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:

- Cholera in Cameroon
- COVID-19 across the WHO African region
- Cholera in Nigeria

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 cholera outbreak in Cameroon has escalated in recent weeks with a more than 3.5-fold increase between weeks 10 and 12 (ending 27 March 2022) and with further geographical spread to more regions. Delayed health care seeking, low technical capacity among health workers, limited involvement of community leaders in affected areas, have impacted the response. In addition, the country has limited laboratory testing capacity and inadequate resources for shipment of samples to reference laboratories. The security concerns and movement of displaced persons is particularly worrisome for outbreak control, especially through the South-West region which experiences substantial cross-border movements from the Nigerian states of Adamawa, Borno and Taraba which are currently affected by cholera outbreaks.

- The WHO African region has seen a sustained decline in new COVID-19 cases and deaths since January 2022, with no country currently undergoing a resurgence. With a high proportion of asymptomatic cases and social protection measures being relaxed, routine testing, and a robust surveillance system are more important than ever. Doubling down on monitoring the evolution of the virus will enable Africa spot new variants in real time.

- The cholera outbreak that was reported in Nigeria since 20 December 2020 has shown a significant decline, with a lessening of the number of states with active outbreaks. Major challenges remain around poor risk communication and community engagement and some inaccessible communities due to security concerns which have hindered health service delivery. In addition, there is shortage of funds for cholera preparedness and readiness. Furthermore, the country is concurrently overwhelmed with other emergencies including lassa fever, circulating vaccine derived polio virus type 1 (cVDPV1), COVID-19, and a protracted humanitarian crisis in the North-Eastern part of the country. Nevertheless, ongoing efforts should be maintained and reinforced, considering the upcoming rainy season and persistence of cholera drivers in the community.
Cameroon began experiencing increasing reports of cholera since 2021 and declared an outbreak in the last week of October 2021, however cases have continued to increase into 2022. Between 29 October 2021 through 27 March 2022, at total of 3 407 cases and 83 deaths (CFR 2.4%) have been reported from South-West (2 570, 75.4%), Littoral (551, 16.2%), South (184, 5.4%), Centre (87, 2.6%), Far North (8, 0.2%), and North (7, 0.2%) regions. The national attack rate during the reporting period is 1.7 cases per 10 000 population in a country estimated to have 20.5 million people in 2022.

Currently, there are five regions with active outbreaks including Centre, Littoral, North, South, and South-West. During the reporting period, at least 531 samples have been tested and 168 cultures are positive with *Vibrio cholerae* O1 Ogawa as the dominant strain.

In South-West, the most affected region, Limbe district has reported the highest number of cases during the reporting period accounting for 48.2% (1 238) of all cases in the region. However, Bakassi district has reported the highest case fatality rates at 3.5% and attack rates at 94.1 cases per 10 000 people. Limbe is relatively close to the commercial area of Douala and could pose a threat to spread in the city, while Bakassi district is located along the Nigerian border which is characterised by frequent cross-border movement.

In 2021, only sporadic cases were reported for the majority of the year, but cases increased at the end of October (week 43 of 2021) primarily affecting the South-West, Centre, and Littoral regions.

Regarding Centre region, the cholera outbreak seemed to have been contained by November 2021 only to flare up again in week 9 2022 (ending 6 March) and since week 12 (ending 27 March), 31 cases have been reported in the capital of Yaounde. In Littoral region, notable outbreaks associated with a known water source occurred in Njombé district affecting more than 100 people as well as in New Bell prison during week 12 (ending 27 March 2022) affecting more than 100 prisoners in the facility.

Poor healthcare seeking remains a challenge as many people prefer to get treatment from traditional healers due to the lack of transportation. More than 30% of all cases in Littoral and South-West regions have been classified as severe, potentially meaning that there is delayed detection or poor case management in these regions.

There have also been problems with communicating awareness about cholera in the communities affected. Certain regions have low capacity for cholera case management in their facilities due to the lack of resources for medical care which increases the risk of poor health outcomes for cholera patients.

Additionally, Cameroon continues to experience conflict and movement of internally displaced persons (IDPs) predominantly in the affected region of South-West, but also in other regions that have not been substantially affected by the current cholera outbreak such as in Far North and North regions.

PUBLIC HEALTH ACTIONS

- The national incident management system holds regular coordination meetings with its partners to support district teams.
- A costed response plan was created by the Ministry of Health and includes response partners.
- An international order for cholera kits was launched to aid the response.
- Advocacy meetings are held with local and international partners for their continued support with the response including humanitarian actors working in areas of conflict.
- The first round of cholera vaccination campaign was completed and the second round has been planned for April 2022.
- Response teams were deployed to major outbreak sites to supplement the response and conduct investigations.
- Decontamination of outbreak sites such as prison facilities and households of confirmed cases have been conducted.
- Surveillance activities have been strengthened for active case searching and patient referrals in affected districts.
- Community members and leaders were trained on hand washing, purification of water and disinfection of homes and public spaces.
**SITUATION INTERPRETATION**

The cholera outbreak in Cameroon that began surging in late October 2021 has deteriorated to even higher levels in March 2022. The regions have faced challenges of insecurity in some areas, high population movement of IDPs, as well as health system problems to combat the outbreak such as low diagnostic capacity, rejections of patients at health facilities, and low risk communication for cholera. The country is conducting cholera vaccination which should aid in the decreasing of cases but will need to be supplemented by more successful interventions in order to control the outbreak.

**PROPOSED ACTIONS**

- Further develop a case management strategy for cholera in the country to improve health services at various levels. Severe health outcomes and deaths can be prevented if access to healthcare is improved.
- Enhance risk communication methods to increase awareness on cholera and prevent delayed healthcare seeking.
- Improve access to safe water and sanitation, conduct proper waste management, promote food safety and hygiene practices.
- Build laboratory capacitation and logistical facilitation networks at lower levels to shorten diagnostic turnaround times.

Respect for basic hygiene measures, the main provision for avoiding cholera. Credit Arnaud Nicolas Maxel.
EVENT DESCRIPTION

In the week ending on 10 April 2022, over 11 746 new COVID-19 infections with 69 new deaths were reported from 34 and 13 countries respectively in the WHO African Region. This translates into a 34.0% decrease in number of cases and 49.3% decrease in number of deaths. A total of 22 countries (48.0%) reported a decrease of 20% or more in the number of new cases (Table 1), while Chad, Lesotho, Liberia, Mali and Niger saw a 20% or more increase in weekly cases compared to the past week. Angola, Burkina Faso, Central African Republic, Equatorial Guinea, Gabon, Gambia and Mauritius did not report any new cases in the past seven days.

Most of the new cases were reported from the top five countries (10 600, 90.2%), with South Africa recording the highest number (9 121 new cases, 6.0% decrease, 15 new cases per 100 000 population), followed by Zambia (452 new cases, 6.0% decrease, 2.3 new cases per 100 000), Zimbabwe (448 new cases, 37.0% decrease, 3.0 new cases per 100 000), Seychelles (348 new cases, 46.0% decrease, 350.0 new cases per 100 000), and Ethiopia (231 new cases, 17.0% 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 4 to 10 April 2022, compared to the previous week. South Africa reported the highest numbers of new deaths (46 new deaths; 45.2% decrease; 0.1 new deaths per 100 000 population), followed by Zimbabwe (11 new deaths; 38.0% increase; 0.1 new deaths per 100 000), Ethiopia (5 new deaths; 58.3% increase; 0.0 new deaths per 100 000), Malawi (2 new deaths; 0% change; 0.0 new deaths per 100 000), and Madagascar (2 new death; 50.0% decrease; 0.0 new deaths per 100 000).

No country 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 10 April 2022, the cumulative number of infections in the WHO African Region stands at 8 228 469 and 170 312 deaths, resulting in a CFR of 2.1%. More than 7.6 million recoveries have been recorded, giving a recovery rate of 93.0%.

South Africa has recorded the highest number of COVID-19 cases and deaths in the region, with 3 732 075 cases (45.3% of all reported cases) and 100 096 deaths (59.0% of all reported deaths). Followed by Ethiopia with 470 050 cases (5.7%) and 7 509 deaths (4.4%).

From 25 February 2020 to 10 April 2022, a total of 159 893 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 (5 334, 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.

SITUATION INTERPRETATION

The number of new cases reported on the African continent continue to decline, from over 250 000 a week at the beginning of 2022, to nearly 20 000 cases in the past week. Only Chad, Lesotho, Liberia, Mali and Niger saw a significant increase in weekly cases compared to the past week. The WHO and other key partners continue to support member states to monitor the evolution of the COVID-19 pandemic.
The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 10 April 2022 (n = 8 228 469)

Over two-thirds of Africans exposed to virus which causes COVID-19
### New cases reported in the past seven days and cumulative totals by country: Data as of 10 April 2022 (8 228 469)

<table>
<thead>
<tr>
<th>Country</th>
<th>Total cases</th>
<th>New cases</th>
<th>Percent change in new cases</th>
<th>Total deaths</th>
<th>New deaths</th>
<th>Percent change in new deaths</th>
<th>Health care workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>3732075</td>
<td>9121</td>
<td>-6.0</td>
<td>100096</td>
<td>46</td>
<td>-45.2</td>
<td>71 113</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>470050</td>
<td>231</td>
<td>16.7</td>
<td>7509</td>
<td>5</td>
<td>-58.3</td>
<td>3 354</td>
</tr>
<tr>
<td>Kenya</td>
<td>323541</td>
<td>87</td>
<td>8.8</td>
<td>5648</td>
<td>0</td>
<td>-100.0</td>
<td>12 720</td>
</tr>
<tr>
<td>Zambia</td>
<td>317483</td>
<td>452</td>
<td>-6.0</td>
<td>3967</td>
<td>0</td>
<td>-100.0</td>
<td>1 121</td>
</tr>
<tr>
<td>Algeria</td>
<td>265724</td>
<td>33</td>
<td>-46.8</td>
<td>6874</td>
<td>0</td>
<td>-100.0</td>
<td>11 936</td>
</tr>
<tr>
<td>Botswana</td>
<td>263950</td>
<td>0</td>
<td>0.0</td>
<td>2619</td>
<td>0</td>
<td>0.0</td>
<td>2 082</td>
</tr>
<tr>
<td>Nigeria</td>
<td>255606</td>
<td>138</td>
<td>-19.8</td>
<td>3142</td>
<td>0</td>
<td>0.0</td>
<td>3 175</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>246973</td>
<td>448</td>
<td>-36.5</td>
<td>5457</td>
<td>11</td>
<td>37.5</td>
<td>11 609</td>
</tr>
<tr>
<td>Mozambique</td>
<td>225293</td>
<td>27</td>
<td>0.0</td>
<td>2200</td>
<td>0</td>
<td>0.0</td>
<td>4 779</td>
</tr>
<tr>
<td>Mauritius</td>
<td>214860</td>
<td>0</td>
<td>-100.0</td>
<td>985</td>
<td>0</td>
<td>-100.0</td>
<td>30</td>
</tr>
<tr>
<td>Uganda</td>
<td>163932</td>
<td>45</td>
<td>-38.4</td>
<td>3596</td>
<td>0</td>
<td>0.0</td>
<td>3 025</td>
</tr>
<tr>
<td>Ghana</td>
<td>161048</td>
<td>14</td>
<td>-87.2</td>
<td>1445</td>
<td>0</td>
<td>0.0</td>
<td>4 763</td>
</tr>
<tr>
<td>Namibia</td>
<td>157825</td>
<td>61</td>
<td>-59.1</td>
<td>4020</td>
<td>0</td>
<td>-100.0</td>
<td>5 334</td>
</tr>
<tr>
<td>Rwanda</td>
<td>129757</td>
<td>26</td>
<td>18.2</td>
<td>1459</td>
<td>0</td>
<td>0.0</td>
<td>682</td>
</tr>
<tr>
<td>Cameroon</td>
<td>119544</td>
<td>0</td>
<td>0.0</td>
<td>1927</td>
<td>0</td>
<td>0.0</td>
<td>4 419</td>
</tr>
<tr>
<td>Angola</td>
<td>99194</td>
<td>0</td>
<td>-100.0</td>
<td>1900</td>
<td>0</td>
<td>0.0</td>
<td>939</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>86747</td>
<td>0</td>
<td>0.0</td>
<td>1337</td>
<td>0</td>
<td>0.0</td>
<td>1 040</td>
</tr>
<tr>
<td>Senegal</td>
<td>85950</td>
<td>31</td>
<td>-39.2</td>
<td>1965</td>
<td>0</td>
<td>-100.0</td>
<td>419</td>
</tr>
<tr>
<td>Malawi</td>
<td>85703</td>
<td>39</td>
<td>-27.8</td>
<td>2628</td>
<td>2</td>
<td>0.0</td>
<td>3 026</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>81828</td>
<td>67</td>
<td>4.7</td>
<td>796</td>
<td>0</td>
<td>0.0</td>
<td>1 913</td>
</tr>
<tr>
<td>Eswatini</td>
<td>69968</td>
<td>117</td>
<td>-37.4</td>
<td>1395</td>
<td>1</td>
<td>0.0</td>
<td>1 213</td>
</tr>
<tr>
<td>Madagascar</td>
<td>64089</td>
<td>39</td>
<td>-4.9</td>
<td>1390</td>
<td>2</td>
<td>-50.0</td>
<td>70</td>
</tr>
<tr>
<td>Mauritania</td>
<td>58712</td>
<td>7</td>
<td>-82.1</td>
<td>982</td>
<td>0</td>
<td>0.0</td>
<td>24</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>55972</td>
<td>11</td>
<td>-8.3</td>
<td>401</td>
<td>0</td>
<td>0.0</td>
<td>140</td>
</tr>
<tr>
<td>Gabon</td>
<td>47588</td>
<td>0</td>
<td>-100.0</td>
<td>303</td>
<td>0</td>
<td>0.0</td>
<td>345</td>
</tr>
<tr>
<td>Seychelles</td>
<td>41147</td>
<td>348</td>
<td>-46.3</td>
<td>163</td>
<td>0</td>
<td>0.0</td>
<td>945</td>
</tr>
<tr>
<td>Burundi</td>
<td>38698</td>
<td>110</td>
<td>3.8</td>
<td>15</td>
<td>0</td>
<td>0.0</td>
<td>38</td>
</tr>
<tr>
<td>Togo</td>
<td>36957</td>
<td>12</td>
<td>-50.0</td>
<td>272</td>
<td>0</td>
<td>0.0</td>
<td>891</td>
</tr>
<tr>
<td>Guinea</td>
<td>36459</td>
<td>0</td>
<td>0.0</td>
<td>440</td>
<td>0</td>
<td>0.0</td>
<td>682</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>33815</td>
<td>0</td>
<td>0.0</td>
<td>800</td>
<td>0</td>
<td>0.0</td>
<td>3 351</td>
</tr>
<tr>
<td>Lesotho</td>
<td>32968</td>
<td>58</td>
<td>314.3</td>
<td>697</td>
<td>0</td>
<td>0.0</td>
<td>473</td>
</tr>
<tr>
<td>Mali</td>
<td>30567</td>
<td>71</td>
<td>208.7</td>
<td>729</td>
<td>1</td>
<td>0.0</td>
<td>87</td>
</tr>
<tr>
<td>Benin</td>
<td>26595</td>
<td>0</td>
<td>0.0</td>
<td>163</td>
<td>0</td>
<td>0.0</td>
<td>139</td>
</tr>
<tr>
<td>Congo</td>
<td>24090</td>
<td>11</td>
<td>10.0</td>
<td>385</td>
<td>0</td>
<td>-100.0</td>
<td>303</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>20865</td>
<td>0</td>
<td>-100.0</td>
<td>383</td>
<td>0</td>
<td>-100.0</td>
<td>864</td>
</tr>
<tr>
<td>South Sudan</td>
<td>17353</td>
<td>56</td>
<td>-25.3</td>
<td>138</td>
<td>0</td>
<td>0.0</td>
<td>294</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>16001</td>
<td>0</td>
<td>-100.0</td>
<td>183</td>
<td>0</td>
<td>0.0</td>
<td>608</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>14352</td>
<td>0</td>
<td>-100.0</td>
<td>113</td>
<td>0</td>
<td>0.0</td>
<td>51</td>
</tr>
<tr>
<td>Gambia</td>
<td>11990</td>
<td>0</td>
<td>-100.0</td>
<td>365</td>
<td>0</td>
<td>0.0</td>
<td>142</td>
</tr>
<tr>
<td>Eritrea</td>
<td>9731</td>
<td>3</td>
<td>-25.0</td>
<td>103</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Niger</td>
<td>8823</td>
<td>12</td>
<td>20.0</td>
<td>308</td>
<td>0</td>
<td>0.0</td>
<td>355</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>8173</td>
<td>22</td>
<td>10.0</td>
<td>170</td>
<td>0</td>
<td>-100.0</td>
<td>23</td>
</tr>
<tr>
<td>Comoros</td>
<td>8097</td>
<td>4</td>
<td>-60.0</td>
<td>160</td>
<td>0</td>
<td>0.0</td>
<td>155</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>7675</td>
<td>1</td>
<td>0.0</td>
<td>125</td>
<td>0</td>
<td>0.0</td>
<td>269</td>
</tr>
<tr>
<td>Liberia</td>
<td>7403</td>
<td>2</td>
<td>100.0</td>
<td>294</td>
<td>0</td>
<td>0.0</td>
<td>418</td>
</tr>
<tr>
<td>Chad</td>
<td>7349</td>
<td>39</td>
<td>77.3</td>
<td>192</td>
<td>1</td>
<td>0.0</td>
<td>292</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>5948</td>
<td>3</td>
<td>0.0</td>
<td>73</td>
<td>0</td>
<td>0.0</td>
<td>242</td>
</tr>
<tr>
<td><strong>Total (‡= 47)</strong></td>
<td><strong>8228469</strong></td>
<td><strong>11746</strong></td>
<td><strong>-34.0</strong></td>
<td><strong>170312</strong></td>
<td><strong>69</strong></td>
<td><strong>-49.3</strong></td>
<td><strong>159 893</strong></td>
</tr>
</tbody>
</table>

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

The current cholera outbreak was declared on 20 December 2020. By the end of 2021, Nigeria had hit its highest number of cholera cases ever reported: 111,062 cases with 3,604 deaths (CFR 3.2%), from 33 states plus the Federal capital territory in the country. In 2021 alone, 115 deaths were recorded from 19 states.

From epidemiological weeks 1-12 2022, a cumulative number of 1,358 cases and 31 deaths have been notified (CFR 2.3%) from 15 States and 60 Local Government Areas (LGAs). Of these cases, 27% (n=367) are aged 5-14 years and 52% (n=706) are males. Specifically, during epi week 12 (ending on 27 March 2022), 14 cases and two deaths were reported from two LGAs in two States; no new state has reported a case.

The majority of States with international borders and ongoing humanitarian crises are currently inactive with no cases reported in the last 3 weeks. Cross River State is the current hotspot for the outbreak and has reported 42% (n=569 cases) of the national total in 2022. These cases have been reported in 50% (n=9) of its LGAs, with more than half of cases originating from Ogoja and Ikom LGAs. Furthermore, from epi weeks 1-12 2022, a total of 264 samples have been tested by rapid diagnostic tests and 61 samples cultured, with a test positivity rate of 14.8%. Laboratory confirmation by culture has been from four states: Taraba, Cross River, Ondo and Akwa Ibom.

Current figures indicate that the outbreak is in a declining trend. Indeed, as compared to the same period of 2021, the number of cases has reduced by 74.9% (5,403 vs 1,358 cases) and the number of deaths by 84.1% (195 vs 31 deaths) with a substantial reduction in CFR, from 3.6% to 2.3%. In addition, the geographic extension of the epidemic has also reduced by 28.6%, from 21 to 15 reporting States. Cases being currently reported are from poorly accessible areas either due to remote location or security compromised areas.

**PUBLIC HEALTH ACTIONS**

- The National Emergency Operations Centre was activated in the beginning of the outbreak to coordinate and support response interventions. With the progressive decline in trend of cases and reduction in geographic spread, it was deactivated by the Nigerian Centre for Disease Control (NCDC) on 15 December 2021.
- A joint WHO/NCDC team has been deployed to support the Cross River State which is currently reporting the highest number of cases.
- A request has been sent for the reprogramming of CEF to cover all 36 states and the Federal capital territory rather than being limited to 10 states.
- An integrated response is ongoing in all active States. Accordingly, cholera treatment centres (CTC) and oral rehydration points (ORP) have been identified and set up in hard to reach active communities.
- Overall, a total of 1,454 rapid response teams have been deployed, 349 CTCs and 789 ORPs are functional, 6,245 clinical teams are operational, 7,297 volunteers and 663 WASH technicians have been trained, and over 6,100 communities have been reached by RCCE teams.
- A reactive OCV campaign has been organized in five States of Benue, Bauchi, Yobe, Jigawa and Zamfara. Pre-emptive OCV campaigns are in preparation in the targeted hotspot LGAs.

**SITUATION INTERPRETATION**

Nigeria is endemic to cholera, with epidemic surges appearing, the worst of which ever recorded was in 2021. Response efforts put in place in 2021 and preparedness efforts in early 2022 have significantly contributed to improve early detection, reporting and clinical management of cases and consequently reducing the number of new cases. However, there remains need for improvement in areas such as health facility infrastructure, early care seeking behaviour, safer sanitation and hygiene practices and access to safe water. In fact, this decline should be interpreted with caution as the major drivers of the outbreak are persistent in communities, including poor access and inadequate safe water supply, open defecation with less than 10% of LGAs certified open defecation free in the country.

**PROPOSED ACTIONS**

- Preparedness and readiness activities should be implemented in all at-risk LGAs.
- Response interventions should be maintained and reinforced in all reporting States and LGAs, with particular focus on Cross-River State.
- Strong advocacy and fund raising should be conducted towards Partners and Donors, accordingly.
- The cholera elimination plan should be developed, funded and implemented, to move towards elimination of the disease in Nigeria.
### New Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</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>Niger</td>
<td>Measles</td>
<td>Ungraded</td>
<td>5-Apr-2022</td>
<td>1-Jan-22</td>
<td>3 420</td>
<td>323</td>
<td>4</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Niger is experiencing a measles outbreak since January 2022, with seven regions affected out of eight for the country. A total of 3 420 suspected cases and 4 deaths (CFR 0.1%) are reported as of end of March 2022; 53 (73.6%) health districts reported at least 1 suspected case and 23 health districts with confirmed outbreak. Among the 992 cases tested, 323 cases (32.6%) have been confirmed positive for measles. For cases reported, 56.3% of cases are less than five years old, 43.8% of cases were not vaccinated, 41.1% of suspected cases have unknown vaccination status, and 15.2% have been vaccinated.

### Ongoing Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-2020</td>
<td>10-Apr-2022</td>
<td>265 724</td>
<td>6 874</td>
<td>2.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From 25 February 2020 to 10 April 2022, a total of 265 691 confirmed cases of COVID-19 with 6 874 deaths (CFR 2.6%) have been reported from Algeria. A total of 178 321 cases have recovered.

| Angola | COVID-19 | Grade 3 | 21-Mar-20 | 1-Jan-2022 | 99 194 | 99 194 | 1 900 | 1.9% |

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 1 April 2022, a total of 99 194 confirmed COVID-19 cases have been reported in the country with 1 900 deaths and 97 149 recoveries.

| Angola | Poliomyelitis (cVDPV2) | Grade 2 | 8-May-2019 | 1-Jan-19 | 27-Feb-2022 | 133 | 133 | 0 | 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.

| Benin | Cholera | Grade 1 | 28-Mar-21 | 13-Mar-22 | 1 679 | 46 | 20 | 1.2% |

Since week 12 (ending 28 March 2021) of 2021, cases of cholera have been reported in Benin. As of 13 March 2022, a total of 1 679 cases with 20 deaths (CFR 1.2%) are reported. General trend: Decreasing since 9 consecutive weeks. However, geographic extension of the outbreak to be considered, with new communes being affected. The most affected age group is 16 - 45 years (62.3%) and Females (53.3%) more affected than males whereas Men dye more (55%) than women.

| Benin | COVID-19 | Grade 3 | 17-Mar-20 | 27-Mar-22 | 26 595 | 26 595 | 163 | 0.6% |

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 27 March 2022, a total of 26 595 cases have been reported in the country with 163 deaths and 26 429 recoveries.

| Benin | Poliomyelitis (cVDPV2) | Grade 2 | 8-Aug-2019 | 8-Aug-2019 | 1-Apr-2022 | 14 | 14 | 0 | 0.0% |

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

| Botswana | COVID-19 | Grade 3 | 30-Mar-20 | 4-Apr-2022 | 305 526 | 305 526 | 2 686 | 0.9% |

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 4 April 2022, a total of 305 526 confirmed COVID-19 cases were reported in the country including 2 628 deaths and 302 476 recovered cases.

| Burkina Faso | Humanitarian crisis | Grade 2 | 1-Jan-19 | 1-Jan-19 | 28-Feb-2022 | - | - | - | - |

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 1 514 283 internally displaced persons as of 28 Feb 2022. There have been IDPs from all 13 regions, however, the majority have 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 3 | 10-Mar-20 | 3-Apr-2022 | 20 865 | 20 865 | 383 | 1.8% |

Between 9 March 2020 and 3 April 2022, a total of 20 865 confirmed cases of COVID-19 with 383 deaths and 20 471 recoveries have been reported from Burkina Faso.

| Burkina Faso | Poliomyelitis (cVDPV2) | Grade 2 | 1-Jan-20 | 1-Jan-20 | 1-Apr-2022 | 67 | 67 | 0 | 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 3 | 31-Mar-20 | 9-Apr-2022 | 38 698 | 38 698 | 15 | 0.0% |

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 9 April 2022, the total number of confirmed COVID-19 cases is 38 698, including 15 deaths and 38 529 recovered.

| Cameroon | Humanitarian crisis (Far North, North, Adamawa & East) | Protracted 2 | 31-Dec-2013 | 27-Jun-2017 | 28-Feb-2022 | - | - | - | - |

According to UNHCR and 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 Kousseri, the security situation in the Far North region of Cameroon has remained calm and stable since 20 January.
From week 1 to week 10, 2022 (ending 13 March), through Integrated disease surveillance and response (IDS) reporting, a total of 1 033 measles cases with 18 deaths 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% to be 2.4 million people in 2022. 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.

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.

Cape Verde COVID-19 Grade 3 19-Mar-20 18-Mar-20 9-Apr-2022 55,972 55,972 401 0.7%

Congo (Brazzaville) COVID-19 Grade 3 19-Mar-20 19-Mar-20 4-Apr-2022 7,891 7,891 352 4.5%

Cameroon Yellow fever Grade 2 7-Feb-2021 4-Jan-21 8-Mar-22 49 35 8 16.3%

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 Cameroon, 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, Garo 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.

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.

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 (PRNT) and three by PCR at the Centre Pasteur Cameroon, 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, Garo 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.

According to CHA figures, 3.1 million people (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 and 738K persons are refugees in neighbouring countries. Civilians are still the main victims of violence. Food insecurity is also estimated to be 2.4 million people in 2022.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 4 April 2022, a total of 7 347 confirmed COVID-19 cases were reported in the country including 192 deaths.

Chad COVID-19 Grade 3 19-Mar-20 19-Mar-20 4-Apr-2022 7 347 7 347 192 2.6%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 4 April 2022, a total of 7 347 confirmed COVID-19 cases were reported in the country including 192 deaths.

Chad Leishmaniasis Ungraded 8-Sep-20 16-Oct-20 31-Jan-22 171 15 14 8.2%

Since 1 January 2018, a total of 171 cases have been reported by 4 provinces (Niamey, 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 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 N’Djamena. 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.

Since January 2020, the World Health Organization has been tracking COVID-19 cases and outbreaks in Congo. As of 7 April 2022, a total of 24,028 cases including 385 deaths and 7,927 recoveries were 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, Mvoumvou, Ngoyo, Tie-Tie, Ouesso, 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, Moyen, Kakamoa, Ouesso, Talangai). 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).

Since 2021 to March 2022, a total of seven probable cases of yellow fever including five confirmed have been reported from Congo. The most recent case was reported from Talangai district, Brazzaville, confirmed through plaque reduction neutralization test at Institut Pasteur in Dakar. Two cases were reported from Pointe Noire. The context is concerning as preventive mass vaccination campaigns are not yet completed outside of Pointe Noire, they have been delayed for a year.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 7 April 2022, a total of 24,028 cases including 385 deaths and 7,927 recoveries were reported in the country.

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

Since 2021 to March 2022, a total of seven probable cases of yellow fever including five confirmed have been reported from Congo. The most recent case was reported from Talangai district, Brazzaville, confirmed through plaque reduction neutralization test at Institut Pasteur in Dakar. Two cases were reported from Pointe Noire. The context is concerning as preventive mass vaccination campaigns are not yet completed outside of Pointe Noire, they have been delayed for a year.

Since 2021 to March 2022, a total of seven probable cases of yellow fever including five confirmed have been reported from Congo. The most recent case was reported from Talangai district, Brazzaville, confirmed through plaque reduction neutralization test at Institut Pasteur in Dakar. Two cases were reported from Pointe Noire. The context is concerning as preventive mass vaccination campaigns are not yet completed outside of Pointe Noire, they have been delayed for a year.

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, Adiékro and Odiadié. The response plan is currently being finalized.

On 13 August 2021, five yellow fever cases tested positive by plaque 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.
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 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 2022, a total of 6 216 suspected cases including 222 deaths (CFR 3.6%) were 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 481 suspected cases including 31 deaths (CFR 6.7%) were reported.

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 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 diarrhoea, vomiting, abdominal pain, fatigue, and dehydration. Two people, one of 12 years old and another of 15 years old, died the same day (CFR 18.2%) presenting 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 in is in the affected health zone for in-depth investigation.

From week 1 through week 10 ,2022 (ending 13 March ) , 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 6 March), the alert threshold for suspected meningitis outbreak has been crossed in the health district of Wallikale in the North Kivu province located in the meningitis belt of Democratic Republic of the Congo (DRC). In addition, from week 1 to week 10, 2022, the Wallikale 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

In 2022, from epidemiological week 1 to 12 (ending 27 March 2022), 448 176 suspected cases of typhoid fever including 185 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.

<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>Democratic Republic of Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-22</td>
<td>27-Mar-22</td>
<td>4 565</td>
<td>-</td>
<td>60</td>
<td>1.3%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>26-Mar-22</td>
<td>86 749</td>
<td>86 747</td>
<td>1 337</td>
<td>1.5%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>1-Jan-22</td>
<td>6-Mar-22</td>
<td>17 149</td>
<td>526</td>
<td>344</td>
<td>2.0%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-20</td>
<td>6-Mar-22</td>
<td>10 011</td>
<td>39</td>
<td>342</td>
<td>3.4%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>1-Jan-20</td>
<td>6-Mar-22</td>
<td>600</td>
<td>-</td>
<td>45</td>
<td>7.5%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-2021</td>
<td>1-Jan-21</td>
<td>30-Mar-22</td>
<td>37</td>
<td>37</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Suspected Anthrax</td>
<td>Ungraded</td>
<td>17-Feb-2022</td>
<td>17-Feb-2022</td>
<td>17-Feb-2022</td>
<td>11</td>
<td>-</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Suspicion of Meningitis outbreak</td>
<td>Ungraded</td>
<td>28-Mar-22</td>
<td>1-Jan-22</td>
<td>13-Mar-22</td>
<td>1 618</td>
<td>3</td>
<td>118</td>
<td>7.3%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-2021</td>
<td>1-Jan-21</td>
<td>27-Mar-22</td>
<td>448 176</td>
<td>-</td>
<td>185</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>21-Apr-2021</td>
<td>21-Apr-2021</td>
<td>8-Mar-22</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 5 April 2022, a total of 15 904 cases have been reported in the country with 183 deaths and 16 696 recoveries.

Eritrea
COVID-19
Grade 3
21-Mar-20
21-Mar-20
10-Apr-2022
9 731
9 731
103
1.1%

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 10 April 2022, a total of 9 731 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 625 patients have recovered from the disease.

Eswatini
COVID-19
Grade 3
13-Mar-20
13-Mar-20
10-Apr-2022
69 968
69 968
1 395
2.0%

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 10 April 2022, a total of 69 968 cases have been reported in the country including 68 487 recoveries. A total of 1 395 associated deaths have been reported.

Ethiopia
Drought/food insecurity
Grade 2
17-Feb-2022
1-Jan-22
7-Mar-22
-
-
-
-

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 Somal; 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.

Ethiopia
Humanitarian crisis (Conflict in Tigray)
Grade 3
4-Nov-20
4-Nov-20
1-Apr-2022
-
-
-
-

The humanitarian situation in Northern Ethiopia remain fragile and unpredictable, affecting civilians and limiting humanitarian aid deliverance. More than 3.9 million people are in need and 2.4 million people are displaced as of 1 Apr 2022. In Afar, 22 districts are affected by the ongoing active conflict with more than more than 300K newly displaced. The corridor for cargo by land has been opened and more than 20 trucks have delivered food and nutrition supplies. The worsening malnutrition situation in Tigray region and parts of Afar and Amhara continue to be of concern.

Ethiopia
Chikungunya
Ungraded
17-Feb-2022
12-Jan-22
9-Feb-2022
311
3
0
0.0%

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

Ethiopia
Cholera
Grade 2
31-Aug-2021
31-Aug-2021
20-Mar-22
674
7
1.0%

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.

Ethiopia
COVID-19
Grade 3
13-Mar-20
13-Mar-20
10-Apr-2022
470 050
470 050
7 509
1.6%

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 470 050 cases of COVID-19 as of 10 April 2022, with 7 509 deaths and 453 570 recoveries.

Ethiopia
Meningitis
Ungraded
17-Feb-2022
12-Dec-2021
13-Mar-22
1 398
3
13
0.9%

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. The number of deaths (123) reported on week 10 and 11 has been corrected.

Ethiopia
Measles
Ungraded
14-Jan-17
1-Jan-22
25-Mar-22
2 755
2 156
13
0.5%

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; Bokolamoyo; Dolo 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 1645 epi-linked). Among the 2 755 total suspected cases reported, 1 103 (40%) have unknown vaccination status.

Ethiopia
Meningitis
Ungraded
17-Feb-2022
12-Dec-2021
13-Mar-22
1 398
3
13
0.9%

From 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. The number of deaths (123) reported on week 10 and 11 has been corrected.

Ethiopia
Poliomyelitis (cVDPV2)
Grade 2
24-Jun-2019
20-May-2019
75
75
0
0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Ten cases were reported in 2021. The total number of cases for 2020 is 38 and 2019 is 15.

Gabon
COVID-19
Grade 3
12-Mar-20
12-Mar-20
3-Apr-2022
47 588
47 588
303
0.6%

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 3 April 2022, a total of 47 588 cases including 303 deaths and 47 270 recoveries have been reported in the country.

Gabon
Yellow fever
Ungraded
12-Feb-2022
17-Sep-21
10-Mar-22
2
1
1
50.0%

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-Mariante 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.

Gambia
COVID-19
Grade 3
17-Mar-20
17-Mar-20
2-Apr-2022
11 990
11 990
365
3.0%

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 2 April 2022, a total of 11 990 confirmed COVID-19 cases including 365 deaths, and 11 621 recoveries have been reported in the country.

Ghana
COVID-19
Grade 3
12-Mar-20
12-Mar-20
4-Apr-2022
161 048
161 048
1 445
0.9%

As of 4 April 2022, a total of 161 048 confirmed COVID-19 cases have been reported in Ghana. There have been 1 445 deaths and 159 566 recoveries reported.
### Health Emergency Information and Risk Assessment

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Jul-2019</td>
<td>8-Jul-2019</td>
<td>27-Mar-22</td>
<td>31</td>
<td>31</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>20-Mar-22</td>
<td>36 459</td>
<td>36 459</td>
<td>440</td>
<td>1.2%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<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>
</tr>
<tr>
<td>Ghana</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-2020</td>
<td>22-Jul-2020</td>
<td>30-Mar-22</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-20</td>
<td>25-Mar-20</td>
<td>8-Apr-2022</td>
<td>8 173</td>
<td>8 173</td>
<td>170</td>
<td>2.1%</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Nov-21</td>
<td>9-Nov-21</td>
<td>1-Apr-2022</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Acute Respiratory Illness (ARI)</td>
<td>Ungraded</td>
<td>21-Feb-2022</td>
<td>1-Dec-2020</td>
<td>20-Feb-2022</td>
<td>635</td>
<td>635</td>
<td>7</td>
<td>1.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>3-Mar-2022</td>
<td>13-Feb-2022</td>
<td>23-Feb-2022</td>
<td>44</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>3-Mar-2022</td>
<td>1-Jan-21</td>
<td>23-Feb-2022</td>
<td>2 359</td>
<td>1 966</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>3-Jan-20</td>
<td>23-Feb-2022</td>
<td>1 542</td>
<td>1 355</td>
<td>10</td>
<td>0.6%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-2022</td>
<td>12-Jan-22</td>
<td>10-Mar-22</td>
<td>16</td>
<td>2</td>
<td>4</td>
<td>25.0%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-May-2020</td>
<td>13-May-2020</td>
<td>7-Apr-2022</td>
<td>32 968</td>
<td>32 968</td>
<td>697</td>
<td>2.1%</td>
</tr>
<tr>
<td>Liberia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>5-Apr-2022</td>
<td>7 402</td>
<td>7 402</td>
<td>295</td>
<td>4.0%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>3-Mar-2022</td>
<td>6-Jan-22</td>
<td>6-Mar-22</td>
<td>41</td>
<td>17</td>
<td>7</td>
<td>17.1%</td>
</tr>
</tbody>
</table>

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

From 15 October 2021, suspected cases of yellow fever were reported mostly among nomadic settlers in the Savannah Region, northwest Ghana (bordering Côte d’Ivoire). As of 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.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 20 March 2022, a total of 36 459 cases including 35 976 recovered cases and 440 deaths have been reported in the country.

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 IDSR.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 8 April 2022, the country has reported 8 173 confirmed cases of COVID-19 with 7 260 recoveries and 170 deaths.

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.

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

On 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 in both Nakuru West and Nakuru East sub-county. Case search in all health facilities, health education to the health care workers and the community is ongoing in the sub county.

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.

On 25 March 2020, the Ministry of Health of Guinea announced the first confirmed case of COVID-19 in the country. As of 20 March 2022, a total of 36 459 cases including 35 976 recovered cases and 440 deaths have been reported in the country.

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 in both Nakuru West and Nakuru East sub-county. Case search in all health facilities, health education to the health care workers and the community is ongoing in the sub county.

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

Since January 2020 through 23 February 2022, a total of 1 542 visceral leishmaniasis suspected cases with 1 355 confirmed cases and 10 deaths (CFR 0.6%), have been reported in county.

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

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

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 7 April 2022, a total of 32 968 cases of COVID-19 have been reported, including 5 648 deaths and 317 775 recoveries have been reported in the country.

From January 2020 through 23 February 2022, a total of 1 542 visceral leishmaniasis suspected cases with 1 355 confirmed cases and 10 deaths (CFR 0.6%), 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.
Health Emergency Information and Risk Assessment

Malawi Cholera Ungraded 3-Mar-22 3-Mar-22 10-Apr-2022 63 9 0 0.0%

Malawi COVID-19 Grade 3 2-Apr-2020 2-Apr-2020 10-Apr-2022 85 703 2 628 3.10%

Malawi Poliomyelitis Ungraded 31-Jan-22 1-Feb-2022 18-Mar-22 1 - 0 0.0%

Mali Humanitarian crisis Protracted 1 n/a n/a 28-Feb-2022 - - - -

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 10-Apr-2022 30 566 729 2.4%

Malaysia Minerals and吼ils sector A Floods Grade 2 22-Nov-20 22-Nov-20 26-Feb-2021 1 0 0 0.0%

Mozambique Malnutrition Grade 3 1-Sep-20 1-Sep-20 30-Apr-2021 200 0 0 0.0%

Mozambique Measles Grade 3 10-Oct-20 10-Oct-20 14-Nov-2021 105 104 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%

Mozambique Poliomyelitis Grade 2 17-Dec-20 17-Dec-20 24-Jan-2022 1 1 0 0.0%
## Health Emergency Information and Risk Assessment

### Health Emergency Information and Risk Assessment

#### No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. No cases have been reported in 2021. The total number of cases since 2020 are 52.

<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>Mali</td>
<td>Typhoid fever</td>
<td>Grade 2</td>
<td>18-Aug-2020</td>
<td>18-Aug-2020</td>
<td>16-Mar-22</td>
<td>52</td>
<td>52</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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.

#### The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 10 April 2022, a total of 58 677 cases including 982 deaths and 57 684 recovered cases have been reported in the country.

<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>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>10-Apr-2022</td>
<td>58 677</td>
<td>58 677</td>
<td>982</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

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 ElGhartbi. 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.

<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>Mauritius</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>10-Apr-2022</td>
<td>58 677</td>
<td>58 677</td>
<td>982</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

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 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.

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

On 11 March 2022, 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 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.

<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>Mozambique</td>
<td>Floods</td>
<td>Grade 2</td>
<td>24-Jan-22</td>
<td>26-Jan-22</td>
<td>12-Mar-22</td>
<td>678 237</td>
<td>59</td>
<td>0.0%</td>
<td></td>
</tr>
</tbody>
</table>
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.

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 February 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.

From epidemiological weeks 1-12 2022, a cumulative number of 1,358 cases and 31 deaths have been notified (CFR 2.3%) from 15 States and 60 Local Government Areas (LGAs). Of these cases, 27% (n=367) are aged 5-14 years and 52% (n=706) are males. Specifically, during epi week 12 (ending 27 March 2022), 14 cases and two deaths were reported from two LGAs in two States; no new case has reported a case.

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 8 April 2022, a total of 255,606 confirmed cases with 249,718 recoveries and 3,142 deaths 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 (9), 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, 14 cVDPV2 cases have been reported in the country. There were 415 cVDPV2 cases and 18 environmental samples reported in 2021.

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.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case in 6 March 2020. As of 10 April 2022, a total of 127,957 cases with 1,459 deaths and 128,272 recovered cases have been reported in the country.

The humanitarian situation in the Sahel region 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 facing weakened health systems among a context of food insecurity due to climate change.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.
Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 7 April 2022 a total of 41 147 cases have been confirmed, including 40 060 recoveries and 163 deaths have been reported.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 10 April 2022, a total 7 677 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 816 recovered cases.

Since the start of the COVID-19 pandemic in South Africa through 10 April 2022, a cumulative total of 3 732 075 confirmed cases and 100 096 deaths have been reported with 3 619 311 recoveries.

Since the first COVID-19 confirmed cases were reported in South Sudan 14 March 2020, as of 7 April 2022 a total of 17 353 confirmed COVID-19 cases have been reported in South Sudan including 138 deaths and 13 514 recovered cases.

Since the first COVID-19 confirmed cases were reported in Sierra Leone 19 March 2020, as of 10 April 2022 a total 2 779 confirmed COVID-19 cases have been reported in Sierra Leone including 129 deaths and 1 258 recovered cases.

Since the first COVID-19 confirmed cases were reported in South Africa 5 March 2020, as of 10 April 2022 a total 3 732 075 confirmed COVID-19 cases have been reported in South Africa including 100 096 deaths and 3 619 311 recoveries.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 7 April 2022 a total 41 147 cases have been confirmed, including 40 060 recoveries and 163 deaths have been reported.

Since the first COVID-19 confirmed cases were reported in South Sudan 14 March 2020, as of 7 April 2022 a total 17 353 confirmed COVID-19 cases have been reported in South Sudan including 138 deaths and 13 514 recovered cases.
Measles outbreak has been declared in South Sudan by health authorities on 23 February 2022 in two counties of Torit and Maban and 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 ration (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%).

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.

As of 26 March 2022, there had been three cattle deaths in the same kraal within a week. Samples taken tested positive for anthrax by polymerase chain reaction (PCR).

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 9 April 2022, a total of 163 932 confirmed COVID-19 cases, 100 198 recoveries and 3 596 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 10 April 2022, a total of 36 957 cases including 272 deaths and 36 659 recovered cases have been reported in the country.

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

On 6 March 2020, the Uganda Ministry of Health notified WHO of four suspected yellow fever cases, with specimens collected between 2 January and 18 February 2021. Of these, one case was confirmed in Tororo district on 21 February 2021. The clinical presentation of the case, along with the epidemiological context, is consistent with the seasonal pattern of yellow fever in the area. Theuffy coat test results were positive for yellow fever. The case was unvaccinated. The case fatality rate (CFR) for the outbreak is 0.0%.

A measles outbreak has been declared by the Togolese health authorities on 9 February 2022 after confirmation at National Referral Laboratory for Epidemic prone Diseases. As of 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.

A 25-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 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.

On 12 January 2022, the Ugandan Ministry of Health was notified of a confirmed case of 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.

On 6 March 2022, the Uganda Ministry of Health notified WCO of four suspected yellow fever cases, with specimens collected between 2 January and 18 February 2022, that tested positive for yellow fever by Enzyme-linked immunosorbent assay (ELISA) and by plaque reduction neutralization test (PRNT), at the Uganda Virus Research Institute (UVRI). As of 25 March 2022, three additional samples tested positive by PRNT at the UVRI. Cases presented with fever, vomiting, nausea, diarrhea, intense fatigue, anorexia, abdominal pain, chest pain, muscle pain, headache, and sore throat. In-depth investigations are ongoing.
<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-2019</td>
<td>1-Jan-22</td>
<td>20-Mar-22</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>10-Apr-2022</td>
<td>246,973</td>
<td>246,973</td>
<td>5,457</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

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 10 April 2022, a total of 246,973 confirmed COVID-19 cases were reported in the country including 5,457 deaths and 240,339 cases that recovered.

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

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
Contributors
Phanuel HABIMANA (Cameroon)
Emmanuel C. DOUBA EPEE (Cameroon)
Nicole MBARGA (Cameroon)
Adebola T OLAYINKA (Nigeria)
Kofi BOATENG (Nigeria)

A. Moussongo

Editorial Team
M. Stephen
C. Okot
V. Mize
G. Williams
J. Kimenyi
O. Ogundiran
T. Lee
F. Kambale
R. Mangosa Zaza
J. Njingang Nansseu
J. Nguna

Production Team
T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group
Dr. Salam Gueye, Regional Emergency Director
E. Koua
D. Chamla
F. Braka

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.