1 917	1.9%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 19 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	10-Nov-22	27 922	27 922	163	0.6%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 10 November 2022, a total of 27 922 cases have been reported in the country, with 163 deaths and 27 746 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	8-Aug-19	24-Aug-2019	16-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	1-Jan-19	1-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	9-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	21-Nov-22	50 778	50 778	15	0.0%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 21 November 2022, the total number of confirmed COVID-19 cases is 50 778, including 15 deaths and 50 449 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	1-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.									
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Cholera	Grade 2	1-Jan-21	25-Oct-21	24-Nov-22	13 796	1 177	295	2.1%
Between 18 and 24 November 2022, 18 new suspected cases of cholera with no deaths have been reported in three Regions: Littoral (14 cases), Centre (three cases) and West (one case). As of 24 November 2022, 13 796 suspected cases including 1 177 laboratory-confirmed cases and 295 deaths (CFR 2.1%) have been reported since October 2021, from eight Regions and 52 Districts of which 20 remain active in four Regions. Patients' ages range from 2 months to 103 years with a median of 27 years, and females remain twice less affected than males.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	19-Oct-22	123 993	123 993	1 965	1.6%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 19 October 2022, a total of 123 993 cases have been reported, including 1 965 deaths and 121 873 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-22	6-Nov-22	3 998	2 223	58	1.5%
From week 1 through week 44 ,2022 (ending 6 November), a total of 3 998 suspected cases of measles and 58 deaths have been reported in Cameroon through Integrated Disease Surveillance and Response system (IDSR), among these, 3 065 cases were investigated, 2 223 confirmed. A total of 55 health districts have confirmed measles outbreak this year with 44 health districts currently having active outbreak									
Cameroon	Monkeypox	Grade 3	24-Feb-22	1-Jan-22	10-Nov-22	79	16	2	2.5%
From 4 to 10 November, five new suspected cases of Monkeypox have been reported from South-West (2), Centre (1), East (1), and Littoral (1) regions, none of whom have been found positive to the disease. Between 1 January and 10 November 2022, the country has notified 79 suspected cases of monkeypox from 18 districts across seven regions, including two deaths (CFR 2.5%). A total of 63 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	1-Jan-20	1-Jan-20	16-Nov-22	10	10	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 45, 2022. There were three cases reported in 2021 and seven cases reported in 2020. No case has yet been reported for 2022, as of 2 November 2022.									
Cameroon	Yellow Fever	Grade 2	7-Feb-21	4-Jan-21	15-Nov-22	2 885	35	0	0.0%
As of 15 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. No report has been received since the past three weeks.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	19-Nov-22	62 819	62 819	411	0.7%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 19 November 2022, a total of 62 819 confirmed COVID-19 cases including 411 deaths and 62 217 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	10-Nov-22	15 310	15 310	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 10 November 2022, a total of 15 310 confirmed cases, 113 deaths and 14 615 recovered were reported.									
Central African Republic	Measles	Ungraded	13-Mar-22	1-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	3-Mar-22	4-Mar-22	15-Nov-22	13	13	0	0.0%
From 1 to 15 November, five new suspected cases of monkeypox have been reported. From 1 January to 15 November 2022, Central African Republic has reported 13 laboratory-confirmed cases of monkeypox with no deaths. The last confirmed case was reported on 3 November from Bayanga in Sangha-Mbaéré district. Cumulatively, six districts have so far been affected: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou. Men represent 69.2% (n=9) of cases; ages range from 4 to 40 years with a median of 18 years. The 0-14 years represent 38.5% (n=5) of cases.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-2019	16-Nov-22	28	28	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this epiweek 45 (ending 13 November 2022). There are three cases reported in 2022. 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	15-Nov-22	758	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 15 November, 758 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%). Three suspected cases have been reported on epi week 44 (ending 6 November 2022). Two IgM positive cases have been identified in Mbaiki, the samples of whom are expected to be shipped to the regional reference laboratory for confirmation. In total, five regions have so far been affected including RS1, RS2, RS3, RS4 and RS6; RS3 has reported 70% of confirmed cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	Humanitarian crisis (Sahel region)	Grade 2	11-Feb-22	1-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	20-Nov-22	7 641	7 641	194	2.5%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 20 November 2022, a total of 7 641 confirmed COVID-19 cases were reported in the country including 194 deaths.									
Chad	Measles	Ungraded	24-May-18	1-Jan-22	13-Nov-22	2 893	142	11	0.4%
In Chad, a total of 2 893 suspected measles cases and 11 deaths have been reported through Integrated Diseases Surveillance and Response (IDSR) system from Week 1 to week 45 (ending 13 November) of 2022.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	16-Nov-22	133	133	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported on week 45, 2022 (ending 13 November). The last four cases were reported on week 35 including two in N'Djamena, and one each in Mayo Kebbi Est and Salamat Regions, bringing to 18 the number of 2022 cases of cVDPV2 in Chad. In addition, there were 106 cVDPV2 cases reported in 2020 from three different outbreaks, while nine other cases were reported in 2019.									
Chad	Yellow Fever	Grade 2	13-Nov-21	1-Nov-21	15-Nov-22	2 249	30	7	0.3%
On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever (YF). A total of 54 suspected cases of YF were reported during epi-week 44 (ending 3 November). On 14 November, a PRNT positive case was reported by the regional reference laboratory, originating from Maro district in Moyen Chari region. As of 15 November 2022, 2 249 suspected cases of YF have been reported, including 37 probable and 30 lab-confirmed cases with seven deaths (CFR 0.3%). A total of 27/126 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	19-Nov-22	8 941	8 941	161	1.9%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 19 November 2022, a total of 8 941 confirmed COVID-19 cases, including 161 deaths and 8 751 recoveries were reported in the country.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	24-Nov-22	25 136	25 136	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 24 November 2022, a total of 25 136 cases including 386 deaths and 23 644 recovered cases have been reported in the country.									
Congo	Measles	Ungraded	14-Mar-22	1-Jan-22	6-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	1-Jan-22	1-Nov-22	19	5	3	15.8%
From 1 January to 11 September 2022, the Republic of Congo has reported 19 suspected cases of monkeypox including five probable and five laboratory-confirmed cases, with three deaths (CFR 15.8%). The suspected cases have been reported from four Departments and nine Districts. Impfondo is the epicentre of the outbreak, with five probable and two confirmed cases. The other confirmed cases have been detected in Ouessou (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	6-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	18-Nov-22	87 870	87 870	830	0.9%
Since 11 March 2020, a total of 87 870 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 830 deaths, and a total of 87 025 recoveries.									
Côte d'Ivoire	Yellow Fever	Grade 2	14-Sep-21	13-Aug-2021	9-Nov-22	75	8	0	0.0%
From 13 August 2021 to 9 November 2022, a total of 67 probable and eight confirmed cases of yellow fever were recorded in Côte d'Ivoire, with no deaths.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-16	17-Apr-2017	6-Nov-22	-	-	-	-
Since the beginning of 2022, more than 1.56 million people have been in a situation of internal displacement (IDPs) in the DRC. Total IDPs across the country is nearly 5.7 million. Nearly 83.5% of displacements are due to attacks and armed clashes and 11.9% to land and inter-community conflicts. In North Kivu Province, at least 188K people have shifted since 20 Oct 2022, in addition to 16 500 others who have found refuge in Uganda bringing the total to more than 237K civilians displaced since the start of hostilities in March 2022 between Congolese army and the armed group Movement of 23 March (M23). IDPs need assistance in the territories of Nyiragongo (110K displaced persons), Rutshuru (85K IDPs) and Lubero (42K IDPs).									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	3-Jan-22	6-Nov-22	12 859	1 310	230	1.8%
From epidemiological week 1 to 44 (ending 6 November 2022), 12 859 suspected cholera cases including 230 deaths (CFR: 1.8%) were recorded in 88 health zones across 17 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (4 183), Haut-Lomami (2 522), Tanganyika (2 560), and North Kivu (2 165). A total of 1 356 (30.8%) cases have been confirmed for Vibrio cholerae in the laboratory out of 4 399 analysed from weeks 1-44 in 2022.									

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	COVID-19	Grade 3	10-Mar-20	10-Mar-20	20-Nov-22	94 205	94 203	1 455	1.5%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 94 203 confirmed cases and two probable case, including 1 455 deaths have been reported. A total of 83 610 people have recovered.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-21	1-Jan-22	30-Oct-22	125 473	2 435	1 550	1.2%
The cumulative number of suspected measles cases reported since the beginning of this year as of week 43 (ending 30 October) is 125 473 suspected cases and 1 550 deaths (CFR 1.2%) from 464 health zones in 26 provinces. A total of 191 health zones have confirmed measles outbreak in all the 26 provinces for the country since the beginning of 2022. In total, 5 702 cases have been investigated and samples collected, and 2 435 cases came positive for measles (IgM+), of which 66% are children under five years old and 17% of them were unvaccinated.									
Democratic Republic of the Congo	Monkeypox	Grade 3	30-Mar-19	1-Jan-22	6-Nov-22	4 647	206	0	0.0%
From 1 January – 4 November 2022, the Democratic Republic of the Congo reported 4 647 suspected including 206 confirmed cases from 175 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (1 935), Tshopo (757), Maniema (324), Kwango (268), and Equateur (264).									
Democratic Republic of the Congo	Poliomyelitis (cVDPV1)	Grade 2		1-Jan-22	23-Nov-22	47	47	0	0.0%
No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The total number of cVDPV1 cases in 2022 is 47.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-21	1-Jan-21	23-Nov-22	219	219	0	0.0%
According to the Global Polio Eradication Initiative, three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Tanganyika, Nord Kivu and Tshopo. The total number of cVDPV2 cases in 2022 is 191 and 28 cases in 2021.									
Democratic Republic of the Congo	Suspected meningitis	Ungraded		2-Jun-22	2-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	1-Jan-22	6-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	23-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 23 November 2022, a total of 17 085 cases have been reported in the country with 183 deaths and 16 879 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	2-Jun-22	7-Jun-2022	16-Nov-22	2	2	0	0.0%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week 45, 2022 (ending 13 November). 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	20-Nov-22	73 770	73 770	1 422	1.9%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 16 March 2020. As of 20 November 2022, a total of 73 770 cases have been reported with 1 422 associated deaths.									
Ethiopia	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	28-Oct-22		-	-	-
The unprecedented severe drought in southern and north-eastern Ethiopia is worsening in scope and scale. Vulnerable communities in these areas are still bracing for the projected fifth failed rainy season during October-December 2022. The humanitarian impact will therefore likely continue to worsen 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 3	4-Nov-20	4-Nov-20	15-Oct-22	-	-	-	-
Humanitarian needs in conflict, drought and flood-affected areas across Ethiopia continue increasing, not only affecting more people but also increasing the severity of needs. In northern Ethiopia for instance, hostilities continue to escalate leading to injuries, loss of life, additional displacement, destruction of civilian infrastructure and mounting humanitarian needs. In Afar Region, close to 40 000 people were newly displaced in Aba'la and Berhale woredas. In Amhara Region, following the improvement of the security situation in North Wollo Zone, close to 100 000 people who were displaced by hostilities a few weeks ago have started returning to their hometown. In Tigray Region, civilians waiting to receive much-needed humanitarian assistance came under fire on 14 October, which caused injuries and loss of life. In Oromia Region, ongoing hostilities, particularly in the Wollega zones, continued to lead to displacements into Amhara Region. In Benishangul Gumuz Region, access to Kamashi Zone remains blocked due to ongoing hostilities in western Oromia. As of 15 October 2022, 26 humanitarian workers have lost their lives since the hostilities in northern Ethiopia begun at the end of 2020. About 22 million vulnerable people across the country have received some form of humanitarian assistance between January and August 2022.									
Ethiopia	Cholera	Ungraded	17-Sep-22	17-Sep-22	24-Nov-22	515	15	20	3.8%
Refer to text above.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	27-Nov-22	494 497	494 497	7 572	1.5%
Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 494 497 cases of COVID-19 as of 27 November 2022, with 7 572 deaths and 472 321 recoveries.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-22	6-Nov-22	6 788	6 320	57	0.8%
From week 1 to week 44, 2022 (6 November), a total of 6 788 suspected cases with 6 320 confirmed and 57 deaths (CFR 0.8%) have been reported in Ethiopia. A total of 16 districts (Woredas) are currently experiencing confirmed measles outbreak: Hadelela, Mecha North, Sekela, Dehana, Fedis, Ginir, Doba, Tulo, Basketo, Doyogena, Fik, Jigjiga City, Jigjiga Zuria, Dagah Bur, Gashamo, Sagag. The total number of suspected cases reported since January 2022 has been revised.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	16-Nov-22	48 972	48 972	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 16 November 2022, a total of 48 972 cases including 306 deaths and 48 491 recoveries have been reported in the country.									
Gambia	Acute kidney injury	Grade 2	11-Aug-22	4-Jul-2022	6-Oct-22	81		69	85.2%
On 1 August 2022, the Epidemic and Disease Control Unit of the Ministry of Health in The Gambia reported an unusual event detected at the Edward Francis Small Teaching Hospital, the main tertiary hospital in the country. A total of 81 cases with 69 deaths (CFR 85%) have been reported as of 6 October 2022. The median age is 17 years with a range of two to 84 months. The highest number of cases was among children under two years of age. The index case was traced to 4 July 2022. Patients presented with symptoms such as inability to urinate, fever, vomiting, and diarrhoea. In addition, 23 samples of medicines taken by these children were sent for toxicology testing, and four of the medicines were found to contain diethylene glycol and ethylene glycol. Further investigation is ongoing.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	4-Nov-22	12 586	12 586	372	3.0%
The first COVID-19 confirmed case was reported in The Gambia on 17 March 2020. As of 4 November 2022, a total of 12 586 confirmed COVID-19 cases including 372 deaths, and 12 189 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	17-Nov-22	170 996	170 996	1 461	0.9%
As of 17 November 2022, a total of 170 996 confirmed COVID-19 cases have been reported in Ghana. There have been 1 461 deaths and 169 511 recoveries reported.									
Ghana	Monkeypox	Grade 3	8-Jun-22	24-May-2022	11-Nov-22	656	107	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-10 November 2022, there have been 656 suspected cases, including 107 confirmed and four deaths reported from 13 over 16 administrative regions. Most of the positive cases were reported from the Greater Accra region. Of the confirmed cases, 64 (62%) are males. The age of confirmed cases ranges from 13 days to 67 Years (min-max).									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-2019	16-Nov-22	33	33	0	0.0%
No case of circulating vaccine-derived poliovirus type2 (cVDPV2) was reported this week. There are two cases reported in 2022, and no cases in 2021. In addition, 12 cases were reported in 2020, and 19 were reported in 2019.									
Ghana	Yellow Fever	Grade 2	3-Nov-21	15-Oct-21	9-Nov-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 9 November 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	6-Nov-22	38 153	38 153	464	1.2%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 6 November 2022, a total of 38 153 cases, including 37 218 recovered cases and 464 deaths, have been reported in the country.									
Guinea	Lassa Fever	Ungraded	20-Sep-22	20-Sep-22	29-Sep-22	1	1	1	100.0%
As part of routine surveillance, the Prefectural Health Directorate (DPS) of N'zerékoré was alerted by the Regional Hospital Directorate on 20 September 2022 of a positive case of hemorrhagic fever from the Mohomou health area in the urban commune. This is a male patient, 45 years old, a logistician. The deceased lived in the Gbangana district and shared the same household with only his wife. An investigation is ongoing to identify the source of contamination									
Guinea	Measles	Ungraded	9-May-18	1-Jan-22	9-Oct-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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	13-Nov-22	8 929	8 929	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 13 November 2022, the country has reported 8 929 confirmed cases of COVID-19 with 8 642 recoveries and 176 deaths.									
Kenya	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	10-Oct-22	-	-	-	-
In the northern areas of Kenya, the nutrition situation has significantly deteriorated and is projected to exacerbate due to worsening food insecurity resulting from four consecutive failed rainy seasons. Up to August, northern states experienced a rapid deterioration in indicators with malnutrition rising in many of the hardest-hit counties. Some areas have a general acute malnutrition rate of above 30%, and even 40%. This is in most cases nearly an increase of 50% compared to last year's dry season. WHO works on strengthening nutrition surveillance, oedema screening and referral of children in health facilities. Additionally, WHO supports by providing capacity building in the management of severe acute malnutrition and outbreak investigation and confirmation.									
Kenya	Anthrax	Ungraded	15-Jul-22	30-Jun-22	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	3-Mar-22	13-Feb-2022	6-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	6-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	27-Nov-22	341 496	341 496	5 684	1.7%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 27 November 2022, 341 496 confirmed COVID-19 cases including 5 684 deaths and 335 106 recoveries have been reported in the country.									
Kenya	Leishmaniasis (visceral)	Ungraded	31-Mar-19	3-Jan-20	6-Nov-22	2 048	1 867	10	0.5%
Since January 2020, a total of 2 048 visceral leishmaniasis confirmed and suspected cases with ten deaths (CFR 0.5%), have been reported in nine counties namely: Baringo, Garissa, Isiolo, Kitui, Mandera, Marsabit, Tharaka Nithi, Wajir, West Pokot. The outbreak is active in four counties: Kitui, Isiolo, Wajir, and West Pokot; 11 new cases were reported in the last week.									
Kenya	Measles	Ungraded	29-Jun-22	26-Jun-22	6-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	3-Mar-22	12-Jan-22	15-Nov-22	141	3	11	7.8%
No new cases were reported during week 45. From 12 Jan to 15 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	19-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 19 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	3-Mar-22	6-Jan-22	13-Nov-22	59	59	19	32.2%
Since the beginning of 2022 up to 13 November 2022, a total of 156 suspected cases of Lassa fever including 59 laboratory confirmed and 19 deaths among confirmed cases (CFR 32%) have been reported in Liberia.									
Liberia	Measles	Ungraded	3-Feb-22	13-Dec-2021	16-Nov-22	7 656	7 656	85	1.1%
Since the measles outbreak started on 13 December 2021 as of 16 November 2022, a total of 8 177 suspected cases, including 7 656 confirmed and 85 deaths (CFR: 1%) were reported from 62 health districts in 15 counties. Among confirmed cases, 6.1% (469) have been laboratory confirmed, 7.0% (535) clinically confirmed and 85.8% (6 567) epidemiologically linked.									
Liberia	Monkeypox	Grade 3	21-Jul-22	23-Jul-2022	2-Nov-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 2 November 2022, three confirmed cases of monkeypox and 0 deaths were reported.									
Madagascar	Malnutrition crisis	Protracted 2	1-Jul-21	1-Jan-21	19-Nov-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. An estimated 479,000 children are expected to suffer from Global Acute Malnutrition (severe and moderate) from May 2022 to April 2023 in Grand Sud and Grand Sud Est of Madagascar. Most affected districts, as December 2022 approaches, will be Nosy Varika and Befotaka for the Grand Sud Est and Bekily and Ampanihy for the Grand Sud.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	20-Nov-22	67 054	67 054	1 411	2.2%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 20 November 2022, a total of 67054 confirmed cases including 1 411 deaths have been reported in the country.									
Madagascar	Poliomyelitis (cVDPV1)	Grade 2	28-Apr-21	28-Apr-2021	23-Nov-22	23	23	0	0.0%
According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The number of cases in 2022 is 10. There were 13 cases in 2021.									
Malawi	Floods	Grade 2	26-Jan-22	26-Jan-22	7-Oct-22	1 000 000		51	0.0%
The aftermath of the cyclone Ana and Gombe in Malawi has largely been contained. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people were affected, with 51 deaths recorded. The decommissioning of IDP camps in affected districts. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps. Though, the cholera outbreak still persists. As of 2 October 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 3 737 and 106 respectively, with Case Fatality Rate at 2.8%.									
Malawi	Cholera	Ungraded	3-Mar-22	3-Mar-22	26-Nov-22	10 153	10 153	303	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 18 November 2022, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 10 153 and 303 respectively, with Case Fatality Rate at 3.0%.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-2020	26-Nov-22	88 079	88 079	2 685	3.0%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 26 November 2022, the country has a total of 88 079 confirmed cases with 2 685 deaths.									
Malawi	Poliomyelitis (WPV1)	Grade 2	31-Jan-22	1-Feb-2022	23-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	20-Nov-22	32 755	32 755	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 20 November 2022, a total of 32 755 confirmed COVID-19 cases have been reported in the country including 742 deaths and 31 927 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-22	25-Sep-22	2 017	683	1	0.0%
As of 25 September 2022, a total of 2 017 suspected cases of measles and 683 confirmed and one death have been reported in Mali through integrated disease surveillance and response (IDSR) system. In September 2022, 30 positive cases and none deaths were recorded. The most affected age group is from 0 to 59 months.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	16-Nov-22	63 416	63 416	997	1.7%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 16 November 2022, a total of 63 416 cases including 997 deaths and 62 399 recovered have been reported in the country.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	31-Aug-22	29-Aug-2022	13-Nov-22	4	4	2	50.0%
The Mauritanian Ministry of Health reported a new confirmed case of Crimean-Congo haemorrhagic fever (CCHF) on 29 August 2022. The patient was a 28-year-old pregnant woman from the locality of Diabbé located 2 kilometers from M' Bagne city in Brakna region. She presented with a febrile syndrome during the prenatal consultation on 28 August 2022 and a sample was taken the same day. CCHF was confirmed on 29 August 2022 by polymerase chain reaction at the Institut National de Recherche en Santé Publique (INRSP). As of 13 November 2022, a total of four confirmed cases with two deaths have been reported.									
Mauritania	Rift Valley fever	Grade 1	31-Aug-22	26-Aug-2022	13-Nov-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 13 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	19-Nov-22	268 397	268 397	1 033	0.4%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 19 November 2022, a total of 268 397 confirmed COVID-19 cases including 1033 deaths have been reported in the country.									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	1-Jan-20	12-Oct-22	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. As of 12 October 2022, the nationwide estimate of people in need of humanitarian assistance is 1.5 million and 946, 508 IDP population resulting from the conflict. 1.5 million still need life saving humanitarian assistance in 2022 resulting from heightened food insecurity and malnutrition.									

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	13-Nov-22	3 858	16	19	0.5%
Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 13 November 2022, a total of 3 858 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 13th of November, 308 cases and 5 deaths, CFR 1.6% were reported									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	19-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 19 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	6-Oct-22	7-Oct-22	19-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. As of 19 November 2022, no additional case has been reported.									
Mozambique	Poliomyelitis (cVDPV2)	Grade 2	7-Dec-18	1-Jan-21	9-Nov-22	6	6	0	0.0%
According to the Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of cases in 2022 remains four. There were two cases reported in 2021.									
Mozambique	Poliomyelitis (WPV1)	Grade 2	17-May-22	18-May-2022	23-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 16 November 2022, there are four cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	27-Oct-22	169 929	169 929	4 080	2.4%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 27 October 2022, a total of 169 929 confirmed cases with 4 080 deaths have been reported.									
Niger	Humanitarian crisis (Sahel region)	Grade 2	1-Feb-15	1-Feb-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	3-Sep-22	1-Sep-22	14-Nov-22	72	14	1	1.4%
The Direction Régionale de la Santé Publique (DRSP) of Maradi, Niger, notified 10 suspected cholera cases, including three positive cases by rapid diagnostic test on 1 September 2022 in Madaroufa district, Maradi region. Further testing identified Vibrio cholerae O1 Ogawa. As of 14 November 2022, 72 suspected cases have been reported, of whom 14 tested positive for cholera, and one death was recorded. There were no new cases of cholera reported in the last three weeks.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	23-Oct-22	9 425	9 425	314	3.3%
From 19 March 2020 to 23 October 2022, a total of 9 425 cases with 314 deaths have been reported across the country. A total of 8 949 recoveries have been reported from the country.									
Niger	Measles	Ungraded	5-Apr-22	1-Jan-22	13-Nov-22	13 642	675	27	0.2%
From week 1 to week 45 (ending 13 November) of 2022, 13 642 cases and 27 deaths (CFR: 0.2%) have been reported. Among the eight regions of the country, Agadez has the highest attack rate (124 cases per 100 000 inhabitants), followed by Diffa (123 cases /per 100 000). 94% (68/72) of the districts of Niger have notified at least one suspect case of measles. The vaccination campaign is ongoing in nine districts of the country. According to available data, there is no district in outbreak currently.									
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-21	16-Nov-22	29	29	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are eleven cases in 2022. There were 18 cases reported in 2021.									
Niger	Yellow Fever	Grade 2	19-Oct-22	1-Sep-22	13-Nov-22	6	5	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		1-Jan-22	6-Nov-22	19 513		483	2.5%
In 2022, as of 6 November, 19 513 suspected cholera, including 483 deaths (CFR 2.5%), have been reported from 31 states, mainly in North-West and North-East. The outbreak in 2022 has been mostly concentrated in Adamawa, Borno, Bauchi, Gombe, Jigawa, Katsina, Taraba, Yobe and Zamfara states. Three states, namely Taraba and Yobe, have reported a combined total of 14,240 (73%) cases and 367 (76%) deaths with a CFR of 2.5%. Children under five years are the most affected age group, and 47% of affected cases are males, while 53% are females.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-2020	18-Nov-22	266 283	266 283	3 155	1.2%
The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 18 November 2022, a total of 266 283 confirmed cases with 259 640 recovered and 3 155 deaths have been reported.									
Nigeria	Lassa Fever	Grade 1	1-Jan-21	1-Jan-21	6-Nov-22	1 012	975	177	18.2%
From week 1 to 42 of 2022 (ending 23 October), a total of 985 Lassa fever cases including 948 confirmed, 37 probable and 173 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18% across 26 States. In week 42, seven new confirmed cases were reported from Ondo, Edo, Ebonyi and Cross River States. In total, 7 077 cases are suspected in 2022. Of all confirmed cases, 771% are from Ondo (33%), Edo (25%), and Bauchi (13%) States.									
Nigeria	Monkeypox	Grade 3	31-Jan-22	1-Jan-22	21-Oct-22	552	552	7	1.3%
From 1 January to 21 September 2022, Nigeria has reported 552 monkeypox confirmed cases with seven deaths.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	7-Oct-22	511	511	-	-
In 2022, 41 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria, including two cases in week 38 from Plateau and Zamfara States. The most recent date of onset was 10 July 2022. There were 410 cVDPV2 cases reported in 2021 and 511 cases since 1 January 2018.									
Nigeria	Yellow Fever	Grade 2	12-Sep-17	1-Jan-21	19-Oct-22	30	23	0	0.0%
From January 2021 to 20 October 2022, a total of 30 yellow fever cases including seven probable and 23 confirmed cases have been reported in Nigeria.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	27-Nov-22	132 762	132 762	1 467	1.1%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 27 November 2022, a total of 132 762 cases with 1 467 deaths and 131 112 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-2020	20-Nov-22	6 278	6 278	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 20 November 2022, a total of 6 278 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6 198 cases have been reported as recoveries.									
Sao Tome And Principe	Dengue	Grade 2	11-Apr-22	15-Apr-2022	14-Nov-22	1 025	1 025	8	0.8%
Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 14 November 2022, a total of 1 025 cases and 8 deaths (CFR 0.8%) have been confirmed via RDT from: Água Grande (694, 67.7%), Mézôchi (147, 14.3%), Lobata (93, 9.1%), Cantagalo (42, 4.1%), Caué (19, 1.9%), Lembá (16, 1.6%), and RAP (14, 1.4%). During week 44 (ending 14 Nov), there was 4 new case registered in the country. Água Grande's attack rate is by far the highest (82.3 per 10 000 inhabitants). Those aged 50-59 years are experiencing the highest attack rate at 63.7 cases per 10 000. The 3 main clinical signs are fever (938, 92%), headache (772, 75%) and myalgia (328, 32%).									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	20-Nov-22	88 855	88 855	1 968	2.2%
From 2 March 2020 to 20 November 2022, a total of 88 855 confirmed cases of COVID-19 including 1 968 deaths and 86 855 recoveries have been reported in Senegal.									
Senegal	Dengue	Ungraded	14-Nov-22	1-Jan-22	9-Nov-22	99	99	0	0.0%
In 2022, dengue has been confirmed in Senegal since 4 January. As of 9 November 2022, 99 cases have been recorded including 82 confirmed by PCR (83%) and 17 by IgM testing. Cases are mostly concentrated in the first and last quarters of the year. Nine (9) regions are affected. The Matam region has reported the highest number of cases (52 cases, 53%), followed by Dakar (13 cases, 13%) and Kaffrine (13).									
Senegal	Measles	Ungraded	4-Jul-22	1-Jan-22	23-Oct-22	376	376	1	0.3%
From epidemic week 1 to 42 of 2022 (ending 23 October), 373 confirmed cases of measles with one death were reported from 13 regions in Senegal. Dakar, Tambacounda, and Kédougou regions reported 277 confirmed cases, accounting for 74%.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	6-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	13-Nov-22	7 759	7 759	125	1.6%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 13 November 2022, a total of 7 759 confirmed COVID-19 cases were reported in the country, including 125 deaths and 4 895 recovered cases.									
Sierra Leone	Measles	Ungraded	1-Nov-21	1-Jan-22	9-Aug-22	407	407	0	0.0%
By 9 August 2022 (Week 31), 14 out of 16 districts reported 407 confirmed measles cases (134 lab-confirmed and 273 epi linked; 55 % (224) of these cases are below five years, 26 % (106) above five years and 18.7%, (77) age missing. Currently, only one (Western Urban) district continues to report measles cases. Surveillance and immunisation activities have been intensified in all districts.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	27-Nov-22	4 040 712	4 040 712	102 428	2.5%
Since the start of the COVID-19 pandemic in South Africa through 27 November 2022, a cumulative total of 4 040 712 confirmed cases and 102 428 deaths have been reported.									
South Africa	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	2-Oct-22	1-Mar-22	19-Nov-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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Africa	Measles	Ungraded	17-Oct-22	13-Oct-22	13-Oct-22	57	3	0	0.0%
Measles surveillance at the National Institute for Communicable Diseases detected three cases of measles from two healthcare facilities in the Greater Sekhukhune District, Limpopo Province within 30 days. In South Africa, a measles outbreak is classified as three laboratory-confirmed measles cases reported within 30 days in a district. A public health response investigation is needed to identify new measles cases and vaccination of the contacts to prevent the spread of the disease.									
South Africa	Monkeypox	Grade 3	23-Jun-22	23-Jun-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	5-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 1.4 million children below the age of five are currently acutely malnourished with 345 893 experiencing severe acute malnutrition (SAM). 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		7-Oct-22	31-Oct-22	1 000 000		62	
Floods have recurred 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	8-Nov-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	5-Nov-22	424	56	1	0.2%
From 19 March to 5 November 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 does of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned.									
South Sudan	COVID-19	Grade 3	5-Apr-20	5-Apr-2020	25-Nov-22	18 350	18 350	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 25 November 2022, a total of 18 350 confirmed COVID-19 cases were reported in the country including 138 deaths and 18 115 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	1-Jan-19	5-Nov-22	3 592	104	26	0.7%
The current outbreak in the Bentiu IDP camp is ongoing. As of 5 November 2022, a total of 3 592 cases of hepatitis E including 26 deaths (CFR: 0.7%) have been reported since January 2019. During week 44 (ending 5 Nov), a total of 44 new cases were reported. Approximately 54% of cases are male.									
South Sudan	Malaria	Ungraded	28-Dec-21	1-Jan-22	22-May-22	1 117 138	1 117 138	232	0.0%
Between weeks 1-20 of 2022 (ending 22 May), 1 117 138 malaria cases including 232 deaths (CFR 0.02%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the county of Fangak.									
South Sudan	Measles	Ungraded	23-Feb-22	1-Jan-22	6-Nov-22	1 621	-	21	1.3%
Since the beginning of 2022, measles outbreaks were confirmed in 15 counties and the highest number of cases were reported from Aweil West (426) and Juba (406) counties. A total of 1 621 suspected measles cases and 21 deaths (CFR 1.3%) have been reported countrywide through IDSR (Integrated Disease Surveillance and Response) system as of week 44 (ending 6 November)									
Tanzania, United Republic of	Cholera	Ungraded	15-Nov-22	31-Oct-22	17-Nov-22	18	3	1	5.6%
Cholera was first reported on 27 th October 2022 in Babati District Council in Manyara Region, 3 samples tested were positive for Vibrio cholerae. Cumulative total of 18 cases have been reported with 1 death (CFR 5.6%) reported in Babati District Council. As of 17th November 2022, no new case reported, last recorded case was on 12th November 2022.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	18-Nov-22	40 471	40 471	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 18 November 2022, a total of 40 471 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.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	17-Nov-22	39 321	39 321	290	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 17 November 2022, a total of 39 321 cases, including 290 deaths and 39 023 recovered cases, have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	16-Nov-22	18	18	0	0.0%
One case of cVDPV2 was notified in 2022. No cases were reported in 2021. There were nine cases in 2020, while the total number of cVDPV2 cases reported in 2019 remains at eight.									
Uganda	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	10-Oct-22	-	-	-	-
In Karamoja district of Uganda, the situation of malnutrition is worsening. Severe acute malnutrition rates in several areas are around 5% and moderate acute malnutrition rates are between 10-20%. The Inpatient Therapeutic Care program (ITC) performance has remained within the SPHERE standards from January to August 2022. However, the Outpatient Therapeutic Care (OTC) program cure rates have been mainly below 75% due to high defaulter and non-response rates. To address the challenge, defaulter tracing has been intensified, and efforts to advocate for linkage with other nutrition-sensitive programs are made. WHO field teams at the regional hubs of Moroto, Gulu, and Soroti have identified the areas for support during monitoring visits to health facilities. These include nutrition screening at all health care facilities and capacity building of health workers on management of nutrition data.									
Uganda	Anthrax	Ungraded	26-May-22	16-May-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	19-Nov-22	169 638	169 638	3 630	2.1%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 19 November 2022, a total of 169 638 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-Sep-22	19-Sep-22	27-Nov-22	164	142	78	47.6%
Refer to text above.									
Uganda	Yellow Fever	Grade 2	3-Mar-21	2-Jan-22	15-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	8-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	13-Nov-22	333 721	333 721	4 019	1.2%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 13 November 2022, a total of 333 721 confirmed COVID-19 cases were reported in the country including 4 019 deaths.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Zambia	Measles	Ungraded		13-Jun-2022	6-Nov-22	1 392	236	31	2.2%
A measles outbreak continues to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces have recorded 1 392 measles cases and 31 deaths as of 6 November 2022. WHO is supporting the Ministry of Health investigating other cases with similar symptoms.									
Zimbabwe	Anthrax	Ungraded	6-May-19	1-Jan-22	16-Oct-22	159	0	0	0.0%
The anthrax outbreak is ongoing in Zimbabwe. Forty-six new anthrax cases and no deaths were reported this week. The cases were reported from Mhondoro Ngezi District (19) in Mashonaland West Province, Zaka District (10) in Masvingo Province. Gokwe North District (9) and Gokwe South District (8) from Midlands Province. The cumulative figures for anthrax are 159 cases and 0 deaths.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	12-Nov-22	257 893	257 893	5 606	2.2%
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	2-Oct-22	7 504	355	744	9.9%
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.

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Data sources

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