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

- Cyclone CHENESO in Madagascar
- Lassa fever in Nigeria
- Mpox 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:**

- Since 19 January 2023, Madagascar is responding to cyclone CHENESO which has currently left around 500,000 people without access to health care services, in almost half of the 114 districts across the country. Many roads and bridges have been cut or made impassable, many health care facilities are now inaccessible, hence complicating the provision of care and humanitarian assistance to affected communities. There is urgent need for resource mobilization, in a context of extreme precarity and poverty, weak and fragile health system, and lack of qualified human resources. In addition, there are concomitant and resource-consuming emergencies including a protracted malnutrition crisis in southern and south-eastern parts of the country, the COVID-19 pandemic, resurgence of malaria and plague, and an outbreak of circulating vaccine derived poliovirus-2.

- There is an ongoing seasonal Lassa fever outbreak in Nigeria for which the number of suspected and confirmed cases as well as the number of the affected Local Government Areas (LGA) and States increased compared to that reported for the same period for the previous two years. While the increased number of cases reported may be considered as result of improved surveillance activities, more effort is needed to further reduce the fatality of the disease and limit its geographical extension. Additional resources are also required for the country to be able to respond to others ongoing emergencies including other disease outbreaks (cholera, Covid-19, meningitis, etc.) and mitigate the impact of the volatile security situation in the affected areas.
EVENT DESCRIPTION

Madagascar, located in the South-West basin of Indian Ocean, is the African country most prone to seasonal cyclones running from November to April. For the recent cyclonic season, Madagascar has been hit by four consecutive tropical storms and cyclones between January and April 2022 including Ana, Batsirai, Dumako and Emnati. A cumulative of 945 727 people had been affected including 172 339 displaced persons and 204 fatalities. In addition, 148 health care facilities had been damaged.

While the country was still struggling to recover from these previous shocks, on 19 January 2023 at 10:45am, a new cyclonic system called CHENESO landed in Madagascar by its northwest coast, precisely in the north of Antalaha district in Sava region, with an average wind speed of 90 km/h and gusts up to 120 km/h.

From the latest information on its position received on 28 January at 9:00am, the system was 282 km southwest of Toliara district in Atsimo Andrefana region, with an average wind speed of 120 km/h and gusts up to 170 km/h near the centre. It was moving southeast at a speed of 13 km/h. At this moment, the danger seemed averted.

However, the system has caused an accumulation of precipitation with consequential torrential rains that are persistently falling in several regions of Madagascar. These heavy rains have led to rising water levels, overflooding of rivers, and landslides. Indeed, the three main rivers of Grand Tana - which hosts the capital city of the country - have been overflooded, including the Sisano river whose dike broke on 27 January leading to extensive overflooding of southern Antananarivo plains.

As of 31 January 2023, preliminary reports indicate that CHENESO has overflooded 26 403 houses and completely destroyed 1 073 others, in 18 (78.3%) of the 23 regions and 53 (46.5%) of the 114 districts of the country. A total of 90 780 people representing 20 980 households have been directly impacted, including 34 114 people forced to displacement and resettled in 115 shelters of which 66 had already been evacuated by 17 766 returnees. At the same time, 33 fatalities have already been recorded and 20 people were still missing.

Damages on infrastructures are also important, the magnitude of which varies across districts and regions affected. Although a thorough assessment has not yet been undertaken, many administrative buildings have been partially or totally damaged, roads and/or bridges have been cut or become impassable as a result of cumulative rainfall and heavy flooding that accompany the cyclone.

For the health sector, preliminary data reveal that nearly 64 health care facilities (25 level 1 basic health centres, 34 level 2 basic health centres, and three district reference hospital centres) have been partially or totally destroyed, and 19 administrative buildings or accommodations have been damaged. Consequently, approximately 470 998 people are likely to be deprived of basic health care services.

PUBLIC HEALTH ACTIONS

- A multisectoral coordination mechanism has been put in place, under the leadership of the National Office for the Management of Risks and Disasters. Regular meetings are being held both at national and regional levels.
- The President of the Republic, and other political and administrative authorities have visited some of the affected areas, and provided comfort and assistance to victims.
- An Incident Management system has been activated at the level of WHO.
- A national strategic preparedness and response plan has been elaborated.
- A multisectoral rapid risk assessment for the health sector has been completed.
- Efforts are underway to conduct a thorough assessment of damages, particularly to the health sector.
- Surveillance activities have been reinforced in affected areas through daily collection and analysis of data.
- Various medical equipment, materials and kits have been dispatched in affected and at-risk areas.
- Health care services including vaccination are being delivered to affected populations. As of 31 January, 115 shelters had been settled, of which 66 had already been evacuated.
- Populations living in at-risk zones have been evacuated. The whole population is being educated and sensitized on preventive and/or mitigative measures relating to the cyclone and related health risks.

SITUATION INTERPRETATION

Madagascar is at very high risk of being affected by cyclones, with an INFORM rank score of 7.4 for this 2023 cyclonic season. Many of the currently affected areas were still struggling to recover from the previous cyclonic season during which four consecutive cyclones and tropical storms have occurred between January and April 2022. This situation has direly aggravated the vulnerability of a population already living in very precarious conditions and extreme poverty. It is worsening a protracted malnutrition crisis that has been ongoing for more than 40 years in the “Grand Sud” regions of the country and has now extended to some of the “Grand Sud-Est” regions as well as a result of previous cyclones. There is crucial need to increase surveillance activities in affected areas due to the increased risk of water-borne (cholera, typhoid fever, shigellosis, etc.) and vector-borne (malaria, plague) disease outbreaks, as well as vaccine-preventable disease outbreaks (measles, meningitis, poliomyelitis).
Madagascar | Tropical Cyclone CHENESO update

Impact overview (Madagascar)

- 16 fatalities
- 26,000 displaced people
- 13,350 damaged houses
- 55,000 affected people
- 18 damaged medical centres
- Potential exposed population (Madagascar) > 300 mm ~ 2.5 Million

Rainfall accumulation** (mm)

- > 750 mm
- 500 - 750 mm
- 250 - 500 mm
- 100 - 250 mm
- 50 - 100 mm

Rainfall over La Réunion and Mauritius is due to a different low pressure system (source: MeteoFrance, Mauritius MetService).

© European Union, 2023. Map produced by the JRC. The boundaries and the names shown on this map do not imply official endorsement or acceptance by the European Union.
Health Emergency Information and Risk Assessment

EVENT DESCRIPTION

From week 1 through week 3, 2023, a total of 244 new confirmed cases of Lassa fever, including 37 deaths with a case fatality ratio of 15.2%, have been reported in 16 states. 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), Enugu (1), and Imo (1) states; one case was reported from the Federal Capital Territory (FCT) (1).

About 79% of all confirmed Lassa fever cases were reported from three states (Ondo, Edo, and Bauchi), while 21% were reported from 13 states. Of the 79% of confirmed cases, Ondo reported 37%, Edo 36%, and Bauchi 5%. In total for 2023, 16 States have recorded at least one confirmed case across 50 Local Government Areas.

Of the reported cases, the predominant age group affected is 21-30 years (range: 1 to 79 years) and the Median age is 30 years. The male-to-female ratio for confirmed cases is 1:0.9. Five confirmed cases and one death were reported among health workers.

In week 3 alone, the number of new confirmed cases increased from 77 in week 2, 2023 to 137 cases and the number of deaths from six in week 2 to 18 in week 3. These cases were reported from Ondo, Edo, Taraba, Benue, Nasarawa, Bauchi, Ebonyi, Plateau, Kogi, Anambra, Delta, FCT, Adamawa, and Enugu states. A total of two confirmed cases among health Care workers were reported in the reporting week.

Compared to the previous year 2022, from week 1 to week 3, the number of confirmed cases has increased from 170 cases in 2022 to 244 cases in 2023. A total of 12 states and 37 Local Government Areas (LGAs) were affected in 2022 against 16 states and 50 LGAs in 2023. However, the case fatality ratio was higher in 2022 (18.8%, 32/170) compared to 2023 (15.1%, 37/244) for the same period.

Regarding suspected cases reported, a total of 939 were reported for the three epidemiological weeks of 2023 among which 244 were confirmed (30.0%), the number of suspected cases reported increased compared to that reported for the same period in 2021 (354) and 2022 (759).

A cumulative number of 700 contacts were listed since the beginning of this year and 518 are under follow up, 183 completed follow up, four contacts developed symptoms and no contact tested positive for Lassa fever. A total of 226 cases were managed at the treatment centre.

PUBLIC HEALTH ACTIONS

1. At national level, the Nigeria Centre for Disease Control and Prevention (NCDC) 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.
2. A workshop to validate the five-year Strategic plan for Lassa fever was organized.
3. The dissemination of the reviewed case management and safe burial practices guidelines has been done.
4. The mortality review of Lassa fever deaths as well as in-depth investigation of healthcare worker infections were performed.
5. The preparation of the External Quality Assurance panel for all testing laboratories is ongoing.
6. The distribution of response commodities to the affected states and treatment centers was conducted, these included: personal protective equipment (PPEs), Ribavirin (injection and tablets), body-bags, thermometers, hypochlorite hand sanitizers and IEC materials.
7. The implementation of Nigeria Lassa fever epidemiological Study is ongoing.
8. The Multi-sectoral Public Health Emergency Operation Centers (PHEOC) were activated in affected states.

SITUATION INTERPRETATION

Lassa fever is endemic in Nigeria with seasonal outbreaks reported and the number of cases typically increases between December and March, which coincides with the dry season in the country. For the past five-year period, from week 1 through week 3 of each year, except in 2021, the trend in number of suspected and confirmed cases has been increasing as well as the number of the affected Local Government Areas and States, however the case fatality ratio is decreasing since 2021. This may be considered as the positive impact of the strengthened surveillance and case management response activities. Lassa fever is one of diseases linked to poor environmental health conditions.
Confirmed Lassa fever cases in Nigeria from epidemiological week 48, 2022 to week 3, 2023

Trend of confirmed cases of Lassa fever in Nigeria from 2019 to 2023
Distribution of confirmed cases and deaths of Lassa fever in affected States in Nigeria, as of epidemiological week 3, 2023.
EVENT DESCRIPTION

Six newly confirmed mpox cases were reported in Africa in the past week as the cases reported in 2023 increased from 118 in week 3 (23-29 January 2023) to 124 within the past week. The cases were reported from the Central African Republic (CAR), Liberia and Nigeria. One new death was retrospectively reported from Nigeria.

The number of mpox cases in CAR has increased from 20 to 22 as the country reported two new cases from four suspected cases in the past week.

Liberia also reported the first case in 2023, making a total of seven cases since the outbreak in 2022. The three new cases reported in Nigeria in the past week have increased the number of mpox cases to 26 in 2023. Nigeria has reported a cumulative total of 789 cases from 1 January 2022 to 5 February 2023.

Between 1 January 2022 and 05 February 2023, 1,365 laboratory-confirmed cases have been reported from 13 African countries, including Nigeria (789), the Democratic Republic of the Congo (DRC) (370), Ghana (121), CAR (22), Cameroon (18), Sudan (18), Liberia (7), Congo (5), South Africa (5), Benin Republic (3), Morocco (3), Egypt (1), and Mozambique (1). Three countries (CAR, DRC, and Nigeria) reported sporadic mpox cases in 2023.

The top three countries with the highest number of confirmed cases include Nigeria (58.8% n = 789), DRC (27.7%; n = 370), and Ghana (9.0%; n = 121). Together, the three countries accounted for 94.5% (n = 1,341) of all confirmed cases.

Seven countries that have not reported new mpox cases for more than ten weeks include Benin, Cameroon, Congo, Mozambique, Morocco, South Africa, and Sudan. Egypt in six weeks and Ghana in five weeks. Seventeen (17) deaths have been reported in the African region since 2022 from Nigeria (8), Ghana (4), Cameroon (3), Mozambique (1), and Sudan (1).

PUBLIC HEALTH ACTIONS

1. Workshop for harmonizing response pillar tools was concluded in the Democratic Republic of the Congo from 26 - 30 January 2023
2. Ongoing technical support for the countries to identify target groups for mpox vaccination
3. WHO AFRO continues to support countries in strengthening Mpox surveillance, laboratory capacity, information management, and genomic sequencing

SITUATION INTERPRETATION

Six new mpox cases were reported from Central Africa Republic, Liberia, and Nigeria in the past week, with no new deaths. Africa has been reporting weekly new mpox cases since January 2023. Four countries have reported new cases in 2023, including the Central Africa Republic, the Democratic Republic of the Congo, Liberia, and Nigeria.
Distribution of cases of Mpox in Africa, as of 5 February 2023

Map production: Health Information and Risks Assessment Division, Prevention and Preparedness, Regional Office for Africa, World Health Organization.

1,365 cases
17 new cases
6 deaths

Legend
- Cases
- Deaths

Status of countries
- Affected
- Not-affected
- Not applicable

Weekly epi-curve of MPox cases in Africa
Cases from cpi-week January 2022 to February 2023

Go to overview
Go to map of the outbreaks
Update on Reporting - Epidemiological Week 03: 16 – 22 Jan., 2023
Point du rapportage hebdomadaire – Semaine 03: 16 – 22 Jan., 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:

afrououtbreak@who.int
afrhoeprir@who.int

Reminder: Upcoming deadlines for weekly data submission
Rappel: Dates limites prochaines de soumission des données hebdomadaires

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>East and Central Africa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cameroon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central African Republic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gabon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>São Tomé and Príncipe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comoros</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eswatini</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mauritius</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Namibia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seychelles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

afrououtbreak@who.int
afrhoeprir@who.int

Reminder: Upcoming deadlines for weekly data submission
Rappel: Dates limites prochaines de soumission des données hebdomadaires

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>East and Central Africa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cameroon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central African Republic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gabon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>São Tomé and Príncipe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comoros</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eswatini</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mauritius</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Namibia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seychelles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

afrououtbreak@who.int
afrhoeprir@who.int

Reminder: Upcoming deadlines for weekly data submission
Rappel: Dates limites prochaines de soumission des données hebdomadaires

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>East and Central Africa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cameroon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central African Republic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gabon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>São Tomé and Príncipe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comoros</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eswatini</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mauritius</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Namibia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seychelles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>1-Oct-2020</td>
<td>31-Jan-2023</td>
<td>315</td>
<td>54</td>
<td>50</td>
<td>15.9%</td>
</tr>
<tr>
<td>South Africa</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>3-Feb-2023</td>
<td>9-Jan-2023</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-2020</td>
<td>9-Jan-2023</td>
<td>27 989</td>
<td>27 989</td>
<td>163</td>
<td>0.6%</td>
</tr>
<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-2020</td>
<td>15-Jan-2023</td>
<td>105 184</td>
<td>105 184</td>
<td>1 931</td>
<td>1.8%</td>
</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-2020</td>
<td>31-Jan-2023</td>
<td>329 494</td>
<td>329 494</td>
<td>2 800</td>
<td>0.9%</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>
</tr>
<tr>
<td>Algeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Jul-2022</td>
<td>1-Feb-2023</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Benin</td>
<td>Measles</td>
<td>Ungraded</td>
<td>8-Dec-2022</td>
<td>9-Jan-2023</td>
<td>144</td>
<td>12</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Benin</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>14-Jun-2022</td>
<td>1-Feb-2023</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-2019</td>
<td>1-Feb-2023</td>
<td>24</td>
<td>24</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Benin</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>1-Jan-2019</td>
<td>31-Jan-2023</td>
<td>1 882 391</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-2020</td>
<td>9-Jan-2023</td>
<td>22 025</td>
<td>22 025</td>
<td>396</td>
<td>1.8%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>1-Jan-2023</td>
<td>1-Feb-2023</td>
<td>118</td>
<td>66</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-2020</td>
<td>28-Jan-2023</td>
<td>53 492</td>
<td>53 492</td>
<td>15</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**Events**

**New Events**
- **Nigeria**
  - Meningitis
  - Grade: Ungraded
  - Start of reporting period: 1-Oct-2020
  - End of reporting period: 31-Jan-2023
  - Total cases: 315
  - Cases Confirmed: 54
  - Deaths: 50
  - CFR: 15.9%

- **South Africa**
  - Cholera
  - Grade: 3
  - Start of reporting period: 3-Feb-2023
  - End of reporting period: 9-Jan-2023
  - Total cases: 2
  - Cases Confirmed: 2
  - Deaths: 0
  - CFR: 0.0%

**Ongoing Events**
- **Algeria**
  - COVID-19
  - Grade: 3
  - Start of reporting period: 25-Feb-2020
  - End of reporting period: 29-Jan-2023
  - Total cases: 271 376
  - Cases Confirmed: 271 376
  - Deaths: 6 881
  - CFR: 2.5%

- **Benin**
  - Poliomyelitis (cVDPV2)
  - Grade: 2
  - Start of reporting period: 14-Jul-2022
  - End of reporting period: 1-Feb-2023
  - Total cases: 2
  - Cases Confirmed: 2
  - Deaths: 0
  - CFR: -

- **Botswana**
  - COVID-19
  - Grade: 3
  - Start of reporting period: 30-Mar-2020
  - End of reporting period: 31-Jan-2023
  - Total cases: 329 494
  - Cases Confirmed: 329 494
  - Deaths: 2 800
  - CFR: 0.9%

**Country Event Grade Date notified Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR**

**Burundi COVID-19 Grade 3 10-Mar-2020 9-Jan-2023 22 025 22 025 396 1.8%**

**Benin Measles Grade 3 8-Dec-2022 9-Jan-2023 144 12 0 0.0%**

**Burundi Cholera Grade 3 1-Jan-2023 1-Feb-2023 118 66 1 0.8%**

**Benin COVID-19 Grade 3 17-Mar-2020 9-Jan-2023 27 989 27 989 163 0.6%**

**Burkina Faso Measles Grade 3 16-Mar-2020 9-Jan-2023 27 989 27 989 163 0.6%**

**Burkina Faso Cholera Grade 3 1-Mar-2020 9-Jan-2023 22 025 22 025 396 1.8%**

**Burkina Faso COVID-19 Grade 3 31-Mar-2020 28-Jan-2023 53 492 53 492 15 0.0%**

**Burundi COVID-19 Grade 3 31-Mar-2020 28-Jan-2023 53 492 53 492 15 0.0%**

**Burundi COVID-19 Grade 3 31-Mar-2020 28-Jan-2023 53 492 53 492 15 0.0%**

**All events currently being monitored by WHO AFRO**

**Go to overview**

**Go to map of the outbreaks**
Central African Republic COVID-19 Grade 2 14-Mar-2020 14-Mar-2020 22-Jan-2023 15 367 15 367 113 0.7%

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-Sate 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 accessing 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.

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 33 000 houses and 151 schools have been overflown; 48 000 hectares of land have been destroyed and 10 566 animals have been lost in Mayo-Danyar, Logone & Chari, and Mayo-Tsanaga departments.

Humanitarian crisis (Sahel Region) Grade 2 31-Dec-2013 27-Jun-2017 16-Jan-2023 1 200 000 - - -

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. A recent analysis for the period October 2022-August 2023 showed an expected 16% and 20% increase in the burden of acute malnutrition, respectively among under-five children and pregnant women as compared to last year projections.

Central African Republic COVID-19 Grade 3 14-Mar-2020 14-Mar-2020 22-Jan-2023 15 367 15 367 113 0.7%

The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 22 January 2023, a total of 15 367 confirmed cases, 113 deaths and 15 200 recovered were reported.
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 I 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, Kembé-Satema at week 41, Bocaranga-Kouï 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.

Central African Republic

Mpox

Grade 3

3-Mar-2022

4-Mar-2022

24-Jan-2023

774

20

0

0.0%

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.

Central African Republic

Poliovillitis

(cVDPV2)

Grade 2

24-May-2019

24-May-2019

25-Jan-2023

31

31

0

0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week 3, 2023 (ending 22 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.

Central African Republic

Yellow Fever

Grade 3

17-Aug-2021

1-Apr-2021

8-Jan-2023

767

23

4

0.5%

On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization. As of 8 March 2023, 767 suspected cases of YF have been reported including 6 probable and 23 lab-confirmed cases (14 cases in 2022). Two new suspected cases were reported in week 1 (ending 8 January). 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 2

11-Feb-2022

1-Mar-2016

15-Jan-2023

6 100 000

-

-

-

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.

Chad

COVID-19

Grade 3

19-Mar-2020

19-Mar-2022

29-Jan-2023

7 652

7 652

194

2.5%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 29 January 2023, a total of 7 652 confirmed COVID-19 cases were reported in the country including 194 deaths.

Chad

Measles

Grade 3

24-May-2018

24-May-2019

24-May-2020

1 334

194

12

0.4%

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.

Chad

Poliovillitis (cVDPV2)

Grade 2

18-Oct-2019

9-Sep-2019

25-Jan-2023

142

142

0

0.0%

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week 3, 2023 (ending 25 January). A total of 27 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.

Chad

Yellow Fever

Grade 3

13-Nov-2021

1-Nov-2021

25-Dec-2022

2 311

30

7

0.3%

On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever. As of 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.

Comoros

COVID-19

Grade 3

30-Apr-2020

30-Apr-2020

22-Jan-2023

8 992

8 992

161

1.8%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 22 January 2023, a total of 8 992 confirmed COVID-19 cases, including 161 deaths were reported in the country.

Congo

COVID-19

Grade 3

13-Mar-2020

13-Mar-2020

21-Mar-2022

25 070

25 070

388

1.6%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 29 January 2023, a total of 25 070 cases including 388 deaths and 24 006 recovered cases have been reported in the country.

Congo

Measles

Grade 3

14-Mar-2022

14-Mar-2022

21-Mar-2022

6 912

6 717

132

1.9%

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 epidemiological 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, Malékélé) experienced measles outbreak 28 days after the reactive campaign. The total number of confirmed cases have been revised.

Congo

Mpox

Grade 3

23-May-2022

23-May-2022

23-May-2022

68

5

3

4.4%

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.
Health Emergency Information and Risk Assessment

**Democratic Republic of the Congo**

- **Measles**
  - Ungraded
  - 12-Oct-2021
  - 1-Jan-2022
  - 146 438
  - 2 852
  - 1 846
  - 1.3%

- **Suspected meningitis**
  - Ungraded
  - 31-May-2022
  - 2-Jan-2023
  - 251
  - 49
  - 19.5%

- **Cholera**
  - Grade 3
  - 16-Jan-2015
  - 3-Jan-2022
  - 17 355
  - 1 356
  - 285
  - 1.6%

- **Measles**
  - Ungraded
  - 12-Oct-2021
  - 1-Jan-2022
  - 146 438
  - 2 852
  - 1 846
  - 1.3%

- **Suspected meningitis**
  - Ungraded
  - 31-May-2022
  - 2-Jan-203
  - 251
  - 49
  - 19.5%

- **Cholera**
  - Grade 3
  - 16-Jan-2015
  - 3-Jan-2022
  - 17 355
  - 1 356
  - 285
  - 1.6%

- **Measles**
  - Ungraded
  - 12-Oct-2021
  - 1-Jan-2022
  - 146 438
  - 2 852
  - 1 846
  - 1.3%

- **Suspected meningitis**
  - Ungraded
  - 31-May-2022
  - 2-Jan-203
  - 251
  - 49
  - 19.5%

- **Cholera**
  - Grade 3
  - 16-Jan-2015
  - 3-Jan-2022
  - 17 355
  - 1 356
  - 285
  - 1.6%

- **Measles**
  - Ungraded
  - 12-Oct-2021
  - 1-Jan-2022
  - 146 438
  - 2 852
  - 1 846
  - 1.3%

- **Suspected meningitis**
  - Ungraded
  - 31-May-2022
  - 2-Jan-203
  - 251
  - 49
  - 19.5%

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.

**Equatorial Guinea**

- **COVID-19**
  - Grade 3
  - 14-Mar-2020
  - 14-Mar-2020
  - 17 186
  - 17 186
  - 183
  - 1.1%

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.
Health Emergency Information and Risk Assessment

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 in week 3, 2023 (ending 25 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.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 16 March 2020. As of 5 February 2023, a total of 74 143 cases have been reported with 1 423 associated deaths.

Poor rainfall during the October-to-December dry rainy season marks the fifth consecutive below-average rainy season in the Horn of Africa, contributing to continued emergency-levels of humanitarian need for vulnerable populations across the region. In eastern and southern Ethiopia, the drought impact is expected to further worsen after January 2023 across the drought affected zones as the dry season is arriving. The humanitarian impact of the protracted drought is already devastating. 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.

Humanitarian partners have assisted more than 3.7 million people as of 4 January 2023, representing 68.5% of the total planned caseload of 5.4 million people in Tigray under the current round (Round 2) of food distribution. In Amhara Region, malnutrition levels are alarmingly high in conflict-affected zones, with acute malnutrition prevalence rates reaching almost 20% in some of these areas. In Afar Region, food assistance remains overall inadequate. Some areas of this Region remained inaccessible owing to insecurity and lack of roads. Meanwhile, the security situation in Oromia Region remains highly volatile with devastating humanitarian consequences. Hundreds of thousands of people continue to be uprooted from their homestead, with a consequential increase in humanitarian needs.

Cholera outbreak in Somali region is controlled.

Gambia Humanitarian crisis (Conflict in Tigray) Grade 3 4-Nov-2020 4-Nov-2020 18-Jan-2023 22 000 000 - - -

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 2 February 2023, a total of 1 068 suspected cases of cholera with 28 deaths (CFR 2.6%) have been reported, including 869 cases and 13 deaths (CFR 1.5%) from Oromia region and 199 cases and 15 deaths (CFR 7.5%) from Somali region. The attack rate is 100.7 per 100 000 population. A total of 39 of these cases were laboratory-confirmed through culture, and 144 cases were positive to cholera RDT. A total of 66 kebeles (villages) have so far been affected, distributed in ten woredas. Cholera outbreak in Somali region is controlled.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 499 592 cases of COVID-19 as of 2 February 2023, with 7 572 deaths and 486 726 recoveries.

In 2022, a total of 13 934 suspected measles cases were reported in Ethiopia including 8 554 confirmed and 71 deaths (CFR 0.5%) , the number of deaths was revised.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week 3 of 2023 (ending 25 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 48 668 recoveries have been reported in the country.

On 1 August 2022, the Epidemic and Disease Control Unit of the Ministry of Health in The Gambia reported an unusual event detected at the 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 reported including 82 confirmed, six probable and 39 suspected cases. Of the confirmed cases, 70 deaths were recorded (CFR 85.4%). The last confirmed case was identified on 5 October 2022. Response activities are going on.

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-25 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, 84 (62 %) are males. The age of confirmed cases ranges from 13 days to 67 Years (min-max).
Health Emergency Information and Risk Assessment

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 confirmed cases 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.

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.

According to the 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.

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. 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nairobi, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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 outbreak has affected 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nakuru, Murang’a, Nakuru, Nyeri, Tharaka Nithi, Taita Taveta, Tana River, Kwale and Kilifi are in Alert 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.
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: 1.1%) 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 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 18 January 2023, six confirmed cases of monkeypox and 0 deaths were reported.

Liberia announced the confirmation of its first COVID-19 case on 20 March 2020. As of 5 February 2023, a total of 67,842 confirmed cases including 1,420 deaths have been reported in the country.

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 5 February 2023, a total of 67,842 confirmed cases including 1,420 deaths have been reported in the country.

Malawi has reported a total of 88,503 confirmed COVID-19 cases including 2,686 deaths as of 5 February 2023.

On 19 January 2023, a total of 32,780 confirmed COVID-19 cases were reported in Mali, including 743 deaths and 31,955 recoveries.

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.

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.

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.

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 Moughata (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 hemorrhagic 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 announced the first three positive cases of COVID-19 on 18 March 2020. As of 28 January 2023, a total of 294,915 confirmed COVID-19 cases including 1,044 deaths have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-2020</td>
<td>29-Jan-2023</td>
<td>32 780 32 780 743</td>
<td>2.3%</td>
<td>743</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Rift Valley fever</td>
<td>Grade 1</td>
<td>31-Aug-2022</td>
<td>26-Aug-2022</td>
<td>53 53 24</td>
<td>45.3%</td>
<td>24</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-2020</td>
<td>28-Jan-2023</td>
<td>294 915 294 915 1 044</td>
<td>0.4%</td>
<td>1,044</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>3-Mar-2022</td>
<td>20-Mar-2022</td>
<td>38 566 38 566 1 254</td>
<td>3.3%</td>
<td>1,254</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Malawi</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>11-Sep-2017</td>
<td>1-Feb-2022</td>
<td>1 1 0</td>
<td>0.0%</td>
<td>0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Malawi</td>
<td>Poliomyelitis (WPV1)</td>
<td>Grade 2</td>
<td>31-Jan-2022</td>
<td>29-Jan-2023</td>
<td>32 780 32 780 743</td>
<td>2.3%</td>
<td>743</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Malawi</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-2018</td>
<td>1-Jan-2022</td>
<td>751 751 1</td>
<td>0.1%</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Malawi</td>
<td>Cyclonic system</td>
<td>Grade 2</td>
<td>25-Jan-2023</td>
<td>19-Jan-2023</td>
<td>90 810 33</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Malnutrition crisis</td>
<td>Protracted 2</td>
<td>31-Aug-2022</td>
<td>26-Aug-2022</td>
<td>2 200 000 - -</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Rift Valley fever</td>
<td>Grade 2</td>
<td>20-Mar-2020</td>
<td>20-Mar-2020</td>
<td>67 842 67 842 1 420</td>
<td>2.2%</td>
<td>1,420</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>24-Feb-2020</td>
<td>24-Feb-2020</td>
<td>88 503 88 503 2 686</td>
<td>3.0%</td>
<td>2,686</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-2018</td>
<td>1-Jan-2022</td>
<td>751 751 1</td>
<td>0.1%</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
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.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 22 January 2023, a total of 232 510 confirmed COVID-19 cases were reported in the country including 2 236 deaths.

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, 0 deaths), Magaria (28 cases, 4 deaths), Matamèye (83 cases, 3 deaths), Mirriah (46 cases, 2 deaths), and Zinder ville (2 cases, 1 death). A reactive vaccination campaign is underway in the region.

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 15,496 (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.
### Health Emergency Information and Risk Assessment

**COVID-19**

- 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.

- Since the beginning of 2023 to 22 January 2023, a total of 441 laboratory-confirmed monkeypox cases have been reported from five provinces with declared measles outbreaks in Limpopo (158 cases), Mpumalanga (86 cases), North West (147 cases), Gauteng (30 cases), and Free State (20 cases).

### Nigeria

- On 5 March 2020, the Ministry of Health of Nigeria reported the country's first case of COVID-19. As of 6 January 2023, a total of 266,463 confirmed cases of COVID-19 have been reported, including 77 deaths. A total of 6,292 cases have been reported as recoveries.

- Since the start of the COVID-19 pandemic in Nigeria through 5 February 2023, a cumulative total of 4,056,701 confirmed cases and 102,595 deaths have been reported.

### Rwanda

- 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 339,090 cases with 1,468 deaths and 313,559 recoveries have been reported in the country.

### South Africa

- 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.

### Senegal

- Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 31 December 2022, a total of 656,655 cases have been confirmed, including 50,440 recoveries and 172 deaths have been reported.

### Sierra Leone

- Since the start of the COVID-19 pandemic in South Africa through 5 February 2023, a cumulative total of 4,056,701 confirmed cases and 102,595 deaths have been reported.

### South Africa

- From 8 October 2022 to 2 February, 2023, a total of 441 laboratory-confirmed cases were reported from five provinces with declared measles outbreaks in Limpopo (158 cases), Mpumalanga (86 cases), North West (147 cases), Gauteng (30 cases), and Free State (20 cases).

### Seychelles

- Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 31 December 2022, a total of 656,655 cases have been confirmed, including 50,440 recoveries and 172 deaths have been reported.

### Sri Lanka

- Since the start of the COVID-19 pandemic in South Africa through 5 February 2023, a cumulative total of 4,056,701 confirmed cases and 102,595 deaths have been reported.

### Table: 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>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-2020</td>
<td>27-Feb-2020</td>
<td>6-Jan-2023</td>
<td>266,463</td>
<td>266,463</td>
<td>3,155</td>
<td>1.2%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa Fever</td>
<td>Grade 1</td>
<td>1-Jan-2021</td>
<td>1-Jan-2023</td>
<td>22-Jan-2023</td>
<td>244</td>
<td>244</td>
<td>37</td>
<td>15.2%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>31-Jan-2022</td>
<td>1-Jan-2022</td>
<td>31-Dec-2022</td>
<td>763</td>
<td>763</td>
<td>7</td>
<td>0.9%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jun-2018</td>
<td>1-Jan-2018</td>
<td>11-Jan-2023</td>
<td>513</td>
<td>513</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>22-Jan-2023</td>
<td>1,330,090</td>
<td>1,330,090</td>
<td>1,468</td>
<td>1.1%</td>
</tr>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Mar-2020</td>
<td>2-Mar-2020</td>
<td>29-Dec-2022</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-2021</td>
<td>1-Jan-2023</td>
<td>22-Jan-2023</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Measles</td>
<td>Ungraded</td>
<td>4-Jul-2021</td>
<td>1-Jan-2023</td>
<td>22-Jan-2023</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>31-Dec-2022</td>
<td>50,665</td>
<td>50,665</td>
<td>172</td>
<td>0.3%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-2020</td>
<td>27-Mar-2020</td>
<td>31-Jan-2023</td>
<td>7,760</td>
<td>7,760</td>
<td>126</td>
<td>1.6%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Measles</td>
<td>Ungraded</td>
<td>1-Nov-2021</td>
<td>1-Jan-2022</td>
<td>31-Dec-2022</td>
<td>1,174</td>
<td>1,174</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-2020</td>
<td>5-Mar-2020</td>
<td>5-Feb-2023</td>
<td>4,056,701</td>
<td>4,056,701</td>
<td>102,595</td>
<td>2.5%</td>
</tr>
<tr>
<td>South Africa</td>
<td>Measles</td>
<td>Ungraded</td>
<td>17-Oct-2022</td>
<td>13-Oct-2022</td>
<td>2-Feb-2023</td>
<td>3,156</td>
<td>441</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Africa</td>
<td>Mpox</td>
<td>Grade 3</td>
<td>23-Jun-2022</td>
<td>23-Jun-2022</td>
<td>18-Jan-2023</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**Note:** CFR stands for Case Fatality Rate.
People across South Sudan have experienced critical needs in December 2022. An estimated 6.31 million people experienced high levels of acute food insecurity (IPC Phase 3/Crisis 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

- **Drought/food insecurity**
  - Grade 3
  - Date notified to WCO: 18-Dec-2020
  - Start of reporting period: 5-Apr-2021
  - End of reporting period: 12-Jan-2023
  - Total cases: 6,310,000
  - Cases Confirmed: -
  - Deaths: -

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 Rubkona 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

- **Floods**
  - Date notified to WCO: 7-Oct-2022
  - Start of reporting period: 15-Jan-2023
  - End of reporting period: 1,000,000

### Uganda

- **Health Emergency Information and Risk Assessment**

### Tanzania

#### South Sudan COVID-19

- Grade 3
- Date notified to WCO: 5-Apr-2020
- Start of reporting period: 5-Apr-2020
- End of reporting period: 30-Jan-2023
- Total cases: 18,393
- Cases Confirmed: 18,393
- Deaths: 138
- CFR: 0.8%

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.

#### South Sudan Hepatitis E

- Grade 3
- Date notified to WCO: 3-Jan-2018
- Start of reporting period: 1-Jan-2019
- End of reporting period: 22-Jan-2023
- Total cases: 3,873
- Cases Confirmed: 104
- Deaths: 27
- CFR: 0.7%

The current outbreak in the Bentiu IDP camp is ongoing. As of 22 January 2023, a total of 3,873 cases of hepatitis E including 27 deaths (CFR: 0.7%) have been reported since January 2019. Approximately 54% of cases are male.

#### South Sudan Measles

- Date notified to WCO: 23-Feb-2022
- Start of reporting period: 1-Jan-2022
- End of reporting period: 8-Jan-2023
- Total cases: 3,581
- Cases Confirmed: 310
- Deaths: 41
- CFR: 1.1%

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 (1.14%). 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.

### Tanzania

#### COVID-19

- Grade 3
- Date notified to WCO: 16-Mar-2020
- Start of reporting period: 16-Mar-2020
- End of reporting period: 27-Jan-2023
- Total cases: 42,664
- Cases Confirmed: 42,664
- Deaths: 846
- CFR: 2.0%

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 27 January 2023, a total of 42,664 confirmed cases have been reported in Tanzania Mainland including 846 deaths.

#### Hepatitis E

- Grade 3
- Date notified to WCO: 3-Mar-2020
- Start of reporting period: 1-Mar-2020
- End of reporting period: 4-Feb-2023
- Total cases: 39,356
- Cases Confirmed: 39,356
- Deaths: 290
- CFR: 0.7%

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 4 February 2023, a total of 39,356 cases, including 290 deaths and 39,064 recovered cases, have been reported in the country.

#### Poliomyelitis (cVDPV2)

- Grade 2
- Date notified to WCO: 18-Oct-2019
- Start of reporting period: 13-Sep-2019
- End of reporting period: 1-Feb-2023
- Total cases: 19
- Cases Confirmed: 19
- Deaths: 0
- CFR: 0.0%

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.

#### Drought/food insecurity

- Grade 3
- Date notified to WCO: 17-Feb-2022
- Start of reporting period: 1-Jan-2022
- End of reporting period: 6-Dec-2022
- Total cases: -
- Cases Confirmed: -
- Deaths: -

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 abysmally high for a postharvest period.

#### COVID-19

- Grade 3
- Date notified to WCO: 21-Mar-2020
- Start of reporting period: 21-Mar-2020
- End of reporting period: 21-Jan-2023
- Total cases: 170,305
- Cases Confirmed: 170,305
- Deaths: 3,630
- CFR: 2.1%

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 21 January 2023, a total of 170,305 confirmed COVID-19 cases with 3,630 deaths were reported.

#### Crimean-Congo haemorrhagic fever (CCHF)

- Grade 3
- Date notified to WCO: 23-Oct-2022
- Start of reporting period: 12-Jul-2022
- End of reporting period: 17-Jan-2023
- Total cases: 8
- Cases Confirmed: 8
- Deaths: 3
- CFR: 37.5%

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.
<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>Uganda</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>7-Mar-2022</td>
<td>2-Jan-2022</td>
<td>29-Jan-2023</td>
<td>984</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>24-Jan-2023</td>
<td>20-Jan-2023</td>
<td>29-Jan-2023</td>
<td>39</td>
<td>19</td>
<td>1</td>
<td>2.6%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Jun-2022</td>
<td>13-Jun-2022</td>
<td>29-Jan-2023</td>
<td>2 137</td>
<td>288</td>
<td>31</td>
<td>1.5%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>20-Jan-2020</td>
<td>1-Jan-2022</td>
<td>24-Jan-2023</td>
<td>426</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-2020</td>
<td>20-Mar-2020</td>
<td>4-Feb-2023</td>
<td>263 083</td>
<td>263 083</td>
<td>5 659</td>
<td>2.2%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Apr-2022</td>
<td>19-May-2022</td>
<td>31-Dec-2022</td>
<td>7 743</td>
<td>355</td>
<td>707</td>
<td>9.7%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>17-Oct-2022</td>
<td>17-Oct-2022</td>
<td>27-Jan-2023</td>
<td>186</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: [http://www.who.int/hac/about/erf/en/](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.
This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:
Dr Etien Luc Koua
Programme Area Manager, Health Emergency Information and Risk Assessment Programme.
WHO Emergency Preparedness and Response
WHO Regional Office for Africa
P O Box. 06 Cité du Djoué, Brazzaville, Congo
Email: afrooutbreak@who.int

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

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

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