WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
Week 8: 14 – 20 February 2022
Data as reported by: 17:00; 20 February 2022

New events  5

Ongoing events  135

Outbreaks  116

Humanitarian crises  24

Legend

- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- COVID-19
- Anthrax
- Dengue fever
- Malaria
- Hepatitis E
- Acute Food Insecurity
- Drought
- Floods
- Plague
- Cases
- Deaths
- Not applicable

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.

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 140 events in the region. This week's articles cover:

- Crimean Congo Haemorrhagic Fever in Mauritania
- COVID-19 across the WHO African region
- Measles in Togo

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:

- Cases of Crimean-Congo haemorrhagic fever have been reported in Mauritania every week since the last week of January 2022. There are now four confirmed cases and one death among males who predominately work with animals. Interventions such as risk communication and contact tracing, and health system challenges are some of the major gaps the country faces to manage the outbreak.

- With almost two-years of the WHO African region battling the COVID-19 pandemic, Africa's fourth wave is gradually slowing down. This marks the eighth consecutive week that new cases in the African region have fallen, following the peak of the fourth wave in late-December 2021. Majority of countries in the region continue to see a decline in COVID-19 weekly cases except for eight countries that experienced a significant increase. Even with the continued decline, the number of cases remains high in some countries, which are still experiencing a resurgence. New deaths, however, increased during the past week. Lack of funding and other operational challenges are driving low vaccine uptake in some countries across the region.

- Togolese health authorities declared a measles outbreak on 9 February 2022 following confirmation of measles cases reported from health districts of Agoe, Ave, Bassar, Golfe and Zio. As of 11 February 2022, six districts are experiencing the measles outbreak including Zio, Agoe, Golfe, Kpéhé, Tchaoudjo and Bassar. Although no death has been reported to-date, response activities should be implemented urgently to control this outbreak and avoid further spread. Togo has just recovered from a cholera outbreak and is still battling the ongoing COVID-19 pandemic.
EVENT DESCRIPTION

Five cases of Crimean-Congo haemorrhagic fever (CCHF) have been reported from Mauritania recently. The first case reported in week 4 (ending 30 January 2022) had originally consulted at a local health facility on 27 January 2022, after presenting with haemorrhagic symptoms: vomiting blood and nose bleeding. The patient was then referred to a hospital in the capital city of Nouakchott when symptoms persisted after two days and then further referred to a national isolation centre at Friendship Hospital a few days later. The patient is an animal herder who had several events of contact with animals some of which are known to have ticks. The case was confirmed positive for CCHF by the National Institute of Research in Public Health (INRSP) on 4 February 2022.

Four other confirmed cases were reported in weeks 5, 6, and 7, including one at the Kiffa Regional Hospital Centre and two others at the Nouakchott National Hospital Centre. All cases are males with ages ranging from 25-52 years. Furthermore, all cases had a known history of contact with animals due to their nature of work: one of the cases is a butcher and the other three are shepherds. All cases were confirmed to have CCHF by laboratory analysis.

Though profiles are similar for the cases, there has been no epidemiological linkage between them. Each case comes from a different area (Moughataas) of the country representing three different wilayas: Trarza, Nouakchott-Sud, and Hodh el Gharbi. The latter wilaya borders Mali. As of 15 February 2022, a total of 31 contacts have been listed from the cases and nine tests have been conducted.

PUBLIC HEALTH ACTIONS

- Regular coordination meetings are conducted to make strategic decisions regarding the outbreak
- Response teams have been deployed to conduct investigations in affected wilayas
- Surveillance activities have been reinforced across affected areas
- Ongoing investigations in all areas where cases live including the listing of contacts for cases
- Infection, prevention and control measures have been reinforced in all health facilities
- Community sensitization in areas at risk is ongoing as it is an endemic disease in Mauritania
- Management of cases is being done in referral hospitals at the national and regional levels.

SITUATION INTERPRETATION

Four cases of CCHF have been confirmed in a relatively short period of time from different parts of Mauritania. This indicates potential widespread transmission of CCHF in an already endemic region. Continued monitoring and interventions need to be strategically focused for a disease that involves a One Health approach.

PROPOSED ACTIONS

- Enhance surveillance monitoring with a main focus on One Health initiatives since CCHF can be acquired by the exposure of infected ticks or through contact with infected animals.
- Nosocomial infections are also a possibility with CCHF and precautions should be taken at all health facilities in order to prevent infections among health care workers.
- Surveillance should be reinforced at points of entry and there should be good cross-border bilateral communication, especially with some of the cases coming from near the border with Mali.
- Risk communication should also be intensified since the risk groups are wide, ranging from agricultural, pastoral, health care workers, etc.
During the week of 14 to 20 February 2022, the number of new COVID-19 cases in the WHO African Region decreased by 20.4% as compared to the number reported during the previous week. The number of new deaths increased by 23.0%. Across the region, over 28 677 new COVID-19 infections and 1 847 new deaths were reported from 37 and 24 countries, respectively.

In the past week, a total of 33 countries (72.0%) reported a decrease of 20% or more in the number of new cases (Table 1), although Congo, Côte d’Ivoire, Equatorial Guinea, Gabon, Togo, and Zimbabwe saw a 20% or more increase in weekly cases compared to the past week. Benin, Cameroon, Central African Republic, Gambia, Ghana, Lesotho, 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 (24 123, 84.0%) with South Africa recording the highest number (16 736 new cases, 6.2% decrease, 28.0 new cases per 100 000 population); followed by Algeria (2 302 new cases, 39.0% decrease, 5.1 new cases per 100 000); Zimbabwe (1 971 new cases, 103.3% increase, 13.0 new cases per 100 000); Zambia (1 692 new cases, 26.3% decrease, 9.0 new cases per 100 000), and Botswana (1 422 new cases, 57.2% decrease, 59.0 new cases per 100 000).

For the period (14 to 20 February 2022), an increase in weekly COVID-19 deaths was observed in the African region as 1 847 new deaths were reported compared to 1 507 recorded in the previous week. The highest numbers of new deaths were reported from South Africa (1 674 new deaths; 45.0% increase; 2.8 new deaths per 100 000 population), Algeria (68 new deaths; 18.0% decrease; 0.2 new deaths per 100 000), Madagascar (15 new deaths; 46.4% decrease; 0.1 new deaths per 100 000), Ethiopia (14 new deaths; 77.0% decrease; 0.0 new deaths per 100 000), and Zimbabwe (12 new deaths; 0.1% increase; 0.1 new deaths per 100 000).

Six countries met the criteria for resurgence (a 20% increase in new COVID-19 cases for a period of at least two consecutive weeks) that cases in the past week have reached 30% or more of the country’s highest weekly number of cases.): Algeria, Botswana, Guinea-Bissau, Madagascar, Mauritius, and Seychelles.

As of 20 February 2022, nearly 8.0 million confirmed COVID-19 cases and 168 193 deaths have been reported in the WHO African Region, resulting in a CFR of 2.1%. More than 7.4 million recoveries have been recorded, giving a recovery rate of 93.0%.

Overall South Africa has recorded the highest number of COVID-19 cases in the region, with 3 658 547 cases (46.0% of all reported cases), followed by Ethiopia 468 345 (5.9%), Kenya 322 696 (4.1%), Zambia 311 194 (3.9%), and Algeria 264 054 (3.3%), accounting for (63.0%) 5 024 836 of all cases.

Similarly, most reported deaths occurred in South Africa, which accounts for 59.0% (98 667) of all deaths recorded in the region. Ethiopia has the second-highest number of deaths (7 438 deaths, 4.4%) followed by Algeria (6 797, 4.0%), Kenya (5 635, 3.4%) and Zimbabwe (5 386, 3.2%), all accounting for 74.0% (123 923) of all deaths reported in the region.

Only Namibia and Kenya reported 23 and three new health worker infection, respectively, in the past week. Thus far, a cumulative total of 153 217 COVID-19 infections (2.0% of all cases) among health workers in the region, with South Africa accounting for 46.4% (71 113) of the total infections. Kenya (12 716, 8.3%), Algeria (11 936, 8.0%), Zimbabwe (6 015, 4.0%) and Namibia (5 316, 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 (10.0%), Liberia (6.0%), Algeria (5.0%), Chad (4.0%), and Niger (4.0%) have the highest proportion of health worker infections by country. Only Eritrea has not reported any healthcare worker infections.

During the past week, the African continent marked 2 years of responding to the COVID-19 pandemic. To-date, a cumulative total of 11.4 million infections have been recorded on the continent. In addition, more than 247 644 deaths (CFR 2.4%) and more than 10.4 million people have recovered. The African continent accounts for 2.9% of global cases and 4.2% of global deaths.

Approximately 168 million people are fully vaccinated, or 12% of the African population. Eritrea has not yet begun a vaccination programme.

Regarding vaccine uptake, in the African region, four countries have fully vaccinated 5% to 10% of their populations: Gabon, Guinea, Senegal, and Sierra Leone. A total of 11 countries have fully vaccinated 2% to 5%: Burkina Faso, Cameroon, Ethiopia, Madagascar, Malawi, Mali, Niger, Nigeria, South Sudan, Tanzania, and Zambia, while three have fully vaccinated less than 2%: Burundi, Chad, and Democratic Republic of Congo.

Lack of funding and other operational challenges are driving low vaccine uptake in some countries:

• Burkina Faso, Chad, Sierra Leone, and South Sudan have fragile states or ongoing humanitarian emergencies that make it difficult to reach people with mobile vaccination teams.
• Democratic Republic of Congo, Ethiopia, and Nigeria have large and diverse populations. The vastness of these countries means they require more operational funding to reach their populations.
• Burundi and Tanzania started vaccinating later than other countries.
• Malawi, Uganda, and Zambia are experiencing low vaccine acceptance among populations due to experiences with vaccines having short shelf lives and expiring quickly.
• Health workers in all countries are fatigued. Vaccines that arrive with short shelf life put huge pressure on delivery strategies and systems, amid low demand.

On 18 February 2022, WHO announced that the first six countries that will receive the technology needed to produce mRNA
vaccines on the African continent are Egypt, Kenya, Nigeria, Senegal, South Africa, and Tunisia. The global mRNA technology transfer hub was established in 2021 to support manufacturers in low- and middle-income countries to produce their own vaccines, ensuring that they have all the necessary operating procedures and know-how to manufacture mRNA vaccines at scale and according to international standards.

SITUATION INTERPRETATION

New weekly cases on the African continent dropped for another week. Only eight countries reported a significant increase in new cases when compared to the prior week. Although deaths increased overall, some countries reported decreases. South Africa has reported a spike in the number of weekly deaths for the second consecutive week. However, this increase is largely due to a backlog in deaths being reported through mortality audits.
New cases reported in the past seven days and cumulative totals by country: Data as of 20 February 2022 (7,966,928)

<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>3,943</td>
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<td><strong>Cumulative Cases (N=47)</strong></td>
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<td>28,677</td>
<td>-20.4</td>
<td>168,193</td>
<td>1,708</td>
<td>22.6</td>
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*Total cases includes one probable case from Democratic Republic of the Congo
EVENT DESCRIPTION
On 9 February 2022, Togolese health authorities declared a measles outbreak after confirmation at the National Referral Laboratory for Epidemic prone Diseases. The suspected cases were reported from health districts of Agoe, Ave, Bassar, Golfe and Zio. As of 11 February 2022, six health districts of Zio, Agoe, Golfe, Kpélé, Tchadjo and Bassar are experiencing measles outbreak, with a cumulative number of 334 suspected cases, 73 confirmed cases and 0 death (case fatality ratio (CFR=0.0%).

The six affected health districts are from five medical regions (Maritime, Grand-Lomé, Plateaux, Centrale, and Kara) out of six in the country. Zio district has reported the highest number of cases at 213 (63.7%), followed by Bassar district with 40 cases (11.9%), and Agoe district with 28 cases (8.4%).

The measles outbreak was first reported in Zio district in early November 2021. The index case is a 30-month-old girl who consulted at the Tsévié Polyclinic for fever, lack of appetite, skin rash, and intense general body weakness on 25 November 2021. The index case had an onset of symptoms on 20 November 2021. A sample was collected from this case and laboratory results confirmed her positive for Measles IgM on 30 November 2021. Additional suspected measles cases have been reported from Zio district and other districts from December 2021 until February 2022.

Preliminary investigations found no epidemiological links among cases reported from the different affected districts. Basing on anecdotal reports, the first case from Bassar district has been imported from Nigeria. Among the 73 confirmed cases, eight were vaccinated though only five cases received two doses of measles vaccine, 35 (47.9%) have an unknown vaccination status, and 29 (39.7%) are unvaccinated.

PUBLIC HEALTH ACTIONS
- A rapid risk assessment for the ongoing measles outbreak has been conducted by the Ministry of Health.
- The rapid investigations in each affected district have been conducted.
- Measles vaccination responses around cases has been also conducted.
- The country has submitted to the Global Alliance for Vaccines and Immunization (GAVI) a request for measles vaccine for a catch-up measles vaccination campaign targeting 1 468 732 children aged between nine to 59 months.

SITUATION INTERPRETATION
Although no death has been reported to-date, the speed at which this measles outbreak is spreading is concerning. Within about one month period, the number of affected districts increased from one (Zio district) to six. There is therefore an urgent need to control this outbreak. Among the confirmed cases, the measles vaccination coverage is very low with only 6.8% of cases that received two doses of the measles containing vaccine.

PROPOSED ACTIONS
- A good vaccination coverage against measles remains the key for outbreaks prevention and control. The required efforts and resources should thus be deployed to improve the routine and supplementary immunization coverages.
- While implementing control measures for the ongoing measles outbreak, it is also essential to strengthen the measles and rubella elimination program activities for the country.
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 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 14 February 2022, a total of 261,913 confirmed COVID-19 cases have been reported in the country with 1,899 deaths and 96,569 recoveries.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 13 February 2022, a total of 26,567 cases have been reported in the country with 163 deaths and 96,569 recoveries.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 20 February 2022, a total of 98,638 confirmed COVID-19 cases have been reported in the country with 1,899 deaths and 96,569 recoveries.

From 25 February 2020 to 13 February 2022, a total of 264,054 confirmed cases of COVID-19 with 6,797 deaths (CFR 2.6%) have been reported from Algeria. A total of 176,673 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 20 February 2022, a total of 98,638 confirmed COVID-19 cases have been reported in the country with 1,899 deaths and 96,569 recoveries.

Ongoing

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.

Benin

Cholera Grade 1 28-Mar-21 28-Mar-21 30-Jan-22 1,616 44 20 1.2%

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 13 February 2022, a total of 26,567 cases have been reported in the country with 163 deaths and 96,569 recoveries.

Benin

Poliomyelitis (cVDPV2) Grade 2 8-Aug-2019 8-Aug-2019 20-Feb-2022 14 0 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Three cases were reported in 2021 and 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

Botswana

COVID-19 Grade 3 30-Mar-20 28-Mar-20 14-Feb-2022 261,913 261,913 2,608 1.0%

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 14 February 2022, a total of 261,913 confirmed COVID-19 cases were reported in the country including 2,608 deaths and 256,438 recovered cases.

Burkina Faso

Humanitarian crisis Grade 2 1-Jan-19 1-Jan-19 17-Jan-22 - - - -

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 worsening the security situation, causing displacements and producing needs for the affected population, including food, water, shelter, and psycho-social support.
Between 9 March 2020 and 18 February 2022, a total of 20 751 confirmed cases of COVID-19 with 375 deaths and 20 309 recoveries have been reported from Burkina Faso.

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 is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 19 February 2022, the total number of confirmed COVID-19 cases is 38,011, including 15 deaths and 37,911 recovered.

Since the beginning of 2021 up to 30 January 2022, a total of 1102 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.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 9 February 2022, a total of 118,933 cases have been reported, including 1,918 deaths and 116,473 recoveries.

From 1 January 2021 to 31 January 2022, a total of 38 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.

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 19 February 2022, a total of 55,860 confirmed COVID-19 cases including 400 deaths and 55,393 recoveries were reported in the country.

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 8 February 2022, a total of 14,187 confirmed cases, 113 deaths and 12,018 recovered were reported.

From 1 January to 15 December 2021 : 2,328 suspected cases have been reported, 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 (Bossobéli, Berbérità, Sangha-Mbaéré, Nanga-Boguila, Batangango, Mbaki, Nana Gebrizi and Vakaga); 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.
Health Emergency Information and Risk Assessment

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). As of 15 February 2022, a total of 17 probable cases (IgM positive) were reported of which nine were confirmed at the regional reference laboratory.

The first COVID-19 confirmed case was reported on 19 March 2020. As of 7 February 2022, a total of 7 214 confirmed COVID-19 cases were reported in the country including 190 deaths.

Hepatitis E outbreak had been declared by Chadian health authorities mid-November 2021 in Satégui health area, Lai health district in the Tandjile region. As of 30 Nov 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 8 786 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.

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 15 February 2022, a total of 58 yellow fever IgM positive cases were reported from seven provinces (Mandoul, Guéra, Mayo Kebbi Ouest, Moyen Chari, and le Lac), including nine confirmed cases by PCR and eight by plaque reduction neutralization test (PRNT).

The first case of confirmed COVID-19 was reported in Comoros on 30 April 2020. As of 19 February 2022, a total of 8 020 confirmed COVID-19 cases, including 160 deaths and 7 812 recoveries were reported in the country.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 18 February 2022, a total of 23 863 cases including 377 deaths and 22 245 recovered cases have been reported in the country.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Two cases were reported in 2020 as well as in 2021.

Since 11 March 2020, a total of 81 367 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 791 deaths, and a total of 79 263 recoveries.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are no reported cases in 2021. There are 64 cases reported in 2020.

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 15 February 2022, a total of 43 cases tested IgM positive of which 13 were confirmed by PRNT.

As of 31 Jan 2022, there are an estimated 5.5 million people internally displaced, 517 140 new refugees and asylum seekers, 1.2 million returnees, and 27 million people need emergency food assistance in the entire country. Additionally, 8.9 million need health assistance. In the Bambu health zone, more than 24K people left in three phases from 9-30 Jan 2022 in several localities. On 29 Jan 2022, Zongo health area experienced an incursion by militiamen looting homes and health centres (looting of equipment, furniture, supplies, mattresses, medicines and others). Significant needs such as food and health care remain to be satisfied.

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

<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>
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<td>1-Apr-2021</td>
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<td>19-Mar-20</td>
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<td>29-Nov-21</td>
<td>7-Jan-22</td>
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<td>COVID-19</td>
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<td>Event</td>
<td>Grade</td>
<td>Date notified to WCO</td>
<td>Start of reporting period</td>
<td>End of reporting period</td>
<td>Total cases</td>
<td>Cases Confirmed</td>
<td>Deaths</td>
<td>CFR</td>
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<td>85 875</td>
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<td>Measles</td>
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<td>1-Jan-20</td>
<td>30-Jan-22</td>
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<td>30-Jan-22</td>
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<tr>
<td>Eswatini</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>20-Feb-2022</td>
<td>68 978</td>
<td>68 978</td>
<td>1 388</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

In 2022, from epidemiological week 1 to 4 (ending 31 January 2022), 2 168 suspected cholera cases including 27 deaths (CFR:1.2%) were recorded in 28 health zones across seven provinces of the Democratic Republic of the Congo, an increase of more than 100% compared to the same period in 2021 (604 cases).

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 85 875 confirmed cases and two probable case, including 1 335 deaths have been reported. A total of 64 656 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.

Between epidemiological weeks 1-4 of 2022, 286 cases have been reported with 21 deaths (CFR 7.3%). Compared to weeks 1-4 in 2021, 272 cases were reported with 6 deaths (CFR 2.2%). During 2021, a total of 3 091 suspected cases including 83 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 1-4 of 2022, 1 case of plague has been reported with no deaths. Compared to weeks 1-4 in 2021, 61 cases were reported with 1 death. 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The total number of 2021 cases remains at 25.

In 2022, from epidemiological week 1 to 4 (ending 31 January 2022), 142 383 suspected cases of typhoid fever including 45 deaths were recorded in the Democratic Republic of the Congo. 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%).

On 18 July 2021, two yellow fever cases tested positive by Plaque Reduction Neutralization Test (PRNT) at Centre Pasteur in Cameroun (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 second case is a 47-year-old female unvaccinated against yellow fever from Angola 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 16 February 2022, a total of 15 870 cases have been reported in the country with 182 deaths and 15 620 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 20 February 2022, a total of 9 687 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 555 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 20 February 2022, a total of 68 978 cases have been reported in the country including 67 420 recoveries. A total of 1 388 associated deaths have been reported.
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 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 Mekelle which will go to primary health care and nutrition programs and is said to benefit an estimated 35k people. More supplies are expected, however, humanitarian partners are unable to distribute them due to fuel shortages in the area. Many partners have scaled down operations due to the lack of supplies and resources.

The outbreak of cholera is ongoing in Oromia and Somali regions. The first case was reported on 31 August 2021. As of 31 January 2022, a total of 674 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.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 13 February 2022, a total of 11 924 confirmed COVID-19 cases including 365 deaths and 11 554 recoveries have been reported in the country.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 17 February 2022, a total of 47 484 cases including 353 deaths and 44 999 recoveries have been reported in the country.

On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogooué-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2022 and died on 23 September 2021 in Port Gentil.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 13 February 2022, a total of 11 924 confirmed COVID-19 cases including 365 deaths, and 11 544 recoveries have been reported in the country.

An explosive 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 catching 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.

As of 9 February 2022, a total of 158 220 confirmed COVID-19 cases have been reported in Ghana. There have been 1 433 deaths and 156 429 recoveries reported.

No cases have been reported in 2022 nor 2021, 12 cases were reported in 2020, and 19 were reported in 2019.

From 15 October 2021, suspected cases of yellow fever were reported mostly among nomadic settlers in the Savannah Region, northwest Ghana (bordering Côte d’Ivoire). As of 15 February 2022, a total of 744 yellow fever suspected cases including 158 probable (IgM positive) and 64 confirmed cases were reported from 11 regions in Ghana.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 16 February 2022, a total of 36 354 confirmed cases, 303 deaths and 34 992 recoveries have been reported in the country.

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</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>Ethiopia</td>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 3</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>17-Feb-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Cholera</td>
<td>Grade 2</td>
<td>31-Aug-2021</td>
<td>31-Aug-2021</td>
<td>31-Jan-22</td>
<td>674</td>
<td>2</td>
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<tr>
<td>Ethiopia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>20-Feb-2022</td>
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<td>468 345</td>
<td>7 438</td>
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<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
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<td>47 484</td>
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<td>Gabon</td>
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<td>Ungraded</td>
<td>12-Feb-2022</td>
<td>17-Sep-21</td>
<td>15-Jan-22</td>
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<td>1</td>
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<td>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>9-Feb-2020</td>
<td>158 220</td>
<td>158 220</td>
<td>1 433</td>
<td>0.9%</td>
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<tr>
<td>Ghana</td>
<td>Explosion accident</td>
<td>Ungraded</td>
<td>20-Jan-22</td>
<td>20-Jan-22</td>
<td>22-Jan-22</td>
<td>984</td>
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<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Jul-2019</td>
<td>8-Jul-2019</td>
<td>20-Feb-2022</td>
<td>31</td>
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<tr>
<td>Ghana</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Nov-2021</td>
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<td>15-Feb-2022</td>
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<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>16-Feb-2022</td>
<td>36 354</td>
<td>36 354</td>
<td>438</td>
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<td>Ungraded</td>
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<td>1-Jan-21</td>
<td>1-Dec-2021</td>
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<tr>
<td>Guinea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-2020</td>
<td>22-Jul-2020</td>
<td>16-Feb-2022</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
On 25 March 2020, the Ministry of Health of Guinea-Bissau reported the first COVID-19 confirmed case in the country. As of 18 February 2022, the country has reported 7,907 confirmed cases of COVID-19 with 6,935 recoveries and 166 deaths.

Guinea-Bissau Poliomyelitis (cVDPV2) Grade 2 9-Nov-21 9-Nov-21 20-Feb-2022 4 4 0 0%

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.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 20 February 2022, 322,696 confirmed COVID-19 cases including 5,635 deaths and 303,079 recoveries have been reported in the country.

Kenya COVID-19 Grade 3 13-Mar-20 13-Mar-20 20-Feb-2022 322,696 322,696 5,635 1.7%

Since January 2020, a total of 1,537 visceral leishmaniasis suspected and confirmed cases with 10 deaths (CFR 0.7%), have been reported in eight counties namely: 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 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.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 13 February 2022, a total of 32,434 cases of COVID-19 have been reported, including 23,116 recoveries and 696 deaths.


From 16 March 2020 to 15 February 2022, Liberia has recorded a total of 7,360 cases including 290 deaths and 7,051 recoveries have been reported.

Liberia Measles Ungraded 3-Feb-2022 1-Jan-22 3-Feb-2022 92 20 2 2.2%

Heavy rains in Madagascar from multiple weather systems (Tropical Storm Ana, Cyclone Batsirai, and Tropical Storm Dumako) have flooded parts of the country. The Tropical Storm Ana weather system affected the country during week 3 of 2022, while Cyclone Batsirai occurred in week 5, and Tropical Storm Dumako occurred in week 7. As of 19 Feb 2022, there have been 131,555 victims affected including 55 deaths by the Tropical Storm Ana weather system in 12 regions. A total of 2,265 people have been internally displaced and are housed currently in 3 accommodation sites. Damages from Cyclone Batsirai have been reported as of 16 Feb 2022 where 146,671 people have been affected causing 121 deaths mostly in the district of Ilonko of Fovitivany Region. As of 16 Feb 2022, 20,185 people have been displaced by the effects of Cyclone Batsirai and currently reside in 51 accommodation sites. Damages by Tropical Storm Dumako have only been counted provisionally and approximately 9,959 people have been affected including 14 deaths. A total of 4,323 people have been displaced to 12 accommodation sites. Yet another storm system, Cyclone Enmaati, is expected to affect Madagascar during week 8.

Madagascar COVID-19 Grade 3 20-Mar-20 20-Mar-20 18-Feb-2022 63,433 63,433 1,350 2.1%

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 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 18-Feb-2022 63,433 63,433 1,350 2.1%

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

Malawi Measles Ungraded 26-Jan-22 26-Jan-22 9-Feb-2022 9,457 267 46 0.0%

On 26 January 2022 the State President declared a State of National Disaster following the Tropical Storm ANA, which caused heavy flooding in several districts in the country, especially in the Southern Region due to heavy rainfall and strong winds. 19 districts and 2 cities have been impacted with tropical storm Ana which hit Malawi from 23 January 2022. Reports indicate 945,726 people (221,127 households) affected by the floods of which 152,786 (32,935 households) are displaced, 46 deaths, 18 missing and 206 injuries recorded according to the Government.
One positive case of wild WPV1 was detected in Lilongwe from a patient with the date of onset of paralysis on 19 November 2021 confirmed by the National Institute for Communicable Diseases (NICO) reference laboratory.

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. As of 31 December 2021, there were 401 736 IDPs in the country and 49 977 refugees. However, 85 939 returnees have come back to the country. 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.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 20 February 2022, a total of 30 340 confirmed COVID-19 cases have been reported in the country including 720 deaths and 28 543 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.

On 14 February 2022, a case of Crimean-Congo haemorrhagic fever (CCHF) was confirmed by polymerase chain reaction (PCR) at the Institut National de Recherche en Santé Publique in Nouakchott, Mauritania. The patient is a 52-year-old male farmer living in the department (moughataa) of Koubeni in the region (wilaya) of Hodh ElGharbi. He presented with epistaxis and hematemesis for which he consulted five health facilities in Kubeni and Nouakchott between 27 January and 4 February 2022. As of 19 February 2022, a total of five confirmed cases including one deaths were reported.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 20 February 2022, a total of 58 611 cases including 976 deaths and 57 522 recovered cases have been reported in the country.

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 tropical storm Ana made landfall in Angoche district, Nampula province on 24 January. The storm subsequently headed westwards, significantly affecting 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.

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 31 Jan 2022, the nationwide estimate of people in need of humanitarian assistance is 1.3 million and more than 825K people are displaced by conflict.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 20 February 2022, a total of 224 903 confirmed COVID-19 cases were reported in the country including 2 189 deaths and 218 970 recoveries.

The situation in Cabo Delgado remains unpredictable and volatile. As of 31 Jan 2022, the nationwide estimate of people in need of humanitarian assistance is 1.3 million and more than 825K people are displaced by conflict.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 20 February 2022, a total of 58 611 cases including 976 deaths and 57 522 recovered cases have been reported in the country.

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The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 20 February 2022, a total of 224 903 confirmed COVID-19 cases were reported in the country including 2 189 deaths and 218 970 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 19 February 2022, a total of 157 010 confirmed cases with 152 472 recovered and 4 002 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.
Recent months. The humanitarian situation causes additional challenges for the health of the population who are faced with weakened health systems among a context of poverty, climate change, food insecurity, disease outbreaks, and military coups have persisted in the area for over a decade, however, incidents have been on the rise in the past year.

The humanitarian situation has further deteriorated in six countries of the Sahel: Burkina Faso, Cameroon, Chad, Mali, Niger, and Nigeria. Problems such as violence, looting, human rights violations, and poverty have continued to escalate. In 2021, 77 143 refugees from other countries within Nigeria with almost 73 000 (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 of residents. The groups also set houses and churches on fire and looted food supplies from homes and shops.

From 1 January 2021 to 31 December 2021, there were 77 143 refugees from other countries within Nigeria with almost 73 000 (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 of residents. The groups also set houses and churches on fire and looted food supplies from homes and shops.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 19 February 2022, a total of 254 243 confirmed cases with 230 587 recovered and 3 142 deaths have been reported.

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 19 February 2022, a total of 254 243 confirmed cases with 230 587 recovered and 3 142 deaths have been reported.

No cases were reported this week. The number of 2021 cases remains at 15.

Attacks in Nigeria have 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 (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 of residents. The groups also set houses and churches on fire and looted food supplies from homes and shops.

From epidemiological week 1 to week 4, 2022, a total of 470 suspected cases including 9 deaths (CFR 1.9%) have been reported from 10 states and FCT. Of the suspected cases, the less than 5 years age group is the most affected, while males and females are equally affected.

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 19 February 2022, a total of 254 243 confirmed cases with 230 587 recovered and 3 142 deaths have been reported.

No cases were reported this week. So far only 1 cVDPV2 case and 6 environmental samples have been reported in 2022. There were 413 cVDPV2 cases and 18 environmental samples reported in 2021.

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Lassa fever is an endemic disease in Nigeria which is reportable through IHR. 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 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.

No cases were reported this week. So far only 1 cVDPV2 case and 6 environmental samples have been reported in 2022. There were 413 cVDPV2 cases and 18 environmental samples reported in 2021.

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From epidemiological week 1 to week 4, 2022, a total of 470 suspected cases including 9 deaths (CFR 1.9%) have been reported from 10 states and FCT. Of the suspected cases, the less than 5 years age group is the most affected, while males and females are equally affected.

From 1 January 2021 to 31 December 2021, there were 77 143 refugees from other countries within Nigeria with almost 73 000 (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 of residents. The groups also set houses and churches on fire and looted food supplies from homes and shops.

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### Country | Event | Grade | Date notified to WHO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Sao Tome and Principe | COVID-19 | Grade 3 | 6-Apr-2020 | 6-Apr-2020 | 20-Feb-2022 | 5 926 | 5 926 | 71 | 1.2%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 20 February 2022, a total of 5 926 confirmed cases of COVID-19 have been reported, including 71 deaths. A total of 5 845 cases have been reported as recoveries.

Senegal | COVID-19 | Grade 3 | 2-Mar-20 | 2-Mar-20 | 20-Feb-2022 | 85 564 | 85 564 | 1 958 | 2.3%

From 2 March 2020 to 20 February 2022, a total of 85 564 confirmed cases of COVID-19 including 1 958 deaths and 83 478 recoveries have been reported in Senegal.

Senegal | Poliomyelitis (cVDPV2) | Grade 2 | 4-Apr-2021 | 16-Feb-2022 | 17 | 17 | 0 | 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.

Seychelles | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 20-Feb-2022 | 39 128 | 39 128 | 151 | 0.4%

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 20 February 2022 a total of 39 128 cases have been confirmed, including 38 379 recoveries and 151 deaths have been reported.

Sierra Leone | Mass fire incident | Ungraded | 5-Nov-21 | 6-Nov-21 | 18-Jan-22 | 304 | 304 | 154 | 50.7%

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.

Sierra Leone | COVID-19 | Grade 3 | 31-Mar-20 | 27-Mar-20 | 19-Feb-2022 | 7 663 | 7 663 | 125 | 1.6%

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 19 February 2022, a total 7 663 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 804 recovered cases.

Sierra Leone | Lassa fever | Ungraded | 12-Feb-2021 | 1-Jan-21 | 9-Jan-22 | 17 | 15 | 9 | 52.9%

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.

Sierra Leone | Measles | Ungraded | 1-Nov-21 | 1-Jan-22 | 17-Feb-2022 | 72 | 0 | 0 | 0.0%

In 2022, another measles outbreak was declared on 8 February 2022 in the Kambia district. The current outbreak started on 20 January 2022 with 7 new cases. The females (69%) and the 1-4 years (38%) age group were predominate affected.

South Africa | COVID-19 | Grade 3 | 5-Mar-20 | 3-Mar-20 | 20-Feb-2022 | 3 658 547 | 3 658 547 | 98 667 | 3.4%

Since the start of the COVID-19 pandemic in South Africa through 20 February 2022, a cumulative total of 3 658 547 confirmed cases and 98 667 deaths have been reported with 3 522 732 recoveries.

South Sudan | Acute Food Insecurity | Grade 2 | 18-Dec-2020 | 5-Apr-2021 | 30-Nov-21 | - | - | - | -

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.

South Sudan | Floods | Grade 2 | 15-Jul-2021 | 1-May-2021 | 25-Jan-22 | - | - | - | -

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 | Humanitarian crisis | Protracted 3 | 15-Aug-2016 | n/a | 25-Jan-22 | - | - | - | -

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 | Grade 3 | 5-Apr-2020 | 5-Apr-2020 | 20-Feb-2022 | 16 936 | 16 936 | 137 | 0.8%

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 20 February 2022, a total of 16 936 confirmed COVID-19 cases were reported in the country including 137 deaths and 13 250 recovered cases.

South Sudan | Hepatitis E | Ungraded | 3-Jan-18 | 1-Jan-19 | 23-Jan-22 | 1 812 | 1 812 | 104 | 11 | 0.6%

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 since Jan 2019. Hepatitis E cases have been above the epidemic threshold since week 19 of 2021. There were 50 new HEV cases in week 3, 2022.
### Health Emergency Information and Risk Assessment

- **South Sudan**: Malaria, grade Ungraded, notified 28-Dec-2021, start of reporting period 1-Jan-21, end of reporting period 19-Dec-2021, total cases 3,707,252, cases confirmed 2,963, CFR 0.1%.

  - Between epidemiological weeks 1 and 51 of 2021, malaria cases have been reported in several districts in the states with an upsurge occurring in Rubkona, Duk, Twic East and Raga counties in week 3 of 2022.

- **South Sudan**: Poliomyelitis (cVDPV2), grade 2, notified 22-Oct-20, start of reporting period 22-Oct-20, end of reporting period 6-Feb-2022, total cases 59, cases confirmed 59, deaths 0, CFR 0.0%.

  - 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.

- **Tanzania, United Republic of**: Cholera, grade Ungraded, notified 13-Dec-2021, start of reporting period 13-Dec-2021, end of reporting period 19-Jan-22, total cases 30, deaths 4, CFR 13.3%.

  - As of 31 January 2022, at least 30 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.

- **Tanzania, United Republic of**: COVID-19, grade 3, notified 16-Mar-20, start of reporting period 16-Mar-20, end of reporting period 4-Feb-2022, total cases 33,436, cases confirmed 33,436, deaths 792, CFR 2.4%.

  - 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 4 February 2022, a total of 33,436 cases have been reported in Tanzania Mainland including 792 deaths.

- **Togo**: COVID-19, grade 3, notified 6-Mar-20, start of reporting period 1-Mar-20, end of reporting period 20-Feb-2022, total cases 36,738, cases confirmed 36,738, deaths 271, CFR 0.7%.

  - On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 20 February 2022, a total of 36,738 cases including 271 deaths and 36,397 recovered cases have been reported in the country.

- **Togo**: Measles, grade Ungraded, notified 2-Feb-2022, start of reporting period 25-Nov-21, end of reporting period 11-Feb-2022, total cases 334, cases confirmed 73, deaths 0, CFR 0.0%.

  - A measles outbreak has been declared by the Togolese health authorities on 9 February 2022 after confirmation at National Referral Laboratory for Epidemic prone Diseases. As of 11 February 2022, six districts are experiencing the measles outbreak including Zio, Agoe, Golfe, Kpélé, Tchaouadjou and Basar with a cumulative number of 334 suspected cases, 73 confirmed and 0 death (CFR 0.0%). Zio district has reported more cases 213 out of 334 (63.7%) with 25 confirmed. The outbreak started on November 2021 in the Zio district. Among the 73 confirmed cases reported, 29 (39.7%) are unvaccinated, 35 cases (47.9%) have unknown vaccination status, 8 cases are vaccinated with only 5 cases that received 2 doses of measles vaccine.

- **Togo**: Poliomyelitis (cVDPV2), grade 2, notified 18-Oct-19, start of reporting period 13-Sep-19, end of reporting period 16-Feb-2022, total cases 17, cases confirmed 17, deaths 0, CFR 0.0%.

  - 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.

- **Uganda**: Floods, grade Ungraded, notified 24-Jan-22, start of reporting period 31-Jan-22, end of reporting period 31-Jan-22, total cases 7,049, deaths 9, CFR 0.1%.

  - On 24 January 2022, following heavy rains that trigged mudslides that affected Nyaruszisa and Muramba su-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.

- **Uganda**: COVID-19, grade 3, notified 21-Mar-20, start of reporting period 21-Mar-20, end of reporting period 19-Feb-2022, total cases 163,116, cases confirmed 163,116, deaths 3,585, CFR 2.2%.

  - The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 19 February 2022, a total of 163,116 confirmed COVID-19 cases, 99,797 recoveries with 3,585 deaths.

- **Uganda**: Rift Valley fever, grade Ungraded, notified 14-Jan-22, start of reporting period 12-Jan-22, end of reporting period 7-Feb-2022, total cases 2, deaths 2, CFR 50.0%.

  - On 12 January 2022, the Ugandan Ministry of Health was notified of a confirmed case of Rift Valley fever (RVF). 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. As of 7 February 2022, a total of two confirmed cases of RVF have been reported.

- **Zambia**: COVID-19, grade 3, notified 18-Mar-20, start of reporting period 18-Mar-20, end of reporting period 20-Feb-2022, total cases 311,194, cases confirmed 311,194, deaths 3,943, CFR 1.3%.

  - The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 20 February 2022, a total of 311,194 confirmed COVID-19 cases were reported in the country including 3,943 deaths and 305,194 recovered cases.

- **Zimbabwe**: Anthrax, grade Ungraded, notified 6-May-2019, start of reporting period 1-Jan-22, end of reporting period 22-Jan-22, total cases 22, deaths 0, CFR 0.0%.

  - The anthrax outbreak is ongoing in Zimbabwe. Six new cases were reported in Week 3 of 2022 with the cumulative for the year being 22. The cases were reported by Gokwe North District and Gokwe South District in Midlands Province. 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 and 306 cases and 0 deaths in 2021.

- **Zimbabwe**: Cholera, grade Ungraded, notified 27-Jan-22, start of reporting period 27-Jan-22, end of reporting period 27-Jan-22, total cases 1, deaths 1, CFR 0.0%.

  - 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.

- **Zimbabwe**: COVID-19, grade 3, notified 20-Mar-20, start of reporting period 20-Mar-20, end of reporting period 20-Feb-2022, total cases 233,352, cases confirmed 233,352, deaths 5,386, CFR 2.3%.

  - The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 20 February 2022, a total of 233,352 confirmed COVID-19 cases were reported in the country including 5,386 deaths and 224,940 cases that recovered.

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†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/erf/](http://www.who.int/hac/about/erf/erf/).

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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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.