WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 14: 28 March – 3 April 2022
Data as reported by: 17:00; 3 April 2022

Legend

- Measles
- Monkeypox
- Lassa fever
- Cholera
- dVDPV2
- COVID-19
- Anthrax
- Dengue fever
- Malaria
- Hepatitis E
- Acute Food Insecurity
- Drought
- Floods
- Explosion accident
- Plague
- Yellow fever
- Acute Respiratory Illness (ARI)
- Cases
- Deaths

Countries in WHO African Region

Countries reported in the document

Countries outside WHO African Region

WHO Member States with no reported events

Not applicable

Protracted 3 events

Protracted 2 events

Protracted 1 event

Grade 3 events

Grade 2 events

Grade 1 event

Ungraded events

*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.*
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 152 events in the region. This week’s articles cover:

- Meningitis in Ethiopia
- COVID-19 across the WHO African region
- Cholera in Malawi

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:

- The ongoing meningitis outbreak in Ethiopia is concerning as the country is responding to multiple disease outbreaks, natural disasters and humanitarian crisis. Several regions have reported at least one suspected meningitis case, with Oromia, Somali, SNNPR, and Amhara regions crossing the epidemic threshold. Low in-country laboratory capacity as well as lack of technical capacity for cerebrospinal fluid collection to confirm cases remain key challenges to the response. At the moment, laboratory samples are being shipped out of the country for confirmation. However, more samples are needed for further investigation to determine the dominant meningococcal strain to inform request for the appropriate vaccine for response.

- A sustained decline in new COVID-19 cases and deaths in the WHO African region continues since January 2022, with only Mauritius currently undergoing a resurgence. However, this decline in new COVID-19 cases does not point to the end of the pandemic. WHO teams continue to help African countries boost vaccination rates with mass vaccination campaigns to protect populations from severe disease and death. However, countries need to vaccinate even faster to meet the 70% vaccination target by June.

- Malawi is currently responding to a cholera outbreak following the aftermath of the floods that resulted from the tropical storms. The ongoing wild polio virus type 1 and COVID-19 pandemic have overwhelmed the health care system and the ability to respond to other outbreaks. In addition, there is insufficient workforce and technical expertise on cholera management, and lack of materials for effective community engagement interventions. There remains a risk of further disease spread with the existence of numerous porous borders between the neighbouring countries. Close monitoring of the situation with active cross-border coordination and information sharing is paramount.
EVENT DESCRIPTION

A meningitis outbreak has been ongoing in Ethiopia since week 49 of 2021 (ending 12 December). As of week 10 (ending 13 March 2022), a total of 1,398 suspected meningitis cases with 13 deaths (case fatality ratio (CFR) 0.9%) have been reported from 11 out of 12 regions in the country.

Since the beginning of the outbreak in the country, four regions (Oromia, Somali, SNNPR, Amhara) crossed the epidemic threshold and five regions (Harari, Afar, Addis Ababa, Benishangul-Gumuz and Gambella) crossed the alert threshold.

Five regions, namely Oromia, Somali, SNNPR, Amhara, and Harari account for 87.8% (1,228 cases) of the total suspected meningitis cases reported. Oromia region has been the most affected, reporting 610 (44%) cases, followed by Somali with 211 (15%) cases, and SNNPR with 154 (11%) cases.

As of 13 March 2022, a total of 69 cerebrospinal fluid (CSF) samples have been collected. A total of 32 samples were collected from health facilities while 37 from sentinel sites. Of the 14 CSF samples that were analysed at the National Institute of Communicable Disease in South Africa, two were positive for human herpesvirus and one sample positive for Neisseria Meningitidis.

In week 10 of 2022, a total of 107 suspected meningitis cases with zero death were reported nationally from 47 woredas across 10 regions. A total of 27 woredas were in alert threshold, while no woreda crossed the epidemic threshold.

PUBLIC HEALTH ACTIONS

- Pre-deployment training was conducted for the Rapid Response teams
- Capacity building for laboratory management is ongoing and cerebrospinal fluid collection from suspected meningitis cases continues. Samples are being shipped to the regional referral laboratories
- The government is ensuring adequate case management. The request for Ceftriaxone antibiotic for case management was submitted to the International Coordinating Group (ICG)

SITUATION INTERPRETATION

Ethiopia is one of the African countries affected with both armed conflict and natural disasters (drought, disease outbreaks) including the ongoing meningitis outbreak. Although a relatively low CFR has been recorded for the meningitis outbreak, it is important that the necessary actions are implemented for its control and prevent any deterioration. A mixed etiology (bacterial and viral) has been identified so far, yet the total number of samples analyzed is relatively low. More sample collection and analysis are needed to identify the dominant pathogen and request the appropriate vaccine for response.

PROPOSED ACTIONS

- In-country laboratory capacity building should be considered as a priority to prevent any delay in diagnosis of the bacterial pathogen and request the required vaccine for the response.
- The national authorities and partners should provide adequate funds, logistics and drugs for case management.
The number of new COVID-19 cases in the WHO African Region decreased by 44.0% during the week of 28 March to 3 April 2022 as compared to the previous week. The number of new deaths decreased by 38.0% in the reporting week. Across the region, over 12 783 new COVID-19 infections and 117 new deaths were reported from 34 and 13 countries, respectively.

In the past seven days, 21 countries (46.0%) reported a decrease of 20% or more in the number of new cases (Table 1), while Côte d’Ivoire, Eritrea, Eswatini, Mali, Mauritania, Niger, Senegal, and Seychelles saw a 20% or more increase in weekly cases compared to the past week. Benin, Burkina Faso, Democratic Republic of the Congo, Equatorial Guinea, Liberia, Mauritius, Sao Tome and Principe 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 (11 421, 89.4%), with South Africa recording the highest number (9 702 new cases, 7.4% increase, 16 new cases per 100 000 population), followed by Zimbabwe (705 new cases, 46% decrease, 9.0 new cases per 100 000), Zambia (481 new cases, 27.0% decrease, 2.5 new cases per 100 000), Seychelles (335 new cases, 43.0% increase, 337.0 new cases per 100 000), and Ethiopia (198 new cases, 19.0% increase, 0.2 new cases per 100 000).

Similarly, a fall in weekly COVID-19 deaths was observed in the African region during the period 28 March to 3 April 2022, compared to the previous week. South Africa reported the highest number of new deaths (84 new deaths; 1.2% decrease; 0.1 new deaths per 100 000 population), followed by Ethiopia (12 new deaths; 300% increase; 0.0 new deaths per 100 000), Madagascar (4 new deaths; 0% change; 0.0 new deaths per 100 000), Morocco (3 new deaths; 2.2% decrease; 0.1 new deaths per 100 000), and Zambia (1 new death; 67.0% decrease; 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 3 April 2022, the cumulative number of infections in the WHO African Region stands at 8 211 688 and 170 224 deaths, 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 3 722 954 cases (45.3% of all reported cases) and 100 050 deaths (59.0% of all reported deaths). Followed by Ethiopia with 469 819 cases (5.7%) and 7 504 deaths (4.4%).

Sao Tome and Principe reported 140 new health worker infections retrospectively in the past week. Overall, a cumulative total of 159 890 COVID-19 infections (2.0% of all cases) occurred among health workers in the region, with South Africa accounting for 45.0% (71 113) of the total infections. Kenya (12 720, 8.0%), Algeria (11 936, 8.0%), Zimbabwe (11 609, 7.3%) and Namibia (5 331, 3.3%) 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%), Zimbabwe (4.7%), Algeria (4.5%), and Burkina Faso (4.1%) 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 11.7 million infections. In addition, more than 252 873 deaths (CFR 2.2%) and more than 10.9 million people have recovered. The African continent accounts for 2.5% of global cases and 4.1% of global deaths.

WHO, UNICEF, Gavi, the Vaccine Alliance, and other partners are supporting mass vaccination campaigns in priority countries to reach 100 million people by the end of April 2022.

The countries are conducting mass vaccination campaigns in a range of urban settings such as shopping centres and markets, as well as in hard-to-reach rural communities.

Six countries have concluded COVID-19 mass vaccination campaigns (Côte d’Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Guinea-Bissau, and Kenya).

Four countries (Cameroon, Chad, Republic of Congo, and Sierra Leone) are currently undertaking COVID-19 mass vaccination campaigns.

Upcoming vaccination campaigns (this includes additional phases for those that are ongoing or already complete) are being planned in Botswana, Cameroon, Congo, Eswatini, Gambia, Guinea-Bissau, Kenya, South Sudan, Tanzania, Zambia, and Zimbabwe.

Overall, the WHO African region has observed a sustained decline in both cases and deaths. Côte d’Ivoire, Eritrea, Eswatini, Mali, Mauritania, Niger, Senegal, and Seychelles saw a significant increase in weekly cases compared to the past week. The WHO and other key partners continue to support member states to increase uptake of COVID-19 vaccines and monitor the evolution of the COVID-19 pandemic.
![](image1)

Africa’s COVID-19 vaccine uptake increases by 15%

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 3 April 2022 (n = 8 211 688)
## New cases reported in the past seven days and cumulative totals by country: Data as of 3 April 2022 (8 211 688)

<table>
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<th>Country</th>
<th>Total Cases</th>
<th>New Cases</th>
<th>Percent change in new cases</th>
<th>Total Deaths</th>
<th>New Deaths</th>
<th>Percent change in new deaths</th>
<th>Health Worker infections</th>
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<td><strong>Cumulative Cases (N=47)</strong></td>
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<td><strong>12 783</strong></td>
<td><strong>-38.1</strong></td>
<td><strong>170 224</strong></td>
<td><strong>117</strong></td>
<td><strong>-1.7</strong></td>
<td><strong>159 890</strong></td>
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*Total cases includes one probable case from Democratic Republic of the Congo"
**EVENT DESCRIPTION**

The Southern region of Malawi was severely affected by the tropical storm Ana and cyclone Gombe that caused torrential rains and floods between late January and February 2022. The displaced populations remained with no access to safe drinking water and sanitation facilities and thus at risk of widespread disease outbreaks including cholera.

On 3 March 2022, the Malawi Ministry of Health (MoH) declared a cholera outbreak in the country, following confirmation of a case in a 57-year-old male from Balaka District in Southern Malawi. The case was identified in Machinga district hospital with suspect cholera symptoms on 28 February 2022. The stool sample collected from the case-patient tested positive for cholera by culture and *Vibrio cholerae Inaba* was isolated.

A separate locus of cholera cases linked to Mozambique was reported in Nsanje district, with two initial cases reported on 14 March 2022. One of the cases was a Malawian who was displaced to Mozambique after the tropical cyclone Ana but returned to Malawi after developing cholera-like symptoms on 13 March 2022. The cases were managed at Ndamera health centre on 14 March 2022.

As of 3 April 2022, there have been 54 cholera cases recorded including nine confirmed by culture and two deaths, a case fatality ratio (CFR) of 3.9%. Two districts have so far been affected. Nsanje district has reported the highest number of cases, accounting for 96% (54 cases) of the national total, with two deaths. Machinga district has reported 2 cases (4.0%). Males and females have been equally affected. The ages of the cases range between 2 and 57 years, with the 5-14 years age group most affected.

Although many cases, 28 (55%), are imported from Mozambique, in Morrumbala, Sofala province, some have been reported from local areas and are on a rising trend.

Nsanje conducted a pre-emptive campaign targeting 80% of the district population for individuals aged one year and above in 2020. This campaign was however limited to localised hotspot locations at the time.

**PUBLIC HEALTH ACTIONS**

- The MoH declared a cholera outbreak in the country.
- There are national and district level EOCs established and are currently coordinating the response in collaboration with other sectors and partners.
- A costed national cholera response plan is in place and WHO along with other partners are supporting its implementation.
- A joint team of MoH and WHO completed field supportive supervision including risk and needs assessment. A comprehensive report is being prepared.
- Four data managers and two public health officers were engaged and deployed to the affected districts for data management.

**PROPOSED ACTIONS**

- Hotspot districts should maintain a checklist of key cholera preparedness items and stocks
- WHO and MOH to follow up on cross border engagements for a joint cholera response with Mozambique
- Strengthen routine integrated surveillance and response, including trend analyses for routine monitoring and early detection

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**SITUATION INTERPRETATION**

Cholera was first reported in Malawi in 1973 when the seventh pandemic wave hit East Africa. From 1998 to date, cholera cases have been reported every year with significant morbidity and mortality on affected populations especially in the Southern region, which is low lying, flat and prone to flooding during the rainy season. The current cholera outbreak has shown an increasing trend especially in Nsanje district where most cases have been reported. A national coordination structure is in place; however, the weak early warning and community-based surveillance may increase the risk of a widespread outbreak.

WHO has provided cholera kits and other supplies, which are being distributed to the affected districts.

A request for oral cholera vaccine was submitted to the ICG and more than 3 000 000 million doses of vaccines targeting eight high risk districts were approved.

Two cholera treatment centres have been established, one at Nsanje District Hospital and the other at Ndamera health centre.

Cross-border surveillance engagements have been initiated with Mozambique.
From week 1 through week 10, 2022 (ending March 10), a total of 1,618 suspected cases of meningitis and 118 deaths (CFR 7.3%) have been reported in the country. Since Week 9, 2022 (ending March 6), the alert threshold for suspected meningitis outbreaks has been crossed in the health district of Walikale in the North Kivu province located in the meningitis belt of the Democratic Republic of the Congo (DRC). In addition, from week 1 to week 10, 2022, the Walikale health district recorded 82 suspected cases of meningitis and 6 deaths (CFR 7.3%). Two cerebrospinal fluid (CSF) samples were positive for Hemophilus influenza and one cerebrospinal fluid sample was positive for Neisseria meningitidis. Response activities are organized in the health district with the support from WHO.

Since Week 9, 2022 (ending March 6), the alert threshold for suspected meningitis outbreaks has been crossed in the health district of Walikale in the North Kivu province located in the meningitis belt of the Democratic Republic of the Congo (DRC). In addition, from week 1 to week 10, 2022, the Walikale health district recorded 82 suspected cases of meningitis and 6 deaths (CFR 7.3%). Two cerebrospinal fluid (CSF) samples were positive for Hemophilus influenza and one cerebrospinal fluid sample was positive for Neisseria meningitidis. Response activities are organized in the health district with the support from WHO.

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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 first monkeypox report was confirmed at the regional reference laboratory. As of 15 February 2022, a total of 17 probable cases (IgM positive) were reported of which nine were laboratory confirmed and two deaths have been reported from four Health Districts across three regions.

On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur Cameroun (CPC). As of 15 February 2022, a total of 17 probable cases (IgM positive) were reported of which nine were laboratory confirmed and two deaths have been reported from four Health Districts across three regions.

According to OCHA figures, 3.1 million people (63% of the total population) are in need of assistance and protection in 2022. There are 632K people that are internally displaced as of 28 Feb 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 473 968 refugees, of which more than 346 784 (73.2%) arrived from Central African Republic.

If 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.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 16 March 2022, a total of 119 544 cases have been reported, including 1 927 deaths and 117 455 recoveries.

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According to OCHA reports, an estimated 1.2 million people need assistance. 357 631 people are internally displaced as of 28 Feb 2022. Following the lifting of security restrictions in Kousser, the security situation in the Far North region of Cameroon has remained calm and stable since 20 January.

Since 25 Oct 2021 to 27 Mar 2022, a total of 3 407 suspected cases of Cholera including 168 confirmed by culture and 83 deaths (CFR 2.4%) have been reported in Cameroon. There are 22 districts from 5 regions with active cholera outbreaks including Centre, Littoral, South, South-West, and North regions. There were 754 cases reported in week 12 (ending 27 Mar 2022), which has been the highest during the reporting period.

From week 1 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: N’founkoua, Arboroua, Bo, Bè, Batouri, Rous, Boko, Dido, Edea, Logbaba, New Bell, Bonassama, Ako, Bangourain, Sangmelima, and 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, 75.3% 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.

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 Pasteur Cameroun, of which eight deaths were recorded. These cases originated from ten different regions with a total of 30 health districts (HDs) affected: Adamawa region, Central region, East region, Far North region, Littoral region, North region, North-West region, South region, South-West region and West region. Some of the PRNT-positive cases had a history of vaccination against yellow fever.

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 2 April 2022, a total of 55 960 confirmed COVID-19 cases including 401 deaths and 55 495 recoveries were reported in the country.

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.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 28 March 2022, a total of 7 308 confirmed COVID-19 cases were reported in the country including 191 deaths.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
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<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-2013</td>
<td>27-Jun-2017</td>
<td>28-Feb-2022</td>
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<td>Humanitarian crisis (NW &amp; SW)</td>
<td>Protracted 2</td>
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<td>27-Jun-2018</td>
<td>28-Feb-2022</td>
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<td>Grade 3</td>
<td>6-Mar-20</td>
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<td>16-Mar-22</td>
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<td>119 544</td>
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<td>Cholera</td>
<td>Grade 2</td>
<td>1-Jan-21</td>
<td>25-Oct-21</td>
<td>27-Mar-22</td>
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<td>Measles</td>
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<td>1-Jan-22</td>
<td>13-Mar-22</td>
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<td>Monkeypox</td>
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<td>24-Feb-2022</td>
<td>15-Dec-2021</td>
<td>22-Feb-2022</td>
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<td>Grade 3</td>
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<td>18-Mar-20</td>
<td>2-Apr-2022</td>
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<td>55 960</td>
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<tr>
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<td>1-Jun-20</td>
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<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>14-Mar-22</td>
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<td>Monkeypox</td>
<td>Ungraded</td>
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<td>4-Mar-22</td>
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<td>Grade 2</td>
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<td>1-Apr-2021</td>
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<td>Chad</td>
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<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>28-Mar-22</td>
<td>7 308</td>
<td>7 308</td>
<td>191</td>
<td>2.6%</td>
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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 6 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 139 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 Moundou 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 (Moundoul, Guéra, Mayo Kebbi Ouest, Moyen Chari, and le Lac), including nine confirmed cases by PCR and 26 by plaque reduction neutralization test (PRNT).

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 26 March 2022, a total of 8 088 confirmed COVID-19 cases, including 160 deaths and 7 920 recoveries were reported in the country.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 28 March 2022, a total of 24 009 cases including 385 deaths and 23 568 recovered cases have been reported in the country.

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, Oussou, 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, Mvouit-Kakamoea, Oussou, Talanga). 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 81 761 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 796 deaths, and a total of 80 924 recoveries.

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.

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

On 13 August 2021, five yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Based on differential tests returned on 6 September 2021, the results of three cases are consistent with a recent yellow fever infection. As of 15 February 2022, a total of 43 cases tested IgM positive of which 13 were confirmed by PRNT.

As of 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 72K 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.
### Health Emergency Information and Risk Assessment

#### Democratic Republic of the Congo

**Cholera**
- **Grade**: 3
- **Date notified to WHO**: 16-Jan-15
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 13-Mar-22
- **Total cases**: 4 148
- **Cases Confirmed**: -
- **Deaths**: 54
- **CFR**: 1.3%

In 2022, from epidemiological week 1 to 10 (ending 13 March 2022), 4 148 suspected cholera cases including 54 deaths (CFR:1.2%) were recorded in 40 health zones across 10 provinces of the Democratic Republic of the Congo. Response measures are being implemented in the main active hot spots (South Kivu, Haut Katanga, Tanganyika, North Kivu and Haut Lomami).

**COVID-19**
- **Grade**: 3
- **Date notified to WHO**: 10-Mar-20
- **Start of reporting period**: 10-Mar-20
- **End of reporting period**: 26-Mar-22
- **Total cases**: 86 749
- **Cases Confirmed**: 86 747
- **Deaths**: 1 337
- **CFR**: 1.5%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 86 747 confirmed cases and two probable case, including 1 337 deaths have been reported. A total of 64 656 people have recovered.

**Measles**
- **Grade**: Ungraded
- **Date notified to WHO**: 12-Oct-21
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 6-Mar-22
- **Total cases**: 17 149
- **Cases Confirmed**: 526
- **Deaths**: 344
- **CFR**: 2.0%

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.

**Monkeypox**
- **Grade**: Ungraded
- **Date notified to WHO**: n/a
- **Start of reporting period**: 1-Jan-20
- **End of reporting period**: 6-Mar-22
- **Total cases**: 10 011
- **Cases Confirmed**: 39
- **Deaths**: 342
- **CFR**: 3.4%

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.

**Plague**
- **Grade**: Ungraded
- **Date notified to WHO**: 12-Mar-19
- **Start of reporting period**: 1-Jan-20
- **End of reporting period**: 6-Mar-22
- **Total cases**: 600
- **Cases Confirmed**: -
- **Deaths**: 45
- **CFR**: 7.5%

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.

**Polio**
- **Grade**: 2
- **Date notified to WHO**: 26-Feb-2021
- **Start of reporting period**: 1-Jan-21
- **End of reporting period**: 30-Mar-22
- **Total cases**: 37
- **Cases Confirmed**: 37
- **Deaths**: 0
- **CFR**: 0.0%

Six cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Maniema bringing the number of 2022 cases to nine. There are 28 cases from 2021.

**Suspected Anthrax**
- **Grade**: Ungraded
- **Date notified to WHO**: 17-Feb-2022
- **Start of reporting period**: 17-Feb-2022
- **End of reporting period**: 17-Feb-2022
- **Total cases**: 11
- **Cases Confirmed**: 2
- **Deaths**: 18.2%

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 up of 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.

**Typhoid fever**
- **Grade**: Ungraded
- **Date notified to WHO**: 1-Jul-2021
- **Start of reporting period**: 1-Jul-2021
- **End of reporting period**: 13-Mar-22
- **Total cases**: 374 895
- **Cases Confirmed**: -
- **Deaths**: 136
- **CFR**: 0.0%

In 2022, from epidemiological week 1 to 10 (ending 13 March 2022), 374 895 suspected cases of typhoid fever including 136 deaths were recorded in the Democratic Republic of the Congo. In 2021, from Epi week 1 to 49, 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.

**Yellow Fever**
- **Grade**: 2
- **Date notified to WHO**: 21-Apr-2021
- **Start of reporting period**: 21-Apr-2021
- **End of reporting period**: 8-Mar-22
- **Total cases**: 8
- **Cases Confirmed**: 8
- **Deaths**: 0
- **CFR**: 0.0%

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.

**Equatorial Guinea**
- **COVID-19**: Grade 3
- **Date notified to WHO**: 14-Mar-20
- **Start of reporting period**: 14-Mar-20
- **End of reporting period**: 26-Mar-22
- **Total cases**: 15 903
- **Cases Confirmed**: 15 903
- **Deaths**: 183
- **CFR**: 1.2%

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 26 March 2022, a total of 15 903 cases have been reported in the country with 183 deaths and 15 693 recoveries.

**Eritrea**
- **COVID-19**: Grade 3
- **Date notified to WHO**: 21-Mar-20
- **Start of reporting period**: 21-Mar-20
- **End of reporting period**: 3-Apr-2022
- **Total cases**: 9 728
- **Cases Confirmed**: 9 728
- **Deaths**: 103
- **CFR**: 1.1%

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 3 April 2022, a total of 9 728 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 623 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 3 April 2022, a total of 69,851 cases have been reported in the country including 68,349 recoveries. A total of 1,394 associated deaths have been reported.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 3 April 2022, a total of 69,851 cases have been reported in the country including 68,349 recoveries. A total of 1,394 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 SNNP (7 zones). About 3,000 pastoralist households are receiving cash transfers, and 16,000 receiving early warning messages to help manage the drought in Somali region.

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 Tigrai 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 200X 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 Mekelle, Tigrai, 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 20 March 2022, a total of 674 cases with 7 associated death (CFR 1.0%), are reported so far. Five sample were tested and two were positive for cholera. Response activities are ongoing including outbreak investigation, case management, cholera supplies delivery.

The 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 Tigrai 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 200X 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 Mekelle, Tigrai, since 24 January 2022. However, any partners have scaled-down operations due to the lack of supplies and resources.

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Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 469,819 cases of COVID-19 as of 3 April 2022, with 7,504 deaths and 447,542 recoveries.

From week 1 to week 12 of 2022 (ending 25 March), a total of 2,755 suspected cases with 2,156 confirmed have been reported in Ethiopia. Ten districts (Woredas) from four regions (Amhara, Oromia, SNNPR and Somali) are experiencing measles outbreak. The districts in outbreak are: Baso Liben; Minjar; Bora; Ale Special; Gerese; South Ari; Woba Ari Birqod; Bokolmanyo; Dollo Ado. The districts in outbreak have reported 1,702 suspected cases out of 2,755 (61.7%) with 10 deaths (0.6%), 513 confirmed (47 IgM+ and 1,645 epi-linked). Among the 2,755 total suspected cases reported, 1,103 (40%) have unknown vaccination status.

Between week 49 of 2021 (ending 12 December) and week 10 of 2022 (ending 13 March), a cumulative number of 1,398 suspected cases of meningitis and 13 deaths (CFR 0.9%) were reported. In general, these five (Oromia, Somali, SNNPR, Amhara & Harari) regions accounted for 87.8% (1,228 cases) among total suspected meningitis cases reported so far. Among the 14 samples of cerebrospinal fluid (CSF) analyzed at National Institute of Communicable Disease in South Africa (NICD), 2 samples were positive for human herpesvirus and 1 sample positive for Neisseria Meningitidis. More CSF samples collection for investigations is ongoing.

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.

On 12 March 2020, the Ministry of Health confirmed the confirmation of the first COVID-19 case in the country. As of 30 March 2022, a total of 47,586 cases including 303 deaths and 47,266 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 31 March 2022, a total of 11,989 confirmed COVID-19 cases including 365 deaths, and 11,621 recoveries have been reported in the country.

As of 28 March 2022, a total of 160,971 confirmed COVID-19 cases have been reported in Ghana. There have been 1,445 deaths and 159,468 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 2022, suspected cases of yellow fever were reported mostly among nomadic settlers in the Savannah Region, northwest Ghana (bordering Côte d’Ivoire). As of 8 March 2022, a total of 744 yellow fever suspected cases including 158 probable (IgM positive) and 71 confirmed cases were reported from 13 regions in Ghana.
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.

**Guinea-Bissau**  
COVID-19  
Grade 3  
25-Mar-20  
25-Mar-20  
31-Mar-22  
8 151  
8 151  
170  
2.1%

On 25 March 2020, the Ministry of Health of Guinea-Bissau reported the first COVID-19 confirmed case in the country. As of 31 March 2022, the country has reported 8 151 confirmed cases of COVID-19 with 7 146 recoveries and 170 deaths.

**Guinea-Bissau**  
Poliomyelitis (cVDPV2)  
Grade 2  
9-Nov-21  
9-Nov-21  
1-Apr-2022  
4  
4  
0  
0.0%

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

**Kenya**  
Acute Respiratory Illness (ARI)  
Ungraded  
21-Feb-2022  
1-Dec-2020  
20-Feb-2021  
635  
635  
7  
1.1%

On 10 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 since the beginning of December 2021 and has thus far peaked around 10 February 2022. Field investigations and laboratory analysis are currently being conducted.

**Kenya**  
Chikungunya  
Ungraded  
3-Mar-22  
13-Feb-2022  
23-Feb-2022  
44  
2  
0  
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**  
COVID-19  
Grade 3  
13-Mar-20  
13-Mar-20  
3-Apr-2022  
323 454  
323 454  
5 648  
1.7%

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 3 April 2022, 323 454 confirmed COVID-19 cases including 5 648 deaths and 317 685 recoveries have been reported in the country.

**Kenya**  
Leishmaniasis  
Ungraded  
31-Mar-19  
3-Jan-20  
13-Feb-2022  
1 538  
1538  
10  
0.7%

Since January 2020 through 13 February 2022, a total of 1 538 visceral leishmaniasis suspected and confirmed cases with 10 deaths (CFR 0.7%), have been reported in eight counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir, and Tharaka Nithi. The outbreak is active in four counties, Kitui, West Pokot, Wajir and Tharaka Nithi. Twenty-one (21) new cases were reported in epi week 6.

**Kenya**  
Yellow fever  
Grade 2  
3-Mar-22  
12-Jan-22  
10-Mar-22  
16  
2  
4  
25.0%

On 4 March 2022, Kenya declared an outbreak of yellow fever in Isiolo County. As of 10 March 2022, there is a total of 15 suspect cases of yellow fever including four deaths reported from 12 January to 23 February 2022 in eight villages within three sub county of Isiolo county. Of the suspected cases, two were confirmed by PCR at the Kenya Medical Research Institute (KEMRI). Epidemiological and additional laboratory investigations are ongoing.

**Lesotho**  
COVID-19  
Grade 3  
13-May-2020  
13-May-2020  
30-Mar-22  
32 910  
32 910  
697  
2.1%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 30 March 2022, a total of 32 910 cases of COVID-19 have been reported, including 24 155 recoveries and 697 deaths.

**Liberia**  
COVID-19  
Grade 3  
16-Mar-20  
16-Mar-20  
1-Apr-2022  
7 399  
7 399  
295  
4.0%

From 16 March 2020 to 25 March 2022, Liberia has recorded a total of 7 399 cases including 295 deaths and 7 097 recoveries have been reported.

**Liberia**  
Lassa Fever  
Ungraded  
3-Mar-22  
6-Jan-22  
6-Mar-22  
41  
17  
7  
17.1%

Since the beginning of this year 2022 up to 6 March 2022, a total of 41 suspected cases of Lassa Fever including 17 confirmed and 7 deaths (CFR 17.1%) have been reported in Liberia. Three Counties currently in Outbreak: Grand Bassa, Nimba, and Bong.

**Liberia**  
Poliomyelitis (cVDPV2)  
Grade 2  
10-Dec-2020  
17-Dec-2020  
1-Apr-2022  
3  
3  
0  
0.0%

Cumulatively as of week 9 (ending 6 March 2022), 646 suspected cases have been reported with 544 (84.2%) confirmed (131 lab-confirmed (positive), 254 clinically compatible and 159 epidemiological linked). The following countries are in outbreak: Montserrat County (297 suspected cases reported including one death); Bong County (a total of 49 suspected cases reported including one death); Margibi ( 44 cases reported ); Nimba County ( a total of 100 suspected cases have been reported ); Maryland County ( a total of 44 suspected cases have been reported with 9 confirmed); Grand Bassa ( 11 suspected cases reported ); Grand Cape Mount (( 10 suspected cases reported ); Lofa ( 6 suspected cases reported ).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The country reported 3 cases in 2021.
Madagascar Cholera Ungraded 3-Mar-22 3-Mar-22 3-Apr-2022 57 14 0 2.3%

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 COVID-19 Grade 3 20-Mar-20 20-Mar-20 3-Apr-2022 64 050 64 050 1 388 2.2%

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The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 3 April 2022, a total of 58 670 cases including 982 deaths and 57 680 recovered cases have been reported in the country.

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.

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.

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 190km/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.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 3 April 2022, a total of 225 266 confirmed COVID-19 cases were reported in the country including 2 200 deaths and 222 998 recoveries.

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. The case originated during a trip to Windhoek from 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. There are 17 cases reported in 2021.
Lassa fever is an endemic disease in Nigeria which is reportable through IHR. From week 1 to week 10, 2022, a total of 1,148 suspected cases including 29 deaths (CFR 2.5%) have been reported from 14 states and 28 Feb 2022, there were 80,691 refugees from other countries within Nigeria with almost 76,339 (or 95%) coming from Cameroon. From 1 January 2021 to 31 January 2022, a total of 2,202 yellow fever (YF) suspected cases were reported from 513 Local Government Areas (LGA) in 37 states in Nigeria. Of suspected cases, 47 tested positive for YF by plaque reduction neutralization test at Institut Pasteur in Dakar. Some PRNT-positive cases had a history of YF vaccination. From 1 January 2021 to 31 January 2022, a total of 2,202 yellow fever (YF) suspected cases were reported from 513 Local Government Areas (LGA) in 37 states in Nigeria. Of suspected cases, 47 tested positive for YF by plaque reduction neutralization test at Institut Pasteur in Dakar. Some PRNT-positive cases had a history of YF vaccination. From 1 January 2021 to 31 January 2022, a total of 2,202 yellow fever (YF) suspected cases were reported from 513 Local Government Areas (LGA) in 37 states in Nigeria. Of suspected cases, 47 tested positive for YF by plaque reduction neutralization test at Institut Pasteur in Dakar. Some PRNT-positive cases had a history of YF vaccination. From 1 January 2021 to 31 January 2022, a total of 2,202 yellow fever (YF) suspected cases were reported from 513 Local Government Areas (LGA) in 37 states in Nigeria. Of suspected cases, 47 tested positive for YF by plaque reduction neutralization test at Institut Pasteur in Dakar. Some PRNT-positive cases had a history of YF vaccination.
### South Sudan

#### Measles

<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>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>3-Jun-2022</td>
<td>15-Mar-2022</td>
<td>1-Apr-2022</td>
<td>236</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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. As of week 9 (ending 3 March 2022), a total of 236 suspected cases have been reported through integrated disease surveillance and response (IDSIR).

#### Poliomyelitis (cVDPV2)

<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>South Sudan</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Nov-2021</td>
<td>1-Jan-22</td>
<td>6-Mar-22</td>
<td>236</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

<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>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-20</td>
<td>3-Mar-20</td>
<td>3-Apr-2022</td>
<td>3 722 954</td>
<td>3 722 954</td>
<td>100 050</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Since the start of the COVID-19 pandemic in South Africa through 3 April 2022, a cumulative total of 3 722 954 confirmed cases and 100 050 deaths have been reported with 3 611 123 recoveries.

#### Malaria

<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>South Africa</td>
<td>Malaria</td>
<td>Grade 2</td>
<td>22-Feb-2022</td>
<td>16-Feb-2022</td>
<td>23-Feb-2022</td>
<td>163</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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.

#### Enteric fever (typhoid)

<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>South Sudan</td>
<td>Enteric fever</td>
<td>Protracted</td>
<td>7-Aug-2022</td>
<td>7-Aug-2022</td>
<td>15-Aug-2022</td>
<td>163</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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 human need. In Unity State, fighting has escalated with issues arising in Mirmir Payam between the Sudan People’s Liberation Army in Opposition and armed youths 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.

#### Humanitarian crisis

<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>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>22-Feb-2022</td>
<td>16-Feb-2022</td>
<td>23-Feb-2022</td>
<td>163</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 3 April 2022, a total of 17 297 confirmed COVID-19 cases were reported in the country including 138 deaths and 13 514 recovered cases.

#### Hepatitis E

<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>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-18</td>
<td>3-Jan-19</td>
<td>27-Feb-2022</td>
<td>2 167</td>
<td>104</td>
<td>16</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

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.

#### Malaria

<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>South Sudan</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>28-Dec-2021</td>
<td>1-Jan-21</td>
<td>20-Feb-2022</td>
<td>430 157</td>
<td>430 157</td>
<td>61</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

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<tr>
<th>Country</th>
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</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Feb-2022</td>
<td>1-Jan-22</td>
<td>6-Mar-22</td>
<td>209</td>
<td>2</td>
<td>0</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Measles outbreak has 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 female (47.0%).

#### Poliomyelitis (cVDPV2)

<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>South Sudan</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Oct-20</td>
<td>22-Oct-20</td>
<td>25-Mar-22</td>
<td>59</td>
<td>59</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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 26 March 2022, 94 cases and 1 death (CFR: 1.1%) have been reported. Ages range from 6 months to 70 years with a median of 11.5 years. The 5-19 years represent 35.1% (n=33) of cases, followed by the under-fives (25 cases; 26.6%) and the 20-39 years (23 cases; 24.5%). Men (n=56; 59.6%) are more affected than women. A total of 21 samples were tested for cholera by culture, of which 7 (33.3%) returned positive. The outbreak has so far affected only one district, namely Nkasi district which is located in Rukwa region.

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 25 March 2022, a total of 33 815 cases have been reported in Tanzania Mainland including 800 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 3 April 2022, a total of 36 945 cases including 272 deaths and 36 602 recovered cases have been reported in the country.

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, Golfe, Kpélé, Tchaoudjo, Moyen-mono, Tone, Bassar and Lacs 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.

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

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.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 2 April 2022, a total of 163 885 confirmed COVID-19 cases, 100 183 recoveries including 3 596 deaths.

As of 14 February 2022, there were nine cases in 2021. There were nine cases in 2020 and 306 cases and 0 deaths in 2021.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 3 April 2022, a total of 317 031 confirmed COVID-19 cases were reported in the country including 3 967 deaths and 312 363 recovered cases.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 3 April 2022, a total of 246 525 confirmed COVID-19 cases were reported in the country including 5 446 deaths and 238 705 recovered cases.
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 Lemba (8% of the population). Broken bridges and landslides have left inaccessible districts of Lemba, 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 focused on the capital city and the areas most in need are found in the Lemba and Me-Zochi districts, with about 9 000 people affected out of 15 000 according to the population data.

†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/](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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</tr>
</thead>
<tbody>
<tr>
<td>Sao Tome and Principe</td>
<td>Floods</td>
<td>Ungraded</td>
<td>30-Dec-2021</td>
<td>30-Dec-2021</td>
<td>20-Jan-22</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
</tbody>
</table>

Additional information:

- Numbers are subject to change as the situations are dynamic.
- Current responses in the country are focused on the capital city and the areas most in need are found in the Lemba and Me-Zochi districts, with about 9 000 people affected out of 15 000 according to the population data.
Contributors
Chibueze Martins LIVINUS (Ethiopia)
Abiy GIRMAY (Ethiopia)
Janet KAYITA (Malawi)
Gertrude CHAPOTERA (Malawi)
A. Moussongo

Editorial Team
M. Stephen
C. Okot
V. Mize
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R. Ngom
F. Moussana

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Dr. Salam Gueye, Regional Emergency Director
E. Koua
D. Chamla
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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.