This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 150 events in the region. This week's articles cover:

- Lassa fever in Togo
- COVID-19 across the WHO African region
- Floods in Madagascar

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:**

- An outbreak of Lassa fever is currently ongoing in Oti-South health district of Northern Togo. The Ministry of Health is currently responding to this outbreak with investigation teams deployed to affected areas. Insufficient isolation sites coupled with an ongoing polio vaccination campaign and weak early warning and community-based surveillance systems are some of the challenges that have interfered with local response activities. In addition, logistical supplies required for case management are inadequate. The borders are very porous in this area with constant cross-border movement, posing a potential risk for transmission to neighboring countries. However, given the management of past outbreaks and experience in cross-border collaboration between national authorities regarding Lassa fever outbreaks, the risks for nationwide and regional transmission remains low.

- The COVID-19 pandemic continues with a lessening weekly incidence for the past two months. The number of new deaths has also fallen as compared to the past seven days. Two years on, interruptions to essential health services as a result of the pandemic response efforts are still being broadly felt and the consequences for women's health remain a serious cause for concern. Due to the pandemic, services to women who have experienced sexual violence declined in several countries. The disruptions also affected the uptake of essential reproductive health supplies.

- Following the aftermath of four tropical rainstorms, Madagascar is currently experiencing heavy flooding and destruction of infrastructure. The storms have mostly impacted the regions of Vatovavy, Fitovinany and Atsimo-Atsinanana; and in some cases, more than once further deteriorating the situation and compounding challenges. Several health facilities have been damaged, rendering them non or partially functional. There is disruption of essential services such as power and potable water for more than two weeks and only a few mobile clinics are providing health services. Some affected areas are inaccessible because of the damage the storms caused leaving some people without access to aid.
EVENT DESCRIPTION

On 26 February 2022, the Togolese authorities confirmed an outbreak of Lassa fever in Oti-South health district situated in the Northern part of the country.

The index case is a 35 year-old female resident of Takpamba, a town bordering Ghana and located 96 kms away from Dapaong - the capital city of the Savanna region - which is 35 km to Burkina Faso. She lived in the Djabata village in Benin and arrived in Takpamba on 4 February 2022 after crossing the Benin-Togo border. On 11 February 2022, she developed fever, abdominal pains and cough, after which she consulted Takpamba health centre on 14 February 2022.

As no significant improvement was observed after three days of oral treatment, she was taken to a Guerin Kouka health centre where she was hospitalized for 24 hours and was later taken to Esperance Hospital where she was managed as an out-patient. She returned to this latter facility on 22 February 2022, following persistence of the previous symptoms to which were added vomiting and bloody diarrhea. As a result of her clinical picture, she was suspected as a Lassa fever case and immediately isolated, notified and a sample was drawn for laboratory confirmation.

On 26 February 2022, the case was confirmed positive for Lassa fever, the same morning she had died. A safe and dignified burial was organized 24 hours later, and an initial investigation was conducted both in the health care facility and the hosting community.

As of 28 February 2022, 26 contacts had been listed around the case, in two health districts of the Savanna region (13 in Oti and 13 in Oti-South), including 10 health care workers, one of whom was symptomatic and isolated. This is a 38-year-old male health care worker residing in Mango village and working in the Esperance Hospital where he had a direct contact with the patient. Of all identified contacts, 14 accepted to be sampled including the suspected case and all their laboratory results were negative for Lassa fever.

PUBLIC HEALTH ACTIONS

- On 27 February 2022, the Ministry of Health, Public Hygiene and Universal Health Coverage declared the outbreak and indicated preventive measures to be adopted by the Togolese population.
- The incident management system located at the National Emergency Operations Centre was activated. A response plan is currently under development.
- A deep investigation was conducted around the confirmed case, which identified 26 contacts, one of whom became a suspected case and was immediately isolated. More contacts are closely being followed-up on a daily-basis.
- Surveillance is being reinforced in all health care facilities of the country, as well as infection prevention and control (IPC) measures.
- The health care facility that received the patient was decontaminated and IPC measures reinforced. An isolation unit was identified and arranged to receive and take care of suspected and confirmed cases.

SITUATION INTERPRETATION

Lassa fever is endemic in several West African countries, including Togo, which is often affected to a lesser extent. However since 2016, outbreaks and sporadic cases have been reported in the country every few years. The last notable outbreak in Togo was reported in 2017 in Oti district, the same district with an ongoing outbreak. The Ministry of Health has proven to have adequate response capacity to Lassa fever outbreaks in the past, however there is a current lack of resources for case management such as insufficient number of isolation rooms, shortage of antiviral treatment and supportive therapy as well as delays in testing turnaround times.

PROPOSED ACTIONS

- The early warning and alert system should be reinforced in-country, as well as the event- and community-based surveillance. This would help in detecting early any event of public health concern. All relevant actors should be trained, accordingly.
- Contact tracing and follow-up should be maintained and reinforced. Deep investigations should be pursued to identify all potentially missed contacts and chains of transmission.
- Considering the proximity with Ghana and Burkina Faso, surveillance at corresponding points of entry should be reinforced.
- Risk communication and community engagement activities regarding Lassa fever should continue. Accordingly, all political, administrative, and traditional authorities alongside community leaders should strongly engage in educating their communities.

Go to overview Go to map of the outbreaks
The number of new COVID-19 cases in the WHO African Region decreased by 53.0% during the week of 28 February to 6 March 2022 as compared to the previous week. The number of new deaths decreased by 46.0% in the reporting week. Across the region, over 20 070 new COVID-19 infections and 403 new deaths were reported from 36 and 19 countries, respectively.

In the past seven days, a total of 31 countries (70.2%) reported a decrease of 20% or more in the number of new cases (Table 1), while only Angola and Zimbabwe saw a 20% or more increase in weekly cases compared to the past week. Benin, Botswana, Cameroon, Central African Republic, Ghana, Guinea, Liberia, Sao Tome and Principe and the Sierra Leone did not report any new cases in the past seven days.

The top five countries recorded the highest number of new cases (17 972, 90.0%) with South Africa recording the highest number (11 062 new cases, 25% decrease, 18.3 new cases per 100 000 population), followed by Zimbabwe (3 234 new cases, 23.3% increase, 21.2 new cases per 100 000), Mauritius (2 152 new cases, 89.0% decrease, 160 new cases per 100 000), Zambia (1 114 new cases, 26.0% decrease, 5.8 new cases per 100 000) and Algeria (410 new cases, 49.0% decrease, 1.0 new cases per 100 000).

For the period (28 February to 6 March 2022), a decrease in weekly COVID-19 deaths was observed in the African region as 403 deaths were reported compared to 746 recorded in the previous week. South Africa reported the highest numbers of new deaths (314 new deaths; 44.0% decrease; 1.0 new deaths per 100 000 population), followed by Algeria (24 new deaths; 29.4% decrease; 0.1 new deaths per 100 000), Ethiopia (16 new deaths; 27.0% decrease; 0.0 new deaths per 100 000), Zambia (7 new deaths; 22.2% increase; 0.0 new deaths per 100 000) and Madagascar (7 new deaths; 56.3% decrease; 0.1 new deaths per 100 000).

During the past week, the WHO African Region hit the 8.0 million mark of cumulative COVID-19 infections. As of 6 March 2022, the cumulative number of infections stands at 8 111 689 and 169 460 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 92.0%.

Ten new health worker infections were reported from Namibia (5), Cameroon (3), Kenya (1), and Equatorial Guinea (1) in the past week. Eswatini retrospectively reported 22 health worker infections. Thus far, a cumulative total of 153 257 COVID-19 infections (2.0% of all cases) occurred among health workers in the region, with South Africa accounting for 46.4% (71 113) of the total infections. Kenya (12 720, 8.3%), Algeria (11 936, 8.0%), Zimbabwe (6 015, 4.0%) and Namibia (5 320, 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.

The African continent has reported a cumulative total of 11.5 million infections. In addition, more than 250 106 deaths (CFR 2.2%) and more than 10.7 million people have recovered. The African continent accounts for 2.9% of global cases and 4.2% of global deaths.

Due to the COVID-19 pandemic, the consequences for women’s health are a serious cause for concern. Globally, from the latest analysis done in 2021, WHO estimates that 245 million women and girls aged 15 years and above are subjected annually to sexual and/or physical violence perpetrated by an intimate partner. Global statistics also reveal that one in four women are experiencing more frequent conflicts in their homes. Unfortunately, in Africa, due to the pandemic, services to women who have experienced sexual violence declined in 56% of countries between November and December 2021 compared with the period before the pandemic.

The disruptions also affected the uptake of essential reproductive health supplies. Between June and September 2021 contraceptive use fell in 48% of countries reporting data, according to a rapid WHO survey in 21 African countries. Another WHO survey of 11 African countries revealed that more than half saw a 16% increase in maternal deaths (excluding home births) between February and May 2020, compared to the same period in 2019. Every additional death of a woman giving birth to a child is an unacceptable outrage.
The number of new weekly cases on the WHO African region continues to fall for the tenth consecutive week. Only Angola and Zimbabwe reported a significant increase in new cases when compared to the prior week. The number of new deaths also decreased in the past week. The WHO and other key partners continue to monitor the evolution of the COVID-19 pandemic, while offering support as deemed necessary.
### Health Emergency Information and Risk Assessment

New cases reported in the past seven days and cumulative totals by country: Data as of 6 March 2022 (8 111 689)

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*Total cases includes one probable case from Democratic Republic of the Congo

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Health Emergency Information and Risk Assessment
EVENT DESCRIPTION

Madagascar is battling a particularly destructive cyclone season causing floods, landslides, deaths, injuries, and destruction of infrastructure and property. At least four tropical weather systems (two tropical storms and two tropical cyclones) have affected the country this year.

The Tropical Storm Ana weather system affected the country during epidemiological week 3, followed by Cyclone Batsirai occurring in week 5, Tropical Storm Dumako occurred in week 7, and Cyclone Emnati occurred in week 8.

The first storm to affect Madagascar was Tropical Storm Ana which made landfall on 22 January 2022 as a Tropical Depression category on the eastern side of the country in the Toamasina II district of Atsinanana region. The storm landed with wind gusts of about 55 km/h and continued westward to the other side of the island. Once exiting the county, it picked up speed in the Mozambique Channel elevating its status to a Moderate Tropical Storm and heading further to affect the countries of Mozambique, Malawi, and parts of Zambia. In total, 131,549 people were affected by Tropical Storm Ana in Madagascar causing the displacement of 62,925 people and 55 deaths.

Exactly two weeks after the first storm made landfall, another storm, Intense Tropical Cyclone Batsirai made landfall on 5 February 2022. Batsirai has been the strongest storm to affect Madagascar this year, landing with wind gusts of 185 km/h in the Mananjary of Manakara district on the main island in Analanjirofo region. The storm moved towards the southwest, exiting the island and dispersing into the Mozambique Channel. Batsirai caused considerable damages as river waters rose and flooding occurred in the southeast part of the country. A total of 143,718 people were affected displacing 61,489 people and causing 121 deaths among people mostly in Ikongo District of Fitovinany region.

Additionally, the storm caused heavy damage to the health sector destroying 93 health facilities and leaving 308,226 people without access to health care.

Shortly after, Tropical Storm Dumako made landfall on 15 February 2022 as a Moderate Tropical Storm category with wind gusts of about 85 km/h. Dumako landed on the island of Sainte-Marie previously known as the Nosy-Boraha district and near Soanierana Ivongo district on the main island in Analanjirofo region. The storm moved westward and affected the northern part of the country before moving out to the sea. A total of 9,959 people were affected displacing 4,323 and causing 14 deaths. An additional 21 health facilities were destroyed leaving 347,182 people without access to health care.

The last storm to affect Madagascar this year was Tropical Cyclone Emnati on 22 February 2022 which made landfall as a Severe Tropical Storm category having wind gusts of about 120 km/h. The storm made landfall in Manakara district of the Fitovinany region making its way towards the southwest before exiting the island in the Mozambique Channel. In total, 153,440 were affected, 43,602 were displaced, and 14 people died. There were 34 health facilities that were destroyed and 119,946 were deprived of basic health care services.

PUBLIC HEALTH ACTIONS

- After the first storm, a cross-sectoral body was established at the National Office for Risk and Disaster Management (BNGRC) to coordinate response efforts and has continued to do so throughout the other storms.
- An intersectoral operational centre was established for the management of accommodation sites.
- A digital information group was established for health sector members to easily communicate and share data.
- Monitoring of trends in priority diseases and malnutrition in anticipation of resurgences based on daily reports from emergency health post teams.
- Establishment of emergency health posts for consultations, provision of care packages and supervision of interventions.
- Relevant authorities have developed strategies to ensure the functioning of all health services and reach the most isolated communities.
- Health supplies have been provided to support immediate health care needs especially to landlocked and inaccessible areas.
- Mobile teams have been deployed to care for displaced people at hosting sites.
- Partners have provided support to the health cluster in several areas including clinical management, water, sanitation, and hygiene, logistics, and essential health care service continuity.
- Risk communication awareness on the respect of social distancing, COVID-19 vaccination, and routine vaccinations are ongoing.

SITUATION INTERPRETATION

In the wake of two tropical cyclones and a tropical storm, Madagascar faces major humanitarian and health challenges. The effects of the storms have caused flooding, landslides, destruction of infrastructure and loss of life. WHO in collaboration with key partners have provided emergency medical kits and personal protective equipment, and set up a disease surveillance system to detect potential disease outbreaks such as cholera, diarrhoea, measles, and COVID-19. The cyclone season in Madagascar is generally from November to April, therefore the possibility of more storms cannot be downscaled.

PROPOSED ACTIONS

- Provide comprehensive and continuous medical coverage to affected populations and establishing services in non-functional health centres.
- Continued monitoring of diseases trends to control the resurgence of potentially epidemic diseases (COVID, plague, malaria, malnutrition, diarrheal diseases including cholera, measles, polio).
- Provide a way to deliver supplies, medication, and materials to landlocked and inaccessible areas.
Central African Republic

- **Event**: Monkeypox
- **Grade**: Ungraded
- **Date notified to WCO**: 3-Mar-22
- **Start of reporting period**: 4-Mar-22
- **End of reporting period**: 4-Mar-22
- **Total cases**: 4
- **Cases Confirmed**: 2
- **Deaths**: 2
- **CFR**: 50.0%

The Central African Republic recorded four cases of monkeypox, including 2 deaths, during epidemiological week 8, in the health districts of Mbaïki and Bimbo. The epidemiological investigation is ongoing.

Kenya

- **Event**: Chikungunya
- **Grade**: Ungraded
- **Date notified to WCO**: 3-Mar-22
- **Start of reporting period**: 13-Feb-2022
- **End of reporting period**: 23-Feb-2022
- **Total cases**: 44
- **Cases Confirmed**: 2
- **Deaths**: 0
- **CFR**: 0.0%

Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutulo village. A total of forty four (44) cases have been reported with two (2) confirmed cases. Case search in all health facilities, health education to the health care workers and the community is ongoing in the sub county.

Kenya

- **Event**: Dengue
- **Grade**: Ungraded
- **Date notified to WCO**: 3-Mar-22
- **Start of reporting period**: 1-Jan-21
- **End of reporting period**: 23-Feb-2022
- **Total cases**: 2 359
- **Cases Confirmed**: 1 966
- **Deaths**: 2
- **CFR**: 0.1%

The outbreak has been reported in two Counties Mombasa and Mandera. The cases are spread from 2021 in both Counties. In Mandera the reported cases are from Madera east sub county while in Mombasa, six subcounties (Nyali, Mvita, Kisauini, Nyali, Likoni and Jomvu) have been affected. As of 23 February 2022, a total of 2 359 cases with two deaths have been reported.

Liberia

- **Event**: Lassa Fever
- **Grade**: Ungraded
- **Date notified to WCO**: 3-Mar-22
- **Start of reporting period**: 6-Jan-22
- **End of reporting period**: 28-Feb-2022
- **Total cases**: 33
- **Cases Confirmed**: 17
- **Deaths**: 5
- **CFR**: 15.2%

Since the beginning of this year 2022 up to 28 February 2022, a total of 33 suspected cases of Lassa Fever including 17 confirmed and 5 deaths (CFR 15.2%) have been reported in Liberia. The confirmed cases have been reported from: Bong County (5 cases and 0 death); Grand Bassa County (5 cases and 1 death) and Nimba County (7 cases and 4 deaths). A total of 36 contacts are under follow up.

Malawi

- **Event**: Cholera
- **Grade**: Ungraded
- **Date notified to WCO**: 3-Mar-22
- **Start of reporting period**: 3-Mar-22
- **End of reporting period**: 3-Mar-22
- **Total cases**: 1
- **Cases Confirmed**: 1
- **Deaths**: 0
- **CFR**: 0.0%

The Malawian Ministry of Health declared a cholera outbreak on 3 March 2022. This was after a case was identified in a 53-years old business man, resident of Balaka district. He had onset of symptoms on 25 February 2022 and sought medical care at Muchinga District Hospital on 28 February 2022 where he was identified and a stool specimen was collected from him. Laboratory results by culture confirmed him positive for Cholera on 3 March 2022.

Namibia

- **Event**: Typhoid fever
- **Grade**: Ungraded
- **Date notified to WCO**: 2-Mar-22
- **Start of reporting period**: 2-Mar-22
- **End of reporting period**: 3-Mar-22
- **Total cases**: 5
- **Cases Confirmed**: 5
- **Deaths**: 0
- **CFR**: 0.0%

The Ministry of Health confirmed a case of typhoid fever on 27th January 2022 in Windhoek. The index case is a 28-year-old female Namibian citizen and a resident of Windhoek in Samora Michael constituency, Goreagab section. The case reported on 27th of January 2022 at Intermediate Katutura hospital via causality department as asymptomatic.

Togo

- **Event**: Lassa Fever
- **Grade**: Ungraded
- **Date notified to WCO**: 28-Feb-2022
- **Start of reporting period**: 28-Feb-2022
- **End of reporting period**: 28-Feb-2022
- **Total cases**: 1
- **Cases Confirmed**: 1
- **Deaths**: 1
- **CFR**: 100.0%

A 35-year-old female died of Lassa fever complications in the Oti district of the Savanes region of Togo bordering Ghana. Onset of illness was 11 Feb 2022; she presented at three health facilities before her death on 26 Feb 2022. Retrospective investigation identified 26 contacts including 10 health care workers who had exposure to the case. As of 27 February 2022, 14 contacts provided samples for diagnostic testing for which all were reported negative for Lassa fever.

### Ongoing Events

<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>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-2020</td>
<td>25-Feb-2020</td>
<td>6-Mar-22</td>
<td>265 265</td>
<td>265 265</td>
<td>6 855</td>
<td>2.6%</td>
</tr>
<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>6-Mar-22</td>
<td>98 806</td>
<td>98 806</td>
<td>1 900</td>
<td>1.9%</td>
</tr>
<tr>
<td>Angola</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-May-2019</td>
<td>1-Jan-19</td>
<td>20-Feb-2022</td>
<td>133</td>
<td>133</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Benin</td>
<td>Cholera</td>
<td>Grade 1</td>
<td>28-Mar-21</td>
<td>6-Feb-2022</td>
<td>1 622</td>
<td>44</td>
<td>20</td>
<td>1.2%</td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>27-Feb-2022</td>
<td>26 575</td>
<td>26 575</td>
<td>163</td>
<td>0.6%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-2019</td>
<td>8-Aug-2019</td>
<td>27-Feb-2022</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>28-Feb-2022</td>
<td>263 950</td>
<td>263 950</td>
<td>2 619</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 21 February 2022, a total of 263 950 confirmed COVID-19 cases were reported in the country including 2 619 deaths and 259 434 recovered cases.
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 5.6 million severely food insecure during the 2022 lean season, with over 430,000 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.

Between 9 March 2020 and 18 February 2022, a total of 20,751 confirmed cases of COVID-19 with 375 deaths and 20,751 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 5 March 2022, the total number of confirmed COVID-19 cases is 38,209, including 15 deaths and 38,093 recovered.

According to UNHCR and OCHA reports, an estimated 1.2 million people need assistance. 357,631 people are internally displaced as of 31 Jan 2022. Following the lifting of security restrictions in Kousseri, the security situation in the Far North region of Cameroon has remained calm and stable since 20 January.

According to reports from UNHCR, an estimated 579,136 Internally Displaced People (IDPs) have been registered as of 31 Jan 2022. 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 467,550 refugees as of 31 Jan 2022, of which more than 343,548 (73.5%) arrived from Central African Republic.

Since the beginning of 2021 up to 6 February 2022, a total of 1,292 suspected cases of Cholera including 9 confirmed and 37 deaths (CFR 2.9%) 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 23 February 2022, a total of 119,240 cases have been reported, including 1,923 deaths and 117,089 recoveries.

From week 1, 2021 to week 7, 2022 (ending 20 February), the measles outbreak was declared in 39 health districts, of which 20 districts implemented local reactive vaccination campaigns. As of 20 February 2022, there are 27 health districts in active measles outbreak. Between week 1 of 2021 and week 7 of 2022, a total of 914 confirmed cases of measles were reported in Cameroon. Among these cases 72.5% are aged between 9 months and 9 years; 11.1% are infants under 9 months; 72.2% of cases are unvaccinated; 48.6% of unvaccinated cases are aged 9 to 59 months. No death reported so far in 2022. The last death case was reported in week 18 of confirmed cases is 38,209, including 15 deaths and 38,093 recovered.

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According to OCHA figures, 3.1 million people (63% of the total population) are in need of assistance and protection in 2022. There are 652 036 people that are internally displaced as of 30 Jan 2022 and 202 908 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.

### 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>Humanitarian crisis</td>
<td>Protracted 2</td>
<td>11-Dec-2013</td>
<td>11-Dec-2013</td>
<td>31-Jan-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Central African Republic</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>27-Feb-2022</td>
<td>14 320</td>
<td>14 320</td>
<td>113</td>
<td>0.8%</td>
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<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>15-Feb-2022</td>
<td>17</td>
<td>9</td>
<td>1</td>
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<tr>
<td>Chad</td>
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<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>28-Feb-2022</td>
<td>7 255</td>
<td>7 255</td>
<td>190</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>
<td>2</td>
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<tr>
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<td>Ungraded</td>
<td>8-Sep-20</td>
<td>16-Oct-20</td>
<td>31-Jan-22</td>
<td>171</td>
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<tr>
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<td>Ungraded</td>
<td>24-May-2018</td>
<td>1-Jan-22</td>
<td>13-Feb-2022</td>
<td>3</td>
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<tr>
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<td>Poliomyelitis (cVDPV2)</td>
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<td>18-Oct-19</td>
<td>9-Sep-19</td>
<td>23-Feb-2022</td>
<td>114</td>
<td>114</td>
<td>0</td>
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<td>Yellow fever</td>
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<td>13-Nov-20</td>
<td>1-Nov-21</td>
<td>15-Feb-2022</td>
<td>58</td>
<td>17</td>
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<td>0.0%</td>
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<tr>
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<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>29-Jan-21</td>
<td>23-Feb-2022</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
<td></td>
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<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>23-Mar-22</td>
<td>23 979</td>
<td>23 979</td>
<td>378</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>23-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>13-Aug-2021</td>
<td>15-Feb-2022</td>
<td>43</td>
<td>13</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. Two cases were reported in 2020 as well as in 2021.

Côte d’Ivoire COVID-19 Grade 3 11-Mar-20 11-Mar-20 6-Mar-22 81 556 81 556 795 1.0% Since 11 March 2020, a total of 81 556 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 795 deaths, and a total of 80 383 recoveries.

Côte d’Ivoire Poliomyelitis (cVDPV2) Grade 2 29-Oct-19 29-Oct-19 23-Feb-2022 64 64 0 0.0% 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.

Côte d’Ivoire Yellow fever Grade 2 14-Sep-21 13-Aug-2021 15-Feb-2022 43 13 0 0.0% 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.
**Health Emergency Information and Risk Assessment**

**Republic of the Congo**

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).

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.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 86,202 confirmed cases and two probable case, including 1,335 deaths have been reported. A total of 64,656 people have recovered.

Since January 2022 up to 6 February 2022, 8,379 measles suspected cases and 154 deaths (CFR 1.8%) have been reported; 142 of 290 suspected cases investigated became positive for measles IgM. In 2021, for the same period, a total of 8,486 suspected cases and 132 deaths (CFR 1.6%) were reported.

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

| Democratic Republic of the Congo | Humanitarian crisis Protracted 3 | 20-Dec-2016 | 17-Apr-2017 | 20-Feb-2022 | - | - | - | - | - |
|----------------------------------|----------------------------------|-------------|-------------|-------------|-----------------|-----------------|-----------------|-----------------|
| Democratic Republic of the Congo | Cholera Grade 3 | 16-Jan-15 | 1-Jan-22 | 30-Jan-22 | 2,168 | - | 27 | 1.2% |
| Democratic Republic of the Congo | COVID-19 Grade 3 | 10-Mar-20 | 10-Mar-20 | 1-Mar-22 | 86,204 | 86,202 | 1,335 | 1.5% |
| Democratic Republic of the Congo | Measles Ungraded | 12-Oct-21 | 1-Jan-22 | 6-Feb-2022 | 8,379 | 142 | 154 | 1.8% |
| Democratic Republic of the Congo | Typhoid fever Ungraded | n/a | 1-Jan-20 | 20-Feb-2022 | 9,593 | 39 | 326 | 3.4% |
| Democratic Republic of the Congo | Plague Ungraded | 12-Mar-19 | 1-Jan-20 | 20-Feb-2022 | 600 | - | 45 | 7.5% |
| Democratic Republic of the Congo | Poliovirus (cVDPV2) Grade 2 | 26-Feb-2021 | 1-Jan-21 | 23-Feb-2022 | 27 | 27 | 0 | 0.0% |
| Democratic Republic of the Congo | Suspected Anthrax Ungraded | 17-Feb-2022 | 17-Feb-2022 | 17-Feb-2022 | 11 | - | 2 | 18.2% |
| Democratic Republic of the Congo | Yellow Fever Grade 2 | 21-Apr-2021 | 21-Apr-2021 | 21-Nov-2021 | 2 | 2 | 0 | 0.0% |

**As of 20 Feb 2022, there are an estimated 5.5 million people internally displaced, 533,204 new refugees and asylum seekers, 2.8 million returnees, and 27 million people need emergency food assistance in the entire country. Additionally, 8.9 million need health assistance. In Ituri province, nearly 25K people are on the move in the localities of Aumgha, Rimba, Loko and Mahagi, following an attack by armed men reported on 18 Feb 2022 in the villages of the health area of Taltalti Aorghal (group 2). These newly displaced people have difficulty accessing primary health care. Approximately 95,626 IDPs are in a situation of vulnerability in the health zone of Fataki.**

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).

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.

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 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.

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In 2021, 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.
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 3 March 2022, a total of 15 889 cases have been reported in the country with 183 deaths and 15 665 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 6 March 2022, a total of 9 715 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 604 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 March 2022, a total of 69 298 cases have been reported in the country including 67 811 recoveries. A total of 1 391 associated deaths have been reported.

Ethiopia is experiencing a prolonged drought after three consecutive failed rainy seasons since late 2020 affecting 6.8 million people living in Oromia, SNNP (Southern Nations, Nationalities, and Peoples’), Southwest and Somali: several areas in southern and southeastern Ethiopia, including in the regions of Somali (10 zones), Oromia (8 zones), Southwest (1 zone) and SNPN (7 zones).

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. Humanitarian organizations have airlifted 97 metric tonnes of medical supplies to Mekele, Tigray, since 24 January 2022. However, any partners have scaled-down operations due to the lack of supplies and resources.

On 17 January 2022, Chikungunya Outbreak was confirmed in Dolo ado district of Liben zone, Somali region. A total of 311 suspected cases are reported, of which three cases were confirmed by PCR at Ethiopian Public Health Institute (EPHI) laboratory. No deaths were reported.

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.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 468 966 cases of COVID-19 as of 6 March 2022, with 7 476 deaths and 420 314 recoveries.

An active measles outbreak is ongoing in Ethiopia since the beginning of January 2022. Three regions (Southern Nations, Nationalities, and Peoples’ Region (SNPR), Oromia and Somali) are most affected so far with a total of 1 390 cases and 13 deaths (case fatality ration (CFR)= 0.8%) reported from these 3 regions. As of 9 February 2022, the SNPR region has reported more cases with 1 058 cases (63.2%) followed by Somali region with 498 cases (31.1%) then Oromia, 95 cases (5.7%).

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.

Between week 49 of 2021 ending 12 December and week 7 of 2022 ending 20 February, a cumulative number of 1 082 suspected cases of meningitis and 123 deaths (CFR 11.4 %) were reported from 77 districts (woredas) in Ethiopia with 41 districts crossing the epidemic threshold and 56 district crossing the alert threshold. Investigations are still ongoing including laboratory confirmation of meningitis.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 3 March 2022, a total of 47 559 cases including 303 deaths and 47 066 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 3 March 2022, a total of 11 956 confirmed COVID-19 cases including 365 deaths, and 11 577 recoveries have been reported in the country.
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. On 20 January 2022, 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. As of 27 January 2022, total of 388 persons were seen in the health facilities with about 319 treated as outpatients and 19 admitted.

As of 16 February 2022, a total of 160,028 confirmed COVID-19 cases have been reported in Ghana. There have been 1,442 deaths and 157,999 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 27 February 2022, a total of 36,397 cases including 32,939 recovered cases and 440 deaths 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.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 4 March 2022, the country has reported 8,033 confirmed cases of COVID-19 with 7,074 recoveries and 167 deaths.

Since the beginning of 2022 up to week 3 (ending 23 January), a total of 2,100 measles suspected cases with 38 confirmed and 1 death (CFR 0.05 %) have been reported in Guinea through IDSR.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 23,437 recoveries and 697 deaths.

As of 16 February 2022, Nakuru county notified increased reports of acute respiratory infections among children to the national authorities. The highest number of cases were reported from Nakuru East sub-county accounting for 380 (61.0%) cases followed by Nakuru West which had 82 (13.0%). The median age of the confirmed cases was 15 months, with the youngest being 0.1 months and the oldest 60 months. Males were more affected by the disease (60.4%). Transmission has been sustained in Nigeria.

The number of measles cases in the country has increased from 2021, where 12 cases were reported in 2020, and 19 were reported in 2019.

Since the beginning of 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, Saisa, 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, up until 28 February 2022, a total of 32,707 cases of COVID-19 have been reported, including 23,437 recoveries and 697 deaths.

From 16 March 2020 to 28 February 2022, Liberia has recorded a total of 7,386 cases including 294 deaths and 7,074 recoveries have been reported.
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 reported in the county. Of these, 20 laboratory-confirmed, 20 clinically compatible, 1 Epi-link, and 24 non-measles (negative), and 27 pending testing. Current interventions include active case search, isolation and management of cases, and mini vaccination campaign in Montserrado county.

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 multiple weather systems (Tropical Storm Ana, Cyclone Batsirai, Tropical Storm Dumako, and Cyclone Emnati) 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. Tropical Storm Dumako occurred in week 7, and Cyclone Emnati occurred in week 8. As of 19 Feb 2022, there have been 131 549 victims affected including 55 deaths by the Tropical Storm Ana weather system in 12 regions. Damages from Cyclone Batsirai have been reported as of 16 Feb 2022 where 143 718 people have been affected causing 121 deaths mostly in the district of Kongolo of Fitovinany Region. As of 26 Feb 2022, 61 489 people have been displaced by the effects of Cyclone Batsirai. Damages by Tropical Storm Dumako have affected approximately 9 959 people including 14 deaths. A total of 4 323 people have been displaced. Cyclone Emnati has also affected the country causing 153 440 victims and 14 deaths as of 26 Feb 2022. There are currently 43 602 people who have been displaced in 12 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 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.

No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported; one each in Diana and Sofia, one being the first of 2022 and the other is from 2021. The number of 2021 cases now stand at 12 and for 2022 is 1 case. Six cVDPV1 positive environmental samples were reported; three in Analamanga, one in Diana and two in Sofia.

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 on 26 January 2022. Reports indicate 945 7267 people (221 127 households) affected by the floods of which 152 786 (32 935 households) are displaced, 46 deaths, 18 missing and 295 injuries recorded according to the Government.

Two cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported; one each in Diana and Sofia, one being the first of 2022 and the other is from 2021. The number of 2021 cases now stand at 12 and for 2022 is 1 case. Six cVDPV1 positive environmental samples were reported; three in Analamanga, one in Diana and two in Sofia.

On 26 January 2022 the Ministry of Health of Mali reported the first COVID-19 case in the country. As of 6 March 2022, a total of 85 429 confirmed cases with 2 619 deaths and 76 199 recoveries.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 8 March 2022, the country has a total of 85 429 confirmed cases with 2 619 deaths and 76 199 recoveries.

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 (NIDC) reference laboratory.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country including 725 deaths and 29 546 recoveries.

From January 2021 up to Epi week 51 (ending the 2 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 93.1 % of confirmed cases compared to the same week last year.

On 4 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 Koubeni and Nouakchott between 27 January and 4 February 2022. As of 19 February 2022, a total of five confirmed cases including two deaths have been reported.
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 820K people are displaced by conflict.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 6 March 2022, a total of 225 140 confirmed COVID-19 cases were reported in the country including 2 196 deaths and 219 897 recoveries.

Since 2021 up to 24 February 2022, the total cases of measles classified as positive are 903 including compatible and EPI link. The total number of suspected measles cases is 2 621 with 2 576 cases (896 confirmed) in 2021 and 45 cases (7 confirmed) in 2022. The outbreak is ongoing in Niassa province, Mandimba district.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 6 March 2022, a total of 157 338 confirmed cases with 153 063 recovered and 4 013 deaths have been reported.

From 19 March 2020 to 6 March 2022, a total of 8 766 cases with 307 deaths have been reported across the country. A total of 8 449 recoveries have been reported from the country.

From 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of 2021 cases remains at 15.

**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>
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<tbody>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>6-Mar-22</td>
<td>58 649</td>
<td>58 649</td>
<td>980</td>
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<td>Mauritius</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>21-Feb-2022</td>
<td>145 812</td>
<td>145 812</td>
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<td>Mozambique</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Jun-2020</td>
<td>1-Jan-21</td>
<td>24-Feb-2022</td>
<td>2 621</td>
<td>903</td>
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<tr>
<td>Mozambique</td>
<td>Humanitarian crisis</td>
<td>Protracted 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>31-Jan-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Mozambique</td>
<td>Hepatitis E</td>
<td>Protracted 1</td>
<td>18-Dec-2017</td>
<td>8-Sep-17</td>
<td>15-Aug-2021</td>
<td>8 090</td>
<td>8 090</td>
<td>66</td>
<td>0.8%</td>
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<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>1-Feb-2015</td>
<td>1-Feb-2015</td>
<td>31-Jan-22</td>
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<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Niger</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-21</td>
<td>3-Feb-2022</td>
<td>15</td>
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<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>31-Jan-22</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Nigeria</td>
<td>Cholera</td>
<td>Grade 2</td>
<td>12-Jan-21</td>
<td>12-Jan-21</td>
<td>30-Jan-22</td>
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<td>9</td>
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<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-2020</td>
<td>27-Feb-2020</td>
<td>4-Mar-22</td>
<td>254 637</td>
<td>254 637</td>
<td>3 142</td>
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</tr>
</tbody>
</table>

**COVID-19**

- **Mauritania**: 225 140 confirmed cases, 2 196 deaths, 219 897 recoveries.
- **Mozambique**: 2 621 confirmed cases, 0 deaths.
- **Namibia**: 157 338 confirmed cases, 4 013 deaths.
- **Nigeria**: 8 766 confirmed cases, 307 deaths.
- **Mauritius**: 145 812 confirmed cases, 980 deaths.
- **Mozambique**: 2 621 confirmed cases, 0 deaths.
- **Namibia**: 157 338 confirmed cases, 0 deaths.
- **Nigeria**: 8 090 confirmed cases, 66 deaths.
- **Mauritania**: 145 812 confirmed cases, 1 096 deaths.
- **Mauritius**: 58 649 confirmed cases, 4 013 deaths.
- **Mozambique**: 2 621 confirmed cases, 0 deaths.
Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 6 of 2022, the number of new confirmed cases was 77. These were reported from Ondo, Edo, Bauchi, Ebonyi, Taraba, Enugu, Benue, Kogi, Nasarawa, and Niger States and the FCT. Cumulatively from week 1-6 of 2022, a total of 358 confirmed cases including 59 deaths among confirmed cases have been reported with a case fatality rate of 16.5% across 19 states. In total, 1,631 cases are suspected in 2022. This is higher than the same period reported in 2021. Of all confirmed cases, 73% are from Edo (32%), Ondo (23%) and Bauchi (18%) States.

According to the Nigeria Centre for Disease Control (NCDC), in Jan 2022, seven cases of suspected monkeypox were reported from four states: Adamawa (4), FCT (1), Imo (1), and Edo (1). Three of these cases were confirmed and no deaths have been reported. In 2021, a total of 98 suspected cases were reported throughout the year. Of the suspected cases, 54 were confirmed from nine states Delta (9), Lagos (6), Bayelsa (6), Rivers (6), Edo (3), Federal Capital Territory (1), Niger (1), Ogun (1), Cross River (1) and no deaths recorded.

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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.
### Health Emergency Information and Risk Assessment

**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.

**South Africa**

**COVID-19**

- **Grade**: 3
- **Start of reporting period**: 5-Mar-2021
- **End of reporting period**: 6-Mar-2022
- **Total cases**: 3 684 319
- **Confirmed cases**: 3 684 319
- **Deaths**: 99 543
- **CFR**: 3.4%

Since the start of the COVID-19 pandemic in South Africa through 6 March 2022, a cumulative total of 3 684 319 confirmed cases and 99 543 deaths have been reported with 3 560 217 recoveries.

**South Africa**

**Enteric fever (typhoid)**

- **Grade**: Ungraded
- **Start of reporting period**: 22-Feb-2022
- **End of reporting period**: 16-Feb-2022
- **Total cases**: 163
- **Deaths**: 0
- **CFR**: 0.0%

South African health authorities have reported that clusters (localized outbreaks) of enteric fever of typhoid have been identified in the country. As of 16 February, it is reported 64 cases in the Western Cape, in three separate outbreaks, 15 in Northwest, 12 in Gauteng, 12 in Mpumalanga, nine in KwaZulu-Natal, seven in the Eastern Cape, four in the Free State and four in Limpopo. No death reported so far. South Africa is endemic for enteric fever caused by Salmonella Typhi, although the prevalence of disease is much lower in most other counties in sub-Saharan Africa. The most recent large outbreak occurred in Delmas in 2005, with over 2000 cases. After the Delmas outbreak in 2005, the number of enteric fever in South Africa has remained stable with less than 150 cases per year (an average of 97 cases per year).

**South Sudan**

**Acute Food Insecurity**

- **Grade**: 2
- **Start of reporting period**: 18-Dec-2020
- **End of reporting period**: 30-Nov-2021
- **Total cases**: -
- **Deaths**: -
- **CFR**: -

According to the World Food Programme an estimated 7.2 million people (60% of country’s total population) faced crisis levels of food insecurity phase (IPC) 3 or worse from April to July 2021- a figure that increased by 25% compared to the previous three months. Of the total number, 108 000 are in IPC 5, 2.4 are in IPC 4, and 4.6 million are in IPC 3. The total number includes 1.9 million acutely malnourished women and children suffering and 1.71 million internally displaced people. The six most affected counties are Pibor, Aweil South, Tonj North, Tonj South and Tonj East. In 2021, the World Food Programme has reached some 498 887 flood-affected people.

**South Sudan**

**Floods**

- **Grade**: 2
- **Start of reporting period**: 15-Jul-2021
- **End of reporting period**: 1-May-2022
- **Total cases**: -
- **Deaths**: -
- **CFR**: -

The escalating flooding began in May 2021 and has affected over 835K people in 33 counties as of 31 December 2021. Flooding has affected over 30 counties across 8 states. A rapidly worsening situation was noted in Unity State. 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**

- **Grade**: Protracted 3
- **Start of reporting period**: 15-Aug-2016
- **End of reporting period**: 27-Feb-2022
- **Total cases**: -
- **Deaths**: -
- **CFR**: -

The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there is a total of 8.3 million people in need of humanitarian assistance, 2 million people internally displaced and 189 000 people living in protection of civilian sites across the country. Flooding, violence and COVID-19 are the major drivers of humanitarian needs. In Unity State, fighting has escalated with issues arising in Mimir Payam between the Sudan People’s Liberation Army in Opposition and armed youths spreading to several villages in Koch, Mayiandit and Leer. Since February, civilians have been killed, raped, injured and forced to flee their homes. In Eastern Equatoria State there have been sporadic clashes between farming communities and herders in Magwi causing some 3K people to flee their homes and farms in Chomboro village.

**South Sudan**

**COVID-19**

- **Grade**: 3
- **Start of reporting period**: 5-Apr-2020
- **End of reporting period**: 6-Mar-2022
- **Total cases**: 17 015
- **Deaths**: 137
- **CFR**: 0.8%

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 6 March 2022, a total of 17 015 confirmed COVID-19 cases were reported in the country including 137 deaths and 13 278 recovered cases.

**South Sudan**

**Hepatitis E**

- **Grade**: Ungraded
- **Start of reporting period**: 3-Jan-2022
- **End of reporting period**: 20-Feb-2022
- **Total cases**: 2 036
- **Deaths**: 104
- **CFR**: 5.1%

The current outbreak in the Bentiu IDP camp is ongoing. As of 20 February 2022, a total of 2 036 cases of hepatitis E including 15 deaths (CFR: 0.7%) have been reported since January 2019. Hepatitis E cases have been above the epidemic threshold since week 19 of 2021. There were 57 new Hepatitis E cases in week 7, 2022.

**South Sudan**

**Malaria**

- **Grade**: Ungraded
- **Start of reporting period**: 28-Dec-2021
- **End of reporting period**: 20-Feb-2022
- **Total cases**: 430 157
- **Deaths**: 61
- **CFR**: 0.0%

Between weeks 1-7 of 2022 (ending 20 February), 430 157 malaria cases including 61 deaths have been reported in South Sudan. Cases in Warrap, Western Bahr el Ghazal, and Northern Bahr el Ghazal States in 2022 are high when compared to the corresponding period of 2021. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the counties of Fangak.

**South Sudan**

**Measles**

- **Grade**: Ungraded
- **Start of reporting period**: 23-Feb-2022
- **End of reporting period**: 23-Feb-2022
- **Total cases**: 160
- **Deaths**: 2
- **CFR**: 1.3%

On 23 February 2022, health authorities for South Sudan declared measles outbreak in two counties of Torit and Manab. Nearly 160 cases with at least 2 deaths (CFR=1.3%) have been reported countrywide since the beginning of this year 2022. The Torit county has reported at least 33 cases and 2 deaths (CFR= 6.1%), the Manab county at least 112 cases and zero death (CFR=0.0%) 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.

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**Sierra Leone**

**Measles**

- **Grade**: Ungraded
- **Start of reporting period**: 1-Nov-21
- **End of reporting period**: 17-Feb-2022
- **Total cases**: 72
- **Deaths**: 0
- **CFR**: 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 outbreak attained its highest peak on 4 February 2022 with 10 cases while more cases occurred in January as well. The transmission is still in progress. A cumulative number of 72 cases have been recorded. All these cases have been investigated, line listed, and treatment given for accordingly.

**Sierra Leone**

**Poliomyelitis (cVDPV2)**

- **Grade**: Grade 2
- **Start of reporting period**: 10-Dec-2020
- **End of reporting period**: 6-Mar-2022
- **Total cases**: 15
- **Deaths**: 15
- **CFR**: 0.0%

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.

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**Tanzania, United Republic of**

**Cholera**

- **Grade**: Ungraded
- **Start of reporting period**: 13-Dec-2021
- **End of reporting period**: 19-Jan-2022
- **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.
A 46-year-old male cattle rancher presented with skin lesions on his left thumb for two days after contact with a dead bull in his kraal on 28 January 2021. Previously, groups were affected. No adequate shelter and wash facilities for the affected community posing a risk disease outbreaks.

On 24 January 2022, following heavy rains that trigged 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 batchment of 4000 people 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.

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, Tchaoudjo and Bassar 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 stated in 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.

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.

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 18 February 2022, a total of 33 620 cases have been reported in Tanzania Mainland including 798 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 5 March 2022, a total of 36 821 cases including 272 deaths and 36 424 recovered cases have been reported in the country.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 4 March 2022, a total of 163 421 confirmed COVID-19 cases, 100 064 recoveries and 3 590 deaths.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 6 March 2022, a total of 313 821 confirmed COVID-19 cases were reported in the country including 3 959 deaths and 308 499 recovered cases.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 6 March 2022, a total of 239 209 confirmed COVID-19 cases were reported in the country including 5 399 deaths and 228 744 recoveries.

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 analysed 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.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 6 March 2022, a total of 239 209 confirmed COVID-19 cases were reported in the country including 5 399 deaths and 228 744 cases that recovered.

Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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Data sources
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