WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 6: 31 January – 6 February 2022
Data as reported by: 17:00; 6 February 2022

3 New events
131 Ongoing events
112 Outbreaks
22 Humanitarian crises

Legend:
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- COVID-19
- Anthrax
- Dengue fever
- Malaria
- Hepatitis E
- Acute Food Insecurity
- Floods
- Cases
- Deaths

Countries outside WHO African Region
WHO Member States with no reported events
Not applicable

Graded events †
3 Grade 3 events
38 Grade 2 events
2 Grade 1 events
35 Ungraded events

Protracted 3 events
Protracted 2 events
Protracted 1 events

Health Emergency Information and Risk Assessment

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*
Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 134 events in the region. This week’s articles cover:

- Measles in Liberia
- COVID-19 across the WHO African region
- Cholera in Niger

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:

- A measles outbreak is currently ongoing in two districts of Liberia where the vaccination coverage against measles is direly suboptimal. Due to inadequate resources, a reactive immunization campaign against measles has only been conducted in one district so far. Two deaths have occurred to date, partly attributed to a delay in seeking appropriate care in health care facilities. Response teams have been faced with challenges around poor case identification and investigation due to insufficient human and logistical support and inadequate measles education and communication materials. Furthermore, preparedness activities have not yet started in surrounding districts and specimen collection, packaging and transportation supplies are insufficient given the large volume of samples in the districts and nationwide.

- Nearly all countries in the WHO African region saw a decline in COVID-19 weekly cases except for Comoros, Guinea and Guinea-Bissau. Even with the continued decline, the number of cases remains high in some countries, which are still experiencing a resurgence. Despite the overall low case fatality ratio that has accompanied the fourth wave, there is variation in death trends among countries. With many Africans not having received a single vaccine dose, the vaccination rate needs to increase six-fold if the continent is to meet the 70% coverage target set for mid-2022.

- On 31 January 2022, the Nigerien health authorities declared an end of the cholera outbreak in the country after nearly nine months since the first confirmed case was reported. This cholera outbreak occurred in a country’s epidemiological context dominated by the COVID-19 pandemic, thus with an already overwhelmed health system. The first cases were imported from Nigeria where another cholera outbreak is still ongoing. In-country structural cholera risk factors including limited access to hygiene and sanitation infrastructures are still present. The country should therefore remain vigilant and strengthen cholera surveillance and preparedness as well as cross-border collaboration to reduce risk of future outbreaks.
EVENT DESCRIPTION

On 13 December 2021, health authorities of the Commonwealth district were notified of two suspected cases of measles from the Iron Factory Community in Pepper Wulu Town, Johnsonville in the Montserrado County. An additional eight suspects were identified through active case finding. Laboratory specimens were collected from the 10 suspected cases and shipped to the National Public Health Reference Laboratory on 15 December 2021 for confirmation.

In a related event, a suspected case of measles was received on 8 January 2022, three days after disease onset, in a health facility in Zota District, Bong County, located approximately 200 kilometers away from the Commonwealth District that initially reported measles suspected cases. More suspected cases were identified in Zota District and specimens were collected and sent to the laboratory for confirmation.

In total, the laboratory received 15 specimens coming from Commonwealth (8) and Zota (7) Districts. A total of eight IgM positive samples were identified from both sites, hence confirming the outbreak in these districts in accordance with the Integrated Disease Surveillance and Response Technical Guidelines.

Between weeks 1-4 of 2022, 55 suspected measles cases were identified in the two districts: Commonwealth (30) and Zota (25). Only 22 of the 55 suspected (40.0%) were vaccinated. A total of 22 suspected cases were epidemiologically-linked and 25 were clinically compatible cases. Two deaths have been recorded in children, one in each district, giving a case fatality ratio of 3.6% (3.3% in Commonwealth and 4.0% in Zota). The ages of the suspected cases ranged from 7 months to 52 years, with 33 (60.0%) of them aged between 9-59 months, and 29 of these cases (52.7%) were females. Caregivers to both children who died reported them to have been vaccinated against measles, however the vaccination record was not observed for the Commonwealth’s death.

Nationwide, a cumulative total of 92 suspected cases of measles have been recorded from epi-week 1-4, 2022. Of these, 59.7% (55 out of 92) of cases came from the two outbreak districts during these weeks. Nearly all the counties (14/15, 93.3%) across the country have notified at least one suspected case. A total of 20 laboratory-confirmed cases have been recorded since the beginning of the year from eight counties, seven (35%) cases of whom were vaccinated and another seven (35%) with unknown vaccination status. Compared to epi-week 1-3 of 2021 where 10 suspected cases were notified, a sharp increase has been observed for the same period in 2022, with 59 suspected cases reported across the country.

In 2021, two rounds of measles vaccination campaigns were conducted and coverage rates in Commonwealth District were 71% and 28%, and 56% and 26% in Montserrado County. In the Zota District, the coverage for the first round was 72%.

PUBLIC HEALTH ACTIONS

- The National Epidemic Preparedness and Response Committee, which is led by the Nation Public Health Institute of Liberia, is coordinating outbreak preparedness and response activities.
- Active case finding along with contact isolation and tracing have been initiated since the beginning of the outbreak in the two affected districts and are still ongoing, with a reinforcement in communities currently witnessing a sustained outbreak.
- An immunization campaign was conducted in the Commonwealth District with 2,004 children aged below one year vaccinated against measles. This is yet to be undertaken in Zota District.
- Suspected measles cases have been isolated in health care facilities for management and caregivers have been educated to keep suspected or confirmed cases away from others.
- All cases have received appropriate care including symptomatic treatment and a high dose of vitamin A.
- Psychosocial support is being provided to patients and their family members.
- Risk communication and community engagement activities have been carried out in the affected counties. Communities have been educated on the earlier signs or symptoms of the disease and to rapidly seek care in the nearest health care facilities, and on the benefits of vaccination.
- Local leaders have been committed to ensuring suspected cases are brought to health care facilities.
SITUATION INTERPRETATION

This ongoing measles outbreak in the Commonwealth and Zota Districts reflects the low vaccination coverage in the affected districts. The 2021 first measles campaign (MCV1) and MCV2 second campaign (MCV2) coverage rates were far below the expected 90% coverage for collective community protection against measles. It is therefore anticipated that the situation may worsen in other districts/counties of the country with low vaccination coverage.

PROPOSED ACTIONS

The national authorities are currently in need of financial support to conduct immunization activities, especially in Zota district. Besides, more human and logistical resources should be dedicated to case investigation and contact tracing activities.

Health care professionals should be trained to rapidly identify and manage measles cases and precautionary measures should be reinforced in health care facilities.

The delay in seeking health care should be addressed by fully engaging administrative and traditional authorities of the affected areas. Local media should play an appropriate role, and education materials for measles should be widely disseminated.

Preparedness activities should be initiated and/or intensified in neighboring districts or in districts with a low vaccination coverage against measles.

Vaccination of the first child by a healthcare worker, assisted by Amb. Julie Endee during the MCV2 launch in Bomi County, Liberia
In the past seven days, (week ending on 6 February 2022), 45,459 new coronavirus disease (COVID-19) cases from 41 countries were recorded in the WHO African region, a 36.0% decrease when compared with the previous week. The number of deaths also fell by 17.0% in the same reporting period.

Majority of countries (76.0%) reported a decrease of 20% or more in the number of new cases (Table 1), while only Comoros, Guinea, and Guinea-Bissau saw a 20% or more increase in weekly cases compared to the past week. Benin, Cameroon, Central African Republic, Chad, 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 (34,712, 76.0%) with South Africa recording the highest number (20,106 new cases, 11.0% decrease, 33.2 new cases per 100,000 population); followed by Algeria (7,202 new cases, 49.0% increase, 16.0 new cases per 100,000); Botswana (3,005 new cases, 58.0% decrease, 1,174 new cases per 100,000), Zambia (2,284 new cases, 31.0% decrease, 743.2 new cases per 100,000); and Madagascar (2,115 new cases, 9.0% decrease, 3,443 new cases per 100,000).

For the period (31 January to 6 February 2022), a reduction in weekly COVID-19 deaths was observed in the African region as 1,238 deaths were reported in 33 countries. Of all countries reporting deaths, a total of 30 (65.0%) reported a decline in reported deaths, while three (9.0%) had an increase. The highest numbers of new deaths were reported from South Africa (813 new deaths; 4.0% decrease; 1.3 new deaths per 100,000 population), Algeria (80 new deaths; 13.0% increase; 0.2 new deaths per 100,000), Kenya (41 new deaths; 58.0% increase; 0.1 new deaths per 100,000), Democratic Republic of the Congo (38 new deaths; 0.0% decrease; 0.0 new deaths per 100,000) and Madagascar (33 new deaths; 55.3% decrease; 54.0 new deaths per 100,000).

As of 6 February 2022, the cumulative number of confirmed COVID-19 cases is 7,898,393, with more than 7.3 million recoveries, giving a recovery rate of 93.0%. The total number of deaths now stands at 164,791, 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 3,623,962 cases (46.0%), followed by Ethiopia 466,539 (5.9%), Kenya 322,096 (4.1%), Zambia 307,206 (3.9%), and Algeria 257,976 (3.3%), accounting for (63.0%) 4,977,779, of all cases.

In the same way, most reported deaths occurred in South Africa, which accounts for 58.2% (95,839) of all deaths recorded in the region. Ethiopia has the second-highest number of deaths (7,363 deaths, 4.5%) followed by Algeria (6,646, 4.0%), Kenya (5,621, 3.4%) and Zimbabwe (5,362, 3.3%), all accounting for 73.3% (120,827) of all deaths reported in the region.

During this reporting period, a total of 64 health worker infections were reported from Malawi (47), Namibia (5) and Liberia (12) in the past week. Liberia reported an additional 42 new health worker infections. An aggregate total of 151,364 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 (5,287, 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 (10.1%), Liberia (6.0%), 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 11,200,010. In addition, more than 241,849 deaths (CFR 2.4%) and more than 10 million people have recovered. The African continent accounts for 2.9% of global cases and 4.2% of global deaths.

Around 149 million people are fully vaccinated, or 11% of the African population. In comparison, 70% of people in the United Kingdom have been fully vaccinated, 64% in the United States, and 71% in the European Union. Around 85% of Africans have not received a single vaccine dose. The vaccination rate needs to increase six-fold if the continent is to meet the 70% target set for mid-2022. That means we need to go from administering 6 million doses each week to 36 million. Twenty-one of Africa’s 53 countries have fully vaccinated less than 10% of their populations. Three of the 53 countries in Africa have fully vaccinated less than 2% of their populations.

Although the reasons vary for each country, there are some common factors contributing to lower uptake of COVID-19 vaccines in Africa. Tanzania and Burundi only started vaccinating in June and October 2021, respectively, so must catch up with other countries. Several of these countries are fragile or are experiencing ongoing conflict, making it even more difficult to reach people with mobile vaccination teams. Some countries also have particularly large populations or are still facing challenges with vaccine acceptance.

### SITUATION INTERPRETATION

- **New cases and deaths reported on the African continent dropped for the sixth consecutive week.** All countries, except Comoros, Guinea, and Guinea-Bissau reported a decline in new cases when compared to the prior week. New cases decreased in Algeria, marking the first week the country has reported a decline following the latest wave’s peak. Even with the overall low case fatality ratio that has been noted in the fourth wave, there is variation in death trends among countries. Certain populations at-risk for severe and critical diseases (like those with comorbidities), are experiencing higher death rates, contributing to increased deaths trends in some countries. COVID-19 vaccination rates remain varyingly low across the region.
Omicron-fuelled COVID-19 surge in Africa plateaus

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 6 February 2022 (n = 7,898,393)
<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases</th>
<th>New Cases</th>
<th>Percent change in new cases</th>
<th>Total Deaths</th>
<th>New Deaths</th>
<th>Percent change in new deaths</th>
<th>Health Worker infections</th>
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<td>95 835</td>
<td>813</td>
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<td><strong>Cumulative Cases (N=47)</strong></td>
<td><strong>7 898 393</strong></td>
<td><strong>2 953</strong></td>
<td><strong>-36.0</strong></td>
<td><strong>164 791</strong></td>
<td><strong>55</strong></td>
<td><strong>-16.7</strong></td>
<td><strong>151 364</strong></td>
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*Total cases includes one probable case from Democratic Republic of the Congo*
EVENT DESCRIPTION

On 31 January 2022, the Ministry of Health of the Niger Republic declared an end of the cholera outbreak that affected seven regions (Diffa, Dosso, Niamey, Tahoua, Tillabery, Maradi, Zinder) out of eight in the country. Only the Agadez region was not affected. The declaration followed eight silent weeks since the last confirmed case reported on 4 December 2021 in Say health district of Tillabery Region.

Since the start of the outbreak, on 13 March 2021 to 4 December 2021, a total of 5 591 cholera cases and 166 deaths (CFR =3.0%) have been reported from 35 (49%) health districts out of 72 across seven regions in the country. The first confirmed cholera case was imported from Nigeria and reported on 13 March 2021 from Konni health district following confirmation of *Vibrio Cholerae, Ogawa 01* serotype. This case was a 65 year-old Nigerian citizen admitted at Konni district hospital with severe diarrhoea and vomiting. The cholera outbreak later spread to other regions of the country, mainly driven by the flooding following the overflow of Niger River during the heavy rain season. The last known confirmed case was reported on 4 December 2021 from Say health district in Tillabery Region.

Among the 5 591 cases reported, females were most affected with 3 081 cases and 78 deaths (CFR=2.5%) compared to males with 2 510 cases and 88 deaths (CFR =3.5%). The 15 years and above age-group was the most affected, with 3 671 (65.6%) cases and 137 deaths (82.5%), followed by 5 to 14 years age-group with 1 251 cases and 20 deaths. The total number of recovered cases is 5 425, with the recovery rate of 97%. A total of 355 stool samples were analysed and 195 (55%) of these tested positive for *Vibrio Cholerae Ogawa 01* serotype.

Regarding the affected regions, Maradi Region reported most cases with 3 038 cases (54.3%), followed by Tahoua with 1 309 (23.4%), then Zinder with 600 cases (10.7%), Tillabery with 309 cases (5.5%), Dosso region with 150 cases (2.7%), Niamey with 112 cases (2.0%) and Diffa with 73 cases (1.3%). Concerning deaths, Tahoua region reported the highest number, with 3 671 (65.6%) cases and 137 deaths, followed by Maradi with 49 deaths, Zinder with 20 deaths, Niamey with 12 deaths, Tillabery with 11 deaths, and Dosso with 7 deaths. The Diffa region did not record any death. Niamey region recorded the highest case fatality ratio (10.7%), followed by Tahoua with 5.1%, Dosso with 4.7%, Tillabery 3.6%, Zinder 3.3%, and Maradi 1.6%.

PUBLIC HEALTH ACTIONS

- The declaration of the cholera outbreak was made on 9 August 2021 with immediate activation of national, regional and districts cholera incident management committees.
- Regular meetings of regional One Health Committees in the affected regions were conducted throughout the outbreak period.
- The country committed to the cholera elimination approach through the development and implementation of the cholera elimination plan in Niger.
- Case management in cholera treatment centers has been done throughout the outbreak period as well as infection and prevention control activities at community and health facilities levels.
- Cholera surveillance activities (community and health facilities-based) as well as information sharing and transborder meetings with neighboring countries are still ongoing.
- The first round of cholera vaccination campaign has been conducted and additional cholera vaccines request has been submitted to the International Coordination Group.

SITUATION INTERPRETATION

The rapid spread of the cholera outbreak was mainly driven by the floods that occurred during the rainy season. The case fatality ratio for this outbreak was above the acceptable level of less than 1.0%. The fact that the city of Niamey recorded the highest case fatality ratio is concerning since it is supposed to be most equipped for case detection and management compared to other semi-urban or rural regions. The usual trend of high fatality seen at the beginning of a cholera outbreak was observed for this outbreak, which calls for improving preparedness measures for future outbreaks.

PROPOSED ACTIONS

- It is highly recommended to conduct an Intra-Action review to assess the overall response implemented for this outbreak in order to identify any weakness to be improved for future outbreaks.
- Awareness-raising activities for the population about the disease as well as strengthened surveillance remain essential and should continue in the areas most affected and at risk. Trans-border collaboration with neighboring countries on cholera should also be maintained.
- The fact that Niger has embarked on cholera elimination approach is very appreciated and the necessary efforts should be deployed to achieve this.
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 4 February 2022, the total number of confirmed cases is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were two cases reported in 2021, and 65 in 2020. The country supports the laboratory sequencing on the sample being conducted.

A measles outbreak has been declared in Zio health district of Togo where a total of 116 suspected cases of measles and 23 confirmed are reported. No death recorded so far. The reactive vaccination campaign is ongoing. Four other health districts (Agoe : 7 cases and 3 confirmed, Golfe : 4 cases with 3 confirmed, Bassar: 3 confirmed cases and Ave : 3 confirmed cases ) have reported measles cases and investigation is still ongoing.

Since week 12 (ending 28 March 2021) of 2021, cases of cholera have been reported in Benin. As of 30 January 2022, a total of 1 616 cases with 20 deaths (CFR 1.2%) are reported.

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 138. These cases are from several outbreaks which occurred in 2019.

Since week 12 (ending 28 March 2021) of 2021, cases of cholera have been reported in Benin. As of 30 January 2022, a total of 1 616 cases with 20 deaths (CFR 1.2%) are reported.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 30 January 2022, a total of 26 498 cases have been reported in the country with 1 896 deaths and 95 896 recoveries.

From 25 February 2020 to 6 February 2022, a total of 257 976 confirmed cases of COVID-19 with 6 646 deaths (CFR 2.6%) have been reported from Algeria. A total of 171 541 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 6 February 2022, a total of 98 364 confirmed COVID-19 cases have been reported in the country with 1 896 deaths and 95 896 recoveries.

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 attacks are worsening the security situation, causing displacements and producing needs for the affected population, including food, water, shelter, and psycho-social support.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 31 January 2022, a total of 256 041 confirmed COVID-19 cases have been reported in the country including 2 585 deaths and 248 771 recovered cases.

The National Institute for Communicable Diseases (NICD) reference laboratory. There has not been a reported case of polio in the country for three decades. Further laboratory sequencing on the sample is being conducted.

There is currently an ongoing measles outbreak in 2 counties: Montserrado County in Commonwealth district and Bong County in Zota district. Cumulatively, 92 suspected cases including 2 deaths (CFR 2.2%) have been recorded in the country. Of these, 20 laboratory-confirmed, 20 clinically compatible, 1 Epi-link, and 24 non-mes (negative), and 27 pending testing. Current interventions include active case search, isolation and management of cases, and mini vaccination campaign in Montserrado county.

One positive case of circulating vaccine-derived polio virus type 2 (cVDPV2) was detected in Lilongwe from a patient presenting in November 2021 confirmed by the National Institute for Communicable Diseases (NICD) reference laboratory. There has not been a reported case of polio in the country for three decades. Further laboratory sequencing on the sample is being conducted.

There is currently a measles outbreak in 2 counties: Montserrado County in Commonwealth district and Bong County in Zota district. Cumulatively, 92 suspected cases including 2 deaths (CFR 2.2%) have been recorded in the country. Of these, 20 laboratory-confirmed, 20 clinically compatible, 1 Epi-link, and 24 non-mes (negative), and 27 pending testing. Current interventions include active case search, isolation and management of cases, and mini vaccination campaign in Montserrado county.

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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 357 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.

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-Dany where some displaced people are staying in makeshift shelters.

Cameroon
Humanitarian crisis (NW & SW)
Protracted 2
1-Oct-16
27-Jun-2018
31-Dec-2021
- - - -

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 466,263 refugees as of 31 December 2021, of which more than 342,877 (73.5%) arrived from Central African Republic.

Since the beginning of 2021 up to 30 January 2022, a total of 1,102 suspected cases of Cholera including 9 confirmed and 28 deaths (CFR 3.4%) have been reported in Cameroon. The intensification of disease surveillance as well as the management of cases are ongoing.

Cameroon
Cholera Grade 2
1-Jan-21
5-Aug-2021
30-Jan-22
1,102
9
28
2.5%

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 26 January 2022, a total of 117,676 cases have been reported, including 1,907 deaths and 114,257 recoveries.

Cameroon
Measles Grade 2
1-Jan-21
5-Aug-2021
30-Jan-22
1,095
663
8
0.7%

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
Poliomyelitis (cVDPV2)
Grade 2
1-Jan-20
1-Jan-20
2-Feb-2022
38
24
8
21.1%

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
Yellow fever Grade 2
7-Feb-2021
4-Jan-21
2-Jan-22
38
24
8
21.1%

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 Cameroon, 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 PCR-positive cases had a history of vaccination against yellow fever.

Cape Verde
COVID-19 Grade 3
19-Mar-20
18-Mar-20
5-Feb-2022
55,772
55,772
396
0.7%

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 5 February 2022, a total of 55,772 confirmed COVID-19 cases including 396 deaths and 54,923 recoveries were reported in the country.

Central African Republic
Humanitarian crisis Protracted 2 11-Dec-2013 17-Jan-22 - - - -

According to OCHA figures, 3.1 million people (63% of the total population) are in need of assistance and protection in 2022. There are 670,000 people that are internally displaced as of 30 November 2021 and 744,000 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
COVID-19 Grade 3
14-Mar-20
27-Jan-22
14,023
14,023
110
0.8%

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 27 January 2022, a total of 14,023 confirmed cases, 110 deaths and 12,018 recovered were reported.

Central African Republic
Measles Grade 2
15-Mar-20
1-Jan-21
15-Dec-2021
2,328
283
9
0.4%

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 (Bossebélé, Berbérati, Sangha-Mbaéré; Nanga-Boguila, Batangafo, Mbaiki, Nana Gebrizi and Yakata); 49% of children are less than 5 years of age; 42% were not vaccinated. From the beginning of outbreak in 2019 to 19 August 2021, a total of 35,468 suspected cases have been notified and 197 deaths (CFR 0.6%) within affected districts.
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.

Hepatitis E outbreak had been declared by Chadian health authorities mid-November 2021 in Sategui health area, Lai health district in the Tandjile region. As of 30 November 2021, there have been 385 suspected cases and 2 deaths (CFR 0.5%) reported. Among those affected, the majority have been men with 219 cases (57%) and the most affected age group has been less than 10 years of age with 90 cases (23.4%).

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 6 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.

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 COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 30 January 2022, a total of 7,155 confirmed COVID-19 cases were reported in the country including 190 deaths.

Since 1 January 2021, there have been 2,018 suspected cases, 704 confirmed and 15 deaths (CFR 0.6%) have been reported from the country. 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. One cVDPV2 positive environmental sample was reported in N'djamena. This positive environmental sample is linked to the Zamfara outbreak in Nigeria. 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.

### 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>Central African Republic</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>14-Sep-21</td>
<td>1-Apr-2021</td>
<td>5-Jan-22</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>50.0%</td>
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<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>30-Jan-22</td>
<td>7,155</td>
<td>7,155</td>
<td>190</td>
<td>2.7%</td>
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<tr>
<td>Chad</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>
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<tr>
<td>Chad</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>8-Sep-20</td>
<td>16-Oct-20</td>
<td>30-Nov-20</td>
<td>161</td>
<td>15</td>
<td>14</td>
<td>8.7%</td>
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<tr>
<td>Chad</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>13-Nov-20</td>
<td>1-Nov-20</td>
<td>9-Jan-22</td>
<td>56</td>
<td>10</td>
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<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-2018</td>
<td>1-Jan-21</td>
<td>5-Dec-2021</td>
<td>2,518</td>
<td>704</td>
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<tr>
<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>9-Sep-19</td>
<td>2-Feb-2022</td>
<td>114</td>
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<td>Chad</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>29-Jan-21</td>
<td>2-Feb-2022</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>2-Feb-2022</td>
<td>64</td>
<td>64</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Chad</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>20-Dec-2016</td>
<td>17-Apr-2017</td>
<td>1-Feb-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<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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<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Apr-2020</td>
<td>30-Apr-2020</td>
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<td>7,964</td>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>3-Feb-2022</td>
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<td>23,792</td>
<td>375</td>
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<tr>
<td>Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>2-Feb-2022</td>
<td>64</td>
<td>64</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Congo</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>14-Sep-21</td>
<td>14-Sep-21</td>
<td>13-Aug-2021</td>
<td>18</td>
<td>7</td>
<td>0</td>
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<tr>
<td>Democratic Republic of</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>20-Dec-2016</td>
<td>17-Apr-2017</td>
<td>1-Feb-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>
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 17 provinces of the Democratic Republic of the Congo. 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 85 685 confirmed cases and two probable case, including 1 316 deaths have been reported. A total of 62 145 people have recovered. The number of recoveries cases has been adjusted.

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 3 079 suspected cases was investigated, 1 271 cases are IgM + for measles among which 64% are children under five and 29% known to be vaccinated, half of them have an unknown vaccination status, 72% of measles confirmed cases are either zero dose or unknown vaccination status. A total of 483 cases are IgM+ of rubella among which 94.2% are more than 14 years old.

Since early January 2022, 209 cases have been reported with 18 deaths (CFR 8.6%). Compared to weeks 1-3 in 2021, 188 cases were reported with 4 deaths (CFR 2.1%). During 2021, a total of 3 091 suspected cases including 53 deaths (CFR 2.7%) were reported. During 2020, a total of 6 216 suspected cases including 222 deaths (CFR 3.6%) were reported.

Between epidemiological weeks 1-3 of 2022, 1 case of plague has been reported with no deaths. Compared to weeks 1-3 in 2021, 40 cases were reported with no deaths. During 2021, a total of 138 suspected cases including 14 deaths (CFR 10.1%) were reported. During 2020, a total of 461 suspected cases including 31 deaths (CFR 6.7%) were reported.

Three cases of cVDPV2 have been reported this week in Maniema bringing the total number of 2021 cases to 24. One cVDPV2 positive environmental sample was reported in Maniema.

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 country. A total of 178 deaths and 15 521 recoveries.

In 2021, from Epi week 1 to 49, 1 456 721 suspected cases of typhoid fever were reported, with 442 deaths (CFR 0.03%).

Between epidemiological weeks 1-3 of 2022, 209 cases have been reported with 18 deaths (CFR 8.6%). Compared to weeks 1-3 in 2021, 188 cases were reported with 4 deaths (CFR 2.1%). During 2021, a total of 3 091 suspected cases including 53 deaths (CFR 2.7%) were reported. During 2020, a total of 6 216 suspected cases including 222 deaths (CFR 3.6%) were reported.

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 jaundice and back pain as main symptoms. The second case is a 47-year-old female unvaccinated against yellow fever from Ango health zone, Bas Uele province. He first exhibited symptoms on 7 May 2021. As of 21 November 2021, confirmatory results are pending for six additional presumptive positive cases.

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 jaundice and back pain as main symptoms. The second case is a 47-year-old female unvaccinated against yellow fever from Ango health zone, Bas Uele province. He first exhibited symptoms on 7 May 2021. As of 21 November 2021, confirmatory results are pending for six additional presumptive positive cases.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 6 February 2022, a total of 15 845 cases have been reported in the country including 178 deaths and 15 521 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 6 February 2022, a total of 9 637 confirmed COVID-19 cases with 100 deaths were reported in the country. A total of 9 376 patients have recovered from the disease.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 6 February 2022, a total of 68 553 cases have been reported in the country including 66 975 recoveries. A total of 1 378 associated deaths have been reported.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 3</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>3-Feb-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The security situation in the country remains volatile, affecting civilians and limiting humanitarian aid deliverance. 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 but heavy clashes were reported along the border in both regions recently. In the Afar region, fighting has caused 200K people to be displaced. Due to the ongoing conflict many health facilities in the region are unfunctional, but nine health partners have been providing healthcare services through mobile health and nutrition teams. On 24 Jan 2022, 3.5 metric tonnes of medication were delivered into Mekele which will go to primary health care and nutrition programs and is said to benefit an estimated 35K people. Humanitarian access to the region remains a challenge where no access has been given since 15 Dec 2021 causing many partners to scale down operations due to the lack of supplies and resources.

- **Ethiopia Cholera**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 2</td>
<td>31-Aug-2021</td>
<td>1-Aug-2021</td>
<td>670</td>
<td>2</td>
<td>7</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

The outbreak of cholera is ongoing in Oromia and Somali regions. The first case was reported on 31 August 2021. As of 1 January 2022, a total of 670 cases with 7 associated death (CFR 1.0%), are reported so far. Five sample were tested and two were positive for cholera. Response activities are ongoing including outbreak investigation, case management, cholera supplies delivery.

- **Ethiopia COVID-19**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>466 539</td>
<td>466 539</td>
<td>7 363</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 466 539 cases of COVID-19 as of 6 February 2022, with 7 363 deaths and 400 948 recoveries.

- **Ethiopia Measles**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-21</td>
<td>3 085</td>
<td>1 527</td>
<td>4</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

In 2021, as of 24 December (Epi week52), a total of 3 085 cases have been reported of which 1 527 have been confirmed (996 epi-link, 482 IgM and 49 measles compatible) and 4 deaths recorded (CFR 0.1%). Out of the 2 725 suspected cases, 1 436 were under 5 years of age, 932 were between 5 and 14 years of age and 462 were over 15 years of age.

- **Ethiopia Poliomyelitis (cVDPV2)**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 2</td>
<td>24-Jun-2019</td>
<td>20-May-2019</td>
<td>75</td>
<td>75</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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.

- **Gabon COVID-19**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>47 148</td>
<td>47 148</td>
<td>301</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 1 February 2022, a total of 47 148 cases including 301 deaths and 42 468 recoveries have been reported in the country.

- **Gambia COVID-19**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>11 880</td>
<td>11 880</td>
<td>364</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 31 January 2022, a total of 11 880 confirmed COVID-19 cases including 364 deaths, and 11 461 recoveries have been reported in the country.

- **Ghana Explosion accident**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ungraded</td>
<td>20-Jan-22</td>
<td>20-Jan-22</td>
<td>984</td>
<td>13</td>
<td>1.3%</td>
<td></td>
</tr>
</tbody>
</table>

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 2021, based on data from the National Disaster Management Organization (NADMO) and the Western Regional Health Directorate showed over 900 persons affected with 13 persons confirmed dead. A total of 75 persons were on admission with various degrees of injuries (mainly burns) including 6 critically injured.

- **Ghana COVID-19**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>157 541</td>
<td>157 541</td>
<td>1 412</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

As of 1 February 2022, a total of 157 541 confirmed COVID-19 cases have been reported in Ghana. There have been 1 412 deaths and 154 938 recoveries reported.

- **Ghana Yellow fever**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 2</td>
<td>3-Nov-2019</td>
<td>15-Oct-2019</td>
<td>90</td>
<td>53</td>
<td>11</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

From 15 October 2021, suspected cases of yellow fever were reported mostly among nomadic settlers in the Savannah Region, northwest Ghana (bordering Côte d’Ivoire). As of 20 December 2021, a total of 386 yellow fever suspected cases including 90 probable (IgM positive) and 21 confirmed cases were reported from eight regions in Ghana.

- **Guinea COVID-19**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>36 206</td>
<td>36 206</td>
<td>426</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 1 February 2022, a total of 36 206 cases including 32 373 recovered cases and 426 deaths have been reported in the country.

- **Guinea Measles**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ungraded</td>
<td>09-May-2018</td>
<td>1-Jan-21</td>
<td>622</td>
<td>321</td>
<td>5</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

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.

- **Guinea Poliomyelitis (cVDPV2)**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 2</td>
<td>22-Jul-2020</td>
<td>22-Jul-2020</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, we have 6 cases reported in 2021. The total number of 2020 cases has been corrected to 44.
Health Emergency Information and Risk Assessment

**Madagascar Poliomyelitis** (cVDPV2) Grade 2 28-Apr-2021 28-Apr-2021 2-Feb-2022 11 11 0 0.0%

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

No cVDPV2 positive environmental sample 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.

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.

No cVDPV2 positive environmental sample 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.

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

Heavy rains in Madagascar from the Tropical Storm Ana and Cyclone Batsirai weather systems have flooded parts of the country including major impacts on the capital Antananarivo. The Tropical Storm Ana weather system affected the country during week 3 of 2022, while Cyclone Batsirai occurred in week 5. As of 3 Feb 2022, there have been 131 555 victims affected including 55 deaths by the Tropical Storm Ana weather system, of which 14 778 have become internally displaced and are housed currently in 66 accommodation sites. Damages from Cyclone Batsirai have been reported as of 6 Feb 2022 and are evolving, however, at least 10 people have died and 43 236 were subject to preventative evacuation and housed at 180 sites in 8 regions.

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 14K people were classified as IPC Phase 5 or catastrophically food insecure. 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. The country reported 3 cases in 2021.

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On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 1 February 2022, a total of 30 101 confirmed COVID-19 cases have been reported in the country including 715 deaths and 26 475 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 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. No cases have been reported in 2021. The total number of cases since 2020 are 52.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 6 February 2022, a total of 58 458 cases including 967 deaths and 56 548 recovered cases have been reported in the country.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 18 January 2022, a total of 97 070 confirmed COVID-19 cases including 822 deaths and 92 838 recovered cases have been reported in the country.

The tropical storm Ana made landfall in Angoche district, Nampula province on 24 January. The storm subsequently headed westwards, significantly affecting Zambezia and Tete provinces. Five fatalities, 66 injured people, 660 damaged houses and 4 000 affected people across Nampula, Zambezia, Tete and Cabo Delgado Provinces are reported. A total of 546 private houses were also partially destroyed while 115 were totally destroyed. Moreover, one health center and 16 classrooms were affected. Mozambique, which is already struggling with multiple crises, is a low-income country and third in Africa for exposures to extreme climatic events, with a yearly tropical storm cycle that does not give affected people time to recover.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 10 cases reported in 2021 and there were 10 cases reported in 2020.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 10 cases 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 744 948 displaced by conflict.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 6 February 2022, a total of 224 339 confirmed COVID-19 cases were reported in the country including 2 183 deaths and 217 112 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 5 February 2022, a total of 156 371 confirmed cases with 148 048 recovered and 3 980 deaths have been reported.

The current outbreak in Namibia started in December 2017. As of 15 August 2021, a cumulative total of 8 090 cases (2 117 laboratory-confirmed, 4 738 epidemiologically linked, and 1 235 suspected cases) including 66 deaths (CFR=0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 5 004 (62.0%) of reported cases, followed by Erongo 1 717 (21.2%).

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 6 February 2022, a total of 8 686 cases with 302 deaths have been reported across the country. A total of 8 158 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.
A mass fire incident on 5 November 2021 involved a fuel tank that ruptured 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.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 5 February 2022, a total 7 628 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 762 recovered cases.
March 2020. As of 28 January 2022, a total of 33,230 cases have been reported in Tanzania Mainland including 789 deaths. 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 28 January 2022, a total of 33,230 cases have been reported in Tanzania Mainland including 789 deaths.

### Data Table

<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>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>28-Jan-22</td>
<td>33,230</td>
<td>33,230</td>
<td>789</td>
<td>2.4%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>13-Dec-2021</td>
<td>13-Dec-2021</td>
<td>19-Jan-22</td>
<td>24</td>
<td>24</td>
<td>4</td>
<td>16.7%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-2016</td>
<td>n/a</td>
<td>25-Jan-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-2020</td>
<td>6-Feb-2022</td>
<td>16,851</td>
<td>16,851</td>
<td>137</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-19</td>
<td>1-Jan-19</td>
<td>23-Jan-22</td>
<td>1,812</td>
<td>11</td>
<td>4</td>
<td>0.6%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>28-Dec-2021</td>
<td>1-Jan-21</td>
<td>19-Dec-2021</td>
<td>3,707,252</td>
<td>2,963</td>
<td>0.1%</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Oct-20</td>
<td>22-Oct-20</td>
<td>6-Feb-2022</td>
<td>59</td>
<td>59</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>12-Feb-2021</td>
<td>1-Jan-21</td>
<td>9-Jan-22</td>
<td>17</td>
<td>15</td>
<td>9</td>
<td>52.9%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Measles</td>
<td>Ungraded</td>
<td>1-Nov-21</td>
<td>27-Oct-21</td>
<td>9-Dec-2021</td>
<td>70</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

As of 9 January 2022, 17 cases of Lassa fever have been reported from Kenema (14) and Kailahun (3) districts since the beginning of 2021. Of these 9 of the cases have died yielding CFR of 52.9%. Lassa fever is known to be endemic in Sierra Leone and surrounding countries. From 2016-2020 Sierra Leone experienced gradually declining trends in annual Lassa fever case totals, however, in 2021, cases doubled compared to 2020 (from 8 total reported in 2020 to 16 total in 2021). During 2021, females (69%) and the 1-4 years (38%) age group were predominately affected.

On 29 October 2021, Sierra Leone’s Ministry of Health and Sanitation declared a measles outbreak in Kambia District following the confirmation of three cases at the Central Public Health Reference Laboratory in Freetown. The date of onset of symptoms for the first two cases was 11 October 2021. As of 31 October 2021, 70 cases of which 5 confirmed, 0 deaths and 70 recovered have been reported.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. Five cases were reported in 2021, and 10 were reported in 2020.

Since the start of the COVID-19 pandemic in South Africa by 6 February 2020, a cumulative total of 3,623,962 confirmed cases and 95,835 deaths have been reported with 3,480,249 recoveries.

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 1.71 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.

The escalating flooding began in May 2021 and has affected over 835 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.

The current outbreak in the Bentiu IDP camp is ongoing. As of 23 Jan 2022, a total of 1,812 cases of hepatitis E including 11 deaths (CFR: 0.6%) have been reported in the country including 137 deaths and 13,077 recovered cases.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are 59 cVDPV2 cases in the country; 9 in 2021 and 50 in 2020.

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 28 January 2022, a total of 33,230 cases have been reported in Tanzania Mainland including 789 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 6 February 2022, a total of 36598 cases including 269 deaths and 33 899 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.

On 24 January 2022, following heavy rains that triggered mudslides that affected Nyarusiza and Muramba 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 4 000 children and other vulnerable groups were affected. No adequate shelter and wash facilities for the affected community posing a risk disease outbreaks.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 5 February 2022, a total of 162 375 confirmed COVID-19 cases, 99 412 recoveries with 3 536 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, Mabare 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.

Zambia COVID-19 Grade 3 18-Mar-20 18-Mar-20 5-Feb-2022 307 206 307 206 3 930 1.3%

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 6 February 2022, a total of 307 206 confirmed COVID-19 cases were reported in the country including 3 930 deaths and 300 673 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.

Zimbabwe COVID-19 Grade 3 20-Mar-20 20-Mar-20 5-Feb-2022 230 402 230 402 5 362 2.3%

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 5 February 2022, a total of 230 402 confirmed COVID-19 cases were reported in the country including 5 362 deaths and 221 027 cases that recovered.

Liberia Measles Ungraded 24-Sep-17 1-Jan-19 26-Nov-21 445 198 0 0.0%

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 (83%) and 2 case are >5 years (17%). 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. No more update provided until end of 2021.

Niger Cholera Grade 1 7-Aug-2021 7-Jun-2021 18-Jan-22 5 591 196 166 3.0%

As of 18 January 2022, a total of 5 591 cases including 166 deaths (CFR 3.0%) have been reported. Seven regions out of eight have reported cases so far (Tahoua, Niamey, Tillaberi, Dosso, Maradi Zinder and Diffa). To date 35 out of 72 health districts have reported cases.
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.