Overview

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

- Cholera in Kenya
- COVID-19 across the WHO African region
- Monkey pox 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:

- In 2022, Kenya experienced two cholera outbreak waves with the first one occurring from May through June and affected three counties; Nairobi, Kisumu and Kiambu. The ongoing wave was confirmed on 8 October and has affected fourteen counties. Even when outbreak related activities are underway, the surveillance system is challenged with inadequate resources for surveillance activities including active case finding and reporting as well as weak community-based surveillance. The affected areas are also experiencing other challenges to public health like severe acute malnutrition and overcrowded refugee camps, the ongoing cholera is therefore affecting an already fragile population with an increased risk of higher mortality.

- No new cases of Mpox have been reported in Africa during the past two weeks of 2023. Mpox cases have decreased in the continent since the last quarter of 2022. Efforts are ongoing to characterize and determine Mpox modes of transmission across Africa.
EVENT DESCRIPTION
On 19 October 2022, the Ministry of Health (MoH) of Kenya issued a cholera alert following confirmation of 61 Vibrio cholerae O1 serotype Ogawa cholera cases across six counties: Kiambu, Nairobi, Uasin Gishu, Nakuru, Kajiado, and Murang’a. This alert was issued a month after an earlier cholera outbreak was declared over in the Country. The origin of the current outbreak was traced to a wedding party that was held in Limuru sub-county in Kiambu County on 8 October 2022.

Since the confirmation of the first case on 8 October 2022, the cumulative number of suspected cases as of 14 January 2023, was 3 970 cases including 70 deaths (CFR 1.8%). Among the total reported cases, males represent 51% and females 49%.

The 14 counties have cumulatively reported cases as follows: Garissa (1 754), Nairobi (563), Tana River (529), Kiambu (343), Machakos (266), Wajir (190), Meru (77), Nyeri (55), Murang’a (37), Kajiado (19), Homa Bay (17), Kitui (12), Uasin Gishu (8), and Nakuru (5). Garissa, Nairobi, Tana River, and Kiambu Counties are currently the most affected, accounting for 80% of all cases.

Most of the cases in Garissa County were reported from the three large refugee camps in Dadaab sub-county ((Dagahaley, Ifo and Hagadera) and host communities.

According to UNHCR, since June 2021, there have been 53 485 new arrivals of Somalia refugees in Dadaab camps. The displacement is due to the drought as well as insecurity in Somalia. The ongoing influx of refugees has contributed to congestion and overcrowding, thus increasing the pressure on available resources such as sanitation facilities and household-level access to safe water.

SITUATION INTERPRETATION
Kenya has been experiencing an upsurge in cholera cases since it was first reported in 1971 in Turkana district. Access to clean water and sanitation is a significant challenge in many parts of the country. The surging population in the refugee’s camps worsened by the registered influx of refugees and the deplorable conditions of camps with regards to water and sanitation infrastructure systems increase the risk of further contaminations. There is a need for additional resources to strengthen the response to reduce cholera spread and mortality to less than 1% through effective and enhanced coordination, rapid detection and response to the outbreak, and implementation of multi-sectoral preventive interventions in the hotspots to address identified gaps.

PUBLIC HEALTH ACTIONS
- The Ministry of Health issued a cholera alert to all County Directors of Health highlighting the importance of early detection, confirmation, and management of suspected cases.
- Counties’ Departments of Health have started responding to the outbreak by identifying gaps, triggering multi-sectoral coordination mechanisms, and reviewing the response interventions.
- An outbreak investigation team, under the coordination of the National Public Health Emergency Operations Centre, has been deployed to implement response activities, including field investigations, enhanced surveillance, laboratory testing, case management, risk communication, community engagement and environmental sanitation to prevent further spread of the disease.
Epi curve of cases of cholera in affected Counties in Kenya, October 2022 - January 2023
EVENT DESCRIPTION
As of 8 January 2023, a total of 8,927,480 laboratory-confirmed cases and 174,074 related COVID-19 fatalities have been reported in the WHO African region (AFRO) since the beginning of the pandemic, resulting in an overall case fatality rate of 2.0%. It is estimated that 92% (8,211,921) of individuals infected fully recovered from the disease.

Cumulatively, five countries have reported the highest number of cases: South Africa 4,051,266 (45.4%), Ethiopia 498,977 (5.6%), Kenya 342,599 (3.8%), Zambia 334,641 (3.8%), and Botswana 328,581 (3.7%). Of the 174,074 COVID-19 related deaths reported in the region since the beginning of the pandemic, the following five countries have cumulatively reported the highest number of fatalities: South Africa 102,568 (59.0%), Ethiopia 7,572 (4.4%), Algeria 6,881 (4.0%), Kenya 5,688 (3.3%), and Zimbabwe 5,635 (3.2%).

An increase of 11% has been observed in the last 7 days with a total of 5,240 confirmed cases reported in AFRO during epi week 1 (ending 8 January 2023) based on data submitted from 28 countries; while 32 countries reported 4,768 COVID-19 cases in epi week 52 (ending on 1 January 2023).

Of the new cases reported in epi week 1, 4,834 (92%) are reported in the East and Southern African countries including Zambia with 1,063 (20%), followed by Mauritius 1,018 (19%), South Africa 969 (18%), Ethiopia 512 (10%), and Botswana 351 (7%).

Of the 28 countries with complete reports in epi week 1, 54% 15 have reported an increase from epi week 52: Zambia, Botswana, Zimbabwe, Burundi, Mozambique, Kenya, DRC, Tanzania, Uganda, Malawi, Namibia, Ghana, Eswatini, Cote d’Ivoire, and Benin.

Four countries have sustained consistent rise in the number of new COVID-19 cases for at least two consecutive recent weeks, including Zambia, Zimbabwe, Mozambique, and Ghana. Zambia and Zimbabwe have been added to countries in the ALERT mode together with Burundi and Ethiopia.

The number of new COVID-19-related deaths in the region has remained low, with 11 fatalities recorded in epi week 1, with Zambia and Zimbabwe reporting four deaths each while Ghana, Namibia, and Tanzania have reported one death each. South Africa and other countries still have to update their data for the past two weeks to allow computation of accurate figures on COVID-19 mortality in the region.

Although new COVID-19 cases are being monitored in the African region but due to low testing rates, the SARS-COV-2 genome sequencing detection of any new sub-lineages takes longer in the many countries. The XBB.1.5 Omicron sub-variant has now been identified in Botswana and South Africa.

SITUATION INTERPRETATION
The incidence of COVID-19 cases has increased in this reporting week when observing the 28 countries that have timely reported new weekly cases in the WHO African region, with Burundi, Ethiopia, Zambia, and Zimbabwe experiencing a sustained two-week uptick in new case incidence and are being monitored very closely for signs of a new wave or variant of concern in the AFRO region. The recent increase in COVID-19 cases in the Western Pacific Region, particularly in Japan and China, as well as the rising incidence of the high transmissible XBB.1.5 COVID-19 Omicron sub-variant in America, urges African countries to remain vigilant and to have contingency measures in place.

The World Health Organization encourages all Member States to improve SARS-COV-2 testing, and sequencing efforts to better understand the circulating variants after submitting complete genome sequences and associated metadata to a publicly available database, such as GISAID.
Figure 1: Epidemiological curve of COVID-19 laboratory-confirmed cases and deaths in the AFRO region, as of 8 January 2023
<table>
<thead>
<tr>
<th>Country</th>
<th>05-11 Dec</th>
<th>12-18 Dec</th>
<th>19-25 Dec</th>
<th>26 Dec-01 Jan</th>
<th>2-8 Jan</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>159</td>
<td>161</td>
<td>512</td>
<td>1 063</td>
<td>1 081</td>
<td>108%</td>
</tr>
<tr>
<td>Mauritius</td>
<td>3 005</td>
<td>1 981</td>
<td>1 355</td>
<td>1 033</td>
<td>1 018</td>
<td>-1%</td>
</tr>
<tr>
<td>South Africa</td>
<td>2 350</td>
<td>1 341</td>
<td>1 629</td>
<td>1 087</td>
<td>969</td>
<td>-11%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>481</td>
<td>919</td>
<td>1 043</td>
<td>954</td>
<td>512</td>
<td>-46%</td>
</tr>
<tr>
<td>Botswana</td>
<td>412</td>
<td>349</td>
<td>211</td>
<td>159</td>
<td>351</td>
<td>121%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>203</td>
<td>211</td>
<td>177</td>
<td>216</td>
<td>315</td>
<td>46%</td>
</tr>
<tr>
<td>Burundi</td>
<td>205</td>
<td>241</td>
<td>329</td>
<td>111</td>
<td>218</td>
<td>96%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>102</td>
<td>52</td>
<td>69</td>
<td>180</td>
<td>185</td>
<td>3%</td>
</tr>
<tr>
<td>Kenya</td>
<td>183</td>
<td>229</td>
<td>134</td>
<td>37</td>
<td>92</td>
<td>149%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>256</td>
<td>101</td>
<td>102</td>
<td>83</td>
<td>90</td>
<td>8%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>114</td>
<td>117</td>
<td>123</td>
<td>45</td>
<td>71</td>
<td>58%</td>
</tr>
<tr>
<td>Uganda</td>
<td>86</td>
<td>84</td>
<td>79</td>
<td>61</td>
<td>70</td>
<td>15%</td>
</tr>
<tr>
<td>Malawi</td>
<td>5</td>
<td>32</td>
<td>51</td>
<td>3</td>
<td>68</td>
<td>2167%</td>
</tr>
<tr>
<td>Namibia</td>
<td>64</td>
<td>114</td>
<td>74</td>
<td>61</td>
<td>65</td>
<td>7%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>29</td>
<td>80</td>
<td>59</td>
<td>54</td>
<td>25</td>
<td>-54%</td>
</tr>
<tr>
<td>Algeria</td>
<td>39</td>
<td>28</td>
<td>24</td>
<td>31</td>
<td>25</td>
<td>-19%</td>
</tr>
<tr>
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<td>7</td>
<td>10</td>
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<td>35%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>54</td>
<td>30</td>
<td>29</td>
<td>13</td>
<td>19</td>
<td>46%</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>6</td>
<td>18</td>
<td>25</td>
<td>4</td>
<td>17</td>
<td>325%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>31</td>
<td>17</td>
<td>17</td>
<td>35</td>
<td>13</td>
<td>63%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>133</td>
<td>63</td>
<td>51</td>
<td>15</td>
<td>10</td>
<td>-33%</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>45</td>
<td>43</td>
<td>24</td>
<td>6</td>
<td>6</td>
<td>0%</td>
</tr>
<tr>
<td>Togo</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>0%</td>
</tr>
<tr>
<td>Niger</td>
<td>23</td>
<td>5</td>
<td>21</td>
<td>10</td>
<td>3</td>
<td>-70%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td>Benin</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Comoros</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>-67%</td>
</tr>
<tr>
<td>Mali</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>-50%</td>
</tr>
<tr>
<td>Angola</td>
<td>89</td>
<td>88</td>
<td>36</td>
<td>25</td>
<td>NR</td>
<td>-31%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>2</td>
<td>NR</td>
<td>-88%</td>
</tr>
<tr>
<td>Gabon</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>NR</td>
<td>-67%</td>
</tr>
<tr>
<td>Chad</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>NR</td>
<td>0%</td>
</tr>
<tr>
<td>Guinea</td>
<td>9</td>
<td>1</td>
<td>13</td>
<td>NR</td>
<td>NR</td>
<td>-1200%</td>
</tr>
<tr>
<td>Central African Republic</td>
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<td>11</td>
<td>4</td>
<td>NR</td>
<td>NR</td>
<td>-64%</td>
</tr>
<tr>
<td>Senegal</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>NR</td>
<td>NR</td>
<td>-33%</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
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<td>2</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>1</td>
<td>1</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>0%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>16</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
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</tr>
<tr>
<td>Cameroon</td>
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<td>NR</td>
<td>NR</td>
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<td>NR</td>
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</tr>
<tr>
<td>Congo (Republic of)</td>
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<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
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</tr>
<tr>
<td>Eritrea</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Gambia</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Liberia</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>NR</td>
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<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Seychelles</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
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</tr>
<tr>
<td>Sierra Leone</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7 981</strong></td>
<td><strong>6 350</strong></td>
<td><strong>5 881</strong></td>
<td><strong>4 768</strong></td>
<td><strong>5 240</strong></td>
<td><strong>10%</strong></td>
</tr>
</tbody>
</table>

*NR: Not reported*
**EVENT DESCRIPTION**

Five newly confirmed Mpox cases were retrospectively reported in Ghana in the past week from laboratory tests conducted in Epiweek 51 of December 2022 (19 - 25 Dec 2022). No new cases have been confirmed in 2023.

Between 1 January 2022 and 14 January 2023, 1 138 laboratory-confirmed cases have been reported from 13 African countries, including Nigeria (763), the Democratic Republic of the Congo (279), Ghana (121), Sudan (18), Cameroon (18), Central African Republic (13), Liberia (6), Congo (5), South Africa (5), Benin Republic (3), Morocco (3), Egypt (1), and Mozambique (1).

The top three countries with the highest number of confirmed cases are Nigeria (61.6%, 763), DRC (22.5%, 279), and Ghana (9.8%, 121). The three countries have reported 93.9% (1 163) of all confirmed cases (1 238) in Africa.

Eight countries: Benin, Cameroon, Central African Republic, Congo, Morocco, Mozambique, South Africa, and Sudan, have not reported any new cases in the past seven weeks, while Liberia has not reported any new cases in the past 28 days. The average age of Mpox cases reported in Africa is 21.0 years, ranging from 0-87 years, and the majority are males (60.2%).

Sixteen deaths were reported in the continent in 2022 from Nigeria (7), Ghana (4), Cameroon (3), Mozambique (1), and Sudan (1). Predominant signs and symptoms include rash (18.3%), fever (17.4%), dysphagia (10.1%), pain (10.1%), and headache (7.3%).

**SITUATION INTERPRETATION**

No newly confirmed mpox cases or deaths were reported in Africa in the past week. The WHO AFRO supports countries in investigating modes of transmission and performing genomic sequencing to identify the main clades involved in the outbreak.
**Update on Reporting - Epidemiological Week 01: 02–08 Jan., 2023**

**Point du rapportage hebdomadaire – Semaine 01: 02 – 08 Jan., 2023**

20 Countries out of 47, reported for week 01

43% Completeness for weekly reporting

36% Timeliness for weekly reporting

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2023

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**Week 1**

- **Start date**: 02-Jan-2023
- **End date**: 08-Jan-2023
- **Deadline**: 11-Jan-2023

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**Week 2**

- **Start date**: 09-Jan-2023
- **End date**: 15-Jan-2023
- **Deadline**: 18-Jan-2023

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**Week 3**

- **Start date**: 16-Jan-2023
- **End date**: 22-Jan-2023
- **Deadline**: 25-Jan-2023

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**Week 4**

- **Start date**: 23-Jan-2023
- **End date**: 29-Jan-2023
- **Deadline**: 01-Feb-2023

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All the correspondences related to this document should be directed to: Toutes les correspondances relatives à ce document doivent être adressées à:

Dr Etien Luc Koua, HIR Programme Area Manager (kouae@who.int)
Emergency Preparedness and Response, WHO Regional Office for Africa

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Please, refer to the calendar below to submit your IDSR data on a weekly basis:

Veuillez-vous référer au calendrier ci-dessous pour soumettre vos données de la SIMR sur une base hebdomadaire:

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afrooutbreak@who.int
afrgoeprhir@who.int
### All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</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><strong>New Events</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guinea</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>6-Jan-23</td>
<td>4-Jan-23</td>
<td>4-Jan-23</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Ongoing Events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>15-Jan-23</td>
<td>271 287</td>
<td>271 287</td>
<td>6 881</td>
<td>2.5%</td>
</tr>
<tr>
<td>From 25 February 2020 to 15 January 2023, a total of 271 287 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 687 recovered.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Algeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Jul-22</td>
<td>14-Jul-22</td>
<td>11-Jan-23</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>According to 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 two.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>29-Dec-22</td>
<td>105 095</td>
<td>105 095</td>
<td>1 930</td>
<td>1.8%</td>
</tr>
<tr>
<td>The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 29 December 2022, a total of 105 095 confirmed COVID-19 cases have been reported in the country with 1 930 deaths and 103 050 recoveries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>9-Jan-23</td>
<td>27 989</td>
<td>27 989</td>
<td>163</td>
<td>0.6%</td>
</tr>
<tr>
<td>The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 9 January 2023, a total of 27 989 cases have been reported in the country, with 163 deaths and 27 823 recoveries.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>14-Jun-22</td>
<td>14-Jun-22</td>
<td>8-Jan-23</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>24-Aug-19</td>
<td>11-Jan-23</td>
<td>24</td>
<td>24</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are 10 cases reported in 2022. Six cases were reported in 2021 and 2020, and 8 in 2019. No new cases were reported in 2023.</td>
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</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>30-Mar-20</td>
<td>7-Jan-23</td>
<td>328 541</td>
<td>328 541</td>
<td>7 288</td>
<td>0.9%</td>
</tr>
<tr>
<td>On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 7 January 2023, a total of 328 541 confirmed COVID-19 cases were reported in the country including 7 288 deaths.</td>
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</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>30-Nov-22</td>
<td>1 810 105</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>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 1 810 105 displaced persons are registered in Burkina Faso as of 30 November 2022. Access to health services remains a challenge for the population in affected areas. There are 192 non-functional health facilities and 335 facilities that function at a minimum level of their capacity.</td>
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</tr>
<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>9-Jan-23</td>
<td>22 023</td>
<td>22 023</td>
<td>395</td>
<td>1.8%</td>
</tr>
<tr>
<td>Between 9 March 2020 and 9 January 2023, a total of 22 023 confirmed cases of COVID-19 with 395 deaths and 21 621 recoveries have been reported from Burkina Faso.</td>
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<tr>
<td>Burundi</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>1-Jan-23</td>
<td>1-Jan-23</td>
<td>15-Jan-23</td>
<td>81</td>
<td>66</td>
<td>1</td>
<td>1.2%</td>
</tr>
<tr>
<td>An outbreak of cholera has been declared in Burundi on 1 January 2023. As of 15 January, 81 suspected cases and one death (CFR 1.2%) have been reported, including 66 laboratory-confirmed cases. Almost 46.7% of cases (n=38) are females, with a M/F sex ratio of 1:1. The most affected age group is the 21-30 years (18 cases, 22.2%); the under-five represent 17.3% of cases (n=14). Twenty-one (21) health areas have reported one or several cases, distributed in five districts including Budjumbura North (22 cases), Cibitoke (25 cases), Isale (21 cases), Bujumbura Centre (two cases), and Bujumbura South (one case).</td>
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</tr>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>7-Jan-23</td>
<td>52 380</td>
<td>52 380</td>
<td>15</td>
<td>0.0%</td>
</tr>
<tr>
<td>On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 6 January 2023, the total number of confirmed COVID-19 cases is 52 380, including 15 deaths and 51 855 recovered.</td>
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<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>30-Dec-22</td>
<td>481 463</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>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.</td>
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</table>
The humanitarian situation in the Far-North region of Cameroon remains volatile. The Mayo-Sava department concentrates the greatest number of incidents in November. In the Mayo-Tsanaga department, attacks of NSAGs led to the displacement of more than 2,935 households (24,192 people) and for which humanitarian assistance remains insufficient. Moreover, floods continued in several localities of Logone & Chari department, while a drop in water was observed in the Mayo-Danany department. In addition to physical access difficulties, limited financial resources remain a constant concern and a major constraint to humanitarian response in Far-Northern Cameroon.

Between 30 December 2022 and 5 January 2023, nine new suspected cases of cholera with no deaths have been reported in two Regions: Littoral (eight cases), and Centre (one case). As of 5 January 2023, 15,117 suspected cases including 1,802 laboratory-confirmed cases and 302 deaths (CFR 2.0%) have been reported since October 2021, from eight Regions and 52 Districts of which five remain active in two Regions. Patients’ ages range from 2 months to 103 years with a median of 27 years, and females remain twice less affected than males.

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.

In 2022, from week 1 to week 52, a total of 4,982 suspected measles cases with 46 measles related deaths (CFR 0.9%), 2,642 total confirmed cases by: lab investigation (665 IgM+); epi-linkage (1,971) and measles compatible 66 cases have been reported. A total of 656 health had outbreaks in the year; 72% of confirmed cases (lab, epi link, compatible) are not vaccinated or unknown measles vaccination status. The number of deaths has been revised.

From 30 December 2022 to 5 January 2023, one new suspected case of Mpox was reported from Tombel district of South-West region. Between 1 January 2022 and 5 January 2023, the country has notified 115 suspected cases of Mpox from 23 districts across seven regions, including 16 laboratory-confirmed cases and three deaths (CFR 2.6%). 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%).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Cameroon during epi week 1, 2023 (ending 8 January). There was one case reported in 2022, three cases reported in 2021 and seven cases reported in 2020. No case has yet been reported for 2023, as of 11 January 2023.

As of 1 January 2023, 3,199 suspected cases of YF have been reported and investigated since February 2021, including 63 probable and 38 laboratory-confirmed cases. Nine suspected cases have been reported during epi week 52, 2022.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 14 January 2023, a total of 63,221 confirmed COVID-19 cases including 412 deaths and 62,742 recoveries were reported in the country.

The humanitarian crisis in the Central African Republic (CAR) continues to deteriorate. As a result of violence against civilians and insecurity in areas outside urban centres, several million people are increasingly vulnerable and their livelihoods are eroding. Their access to food and basic services such as health care and water supply is drastically limited. In 2023, 3.4 million people will need humanitarian assistance and protection, an increase of 10% compared to 2022. Notwithstanding, humanitarian partners in CAR have provided life-saving multi-sectoral assistance to 1.5 million people during the first nine months of 2022, despite a volatile security context.

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 1 January 2023, a total of 15,363 confirmed cases, 113 deaths and 15,200 recovered were reported.

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 I, Kembe-Satema, Bocaranga and Mobaye-Zanga).

From 1 January to 14 December 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**: Grade 2
- **Date notified to WHO**: 24-May-19
- **Start of reporting period**: 24-May-19
- **End of reporting period**: 11-Jan-23
- **Total cases**: 31
- **Cases Confirmed**: 31
- **Deaths**: 0
- **CFR**: 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported from this epicenter since 1 January 2023. There were six cases reported in 2022.

### Cameroon

#### Yellow Fever
- **Grade**: Grade 2
- **Date notified to WHO**: 17-Aug-21
- **Start of reporting period**: 1-Aug-21
- **End of reporting period**: 29-Nov-22
- **Total cases**: 765
- **Cases Confirmed**: 23
- **Deaths**: 4
- **CFR**: 0.5%

On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test (PRNT) and was hospitalised. As of 29 November 2022, 765 suspected cases of yellow fever have been reported including 6 probable and 23 lab-confirmed cases. Four suspected cases were reported on week 46, 2022 (ending 22 November). In total, five regions have so far been affected including RS1, RS2, RS3, RS4 and RS6; RS3 has reported 70% of confirmed cases.

### Chad

#### Humanitarian crisis (Sahel region)
- **Grade**: Grade 2
- **Date notified to WHO**: 11-Feb-22
- **Start of reporting period**: 1-Mar-16
- **End of reporting period**: 15-Jan-23
- **Total cases**: 6 100 000
- **Cases Confirmed**: -
- **Deaths**: -
- **CFR**: -

The Lac Chad province is experiencing a double security and environmental crisis. Since 2015, the region is impacted by attacks of non-state armed groups (NSAG) which have forced local communities to flee their homes. The province experienced heavy rainfall which has affected some 229 000 people between October and December 2022, and has destroyed large surfaces of cropland, washed away more than 6 000 of cattle, and caused extensive damage to homes and schools. The floods added a new challenge to an already critical situation.

### Democratic Republic of Congo

#### Measles
- **Grade**: Ungraded
- **Date notified to WHO**: 24-May-18
- **Start of reporting period**: 1-Jan-21
- **End of reporting period**: 11-Dec-22
- **Total cases**: 3 026
- **Cases Confirmed**: 194
- **Deaths**: -
- **CFR**: 6.4%

As of week 49 of 2022 (ending 11 December), a total of 3 026 suspected cases reported from 130 out of 139 districts, 194 measles IgM positive (17% of tested specimens) and 13 districts with confirmed outbreaks since week 1 of this year. Among confirmed cases, 47.5% are below 5 years of age and only 17.5% known to have received the measles vaccine.

#### Poliomyelitis (cVDPV2)
- **Grade**: Grade 2
- **Date notified to WHO**: 18-Oct-19
- **Start of reporting period**: 9-Sep-19
- **End of reporting period**: 11-Jan-23
- **Total cases**: 140
- **Cases Confirmed**: 140
- **Deaths**: 0
- **CFR**: 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported on week 1, 2023 (ending 8 January). A total of 25 cVDPV2 cases were reported in 2022. In addition, there were 106 cVDPV2 cases reported in 2020 from three different outbreaks, while nine other cases were reported in 2019.

### Comoros

#### COVID-19
- **Grade**: Grade 3
- **Date notified to WHO**: 30-Apr-20
- **Start of reporting period**: 30-Apr-20
- **End of reporting period**: 19-Dec-22
- **Total cases**: 8 988
- **Cases Confirmed**: 8 988
- **Deaths**: 160
- **CFR**: 1.8%

The first COVID-19 case was reported in Comoros on 30 April 2020 in Moroni District. As of 9 January 2023, a total of 8 988 confirmed COVID-19 cases, including 160 deaths and 8 826 recoveries were reported in the country.

### Côte d’Ivoire

#### Yellow Fever
- **Grade**: Grade 3
- **Date notified to WHO**: 11-Mar-20
- **Start of reporting period**: 11-Mar-20
- **End of reporting period**: 15-Jan-23
- **Total cases**: 6 763
- **Cases Confirmed**: 132
- **Deaths**: 0
- **CFR**: 1.9%

From week 1 through week 44, 2022 (ending 22 November), a total of 6 863 suspected cases were reported in Côte d’Ivoire including 6 385 through epidemiological and/or laboratory investigations. About 132 deaths were registered (CFR 1.9%). A reactive measles vaccination campaign was organized in August. Two districts (Alima and Abala) are currently experiencing measles outbreaks.

#### Measles
- **Grade**: Ungraded
- **Date notified to WHO**: 16-Aug-22
- **Start of reporting period**: 16-Aug-22
- **End of reporting period**: 19-Dec-22
- **Total cases**: 5 900 000
- **Cases Confirmed**: -
- **Deaths**: -
- **CFR**: -

In 2022, the worst flooding in years affected over 5.9 million people in West and Central Africa countries. On 13 December, the Democratic Republic of Congo (DRC), suffered heavy rains in Kinshasa killing more than 141 people and affecting nearly 38 800 families. In Cameroon, since 15 November, floods have affected more than 54 800 new people in the Logone et Chari alone. This brings the number of people affected in the region to over 310 000 as of 13 December. In Mali, the humanitarian situation was marked by the flooding of more than 1 000 hectares in the commune of Aïr, region Timbuktu region, which led to population movements.

### Countries

<table>
<thead>
<tr>
<th>Countries</th>
<th>Grade</th>
<th>Date notified to WHO</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>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>11-Jan-23</td>
<td>31</td>
<td>31</td>
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<tr>
<td>Central African Republic</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>17-Aug-21</td>
<td>1-Apr-21</td>
<td>29-Nov-22</td>
<td>765</td>
<td>23</td>
<td>4</td>
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<tr>
<td>Chad</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>11-Feb-22</td>
<td>1-Mar-16</td>
<td>15-Jan-23</td>
<td>6 100 000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>9-Sep-19</td>
<td>11-Jan-23</td>
<td>140</td>
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<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-22</td>
<td>11-Dec-22</td>
<td>3 026</td>
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<td>Chad</td>
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<td>Grade 2</td>
<td>13-Nov-21</td>
<td>1-Nov-21</td>
<td>25-Dec-22</td>
<td>2 311</td>
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<td>Ungraded</td>
<td>14-Mar-22</td>
<td>1-Jan-22</td>
<td>6-Nov-22</td>
<td>6 863</td>
<td>6 863</td>
<td>132</td>
</tr>
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<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>23-May-22</td>
<td>1-Jan-22</td>
<td>15-Jan-23</td>
<td>68</td>
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<td>31-May-21</td>
<td>1-Jan-21</td>
<td>29-Nov-22</td>
<td>29</td>
<td>4</td>
<td>0</td>
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<tr>
<td>Côte d’Ivoire</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>15-Jan-23</td>
<td>67 963</td>
<td>87 963</td>
<td>833</td>
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<td>Côte d’Ivoire</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>14-Sep-21</td>
<td>13-Aug-21</td>
<td>29-Nov-22</td>
<td>71</td>
<td>8</td>
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</tbody>
</table>

In 2022, the worst flooding in years affected over 5.9 million people in West and Central Africa countries. On 13 December, the Democratic Republic of Congo (DRC), suffered heavy rains in Kinshasa killing more than 141 people and affecting nearly 38 800 families. In Cameroon, since 15 November, floods have affected more than 54 800 new people in the Logone et Chari alone. This brings the number of people affected in the region to over 310 000 as of 13 December. In Mali, the humanitarian situation was marked by the flooding of more than 1 000 hectares in the commune of Aïr, region Timbuktu region, which led to population movements.
November, a total of 1,988 suspected cases of yellow fever have been reported in DRC. 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.

From epidemiological week 1 to 47 (ending 27 November 2022), 14,290 suspected cholera cases, including 262 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 (4,519), Haut-Lomami (2,727), Tanganyika (2,840), and North Kivu (2,599). Karisimbi and Niyiragongo health zones are among the cholera hotspot sites in North Kivu province. The number of cholera cases increased in Niyiragongo and Karisimbi health zones from weeks 47 and 50 of 2022, respectively. Since then, there has been a steady weekly increase in the number of new cases in Niyiragongo Health Zone, up to 720 new cases at SE52 in 2022.

An outbreak of cholera has been officially declared in North Kivu province of DRC on 14 December 2022, following a massive influx of IDPs in Niyiragongo and Karisimbi health zones (HZs) secondary to resumption of armed conflicts in Niyiragongo and Rutsuru territories. Between the start of outbreak during week 47, 2022 (21–27 November) when the epidemic threshold was crossed and 9 January 2023, a cumulative of 3,302 suspected cases of cholera including 14 deaths (CFR 0.4%) have been reported, including 3,098 cases and 13 deaths (CFR 0.4%) in Niyiragongo HZ, and 204 cases and one death (CFR 0.5%) in Karisimbi HZ. In Niyiragongo HZ, the most affected age group is that of 5–14 years (1,007 cases; 32.5%), followed by 12–19 months (895 cases; 28.9%) and 15–29 years (526 cases; 17.0%); children aged 0–11 months represent 7.3% (n=238) of cases. In total, 14 health areas including eight in Niyiragongo (Kanyaruchinya, Kibati, Kibumba, Kiziba, Mudja, Munigi, Ngangi III and Turunga) and six in Karisimbi (Baraka, Bujovu, Kasika, Kotyi, Methodist and Mungunga) are currently affected. In Niyiragongo HZ, the health area of Kanyaruchinya is the epicenter of the outbreak, for having reported 76.7% (2,375 cases and 13 deaths) of cases, followed by Munigi (511 cases; 16.5 %) and Kibati (180 cases; 5.8%). IDPs represent almost all (2,812 cases; 90.3%) of the cases reported in Niyiragongo HZ. In Karisimbi HZ, 60.0% of cases come from the Methodist health area which hosts the ‘Don Bosco’ IDP camp. However, there is an extension of the outbreak outside the IDP sites towards the host communities. Nearly 9.2% of cases in Niyiragongo HZ and 58.0% of cases in Karisimbi HZ arise from the community.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 95,345 confirmed cases and two probable case, including 1,463 deaths have been reported. A total of 84,223 people have recovered.

A total of 139,435 suspected measles cases and 1,740 measles-related deaths are reported in 2022 and 6,092 of these have been investigated, 2,718 measles IgM positive, 66% of lab confirmed measles cases are under 5 years of age, and only 35% have history of measles vaccination.

From 1 January – 31 December 2022, the Democratic Republic of the Congo (DRC) reported 5,114 suspected cases including 279 confirmed from 23 out of 26 provinces. All confirmed cases belong to Clade I.

According to the Global Polio Eradication Initiative (GPEI), 17 cVDPV1 cases were reported; two in Haut Katanga and 15 in Haut Lomami bringing the number of cVDPV1 cases in 2022 to 68.

According to the Global Polio Eradication Initiative (GPEI), 15 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Haut Katanga and Tsogo, seven in Haut Lomami, four in Tanganyika and two in Lualaba bringing the total number of cVDPV2 cases in 2022 to 236 and 28 in 2021.

The suspected meningitis outbreak is still ongoing in the Banalia health zone, Tsogo province in the Democratic Republic of the Congo. From 2 June 2022 to 30 December 2022, a total of 165 suspected cases with 26 deaths (CFR 15.8%) have been reported. Three health areas are the hotspots: Mangi, Bongonza and Akuma. Cerebrospinal fluid samples have been collected and laboratory investigations are ongoing.

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.
As of 11 January 2023, a total of 171,089 confirmed COVID-19 cases have been reported in Ghana. There have been 1,462 deaths and 169,615 recoveries reported.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 2 January 2023, a total of 178,3 deaths and 18,880 recoveries have been reported in the country with 183 deaths and 16,880 recoveries.

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.

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported on week 1, 2023 (ending 8 January). There has so far been one case reported in 2022 and another one reported in 2021. This latter one was however confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.

Humanitarian partners have assisted more than 3.3 million people representing 61% of the total planned caseload of 5.4 million people in Tigray under the current round (Round 2) of food distribution for 2022. In Afar Region, malnutrition rates remain critical in at least four of the five targeted zones. Some 30 woredas reported the average global acute malnutrition above 15% which categorized as critical. In Oromia Region, despite an increased humanitarian need, the humanitarian access situation remains very challenging and impacting humanitarian operations in Guji and West Guji zones, with ongoing conflict induced displacement in the region.

A cholera outbreak has been ongoing in Ethiopia since 27 August 2022. The index case was reported from Bekay Kebele, Oromia Region and the outbreak was confirmed on 9 September. As of 15 January 2023, a total of 911 suspected cases of cholera have been reported including 712 cases from Oromia region and 199 cases from Somali region. Around 27 of these cases have been laboratory-confirmed through culture. Twenty-seven (27) deaths have been reported, for a CFR of 3.0%. A total of 66 kebeles (villages) have so far been affected, distributed in ten woredas. About 191 suspected cases of cholera were also reported in IDP locations.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 498,660 cases of COVID-19 as of 8 January 2023, with 7,572 deaths and 482,992 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%) epi-linked 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week 1 of 2023 (ending 8 January). There was one case reported in 2022. In addition, ten cases were reported in 2021, 38 in 2020 and 15 in 2019.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 2 January 2023, a total of 48,980 cases including 306 deaths and 48,688 recoveries have been reported in the country.

On 1 July 2022, the Epidemic and Disease Control Unit of the Ministry of Health in The Gambia reported an unusual event detected at the main tertiary hospital in the country. 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. 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. Of the 127 cases, 70 deaths were recorded (CFR 55.1%). The last confirmed case was identified on 5 October 2022. Response activities are going on.

As of 11 January 2023, a total of 171,089 confirmed COVID-19 cases have been reported in Ghana. There have been 1,462 deaths and 169,615 recoveries reported.
On 8 June 2022, the Director General of the Ghana Health Service confirmed that five cases of monkeypox have been detected in the country. From 24 May-10 January 2023, there have been 121 confirmed and four deaths reported from 13 over 16 administrative regions, with the Greater Accra region reporting the most cases. 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, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cases in 2022. No cases were reported in 2021. In addition, 12 cases were reported in 2020, and 19 were reported in 2019.

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 29 November 2022, a total of 75 probable and 62 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.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 2 January 2023, a total of 38 224 cases, including 37 295 recovered cases and 467 deaths, have been reported.

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. Since the notification of the first case on 8 December, no new case of confirmed Lassa fever was reported in the country, and the confirmed case was released from the hospital on 29 December 2022. The countdown to declare the end of this outbreak has started.

Since the beginning of 2022 up to week 40 (ending 30 September), a total of 23 183 suspected measles cases with 418 confirmed and 33 death (CFR 0.2%) have been reported in Guinea through the Integrated disease surveillance and response.

Guinea-Bissau COVID-19 Grade 3 25-Mar-20 25-Mar-20 2-Jan-23 38 224 38 224 467 1.2%

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 18 December 2022, the country has reported 8 947 confirmed cases of COVID-19 with 8 665 recoveries and 176 deaths.

The outbreak has affected six counties: Garissa, Mandera, Marsabit, Nairobi, Turkana and Wajir Counties. A total of 392 cases with 85 confirmed and two deaths (CFR 0.5%) have been reported from 13 over 16 administrative regions, with the Greater Accra region reporting the most cases. Of the confirmed cases, 54 (62 %) are males. The age of confirmed cases ranges from 13 days to 67 Years (min-max).

Kenya Malaria

Since January 2020, a total of 2 147 visceral leishmaniasis confirmed (1 965) and suspected (182) cases with 10 deaths (CFR 0.5%), have been reported in nine counties namely: Baringo, Garissa, Isiolo, Kitui, Mandera, Marsabit, Wajir, Tharaka Nithi and West Pokot. The outbreak is active in West Pokot County.

The outbreak has affected six counties: Garissa, Mandera, Marsabit, Nairobi, Turkana and Wajir, Counties. A total of 392 cases with 85 confirmed and two deaths (CFR 0.5%) have been reported from 13 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 Kenyan Medical Research Institute.

Lesotho COVID-19 Grade 3 13-May-20 13-May-20 9-Dec-22 34 997 34 997 724 2.1%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 9 January 2023, a total of 34 997 cases of COVID-19 have been reported, including 30 639 recoveries and 724 deaths.
On 16 March 2020 to 9 December 2022, Liberia has recorded a total of 8 043 cases including 294 deaths and 7 741 recoveries have been reported.

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 108 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 63 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% (6 769) epidemiologically linked.

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 29 December 2022, six confirmed cases of monkeypox and 0 deaths were reported.

Malawi has recorded a total of 29 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 15 January 2023, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 24 884 and 825 respectively, with Case Fatality Rate at 3.3%.

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 death 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.

The Mauritanian Ministry of Health reported a new confirmed case of Crimean-Congo haemorrhagic fever (CCHF) on 23 July 2022. The case is a 28-year-old pregnant woman from an area 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 25 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 Mauritanian Ministry of Health on 29 August 2022. The index case is a 25-year-old male breeder from the Moughataa (district) of Tinante 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 25 December 2022, a total of 31 cases have been confirmed with 1 death (CFR 3.2%). Response activities are underway including enhanced surveillance and investigations.

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 8-Jan-23 293 386 293 386 1 042 0.4%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 8 January 2023, a total of 293 386 confirmed COVID-19 cases including 1 042 deaths have been reported in the country.

Mozambique Humanitarian crisis in Cabo Delgado Protracted 2 1-Jan-20 1-Jan-20 12-Oct-22 - - - -

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 12 October 2022, the nationwide estimate of people in need of humanitarian assistance is 1.5 million and 946, 508 IDP population resulting from the conflict. 1.5 million still need life saving humanitarian assistance in 2022 resulting from heightened food insecurity and malnutrition.

Mozambique Cholera Ungraded 23-Mar-22 25-Jun-22 18-Dec-22 3 930 16 21 0.5%

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 28 December 2022, a total of 3 930 cases and 21 deaths (CFR 0.5%) have been reported. Cholera outbreak has been reported from Niassa province since 14th of September 2022. As of 18th of December, 380 cases and 7 deaths, CFR 1.8% were reported from 2 districts.

Mozambique COVID-19 Grade 3 22-Mar-20 22-Mar-20 8-Jan-23 231 404 231 404 2 232 1.0%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 08 January 2023, a total of 231 404 confirmed COVID-19 cases were reported in the country including 2 232 deaths.

Mozambique Mpox Grade 3 6-Oct-22 7-Oct-22 4-Dec-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 4 January 2023, 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-22 11-Jan-23 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 11 January 2023, 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 8-Jan-23 170 532 170 532 4 082 2.4%

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 8 January 2023, a total of 170 532 confirmed cases with 4 082 deaths have been reported.

Niger Humanitarian crisis (Sahel region) Grade 2 1-Feb-15 1-Feb-15 16-Dec-22 580 838 - - - -

Humanitarian access in Niger has deteriorated because of growing insecurity in Diffa, Maradi, Tahoua, and Tillabéri regions. 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).

Niger COVID-19 Grade 3 19-Mar-20 19-Mar-20 15-Jan-23 9 508 9 508 315 3.3%

From 19 March 2020 to 15 January 2023, a total of 9 508 cases with 315 deaths have been reported across the country. A total of 8 952 recoveries have been reported from the country.

Niger Measles Ungraded 5-Apr-22 1-Jan-22 14-Jan-23 14 153 722 32 0.2%

From week 1 to week 52 (ending on 31 December) of 2022, 14 127 cases and 32 deaths (CFR: 0.2%) have been reported. 94% (68/72) of the districts of Niger notified at least one suspected case of measles. In week 1 of 2023, 26 cases and zero deaths were notified in five regions, namely Dosso (7 suspected cases), Zinder (7 suspected cases), Diffa (6 suspected cases), Tahoua (7 suspected cases) and Maradi (2 suspected cases).

Niger Meningitis Ungraded 7-Dec-22 31-Oct-22 8-Jan-23 433 111 15 3.5%

The first case of meningitis was reported on 30 October 2022 and confirmed on 23 November 2022 with Neisseria meningitidis identified as the causative agent. As of 8 January 2023, Zinder has reported 433 cases of meningitis including 111 laboratory confirmed cases and 15 deaths (CFR 3.5%). These cases were reported from six health districts (HD): Dungass (308 cases, 6 deaths), Gouré (1 case, 0 deaths), Magaria (22 cases, 4 deaths), Matamèye (57 cases, 2 deaths), Mirriah (43 cases, 2 deaths), and Zinder ville (2 cases, 1 death). A reactive vaccination campaign is underway in the region.

Niger Poliomyelitis (cVDPV2) Grade 2 1-Jan-20 1-Jan-21 4-Jan-23 31 31 0 0.0%

No new cases were reported during this week. There are 13 cases reported in 2022. There were 18 cases reported in 2021.
<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>Nigeria</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>19-Oct-22</td>
<td>9-Jun-22</td>
<td>29-Nov-22</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>16.7%</td>
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<tr>
<td>Nigeria</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>10-Oct-16</td>
<td>10-Oct-16</td>
<td>13-Jan-23</td>
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<td>Nigeria</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>1-Jan-22</td>
<td>27-Nov-20</td>
<td>20 768</td>
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<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-20</td>
<td>27-Feb-20</td>
<td>6-Jan-23</td>
<td>266 463</td>
<td>266 463</td>
<td>3 155</td>
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</tr>
<tr>
<td>Nigeria</td>
<td>Lassa Fever</td>
<td>Grade 1</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>27-Nov-22</td>
<td>1 031</td>
<td>994</td>
<td>178</td>
<td>17.9%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>31-Jan-22</td>
<td>1-Jan-22</td>
<td>31-Dec-22</td>
<td>763</td>
<td>763</td>
<td>7</td>
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<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jun-18</td>
<td>1-Jan-18</td>
<td>11-Jan-23</td>
<td>512</td>
<td>512</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Nigeria</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>12-Sep-17</td>
<td>1-Jan-21</td>
<td>29-Nov-22</td>
<td>31</td>
<td>24</td>
<td>0</td>
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</tr>
<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>8-Jan-23</td>
<td>133 058</td>
<td>133 058</td>
<td>1 468</td>
<td>1.1%</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>7-Apr-20</td>
<td>6-Apr-20</td>
<td>8-Jan-23</td>
<td>6 279</td>
<td>6 279</td>
<td>77</td>
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<tr>
<td>Sao Tome and Principe</td>
<td>Dengue</td>
<td>Grade 2</td>
<td>11-Apr-22</td>
<td>15-Apr-22</td>
<td>1-Jan-23</td>
<td>1 161</td>
<td>1 161</td>
<td>8</td>
<td>0.7%</td>
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<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Mar-20</td>
<td>2-Mar-20</td>
<td>29-Dec-22</td>
<td>88 900</td>
<td>88 900</td>
<td>1 968</td>
<td>2.2%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>14-Nov-22</td>
<td>1-Jan-22</td>
<td>3-Jan-23</td>
<td>238</td>
<td>238</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>31-Dec-22</td>
<td>50 665</td>
<td>50 665</td>
<td>172</td>
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</tr>
<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>27-Mar-20</td>
<td>27-Dec-22</td>
<td>7 760</td>
<td>7 760</td>
<td>125</td>
<td>1.6%</td>
</tr>
<tr>
<td>São Tomé and Príncipe</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>4-Jul-22</td>
<td>1-Jan-22</td>
<td>1-Jan-23</td>
<td>489</td>
<td>489</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>São Tomé and Príncipe</td>
<td>Dengue</td>
<td>Grade 0</td>
<td>14-Nov-22</td>
<td>1-Jan-22</td>
<td>3-Jan-23</td>
<td>238</td>
<td>238</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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 Aladje districts. The date of onset of symptoms for the last case was 14 August 2022. Two probable cases were reported during the same period.

The conflict in northeastern, northwestern, and north central Nigeria affects 9.3 million people, including 5.7 million children. Of these, more than 2.9 million people are internally displaced, while one million live in inaccessible areas. Humanitarian crises caused by protracted armed conflict, armed violence, and community clashes between farmers and herders have resulted in alarming food insecurity and malnutrition, compounded by epidemics and childhood illnesses in the context of deteriorating water, sanitation, and hygiene conditions.

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 Governmental Areas (LGAs), in 31 states, mainly in northwest and northeast of the country. Three states, namely Borno, Taraba and Yobe, have reported a combined total of 15,495 (75%) cases and 382 (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.

On 1 January 2020, the Ministry of Health of São Tomé and Príncipe reported the country’s first case of COVID-19. As of 8 January 2023, a total of 6 279 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6 202 cases have been reported as recoveries.

In 2020, dengue has been confirmed in Senegal since 4 January. As of 3 January 2023, 238 cases have been recorded including 203 confirmed by PCR (85.3%) and 35 by IgM testing (14.7%). Cases are mostly concentrated in the first and last quarters of 2022. Eleven regions are affected. The Matam region has reported the highest number of cases (134 cases, 56.3%), followed by Dakar (41 cases, 17.2%), Kaffrine (17 cases, 7.1%) and Thies (17 cases, 7.1%).

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By 31 December 2022 (Week 52), 16 out of 16 districts reported a total of 1174 suspected measles cases, including 178 Laboratory confirmed measles cases. of the total suspected measles cases, 303 (26%) cases are above five years. The majority of cases (26%) were reported from Western Area Urban, followed by Kambia districts (17.8%). In December 2022, three districts, namely Western Area Rural, Western Area Urban and Karena districts reported more than 3 measles cases. Surveillance and immunisation activities have been intensified in all districts.

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. Investigation carried out from 5 to 6 November 2022 showed that he is unvaccinated against YF. No additional suspected cases were found during active case finding. 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.

Since the start of the COVID-19 pandemic in South Africa through 15 January 2022, a cumulative total of 4 051 787 confirmed cases and 102 568 deaths have been reported. From January to December 2022, 49 counties across all 10 States have reported suspected measles cases. A total of 3 169 suspected measles cases including 299 lab-confirmed cases and 31 deaths (CFR 1.0 %) have been reported from Integrated Disease Surveillance and Response (IDSR) mechanisms. On 10 December, health authorities declared a measles outbreak in South Sudan, the second declaration for the year after the first one done on 23 February.

<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>Sierra Leone</td>
<td>Measles</td>
<td>Ungraded</td>
<td>1-Nov-21</td>
<td>1-Jan-22</td>
<td>31-Dec-22</td>
<td>1 174</td>
<td>178</td>
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<td>0.0%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-20</td>
<td>5-Mar-20</td>
<td>15-Jan-23</td>
<td>4 051 787</td>
<td>4 051 787</td>
<td>102 568</td>
<td>2.5%</td>
</tr>
<tr>
<td>South Africa</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>2-Oct-22</td>
<td>1-Mar-22</td>
<td>19-Nov-22</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>33.3%</td>
</tr>
<tr>
<td>South Africa</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>23-Jun-22</td>
<td>23-Jun-22</td>
<td>29-Oct-22</td>
<td>5</td>
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<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>18-Dec-20</td>
<td>5-Apr-21</td>
<td>12-Jan-23</td>
<td>6 310 000</td>
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<tr>
<td>South Sudan</td>
<td>Floods</td>
<td>Ungraded</td>
<td>7-Oct-22</td>
<td>15-Jan-23</td>
<td>1 000 000</td>
<td>-</td>
<td>-</td>
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<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-16</td>
<td>15-Aug-16</td>
<td>29-Dec-22</td>
<td>9 400 000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>25-Apr-22</td>
<td>13-Mar-22</td>
<td>4-Dec-22</td>
<td>141</td>
<td>8</td>
<td>5</td>
<td>3.5%</td>
</tr>
<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>0.2%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-18</td>
<td>1-Jan-19</td>
<td>4-Dec-22</td>
<td>3 679</td>
<td>104</td>
<td>26</td>
<td>0.7%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Feb-22</td>
<td>1-Jan-22</td>
<td>31-Dec-22</td>
<td>3 169</td>
<td>299</td>
<td>31</td>
<td>1.0%</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 RTD 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.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 26 December 2022, a total of 18 393 confirmed COVID-19 cases were reported in the country including 138 deaths and 18 115 recovered cases.

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.

From January to December 2022, 49 counties across all 10 States have reported suspected measles cases. A total of 3 169 suspected measles cases including 299 lab-confirmed cases and 31 deaths (CFR 1.0 %) have been reported through Integrated Disease Surveillance and Response (IDSR) mechanisms. On 10 December, health authorities declared a measles outbreak in South Sudan, the second declaration for the year after the first one done on 23 February.
### Tanzania, United Republic of

- **Cholera**
  - Ungraded
  - 18 cases, 1 death (CFR 5.6%)
  - 17 November 2022

Cholera was first reported on 27 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.

- **COVID-19**
  - Grade 3
  - 42,467 cases, 846 deaths (CFR 2.0%)
  - 6 January 2023

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 6 January 2023, a total of 42,467 confirmed cases have been reported in Tanzania Mainland including 846 deaths.

### Zimbabwe

- **Cholera**
  - 2 cases, 0 deaths
  - 15 November 2022

All provinces and cities are expected to capacitate their Rapid Response Teams on cholera surveillance and case management.

### Zambia

- **Measles**
  - Ungraded
  - 2 cases, 2 deaths (CFR 10.5%)
  - 15 November 2022

A measles outbreak continues to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces have recorded 2,137 measles cases and 31 deaths as of 25 December 2022. WHO is supporting the Ministry of Health investing other cases with similar symptoms.

- **COVID-19**
  - Grade 3
  - 335,641 cases, 4,028 deaths (CFR 1.2%)
  - 8 January 2023

The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Zambia reported the country’s first case of COVID-19 on 18 March 2020. As of 6 January 2023, a total of 335,641 confirmed cases have been reported in Zambia including 4,028 deaths.

### Uganda

- **Drought/food insecurity**
  - Grade 3
  - 176,083 cases, 201 deaths (CFR 0.1%)
  - 17 January 2023

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.

- **Anthrax**
  - Ungraded
  - 318 cases with 3 deaths (CFR 0.9%) reported in 2022.

An anthrax outbreak has been confirmed in Bududa District, Uganda, in early May 2022. As of 14 December 2022, a total of 51 suspected cases have been reported including 2 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 4 December 2022.

- **Yellow Fever**
  - Grade 2
  - 984 cases, 2 deaths (CFR 0.2%)
  - 2 January 2023

From 23 June 2022 to 17 January 2023, eight cases of Crimean-Congo haemorrhagic fever (CCHF) have been confirmed in Uganda from Kanungu (2), Masaka (2), Amuru (1), Kageramad (1), Nakasongola (1) and Rakai (1) districts with three deaths. The last confirmed case was registered on 4 December 2022.

- **Congo Fever**
  - Grade 2
  - 23 cases, 2 deaths (CFR 8.7%)
  - 11 January 2023

In 2022 and as of 13 January 2023, a total of 984 samples have been collected and tested for yellow fever (YF), of which 23 tested IgM+ for YF. Two cases were classified as laboratory-confirmed, including one in Masaka district and another one in Wakiso district. There are currently six cases under investigation, from five districts including Kasese (2), Buikwe (1), Buvuma (1), Masaka (1), and Wakiso (1).

- **Poliovirus**
  - Grade 2
  - 19 cases, 0 deaths (CFR 0.0%)
  - 11 January 2023

No case was reported this week. There were 2 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported 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.

- **COVID-19**
  - Grade 3
  - 393,499 cases, 2,908 deaths (CFR 0.7%)
  - 8 January 2023

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 8 January 2023, a total of 393,499 confirmed cases, including 290 deaths and 39,051 recovered cases, have been reported in the country.

- **Poliomyelitis**
  - Ungraded
  - 19 cases, 0 deaths (CFR 0.0%)
  - 11 January 2023

No case was reported this week. There were 2 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported 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.

- **COVID-19**
  - Grade 3
  - 424,670 cases, 8,466 deaths (CFR 2.0%)
  - 6 January 2023

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 7 January 2023, a total of 170,184 confirmed COVID-19 cases with 3,630 deaths were reported.
<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>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>13-Jan-23</td>
<td>260 814</td>
<td>260 814</td>
<td>5 643</td>
<td>2.2%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Apr-22</td>
<td>19-May-22</td>
<td>18-Dec-22</td>
<td>7 743</td>
<td>355</td>
<td>747</td>
<td>9.7%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>17-Oct-22</td>
<td>17-Oct-22</td>
<td>29-Dec-22</td>
<td>69</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Rift Valley fever</td>
<td>Ungraded</td>
<td>6-Dec-22</td>
<td>28-Nov-22</td>
<td>4-Dec-22</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.0%</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>11-Jan-23</td>
<td>164</td>
<td>142</td>
<td>77</td>
<td>47.0%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 13 January 2023, a total of 260 814 confirmed COVID-19 cases were reported in the country including 5 643 deaths.

A measles outbreak has been ongoing in Zimbabwe since 10 April 2022. As of 18 December 2022, a cumulative total of 7 743 cases, 355 confirmed cases and 747 deaths have been reported since the onset of the outbreak. No new-suspected measles cases and zero suspected deaths were reported this week ending week 50.

The Harare capital city of Zimbabwe is experiencing a typhoid fever outbreak since October 2022. As of 29 December 2022, a total of 69 cases have been reported. The age group of 1 – 4 years accounts for 16% of the total cases. Males account for 47% of all typhoid cases and females contribute 45% and 8% of the cases have no stated gender. All the tested samples were sensitive to Ciprofloxacin, Azithromycin, Cefotaxime, and Ceftriaxone and resistant to Ampicillin, Cotrimoxazole and Azithromycin.

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. No additional cases were reported.

On 19 September 2022, the Uganda Virus Research Institute released results of a confirmed Sudan ebolavirus case. This was a 24-year male from Madudu Sub-County of Mubende district. As of 11 January 2023, a total of 164 cases including 142 laboratory-confirmed and 22 probable cases have been reported, with 77 deaths (CFR 46.9%) including 55 confirmed (CFR 38.7%). Men constitute 57.5% of cases, and majority of cases are aged 20-29 and 30-39 years; the under-5 represent less than 10% of cases. Nineteen healthcare workers have so far been affected (17 confirmed and two probable), with seven deaths (CFR 36.8%). Nine out of 146 districts have been affected, including Bungangabu, Jinya, Kagadi, Kampala, Kassanda, Kyeyoge, Masaka, Mubende, and Wakiso. On 11 January 2023, the outbreak was officially declared over by MoH, 42 days after the last confirmed case tested negative on 29 November and was released from care on 30 November 2022 and the last confirmed death was accorded a safe and dignified burial on the 29 November 2022.

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

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