WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 51: 12 to 18 December 2022
Data as reported by: 17:00; 18 December 2022

Health Emergency Information and Risk Assessment

Graded events †

Protracted 3 events

Protracted 2 events

Protracted 1 events

Ungraded events

Legend

Malaria
Floods
Humanitarian crisis
Dengue fever
Yellow fever
Countries outside WHO African Region
WHO Member States with no reported events
Not applicable
Countries reported in the document
Countries outside 98-C African Region
98-C Member States with no reported events
Not applicable

“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.”

Health Emergency Information and Risk Assessment
Overview

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

- Measles in South Africa
- Monkeypox in the WHO African Region

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

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

Major issues and challenges include:

- South Africa is currently facing a measles outbreak and the government has instituted several response measures to control the outbreak. Although reactive vaccination has commenced in the affected provinces, there is need to strengthen routine immunization, as this will forestall near future outbreaks.

- Thirteen African countries have reported Mpox cases in 2022, of which ten of the countries are from the WHO Africa regional office (AFRO), including Benin, Cameroon, Central Africa Republic, Democratic Republic of the Congo, Congo, Ghana, Liberia, Mozambique, Nigeria, South Africa) and three from the Eastern Mediterranean Region (EMRO); (Egypt, Morocco, and Sudan).
**EVENT DESCRIPTION**

A Measles outbreak was declared in Limpopo province on 11 October 2022. Subsequently, the North West province and Gauteng provinces reported measles outbreaks on 2 and 6 December 2022 respectively.

From epidemiological week 40 to 49, the country observed an increase in laboratory-confirmed measles cases, with a total of 169 laboratory-confirmed measles cases reported between 11 October and 07 December across four provinces out of nine in the country: Limpopo (98), Mpumalanga (50), Gauteng (13) and North West (8).

The 98 cases of laboratory-confirmed measles in Limpopo, were reported from 11 October to 07 December. Of the 98 measles cases, 76 had an unknown vaccination status, 10 were vaccinated, and 12 were unvaccinated.

From epidemiological week 41 when the outbreak was declared in Limpopo province to EW45, the number of measles cases reported weekly, increased steadily, and peaked at week 47.

The age of reported cases across the country ranges from 2 months to 42 years. Children between age group 5-9 years are the most affected representing 44% of cases; while those among the 1-4 years represents 28% of cases. Of the 169 cases, 125 had an unknown vaccination status against measles, 18 were vaccinated and 26 were unvaccinated.

Vaccination status for laboratory-confirmed measles cases in provinces with a declared measles outbreak indicates that 74% have unknown vaccination status while only 11% where vaccinated in the provinces.

**PUBLIC HEALTH ACTIONS**

The South African Health authority are supporting the following activities in response to the measles outbreak. The public health response to the measles outbreak in provinces is targeted at improving measles immunity in all affected provinces.

- Provinces are currently conducting vaccination campaigns in the affected areas. Routine immunization should be reinforced as the outbreak is an opportunity to identify and correct vaccination programme weaknesses.
- Routine Immunization has been strengthened in affected districts and provinces.
- Strengthening surveillance and coordination of the response to the outbreak implemented at both provincial and district levels is ongoing.
- Follow up on laboratory-confirmed measles cases for case management support.
- Follow up and vaccinate the contacts of laboratory confirmed cases.
- Continue to support the response with additional logistics including, medicines and medical consumables for case management.

**SITUATION INTERPRETATION**

The measles outbreak in South Africa which has been showing an increasing trend in the past month has seen a decline in the past seven days. Given the strong laboratory capacity in country, all reported cases have been laboratory confirmed. Case management tracking and follow up of cases and contacts for vaccination is ongoing, however vaccination strengthening efforts must continue to get the outbreak under control.
Distribution of cases of measles in affected Provinces in South Africa, as of Epidemiological week 49 2022
**EVENT DESCRIPTION**
Between 1 January and 16 December 2022, 13 African countries reported 1,150 Mpox cases, including Nigeria (704), DRC (257), Ghana (116), Sudan (18), Cameroon (18), CAR (13), Congo (5), South Africa (5), Liberia (4), Benin Republic (3), Morocco (3), Egypt (1), and Mozambique (1).

Sixteen deaths have been reported in the continent in 2022 from Nigeria (7), Ghana (4), Cameroon (3), Mozambique (1), and Sudan (1). The deaths in Nigeria, Ghana and Cameroon represent 43.8%, 25.0% and 18.8% respectively of all Mpox deaths in Africa.

Eight countries including Benin, Cameroon, CAR, Congo, Morocco, Mozambique, South Africa, and Sudan have not reported new cases in the past 21 days. The mean age of Mpox cases reported in Africa is 23.5, ranging from 0-87 years, and the majority are males (60.8%).

**Country specific updates**

**Ghana**
Ghana has reported 116 Mpox cases in 2022 and four deaths from 14 out of 16 regions. Only Ahafo and Savannah regions have not been affected. National Mpox Case Fatality Rate (CFR) is 3.5%. The Greater Accra Region has the highest number of cases for both suspected (348) and confirmed (69, 59.5%). Four (4) confirmed Mpox-related deaths were reported from Upper East Region – 2, Greater Accra – 1 and Central Region – 1. Mpox cases have been confirmed in all age categories, but more than half are aged between 16 to 39 years. Males form the majority of cases (59.5, with 69 confirmed cases reported.

Ghana has alerted all regions on the multi-country outbreak of Mpox, and the factsheet on Mpox was circulated widely, particularly to health workers. The individual regions are investigating and responding to cases while there is ongoing health education through various channels on the Mpox disease and its preventive measures.

**Nigeria**
Nigeria has reported 704 confirmed cases and seven deaths between 1 January and 18 October 2022. Three states are responsible for about 38% of confirmed cases, including Lagos (172), Abia (55), and Bayelsa (42). Despite the high Mpox burden in Nigeria, four states have not reported any Mpox cases, including three states from the North (Sokoto, Jigawa, and Yobe) and one (Ekiti) from the South.

Most of the Mpox cases reported in Nigeria were among males 463 (66%) and predominantly among those aged 21-40 years. Nigeria is working on the development and review of Mpox home management protocols as well as the analysis of signs and symptoms.

**PUBLIC HEALTH ACTIONS**
- Affected countries are actively searching their surrounding borders for Mpox cases
- Nigeria continues to follow up with Mpox-surveillance teams in States and local governments through phone calls and emails
- Risk communication and community engagement ongoing in Nigeria, Ghana, the Democratic Republic of the Congo, and other affected countries
- Surveillance for Mpox has been heightened in the regions and districts in Ghana. There is an ongoing compilation of National Mpox situation reports for dissemination to stakeholders in Nigeria and Ghana. Capacity building for genomic sequencing for Mpox has started in highly burdened countries (Ghana, Nigeria, CAR)

**SITUATION INTERPRETATION**
The number of Mpox cases in Africa has been declining over the past four weeks, with no new cases or deaths reported in the past seven days. Over half of the affected countries have not had any new cases in the past three weeks. The WHO AFRO continues to support improving surveillance and laboratory capacity, including genomic surveillance, in affected countries.
A suspected case of yellow fever (YF), a 67-year-old male farmer resident of Kono District, Eastern Province, Sierra Leone, tested positive for YF by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar on 19 October 2022. The onset of symptoms was on 25 May 2022 with fever. Investigation carried out from 5 to 6 November 2022 showed that he is unvaccinated against YF and that other signs and symptoms included history of severe generalized body pain, muscle cramps, and jaundice. No additional suspected cases were found during active case finding in the surrounding health facilities and in the community. The patient fully recovered after treatment in the health facility and has since resumed his normal farming activities. According to WHO and UNICEF estimates (WUENIC), YF vaccination coverage was 85% in Sierra Leone in 2021.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 09 December 2022, a total of 104 808 confirmed COVID-19 cases have been reported in the country with 1 925 deaths and 102 607 recoveries.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 11 December 2022, a total of 27 982 cases have been reported in the country with 163 deaths and 27 817 recoveries.

Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Borgou in epidemiological week 50 (week ending on 13 December 2022). There are 10 cases reported in 2022. Six cases were reported in 2021 and 2020, and 8 in 2019.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 10 November 2022, a total of 327 471 confirmed COVID-19 cases have been reported in the country with 2 786 deaths.

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.

### All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td><strong>New Events</strong></td>
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<td>Yellow Fever</td>
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<td>104 808</td>
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<tr>
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<td>16-Mar-20</td>
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<td>27 982</td>
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<td>Mpox</td>
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<td>1-Jan-19</td>
<td>30-Nov-22</td>
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<td>9-Mar-20</td>
<td>4-Dec-22</td>
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<td>22 006</td>
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<td>1,80%</td>
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<tr>
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<td>COVID-19</td>
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<td>Protracted 2</td>
<td>31-Dec-13</td>
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<td>11-Oct-22</td>
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**Events**

**Ongoing Events**

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<th>Country</th>
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<th>Deaths</th>
<th>CFR</th>
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<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
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<td>0,60%</td>
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<tr>
<td>Benin</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>14-Jun-22</td>
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<td>Grade 2</td>
<td>1-Jan-19</td>
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<td>Grade 3</td>
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<td>11-Oct-22</td>
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**Protracted Events**

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<tr>
<td><a href="https://www.who.int">Burkina Faso</a></td>
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<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>30-Nov-22</td>
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**Other Events**

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<th>End of reporting period</th>
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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<td>30-Mar-20</td>
<td>30-Mar-20</td>
<td>10-Nov-22</td>
<td>327 471</td>
<td>327 471</td>
<td>2 786</td>
<td>0,90%</td>
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### Country Event Grade Date notified Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

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[Go to overview](#) [Go to map of the outbreaks](#)
A total of 1,447 measles cases including 145 confirmed and 49 by epidemiological link have been reported since week 1 through week 47 (27 November) this year. A total of 10 health districts with confirmed measles outbreak measles (Bimbo, Kouango-Grimari, Alindao, Upper Kotto, Batangafo-Kabo, Ouango-Gambo, Bangui 1, Kembe-Satema, Bocaranga and Mobaye-Zangba).

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 11 December 2022, a total of 123,993 cases have been reported, including 1,965 deaths and 121,873 recoveries.

From 19 October to 6 December, 58 new suspected cases of Mpox have been reported from South-West (40), North-West (7), Littoral (4), Centre (3), East (3), and Far-North (1) regions. Between 1 January and 6 December 2022, the country has notified 106 suspected cases of Mpox from 22 districts across seven regions, including three deaths (CFR 2.8%). A total of 77 human samples have been collected and 18 cases have been laboratory-confirmed from South-West (9), Centre (4), North-West (4), and South (1) regions. Males are slightly more affected than females (sex ratio M/F 3/2). Ages range from six months to 53 years with a median of 12.5 years; the under-five represent the most affected age group (n=21; 19.8%), followed by the 21-30 years (n=17; 16.0%).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 48, 2022 (ending 4 December). 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.

As of 4 December 2022, 3,035 suspected cases of YF have been reported and investigated since the beginning of the outbreak in 2021, including 17 probable and 35 laboratory-confirmed cases. Fifteen suspected cases have been reported during epi week 48 (ending 4 December). Fourteen IGM positive samples have been sent to the reference laboratory for confirmation, coming from Far-North (3), South (3), Adamawa (2), West (2), Littoral (1), North (1), North-West (1), and South-West (1). 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.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 16 December 2022, a total of 63,164 confirmed COVID-19 cases including 412 deaths and 62,666 recoveries were reported in the country.

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 Yakaga and Haute-Kotto Prefectures.

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.

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.

From 19 October to 6 December, 58 new suspected cases of Mpox have been reported from South-West (40), North-West (7), Littoral (4), Centre (3), East (3), and Far-North (1) regions. Between 1 January and 6 December 2022, the country has notified 106 suspected cases of Mpox from 22 districts across seven regions, including three deaths (CFR 2.8%). A total of 77 human samples have been collected and 18 cases have been laboratory-confirmed from South-West (9), Centre (4), North-West (4), and South (1) regions. Males are slightly more affected than females (sex ratio M/F 3/2). Ages range from six months to 53 years with a median of 12.5 years; the under-five represent the most affected age group (n=21; 19.8%), followed by the 21-30 years (n=17; 16.0%).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 48, 2022 (ending 4 December). 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.

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<th>Event</th>
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<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
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<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
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<td>24-May-19</td>
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<td>28</td>
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<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
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<td>1-Apr-21</td>
<td>15-Nov-22</td>
<td>758</td>
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<td>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.</td>
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<tr>
<td>Côte d’Ivoire</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
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<td>14-Sep-21</td>
<td>29-Nov-22</td>
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</tr>
<tr>
<td>From 13 August 2021 to 29 November 2022, a total of 63 probable and eight confirmed cases of yellow fever were recorded in Côte d’Ivoire, with no deaths.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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 households (24 874 households) to flee their homes and take refuge in public spaces.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>9-Sep-19</td>
<td>13-Dec-22</td>
<td>137</td>
<td>137</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this epiweek 49 (ending 11 December 2022). The number of cases of cVDPV2 reported in 2022 stands at 22. In addition, there were 106 cVDPV2 cases reported in 2020 from three different outbreaks, while nine other cases were reported in 2019.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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. As of 30 November, a total of 577 237 refugees and 381 289 internally displaced Persons (IDPs) are registered in Chad.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Côte d’Ivoire</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>31-Mar-22</td>
<td>31-Mar-22</td>
<td>29-Nov-22</td>
<td>29</td>
<td>4</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cumulatively, 608 suspected cases have been reported including 29 probable cases and four confirmed. Nationwide Preventive Mass Vaccination Campaign (excluding Pointe Noire) was completed on 14 August 2022, with coverage of 95%.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this epiweek 49 (ending 11 December 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. Of note, one cVDPV2 positive environmental sample was reported this week 49 in Region Sarntaire.
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 459,000 houses were totally or partially destroyed in the region.

Democratic Republic of the Congo
Humanitarian crisis
Protracted 3
20-Dec-16
17-Apr-17
27-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, MONUSCO reported that 131 civilians were killed on 29-30 Nov in Ruzhuru Territory injuring 8 people with 60 others abducted. In Ituri Province, approximately 4,980 were displaced between 18-25 Nov as people fled clashes between elements of armed groups in the localities Walu, Balazana, Bunza, Sota, and Kombokabo and were mainly in the area of Tseere where they face pressing needs for access to food and essential household items.

Democratic Republic of the Congo
Cholera
Grade 3 16-Jan-15
3-Jan-22
27-Nov-22
14,145
1,310
247
1.70%
From epidemiological week 1 to 47 (ending 27 November 2022), 14,145 suspected cholera cases including 247 deaths (CFR: 1.7%) were recorded in 97 health zones across 17 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (4,734), Haut-Lomami (2,664), Tanganyika (2,825), and North Kivu (2,388).

Democratic Republic of the Congo
COVID-19
Grade 3 10-Mar-20
10-Mar-20
11-Dec-22
94,971
94,969
1,461
1.56%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 94,969 confirmed cases and two probable case, including 1,461 deaths have been reported. A total of 83,974 people have recovered.

Democratic Republic of the Congo
Measles
Ungraded 12-Oct-21
1-Jan-22
4-Dec-22
134,397
2,552
1,671
1.20%
As of week 48 (ending 4 December), a total of 134,397 suspected measles cases and 1,671 deaths have been reported since the start of the year, about 6092 of these cases have been investigated and 2,552 measles IgM positive.

Democratic Republic of the Congo
Mpox
Grade 3 30-Mar-19
1-Jan-22
27-Nov-22
5,114
206
0
0.00%
From 1 January – 27 November 2022, the Democratic Republic of the Congo reported 5,114 suspected including 206 confirmed cases from 182 health zones across 23 provinces. The most affected provinces in 2022 are Sankuru (2,061), Tshopo (800), Kwango (379), Maniema (334), and Kasai (331).

Democratic Republic of the Congo
Poliomyelitis (cVDPV1)
Grade 2 1-Jan-22
13-Dec-22
48
48
0
0.00%
No cVDPV1 case was reported this week. The number of cVDPV1 cases in 2022 remains 48.

Democratic Republic of the Congo
Poliomyelitis (cVDPV2)
Grade 2 26-Feb-21
1-Jan-21
13-Dec-22
238
238
0
0.00%
A total of 19 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; five in Haut-Lomami, eleven in Tanganyika and one each in south Kivu, Haut Katanga and Kasai Oriental. The total number of cVDPV2 cases in 2022 is 210 and 28 in 2021.

Democratic Republic of the Congo
Suspected meningitis
Ungraded 2-Jun-22
2-Nov-22
137
22
16.10%
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
29-Nov-22
10
6
1
10.00%
As of 29 November 2022, 10 probable cases and six confirmed yellow fever cases and one death have been reported in the country. Since January 2022 through 29 November, a total of 1,988 suspected cases of yellow fever have been reported in DRC.

Equatorial Guinea
COVID-19
Grade 3 14-Mar-20
14-Mar-20
8-Dec-22
17,089
17,089
183
1.10%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 12 December 2022, a total of 17,089 cases have been reported in the country with 183 deaths and 16,880 recoveries.

Eritrea
COVID-19
Grade 3 21-Mar-20
30-Oct-22
10,189
10,189
103
1.00%
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.
As of 1 December 2022, a total of 171,023 confirmed COVID-19 cases have been reported in Ghana. There have been 1,461 deaths and 169,553 recoveries reported.

The first COVID-19 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.

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 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.

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’ala and Berhale woredas. In Amhara Region, following the improvement of the security situation in North Wollo Zone, close to 100,000 people 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 began 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.

A cholera outbreak has been ongoing in Ethiopia since 27 August 2022. The index case was reported from Bekay Kebele, Harana Buluk Woreda of Bale Zone, Oromia Region. As of 13 December 2022, a total of 654 suspected cases of cholora have been reported including 456 cases from Oromia region and 198 cases from Somali region. At least 15 of these cases have been laboratory-confirmed through culture. The cumulative attack rate is 88.0 per 100,000 population. Twenty-four (24) deaths have been reported, for a CFR of 3.7%. A total of 47 kebeles (villages) have so far been affected, distributed in six woredas: Berbere (330 cases, five deaths), Harana Buluk (71 cases, one death), Delo Mena (22 cases, two deaths), and Gura Damole (71 cases, one death) in Bale Zone of Oromia region, and Guradamole (154 cases, 13 deaths) and Kersadula (44 cases, two deaths) in Liben Zone of Somali region.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 495,241 cases of COVID-19 as of 11 December 2022, with 7,572 deaths and 472,648 recoveries.

A total of 13,294 suspected measles cases reported as of week 50 for the current year among which 8,222 confirmed cases: 903 (11%) laboratory confirmed, 7,247 (88%) epidemiologically confirmed cases and 72 (1%) clinically compatible. From January this year a total of 114 confirmed measles outbreaks as of week 50 (ending 18 December 2022) have been reported and 34 woredas (from 6 regions) are currently experiencing active measles outbreak, a total of 76 deaths (CFR 0.6%) have been reported.

Gabon COVID-19 Grade 3 12-Mar-20 12-Mar-20 30-Nov-22 48 973 48 973 306 0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 30 November 2022, a total of 48 973 cases including 306 deaths and 48 617 recoveries have been reported in the country.

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.

The first COVID-19 confirmed case was reported in The Gambia on 17 March 2020. As of 4 November 2022, a total of 12 567 confirmed COVID-19 cases including 372 deaths, and 12 189 recoveries have been reported in the country.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 16 March 2020. As of 16 December 2022, a total of 73 962 cases have been reported with 1,422 associated deaths.

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No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this epi week 48 of 2022. There is one case reported in 2022. In addition, ten cases were reported in 2021, 38 in 2020 and 15 in 2019.

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.

The first COVID-19 confirmed case was reported in The Gambia on 17 March 2020. As of 4 November 2022, a total of 12,587 confirmed COVID-19 cases including 372 deaths, and 12,189 recoveries have been reported in the country.

As of 1 December 2022, a total of 171,023 confirmed COVID-19 cases have been reported in Ghana. There have been 1,461 deaths and 169,553 recoveries reported.
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 658 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).

According to Global Polio Eradication Initiative, one case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in the Northern province making it the third case in 2022. No cases were reported in 2021. In addition, 12 cases were reported in 2020, and 19 were reported in 2019.

One confirmed case of Lassa Fever was notified on 8 December 2022 in the Health District of Gueckedou. It is a female patient greater than 60 years old. A total of 27 contacts were identified and are being followed. Public health response activities are ongoing, including the in-depth epidemiological investigation to determine the source of infection.

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.

Anthrax outbreak is still ongoing in Kenya, with cases reported from different counties including Kakamega. No cases and deaths were reported in week 48 (ending 4 December), however, nine cases were reported from Banisa sub county on week 47 (ending 27 November). From January to 4 December 2022, a total of 201 cases have been reported through weekly Integrated Disease Surveillance and Response report.

The cholera outbreak started on 8 October 2022 among people who had attended a wedding held in Red Hill Gardens, Limuru sub-county, Kiambu county. During epi week 48 (ending 4 December), 458 new cases with five deaths were reported. As of 5 December, 1 552 suspected cases have been reported, including 68 laboratory-confirmed and 30 deaths (CFR 1.9%).

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 20 November 2022, the country has reported 8 931 confirmed cases of COVID-19 with 8 585 recoveries and 176 deaths.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Jun-22</td>
<td>26-Jun-22</td>
<td>11-Dec-22</td>
<td>392</td>
<td>85</td>
<td>2</td>
<td>0,50%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>15-Jul-22</td>
<td>30-Jun-22</td>
<td>4-Dec-22</td>
<td>201</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>3-Mar-22</td>
<td>26-Jan-22</td>
<td>12-Dec-22</td>
<td>1 1 0</td>
<td>0</td>
<td></td>
<td>0,00%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>10-Dec-22</td>
<td>8-Dec-22</td>
<td>12-Dec-22</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ghana</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Jul-19</td>
<td>8-Jul-19</td>
<td>7-Dec-22</td>
<td>34</td>
<td>34</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Guatemala</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>13-Mar-20</td>
<td>6-Nov-20</td>
<td>38 153</td>
<td>38 153</td>
<td>464</td>
<td>1,20%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
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<tr>
<td>Guinea</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>1-Jan-22</td>
<td>9-Oct-22</td>
<td>23 183</td>
<td>418</td>
<td>33</td>
<td>0,10%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-22</td>
<td>9-Oct-22</td>
<td>23 183</td>
<td>418</td>
<td>33</td>
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<td>12-Dec-22</td>
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<td>34</td>
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<td>Grade 2</td>
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<td>0</td>
<td></td>
<td>0,00%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>10-Dec-22</td>
<td>8-Dec-22</td>
<td>12-Dec-22</td>
<td>1</td>
<td>1</td>
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<td>Ungraded</td>
<td>10-Dec-22</td>
<td>8-Dec-22</td>
<td>12-Dec-22</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ghana</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-22</td>
<td>9-Oct-22</td>
<td>23 183</td>
<td>418</td>
<td>33</td>
<td>0,10%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Jul-19</td>
<td>8-Jul-19</td>
<td>7-Dec-22</td>
<td>34</td>
<td>34</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ghana</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>3-Mar-22</td>
<td>26-Jan-22</td>
<td>12-Dec-22</td>
<td>1 1 0</td>
<td>0</td>
<td></td>
<td>0,00%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>10-Dec-22</td>
<td>8-Dec-22</td>
<td>12-Dec-22</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 20 November 2022, the country has reported 8 931 confirmed cases of COVID-19 with 8 585 recoveries and 176 deaths.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>10-Dec-22</td>
<td>8-Dec-22</td>
<td>12-Dec-22</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ghana</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-22</td>
<td>9-Oct-22</td>
<td>23 183</td>
<td>418</td>
<td>33</td>
<td>0,10%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-22</td>
<td>9-Oct-22</td>
<td>23 183</td>
<td>418</td>
<td>33</td>
<td>0,10%</td>
</tr>
</tbody>
</table>
Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 09 December 2022, a total of 34,490 cases of COVID-19 have been reported, including 33,784 recoveries and 706 deaths.

Since the beginning of 2022 up to 1 December 2022, a total of 67 confirmed cases of Lassa fever with 22 deaths (CFR 32%) have been reported from five out of 15 counties in Liberia. A total of 198 contacts are under follow up.

Since the measles outbreak started on 13 December 2021 as of 30 November 2022, a total of 8,338 suspected cases, including 7,797 confirmed and 85 deaths (CFR: 1%) were reported from 52 out of 93 health districts in 15 counties in Liberia. Among the confirmed cases, 6,1% (470) were laboratory confirmed, 7.2% (558) clinically confirmed and 86.7% (6,785) epidemiologically linked.

Since 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%.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 18 December 2022, a total of 32,767 confirmed cases and 743 deaths have been reported in the country.

Despite humanitarian aid, from April to August 2022, 33% of the population of the Grand Souh 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 at December 2022, will be Nosy Varika and Befotaka for the Grand Sud Est and Bekily and Ampahy for the Grand Sud.

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 Ebokeyville 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.

The aftermath of the cyclone Ana and Gombe in Malawi has largely ben contained. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people were affected, with 51 deaths recorded. The decommissioning of IDP camps in affected districts. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps. Though, the cholera outbreak still persist, 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%.

Since the first confirmed COVID-19 case was reported in Madagascar on 20 March 2020, until 16 December 2022, a total of 67,621 confirmed cases including 1,414 deaths have been reported in the country.

La Côte D’ivoire

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.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 18 December 2022, a total of 32,767 confirmed COVID-19 cases have been reported in the country including 743 deaths and 31,944 recoveries.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 11 December 2022, a total of 63,425 cases including 997 deaths and 62,423 recovered have been reported in the country.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritania</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>31-Aug-22</td>
<td>29-Aug-22</td>
<td>5-Dec-22</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>50.00%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Rift Valley fever</td>
<td>Grade 1</td>
<td>31-Aug-22</td>
<td>26-Aug-22</td>
<td>5-Dec-22</td>
<td>52</td>
<td>52</td>
<td>23</td>
<td>44.20%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>9-Dec-22</td>
<td>284,994</td>
<td>284,994</td>
<td>1,038</td>
<td>0.40%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Humanitarian crisis in Cabo Delgado</td>
<td>Protracted 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>12-Oct-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>23-Mar-22</td>
<td>13-Jan-22</td>
<td>13-Nov-22</td>
<td>3,858</td>
<td>16</td>
<td>19</td>
<td>0.50%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>7-Dec-18</td>
<td>1-Jan-21</td>
<td>9-Nov-22</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Poliomyelitis (WPV1)</td>
<td>Grade 2</td>
<td>17-May-22</td>
<td>18-May-22</td>
<td>13-Dec-22</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Namibia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>21-Nov-22</td>
<td>170,034</td>
<td>170,034</td>
<td>4,080</td>
<td>2.40%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>1-Feb-15</td>
<td>1-Feb-15</td>
<td>16-Dec-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>3-Sep-22</td>
<td>1-Sep-22</td>
<td>14-Nov-22</td>
<td>72</td>
<td>14</td>
<td>1</td>
<td>1.40%</td>
</tr>
<tr>
<td>Niger</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>15-Dec-22</td>
<td>9,473</td>
<td>9,473</td>
<td>314</td>
<td>3.30%</td>
</tr>
</tbody>
</table>

The Mauritani 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 Diabré 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 5 December 2022, a total of four confirmed cases with two deaths have been reported.

A new confirmed case of Rift Valley fever (RVF) was reported by the Mauritani 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 5 December 2022, a total of 52 cases have been confirmed with 23 deaths (CFR 44.2%). Response activities are underway including enhanced surveillance and investigations.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 09 December 2022, a total of 284,994 confirmed COVID-19 cases including 1038 deaths have been reported in the country.

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.

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%), Chema (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 remains four. There were two cases reported in 2021.

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 13 December 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.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 09 December 2022, a total of 230,816 confirmed COVID-19 cases were reported in the country including 2,229 deaths and 228,466 recoveries.

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.

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.

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 13 December 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.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 21 November 2022, a total of 170,034 confirmed cases with 4,080 deaths have been reported.

In the past six months, humanitarian access in Niger has deteriorated because of growing insecurity in Diffa, Maradi, Tahoua, and Tillabéri regions. Armed group activity has caused many reactive or preventive displacements after civilians experienced kidnappings, killings, threats, and physical attacks. Access to services such as education is challenging, particularly for people displaced in areas with limited humanitarian access. Niger hosts 580,838 people whose situation is of concern, of which 48% are internally displaced persons (IDPs), 43% refugees, 6% returnees, 2% asylum seekers and other people whose situation is worrying (mainly Burkinabés).

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 Madaroula 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.

From 19 March 2020 to 15 October 2022, a total of 9,473 cases with 314 deaths have been reported across the country. A total of 8,963 recoveries have been reported from the country.
**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Niger | Measles | Ungraded | 5-Apr-22 | 1-Jan-22 | 13-Nov-22 | 13 642 | 675 | 27 | 0.20%
Niger | Poliomyelitis (cVDPV2) | Grade 2 | 1-Jan-20 | 1-Jan-21 | 13-Dec-22 | 31 | 31 | 0 | 0.00%

Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Tillaberi bringing the number of cases reported in 2022 to 13. There were 18 cases reported in 2021.

Niger | Yellow Fever | Grade 2 | 19-Oct-22 | 1-Sep-22 | 29-Nov-22 | 6 | 4 | 1 | 16.70%

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 Adakè 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 | 27-Nov-22 | 20 768 | 498 | - | 2,40%

From 01 January to 27 November 2022 (EW 47), a cumulative 20,768 suspected cholera cases and 498 deaths (CFR 2.4%) have been reported from 258 Local Government Areas (LGAs), in 31 states, mainly in northwest and northeast of the country. The outbreak in 2022 has been mostly concentrated in Adamawa, Borno, Bauchi, Gombe, Jigawa, Katsina, Taraba, Yobe and Zamfara states. Three states, namely Borno, Taraba and Yobe, have reported a combined total of 15,495 (75%) cases and 362 (77%) deaths with a CFR of 2.4%. Children under five years and age 5-14 years the most affected age groups (52.7%), and 47% of affected cases are males while 53% are females.

Nigeria | Lassa Fever | Grade 1 | 1-Jan-21 | 27-Nov-22 | 1 031 | 994 | 178 | 17.90%

From week 1 to 47 of 2022 (ending 27 November), a total of 1 031 Lassa fever cases including 994 confirmed, 37 probable and 178 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18% across 26 States. In week 47, four new confirmed cases were reported from Ondo, Edo and Nasarawa States. In total, 7 590 cases are suspected in 2022. Of all confirmed cases, 71% are from Ondo (33%), Edo (26%), and Bauchi (12%) States.

Nigeria | Mpox | Grade 3 | 31-Jan-22 | 30-Oct-22 | 604 | 604 | 7 | 1.20%

From 1 January to 30 October 2022, Nigeria has reported 604 monkeypox confirmed cases with seven deaths. In week 43, 19 new confirmed cases have been recorded from eight states.

Nigeria | Poliomyelitis (cVDPV2) | Grade 2 | 1-Jun-18 | 7-Dec-22 | 512 | 512 | - | -

According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 42 cVDPV2 cases reported in 2022. There were 410 cVDPV2 cases reported in 2021 and 512 cases since 1 January 2018.

Nigeria | Yellow Fever | Grade 2 | 12-Sep-17 | 1-Jan-21 | 29-Nov-22 | 31 | 24 | 0 | 0.00%

From January 2021 to 29 November 2022, a total of 31 yellow fever cases including seven probable and 24 confirmed cases have been reported in Nigeria.

**Rwanda** | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 29-Nov-22 | 132 811 | 132 811 | 1 467 | 1.10%

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 4 December 2022, a total of 132 811 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-20 | 4-Dec-22 | 6 279 | 6 279 | 77 | 1.20%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 4 December 2022, a total of 6 279 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6 201 cases have been recorded as recoveries.

**Sao Tome And Principe** | Dengue | Grade 2 | 11-Apr-22 | 15-Apr-22 | 5-Dec-22 | 1 140 | 1 140 | 8 | 0.70%

Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 5 December 2022, a total of 1 140 cases and 8 deaths (CFR 0.7%) have been confirmed via RDT from: Agua Grande (766, 67.3%), Mézôchi (176, 15.3%), Lobata (96, 8.5%), Cantagalo (46, 4.1%), Caué (23, 2.0%), Lemba (19, 1.6%), and RAP (14, 1.2%). During week 48 (ending 5 Dec), there were 2 new cases registered in the country. Agua Grande’s attack rate is by far the highest (90.9 per 10 000 inhabitants). Those aged 30-39 years are experiencing the highest attack rate at 72.8 cases per 10 000. The 3 main clinical signs are fever (1 052, 92%), headache (885, 78%) and myalgia (433, 38%).

**Senegal** | COVID-19 | Grade 3 | 2-Mar-20 | 2-Mar-20 | 18-Dec-22 | 88 896 | 88 896 | 1 968 | 2.20%

From 2 March 2020 to 18 December 2022, a total of 88 896 confirmed cases of COVID-19 including 1 968 deaths and 86 906 recoveries have been reported in Senegal.

**Senegal** | Dengue | Ungraded | 14-Nov-22 | 1-Jan-22 | 4-Dec-22 | 156 | 156 | 0 | 0.00%

In 2022, dengue has been confirmed in Senegal since 4 January. As of 4 December 2022, 156 cases have been recorded including 132 confirmed by PCR (84.6%) and 24 by IgM testing. Cases are mostly concentrated in the first and last quarters of the year. Ten (10) regions are affected. The Matam region has reported the highest number of cases (73 cases, 46.8%), followed by Dakar (29 cases, 16.6%), Kaffrine (15 cases, 9.6%) and Thies (15 cases).
From epidemic week 1 to 48 of 2022 (ending 4 December), 436 confirmed cases of measles with two deaths were reported from 13 regions in Senegal. Dakar and Tambadoungo regions reported over half of the cases (280 cases, 64.2%).

On 28 November 2022, the Institut Pasteur in Dakar confirmed by polymerase chain reaction a case of Rift Valley fever from Matam district, Matam region. The case is a 19-year-old female. The date of onset of symptoms was 14 November 2022. Symptoms included fever, headache, myalgia, arthralgia and asthenia. Investigations and initial response are underway.

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 27 November 2022, a total of 50 355 cases have been confirmed, including 50 026 recoveries and 172 deaths have been reported.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 11 December 2022, a total of 7 760 confirmed COVID-19 cases were reported in the country, including 125 deaths and 4 898 recovered cases.

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.

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.

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 October 2022 and was taken to a local hospital on 12 October 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.

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.

Since the start of the COVID-19 pandemic in South Africa through 16 December 2022, a cumulative total of 4 045 262 confirmed cases and 102 550 deaths have been reported.

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 October 2022 and was taken to a local hospital on 12 October 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.

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 Hazel (62%), Upper Nile (58%), Warrap (57%), and Lakes (57%). High levels of Acute malnutrition are driven by high prevalence of diseases, suboptimal infant and young child feeding practices, elevated level of food insecurity and access to health services.

Floods have reoccurred since last July, affecting 36 (45.0%) of the 80 counties across 9 of the 10 states of the country including Northern Bahr el Hazel (NBeG), Western Bahr el Hazel (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 Hazel, Warrap, Unity and Western Equatoria 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 Hazel, Northern Bahr el Hazel and Western Equatoria. Around 370 000 people have received some form of assistance.

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. On 17 November 2022 fighting occurred in Fashoda county of Upper Nile state causing the displacement of thousands of people.
<table>
<thead>
<tr>
<th>Country, United Republic of</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Apr-22</td>
<td>21-Mar-22</td>
<td>20-Nov-22</td>
<td>424</td>
<td>56</td>
<td>1</td>
<td>0.20%</td>
</tr>
</tbody>
</table>

From 19 March to 20 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 doses of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned.

| South Sudan                 | COVID-19 | Grade 3 | 5-Apr-20 | 5-Apr-20 | 15-Dec-22 | 18 375 | 18 375 | 138 | 0.80% |

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 15 December 2022, a total of 18 375 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 | 4-Dec-22 | 3 679 | 104 | 26 | 0.70% |

The current outbreak in the Bentiu IDP camp is ongoing. As of 5 November 2022, a total of 3 679 cases of hepatitis E including 26 deaths (CFR: 0.7%) have been reported since January 2019. Approximately 54% of cases are male.

| South Sudan                 | Measles | Ungraded | 23-Feb-22 | 1-Jan-22 | 4-Dec-22 | 2 471 | 243 | 31 | 1.30% |

A total of 2 471 measles cases including 243 laboratory confirmed IgM+ cases and 31 deaths (CFR 1.3 %) have been reported from epidemiological week 1 to 48, 2022. Outbreak confirmed in 22 counties since January 2022. All 10 states have been affected. Latest outbreaks confirmed in Melut, Cueibet, Yirol West and Nyirol counties. Reactive campaign conducted in 15 Counties.

| Tanzania, United Republic of | Cholera | Ungraded | 15-Nov-22 | 31-Oct-22 | 17-Nov-22 | 18 | 3 | 1 | 5.60% |

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.

| Tanzania, United Republic of | COVID-19 | Grade 3 | 16-Mar-20 | 16-Mar-20 | 9-Dec-22 | 42 111 | 42 111 | 845 | 2.00% |

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 9 December 2022, a total of 42 111 confirmed cases have been reported in Tanzania Mainland including 845 deaths.

| Tanzania, United Republic of | Suspected Anthrax | Ungraded | 15-Nov-22 | 1-Nov-22 | 16-Nov-22 | 115 | 0 | 1 | 0.90% |

On 1 November 2022, the Ministry of Health Tanzania received information from the Songwe region. As of 16 November 2022, a cumulative of 115 suspected cases and 1 death were reported (CFR 0.9%) from Momba District. A total of 22 samples were collected and all have tested negative for anthrax. The majority of the reported cases were male (63.55%) and most were between the ages of 16-49 years (46.42%).

| Togo | COVID-19 | Grade 3 | 6-Mar-20 | 1-Mar-20 | 18-Dec-22 | 39 339 | 39 339 | 290 | 0.70% |

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 18 December 2022, a total of 39 339 cases, including 290 deaths and 39 045 recovered cases, have been reported in the country.

| Togo | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 13-Sep-19 | 13-Dec-22 | 19 | 19 | 0 | 0.00% |

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Plateau, making it the second 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 | 6-Dec-22 | - | - | - | - |

According to the Famine Early Warning Systems Network report covering projections from October 2022 to May 2023. Below-average crop production and high food and non-food inflation are to drive acute food insecurity in Uganda. In Karamoja, significantly below-average crop production (estimated to be only around half of normal levels) for a third consecutive season and localized insecurity continue to disrupt typical livelihoods and reduce income-earning. Given this and above-average prices, the number of households facing Crisis (IPC Phase 3) and Emergency (IPC Phase 4) outcomes remains atypically high for a postharvest period. In the coming months, many households will likely exhaust food stocks earlier than normal. Below-average purchasing power, and limited remaining coping capacity, an increasing number of households will likely face Crisis (IPC Phase 3) or worse outcomes throughout the projection period. Area-level Crisis (IPC Phase 3) outcomes are expected to persist in some areas and re-emerge in others by early 2023.

| Uganda | Anthrax | Ungraded | 26-May-22 | 16-May-22 | 14-Dec-22 | 51 | 5 | 2 | 3.90% |

An anthrax outbreak has been confirmed in Bududa District, Uganda, in early May 2022. As of 14 December, 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 | 3-Dec-22 | 169 804 | 169 804 | 3 630 | 2.10% |

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 3 December 2022, a total of 169 804 confirmed COVID-19 cases with 3 630 deaths were reported.
From 12 July to 13 December 2022, six cases of Crimean-Congo haemorrhagic fever (CCHF) have been confirmed in Uganda from Amuru, Kaberamaido, Mubende, Nakasongola, Rakai, and Wakiso districts with two deaths. 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.

<table>
<thead>
<tr>
<th>Country</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>23-Oct-22</td>
<td>12-Jul-22</td>
<td>13-Dec-22</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>33.30%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Ebola disease caused by Sudan virus</td>
<td>Grade 2</td>
<td>19-Sep-22</td>
<td>19-Sep-22</td>
<td>13-Dec-22</td>
<td>164</td>
<td>142</td>
<td>77</td>
<td>47.00%</td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>16-Dec-22</td>
<td>333 746</td>
<td>333 746</td>
<td>4 019</td>
<td>1.20%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>20-Jan-20</td>
<td>1-Jan-22</td>
<td>14-Dec-22</td>
<td>263</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>22-Nov-22</td>
<td>24-Nov-22</td>
<td>24-Nov-22</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Apr-22</td>
<td>19-May-22</td>
<td>4-Dec-22</td>
<td>7 720</td>
<td>355</td>
<td>747</td>
<td>9.70%</td>
</tr>
</tbody>
</table>

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