This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 132 events in the region. This week’s articles cover:

- Tropical Storm Ana in Madagascar, Malawi and Mozambique
- COVID-19 across the WHO African region
- Lassa Fever in Nigeria

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:

- Madagascar, Malawi and Mozambique were significantly impacted by the tropical weather systems that developed into tropical storms during the past week, causing torrential rains in the south-eastern sub-region of Africa. Lack of access to essential services, including those for health, has been a problem for the affected countries. Water, sanitation and hygiene infrastructure is also lacking. Another storm, this time a cyclone, is expected to follow a similar path coming from the Indian Ocean towards Mauritius and Madagascar. Countries in the pathway of Cyclone Batsirai need to prepare for an even stronger storm and preposition materials and supplies in potential disaster areas.

- A decline in the number of COVID-19 cases has been observed in the WHO African region in the past five weeks. Nearly all countries in the region saw a decline in weekly cases except for Algeria, Madagascar and Mauritius. South Africa still accounts for the majority of these cases, as the country continues to report declining number of cases weekly. The number of deaths has also dropped for the third consecutive week. Important to note is that the Omicron-fuelled pandemic wave has resulted in the lowest cumulative average case fatality ratio.

- Although Lassa fever is endemic in Nigeria and the increased capacity for outbreak control including strengthened surveillance, diagnostic and treatment capacity over the last years, the country remains at risk for increased spread. This is due to an increase in the number of confirmed cases compared to previous epidemic seasons, gaps in surveillance and varying degrees of subnational response capacity, delays in sample shipment for laboratory testing, a decrease in case management capacity due to conversion of dedicated Lassa fever facilities to COVID-19 treatment facilities and suboptimal infection prevention and control procedures. The overwhelming response activities at subnational level due to ongoing outbreaks including COVID-19, structural poor environmental sanitation conditions observed in high burden communities and the volatility of the security situation in some of the affected states may jeopardize outbreak response implementation.
EVENT DESCRIPTION

Tropical Storm Ana distressed parts of south-eastern Africa this week after forming over Madagascar last week. The storm affected Madagascar, Malawi, Mozambique, and Zambia, causing destruction in each. The storms caused significant effects to densely populated areas of Madagascar and Malawi, which have been among the most affected countries.

Madagascar had already been affected by intense rainfall before the storm system, which eventually developed into Tropical Storm Ana, made landfall on 22 January 2022, finding land already saturated and rivers had been on the rise. As of 28 January 2022, there have been 131 006 victims, of which 47 243 have become internally displaced and 51 people have died. A total of 32 districts have been affected in seven regions. Approximately 96% of the displaced population are from the capital city where several households have been affected, particularly in the lower districts linked to the floodwaters and in the upper town due to the risk of landslides. There are currently 98 accommodation sites to house the victims, however, people have begun to make their way home as waters recede.

As the storm system gained intensity, the Tropical Depression developed into Tropical Storm Ana, crossing the Mozambique Channel and making landfall in Mozambique on 24 January 2022. The storm made first contact with the country in Nampula province but impacted Zambezia and Tete provinces to a greater extent, while Niassa, Sofala, and Cabo Delgado provinces were impacted to a lesser extent. As of 30 January 2022, 126 198 people in Mozambique were affected, 210 were injured, and 21 have died. In addition, 30 health centres, 249 schools, as well as various infrastructure in the country such as bridges, roads, crops, water supply systems, and electrical poles have been destroyed or damaged. The National Disasters Management Institute (INGD) is coordinating response efforts and has thus far established 12 accommodation sites in Zambezia (6), Tete (5), and Nampula (1).

Rains continued to move westward and into southern Malawi affecting districts in the Southern and Central regions. A total of 18 districts were reported to have been affected, though much of the impact was felt in Nsanje, Chikwawa, Mulanje, Mangochi and Phalombe districts. As of 27 January 2022, more than 217 000 people have been affected, 130 injured, and 22 have died. Of those affected, approximately 50 000 are displaced and there are 83 active camp sites established at the moment. Reported damages include roads network blockages, broken bridges/culverts, no access to some health facilities, destruction of public and private infrastructure and property, water supply systems disruptions, contamination of water sources, loss of livestock, disruption of school programmes, and damaged crops.

Zimbabwe and Zambia have also experienced rains from Tropical Storm Ana, however, there was significantly less damage reported than in the other countries. More rains are expected in the affected countries of the African region with the development of Cyclone Batsirai. It is projected to cause rains in Mauritius and move further westward impacting the eastern part of Madagascar by the end of week 5, potentially causing more devastation in an already weakened country.

PUBLIC HEALTH ACTIONS

Madagascar

- The Council of the Government declared a state of national disaster and the National Office for Risk and Disaster Management is coordinating a multi-sectoral response.
- An operations centre was established for the management of accommodation sites.
- Monitoring of trends in priority diseases and malnutrition in anticipation of resurgences based on daily reports from emergency health post teams.
- Health care centres have been supplemented by mobile medical teams and establishment of 11 emergency health posts for general consultations, routine vaccination, COVID-19 vaccination, and prenatal consultations.
- Development of referral system for cases requiring hospitalization such as COVID-19 cases, births, and other medical emergencies.
- Risk communication awareness on the respect of social distancing, COVID-19 vaccination, and routine vaccinations.

Mozambique

- The National Disasters Management Institute is coordinating the response, they are currently conducting the initial, multisectoral response and needs assessment and collaborating with humanitarian partners.
- Sub-national response clusters are assembling in collaboration with humanitarian partners.
- Distribution of essential medicines and supplies as well as the prepositioning of emergency preparedness supplies in affected provinces.
- Distribution of food rations and non-food items to people in accommodation sites.

Malawi

- The Department of Disaster Management Affairs is coordinating the response and collecting damage assessments.
- Search and rescue teams were organized by Malawi Defence Force, Malawi Police Service, Department of Marine, and the Malawi Red Cross Society.
- Response clusters, including the health cluster, have been activated.
- An emergency operations centre has been activated in Blantyre to coordinate the response.
SITUATION INTERPRETATION

- Tropical Storm Ana devastated parts of south-eastern Africa during week 4, greatly impacting Madagascar, Mozambique, and Malawi. Hundreds of thousands of people have been affected by this storm, including almost 100 deaths. The subregion often experiences volatile tropical weather storms annually, which has caused prolonged problems for the population over the years such as food shortages due to crop losses and weakened infrastructure. More rains are anticipated in the subregion this coming week with the arrival of Cyclone Batsirai making a similar pathway as the Tropical Storm Ana weather system.

PROPOSED ACTIONS

- As countries continue to respond and rebuild affected areas, a multisectoral response needs to be implemented, making sure that not just infrastructure but other essential services such as health care are provided. There is also a need to put in place preparedness measures for potential outbreaks of water-borne diseases resulting from the lack of safe drinking water, limited availability of functioning latrines, and other water, sanitation and hygiene facilities.
- Health facility access needs to be enhanced in the affected areas, which can be supplemented with mobile health teams where they might be available from health ministries or health sector partner support.
- Immediate humanitarian assistance must be advocated for the hundreds of thousands of victims in the subregion. Current needs include shelter, food, as well as non-food items.
- Countries in the pathway of Cyclone Batsirai need to prepare for an even stronger storm and preposition materials and supplies in potential disaster areas. The population should also be warned of the incoming storm and provided guidance for seeking assistance if required.
In the past seven days, (week ending on 30 January 2022), 66 353 new coronavirus disease (COVID-19) cases were recorded in the WHO African region, a 27.0% decrease when compared with the prior week. The number of deaths also fell by 19.4% in the same reporting period. Almost all countries (87.0%) reported a decrease of 20% or more in the number of new cases (Table 1), while only Algeria, Madagascar and Mauritius saw a 20% or more increase in weekly cases compared to the past week. Benin, Cameroon, Gambia, Liberia and the United Republic of Tanzania did not report any new cases in the past seven days.

The top five countries recorded the highest number of new cases (47 558, 72.0%) with South Africa recording the highest number (22 497 new cases, 1.7% increase, 37.2 new cases per 100 000 population); followed by Algeria (14 104 new cases, 33.0% increase, 31.3 new cases per 100 000); Botswana (4 842 new cases, 20.0% decrease, 200 new cases per 100 000), Zambia (3 292 new cases, 40.1% decrease, 17.0 new cases per 100 000); and Ethiopia (2 823 new cases, 41.0% decrease, 2.4 new cases per 100 000).

For the period (24 to 30 January 2022), a fall in weekly COVID-19 deaths was observed in the African region as 1 419 deaths were reported in 33 countries. Of all countries reporting deaths, a total of 26 (79.0%) reported a decline in reported deaths, while three (9.0%) had an increase. The highest numbers of new deaths were reported from South Africa (845 new deaths, 4.0% increase; 1.4 new deaths per 100 000 population), Ethiopia (87 new deaths; 10.3% decrease; 0.1 new deaths per 100 000), Algeria (71 new deaths; 15.0% decrease; 0.2 new deaths per 100 000), Madagascar (51 new deaths; 6.0% decrease; 0.2 new deaths per 100 000) and Zimbabwe (43 new deaths; 6.0% decrease; 0.3 new deaths per 100 000).

As of 30 January 2022, the cumulative number of confirmed COVID-19 cases is 7 848 053, with more than 7.2 million recoveries, giving a recovery rate of 91.0%. The total number of deaths now stands at 163 485, resulting in a CFR of 2.1%.

Since the beginning of the COVID-19 pandemic in the WHO African region, South Africa has recorded the highest number of COVID-19 cases in the region with 3 603 856 cases (46.0%), followed by Ethiopia 464 930 (6.0%), Kenya 321 335 (4.1%), Zambia 304 922 (3.9%), and Nigeria 253 023 (3.2%), accounting for 63.0% (4 948 066) of all cases.

In the same way, most reported deaths occurred in South Africa, which accounts for 58.1% (95 022) of all deaths recorded in the region. Ethiopia has the second-highest number of deaths (7 331 deaths, 4.5%) followed by Algeria (6 566, 4.0%), Kenya (5 580, 3.4%) and Zimbabwe (5 337, 3.3%), all accounting for 73.3% (119 836) of all deaths reported in the region.

A total of 126 health worker infections were reported from Malawi (92), Namibia 24 and Equatorial Guinea (10) in the past week. An additional 17 new health worker infections were reported retrospectively from Eswatini (17). An aggregate total of 151 153 COVID-19 infections (2.0% of all cases) among health workers in the region, with South Africa accounting for 47.0% (71 113) of the total infections. Algeria (11 936, 8.0%), Kenya (10 934, 7.2%), Zimbabwe (6 015, 4.0%) and Namibia (5 278, 3.5%) have also recorded high numbers of health worker infections. Other countries reporting health worker infections are shown in Table 1. The United Republic of Tanzania (10.2%), Liberia (5.0%), Algeria (5.0%), Chad (4.1%), and Niger (4.1%) have the highest proportion of health worker infections by country. Only Eritrea has not reported any healthcare worker infections.

Cumulative COVID-19 infections on the African continent stand at 11 006 327. In addition, more than 239 356 deaths (CFR 2.4%) and more than 9.7 million people have recovered. The African continent accounts for 3.0% of global cases and 4.2% of global deaths.

WHO has worked with partners to support the training of more than 270 000 health workers on a variety of topics related to COVID-19, including infection prevention and control, treatment, logistics, laboratory testing and risk communication. This month, WHO launched a basic emergency care course that will train 46 clinicians in five countries (Gambia, Ghana, Liberia, Nigeria, and Sierra Leone). The training will cascade down into district and primary health care facilities, helping to improve overall emergency care.
The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 30 January 2022 (n = 7,848,053)

Africa clocks fastest surge in COVID-19 cases this year, but deaths remain low
### New cases reported in the past seven days and cumulative totals by country: Data as of 30 January 2022 (7 848 053)

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<th>Percent change in new cases</th>
<th>Total Deaths</th>
<th>New Deaths</th>
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*Totals cases includes one probable case from Democratic Republic of the Congo*
EVENT DESCRIPTION

Nigeria is currently reporting an increase in the weekly number of laboratory-confirmed Lassa fever cases. From week 52 in 2021 to week two in 2022, a higher number of cases have been reported compared to the same time period in years 2018 to 2021 (total of 124 cases were reported from week 52 in 2021 to week 2 in 2022 versus 31 cases in the same period of 2021; 98 cases in 2020; 84 in 2019; and 31 in 2018).

In 2022, from week 1 (ending 9 January) through to week 3 (ending 23 January), a total of 759 suspected cases with 170 confirmed and 32 deaths (CFR = 18.8%) were reported in 12 of 36 states across the country. In week 3, the number of new confirmed cases increased to 74 cases from 48 in week 2. 2022. The new cases were reported from Ondo, Bauchi, Edo, Oyo, Ebonyi, Benue, Katsina, Kaduna and Taraba States. Majority of the cases (74%) are from Edo (48), and Ondo (48) and Bauchi (39) States. Four health workers infections are reported.

The predominant age-group affected is that between 21-30 years (range: 1 to 80 years, median age: 30 years). The male to female ratio for confirmed cases is 1:0.9.

In contrast, the number of suspected cases has increased from 354 cases from week 1 to week 3 in 2021 to 759 cases in 2022 for the same period, hence doubling the number of suspected cases reported in the prior year. Furthermore, the number of confirmed cases is 40 in 2021 versus 170 in 2022 for the same reporting period. A total of six states and 17 local government areas (LGAs) were affected in 2021 against 12 states and 37 LGAs in 2022. However, the CFR was higher in 2021 (25.0%, 10/40) compared to 2022 (19.0%, 32/170) for the same period.

PUBLIC HEALTH ACTIONS

- The Nigeria Centre for Disease Control (NCDC) activated the National Emergency Operations Centre alert mode for effective multi-sectoral, multi-disciplinary coordination of the response, and state public health operation centres were activated in affected States.
- The 2021 Lassa fever high burden states preparedness/response engagement meeting has been conducted.
- The national rapid response teams (NRRT) have been deployment to Edo, Ondo, Bauchi, Benue, Taraba, Ebonyi and Oyo states and Lassa fever alert letters have been sent to States.
- Confirmed cases are being treated at identified treatment centres across the states and the dissemination of reviewed case management and safe burial practices guidelines is ongoing.
- An update of Viral Haemorrhagic Fever Case Investigation Form (CIF) database as well as enhanced surveillance including contact tracing and active case finding in affected state are also ongoing.
- In-depth investigation of healthcare worker infections has been performed.
- Prevention of Lassa fever relies on promoting good “community hygiene” to discourage rodents from entering homes. Effective measures include storing grain and other foodstuffs in rodent-proof containers, disposing of garbage far from the home, maintaining clean households and considering keeping cats.
- Infection prevention and control measures, strengthening disease surveillance, active case finding, and health workers capacity building activities should be reinforced.
- Risk communication activities toward affected communities are paramount to promote rapid health seeking behaviour for patients and further reduce case fatality ratio of the disease.

SITUATION INTERPRETATION

Lassa fever is endemic in Nigeria and the peak of outbreaks is usually observed during the dry season (December–April); therefore, the number of cases is expected to increase in the coming weeks or months. However, transmission occurs all year round with sporadic cases being reported at levels below epidemic thresholds. The increase in number of cases reported this year and the observed geographical extension of the disease compared to previous epidemic season are concerning. This is because the country is supposed to have developed capacities for Lassa fever prevention and control from previous outbreaks. However, the lower-case fatality ratio for this year 2022 compared to 2021 may be considered as a positive impact of previous outbreak management experience. Late health care seeking among patients as well as inadequate bed capacity per treatment centre for case management are still reported.

PROPOSED ACTIONS

- Medical response commodities have been distributed to states and treatment centres.
- Risk communications and community engagement activities have been scaled up through television, radio, print, social media and other strategies.
- The Federal Ministry of Environment is implementing a Lassa Fever environmental response campaign in affected states.

Distribution of confirmed cases of Lassa fever in Nigeria, as of 23 January 2022.
Between 9 March 2020 and 29 January 2022, a total of 20,624 confirmed cases of COVID-19 with 366 deaths and 20,132 recoveries have been reported from Burkina Faso.

Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement of over 1.57 million internally displaced persons as of 31 December 2021 in all 13 regions. According to OCHA, 3.5 million Burkinabe will need humanitarian aid in 2022, including 2.6 million severely food insecure during the 2022 lean season, with over 436,000 in the pre-famine phase. Non-state armed groups are responsible for the mass displacement of over 1.57 million internally displaced persons in 2021.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 24 January 2022, a total of 250,746 confirmed cases are all linked to the Jigawa outbreak in Nigeria.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases reported in 2020. The total number of cases reported in 2019 remains 130. These cases are from several outbreaks which occurred in 2019.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 23 January 2022, a total of 26,450 cases have been reported in the country with 1,895 deaths and 94,628 recoveries.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 30 January 2022, a total of 98,076 confirmed COVID-19 cases have been reported in the country with 1,895 deaths and 94,628 recoveries.

From 25 February 2020 to 30 January 2022, a total of 250,774 confirmed cases of COVID-19 with 6,566 deaths (CFR 2.6%) have been reported from Algeria. A total of 167,005 cases have recovered.

A case of cholera was detected on 19 January 2022 in Chiredzi District in Masvingo Province. The case is a 51-year-old male patient who began to show signs and symptoms of cholera on 19 January 2022. Rapid laboratory test of stool done on 20 January was positive for cholera. A subsequent stool sample collected for culture done on the same day was positive for cholera. An additional sample analyzed at the National Microbiology Reference Laboratory (NMRL) in Harare confirmed cholera. Zimbabwe has gone without reporting any cholera case for almost 3 years as the last case reported was in March 2019. Chiredzi district is known to be one of the cholera hotspots for Zimbabwe.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Three cases were reported in 2021 and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

On 24 January 2022, following heavy rains that triggered mudslides that affected Nyaruziga and Murumba sub-counties in Kisoro district. Uganda. 9 deaths were reported. Crops, livestock, shelter, water sources, shops, roads and schools are damaged. Two primary schools were affected and learning of at least 900 pupils have been interrupted. One health center with a catchment population of about 30,000 was affected and interrupted services. More than 4000 children and other vulnerable groups were affected. No adequate shelter and wash facilities for the affected community posing a risk disease outbreaks.
**Burkina Faso**

<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>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>19-Jan-22</td>
<td>67</td>
<td>67</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were two case reported in 2021, and 65 in 2020. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

**Burundi**

<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>31-Mar-20</td>
<td>18-Mar-20</td>
<td>28-Jan-22</td>
<td>37 432</td>
<td>37 432</td>
<td>15</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 28 January 2022, the total number of confirmed COVID-19 cases is 37 432, including 15 deaths and 37 144 recovered.

**Cameroon**

<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>23-Mar-20</td>
<td>1-Jan-21</td>
<td>23-Oct-21</td>
<td>557</td>
<td>496</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

The measles outbreak has been declared since November 2019 in camps hosting Congolese refugees and then spread to other communities. In 2020, a total of 1 968 cases were reported in 46 of the country’s 47 districts throughout 2020, 1 585 confirmed, 6 deaths. As of week 41, 2021, Burundi has reported a total of 557 suspected cases, 496 reported by case-by-case surveillance with no death, 72 confirmed by IgM+ 274 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak mode : Bubanza, Mpanda, Bugarama, Muyinga, Rumonge and Cibitoke.

**Cameroon**

<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 (Far North, North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>24-Jan-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

According to UNHCR and OCHA reports, an estimated 1.2 million people need assistance, 357 631 people are internally displaced as of 31 December 2021. A resurgence of organized crime by criminals who often loot and kidnap populations against ransom demands. Inter-community clashes in Logone Birni district have caused 70 000 to relocate since 5 Dec 2021. Clashes are also impacting people in Mayo-Sava, Diamaré, and Mayo-Danay where some displaced people are staying in makeshift shelters.

**Cameroon**

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</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>2- Apr- 19</td>
<td>1-Jan-21</td>
<td>5-Dec-21</td>
<td>1 095</td>
<td>663</td>
<td>8</td>
<td>0.70%</td>
</tr>
</tbody>
</table>

According to reports from UNHCR, an estimated 575 507 IDPs have been registered as of 31 December 2021. There have continued to be reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers. Schools resumed session, but teachers and students faced attacks. There has been an increase in the use of improvised explosive devices (IEDs), carjacking, and clashes between security forces and NSAGs, leading to civilian population displacement. There were also 466 283 refugees as of 31 December 2021, of which more than 342 877 (73.5%) arrived from Central African Republic.

**Cameroon**

<table>
<thead>
<tr>
<th>Event</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Grade 2</td>
<td>1-Jan-21</td>
<td>5-Aug-21</td>
<td>19-Jan-22</td>
<td>729</td>
<td>9</td>
<td>25</td>
<td>3.40%</td>
</tr>
</tbody>
</table>

Since the beginning of 2021 up to 19 January 2022, a total of 729 suspected cases of Cholera including 9 confirmed and 25 deaths (CFR 3.4%) have been reported in Cameroon. The intensification of disease surveillance as well as the management of cases are ongoing.

**Cameroon**

<table>
<thead>
<tr>
<th>Event</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>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>6-Mar-20</td>
<td>19-Jan-22</td>
<td>116 718</td>
<td>116 718</td>
<td>1 880</td>
<td>1.60%</td>
</tr>
</tbody>
</table>

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 19 January 2022, a total of 116 718 cases have been reported, including 1 880 deaths and 113 409 recoveries.

**Cameroon**

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>2- Apr- 19</td>
<td>1-Jan-21</td>
<td>5-Dec-21</td>
<td>1 095</td>
<td>663</td>
<td>8</td>
<td>0.70%</td>
</tr>
</tbody>
</table>

From week 1 to 48 ( ending 5 December), 2021, Cameroon has reported 1 095 measles suspected cases with 8 deaths (CFR 0.7%). Of the 1 000 investigated cases, 663 were positive including 268 cases IgM+, 98 clinically compatible and 297 epidemiologically linked; 66% of children with measles are under 5 years of age and only 38% of suspected measles cases and 32% of confirmed measles cases are vaccinated with at least 1 dose.

**Cameroon**

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</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>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>26-Jan-22</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cases reported in 2021 and seven cases in 2020.

**Cameroon**

<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>Yellow fever</td>
<td>Grade 2</td>
<td>7-Feb-21</td>
<td>4-Jan-21</td>
<td>2-Jan-22</td>
<td>38</td>
<td>24</td>
<td>8</td>
<td>21.10%</td>
</tr>
</tbody>
</table>

From 1 January 2021 to 2 January 2022, a total of 35 presumptive cases of yellow fever tested positive by plaque reduction neutralization test (PRNT) and three by PCR at the Centre Pasteur Cameroun, of which seven deaths were recorded. These cases originated from nine different regions with a total of 25 health districts (HDs) affected: Adamawa region, Central region, East region, Far North region, Littoral region, North region, North-West region, South region, and West region. Some of the PRNT-positive cases had a history of vaccination against yellow fever.

**Cape Verde**

<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>19-Mar-20</td>
<td>18-Mar-20</td>
<td>30-Jan-22</td>
<td>55 677</td>
<td>55 677</td>
<td>395</td>
<td>0.70%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 30 January 2022, a total of 55 677 confirmed COVID-19 cases including 395 deaths and 54 703 recoveries were reported in the country.

**Central African Republic**

<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 2</td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>17-Jan-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

According to OCHA figures, 3.1 million people (63% of the total population) are in need of assistance and protection in 2022. There are 670K people that are internally displaced as of 30 Nov 2021 and 744K persons are refugees in neighbouring countries. Civilians are still the main victims of violence. On 11 January 2022, an IDP camp was partially destroyed leaving 3 000 people in need of shelter, food, and water. Food insecurity is also estimated to be 2.4 million people in 2022.

**Central African Republic**

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
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<th>End of reporting period</th>
<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>24-Jan-22</td>
<td>13 919</td>
<td>13 919</td>
<td>110</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 24 January 2022, a total of 13 919 confirmed cases, 110 deaths and 11 318 recovered were reported.
On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur Cameroun (CPC). She is reportedly not vaccinated against yellow fever. The onset of symptoms was 1 April 2021 with febrile jaundice. In early December, a yellow fever positive PCR result was reported in a five-year-old male child from the locality of Moyen Sido.

The first COVID-19 confirmed case was reported on 19 March 2020. As of 24 January 2022, a total of 7 073 confirmed COVID-19 cases were reported in the country including 190 deaths and 4 874 cases who have recovered.

Since 1 January 2018, a total of 161 cases have been reported by 4 provinces (N’Djamena, Borkou, Tibesti and Ouaddai) and 14 deaths (CFR 8.7%). For the year 2020, the country registered 74 cases including 4 deaths. Since the beginning of 2021 up to 30 November 2021, 54 cases have been reported including 8 deaths (CFR 14.8%)

From 1 January 2021 up to week 48 (ending 5 December 2021), a total of 2 518 suspected cases, 704 confirmed and 15 deaths (CFR 0.6%) have been reported from 26 health districts. In 2020, Chad reported 8 785 cases, with 363 confirmed and 41 deaths.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were no cases reported in 2021. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks. There were 8 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

On 13 November 2021, the Institut Pasteur in Dakar shared the results of 17 samples of yellow fever cases from the Mandoul district, Chad, of which two tested PCR positive, six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions. As of 9 January 2022, a total of 56 yellow fever IgM positive cases were reported from seven provinces (Mandoul, Guéra, Mayo Kebbi Ouest, Moyen Chari, and le Lac), including two confirmed cases by PCR and eight by plaque reduction neutralization test (PRNT).

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 23 January 2022, a total of 7 832 confirmed COVID-19 cases, including 160 deaths and 7 647 recoveries were reported in the country.

Following the heavy rains since September 2021, the northern part of the country is affected with floods. Authorities declared a state of humanitarian disaster on 29 November 2021. Four departments are affected: Likouala; Cuvette; Sangha and Plateaux. As of 7 January 2022, 108 173 people affected (22 770 households), no information on deaths. Authorities are seeking supports from partners in term of food, non-food Items, essentials medicines etc.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 27 January 2022, a total of 23 705 cases including 371 deaths and 20 178 recovered cases have been reported in the country.

On 13 August 2021, five yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Based on differential tests returned on 6 September 2021, the results of three cases are consistent with a recent yellow fever infection. As of 9 January 2022, a total of 18 cases tested positive by PRNT of which seven without cross-reaction with other flaviviruses.

<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>Central African Republic</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>14-Sep-21</td>
<td>1-Apr-21</td>
<td>5-Jan-22</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>50.00%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>4-Nov-21</td>
<td>1-Oct-21</td>
<td>30-Nov-21</td>
<td>385</td>
<td>12</td>
<td>2</td>
<td>0.50%</td>
</tr>
<tr>
<td>Chadian Health Authority</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>8-Sep-20</td>
<td>16-Oct-20</td>
<td>30-Nov-21</td>
<td>161</td>
<td>15</td>
<td>14</td>
<td>8.70%</td>
</tr>
<tr>
<td>Chadian Health Authority</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-21</td>
<td>5-Dec-21</td>
<td>2 518</td>
<td>704</td>
<td>15</td>
<td>0.60%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>9-Sep-19</td>
<td>26-Jan-22</td>
<td>114</td>
<td>114</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>19-Jan-22</td>
<td>29-Nov-21</td>
<td>7-Jan-22</td>
<td>108 173</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Congo</td>
<td>Floods</td>
<td>Ungraded</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>27-Jan-22</td>
<td>23 705</td>
<td>23 705</td>
<td>371</td>
<td>1.60%</td>
</tr>
<tr>
<td>Congo</td>
<td>Measles</td>
<td>Grade 2</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>30-Jan-22</td>
<td>80 695</td>
<td>80 695</td>
<td>785</td>
<td>1.00%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>26-Jan-22</td>
<td>64</td>
<td>64</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Congo</td>
<td>Measles</td>
<td>Ungraded</td>
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<td>13-Aug-21</td>
<td>9-Jan-22</td>
<td>18</td>
<td>7</td>
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From 1 January to 15 December 2021: 2 328 suspected cases have been reported, 283 cases with blood samples out of a total 608 investigated, 283 confirmed cases (75 IgM+ cases, 196 by epidemiological link and 12 compatible cases) and 9 deaths (CFR 0.4%). Ten health districts out of 35 have reached the epidemic threshold (Bossebelé, Berbérati, Sangha-Mbaéré, Nanga-Boguita, Batangaro, Mbaiki, Nana Gebriizi and Yakaga); 49% of children are less than 5 years of age; 42% were not vaccinated. From the beginning of outbreak in 2019 to 2019 August, a total of 35 468 suspected cases have been notified and 197 deaths (CFR 0.6%) within affected districts.
In 2021, from epidemiological week 1 to 51 (ending 26 December 2021), 11 317 suspected cholera cases including 193 deaths (CFR:1.8%) were recorded in 90 health zones across 23 provinces. In 2020, a total of 30 304 suspected cholera cases including 514 deaths (CFR:1.7%) were reported in 179 health zones across 23 provinces.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 85 378 confirmed cases and two probable case, including 1 278 deaths have been reported. A total of 64 656 people have recovered.

Since early January 2022, 993 measles suspected cases and 18 deaths have been reported; 51 of 83 suspected cases investigated became positive for measles IgM. In 2021, up to epi week 48 (ending 15 December) 55 940 suspected measles cases and 825 deaths (CFR:1.5%) were reported. The outbreak has been confirmed in 93 health districts across 23 affected provinces including the capital of Kinshasa. A total of 3 087 cases have been reported with 83 deaths (CFR: 2.7%). Between week 1 and week 53 of 2020, a total of 6 257 suspected cases including 229 deaths (CFR: 3.7%) were reported in 133 health zones from 17 of 26 provinces in the country. During the same period in 2019, 5 288 suspected cases and 107 deaths (CFR:2.0%) were reported in 132 health zones from 18 provinces. Overall, there was a regressive trend from epidemiological week 33 to 53 of 2020 (276 cases vs 76 cases).

Since epidemiological week 1 up to week 51 in 2021, 3 087 cases have been reported with 83 deaths (CFR: 2.7%). Between week 1 and week 53 of 2020, a total of 6 257 suspected cases including 229 deaths (CFR: 3.7%) were reported in 133 health zones from 17 of 26 provinces in the country. During the same period in 2019, 5 288 suspected cases and 107 deaths (CFR:2.0%) were reported in 132 health zones from 18 provinces. Overall, there was a regressive trend from epidemiological week 33 to 53 of 2020 (276 cases vs 76 cases).

From 22 April 2021, a cluster of deaths due to suspected pneumonic plague were recorded in the health zone of Fataki, Ituri province, Democratic Republic of the Congo. From January to December 2020, 461 suspected plague cases of which 31 deaths (CFR: 6.7%) were reported in eight health zones of Ituri. The health zones of Birungi, Rethy, and Aru reported the most cases.

Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported this week in Maniema bringing the total number of 2021 cases to 2.

In 2021, from Epi week 1 to 49, 1 380 955 suspected cases of typhoid fever have been reported including 502 deaths (CFR: 0.03%) and 30 934 confirmed cases in the epi week 49. In comparison to 2020 (epi week 49), a total of 1 456 721 suspected cases of typhoid fever were reported, with 442 deaths (CFR: 0.03%).

On 18 July 2021, two yellow fever cases tested positive by Plaque Reduction Neutralization Test (PRNT) at Centre Pasteur in Cameroon (CPC). The first case is a 34-year-old male from the Abuzi health zone, North Ubangi province, Democratic Republic of the Congo whose date of symptom onset was 20 February 2021 with fever, vomiting, abdominal pain, back pain and physical asthenia. Jaundice appeared on 25 February.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 27 January 2022, a total of 15 802 cases have been reported in the country with 182 deaths and 15 200 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 30 January 2022, a total of 9 525 confirmed COVID-19 cases with 98 deaths were reported in the country. A total of 9 120 patients have recovered from the disease.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<td>COVID-19</td>
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<td>13-Mar-20</td>
<td>30-Jan-22</td>
<td>68 342</td>
<td>68 342</td>
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<td>2,00%</td>
</tr>
</tbody>
</table>

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 30 January 2022, a total of 68 342 cases have been reported in the country including 66 721 recoveries. A total of 1 375 associated deaths have been reported.

| Ethiopia     | Humanitarian crisis (Conflict in Tigray) | Grade 3 | 4-Nov-20            | 4-Nov-20                | 16-Dec-21               | -           | -               | -      | -    |

The security situation in the country remains volatile, affecting civilians and limiting humanitarian aid delivery. Adequate communication, electricity, and banking services remain intermittent. The conflict in the Tigray area has been spilling over into the Afar and Amhara regions for some time with more than 1.8 million people displaced in Tigray, more than 542K people displaced in Amhara, and more than 255K people displaced in Afar by end of September 2021. Many more have been displaced since; however, the exact number is difficult to assess considering the ongoing challenges. In the Amhara region, more than 500 health facilities are unfunctional. Access to the area still remains a challenge.

| Ghana        | Explosion accident | Ungraded | 20-Jan-22            | 20-Jan-22                | 22-Jan-22               | 984         | 13              | 0      | 1,30%|

An explosion accident involving a vehicle transporting mining explosives occurred on 20 January 2022. The incident occurred in Apiatikrom village near the mining town of Bogoso in the Prestea-Huni Valley district in the Western Region. The transport vehicle was involved in a road traffic accident with a motorcycle and subsequently caught fire resulting in the explosion which essentially destroyed the entire Apiatikrom and resulted in several casualties. As of 22 January 2022, a total of 11 842 confirmed COVID-19 cases including 362 deaths, and 11 138 recoveries have been reported in the country.

| Ghana        | Poliomyelitis (cVDPV2) | Grade 2 | 9-Jul-19            | 8-Jul-19                | 5-Jan-22                | 31          | 31              | 0      | 0,00%|

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Ten cases were reported in 2021. The total number of cases for 2020 is 38 and 2019 is 15.

| Guinea       | COVID-19            | Grade 3 | 13-Mar-20            | 13-Mar-20                | 24-Jan-22               | 36 012      | 36 012          | 538    | 1,50%|

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 24 January 2022, a total of 36 012 cases including 31 870 recovered cases and 538 deaths have been reported in the country.

| Guinea       | Measles            | Ungraded | 9-May-18            | 1-Jan-21                | 1-Dec-21               | 622         | 321             | 5      | 0,80%|

In 2021, as of Epi week 49, 622 suspected cases have been reported, 601 samples taken, 601 samples tested of which 321 tested positive; 5 deaths have been reported. Out of the 321 positive persons, 64 (12%) were vaccinated. In 2020 at the same epi week, 6070 suspected cases, 870 cases sampled, 767 samples tested of which 524 positive, 269 negative and 48 undetermined; 15 deaths have been reported. Since 2020, a total of 6 623 suspected cases, 1 120 tests analysed, 1 141 confirmed cases, 19 deaths have been reported.
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 30 January 2022, the country has a total of 84,420 cases including 5,580 deaths and 294,614 recoveries have been reported in the country.

Guinea-Bissau COVID-19 Grade 3 25-Mar-20 25-Mar-20 29-Jan-22 7,586 7,586 156 2,10%

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 29 January 2022, the country has reported 7,586 confirmed cases of COVID-19 with 6,642 recoveries and 156 deaths.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Three cases were reported in 2021 which were linked to the Jigawa outbreak in Nigeria.

Kenya COVID-19 Grade 3 13-Mar-20 13-Mar-20 30-Jan-22 321,335 321,335 5,580 1,70%

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 30 January 2022, 321,335 confirmed COVID-19 cases including 5,580 deaths and 294,614 recoveries have been reported in the country.

Kenya Leishmaniasis Ungraded 31-Mar-19 3-Jan-20 18-Dec-21 1,388 1,388 10 0,70%

Since January 2020, a total of 1,388 visceral leishmaniasis suspected and confirmed cases with 10 deaths (CFR 0.7%), have been reported in eight counties: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir, and Tharaka Nithi. The outbreak is active in four counties: Kitui, West Pokot, Wajir and Tharaka Nithi. Fourteen (14) new cases were reported in week 48.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There was one cVDPV2 positive environmental sample reported in 2020 and one in 2021. The virus is linked to the Banadir outbreak in Somalia.

Lesotho COVID-19 Grade 3 13-May-20 13-May-20 26-Jan-22 32,176 32,176 693 2,20%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 26 January 2022, a total of 32,176 cases of COVID-19 have been reported, including 21,484 recoveries and 693 deaths.

Liberia COVID-19 Grade 3 16-Mar-20 16-Mar-20 23-Jan-22 7,254 7,254 290 4,00%

From 16 March 2020 to 23 January 2022, Liberia has recorded a total of 7,254 cases including 290 deaths and 6,882 recoveries have been reported.

Liberia Measles Ungraded 24-Sep-17 1-Jan-19 26-Nov-21 445 198 0 0,00%

In week 46 (week ending 21 November 2021), 5 suspected cases were reported from Grand Gedeh (2), Grand Bassa (1), Bong (1) and Nimba (1) Counties. Among the 5 suspected cases, 3 cases are <5 years (60%) and 2 case are >5 years (40%). Since the beginning of 2021, 445 total cases were reported of which 198 were confirmed (57 laboratory-confirmed, 131 clinically confirmed and 10 epi-linked), 247 negative.

Liberia Poliomyelitis (cVDPV2) Grade 2 10-Dec-20 17-Dec-20 19-Jan-22 3 3 0 0,00%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The country reported 3 cases in 2021.

Madagascar Floods Grade 2 19-Jan-22 16-Jan-22 28-Jan-22 131,006 51 0,00%

Heavy rains in Madagascar from two tropical weather systems have flooded parts of the country including major impacts on the capital Antananarivo. Rains began during week 3 of the year producing many days of rain as the weather systems eventually turned into Tropical Storm Ana. As of 28 January 2022, there have been 131,006 victims, of which 47,243 have become internally displaced and 51 people have died. There are currently 97 accommodation sites to house the victims of the floods. Several households have been affected particularly in the lower districts of the capital linked to the floods and households have been displaced in the upper town due to the risk of landslides. More rains are expected with the develop of Tropical Storm Batsirai projected to impact the eastern part of the country during week 5.

Madagascar Malnutrition crisis Grade 2 1-Jul-21 1-Jan-21 24-Jan-22 - - - - -

A prolonged three-year drought in southern Madagascar has contributed to food insecurity issues for an estimated 1.3 million people in the Grand Sud area, of which 14,000 people were classified as IPC Phase 5 or catastrophically food insecure. The Integrated food security Phase Classification (IPC) analysis for January 2022 has classified 405,000 people in emergency (phase 4). About 309,000 children are projected to suffer from moderate acute malnutrition and 60,000 children aged 6-59 months are projected to suffer from severe acute malnutrition.

Madagascar COVID-19 Grade 3 20-Mar-20 20-Mar-20 28-Jan-22 59,319 59,319 1,274 2,10%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 28 January 2022, a total of 59,319 cases have been reported in the country, out of which 53,582 have recovered and 1,274 deaths reported.

Madagascar Poliomyelitis (cVDPV1) Grade 2 28-Apr-21 28-Apr-21 26-Jan-22 11 11 0 0,00%

No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. There are 11 cases reported in 2021.

Malawi COVID-19 Grade 3 2-Apr-20 2-Apr-20 30-Jan-22 84,420 84,420 2,558 3,00%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 30 January 2022, the country has a total of 84,420 confirmed cases with 2,558 deaths and 69,231 recoveries.
There have been 402 000 IDPs in the country and more than 156 700 refugees as of 31 October 2021. However, 85 939 returnees have come back to the country. The situation in northern and central regions of the country remains unstable, marked by an increase in direct or indirect attacks against national and international armed forces and the civilian population. Issues such as inter and intra-community conflicts, activism of non-state armed groups, consequences of counter-insurgency operations, crime and banditry continue to weaken the Malian context. COVID-19 also continues to compound the health impacts affecting all basic social sectors as well as the protection of household livelihoods. Due to the humanitarian crisis, 5% of health facilities are not fully functional with a limited presence of partners working in the management of primary health care in the northern and central regions. Since the beginning of 2021, 8 attacks on the health system have been reported by the northern and central regions.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 30 January 2022, a total of 30 045 confirmed COVID-19 cases have been reported in the country including 711 deaths and 26 168 recoveries.

From January 2021 up to Epi week 51 (ending the 02 January 2022), Mali has reported a total of 1 947 suspected cases including two deaths, 1 516 samples tested of which 828 were positive, 644 negative and 44 undetermined. There is an increase of 93.01 % of confirmed cases compared to the same week last year.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. No cases have been reported in 2021. The total number of cases since 2020 are 52.

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 31 Dec 2021, the nationwide estimate of people in need of humanitarian assistance is 1.3 million and there are 744 949 people displaced by conflict.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 30 January 2022, a total of 223 811 confirmed COVID-19 cases were reported in the country including 2 170 deaths and 26 168 recoveries.

Since the beginning of 2021, measles outbreak is active in 11 provinces. As of 10 October 2021 (week 40), there were 125 cases reported including 2 confirmed cases and no death. During the same period in 2020, there were 185 confirmed cases and no death.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 28 January 2022, a total of 155 840 confirmed cases with 4 967 deaths have been reported.

According to OCHA statistics, 3.8 million people need humanitarian assistance in 2022. As of 31 Dec 2021, 264 257 people are internally displaced, 249 945 are refugees, and 2.3 million are food insecure (phase 3+ and above). Recent sanctions imposed by the Economic Community of West African States have severely impacted migration. Currently, 1 070 Malian migrants are stranded in Niger, unable to return home, awaiting authorization from Niger’s Ministry of Foreign Affairs and Cooperation.

From 19 March 2020 to 30 January 2022, a total of 8 649 cases with 298 deaths have been reported across the country. A total of 7 947 recoveries have been reported from the country.

Since the beginning of the year 2021 to week 2 of 2022 ending 16 January 2022, 1 688 cases have been reported with 76 deaths (CFR 4.5%). The reports shared by the country shows that 2 health districts in Zinder region crossed the alert threshold: Dungass with an attack rate (AR) of 4.5 cases per 100 000 inhabitants and Magaria with an attack rate (AR) of 4.8 cases per 100,000 inhabitants. An analysis of data by sub-districts indicates that some health areas crossed the epidemic threshold on week 49 of 2021 (ending 12 December). Neisseria meningitidis serogroup C (NmC) is the predominant germ identified in the 2 health districts. An International Coordinating Group (ICG) for vaccine provision request is underway for a vaccine campaign response.
Health Emergency Information and Risk Assessment

**Sao Tome and Principe**
- COVID-19 Grade 3
- Notified on: 6-Apr-20
- Total cases: 5 885
- Cases confirmed: 5 885
- Deaths: 69
- CFR: 1.20%

**Nigeria**
- Humanitarian crisis
- Notified on: 10-Oct-16
- Total cases: 20
- Deaths: 2
- CFR: 10%

**Senegal**
- COVID-19 Grade 3
- Notified on: 2-Mar-20
- Total cases: 84 936
- Cases confirmed: 84 936
- Deaths: 1 944
- CFR: 2.30%

**Niger**
- Poliomyelitis (cVDPV2) Grade 2
- Notified on: 4-Apr-21
- Total cases: 17
- Cases confirmed: 17
- Deaths: 0
- CFR: 0%

**Seychelles**
- COVID-19 Grade 3
- Notified on: 14-Mar-20
- Total cases: 37 023
- Cases confirmed: 37 023
- Deaths: 142
- CFR: 0.40%

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**Attacks in Nigeria**
- In 2022, Nigeria has continued in Local Government Agencies of Borno, Adamawa, and Yobe (BAY) states making the North-Eastern part of the country volatile. As of 31 December 2021, there were 77 143 refugees from other countries within Nigeria with almost 73 000 (or 95%) coming from Cameroon. More than 2.2 million IDPs (72.5% of all IDPs in the country) are in the North-East, while the rest (27.5%) are in the North-West/North-Central part of the country. On 20 January 2022, Non-State Armed Groups killed two civilians in the south of Borno state and abducted four women during the raid. This caused the displacement of hundreds residents. The groups also set houses and churches on fire and looted food supplies from homes and shops.

**Humanitarian crisis**
- In Nigeria, 3 135 deaths have been reported. Since the first COVID-19 confirmed cases were reported in Nigeria on the 27 February 2020, as of 30 January 2022, a total of 253 023 confirmed cases with 229 019 recovered and 3 135 deaths have been reported.

**Cholera**
- In Nigeria, 170 deaths among confirmed cases have been reported with a case fatality rate of 18.8% across 12 states. In total, 759 cases are suspected in 2022. This is higher than the same period reported in 2021. Of all confirmed cases, 74% are from Edo (28%), Ondo (28%) and Bauchi (23%) States.

**Lassa fever**
- Lassa fever is an endemic disease in Nigeria which is reportable through HFR. In week 3 of 2022, the number of new confirmed cases was 74. These were reported from Ondo, Bauchi, Edo, Oyo, Ebonyi, Benue, Katsina, Kaduna and Taraba States. Cumulatively from week 1 to week 3 of 2022, a total of 170 confirmed cases including 32 deaths among confirmed cases have been reported with a case fatality rate of 18.8% across 12 states. In total, 739 cases are suspected in 2022. This is higher than the same period reported in 2021. Of all confirmed cases, 74% are from Edo (28%), Ondo (28%) and Bauchi (23%) States.

**COVID-19**
- The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 30 January 2022, a total of 253 023 confirmed cases with 229 019 recoveries and 3 135 deaths have been reported.

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

<table>
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<th>Grade</th>
<th>Date notified</th>
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<th>Cases Confirmed</th>
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<td>20-Jan-22</td>
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<td>84 936</td>
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<td>34</td>
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<td>Nigeria</td>
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<td>14-Mar-20</td>
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No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are 10 cases reported in 2021 and there were 10 cases reported in 2020.

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One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week in Matam. There are 17 cases reported in 2021.

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Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 29 January 2022 a total of 37 023 cases have been confirmed, including 33 955 recoveries and 142 deaths have been reported.
### Health Emergency Information and Risk Assessment

#### South Sudan

**Malaria**
- **Event**: Ungraded
- **Grade**: 3
- **Date notified to WCO**: 31-Mar-20
- **Start of reporting period**: 27-Mar-20
- **End of reporting period**: 30-Jan-22
- **Total cases**: 7 622
- **Confirmed cases**: 7 622
- **Deaths**: 125
- **CFR**: 1.60%

On 31 March 2020, the President of South Sudan reported the first confirmed COVID-19 case in the country. As of 30 January 2022, a total of 7 622 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 762 recovered cases.

#### South Sudan

**Polio**
- **Event**: Poliomyelitis (cVDPV2)
- **Grade**: 2
- **Date notified to WCO**: 10-Dec-20
- **Start of reporting period**: 12-Nov-20
- **End of reporting period**: 15-Jan-22
- **Total cases**: 15
- **Confirmed cases**: 15
- **Deaths**: 0
- **CFR**: 0.00%

On 5 November 2021, there was a mass fire accident involving a fuel tank that ruptured its tanks after a collision with another vehicle. The fuel ignited and caused a mass burn affecting a number of persons with various degrees of burns including instant deaths. As of 18 January 2022, a total of 304 victims have been reported with 154 deaths and 3 are currently in admission. So far 87 patients have been discharged and are being treated as outpatients for burns.

#### South Sudan

**COVID-19**
- **Event**: Grade 3
- **Date notified to WCO**: 5-Apr-20
- **Start of reporting period**: 5-Apr-20
- **End of reporting period**: 30-Jan-22
- **Total cases**: 3 603 856
- **Confirmed cases**: 3 603 856
- **Deaths**: 95 022
- **CFR**: 3.40%

Since the start of the COVID-19 pandemic in South Sudan by 30 January 2022, a cumulative total of 3 603 856 confirmed cases and 95 022 deaths have been reported with 3 443 535 recoveries.

#### South Sudan

**Floods**
- **Event**: Grade 2
- **Date notified to WCO**: 15-Jul-21
- **Start of reporting period**: 1-May-21
- **End of reporting period**: 25-Jan-22
- **Total cases**: -
- **Confirmed cases**: -
- **Deaths**: -
- **CFR**: -

The escalating flooding began in May 2021 and has affected over 835K people in 33 counties as of 31 December 2021. Flooding has affected over 30 counties across 8 states. A rapidly worsening situation was noted in October 2021. In Unity State, there are over 200 000 people affected by floods. Water levels are now stabilizing, no rains for the past few weeks and partners are providing humanitarian services. Dykes are being repaired and reinforced to prevent further damage and displacement. About 70 health facilities were either cut-off, submerged, or damaged by the severe flooding. In Unity State, 27 health facilities have been relocated to higher grounds due to rising water levels.

#### South Sudan

**Acute Food Insecurity**
- **Event**: Grade 2
- **Date notified to WCO**: 18-Dec-20
- **Start of reporting period**: 5-Apr-21
- **End of reporting period**: 30-Nov-21
- **Total cases**: -
- **Confirmed cases**: -
- **Deaths**: -
- **CFR**: -

According to the World Food Programme an estimated 7.2 million people (60% of country’s total population) faced crisis levels of food insecurity phase (IPC) 3 or worse from April to July 2021- a figure that increased by 25% compared to the previous three months. Of the total number, 108 000 are in IPC 5, 2 4 are in IPC 4, and 4.6 million are in IPC 3. The total number includes 1.9 million acutely malnourished women and children suffering and 1.7 million internally displaced people. The six most affected counties are Pibor, Akobo, Aweil South, Tonj North, Tonj South and Tonj East. In 2021, the World Food Programme has reached some 498 887 flood-affected people with food and nutrition assistance.

#### South Sudan

**Humanitarian crisis**
- **Event**: Protracted 3
- **Date notified to WCO**: 15-Aug-16
- **Start of reporting period**: n/a
- **End of reporting period**: 25-Jan-22
- **Total cases**: -
- **Confirmed cases**: -
- **Deaths**: -
- **CFR**: -

The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there is a total of 8.3 million people in need of humanitarian assistance, 2 million people internally displaced and 189 000 people living in protection of civilian sites across the country. Flooding, violence and COVID-19 are the major drivers of humanitarian needs. Renewed sub-national violence in several locations has led to displacement and disruption of health service provision.

#### South Sudan

**COVID-19**
- **Event**: Grade 3
- **Date notified to WCO**: 5-Apr-20
- **Start of reporting period**: 5-Apr-20
- **End of reporting period**: 30-Jan-22
- **Total cases**: 16 794
- **Confirmed cases**: 16 794
- **Deaths**: 137
- **CFR**: 0.80%

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 30 January 2022, a total of 16 794 confirmed COVID-19 cases were reported in the country including 137 deaths and 13 077 recovered cases.

#### South Sudan

**Hepatitis E**
- **Event**: Ungraded
- **Date notified to WCO**: 3-Jan-18
- **Start of reporting period**: 3-Jan-18
- **End of reporting period**: 16-Jan-22
- **Total cases**: 1 762
- **Confirmed cases**: 1 762
- **Deaths**: 12
- **CFR**: 0.70%

The current outbreak in the Bentiu IDP camp is ongoing. As of 16 Jan 2022, a total of 1 762 cases of hepatitis E including 12 deaths (CFR: 0.7%) have been reported since Jan 2018. Hepatitis E cases have been above the epidemic threshold since week 19 of 2021. In week 50 of 2021, 20 cases were reported.

#### South Sudan

**Malaria**
- **Event**: Ungraded
- **Date notified to WCO**: 28-Dec-21
- **Start of reporting period**: 1-Jan-21
- **End of reporting period**: 19-Dec-21
- **Total cases**: 3 707 252
- **Confirmed cases**: 2 963
- **Deaths**: -
- **CFR**: 0.10%

Between epidemiological weeks 1 and 51 of 2021 (ending 19 December), 3 707 252 malaria cases including 2 963 deaths were reported. Epidemic thresholds have been exceeded in several districts in the states with an upsurge occurring in Fangak County of Jonglei state.

#### South Sudan

**Measles**
- **Event**: Grade 2
- **Date notified to WCO**: 22-Oct-20
- **Start of reporting period**: 22-Oct-20
- **End of reporting period**: 24-Dec-21
- **Total cases**: 59
- **Confirmed cases**: 59
- **Deaths**: 0
- **CFR**: 0.00%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 59 cVDPV2 cases in the country; 9 in 2021 and 50 in 2020.
<table>
<thead>
<tr>
<th>Country, United Republic of</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>13-Dec-21</td>
<td>13-Dec-21</td>
<td>19-Jan-22</td>
<td>24</td>
<td>24</td>
<td>4</td>
<td>16.70%</td>
</tr>
<tr>
<td></td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>21-Jan-22</td>
<td>32 920</td>
<td>32 920</td>
<td>778</td>
<td>2.40%</td>
</tr>
<tr>
<td></td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>30-Jan-22</td>
<td>36 491</td>
<td>36 491</td>
<td>268</td>
<td>0.70%</td>
</tr>
<tr>
<td></td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>26-Jan-22</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>15-Jan-22</td>
<td>992</td>
<td>0</td>
<td>3</td>
<td>0.30%</td>
</tr>
<tr>
<td></td>
<td>Rift Valley Fever</td>
<td>Ungraded</td>
<td>20-May-21</td>
<td>12-May-21</td>
<td>20-May-21</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td></td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>23-Jun-18</td>
<td>1-Jul-18</td>
<td>1-Dec-18</td>
<td>15</td>
<td>12</td>
<td>4</td>
<td>26.70%</td>
</tr>
</tbody>
</table>

As of 19 January 2022, at least 24 cases of cholera have been reported in Tanzania’s southern highlands regions of Rukwa and Kigoma. The first three cases of cholera were reported at Korongwe ward dispensary in early December 2021.

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 21 January 2022, a total of 32 920 cases have been reported in Tanzania Mainland including 778 deaths.

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 30 January 2022, a total of 36 491 cases including 268 deaths and 32 541 recovered cases have been reported in the country.

No new case of cVDPV2 was reported during the past week. No cases have been reported in 2021. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 29 January 2022, a total of 161 839 confirmed COVID-19 cases, 99 275 recoveries with 3 533 deaths.

On 12 January 2022, the Ugandan Ministry of Health was notified of a confirmed case of Rift Valley fever. The patient was a 35-year-old male, resident of Kiruhura village, Mabere subcounty, Kagadi district. The date of onset was 2 January 2022 and he presented with fever, general body weakness and unexplained bleeding in vomitus, stool and cough. He was admitted successively in 2 hospitals and died on 10 January 2022.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 30 January 2022, a total of 305 047 confirmed COVID-19 cases were reported in the country including 3 917 deaths and 297 972 recovered cases.

The anthrax outbreak is ongoing in Zimbabwe. Thirteen new anthrax cases and no death were reported in week 49 of 2021 ending on 12 December 2021. The cases were reported by Gokwe North District in Midlands Province. From Week 1 to 49 of 2021, the cumulative figures for anthrax are 279 cases and 0 deaths. This outbreak started in Week 36 of 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in Week 38 when cases were reported in some other areas. The cumulative figures for anthrax are 747 cases and 3 deaths in 2020.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 30 January 2022, a total of 229 460 confirmed COVID-19 cases were reported in the country including 5 337 deaths and 218 325 cases that recovered.

**Closed Events**

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>
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</thead>
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<td>Ungraded</td>
<td>23-Jun-18</td>
<td>1-Jul-18</td>
<td>1-Dec-18</td>
<td>15</td>
<td>12</td>
<td>4</td>
<td>26.70%</td>
</tr>
</tbody>
</table>

Fifteen cases of yellow fever have been confirmed at the National Reference Laboratory (INRB) since the beginning of 2018. Of these, twelve cases were confirmed by IP Dakar from Tshuapa, Lualaba, Bas Uele, North Kivu province and Kinshasa Region.

Uganda

<table>
<thead>
<tr>
<th>Event</th>
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<th>End of reporting period</th>
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<th>Deaths</th>
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</tr>
</thead>
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<td>Ungraded</td>
<td>20-May-21</td>
<td>12-May-21</td>
<td>20-May-21</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

On 12 May 2021, a 19-year-old female presented to a hospital in Kampala as a referral from Mbarara district with symptoms of infection, kidney injury and bleeding from the nose and mouth. Samples were taken and Rift Valley Fever was confirmed at Uganda Virus Research Institute (UVRI) on 13 May 2021. The onset of symptoms was on 5 May 2021 in Kiruhura District with fever, headache and vomiting. She consulted five health facilities for medical attention but failed to improve. On 13 May 2021, she died. There are reported abortions in goats in neighboring areas.

†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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Health Emergency Information and Risk Assessment