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

- Cholera in Mozambique
- Cholera in Burundi
- COVID-19 across 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:

- The cholera outbreak which was reported in Mozambique on 14 September 2022 continues with an increase in the number of districts affected. The geographic spread of the outbreak is straining response capacity, including human resources, and medical supplies. Inadequate access to safe water sources for a population already facing hygiene and sanitation challenges, the current rainy season, and a large fishing community could contribute to sustained disease transmission. In addition, Malawi, which borders Mozambique, is currently experiencing an uncontrolled national cholera outbreak with a high case fatality rate (>3%). The observed population movement from Mozambique to neighbouring countries and vice versa, poses a high risk of sub-regional transmission.

- The number of COVID-19 cases reported in the first three weeks of 2023 was the lowest record in the same period comparing the past three years. However, in the three weeks, there has been an increasing number of countries with an uptick in the number of cases and deaths in the WHO African region, with South Africa, Mozambique, Lesotho and Zimbabwe of particular note. Hospitalizations and ICU admission rates have however remained low across the region. Recent surges in China and the USA have once again highlighted the possibility of a rapid deterioration of the pandemic situation as the SARS-CoV-2 virus continues to evolve globally, particularly with the circulation of the highly transmissible XBB 1.5 and BQ.1.1 subvariants.
**EVENT DESCRIPTION**

The current cholera outbreak in Mozambique has been ongoing since 14 September 2022, when a case was reported from Lago district, Niassa province, in the northern region of the country, bordering Malawi and Tanzania.

As of 21 January 2023, a cumulative total of 1,934 suspected cases and 18 deaths (CFR 0.9%) have been reported in nine districts from five of the country’s 11 provinces. Of the 66 cases tested, 45 cases were laboratory confirmed as cholera by culture.

The number of districts reporting cases has increased over the past 30 days. Niassa is by far the most affected province, with 1,376 suspected cases (71%) and 13 deaths (CFR 0.9%) reported from the districts of Lago, Lichinga, Mecanhlas and Sanga.

In the central region, two districts (Caia and Marromeu) in Sofala province reported 497 cases and one death (CFR 0.2%), while one district (Tete City) in Tete province reported 11 cases and no deaths. Milange district in Zambezia province, which borders Malawi, reported 14 cases and no deaths. In the southern part of the country, one district (Xai-Xai) in Gaza province reported 36 cases and four deaths (CFR 11%).

Notably, cases of acute watery diarrhoea (AWD) have been reported in nine districts from four provinces: two districts in Maputo City Province, five districts in Tete Province, one district in Sofala Province and one district in Zambezia Province. Samples from these cases have tested positive for cholera by rapid diagnostic test (RDT) and culture results are pending.

Since 2017, cholera outbreaks have been reported annually in Mozambique during the hot and rainy seasons (January to April and October to December), mainly in the provinces of Nampula, Cabo Delgado, Sofala, and Tete. Prior to the current outbreak, cholera outbreaks unrelated to the current one occurred in the first two quarters of 2022, with a total of 3,480 cases and 15 deaths (CFR 0.4%) reported in eight districts from three provinces that were declared controlled.

The current outbreak is more geographically widespread than the outbreaks reported in 2019-2022, when no more than three provinces were affected during the year. In addition, while some central and northern provinces report cases every year, the currently affected provinces of Gaza and Maputo in the south of the country had not reported cases for more than five years.

**SITUATION INTERPRETATION**

Currently, nine districts from five provinces are reporting cholera cases, and nine additional districts from four provinces including the capital, Maputo are reporting AWD cases with positive cholera RDT results. If an outbreak of cholera is confirmed in Maputo, this could lead to a large outbreak and increase the risk of transmission in the country and to surrounding countries due to the high level of population movement through Maputo. There is a need to build the capacity of healthcare workers in case management and other response pillars, as most of the affected districts, particularly in Niassa Province, have not reported a cholera case for more than five years.

**PUBLIC HEALTH ACTIONS**

- At the national level, a cholera task force has been activated under the leadership of the National Public Health Directorate.
- Response activities are underway, including field investigations, enhanced surveillance, laboratory testing, case management, risk communication and community engagement (RCCE), and Water, Sanitation and Hygiene (WASH) activities to prevent and control the spread of the disease.
- Public messages about cholera and the current situation are being disseminated through media and digital platforms to raise awareness of cholera prevention measures and encourage early treatment seeking.
Distribution of cases of cholera in affected provinces in Mozambique, as of 26 January 2023

Trend of weekly cases of cholera in affected provinces in Mozambique, as of 26 January 2023
EVENT DESCRIPTION
The cholera outbreak that the Ministry of Public Health and Fight against HIV/AIDS of Burundi declared on 1 January 2023 continues, however with declining trend. From epidemiological week 48 2022 (week ending 3 December) to epidemiological week 4, 2023 (ending 29 January), a total of 112 suspected cases, including one death, were reported in four health districts, namely Cibitoke, Isare, North Bujumbura, South Bujumbura, and Bujumbura Centre.

Three health areas, namely Bukirasazi I in Bujumbura North health district, Gatumba in Isare health district, and Mparambo I in Cibitoke health district, registered 48% (n=54) of all cases.

Of the reported 112 cholera cases, 42 tested positive for cholera by stool culture, including 38 identified as serotype 01 (serotype Ogawa) and four as serotype 139. Males contribute majority of the cases (51%) and the age group from 21 to 30 years old is most affected (24%), followed by the age group from 1 to 5 years old (20%).

Burundi reports outbreaks of cholera regularly every year. Some of the plausible factors of cholera in Burundi have been reported as; seasonality, population density, insufficient water-sanitation infrastructure, considerable internal and external migration, and unsanitary activities around Lake Tanganyika.

PUBLIC HEALTH ACTIONS
- The Ministry of health has finalized a Cholera response plan and is coordinating cholera response activities in the affected areas.
- Case management activities are ongoing in the cholera Treatment centres of affected health districts.
- Water Sanitation and Hygiene activities are implemented in affected health districts: a total of 171 households were disinfected in North, South Bujumbura, Isare and Cibitoke health districts. Distribution of 90 000 litres of clean water in Bujumbura North and Cibitoke health districts, distribution of 78 kit WASH in Cibitoke health district, distribution of 6 011 aqua tabs in Bujumbura North and South, Isare and Cibitoke.
- Risk communication and community engagement activities, including door-to-door sensitisation in 207 households of the affected health districts.
- Epidemiological surveillance activities were reinforced in affected health districts.

SITUATION INTERPRETATION
The current situation of cholera in Burundi is concerning considering that it mainly affects the capital Bujumbura, located on Lake Tanganyika and bordering the Democratic Republic of the Congo’s South Kivu Province, which also reports an ongoing and worsening cholera outbreak. Therefore, there is an urgent need to address the WASH gaps in the affected health districts, including providing sufficient potable water to the population and access to clean latrines. In addition, the risk communication and community engagement activities need to be reinforced with the implication of community leaders and community health workers.
Distribution of cases of cholera in affected health zones in Burundi, as of 29 January 2022

Distribution of cases of cholera in affected health zones in Burundi, as of 29 January 2023

Distribution of cholera cases in Burundi by the date of notification, as of 29 January 2022
Since the declaration of COVID-19 as a public health event of international concern by the WHO Director General three years ago, a total of 8,941,138 confirmed cases including 174,152 related fatalities have been reported in the WHO African region, accounting for an overall case fatality ratio of 2.0%. Ninety-two percent (8,246,551) of the confirmed cases have fully recovered from the disease.

Five countries account for the highest number of cumulative cases: South Africa 4,054,206 (45.3%), Ethiopia 499,420 (5.6%), Kenya 342,785 (3.8%), Zambia 329,227 (3.7%), and Botswana 329,227 (3.7%). The five countries that have reported the highest number of cumulative deaths are South Africa 102,595 (59.0%), Ethiopia 7,572 (4.4%), Algeria 6,881 (4.0%), Kenya 5,688 (3.3%), and Zimbabwe 5,652 (3.3%).

Comparing the last two epidemiological weeks – epi weeks 3 (ending 22 January 2023) and 2 (ending on 15 January 2023) –, there was a 9% increase in the number of confirmed COVID-19 cases observed with a total 7,264 cases reported during epi week 3, compared to 6,665 cases reported in epi week 2.

The five countries that accounted for the majority (85%) of confirmed cases reported during epi week 3 were South Africa 2,419 (39%), Zambia 1,634 (26%), Zimbabwe 738 (12%), Mauritius 513 (8%), and Botswana 289 (5%). The number of new COVID-19-related deaths in the region has remained low compared to most of the pandemic. Comparing epi weeks 3 (ending 22 January 2023) and 2 (ending on 15 January 2023), there was a 39% decline in the number of deaths reported in the region. The 23 deaths reported in epi week 3 were reported from Zimbabwe (8), South Africa (7), Zambia (3), Botswana (2), Namibia (2), and Madagascar (1).

Two countries in the region - Zambia and Zimbabwe - are currently classified as being in resurgence after a sustained surge in COVID-19 cases and deaths have been observed in the past three weeks. South Africa, Mozambique, and Lesotho are also being closely monitored following a sustained rise in the number of new COVID-19 cases for at least two consecutive recent weeks.

Zimbabwe, the latest country in resurgence, has reported a consistent increase in the number of new cases for the past four weeks from 177 in epi week 51 2022 (ending 25 December 2022) to 738 in epi week 3 2023 (ending 22 January 2023). In addition, the number of tests performed in epi week 3 dropped from 7,219 in epi week 2 to 7,019 while the test positivity rate (TPR) increased from 5.4% in epi week 2 to 10.5% in epi week 3 in Zimbabwe.

Testing rates have significantly declined in the WHO African region. Comparing the same period last year. New hospitalizations, ICU admissions and severe presentation of the disease have all remained low in the region.
Distribution of cases of COVID-19 in the WHO African Region, as of 29 January 2023

Epidemiological curve of COVID-19 laboratory-confirmed cases and deaths in the AFRO region (As of 22 January 2023)
Integrated Disease Surveillance and Response
Weekly data submission report

Health Emergency Information Management & Risk Assessment Programme

**Update on Reporting - Epidemiological Week 03: 16 – 22 Jan., 2023**

**Point du rapportage hebdomadaire – Semaine 03: 16 – 22 Jan., 2023**

**2023**

27 Countries out of 47, reported for week 03

57 % Completeness for weekly reporting

45 % Timeliness for weekly reporting

**2022 Summary of Reporting - Frequency of weekly reports received at AFRO**

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:

afrooutbreak@who.int
afroephrhir@who.int

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**Reminder**: Upcoming deadlines for weekly data submission

**Rappel**: Dates limites prochaines de soumission des données hebdomadaires

<table>
<thead>
<tr>
<th>Week</th>
<th>Start date</th>
<th>End date</th>
<th>Deadline / Date limite</th>
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<td>Week 4</td>
<td>23-Jan-2023</td>
<td>29-Jan-2023</td>
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<td>Week 6</td>
<td>06-Feb-2023</td>
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**New Events**

<table>
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<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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<tr>
<td>Madagascar</td>
<td>Cyclonic system CHENESO</td>
<td>Ungraded</td>
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<td>19-Jan-23</td>
<td>25-Jan-23</td>
<td>35 001</td>
<td>7</td>
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On 19 January 2023 at 10:45 am, the cyclonic system CHENESO landed in Madagascar north of Antalaha district, SAVA region, with an average wind speed of 90 km/h and gusts up to 120 km. Last report provided by the BNGRC on 24/01/2022 at 4:30 pm indicated that 7 people died and 13 people were missing. A total of 35,001 people were affected (8,456 households) and 14,413 displaced people (3,479 households) in 55 shelter sites. Eleven regions were affected, the most affected being SAVA, DIANA, Analanjirfo, Atsinanana, Sofia, and Boeny; 31 districts were affected.

| Zambia | Cholera | Ungraded | 24-Jan-23 | 20-Jan-23 | 26-Jan-23 | 17 | 8 | 1 | 5.90% |

On 21 January 2023, a male aged 22 from Kambolakelo presented to Chikoma Health Centre with Acute Watery Diarrhea (AWD) and dehydration. On the same day, a 30-year-old female, presented to Chikoma Zonal Rural Health Centre with similar signs and symptoms to the index case. The female case had just returned to Vubwi from Mozambique to take care of her sick mother. As of 29 January, 17 suspect cholera cases, with six confirmed and one death have been reported.

**Ongoing Events**

| Algeria | COVID-19 | Grade 3 | 25-Feb-20 | 25-Feb-20 | 29-Jan-23 | 271 376 | 271 376 | 6 881 | 2.50% |

From 25 February 2020 to 29 January 2023, a total of 271 376 confirmed cases of COVID-19 with 6 881 deaths have been reported from Algeria, with 182 743 recovered.

| Algeria | Poliomyelitis (cVDPV2) | Grade 2 | 14-Jul-22 | 11-Aug-22 | 25-Jan-23 | 2 | 2 | - | - |

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.

| Angola | COVID-19 | Grade 3 | 21-Mar-20 | 21-Mar-20 | 15-Jan-23 | 105 184 | 105 184 | 1 931 | 1.80% |

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 15 January 2023, a total of 105 184 confirmed COVID-19 cases have been reported in the country with 1 931 deaths.

| Benin | COVID-19 | Grade 3 | 17-Mar-20 | 16-Mar-20 | 09-Jan-23 | 27 989 | 27 989 | 163 | 0.60% |

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.

| Benin | Mpox | Grade 3 | 14-Jun-22 | 14-Jun-22 | 18-Jan-23 | 3 | 3 | 0 | 0.00% |

Three suspected cases of Monkeypox were notified to WHO by the Benin Ministry of Health on 3 June 2022. Two of the three suspected cases were from Nigeria, and one person was from the North of the country. Laboratory samples were taken and sent to the Institute Pasteur laboratory in Dakar, which confirmed the three samples positive on 14 June 2022.

| Benin | Poliomyelitis (cVDPV2) | Grade 2 | 08-Aug-19 | 24-Aug-19 | 25-Jan-23 | 24 | 24 | 0 | 0.00% |

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.

| Botswana | COVID-19 | Grade 3 | 30-Mar-20 | 30-Mar-20 | 14-Jan-23 | 328 887 | 328 887 | 2 798 | 0.90% |

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 14 January 2023, a total of 328 887 confirmed COVID-19 cases were reported in the country including 2 798 deaths.

| Burkina Faso | Humanitarian crisis (Sahel Region) | Grade 2 | 01-Jan-19 | 01-Jan-19 | 31-Dec-22 | 1 882 391 | - | - | - |

Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated due to attacks by armed groups. The humanitarian situation in the country remained a concern in December 2022. The government reported several security incidents and other restrictions that hampered humanitarian access, mainly in the Sahel, North Centre, East and North regions. A total of 1 882 391 displaced persons are registered in Burkina Faso as of 31 December 2022. We observed a 4% increase in the total IDPs in December compared to November 2022. It is estimated that a total of 4.7 million people will need humanitarian aid in 2023. Access to health services remains a challenge for the population in affected areas.

| Burkina Faso | COVID-19 | Grade 3 | 10-Mar-20 | 09-Mar-20 | 09-Jan-23 | 22 025 | 22 025 | 396 | 1.80% |

Between 9 March 2020 and 9 January 2023, a total of 22 025 confirmed cases of COVID-19 with 396 deaths and 21 596 recoveries have been reported from Burkina Faso.

| Burundi | Cholera | Ungraded | 01-Jan-23 | 01-Jan-23 | 25-Jan-23 | 99 | 66 | 1 | 1.00% |

An outbreak of cholera has been declared in Burundi on 1 January 2023. As of 25 January, 99 suspected cases and one death (CFR 1.1%) have been reported, including 66 laboratory-confirmed cases. Almost 48.5% of cases (n=48) are females, with a male/female sex ratio of 1:1. The most affected age group is the 21-30 years (23 cases; 23.2%); the under-five represent 19.2% of cases (n=19). Twenty-four (24) health areas have reported one or several cases, distributed in five districts including Budumbura North (44 cases), Isale (28 cases), Gbitoke (23 cases), Budumbura Centre (two cases), and Budumbura South (two cases).

| Burundi | COVID-19 | Grade 3 | 31-Mar-20 | 18-Mar-20 | 28-Jan-23 | 53 492 | 53 492 | 15 | 0.00% |

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 28 January 2023, the total number of confirmed COVID-19 cases is 53 492, including 15 deaths and 53 394 recovered.
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.

The humanitarian situation in the NWSW regions remained dire, marked by continued violent attacks on schools and children, as well as on healthcare. Continued fighting between non-state armed groups (NSAGs) and State security forces (SSF) led to the killing and displacement of civilians. Parties to the conflict continue to attack or hamper healthcare services accusing health personnel of supporting either side. Civilians continue to be caught in crossfire due to frequent clashes between NSAGs and SSF as well as clashes between different NSAG factions competing for power and control over localities. Humanitarian activities continue to be hampered by roadblocks, theft of humanitarian supplies, bureaucratic impediments, and risk of IEDs in public spaces and roads used by humanitarians.

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<tr>
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<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>
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<tr>
<td>Cameroon</td>
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<td>Protracted 2</td>
<td>01-Oct-16</td>
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<td>30-Dec-22</td>
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<td>Grade 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
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<td>31-Aug-21</td>
<td>25-Oct-21</td>
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<td>COVID-19</td>
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<td>06-Mar-20</td>
<td>15-Jan-23</td>
<td>124 271</td>
<td>124 271</td>
<td>1 965</td>
<td>1,60%</td>
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The security 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, as a consequence of flooding events that have occurred since mid-August 2022, more than 314 000 people (54 926 households) have been affected including more than 23 deaths and 113 324 internally displaced populations (17 348 households). In addition, more than 33 000 houses and 151 schools have been overflooded; 48 000 hectares of land have been destroyed and 10 566 animals have been lost in Mayo-Danay, Logone & Chari, and Mayo-Tsanaga departments.

Between 13 and 19 January 2023, five new suspected cases of cholera with no deaths have been reported from Littoral region. As of 19 January 2023, 15 152 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 six remain active in one (Littoral) region. Patients' ages range from 2 months to 103 years with a median of 27 years, and females remain twice less affected than males.

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.
In 2022, from week 1 through week 52, a total of 1,485 suspected cases of measles and three deaths (CFR 0.2%) were reported through Integrated Diseases Surveillance and Response (IDSR) system. Among cases reported, 148 are confirmed including 99 laboratory-confirmed and 49 by epidemiological link. A total of 10 districts confirmed measles outbreaks: Bangui 1 confirmed at week 33, Batangafo-Kabo at week 30, Ouango-Gambo at week 30, Bimbo at week 10, Kouango-Grimari at week 11, Alindao at week 14, Haute-Kotto at week 20, Kembê-Satema at week 41, Bocaranga-Koui at week 43 and Mobaye-Zangba at week 46. About 97% of districts (34/35) investigated the outbreak and collected sample for at least one suspected measles case.

From 1 January 2022 to 24 January 2023, Central African Republic has reported 20 laboratory-confirmed cases of monkeypox with no deaths. Sixteen confirmed and three probable cases were reported in 2022 while four confirmed cases have already been reported since the beginning of 2023. The last confirmed case was notified on 10 January in Bangassou district. Cumulatively, six districts have so far been affected: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this epiweek 2, 2023 (ending 15 January). There are six cases reported in 2022. Although no new cases were reported in 2021, 4 cVDPV2 cases were reported in 2020 and 21 cases in 2019 from several outbreaks.

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. On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever. As of 25 December 2022, 2,491 suspected cases of yellow fever have been reported. Of these, 1,910 cases have been investigated, including 25 probable and 31 lab-confirmed cases. A total of 74 deaths have been reported (CFR 3.0%) including one among probable and six among confirmed cases. In 2022, 1,388 suspected cases were reported, including 12 probable and 12 lab-confirmed cases. A total of 27/126 districts in 10/23 provinces have been affected since the beginning of the outbreak.

No new cases of COVID-19 were reported in the country in Bangassou district. Cumulatively, six districts have so far been affected: Sangha-Mbaéré, Bangui I, Alindao, Bimbo, Ouango-Gambo and Bangassou.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 22 January 2023, a total of 7,652 confirmed COVID-19 cases were reported in the country including 194 deaths.

From January through December 2022, a total of 3,134 suspected measles cases and 12 deaths (0.4%) were reported through Integrated Diseases Surveillance and Response system. A total of 13 districts with confirmed outbreaks. Among confirmed cases, 47.5% are below 5 years of age and only 17.5% known to have received the measles vaccine.

From week 1 through week 52, 2022 (ending 1 January 2023), a total of 6,912 suspected measles cases were reported in Congo including 6,717 confirmed (6,385 through epi-link and 332 laboratory), about 132 deaths registered (CFR 1.9%). A reactive measles vaccination campaign was organized from 4 to 11 August 2022. Three districts (Alima, Madingou, Makélékélé) experienced measles outbreak 28 days after the reactive campaign. The total number of confirmed cases have been revised.

From 1 January 2022 to 18 January 2023, the Republic of Congo has reported 68 suspected cases of monkeypox including five probable and five laboratory-confirmed cases, with three deaths among the probable (CFR 4.4%). The suspected cases have been reported from four Departments and nine Districts. Impfondo is the epicentre of the outbreak, with five probable and two confirmed cases. The other confirmed cases have been detected in Ouesso (2) and Ngoyo (1) Districts. Sixty percent of the probable and confirmed cases are females, and 40% are aged less than 10 years.

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<th>Grade</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
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<td>Measles</td>
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<td>13-Mar-22</td>
<td>01-Jan-22</td>
<td>31-Dec-22</td>
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<td>Mpox</td>
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<td>04-Mar-22</td>
<td>24-Jan-23</td>
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<td>24-May-19</td>
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<td>23</td>
<td>4</td>
<td>0.50%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>01-Jan-22</td>
<td>31-Dec-22</td>
<td>3,134</td>
<td>194</td>
<td>12</td>
<td>0.40%</td>
</tr>
<tr>
<td>Chad</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>13-Nov-21</td>
<td>01-Nov-21</td>
<td>25-Dec-22</td>
<td>2,311</td>
<td>30</td>
<td>7</td>
<td>0.30%</td>
</tr>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Apr-20</td>
<td>30-Apr-20</td>
<td>22-Jan-23</td>
<td>8,992</td>
<td>8,992</td>
<td>161</td>
<td>1.80%</td>
</tr>
<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>22-Jan-23</td>
<td>25,069</td>
<td>25,069</td>
<td>388</td>
<td>1.60%</td>
</tr>
<tr>
<td>Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Mar-20</td>
<td>01-Jan-22</td>
<td>31-Dec-22</td>
<td>6,912</td>
<td>6,717</td>
<td>132</td>
<td>1.90%</td>
</tr>
<tr>
<td>Congo</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>23-May-22</td>
<td>01-Jan-22</td>
<td>18-Jan-23</td>
<td>68</td>
<td>5</td>
<td>3</td>
<td>4.40%</td>
</tr>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>22-Jan-23</td>
<td>87,981</td>
<td>87,981</td>
<td>833</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

Since 11 March 2020, a total of 87,981 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 833 deaths, and a total of 87,136 recoveries.
Since the beginning of 2022, more than 1.56 million people have been in a situation of internal displacement (IDPs) in the DRC. In North Kivu, MONUSCO reported that 131 civilians were killed on 29-30 Nov in Rusthuru Territory injuring 8 people with 60 others abducted. In Ituri territory of 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, Bunda, Sota, and Kombokabo and were mainly in the area of Tsere where they face pressing needs for access to food and essential household items.

### Health Emergency Information and Risk Assessment

#### Democratic Republic of the Congo

<table>
<thead>
<tr>
<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>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>27-Nov-22</td>
<td>17 355</td>
<td>1 356</td>
<td>285</td>
<td>1.60%</td>
</tr>
</tbody>
</table>

From epidemiological week 1 to 51 (ending 24 December 2022), 17 355 suspected cholera cases, including 285 deaths (CFR: 1.6%), were recorded in 98 health zones across 17 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (5 707), Haut-Lomami (2 869), Tanganyika (3 114), and North Kivu (4 117). Karisimbi and Nyiragongo health zones are among the cholera hotspot sites in North Kivu province. The number of cholera cases increased in Nyiragongo 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 Nyiragongo Health Zone, up to 720 new cases at week 52 in 2022.

#### Democratic Republic of the Congo

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<tr>
<th>Event</th>
<th>Grade</th>
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<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>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>03-Jan-22</td>
<td>30-Dec-22</td>
<td>17 355</td>
<td>1 356</td>
<td>285</td>
<td>1.60%</td>
</tr>
</tbody>
</table>

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 95 513 confirmed cases and two probable case, including 1 463 deaths have been reported. A total of 84 264 people have recovered.

#### Democratic Republic of the Congo

<table>
<thead>
<tr>
<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>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>22-Jan-23</td>
<td>95 515</td>
<td>95 513</td>
<td>1 463</td>
<td>1.50%</td>
</tr>
</tbody>
</table>

In 2022, a total of 146 438 suspected measles cases and 1 846 measles-related deaths (CFR 1.3%) were reported, 6 740 of these cases have been investigated and 2 852 measles IgM positive, and 1 412 rubella IgM positive. About 62% of laboratory confirmed measles cases are children under five years of age, and only 35% have history of measles vaccination.

#### Democratic Republic of the Congo

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<th>Event</th>
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<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>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>01-Jan-22</td>
<td>31-Dec-22</td>
<td>146 438</td>
<td>2 852</td>
<td>1 846</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

An outbreak of cholera was officially declared in North Kivu province of DRC on 14 December 2022, following a massive influx of IDPs in Nyiragongo and Karisimbi health zones (HZs). Between 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 Nyiragongo HZ, and 204 cases and one death (CFR 0.5%) in Karisimbi HZ. In Nyiragongo HZ, the health area of Karisimbi is the epicenter of the outbreak, with 76.7% (2 375 and 13 deaths) cases. IDPs represent almost all (2 812 cases; 90.8%) of the cases reported in Nyiragongo HZ. However, there is an extension of the outbreak outside the IDP sites towards the host communities.

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<th>End of reporting period</th>
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<th>Deaths</th>
<th>CFR</th>
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<tr>
<td>Measles</td>
<td>Ungraded</td>
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<td>01-Jan-22</td>
<td>31-Dec-22</td>
<td>146 438</td>
<td>2 852</td>
<td>1 846</td>
<td>1.30%</td>
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</tbody>
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<th>Deaths</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>01-Jan-22</td>
<td>31-Dec-22</td>
<td>146 438</td>
<td>2 852</td>
<td>1 846</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

According to the Global Polio Eradication Initiative (GPEI), no case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. There are 84 cases reported in 2022.

#### Democratic Republic of the Congo

<table>
<thead>
<tr>
<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>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>01-Jan-22</td>
<td>31-Dec-22</td>
<td>146 438</td>
<td>2 852</td>
<td>1 846</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

According to the Global Polio Eradication Initiative (GPEI), no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 255 cases reported in 2022.

#### Democratic Republic of the Congo

<table>
<thead>
<tr>
<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>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>01-Jan-22</td>
<td>31-Dec-22</td>
<td>146 438</td>
<td>2 852</td>
<td>1 846</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

The suspected meningitis outbreak is still ongoing in the Banalia health zone, Tshopo province in the Democratic Republic of the Congo. From 2 June 2022 to 23 January 2023, a total of 251 suspected cases with 49 deaths (CFR 19.5%) have been reported. Three health areas are the hotspots: Mangi, Bongonza and Panga.

#### Democratic Republic of the Congo

<table>
<thead>
<tr>
<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>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>01-Jan-22</td>
<td>31-Dec-22</td>
<td>146 438</td>
<td>2 852</td>
<td>1 846</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

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 17 186 cases have been reported in the country with 183 deaths and 16 880 recoveries.

#### Democratic Republic of the Congo

<table>
<thead>
<tr>
<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>
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</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>01-Jan-22</td>
<td>31-Dec-22</td>
<td>146 438</td>
<td>2 852</td>
<td>1 846</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

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.
Health Emergency Information and Risk Assessment

<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>Eritrea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>02-Jun-22</td>
<td>07-Jun-22</td>
<td>18-Jan-23</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported on week 21, 2023 (ending 15 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.

| Eswatini    | COVID-19               | Grade 3 | 13-Mar-20             | 13-Mar-20                 | 29-Jan-23               | 74 133      | 74 133         | 1 422  | 1,90% |

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 16 March 2020. As of 29 January 2023, a total of 74 133 cases have been reported with 1 422 associated deaths.

| Ethiopia    | Drought/food insecurity | Grade 3 | 17-Feb-22             | 01-Jan-22                 | 05-Jan-23               | 12 000 000  | -              | -      | -    |

In eastern and southern Ethiopia, communities continue to suffer from the devastating drought affecting the Horn of Africa. Livelihoods of vulnerable pastoralists and agro-pastoralists continue to be severely eroded driving food insecurity and malnutrition. It is estimated that more than 4.5 million livestock have died since late 2021, and at least 30 million weakened and emaciated livestock are at risk. At present, nearly 12 million people are estimated to be food insecure, and 8.6 million people are being targeted for water, sanitation and hygiene assistance across the drought-affected areas. The drought is also causing a health crisis where health risks related to complications from malnutrition and disease outbreaks have increased at a time when access to health services has decreased.

| Ethiopia    | Humanitarian crisis (Conflict in Tigray) | Grade 3 | 04-Nov-20             | 04-Nov-20                 | 05-Jan-23               | 22 000 000  | -              | -      | -    |

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.

| Ethiopia    | Cholera                | Ungraded | 17-Sep-22             | 17-Sep-22                 | 26-Jan-23               | 1 027      | 32             | 28      | 2,70% |

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 26 January 2023, a total of 1 027 suspected cases of cholera with 28 deaths (CFR 2.7%) have been reported, including 828 cases and 13 deaths (CFR 1.6%) from Oromia region and 199 cases and 15 deaths (CFR 7.5%) from Somali region. A total of 32 of these cases were laboratory-confirmed through culture, and 138 cases were positive to cholera RDT. 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.

| Ethiopia    | Measles                | Ungraded | 13-Apr-17             | 01-Jan-22                 | 31-Dec-22               | 13 934      | 8 554          | 71      | 0.50% |

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 499 478 cases of COVID-19 as of 29 January 2023, with 7 572 deaths and 486 496 recoveries.

| Ethiopia    | Poliomyelitis (cVDPV2) | Grade 2 | 24-Jun-19             | 20-May-19                 | 18-Jan-23               | 64          | 64             | 0       | 0.00% |

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

| Gabon       | COVID-19               | Grade 3 | 12-Mar-20             | 12-Mar-20                 | 16-Jan-23               | 48 980      | 48 980         | 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 2 January 2023, a total of 48 980 cases including 306 deaths and 48 686 recoveries have been reported in the country.

| Gambia      | Acute kidney injury    | Grade 2 | 01-Aug-22             | 27-Jun-22                 | 23-Dec-22               | 127         | 82             | 70      | 55.10% |

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 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. As of 23 December 2022, 127 cases were positive to cholera RDT. A total of 32 of these cases were laboratory-confirmed through culture, and 138 cases were positive to cholera RDT. 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.

| Gambia      | COVID-19               | Grade 3 | 17-Mar-20             | 17-Mar-20                 | 04-Nov-22               | 12 586      | 12 586         | 372     | 3.00% |

The first COVID-19 confirmed case was reported in The Gambia on 17 March 2020. As of 4 November 2022, a total of 12 586 confirmed COVID-19 cases including 372 deaths, and 12 189 recoveries have been reported in the country.

| Ghana       | COVID-19               | Grade 3 | 12-Mar-20             | 12-Mar-20                 | 23-Jan-23               | 171 112     | 171 112        | 1 462   | 0,90% |

As of 23 January 2023, a total of 171 112 confirmed COVID-19 cases have been reported in Ghana. There have been 1 462 deaths and 169 640 recoveries reported.

| Ghana       | Mpox                  | Grade 3 | 08-Jun-22             | 24-May-22                 | 10-Jan-23               | 121         | 121            | 4       | 3.30% |

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 15 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).

| Ghana       | Poliomyelitis (cVDPV2) | Grade 2 | 23-Aug-19             | 23-Jul-19                 | 25-Jan-23               | 34          | 34             | -       | -    |

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.
947 confirmed cases of COVID-19 with 8,656 recoveries and 176 deaths. 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 8,656 recoveries and 467 deaths, have been reported in the country.

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 52 (ending 31 December), a total of 23,259 suspected measles cases with 432 confirmed and 33 death (CFR 0.1%) have been reported in Guinea through the Integrated disease surveillance and response.

On 20 November 2022, a suspected case of yellow fever was reported from Mwimbi sub county. No deaths were reported in the week. The total suspected cases from week 1 through week 52, 2022 are 204.

The drought situation continued to worsen in twenty (20) of the 23 ASAL counties in Kenya. Seven (7) counties including Isiolo, Mandera, Samburu, Turkana, Wajir, Laikipia and Marsabit are in Alert drought phase. Thirteen (13) counties including Embu, Garissa, Kajiado, Kitui, Maukei, Meru, Narok, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alarm drought phase. Drought is affecting about 4.5 million people, compared to 2.1 million in September 2021. Of these, approximately 2.14 million are children.

The ongoing cholera 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 16 March 2020 to 24 January 2023, Liberia has recorded a total of 8,062 cases including 294 deaths and 7,766 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 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% (6,769) 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 Ebockaville Une, La Côte D’voire but sought treatment at the Plebao Health centre in Maryland County, Liberia where he was detected and isolated with 4 contacts being line-listed. As of 18 January 2023, six confirmed cases of monkeypox and 0 deaths were reported.

Madagascar Confirmed COVID-19 cases reported.

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.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 20 January 2023, a total of 231 994 confirmed COVID-19 cases were reported in the country including 2 233 deaths.

A cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 14 September 2022 to 26 January 2023, a total of 2 256 cases and 24 deaths (CFR 1.1%) have been reported from seven districts; ago, Lichinga, Mecanhelas, Sanga, Chimbonila, Muembe and Mandimba.

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 14 September 2022 to 26 January 2023, a total of 2 256 cases and 24 deaths (CFR 1.1%) have been reported from seven districts; ago, Lichinga, Mecanhelas, Sanga, Chimbonila, Muembe and Mandimba.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 29 January 2023, the country has a total of 88 505 confirmed cases and 2 686 deaths.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 29 January 2023, the country has a total of 88 505 confirmed cases and 2 686 deaths.

One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

The humanitarian situation was recently marked by the flooding of more than 1 000 hectares in the commune of Alafia, Timbuktu region, which caused population movements. Overall, the number of internally displaced persons (IDPs) increased from 422 660 in August 2022 to 440 436 in September 2022, representing a 4% increase. The largest number of IDPs was in the Mopti region.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 29 January 2023, a total of 32 780 confirmed COVID-19 cases have been reported in the country including 743 deaths and 31 955 recoveries.

As of 11 December 2022, a total of 1 256 samples from suspected cases of measles were tested in Mali. Of these, 751 cases have been confirmed with one death.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 22 January 2023, a total of 63 436 cases including 997 deaths and 62 437 recovered have been reported in the country.

A new confirmed case of Rift Valley fever (RVF) was reported by the Mauritanian Ministry of Health on 29 August 2022. The index case is a 25-year-old male breeder from the Moughataa (district) of Tintane in Hodh El Gharbi region. He presented to a health facility with high fever and headache. On 26 August, he developed a haemorrhagic syndrome (epistaxis) with severe thrombocytopenia. He died on 29 August. As of 25 December 2022, a total of 53 cases have been confirmed with 24 deaths (CFR 45.3%).

Response activities are underway including enhanced surveillance and investigations.

The Republic of Mauritius reported its first confirmed case of COVID-19 on 13 March 2020. As of 22 January 2023, a total of 294 602 confirmed COVID-19 cases including 1 043 deaths have been reported in the country.

A new confirmed case of Rift Valley fever (RVF) was reported by the Mauritanian Ministry of Health on 29 August 2022. The index case is a 25-year-old male breeder from the Moughataa (district) of Tintane in Hodh El Gharbi region. He presented to a health facility with high fever and headache. On 26 August, he developed a haemorrhagic syndrome (epistaxis) with severe thrombocytopenia. He died on 29 August. As of 25 December 2022, a total of 53 cases have been confirmed with 24 deaths (CFR 45.3%).

Response activities are underway including enhanced surveillance and investigations.

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 22-Jan-23 294 602 294 602 1 043 0,40%

The safety situation in Cabo Delgado remains unpredictable and volatile. Throughout 2022, various levels of authorities have announced “returns” of IDPs to some districts, such Mocimboa da Praia, Palma, Quissanga, Muidumbe and Macomia. The IOM DTM mapped a total of 1,028,743 IDPs and 352,437 returnees in 238 locations across Northern Mozambique as of November 2022.

Mozambique announced the confirmation of the first COVID-19 case on 20 March 2020. As of 20 January 2023, a total of 67 827 confirmed cases including 1 419 deaths have been reported in the country.

A total of 29 districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga district. As of 29 January 2023, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 33 608 and 1 093 respectively, with Case Fatality Rate at 3.3%.

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 Ebockaville Une, La Côte D’voire but sought treatment at the Plebao Health centre in Maryland County, Liberia where he was detected and isolated with 4 contacts being line-listed. As of 18 January 2023, six confirmed cases of monkeypox and 0 deaths were reported.

Madagascar COVID-19 Grade 3 20-Mar-20 20-Mar-20 20-Jan-23 67 827 67 827 1 419 2,20%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 20 January 2023, a total of 67 827 confirmed cases including 1 419 deaths have been reported in the country.
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 22 January 2023, a total of 170 724 confirmed cases with 4 088 deaths have been reported.

Niger COVID-19 Grade 3 19-Mar-20 19-Mar-20 15-Jan-23 9 508 9 508 315 3,30%

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 06-Apr-22 01-Jan-22 14-Jan-23 14 153 722 32 0,20%

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 07-Dec-22 31-Oct-22 15-Jan-23 490 111 16 3,30%

The first case of meningitis was reported on 31 October 2022 and confirmed on 23 November 2022 with Neisseria meningitidis identified as the causative agent. As of 15 January 2023, Zinder has reported 490 cases of meningitis including 111 laboratory confirmed cases and 16 deaths (CFR 3.3%). These cases were reported from six health districts (HD): Dungass (331 cases, 6 deaths), Gouré (1 case, 9 deaths), Magarai (28 cases, 4 deaths), Mamaye (93 cases, 3 deaths), Mirriah (46 cases, 2 deaths), and Zinder ville (2 cases, 1 death). A reactive vaccination campaign is underway in the region.

Niger Poliomyelitis (cVDPV2) Grade 2 01-Jan-20 01-Jan-21 18-Jan-23 31 31 0 0,00%

No new cases were reported during this week. There are 13 cases reported in 2022. There were 18 cases reported in 2021.

Nigeria Humanitarian crisis (Sahel region) Grade 2 10-Oct-16 10-Oct-16 13-Jan-23 - - - -

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.

Nigeria Cholera Ungraded 01-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 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 are the most affected age groups (52.7%), and 47% of affected cases are males while 53% are females.

Nigeria COVID-19 Grade 3 27-Feb-20 27-Feb-20 06-Jan-23 266 463 266 463 3 155 1,20%

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 6 January 2023, a total of 266 463 confirmed cases with 259 850 recovered and 3 155 deaths have been reported.

Nigeria Lassa Fever Grade 1 01-Jan-21 01-Jan-23 22-Jan-23 244 244 37 15,20%

Since the beginning of 2023 to 22 January 2023, a total of 244 confirmed cases of Lassa fever, including 37 deaths with a case fatality rate of 15.2%, have been reported in 16 states and the Federal Capital Territory (FCT). The highest number of cases was reported in Ondo (90) and Edo (89) states, followed by Bauchi (13), Taraba (10), Benue (9), Ebonyi (9), Nasarawa (7), Plateau (5), Kogi (4), Anambra (2), Delta (1), Oyo (1), Adamawa (1), Edo (1), and Imo (1) states; one case was reported from the FCT (1). Of the reported cases, five cases and one death were among health workers. The Nigeria Centre for Disease Control and Prevention (NCDC) has activated the National Multisectoral Emergency Operations Center for Lassa Fever at Level 2 to coordinate and strengthen the ongoing response activities in the country, following a risk assessment carried out on 20 January 2023.

Nigeria Mpox Grade 3 31-Jan-22 01-Jan-22 31-Dec-22 763 763 7 0,90%

From 1 January to 31 December 2022, Nigeria has reported 763 monkeypox confirmed cases with seven deaths.

Nigeria Poliomyelitis (cVDPV2) Grade 2 01-Jun-18 01-Jan-18 11-Jan-23 513 513 - -

According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 43 cVDPV2 cases reported in 2022. There were 410 cVDPV2 cases reported in 2021 and 513 cases since 1 January 2018.
### Country Event Grade Date notified to WCO Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

Rwanda COVID-19 Grade 3 14-Mar-20 14-Mar-20 22-Jan-23 133 090 133 090 1 468 1,10%

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 22 January 2023, a total of 133 090 cases with 1 468 deaths and 131 559 recovered cases have been reported in the country.

Sao Tome and Principe COVID-19 Grade 3 07-Apr-20 06-Apr-20 22-Jan-23 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 22 January 2023, a total of 6 279 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6 022 cases have been reported as recoveries.

Sao Tome and Principe Dengue Grade 2 11-Apr-22 15-Apr-22 01-Jan-23 1 161 1 161 8 0,70%

Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April to 1 January 2023, a total of 1 161 cases and 8 deaths (CFR 0.7%) have been confirmed via RDT from: Água Grande (781, 67.3%), Mbozhi (179, 15.5%), Lobata (97, 8.3%), Cantagalo (47, 4.1%), Caué (23, 2.0%), Lembá (20, 1.6%), and RAP (14, 1.2%). During week 52, there was 1 new case registered in the country. Água Grande’s attack rate is by far the highest (91.8 per 10 000 inhabitants). Those aged 30-39 years are experiencing the highest attack rate at 73.1 cases per 10 000.

Senegal COVID-19 Grade 3 02-Mar-20 02-Mar-20 29-Dec-22 88 900 88 900 1 968 2,20%

From 2 March 2020 to 29 December 2022, a total of 88 900 confirmed cases of COVID-19 including 1 968 deaths and 86 915 recoveries have been reported in Senegal.

Senegal Dengue Ungraded 14-Nov-22 01-Jan-23 22-Jan-23 4 4 0 0,00%

Four dengue confirmed cases including two males and two females were reported in Thiolgne district from week 1 to week 3 of 2023. In 2022, 238 cases were recorded including 203 confirmed by PCR (85.3%) and 35 by IgM testing (14.7%). They were mostly concentrated in the first and last quarters of 2022. Eleven regions were affected. The Matam region had 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%).

Senegal Measles Ungraded 04-Jul-22 01-Jan-23 22-Jan-23 17 17 0 0,00%

From epidemic week 1 to 3 of 2023 (ending 22 January 2023), 17 confirmed cases of measles with no deaths were reported from four regions in Senegal namely Diourbel (10 cases), Kédougou (4 cases), Louga (1 case), and Matam (2 cases). Almost all reported cases (16; 94.1%) were unvaccinated against measles.

Seychelles COVID-19 Grade 3 14-Mar-20 14-Mar-20 31-Dec-22 50 665 50 665 172 0,30%

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 31 December 2022, a total of 50 665 cases have been confirmed, including 50 440 recoveries and 172 deaths have been reported.

Sierra Leone COVID-19 Grade 3 31-Mar-20 27-Mar-20 27-Dec-22 7 760 7 760 126 1,60%

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 27 December 2022, a total of 7 760 confirmed COVID-19 cases were reported in the country, including 126 deaths and 4 898 recovered cases.

Sierra Leone Measles Ungraded 01-Nov-21 01-Jan-22 31-Dec-22 1 174 178 0 0,00%

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 Karene districts reported more than 3 measles cases. Surveillance and immunisation activities have been intensified in all districts.

South Africa COVID-19 Grade 3 05-Mar-20 05-Mar-20 29-Jan-23 4 055 416 4 055 416 102 595 2,50%

Since the start of the COVID-19 pandemic in South Africa through 29 January 2023, a cumulative total of 4 055 416 confirmed cases and 102 595 deaths have been reported.

South Africa Measles Ungraded 17-Oct-22 13-Oct-22 26-Jan-23 2 750 421 0 0,00%

From 8 October 2022 to 26 January, 2023, a total of 406 laboratory-confirmed measles cases were reported from five provinces with declared measles outbreaks in Limpopo (149 cases), Mpumalanga (81 cases), North West (133 cases), Gauteng (25 cases), and Free State (18 cases).

South Africa Mpox Grade 3 23-Jun-22 23-Jun-22 18-Jan-23 5 5 0 0,00%

From 22 June 2022 to 18 January 2023, there have been five unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 2), Limpopo (n = 1) and Johannesburg (n = 1)provinces. No new cases have been reported since October 2022.

South Sudan Drought/food insecurity Grade 3 18-Dec-20 05-Apr-21 12-Jan-23 6 310 000 - - -

People across South Sudan have experienced critical needs in December 2022. An estimated 6.31 million people experience high levels of acute food insecurity (IPC Phase 3/Driss or above), with 33,000 people projected to be in IPC Phase 5/Catastrophe in Akobo and Fangak, Jonglei State; and Pibor County in the Greater Pibor Administrative Area (GPAA) in December 2022 - March 2023. Over 1.4 million children below the age of five are estimated to be acutely malnourished with 345 893 experiencing severe acute malnutrition (SAM) and another 1.1 million experiencing moderate acute malnutrition (MAM).

South Sudan Flooods Ungraded 07-Oct-22 15-Jan-23 1 000 000 - - -

Since July 2022, an estimated 1 million people were affected by severe flooding in 36 counties across South Sudan and in the southern part of the Abyei Administrative Area. People in Northern Bahr el Ghazal, Warrap, Unity and Western Equatoria states are the worst affected and 80 per cent of those affected were from Jonglei, Unity and Upper Nile states. People were forcibly displaced repeatedly due to multiple compounding shocks, both in areas of displacement and return. Floodwater levels remained high in Bentiu and Rubkonja towns in Unity, impeding livelihood activities, exposing people to waterborne diseases and disrupting the provision of basic services. An assessment team found 17,000 newly displaced people sheltering in three locations in Pibor town, following armed clashes that broke out in Gumuruk area in Pibor County.

South Sudan Humanitarian crisis Protracted 3 15-Aug-16 15-Aug-16 29-Dec-22 9 400 000 - - -

The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there were a total of 8.9 million people in need of humanitarian assistance and 2.23 million people internally displaced people as of 30 November 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. Recent clashes in mid-November 2022, had already caused the displacement of civilians in Fashoda County, Upper Nile State.
Deaths have been reported since the onset of the outbreak. 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 (2), Gulu (1), and Moroto (1). The last confirmed case was registered on 4 December 2022.

Three new suspected cases of anthrax were reported in week 43, 2022 (ending 30 October), bringing the cumulative to 148 cases including five deaths (CFR 3.4%). Cases have been reported from 13 March to 25 December 2022, with eight samples that returned positive for Bacillus anthracis. The most affected age group remains the 5-9 years (33 cases; 22.3%), followed by the under five (32 cases; 21.6%). Females represent 54.1% of cases (n=80). Cases have been reported from eight Payams in Warrap state, the most affected of which are Kuac North (67 cases, two deaths) and Alek South (20 cases, two deaths).

On 4 May 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.

Measles outbreaks were confirmed in 25 counties in 10 states since January 2022 to January 2023 with a cumulative of 3 581 cases including 41 deaths (1.4%). Recent outbreak confirmed in Tonj North County after confirmation of five samples IgM+ results in week 1, 2023. A total of 17 counties are still reporting cases and the outbreak is still active in 16 counties.

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 20 January 2023, a total of 42 600 confirmed cases have been reported in Tanzania Mainland including 846 deaths.

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.

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.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 14 January 2023, a total of 170 233 confirmed COVID-19 cases with 3 630 deaths were reported.

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), Kaberamaido (1), Nakasongola (1) and Rakai (1) districts with three deaths. The last confirmed case was registered on 4 December 2022.

In 2022 and as of 13 January 2023, a total of 894 samples have been collected and tested for yellow fever (YF), of which 28 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).
The Harare capital city of Zimbabwe is experiencing a typhoid fever outbreak since October 2022. As of 27 January 2022, a total of 106 cases with 17 confirmed 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.

### Countries

<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>
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<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>03-Mar-22</td>
<td>14-Nov-22</td>
<td>12-Dec-22</td>
<td>291</td>
<td>5</td>
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<td>Kenya</td>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>03-Mar-22</td>
<td>14-Nov-22</td>
<td>12-Dec-22</td>
<td>291</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Niger</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>19-Oct-22</td>
<td>09-Jun-22</td>
<td>29-Nov-22</td>
<td>6</td>
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<td>1</td>
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<tr>
<td>Nigeria</td>
<td>Yellow Fever</td>
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<td>12-Sep-17</td>
<td>01-Jan-21</td>
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<td>31</td>
<td>24</td>
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<tr>
<td>Sierra Leone</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>13-Mar-22</td>
<td>25-May-22</td>
<td>29-Nov-22</td>
<td>1</td>
<td>1</td>
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<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>
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<td>Typhoid fever</td>
<td>Ungraded</td>
<td>17-Oct-22</td>
<td>17-Oct-22</td>
<td>27-Jan-23</td>
<td>186</td>
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</table>

From January 2021 through December 2022, a total of 684 yellow fever suspected cases have been reported in Congo, four cases were confirmed, two for 2021 and two in 2022. The date of symptoms onset for the last confirmed yellow fever case is March 2022 and the reactive yellow fever vaccination campaign was organized from 4 to 11 August 2022. No active yellow fever outbreak ongoing and the event was closed on 26 January 2023.

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.

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 affected nearly 38 800 families. In Cameroon, since 15 November, floods have affected more than 54 800 new people in the Logone et Chari ali. 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 Alafia, region Timbuktu , which led to population movements. As of 26 January 2023, no more updates and the event was closed.

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

From January 2021 through December 2022, a total of 1 029 suspected cases, six cases were confirmed, one death among confirmed cases (CFR 16.7%). The total deaths reported among all suspected cases are 24 (CFR 2.3%) and ten cases have been classified as probable cases.

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.

In September and October 2022, the Institut Pasteur in Dakar confirmed four yellow fever cases from Niger, including one death. The date of symptoms onset for the last confirmed yellow fever case is March 2022 and the reactive yellow fever vaccination campaign was organized from 4 to 11 August 2022. No active yellow fever outbreak ongoing and the event was closed on 26 January 2023.

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 affected nearly 38 800 families. In Cameroon, since 15 November, floods have affected more than 54 800 new people in the Logone et Chari ali. 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 Alafia, region Timbuktu, which led to population movements. As of 26 January 2023, no more updates and the event was closed.

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<td>25-Dec-22</td>
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<td>09-Jun-22</td>
<td>29-Nov-22</td>
<td>6</td>
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<td>Grade 2</td>
<td>13-Mar-22</td>
<td>25-May-22</td>
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<td>424</td>
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<td>1</td>
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</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.
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Correspondence on this publication may be directed to:
Dr Etien Luc Koua
Programme Area Manager, Health Emergency Information and Risk Assessment Programme.
WHO Emergency Preparedness and Response
WHO Regional Office for Africa
P O Box. 06 Cité du Djoué, Brazzaville, Congo
Email: afrooutbreak@who.int

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