WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 13: 21 – 27 March 2022
Data as reported by: 17:00; 27 March 2022

2 New events
148 Ongoing events
130 Outbreaks
20 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- COVID-19
- Anthrax
- Dengue fever
- Measles
- HIV/AIDS
- Acute Food Insecurity
- Drought
- Floods
- Explosion accidents
- Plague
- Acute Respiratory Infections
- Countries reported in the document
- Countries outside WHO African Region
- WHO Member States with no reported events
- 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."

3 Grade 3 events
42 Grade 2 events
2 Grade 1 events
48 Ungraded events

Protracted 3 events
Protracted 2 events
Protracted 1 events

Health Emergency Information and Risk Assessment
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 148 events in the region. This week’s articles cover:

- Measles in Guinea
- COVID-19 across the WHO African region
- Yellow fever in Uganda

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:**

- Measles has been a persistent public health problem in Guinea where the disease is considered endemic. Of note, during the ongoing outbreak, measles high positivity rates have been recorded in almost all health districts in the country. Measles vaccination rates have been reported to be suboptimal and well below the recommended targets to maintain herd immunity. Guinea is currently having limited diagnostic capacity for identified suspect cases.

- A sustained decline of new COVID-19 cases and deaths in the WHO African region has been seen since January 2022, with only Mauritius currently undergoing a resurgence. However, the sustained decline in new COVID-19 cases does not point to the end of the pandemic. As the world continues to respond to tuberculosis (TB), COVID-19 has reversed years of progress in Africa, with TB deaths increasing in 2021 for the first time in over a decade, due to interrupted access to services.

- The detection of yellow fever cases in Uganda is concerning as the country has negligible population immunity in the district reporting confirmed cases. Currently, no yellow fever cases have been reported outside the two affected districts. However, spread of yellow fever is a risk in Uganda as there could be onward amplification and spread if the virus is introduced in crowded urban areas. The risk of international spread cannot be downscaled due to frequent population movements, coupled with the low population immunity in some neighboring countries such as the Democratic Republic of the Congo and South Sudan. Close monitoring of the situation with active cross-border coordination and information sharing is needed.
Guinea has been experiencing an outbreak of measles since the beginning of the year. As of 13 March 2022, a total of 10 811 suspected measles cases and 16 deaths (CFR 0.14%) have been reported. Thus far, the largest number of cases have been reported in week 9 (ending 6 March 2022) when 1 636 suspected cases including two deaths were reported. Of the 10 811 suspected cases reported, 212 (2.0%) have been confirmed.

The region of Conakry has reported the highest number of cases, accounting for 82% (8 853) of the national total, with no deaths. Within Conakry region, the Matoto commune has been the most affected, reporting 7 921 (89.5%) of cases in the region. The communes of Matam and Ratoma follow with 484 (5.5%) and 399 (4.5%) cases, respectively. The other two communes within Conakry, Dixinn and Kaloum, have reported less than 1.0% of the region's total cases.

The other seven regions in Guinea have accounted for less than 4.0% of the cumulative measles cases. Boke region has reported 423 (3.9%) measles cases, followed by N’zerekore with 380 (3.5%), Kindia with 373 (3.5%), Labe 307 (2.8%), Kankan with 226 (2.1%), Faranah with 141 (1.3%), and Mamou with 108 (1.0%).

There is a challenge to diagnose measles cases at the prefecture and regional health facility levels. The problem with diagnosis mostly stem from insufficient transportation of biological samples to the central level for laboratory analysis.

In addition, vaccination rates remain low and there is limited community awareness about the importance of measles vaccination. In an analysis conducted on a cohort of 1 217 confirmed cases from 2020, only 10.6% of cases were found to be vaccinated against measles, 55.2% were found to be unvaccinated, and 34.2% did not know their immunization status. The vaccination rate was found to be below the recommended 95% target in order to maintain public immunity. A supplemental immunization vaccination campaign has been planned for March 2022 to distribute up to 3 million doses of measles vaccine.

PUBLIC HEALTH ACTIONS

- Epidemiological surveillance is being improved to adequately monitor trends.
- Risk communication and community engagement teams are educating parents about the importance of measles vaccination.
- Routine vaccination, advanced, and catch-up strategies have been optimized to hopefully improve measles vaccination rates.
- A supplemental vaccination campaign has been planned for late March 2022 but is currently facing logistical delays. The campaign is being implemented by the Ministry of Health and Public Hygiene with the help of partners.
- The government is ensuring adequate case management of measles patients especially children to avoid complications.

PROPOSED ACTIONS

- With suboptimal vaccination coverages reported, strengthening measles vaccination strategies to optimize routine vaccination as well as conducting supplemental immunization activities is paramount.
- Involve community and religious leaders in awareness campaigns and receive their input for advanced and routine strategies.
- Equip reference laboratories at lower levels (regional or prefectural) with resources for diagnosis of measles including capacitiation of personnel.
The number of new COVID-19 cases in the WHO African Region decreased by 44.0% during the week of 21 to 27 March 2022 as compared to the previous week. The number of new deaths decreased by 53.0% in the reporting week. Across the region, over 14,145 new COVID-19 infections and 112 new deaths were reported from 38 and 10 countries, respectively.

In the past seven days, 25 countries (53.2%) reported a decrease of 20% or more in the number of new cases (Table 1), while Angola, Chad, Equatorial Guinea, Gambia, Madagascar, Nigeria, Rwanda, Senegal, Togo, and Uganda saw a 20% or more increase in weekly cases compared to the past week. Cameroon, Central African Republic, Guinea, Lesotho, and the United Republic of Tanzania did not report any new cases in the past seven days.

Most of the new cases were reported from the top five countries (12,468, 88.0%), with South Africa recording the highest number (9,034 new cases, 7.0% decrease, 15 new cases per 100,000 population), followed by Zimbabwe (1,301 new cases, 35% decrease, 8.5 new cases per 100,000), Mauritius (1,282 new cases, 88.0% decrease, 26.4 new cases per 100,000), Zambia (658 new cases, 4.6% decrease, 3.4 new cases per 100,000), and Algeria (193 new cases, 29.0% increase, 0.1 new cases per 100,000).

Similarly, a fall in weekly COVID-19 deaths was observed in the African region during the period 21 to 27 March 2022, compared to the previous week. South Africa reported the highest numbers of new deaths (85 new deaths; 46.0% decrease, 0.1 new deaths per 100,000 population), followed by Zimbabwe (11 new deaths; 15.4% decrease, 0.1 new deaths per 100,000), Madagascar (4 new deaths; 33.3% increase, 0.0 new deaths per 100,000), Zambia (3 new deaths; 0.0% change, 0.0 new deaths per 100,000), and Ethiopia (3 new deaths; 0.0% change, 0.0 new deaths per 100,000).

Only one country, Mauritius, met the criteria for resurgence (a 20% increase in new COVID-19 cases for at least two consecutive weeks) where cases in the past week have reached 30% or more of the country’s highest weekly number of cases.

As of 27 March 2022, the cumulative number of infections stands at 8,192,412 and 170,100 deaths have been reported in the WHO African Region, resulting in a CFR of 2.1%. More than 7.5 million recoveries have been recorded, giving a recovery rate of 92.0%.

South Africa has recorded the highest number of COVID-19 cases and deaths in the region, with 3,713,252 cases (45.3% of all reported cases) and 99,966 deaths (59.0% of all reported deaths). Next, is Ethiopia with 469,621 cases (5.7%) and 7,492 deaths (4.5%), and Burkina Faso (4.2%) 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 11.6 million infections. In addition, more than 252,445 deaths (CFR 2.2%) and more than 10.8 million people have recovered. The African continent accounts for 2.5% of global cases and 4.1% of global deaths.

WHO and partners continue to work actively with country health authorities to help them increase vaccination rates to reach the 70% target. These efforts are already paying off.

- Mozambique has seen a 100% increase in vaccine administration between February and mid-March 2022 (from 1.2 million to 2.4 million doses administered). The country support team assisted in the phase four COVID-19 vaccination rollout for those aged 18 years and older in 10 provinces.

- South Sudan has increased vaccine uptake as the target population to vaccinate increased from 1.64% in January to 7.5% in March 2022. This came after a WHO SURGE team visited the country in October 2021 to help develop and implement the country’s “Intensified COVID-19 Optimization Strategy”.

- Tanzania increased the number of doses administered in February by 152%, compared to the previous month. Plans are underway for a mass vaccination campaign. The country support team is in the process of meeting with high-level leadership to ensure political buy-in.

Over the past two years, the COVID-19 pandemic has disrupted efforts to combat vaccine-preventable diseases. Since March 2020, at least 17 African countries have postponed vaccination campaigns. Affected countries are aware of the disruption to routine immunization and are taking responsive action.

The COVID-19 pandemic has also slowed progress against TB in the African region. Globally, deaths from TB rose for the first time in a decade. The number of newly detected TB cases also fell in high burden African countries due to disruptions by the COVID-19 pandemic on health services. Additionally, 28% fewer patients with drug-resistant TB were detected in Africa in 2020 compared with the previous year. Despite the formidable toll, TB is not yet a health priority in many countries and this seriously impedes efforts to reduce the TB burden.

The WHO African region has observed a sustained decline in both cases and deaths. Even with the observed fall in cases, more countries had an increase in weekly cases compared to the previous week when only five countries had an increase. Nigeria, which is one of the top five countries, also saw a rise in weekly cases. The African Region is home to more than half of the high-burden TB countries globally. Therefore, with several TB deaths occurring in Africa, investment in the TB response is non-negotiable. Strong national leadership, political will and strategic partnerships are urgently needed to bridge the resource shortfall.
The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 27 March 2022 (n = 8 192 412)
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<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><strong>170 100</strong></td>
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<td><strong>-53.3</strong></td>
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*Total cases includes one probable case from Democratic Republic of the Congo*
EVENT DESCRIPTION

On 6 March 2022, the Uganda Ministry of Health (MoH) reported four yellow fever (YF) cases that tested YF Immunoglobulin M (IgM) and YF plaque-reduction neutralization test (PRNT) positive at the Uganda Virus Research Institute (UVRI).

These samples had been collected between 3 January and 18 February 2022. Three of these cases originated from Wakiso district (Katabi, Masulita and Kitende subcounty) and one from Masaka district (Bukakata subcounty). Three of the cases are females and one is male. The ages of the cases range between 15 and 57 years.

As of 16 March 2022, a total of eight PRNT positive cases have been reported, of which seven have been investigated and four have a history of vaccination against YF. The affected districts in Uganda are not located at the border. However, Masaka is located close to the greater Kampala area and Wakiso encircles Kampala. Wakiso also includes Entebbe, where the international airport is located.

PUBLIC HEALTH ACTIONS

- The MoH has declared a yellow fever outbreak in the country.
- The Public Health Emergency Operations Centre has been activated.
- National and district rapid response teams have been deployed to initiate investigations in Wakiso and Masaka districts.
- Selected districts have been identified for phase 1 preventive mass vaccination campaign.
- A request has been submitted to the International Coordinating Group on vaccine provision for preventive YF vaccination in areas as indicated by ongoing investigations.

SITUATION INTERPRETATION

Uganda falls within the YF endemic zone in Africa and is classified as a high-risk country in the “Eliminate Yellow Fever Epidemics” (EYE) Strategy. The exact prevalence and incidence of yellow fever in Uganda is not known. In addition, the country has previously registered several YF outbreaks with the most recent outbreaks reported in 2020 in Buliisa and Moyo districts, and 2019 in Masaka and Koboko districts. However, YF vaccine has not yet been introduced into routine immunization and the MOH is currently planning for a preventive campaign in selected districts. Accordingly, these recurrent outbreaks illustrate the ongoing risk of sylvatic spillover of YF and risk for disease amplification in both rural and densely settled urban areas in the largely unimmunized population.

PROPOSED ACTIONS

- The government of Uganda should accelerate introduction of YF vaccine in the routine Expanded Programme on Immunization and complete preventive mass vaccination activities to rapidly boost population immunity. Expedited planning and implementation of these activities to protect the population will help avert risk of future outbreaks.
- All international travelers aged nine months and above going to Uganda should be vaccinated against YF as there is evidence of persistent or periodic YF virus transmission.
- Local populations and travelers should avoid mosquito bites including the use of repellents. The highest risk of YF virus transmission is during the day and early evening. Communities should be made aware of YF symptoms and signs and instructed to rapidly seek medical advice if presenting with signs and symptoms suggestive of this infection.
Cholera outbreak has been reported from Sofala province, central region, Mozambique, on 13 January 2022. From 13 January 2022 as of 18 March 2022, 265 cases were reported with no deaths in Caia district. Of the eight samples collected, three tested positive for cholera by rapid diagnostic test (RDT) and five turned negative by culture. Response activities are ongoing.

### New Events

**Côte d’Ivoire**

- **Event:** Dengue
- **Grade:** Ungraded
- **Date notified to WCO:** 22-Mar-22
- **Start of reporting period:** 10-Jan-22
- **End of reporting period:** 6-Feb-2022
- **Total cases:** 11
- **Cases Confirmed:** 11
- **Deaths:** 1
- **CFR:** 9.1%

On 23 March 2022, the Ministry of Health of Côte d'Ivoire notified WHO of confirmed dengue cases. Between Epi week 2 and Epi week 9 2022, 11 confirmed cases were recorded, including 1 death. Of the 11 confirmed cases, 9 were reported from Abidjan, specifically in the districts of Cocody Bingerville (7) and Treichville Marcory (2), and 2 in 2 hinterland districts, Adiaké and Daloa. The response plan is currently being finalized.

**Mozambique**

- **Event:** Suspected cholera
- **Grade:** Ungraded
- **Date notified to WCO:** 23-Mar-22
- **Start of reporting period:** 13-Jan-22
- **End of reporting period:** 18-Mar-22
- **Total cases:** 265
- **Cases Confirmed:** 0
- **Deaths:** 0
- **CFR:** 0.0%

Cholera outbreak has been reported from Sofala province, central region, Mozambique, on 13 January 2022. From 13 January 2022 as of 18 March 2022, 265 cases were reported with no deaths in Caia district. Of the eight samples collected, three tested positive for cholera by rapid diagnostic test (RDT) and five turned negative by culture. Response activities are ongoing.

### Ongoing Events

**Algeria**

- **Event:** COVID-19
- **Grade:** Grade 3
- **Date notified to WCO:** 25-Feb-2020
- **Start of reporting period:** 25-Feb-2020
- **End of reporting period:** 27-Mar-22
- **Total cases:** 265 629
- **Cases Confirmed:** 265 629
- **Deaths:** 6 873
- **CFR:** 2.6%

From 25 February 2020 to 27 March 2022, a total of 265 629 confirmed cases of COVID-19 with 6 873 deaths (CFR 2.6%) have been reported from Algeria. A total of 178 251 cases have recovered.

**Angola**

- **Event:** COVID-19
- **Grade:** Grade 3
- **Date notified to WCO:** 21-Mar-20
- **Start of reporting period:** 21-Mar-20
- **End of reporting period:** 27-Mar-22
- **Total cases:** 99 115
- **Cases Confirmed:** 99 115
- **Deaths:** 1 900
- **CFR:** 1.9%

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 27 March 2022, a total of 99 115 confirmed COVID-19 cases have been reported in the country with 1 900 deaths and 97 076 recoveries.

**Benin**

- **Poliomyelitis (cVDPV2)**
  - **Grade:** Grade 2
  - **Date notified to WCO:** 8-Aug-2019
  - **Start of reporting period:** 8-Aug-2019
  - **End of reporting period:** 27-Mar-22
  - **Total cases:** 14
  - **Cases Confirmed:** 14
  - **Deaths:** 0
  - **CFR:** 0.0%

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.

- **Cholera**
  - **Grade:** Grade 1
  - **Date notified to WCO:** 28-Mar-21
  - **Start of reporting period:** 28-Mar-21
  - **End of reporting period:** 6-Mar-22
  - **Total cases:** 1 678
  - **Cases Confirmed:** 46
  - **Deaths:** 20
  - **CFR:** 1.2%

Since week 12 (ending 28 March 2021) of 2021, cases of cholera have been reported in Benin. As of 6 March 2022, a total of 1 678 cases with 20 deaths (CFR 1.2%) are reported. General trend: Decreasing since 8 consecutive weeks. The most affected age group is 16 - 45 years (52%) and Females (55%) more affected than males whereas Men dye more (55%) than women.

**Botswana**

- **COVID-19**
  - **Grade:** Grade 3
  - **Date notified to WCO:** 30-Mar-20
  - **Start of reporting period:** 28-Mar-20
  - **End of reporting period:** 28-Feb-2022
  - **Total cases:** 263 950
  - **Cases Confirmed:** 263 950
  - **Deaths:** 2 619
  - **CFR:** 1.0%

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 recoveries.

**Burkina Faso**

- **Humanitarian crisis**
  - **Grade:** Grade 2
  - **Date notified to WCO:** 1-Jan-19
  - **Start of reporting period:** 1-Jan-19
  - **End of reporting period:** 28-Feb-2022
  - **Total cases:** -
  - **Cases Confirmed:** -
  - **Deaths:** -
  - **CFR:** -

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 a current mass displacement of 1 814 283 internally displaced persons as of 28 Feb 2022. There have been IDPs from all 13 regions, however, the majority come from Centre-Nord (35.9%) and Sahel (31.7%) regions. According to OCHA, 3.5 million Burkinabe will need humanitarian aid in 2022, including 2.6 million severely food insecure during the 2022 lean season, with over 436,000 in the pre-famine phase. Non-state armed groups attacks are worsening the security situation, causing displacements and producing needs for the affected population, including food, water, shelter, and psycho-social support.

**Burkina Faso**

- **COVID-19**
  - **Grade:** Grade 3
  - **Date notified to WCO:** 10-Mar-20
  - **Start of reporting period:** 9-Mar-20
  - **End of reporting period:** 13-Mar-22
  - **Total cases:** 20 813
  - **Cases Confirmed:** 20 813
  - **Deaths:** 379
  - **CFR:** 1.8%

Between 9 March 2020 and 13 March 2022, a total of 20 813 confirmed cases of COVID-19 with 379 deaths and 20 417 recoveries have been reported from Burkina Faso.

**Burkina Faso**

- **Poliomyelitis (cVDPV2)**
  - **Grade:** Grade 2
  - **Date notified to WCO:** 1-Jan-20
  - **Start of reporting period:** 1-Jan-20
  - **End of reporting period:** 27-Mar-22
  - **Total cases:** 67
  - **Cases Confirmed:** 67
  - **Deaths:** 0
  - **CFR:** 0.0%

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.

**Burundi**

- **COVID-19**
  - **Grade:** Grade 3
  - **Date notified to WCO:** 31-Mar-20
  - **Start of reporting period:** 18-Mar-20
  - **End of reporting period:** 25-Mar-22
  - **Total cases:** 38 463
  - **Cases Confirmed:** 38 463
  - **Deaths:** 15
  - **CFR:** 0.0%

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 25 March 2022, the total number of confirmed COVID-19 cases is 38 463, including 15 deaths and 38 296 recoveries.
From 1 week to week 10, 2022 (ending 13 March), through Integrated disease surveillance and response (IDSR) reporting, a total of 1 033 measles cases with 18 deaths (CFR 1.7%) have been reported in Cameroon. In 2022, the measles outbreak has been declared in 16 health districts: Ngaoundal, Tibati; Nkolndongo, Yoko, Bertoua, Roua, Boko, Deido, Eda, Logbaba, New Bell, Bonassima, Ako, Bangourain, Sangmelima, Olamze. 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 73.3% 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.

On 15 December 2021, a case of monkeypox from Ayos Health District in the Central Region, Cameroon, was confirmed. As of 17 February 2022, 25 suspected cases of which three laboratory confirmed and two deaths have been reported from four Health Districts across three regions.

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

From 1 January 2021 to 8 March 2022, a total of 46 cases of yellow fever tested positive by plaque reduction neutralization test (PRNT) and three by PCR at the Centre National de Reference en Pathologie Virale et des Maladies Rares (CNRPV) in Yaounde.

According to the Cameroon’s Ministry of Health, 80% of all yellow fever cases reported in 2021 and 2022 were in the East region (exclusively in the Centre du Sud health district). The majority of cases reported in 2021 and 2022 were found in rural areas.

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

Since 1 January 2018, a total of 171 cases have been reported by 4 provinces (Ndjamena, Borkou, Tibesti and Ouaddai) and 14 deaths (CFR 8.2%). For the year 2020 the country registered 74 cases including 4 deaths. Since the beginning of 2021 up to 30 November 2021, 54 cases have been reported including 8 deaths (CFR 14.8%). From 1 December 2021 to 31 January 2022, 10 new cases have been reported with no death.

From week 1 to week 10 of 2022 a total of 531 suspected cases of measles have been reported from 70 out of 187 health districts, 339 investigated with blood specimen out of which 51 tested IgM+ (15% positivity), 21% of confirmed cases are children below 5 years of age and another 24% between 5-9 years. About 51% of children below 5 that were investigated had received at least 1 dose of Measles vaccine. Five health districts with confirmed outbreaks, including 3 out of the 5 districts are in the capital city of Ndjamena. Investigations are ongoing in 15 other districts with suspected outbreaks.

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

On 13 November 2021, the Institut Pasteur in Dakar shared the results of 17 samples of yellow fever cases from the Mandoul district, Chad, of which two tested positive by polymerase chain reaction (PCR), six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions.

As of 8 March 2022, a total of 72 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 26 by plaque reduction neutralization test (PRNT). 13 patients were tested positive of which 13 were confirmed by PRNT.

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As of 8 March 2022, a total of 72 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 26 by plaque reduction neutralization test (PRNT). 13 patients were tested positive of which 13 were confirmed by PRNT.

A measles outbreak is ongoing in Congo, a total of 15 health districts are in outbreak including eight health districts (Enyelle-Betou, Loandjili, Lumumba, Mvoumou, Ngoyo, Tie-Tie, Oueus, Mongo Poukou) affected since the last quarter of 2021 despite targeted outbreak response implemented and seven health districts newly confirmed in outbreak in 2022 (Enyelle-Betou, Hinda-Loango, Kinkala, Mouyondzi, Mvou-Kakamaoko, Oueus, Talangaï). As of 20 March 2022, a total of 4,610 cases with 123 deaths (CFR 2.7%) have been reported across the country. About 59% of cases are children below 5 years of age and 50% of cases are not vaccinated. The investigation result in Pointe Noire has found: 219 cases investigated with blood samples collected out of 1,903 reported cases, 99 tested IgM+ for measles (45% of positivity rate).

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 81,697 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 796 deaths, and a total of 80,876 recoveries.

Since 11 March 2020, a total of 81,697 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 796 deaths, and a total of 80,876 recoveries.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. One cVDPV2 positive environmental sample was reported in Abidjan. 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 6 Mar 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. A total of 27 security incidents directly affecting humanitarian personnel or property were reported in Jan 2022. One aid worker was killed, six abducted and three injured. In Irumu territory, 9 of the 18 health areas in the Gethy health zone have hosted more than 72,000 displaced people from Boga, Komanda and Nyankunde health zones since last year. A total of 1,889,895 displaced persons have been registered in this province as of 7 March 2022. Nearly 1.2 million of these displaced people live in sanitation areas not supported by health sector partners and face significant difficulties in accessing primary health care.

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).

### Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR
---|---|---|---|---|---|---|---|---|---
Congo | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 31-Mar-20 | 9 144 | 1 156 | 348 | 8.5%
Congo | Measles | Ungraded | 14-Mar-20 | 14-Mar-20 | 26-Mar-20 | 204 | 204 | 0 | 0.0%
Chad | Yellow fever | Grade 3 | 29-Oct-21 | 29-Oct-21 | 9-Nov-22 | 84 | 84 | 56 | 6.5%
Chad | Yellow fever | Grade 3 | 19-Oct-21 | 19-Oct-21 | 26-Oct-21 | 7 | 7 | 0 | 0.0%
Chad | Yellow fever | Grade 3 | 13-Nov-21 | 13-Nov-21 | 8-Dec-21 | 72 | 72 | 35 | 4.9%
Chad | Yellow fever | Grade 3 | 1-Oct-21 | 1-Oct-21 | 30-Nov-21 | 64 | 64 | 0 | 0.0%
Côte d’Ivoire | Poliomyelitis (cVDPV2) | Grade 2 | 29-Jan-21 | 29-Jan-21 | 29-Jan-21 | 4 | 4 | 0 | 0.0%
Côte d’Ivoire | Poliomyelitis (cVDPV2) | Grade 2 | 29-Oct-19 | 29-Oct-19 | 29-Oct-19 | 64 | 64 | 0 | 0.0%
Côte d’Ivoire | Poliomyelitis (cVDPV2) | Grade 2 | 29-Oct-19 | 29-Oct-19 | 29-Oct-19 | 64 | 64 | 0 | 0.0%
Côte d’Ivoire | COVID-19 | Grade 3 | 11-Mar-20 | 11-Mar-20 | 26-Mar-20 | 81 | 81 | 796 | 1.0%
Côte d’Ivoire | COVID-19 | Grade 3 | 11-Mar-20 | 11-Mar-20 | 26-Mar-20 | 81 | 81 | 796 | 1.0%
Democratic Republic of the Congo | Cholera | Grade 3 | 16-Jan-15 | 16-Jan-15 | 16-Jan-15 | 2 | 2 | 1 | 50.0%
Democratic Republic of the Congo | Humanitarian crisis | Protracted | 20-Dec-2016 | 20-Dec-2016 | 20-Dec-2016 | - | - | - | -
Democratic Republic of the Congo | Humanitarian crisis | Protracted | 17-Apr-2017 | 17-Apr-2017 | 17-Apr-2017 | - | - | - | -
Democratic Republic of the Congo | Humanitarian crisis | Protracted | 6-Mar-2022 | 6-Mar-2022 | 6-Mar-2022 | - | - | - | -
Democratic Republic of the Congo | Humanitarian crisis | Protracted | 20-Dec-2016 | 20-Dec-2016 | 20-Dec-2016 | - | - | - | -
Democratic Republic of the Congo | Humanitarian crisis | Protracted | 17-Apr-2017 | 17-Apr-2017 | 17-Apr-2017 | - | - | - | -
Democratic Republic of the Congo | Humanitarian crisis | Protracted | 6-Mar-2022 | 6-Mar-2022 | 6-Mar-2022 | - | - | - | -
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 86 627 confirmed cases and two probable case, including 1 335 deaths have been reported. A total of 64 656 people have recovered.

Since the beginning of 2022 up to Week 9 of 2022 (ending 6 March) a total of 17 149 suspected measles cases and 344 measles related deaths (CFR 2.0%) as per the IDSR database have been reported. Out of 1 213 cases investigated through case-based surveillance system: 526 tested IgM+ for Measles and 143 tested IgM+ for Rubella; 75% lab confirmed measles are less than 5 years old, and only 23% with history of vaccination; 53 health districts so far with confirmed outbreak spread across 20 out of 26 provinces. Provinces with large number of reported suspected cases are Haut Katanga, Maniema, Sud Ubangi, Tanganyika, and Sankuru.

During week 9 of 2022, a total of 75 cases and 2 deaths due to monkeypox were reported. Between epidemiological weeks 1-9 of 2022, 704 cases have been reported with 37 deaths (CFR 5.3%). Compared to weeks 1-9 in 2021, 754 cases were reported with 24 deaths (CFR 3.2%). 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.

Typhoid fever Ungraded 1-Jul-2021 1-Jan-21 20-Feb-2022 254 035 - 82 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cases in 2022 and 28 cases from 2021.

Suspected cases of anthrax were notified in the Kalonge health zone, Kalehe territory not far from the Kahuzi Biega national park. On 30 January 2022, a family prepared guinea pig meat to serve a visitor. A total of 11 people from three different families ate this meat. All 11 people who ate the meat presented a clinical picture made of severe dehydration. Nine people among the 11 were admitted, recovered, and discharged from the hospital. The results of the laboratory analysis carried out are still awaited. Currently, a team from the regional ministry of health is in the affected health zone for in-depth investigation.

During week 9 of 2022, no plague cases were reported. Between epidemiological weeks 1-9 of 2022, 1 case of plague has been reported with no deaths. Compared to weeks 1-9 in 2021, 70 cases were reported with 1 death (1.4% CFR). 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.

Plague Ungraded 12-Mar-19 1-Jan-20 6-Mar-22 600 - 45 7.5%

During 2022, from epidemiological week 1 to 7 (ending 20 February 2022), 254 035 suspected cases of typhoid fever including 82 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%).

In 2022, from epidemiological week 1 to 7 (ending 20 February 2022), 254 035 suspected cases of typhoid fever including 82 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 Cameroon (CPC). The first case is a 34-year-old male from the Abuzi health zone, North Ubangi province, Democratic Republic of the Congo whose date of symptom onset was 20 February 2021 with fever, vomiting, abdominal pain, back pain and physical asthenia. Jaundice appeared on 25 February. The second case is a 47-year-old female unvaccinated against yellow fever from Ango health zone, Bas Uele province. He first exhibited symptoms on 7 May 2021. As of 8 March 2022, a total of eight PRNT positive cases have been reported.

During week 9 of 2022, no plague cases were reported. Between epidemiological weeks 1-9 of 2022, 1 case of plague has been reported with no deaths. Compared to weeks 1-9 in 2021, 70 cases were reported with 1 death (1.4% CFR). 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.

Plague Ungraded 12-Mar-19 1-Jan-20 6-Mar-22 600 - 45 7.5%

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Plague Ungraded 12-Mar-19 1-Jan-20 6-Mar-22 600 - 45 7.5%
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 functional, 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 Mekelle, 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 21 March 2020, Ethiopia has confirmed a total of 469 621 cases of COVID-19 as of 27 March 2022, with 7 492 deaths and 435 159 recoveries.

<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>
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<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>24-Feb-2022</td>
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<td>13-Mar-22</td>
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<td>Grade 2</td>
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<td>20-May-2019</td>
<td>27-Mar-22</td>
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<tr>
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<td>17-Mar-20</td>
<td>17-Mar-20</td>
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<td>Grade 3</td>
<td>12-Mar-20</td>
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<tr>
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<td>Poliomyelitis (cVDPV2)</td>
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<td>9-Jul-2019</td>
<td>8-Jul-2019</td>
<td>27-Mar-22</td>
<td>31</td>
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<tr>
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<td>Grade 2</td>
<td>3-Nov-21</td>
<td>15-Oct-21</td>
<td>15-Feb-2022</td>
<td>158</td>
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<td>13-Mar-20</td>
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<td>36 459</td>
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<td>09-May-2018</td>
<td>1-Jan-22</td>
<td>13-Mar-22</td>
<td>10 809</td>
<td>207</td>
<td>16</td>
<td>0.1%</td>
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Since the beginning of 2022 up to week 10 (ending 13 March), a total of 10 809 measles suspected cases with 207 confirmed and 16 death (CFR 0.1%) have been reported in Guinea through IDR.
**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Guinea | Poliomyelitis (cVDPV2) | Grade 2 | 22-Jul-2020 | 22-Jul-2020 | 23-Mar-22 | 50 | 50 | 0 | 0.0%
Guinea-Bissau | COVID-19 | Grade 3 | 25-Mar-20 | 25-Mar-20 | 24-Mar-22 | 8,131 | 8,131 | 169 | 2.1%
Guinea-Bissau | Poliomyelitis (cVDPV2) | Grade 2 | 9-Nov-21 | 9-Nov-21 | 27-Mar-22 | 4 | 4 | 0 | 0.0%
Kenya | Acute Respiratory Illness (ARI) | Ungraded | 21-Feb-2022 | 1-Dec-2020 | 20-Feb-2022 | 635 | 635 | 7 | 1.1%
Kenya | Chikungunya | Ungraded | 3-Mar-22 | 13-Feb-2022 | 23-Feb-2022 | 44 | 2 | 0 | 0.0%
Kenya | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 27-Mar-22 | 323,374 | 323,374 | 5,647 | 1.7%
Kenya | Dengue | Ungraded | 3-Mar-22 | 1-Jan-21 | 23-Feb-2022 | 2,359 | 1,966 | 2 | 0.1%
Kenya | Leishmaniasis | Ungraded | 31-Mar-19 | 3-Jan-20 | 6-Feb-2022 | 1,537 | 1,356 | 10 | 0.7%
Kenya | Yellow fever | 3-Mar-22 | 12-Jan-22 | 10-Mar-22 | 16 | 2 | 4 | 25.0%
Lesotho | COVID-19 | Grade 3 | 13-May-2020 | 13-May-2020 | 20-Mar-22 | 32,880 | 32,880 | 697 | 2.1%
Liberia | COVID-19 | Grade 3 | 16-Mar-20 | 16-Mar-20 | 25-Mar-22 | 7,399 | 7,399 | 295 | 4.0%
Liberia | Lassa Fever | Ungraded | 3-Mar-22 | 6-Jan-22 | 28-Feb-2022 | 33 | 17 | 5 | 15.2%
Madagascar | Floods | Grade 2 | 19-Jan-22 | 16-Jan-22 | 26-Feb-2022 | 438,666 | 204 | 0 | 0.0%

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

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Heavy rains in Madagascar from multiple weather systems (Tropical Storm Ana, Cyclone Batsirai, Tropical Storm Dumako, and Cyclone Emmati) 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 Emmati 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 Ikonge of Itivuminya 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 Emmati 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 14 000 people were classified as IPC Phase 5 or catastrophically food insecure. The Integrated food security Phase Classification (IPC) analysis for January 2022 has classified 405 000 people in emergency (phase 4). About 309 000 children are projected to suffer from moderate acute malnutrition and 60 000 children aged 6-59 months are projected to suffer from severe acute malnutrition. There are at least 470 000 people in urgent need of food assistance in Vatovavy, Fitzovoany, and Atsimo Atsinanana regions according to the latest estimate established by the authorities after the passage of Cyclones Batsirai and Ennati. At least 60 000 hectares of rice fields have been flooded twice, with potentially significant consequences for the upcoming harvest in May. Cash crops such as cloves, coffee and pepper were also badly affected. It is estimated that 90 % of crops could be destroyed in certain areas of the affected regions.

Malawi COVID-19 Grade 3 26-Jan-22 18-Mar-22 51 0.0%

Malawi is currently responding to the aftermath of the cyclone Ana and Gombe that occurred on 28 January 2022 and 13 March 2022 respectively. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people have been affected, death toll stands at 51 (46 due to tropical storm Ana, 5 due to cyclone Gombe).

Malawi Cholera Ungraded 3-Mar-22 27-Mar-22 9 3 8.8%

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. As of 27 March 2022, Malawi has reported a total of 34 cholera cases with three deaths.

Mali COVID-19 Grade 3 25-Mar-20 27-Mar-22 727 2.4%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 27 March 2022, a total of 30 472 confirmed cases have been reported in the country, including 727 deaths and 29 625 recoveries.

Mali Measles Ungraded 20-Feb-18 6-Mar-22 804 300 0 0.0%

From January 2022 to 6 March 2022, a total of 804 suspected cases of measles with 300 confirmed and 0 death have been reported in Mali through integrated disease surveillance and response (IDSR) system.

Mali Poliomyelitis (cVDPV1) Grade 2 18-Aug-20 16-Mar-22 52 0 0.0%

No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The number of 2021 cases remains 13. There is one case in 2022.

Mali Undiagnosed disease Ungraded 14-Mar-22 28-Feb-2022 41 9 22.0%

In Farabougou village, Segou region of Mali, a disease of unknown cause has been reported. The first investigation on this disease was conducted since November last year. In 2022, the first alert about this disease was voiced on 23 February. A total of 41 cases with 9 deaths (CFR 22.0%) have been reported. The results of the investigation including laboratory analysis is still awaited.

Mauritania COVID-19 Grade 3 13-Mar-20 27-Mar-22 58 982 1.7%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 27 March 2022, a total of 58 666 cases including 982 deaths and 57 678 recovered cases have been reported in the country.

Mauritania Crimean-Congo haemorrhagic fever (CCHF) Ungraded 14-Mar-22 6 2 33.3%

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 14 March 2022, a total of six confirmed cases including two deaths and three recovered were reported.
Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 21-Mar-22 204 200 204 200 968 0.5%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 21 March 2022, a total of 204 200 confirmed COVID-19 cases including 968 deaths have been reported in the country.

Mozambique Floods Grade 2 24-Jan-22 26-Jan-22 12-Mar-22 678 237 59 0.0%

On 11 March 2022, a severe tropical cyclone Gombe made landfall over the coastal area of central Nampula province, with maximum sustained winds up to 190 km/h. Figures on people affected and damage following the passage of Cyclone Gombe continues to rise. According to the latest information released by the National Institute for Disaster Management and Risk Reduction (INGD), to date Gombe has affected 478 237 people (93 497 families), caused 59 deaths, and injured 82 people. These figures on the impact are expected to rise as widespread damage has occurred though in-depth assessments have not yet taken place. This cyclone Gombe follows tropical storm Ana which hit the country in January, and tropical depression Dumako which struck in February. Together, these previous storms have already affected more than 200 000 people in Nampula, Zambezia and Tete provinces.

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 28 Feb 2022, the nationwide estimate of people in need of humanitarian assistance is 1.3 million and 744 949 people are displaced by conflict.

Mozambique COVID-19 Grade 3 22-Mar-20 22-Mar-20 20-Mar-22 225 210 225 210 2 200 1.0%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 20 March 2022, a total of 225 210 confirmed COVID-19 cases were reported in the country including 2 200 deaths and 222 024 recoveries.

Mozambique Measles Ungraded 25-Jun-2020 1-Jan-21 20-Mar-22 3 017 903 0 0.0%

Since 2021 up to 20 March 2022, the total cases of measles classified as positive are 903 including compatible and EPI link. The total number of suspected measles cases is 3 017 with 2 576 cases (896 confirmed) in 2021 and 441 cases (7 confirmed) in 2022. The outbreak is ongoing in Niassa province, Mandimba district.

Namibia COVID-19 Grade 3 14-March 14-March 26-Mar-22 157 611 157 611 4 019 0.0%

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 26 March 2022, a total of 157 611 confirmed cases with 153 069 recovered and 4 019 deaths have been reported.

Namibia Typhoid fever Ungraded 2-Mar-22 3-Mar-22 3-Mar-22 5 5 0 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 with a history of acute right abdominal pains, vomiting and high fever. As of 3 March 2022, 5 cases of typhoid fever have been confirmed in Windhoek. All contacts are asymptomatic.

Niger Humanitarian crisis Protracted 1 1-Feb-2015 1-Feb-2015 28-Feb-2022 - - - -

According to OCHA statistics, 3.8 million people need humanitarian assistance in 2022. As of 28 Feb 2021, 264 257 people are internally displaced, 279 172 are refugees, and 2.3 million are food insecure (phase 3+ and above).

Niger COVID-19 Grade 3 19-Mar-20 19-Mar-20 27-Mar-22 8 801 8 801 308 3.5%

From 19 March 2020 to 27 March 2022, a total of 8 801 cases with 308 deaths have been reported across the country. A total of 8 471 recoveries have been reported from the country.

Niger Meningitis Ungraded 1-Jan-21 16-Jan-22 1 688 - 76 4.5%

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

Niger Poliomyelitis (cVDPV2) Grade 2 1-Jan-21 1-Jan-21 23-Mar-22 17 17 0 0.0%

Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Diffa and Tillaberi bringing the number of 2021 cases to 17.

Nigeria Humanitarian crisis Protracted 3 10-Oct-16 n/a 28-Feb-2022 - - - -

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 28 Feb 2022, there were 80 691 refugees from other countries within Nigeria with almost 76 339 (or 95%) coming from Cameroon. More than 2.2 million IDPs (98.6% of all IDPs in the country) are in the North-East, while the rest (0.4%) are in the North-West/North-Central part of the country.

Nigeria Cholera Grade 2 12-Jan-21 12-Jan-21 27-Feb-2022 701 - 19 2.7%

From epidemiological week 1 to week 8, 2022 (27 February), a total of 701 suspected cases including 19 deaths (CFR 2.7%) have been reported from 12 states and FCT. Of the suspected cases, the less than 5 years age group is the most affected, while 47% are males and 53% are females. Three states-Taraba (242 cases), CrossRiver (111), Born (91 cases), Bayelsa (76) and Adamawa (66 cases) account for 82% of all cumulative cases.

Nigeria COVID-19 Grade 3 27-Feb-2020 27-Feb-2020 26-Mar-22 255 296 255 296 3 142 1.2%

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 26 March 2022, a total of 255 296 confirmed cases with 249 495 recovered and 3 142 deaths have been reported.

Nigeria Lassa fever Grade 1 1-Jan-21 1-Jan-21 13-Feb-2022 868 868 161 18.5%

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.
Since epi-week 1 to epi-week 8 (ending 27 February), a total of 6,086 suspected cases of measles with zero death have been reported in Nigeria. Zamfara and Katsina states are experiencing measles outbreak declared by the authorities with 1,250 and 1,070 suspected cases reported respectively. In January 2022, a total of 254 confirmed cases have been reported.

According to the Nigeria Centre for Disease Control (NCDC), from Jan-Feb 2022, 13 cases of suspected monkeypox were reported, of which 4 have been confirmed and no deaths have occurred. In 2021, a total of 98 suspected cases were reported throughout the year. Of the suspected cases, 34 were confirmed from nine states Delta (6), Lagos (6), Bayelsa (6), Rivers (6), Edo (3), Federal Capital Territory (1), Niger (1), Ogun (1), Cross River (1) and no deaths recorded.

In 2022, 5 cVDPV2 cases and 8 environmental samples have been reported. There were 415 cVDPV2 cases and 18 environmental samples reported in 2021.

From 1 January 2021 to 31 December 2021, a total of 2,053 yellow fever (YF) suspected cases were reported from 37 states including in 497 Local Government Areas (LGA) in Nigeria. Of suspected cases, 42 tested positive for YF by plaque reduction neutralization test at Institut Pasteur in Dakar. Some PRNT-positive cases had a history of YF vaccination.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 27 March 2022, a total of 129,709 cases with 1,459 deaths and 123,183 recovered cases have been reported in the country.

The humanitarian situation has further deteriorated in six countries of the Sahel: Burkina Faso, Cameroon, Chad, Mali, Niger, and Nigeria. Problems such as violence, 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 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 food insecurity due to climate change.

On 28 and 29 December 2021, after heavy rainfall on the island of São Tomé, the rivers flooded and caused floods and landslides, affecting mainly the districts of Água Grande (capital city with 40% of the country’s population) and Lembá (8% of the population). Broken bridges and landslides have left inaccessible districts of Lembá, Cantagalo and Mezochi. Dwellings have been destroyed and washed away by floods. Such heavy rainfall has not been recorded for 30 years. Several communities are without access to drinking water due to the destruction of water pipes. So far, 2 deaths are reported and several missing persons. Current responses in the country are Cantagalo and Mezochi.

The humanitarian crisis Grade 2 on 11 February 2022 in Sierra Leone 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).

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 25 March 2022 a total of 40,082 cases have been confirmed, including 39,612 recoveries and 163 deaths have been reported.
Since the start of the COVID-19 pandemic in South Africa through 27 March 2022, a cumulative total of 3 713 252 confirmed cases and 99 966 deaths have been reported with 3 599 563 recoveries.

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, 18 in Northwest, 45 in Gauteng, 12 inMpumalanga, 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 than most other countries in sub-Saharan Africa. The most recent large outbreak occurred in Delmas in 2005, with over 2 900 cases. After the Delmas outbreak in 2005, the number of enteric fever cases in South Africa has remained stable with less than 150 cases per year (an average of 97 cases per year).

South Sudan

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, Awerial South, Tonj North, Tonj South and Tonj East. In 2021, the World Food Programme has reached some 498 887 food-affected people with food and nutrition assistance.

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.

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 Mirmir Payam between the Sudan People’s Liberation Army in Opposition and armed youth spreading to several villages in Koch, Mayandit 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.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 27 March 2022, a total of 17 222 confirmed COVID-19 cases were reported in the country including 138 deaths and 13 507 recovered cases.

The current outbreak in the Bentiu IDP camp is ongoing. As of 27 February 2022, a total of 2 167 cases of hepatitis E including 16 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 71 new Hepatitis E cases in week 8, 2022.

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.

Measles outbreaks have been declared in South Sudan by health authorities on 23 February 2022 in two counties of Torit and Maban and later the outbreak was also confirmed in Tambura County. These three counties are from Eastern Equatoria, Upper Nile and Western Equatoria States respectively. As of week 9 (ending 6 March 2022), a total of 209 measles cases and 2 deaths (case fatality ratio (CFR)= 0.9%) have been reported. Most cases are children under five years old (59.3%) and males are most affected (53.0%) than females (47.0%).

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

As of 31 January 2022, at least 30 cases of cholera have been reported in Tanzania’s southern highlands regions of Rukwa and Kilombero. The first three cases of cholera were reported at Korongwe ward dispensary in early December 2021.

During 2021, the number of enteric fever cases in Tanzania has remained stable with less than 150 cases per year (an average of 97 cases per year).

Tanzania, United Republic of

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 27 March 2022, a total of 36 921 cases including 272 deaths and 36 581 recovered cases have been reported in the country.
A 35-year-old female died of Lassa fever complications in the Otji 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.

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 27 February 2022, nine districts are experiencing the measles outbreak including Zio, Agoe, Golfé, Kpélé, Tchaooudij, Moyen-mono, Tone, Bassar and Lac with a cumulative number of 441 suspected cases, 134 confirmed and 0 death (CFR 0.0%). Zio district has reported more cases 213 out of 441 (48.3%) with 29 confirmed. The outbreak stated in November 2021 in the Zio district. Among the 134 confirmed cases reported, 205 (46.9%) are unvaccinated, 119 cases (27.0%) have unknown vaccination status.

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.

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, there had been three cattle deaths in the same kraal within a week. Samples taken tested positive for anthrax by polymerase chain reaction (PCR).

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 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.

On 6 March 2022, the Uganda Ministry of Health reported four cases of yellow fever confirmed by plaque reduction neutralization test (PRNT) at the Uganda Virus Research Institute (UVRI), with specimens collected between 3 January 2022 and 18 February 2022. Three cases are from Wakiso district (Katabi, Masulita, and Kitende sub-counties) and one case is from Masaka district (Bukakata sub-county). As of 16 March 2022, a total of eight PRNT positive cases were reported, of which seven have been investigated and four have a history of vaccination against yellow fever.

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, Masaba 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 4 March 2022, a total of five confirmed cases of RVF have been recorded.

On 14 Jan 2022, a 46-year-old male cattle rancher presented with skin lesions on his left thumb after contact with a dead bull in his kraal. Samples taken were positive by polymerase chain reaction (PCR) for anthrax. 

Following a rumor that there was a strange disease in Namutumba District, Uganda, that killed about 70 children who presented with fever, hematuria, and anemia and then died, the surveillance team verified the rumor. Of the 56 samples collected, all tested positive for malaria by the rapid diagnostic test and 32 by microscopy (57%). Based on the preliminary results of the blood samples examined and the clinical assessment of the cases, the probable cause of this illness is malaria. However, further testing is underway to rule out other causes.

On 14 Jan 2022, a 46-year-old male cattle rancher presented with skin lesions on his left thumb after contact with a dead bull in his kraal. Samples taken were positive by polymerase chain reaction (PCR) for anthrax.

The first COVID-19 confirmed case in Zambia was reported in Zambia on 18 March 2020. As of 27 March 2022, a total of 316 550 confirmed COVID-19 cases were reported in the country including 3 966 deaths and 311 868 recovered cases.

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.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 21 March 2022, a total of 245 820 confirmed COVID-19 cases were reported in the country including 5 438 deaths and 236 841 cases that recovered.

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</tr>
<tr>
<td>Togo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>2-Feb-2022</td>
<td>25-Nov-2021</td>
<td>27-Feb-2022</td>
<td>441</td>
<td>134</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>14-Feb-2022</td>
<td>12-Feb-2022</td>
<td>19-Feb-2022</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>26-Mar-22</td>
<td>163 805</td>
<td>163 805</td>
<td>3 595</td>
<td>2.2%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Rift Valley fever</td>
<td>Ungraded</td>
<td>14-Jan-22</td>
<td>12-Jan-22</td>
<td>4-Mar-22</td>
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<td>5</td>
<td>1</td>
<td>20.0%</td>
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<tr>
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<td>Unknown disease</td>
<td>Ungraded</td>
<td>3-Mar-22</td>
<td>14-Feb-2022</td>
<td>21-Feb-2022</td>
<td>56</td>
<td>56</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uganda</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-21</td>
<td>1-Mar-22</td>
<td>16-Mar-22</td>
<td>8</td>
<td>8</td>
<td>0</td>
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</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-2019</td>
<td>1-Jan-22</td>
<td>22-Jan-22</td>
<td>22</td>
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<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>27-Mar-22</td>
<td>245 820</td>
<td>245 820</td>
<td>5 438</td>
<td>2.2%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Explosion accident</td>
<td>Ungraded</td>
<td>20-Jan-22</td>
<td>20-Jan-22</td>
<td>27-Jan-22</td>
<td>388</td>
<td>13</td>
<td>0</td>
<td>3.4%</td>
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<tr>
<td>Uganda</td>
<td>Floods</td>
<td>Ungraded</td>
<td>24-Jan-22</td>
<td>31-Jan-22</td>
<td>31-Jan-22</td>
<td>7 049</td>
<td>-</td>
<td>9</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

An explosion accident involving a vehicle transporting mining explosives occurred on 20 January 2022. The incident occurred in Apiaitikrom 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 Apiaitikrom 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.

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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/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.
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.