

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 15: 4 – 10 April 2022

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World Health
Organization

REGIONAL OFFICE FOR **Africa**
WHO Health Emergencies Programme

1

New event

151

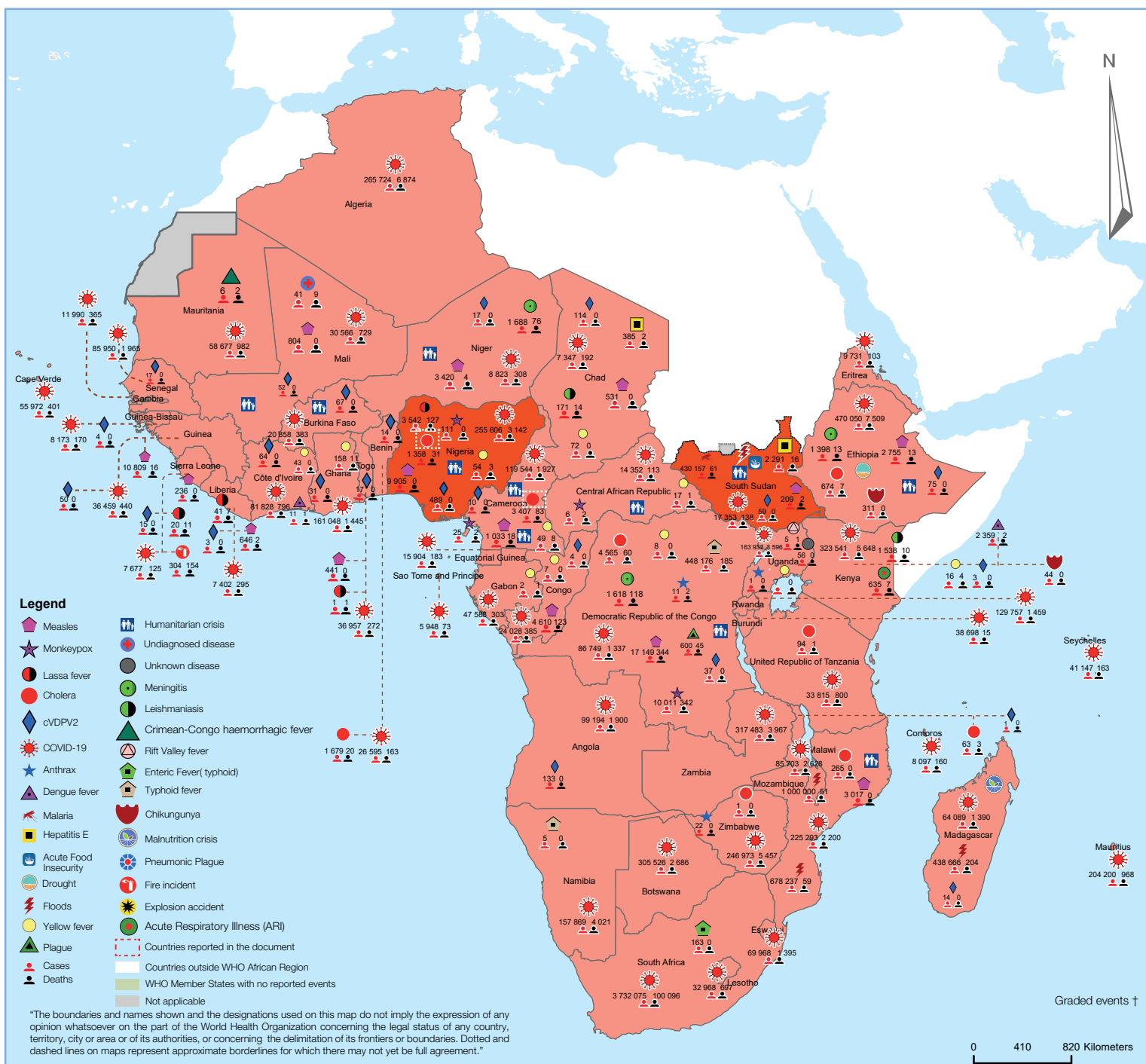
Ongoing events

133

Outbreaks

19

Humanitarian
crises



3

Grade 3 events

41

Grade 2 events

2

Grade 1 events

51

Ungraded events

3

Protracted 3 events

4

Protracted 2 events

2

Protracted 1 events

Overview

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 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.

Ongoing events

Cholera

Cameroon

3 407
cases

83
Deaths

2.4%
CFR

EVENT DESCRIPTION

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.

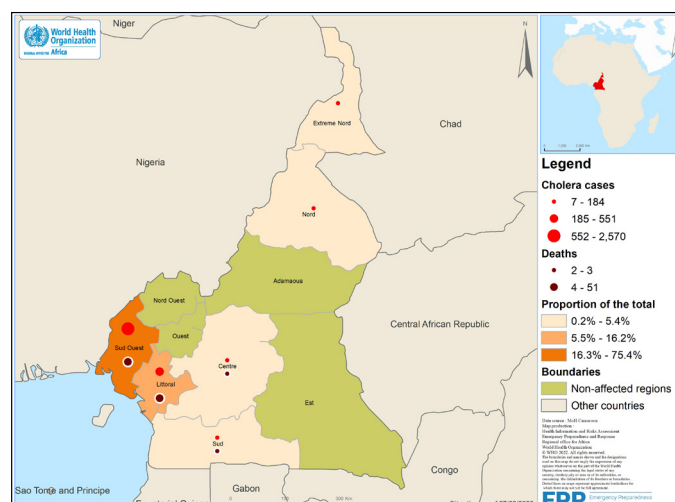
Regarding Centre region, the cholera outbreak seemed to have been contained by November 2021 only to flare up again in week 9 2022 (ending 6 March) and since week 12 (ending 27 March), 31 cases have been reported in the capital of Yaounde. In Littoral region, notable outbreaks associated with a known 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.

Distribution of cholera cases in Cameroon, as of 27 March 2022



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.

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 253 144 deaths (CFR 2.2%) and more than 11 million people have recovered. The African continent accounts for 2.3% of global cases and 4.1% of global deaths.

To support an increase in community -based testing and response interventions. WHO is spearheading an initiative which is conducting mobile antigen-based rapid testing in communities in 15 countries, as well as supplying masks, hand gels and other infection prevention tools. The use of rapid antigen diagnostic tests is on the rise.

According to the recent WHO analysis, sero-prevalence varies widely within and across countries in Africa; higher in more dense urban areas than in less populated rural areas and between age groups, with children aged 0-9 years having fewer infections compared with adults. Exposure to the virus also varies between countries and Africa's sub-regions: sero-prevalence appears to be highest in Eastern, Western and Central African regions.

Africa has also had milder COVID-19 cases compared with other parts of the world because there is a comparatively smaller proportion of people with co-morbidities such as diabetes, hypertension and other chronic diseases that are associated with more severe cases and deaths. Africa's youthful population could be also be a protective factor.

Different COVID-19 variants have been reported globally. Three Omicron sub lineages (BA.1, BA.2, BA.3) have been reported across the WHO African region. Eritrea, Equatorial Guinea, Guinea-Bissau, Liberia, and Sao Tome and Principe, and Somalia have not reported any omicron sub lineage cases. The Delta variant and its sub-lineages have been confirmed in 50 African countries. The only countries that haven't reported the Delta variant are Eritrea, Libya, Sao Tome and Principe, Somalia, and Tanzania. Madagascar is the latest country to confirm Delta cases.

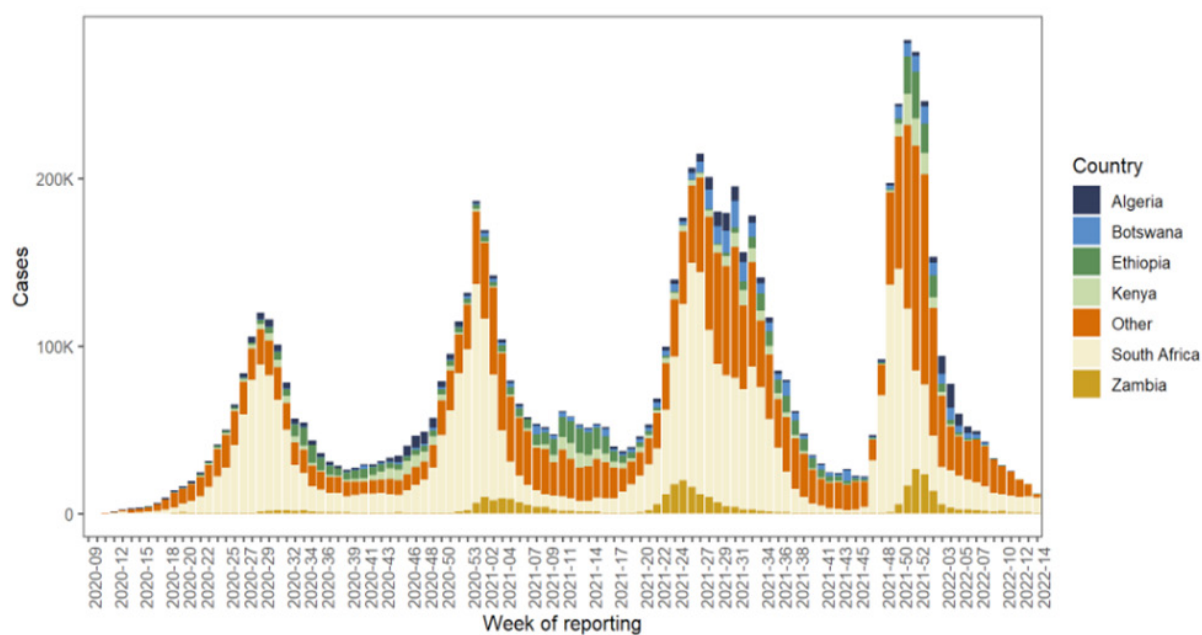
SITUATION INTERPRETATION

- ▶ 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.

Over two-thirds of Africans exposed to virus which causes COVID-19

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 10 April 2022 ($n = 8\,228\,469$)



New cases reported in the past seven days and cumulative totals by country: Data as of 10 April 2022 (8 228 469)

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

*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.

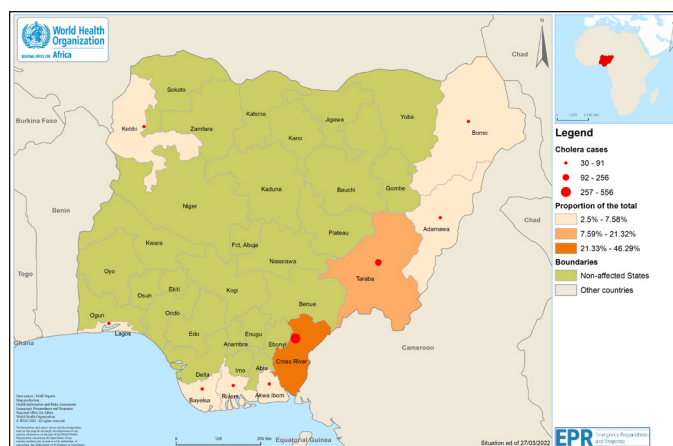
The majority of States with international borders and ongoing humanitarian crises are currently inactive with no cases reported in the last 3 weeks. Cross River State is the current hotspot for the outbreak and has reported 42% ($n=569$ cases) of the national total in 2022. These cases have been reported 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

Distribution of cholera cases in Nigeria, as of 27 March 2022



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.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Niger	Measles	Ungraded	5-Apr-2022	1-Jan-22	31-Mar-22	3 420	323	4	0.1%
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									
Algeria	COVID-19	Grade 3	25-Feb-2020	25-Feb-2020	10-Apr-2022	265 724	265 724	6 874	2.6%
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	21-Mar-20	1-Apr-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	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 die more (55%) than women.									
Benin	COVID-19	Grade 3	17-Mar-20	16-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. Three cases were reported in 2021 and 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	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 1 814 283 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	9-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	18-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 Kousséri, the security situation in the Far North region of Cameroon has remained calm and stable since 20 January.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-16	27-Jun-2018	28-Feb-2022	-	-	-	-
According to reports from UNHCR, an estimated 579 136 Internally Displaced People (IDPs) have been registered 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.									
Cameroon	Cholera	Grade 2	1-Jan-21	25-Oct-21	27-Mar-22	3 407	168	83	2.4%
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.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	16-Mar-22	119 544	119 544	1 927	1.6%
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.									
Cameroon	Measles	Ungraded	2-Apr-2019	1-Jan-22	13-Mar-22	1 033	342	18	1.7%
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 : Ngaoundal, Tibati; Nkolondongo, Yoko, Bertoua, Roua, Boko, Deido, 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									
Cameroon	Monkeypox	Ungraded	24-Feb-2022	15-Dec-2021	22-Feb-2022	25	3	2	8.0%
On 15 December 2021, a case of monkey pox 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.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	30-Mar-22	10	10	0	0.0%
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.									
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 Cameroun, of which eight deaths were recorded. These cases originated from ten different regions with a total of 30 health districts (HDs) affected: Adamaoua 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.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	9-Apr-2022	55 972	55 972	401	0.7%
The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 9 April 2022, a total of 55 972 confirmed COVID-19 cases including 401 deaths and 55 504 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-2013	11-Dec-2013	28-Feb-2022	-	-	-	-
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 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.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	3-Apr-2022	14 352	14 352	113	0.8%
The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 3 April 2022, a total of 14 352 confirmed cases, 113 deaths and 14 210 recovered were reported.									
Central African Republic	Monkeypox	Ungraded	3-Mar-22	4-Mar-22	10-Apr-2022	6	6	2	33.3%
The Central African Republic recorded six cases of monkeypox between epi week 8, in the health districts of Mbaïki and Bimbo. The epidemiological investigation is ongoing.									
Central African Republic	Yellow fever	Grade 2	14-Sep-21	1-Apr-2021	15-Feb-2022	17	9	1	5.9%
On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur Cameroun (CPC). As of 15 February 2022, a total of 17 probable cases (IgM positive) were reported of which nine were confirmed at the regional reference laboratory.									
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 (N'Djamena, 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	Measles	Ungraded	24-May-2018	1-Jan-22	13-Mar-22	531	51	0	0.0%
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									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	30-Mar-22	114	114	0	0.0%
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.									
Chad	Yellow fever	Grade 2	13-Nov-21	1-Nov-21	15-Feb-2022	72	35	0	0.0%
On 13 November 2021, the Institut Pasteur in Dakar shared the results of 17 samples of yellow fever cases from the Mandoul district, Chad, of which two tested positive by polymerase chain reaction (PCR), six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions. As of 8 March 2022, a total of 72 yellow fever IgM positive cases were reported from seven provinces (Mandoul, Guéra, Mayo Kebbi Ouest, Moyen Chari, and le Lac), including nine confirmed cases by PCR and 26 by plaque reduction neutralization test (PRNT).									
Comoros	COVID-19	Grade 3	30-Apr-2020	30-Apr-2020	7-Apr-2022	8 097	8 097	160	2.0%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 7 April 2022, a total of 8 097 confirmed COVID-19 cases, including 160 deaths and 7 927 recoveries were reported in the country.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	7-Apr-2022	24 028	24 028	385	-
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 23 584 recovered cases have been reported in the country.									
Congo	Measles	Ungraded	14-Mar-22	1-Jan-22	20-Mar-22	4 610	4 610	123	2.7%
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, Ouessou, 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, Mvouti-Kakamoeka, Ouessou, 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)									
Congo	Poliomyelitis (cVDPV2)	Grade 2		29-Jan-21	30-Mar-22	4	4	0	0.0%
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.									
Congo	Yellow fever	Ungraded	31-Mar-22		21-Mar-22	7	7	-	-
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.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	10-Apr-2022	81 828	81 828	796	1.0%
Since 11 March 2020, a total of 81 828 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 796 deaths, and a total of 80 985 recoveries.									
Côte d'Ivoire	Dengue	Ungraded	22-Mar-22	10-Jan-22	6-Feb-2022	11	11	1	9.1%
On 23 March 2022, the Ministry of Health of Côte d'Ivoire notified WHO of confirmed dengue cases. Between Epi week 2 and Epi week 9 2022, 11 confirmed cases were recorded, including 1 death. Of the 11 confirmed cases, 9 were reported from Abidjan, specifically in the districts of Cocody Bingerville (7) and Treichville Marcory (2), and 2 in 2 hinterland districts, Adiaké and Daloa. The response plan is currently being finalized.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	30-Mar-22	64	64	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are no reported cases in 2021. There are 64 cases reported in 2020.									
Côte d'Ivoire	Yellow fever	Grade 2	14-Sep-21	13-Aug-2021	15-Feb-2022	43	13	0	0.0%
On 13 August 2021, five yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Based on differential tests returned on 6 September 2021, the results of three cases are consistent with a recent yellow fever infection. As of 15 February 2022, a total of 43 cases tested IgM positive of which 13 were confirmed by PRNT.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-2016	17-Apr-2017	6-Mar-22	-	-	-	-
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-22	27-Mar-22	4 565	-	60	1.3%
In 2022, from epidemiological week 1 to 12 (ending 27 March 2022), 4 565 suspected cholera cases including 60 deaths (CFR:1.2%) were recorded in 43 health zones across 10 provinces of the Democratic Republic of the Congo. There has been an increase in suspected cases compared to the same period in 2021 (1,989 suspected cases), largely due to outbreaks in the provinces of Haut-Lomami, South Kivu and Tanganyika. Response measures are being implemented in the main active hot spots.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	26-Mar-22	86 749	86 747	1 337	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.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-21	1-Jan-22	6-Mar-22	17 149	526	344	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.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	6-Mar-22	10 011	39	342	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.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-20	6-Mar-22	600	-	45	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.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-2021	1-Jan-21	30-Mar-22	37	37	0	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.									
Democratic Republic of the Congo	Suspected Anthrax	Ungraded	17-Feb-2022	17-Feb-2022	17-Feb-2022	11		2	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 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 is in the affected health zone for in-depth investigation.									
Democratic Republic of the Congo	Suspicion of Meningitis outbreak	Ungraded	28-Mar-22	1-Jan-22	13-Mar-22	1 618	3	118	7.3%
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 Walikale 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 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									
Democratic Republic of the Congo	Typhoid fever	Ungraded	1-Jul-2021	1-Jan-21	27-Mar-22	448 176	-	185	0.0%
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%).									
Democratic Republic of the Congo	Yellow Fever	Grade 2	21-Apr-2021	21-Apr-2021	8-Mar-22	8	8	0	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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	5-Apr-2022	15 904	15 904	183	1.2%
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 15 696 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 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.									
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 and 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 are 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	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; Geresse; South Ari; Woba Ari Birqod; Bokolmanyoo; 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 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%
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	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-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.									
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-2019	8-Jul-2019	27-Mar-22	31	31	0	0.0%
No cases have been reported in 2022 nor 2021, 12 cases were reported in 2020, and 19 were reported in 2019.									
Ghana	Yellow fever	Grade 2	3-Nov-21	15-Oct-21	15-Feb-2022	158	71	11	7.0%
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.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	20-Mar-22	36 459	36 459	440	1.2%
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.									
Guinea	Measles	Ungraded	09-May-2018	1-Jan-22	13-Mar-22	10 809	207	16	0.1%
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.									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-2020	22-Jul-2020	30-Mar-22	50	50	0	0.0%
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	8-Apr-2022	8 173	8 173	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 8 April 2022, the country has reported 8 173 confirmed cases of COVID-19 with 7 260 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-2022	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	10-Apr-2022	323 541	323 541	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 10 April 2022, 323 541 confirmed COVID-19 cases including 5 648 deaths and 317 775 recoveries have been reported in the country.									
Kenya	Dengue	Ungraded	3-Mar-22	1-Jan-21	23-Feb-2022	2 359	1 966	2	0.1%
The outbreak has been reported in two Counties, Mombasa and Mandera. The cases are spread from 2021 in both Counties. In Mandera, the reported cases are from 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.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	23-Feb-2022	1 542	1 355	10	0.6%
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 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.									
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 are 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	7-Apr-2022	32 968	32 968	697	2.1%
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 24 174 recoveries and 697 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	5-Apr-2022	7 402	7 402	295	4.0%
From 16 March 2020 to 5 April 2022, Liberia has recorded a total of 7 402 cases including 295 deaths and 7 102 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Liberia	Measles	Ungraded	3-Feb-2022	1-Jan-22	6-Mar-22	646	544	2	0.3%
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 counties are in outbreak: Montserrado 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).									
Liberia	Poliomyelitis (cVDPV2)	Grade 2	10-Dec-2020	17-Dec-2020	1-Apr-2022	3	3	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The country reported 3 cases in 2021.									
Madagascar	Floods	Grade 2	19-Jan-22	16-Jan-22	26-Feb-2022	438 666		204	0.0%
Heavy rains in Madagascar from multiple weather systems (Tropical Storm Ana, Cyclone Batsirai, Tropical Storm Dumako, and Cyclone Emnati) have flooded parts of the country. The Tropical Storm Ana weather system affected the country during week 3 of 2022, while Cyclone Batsirai occurred in week 5, Tropical Storm Dumako occurred in week 7, and Cyclone Emnati occurred in week 8. As of 19 Feb 2022, there have been 131 549 victims affected including 55 deaths by the Tropical Storm Ana weather system in 12 regions. Damages from Cyclone Batsirai have been reported as of 16 Feb 2022 where 143 718 people have been affected causing 121 deaths mostly in the district of Ikongo of Fitovinany Region. As of 26 Feb 2022, 61 489 people have been displaced by the effects of Cyclone Batsirai. Damages by Tropical Storm Dumako have affected approximately 9 959 people including 14 deaths. A total of 4 323 people have been displaced. Cyclone Emnati has also affected the country causing 153 440 victims and 14 deaths as of 26 Feb 2022. There are currently 43 602 people who have been displaced in 12 regions.									
Madagascar	Malnutrition crisis	Grade 2	1-Jul-2021	1-Jan-21	11-Mar-22	-	-	-	-
A prolonged three-year drought in southern Madagascar has contributed to food insecurity issues for an estimated 1.3 million people in the Grand Sud area, of which 14 000 people were classified as IPC Phase 5 or catastrophically food insecure. The Integrated food security Phase Classification (IPC) analysis for January 2022 has classified 405 000 people in emergency (phase 4). About 309 000 children are projected to suffer from moderate acute malnutrition and 60 000 children aged of 6-59 months are projected to suffer from severe acute malnutrition. There are at least 470 000 people in urgent need of food assistance in Vatovavy, Fitovinany, and Atsimo Atsinanana regions according to the latest estimate established by the authorities after the passage of Cyclones Batsirai and Emnati. At least 60 000 hectares of rice fields have been flooded twice, with potentially significant consequences for the upcoming harvest in May. Cash crops such as cloves, coffee and pepper were also badly affected. It is estimated that 90 % of crops could be destroyed in certain areas of the affected regions.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	8-Apr-2022	64 089	64 089	1 390	2.2%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 8 April 2022, a total of 64 089 cases have been reported in the country, out of which 59 355 have recovered and 1 390 deaths reported.									
Madagascar	Poliomyelitis (cVDPV1)	Grade 2	28-Apr-2021	28-Apr-2021	30-Mar-22	14	14	0	0.0%
No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The number of 2021 cases remains 13. There is one case in 2022.									
Malawi	Floods	Grade 2	26-Jan-22	26-Jan-22	18-Mar-22	1 000 000		51	0.0%
Malawi is currently responding to the aftermath of the cyclone Ana and Gombe that occurred on 28 January 2022 and 13 March 2022 respectively. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people have been affected, death toll stands at 51 (46 due to tropical storm Ana, 5 due to cyclone Gombe).									
Malawi	Cholera	Ungraded	3-Mar-22	3-Mar-22	10-Apr-2022	63	9	3	4.8%
The Malawian Ministry of Health declared a cholera outbreak on 3 March 2022. This was after a case was identified in a 53-years old business man, resident of Balaka district. He had onset of symptoms on 25 February 2022 and sought medical care at Muchinga District Hospital on 28 February 2022 where he was identified and a stool specimen was collected from him. Laboratory results by culture confirmed him positive for Cholera on 3 March 2022. As of 10 April 2022, Malawi has reported a total of 63 cholera cases with three deaths.									
Malawi	COVID-19	Grade 3	2-Apr-2020	2-Apr-2020	10-Apr-2022	85 703	85 703	2 628	3.10%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 10 April 2022, the country has a total of 85 703 confirmed cases with 2 628 deaths and 81 385 recoveries.									
Malawi	Poliomyelitis	Ungraded	31-Jan-22	1-Feb-2022	18-Mar-22	1	1	0	0.0%
One positive case of wild WPV1 was detected in Lilongwe from a patient with the date of onset of paralysis on 19 November 2021 confirmed by the National Institute for Communicable Diseases (NICD) reference laboratory.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	28-Feb-2022	-	-	-	-
The situation in northern and central regions of the country remains unstable, marked by an increase in direct or indirect attacks against national and international armed forces and the civilian population. Issues such as inter and intra-community conflicts, activism of non-state armed groups, consequences of counter-insurgency operations, crime and banditry continue to weaken the Malian context. According to UNHCR there were 350 110 IDPs in the country and 53 561 refugees as of 28 Feb 2022. However, 84 307 returnees have come back to the country.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	10-Apr-2022	30 566	30 566	729	2.4%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 10 April 2022, a total of 30 566 confirmed COVID-19 cases have been reported in the country including 729 deaths and 29 670 recoveries.									
Mali	Measles	Ungraded	20-Feb-2018	1-Jan-22	6-Mar-22	804	300	0	0.0%
From January 2022 to 6 March 2022, a total of 804 suspected cases of measles with 300 confirmed and 0 death have been reported in Mali through integrated disease surveillance and response (IDSR) system									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mali	Poliomyelitis (cVDPV2)	Grade 2	18-Aug-2020	18-Aug-2020	16-Mar-22	52	52	0	0.0%
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.									
Mali	Undiagnosed disease	Ungraded	14-Mar-22	1-Nov-21	28-Feb-2022	41		9	22.0%
In Farabougou village, Segou region of Mali, a disease of unknown cause has been reported. The first investigation on this disease was conducted since November last year. In 2022, the first alert about this disease was voiced on 23 February. A total of 41 cases with 9 deaths (CFR 22.0%) have been reported. The results of the investigation including laboratory analysis is still awaited									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	10-Apr-2022	58 677	58 677	982	1.7%
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.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	8-Feb-2022	8-Feb-2022	14-Mar-22	6	6	2	33.3%
On 4 February 2022, a case of Crimean-Congo haemorrhagic fever (CCHF) was confirmed by polymerase chain reaction (PCR) at the Institut National de Recherche en Santé Publique in Nouakchott, Mauritania. The patient is a 52-year-old male farmer living in the department (moughataa) of Koubeni in the region (wilaya) of Hodh Elgharbi. He presented with epistaxis and hematemesis for which he consulted five health facilities in Kubeni and Nouakchott between 27 January and 4 February 2022. As of 14 March 2022, a total of six confirmed cases including two deaths and three recovered were reported.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	21-Mar-22	204 200	204 200	968	0.5%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 21 March 2022, a total of 204 200 confirmed COVID-19 cases including 968 deaths have been reported in the country.									
Mozambique	Floods	Grade 2	24-Jan-22	26-Jan-22	12-Mar-22	678 237		59	0.0%
On 11 March 2022, a severe tropical cyclone Gombe made landfall over the coastal area of central Nampula province, with maximum sustained winds up to 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.									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	1-Jan-20	28-Feb-2022	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. As of 28 Feb 2022, the nationwide estimate of people in need of humanitarian assistance is 1.3 million and 744 949 people are displaced by conflict.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	10-Apr-2022	225 293	225 293	2 200	1.0%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 10 April 2022, a total of 225 293 confirmed COVID-19 cases were reported in the country including 2 200 deaths and 223 047 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-2020	1-Jan-21	20-Mar-22	3 017	903	0	0.0%
Since 2021 up to 20 March 2022, the total cases of measles classified as positive are 903 including compatible and EPI link. The total number of suspected measles cases is 3 017 with 2 576 cases (896 confirmed) in 2021 and 441 cases (7 confirmed) in 2022. The outbreak is ongoing in Niassa province, Mandimba district.									
Mozambique	Suspected cholera	Ungraded	23-Mar-22	13-Jan-22	18-Mar-22	265	0	0	0.0%
Cholera outbreak has been reported from Sofala province, central region, Mozambique, on 13 January 2022. From 13 January 2022 as of 18 March 2022, 265 cases were reported with no deaths in Caia district. Of the eight samples collected, three tested positive for cholera by rapid diagnostic test (RDT) and five turned negative by culture. Response activities are ongoing.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	10-Apr-2022	157 869	157 869	4 021	0.0%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 10 April 2022, a total of 157 896 confirmed cases with 153 069 recovered and 4 021 deaths have been reported.									
Namibia	Typhoid fever	Ungraded	2-Mar-22	3-Mar-22	3-Mar-22	5	5	0	0.0%
The Ministry of Health confirmed a case of typhoid fever on 27th January 2022 in Windhoek. The index case is a 28-year-old female Namibian citizen and a resident of Windhoek in Samora Michael constituency, Goreagab section. The case reported on 27th of January 2022 at Intermediate Katutura hospital via causality department with a history of acute right abdominal pains, vomiting and high fever. As of 3 March 2022, 5 cases of typhoid fever have been confirmed in Windhoek. All contacts are asymptomatic.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-2015	1-Feb-2015	28-Feb-2022	-	-	-	-
According to OCHA statistics, 3.8 million people need humanitarian assistance in 2022. As of 28 Feb 2021, 264 257 people are internally displaced, 279 172 are refugees, and 2.3 million are food insecure (phase 3+ and above).									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	8-Apr-2022	8 823	8 823	308	3.5%
From 19 March 2020 to 8 April 2022, a total of 8 823 cases with 308 deaths have been reported across the country. A total of 8 488 recoveries have been reported from the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Niger	Meningitis	Ungraded		1-Jan-21	20-Mar-22	1 688	-	76	4.5%
Since the beginning of the year 2021 to week 2 of 2022 ending 16 January 2022, 1 688 cases have been reported with 76 deaths (CFR 4.5%). The reports shared by the country shows that 2 health districts in Zinder region crossed the alert threshold: Dungass with an attack rate (AR) of 4.5 cases per 100 000 inhabitants and Magaria with an attack rate (AR) of 4.8 cases per 100 000 inhabitants. An analysis of data by sub-districts indicates that some health areas crossed the epidemic threshold on week 49 of 2021 (ending 12 December). Neisseria meningitidis serogroup C (NmC) is the predominant germ identified in the 2 health districts. An International Coordinating Group (ICG) for vaccine provision request is underway for a vaccine campaign response.									
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-21	30-Mar-22	17	17	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	28-Feb-2022	-	-	-	-
Attacks in Nigeria have continued in Local Government Agencies of Borno, Adama, and Yobe (BAY) states making the North-Eastern part of the country volatile. As of 28 Feb 2022, there were 80 691 refugees from other countries within Nigeria with almost 76 339 (or 95%) coming from Cameroon. More than 2.2 million IDPs (98.6% of all IDPs in the country) are in the North-East, while the rest (0.4%) are in the North-West/North-Central part of the country.									
Nigeria	Cholera	Ungraded	12-Jan-21	12-Jan-21	8-Apr-2022	1 358		31	2.3%
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 state has reported a case.									
Nigeria	COVID-19	Grade 3	27-Feb-2020	27-Feb-2020	8-Apr-2022	255 606	255 606	3 142	1.2%
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 recovered and 3 142 deaths have been reported.									
Nigeria	Lassa fever	Grade 1	1-Jan-21	1-Jan-21	19-Mar-22	3 542	681	127	18.6%
Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 6 of 2022, the number of new confirmed cases was 77. These were reported from Ondo, Edo, Bauchi, Ebonyi, Taraba, Enugu, Benue, Kogi, Nasarawa, and Niger States and the FCT. Cumulatively from week 1-6 of 2022, a total of 358 confirmed cases including 59 deaths among confirmed cases have been reported with a case fatality rate of 16.5% across 19 states. In total, 1 631 cases are suspected in 2022. This is higher than the same period reported in 2021. Of all confirmed cases, 73% are from Edo (32%), Ondo (23%) and Bauchi (18%) States.									
Nigeria	Measles	Ungraded	14-Mar-22	1-Jan-22	20-Mar-22	9 905	1 294	0	0.0%
As of week 11, 2022 (ending 20 Mars), a total of 9 905 suspected measles cases were reported from all states across 516 (67%) LGAs. A total of 161 LGAs across 33 states have experienced an outbreak this year 2022. Ongoing outbreak in 134 new LGAs across 30 states with new outbreak in 31 new LGAs across 10 states. A total of 4 447 samples were collected and 1 294 were IgM+ (29%).									
Nigeria	Monkeypox	Ungraded	9-Sep-21	1-Jan-21	28-Feb-2022	111	38	0	0.0%
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.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-2018	1-Jan-18	10-Apr-2022	489	418	0	0.0%
In 2022, 14 cVDPV2 cases have been reported in the country. There were 415 cVDPV2 cases and 18 environmental samples reported in 2021.									
Nigeria	Yellow fever	Grade 2	12-Sep-17	1-Jan-21	28-Feb-2022	54	54	3	5.6%
From 1 January 2021 to 28 February 2022, a total of 2 456 yellow fever (YF) suspected cases were reported from 526 Local Government Areas (LGA) in 37 states in Nigeria. Of suspected cases, 54 tested positive for YF by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Some PRNT-positive cases had a history of YF vaccination.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	10-Apr-2022	129 757	129 757	1 459	1.1%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 10 April 2022, a total of 129 757 cases with 1 459 deaths and 128 272 recovered cases have been reported in the country.									
Sahel region	Humanitarian crisis	Grade 2	11-Feb-2022	-	11-Feb-2022	-	-	-	
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.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-2020	6-Apr-2020	4-Apr-2022	5 948	5 948	73	1.2%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 4 April 2022, a total of 5 948 confirmed cases of COVID-19 have been reported, including 73 deaths. A total of 5 872 cases have been reported as recoveries.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	10-Apr-2022	85 950	85 950	1 965	2.3%
From 2 March 2020 to 10 April 2022, a total of 85 950 confirmed cases of COVID-19 including 1 965 deaths and 83 959 recoveries have been reported in Senegal.									
Senegal	Poliomyelitis (cVDPV2)	Grade 2		4-Apr-2021	30-Mar-22	17	17	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	7-Apr-2022	41 147	41 147	163	0.4%
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.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	10-Apr-2022	7 677	7 677	125	1.6%
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.									
Sierra Leone	Lassa fever	Ungraded	12-Feb-2021	1-Jan-21	20-Mar-22	20	20	11	55.0%
From the beginning of 2021 to 20 March 2022, a total of 20 cases and 11 deaths (55% CFR) have been reported due to Lassa fever in Sierra Leone. Cases were reported from Kenema (15), Kailahun (3), and Tonkolili (2) districts since the beginning of 2021. From these cases, 65% were females and 35% were <5 years old. Lassa fever is known to be endemic in Sierra Leone and surrounding countries. From 2016-2020 Sierra Leone experienced gradually declining trends in annual Lassa fever case totals, however, in 2021, cases doubled compared to 2020 (from 8 total reported in 2020 to 16 total in 2021).									
Sierra Leone	Measles	Ungraded	1-Nov-21	1-Jan-22	6-Mar-22	236		0	0.0%
In 2022, another measles outbreak was declared on 8 February 2022 in the Kambia district. The current outbreak started on 20 January 2022 with 7 new cases. The 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 (IDSR).									
Sierra Leone	Poliomyelitis (cVDPV2)	Grade 2	10-Dec-2020	10-Dec-2020	1-Apr-2022	15	15		0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. Five cases were reported in 2021, and 10 were reported in 2020.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	10-Apr-2022	3 732 075	3 732 075	100 096	3.4%
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.									
South Africa	Enteric Fever (typhoid)	Ungraded	22-Feb-2022	16-Feb-2022	23-Feb-2022	163		0	0.0%
South African health authorities have reported that clusters (localized outbreaks) of enteric fever of typhoid have been identified in the country. As of 16 February, it is reported 64 cases in the Western Cape, in three separate outbreaks, 18 in Northwest, 45 in Gauteng, 12 in Mpumalanga, nine in KwaZulu-Natal, seven in the Eastern Cape, four in the Free State and four in Limpopo. No death reported so far. South Africa is endemic for enteric fever caused by Salmonella Typhi, although the prevalence of disease is much lower than most other countries in sub-Saharan Africa. The most recent large outbreak occurred in Delmas in 2005, with over 2 900 cases. After the Delmas outbreak in 2005, the number of enteric fever cases in South Africa has remained stable with less than 150 cases per year (an average of 97 cases per year).									
South Sudan	Acute Food Insecurity	Grade 2	18-Dec-2020	5-Apr-2021	30-Nov-21	-	-	-	-
According to the World Food Programme an estimated 7.2 million people (60% of country's total population) faced crisis levels of food insecurity phase (IPC) 3 or worse from April to July 2021- a figure that increased by 25% compared to the previous three months. Of the total number, 108 000 are in IPC 5, 2.4 are in IPC 4, and 4.6 million are in IPC 3. The total number includes 1.9 million acutely malnourished women and children suffering and 1.71 million internally displaced people. The six most affected counties are Pibor, Akobo, Aweil South, Tonj North, Tonj South and Tonj East. In 2021, the World Food Programme has reached some 498 887 flood-affected people with food and nutrition assistance.									
South Sudan	Floods	Grade 2	15-Jul-2021	1-May-2021	24-Mar-22	-	-	-	-
The escalating flooding began in May 2021 and has affected over 835K people in 33 counties as of 31 December 2021. Flooding has affected over 30 counties across 8 states. A rapidly worsening situation was noted in October 2021. In Unity State, there are over 200 000 people affected by floods. Water levels are now stabilizing, no rains for the past few weeks and partners are providing humanitarian services. Dykes are being repaired and reinforced to prevent further damage and displacement. About 70 health facilities were either cut-off, submerged, or damaged by the severe flooding. In Unity State, 27 health facilities have been relocated to higher grounds due to rising water levels.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-2016	n/a	27-Feb-2022	-	-	-	-
The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there is a total of 8.3 million people in need of humanitarian assistance, 2 million people internally displaced and 189 000 people living in protection of civilian sites across the country. Flooding, violence and COVID-19 are the major drivers of humanitarian needs. In Unity State, fighting has escalated with issues arising in Mirmir Payam between the Sudan People's Liberation Army in Opposition and armed youths spreading to several villages in Koch, Mayiandit and Leer. Since February, civilians have been killed, raped, injured and forced to flee their homes. In Eastern Equatoria State there have been sporadic clashes between farming communities and herders in Magwi causing some 3K people to flee their homes and farms in Chomboro village.									
South Sudan	COVID-19	Grade 3	5-Apr-2020	5-Apr-2020	10-Apr-2022	17 353	17 353	138	0.8%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 10 April 2022, a total of 17 353 confirmed COVID-19 cases were reported in the country including 138 deaths and 13 514 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	1-Jan-19	22-Mar-22	2 291	104	16	0.7%
The current outbreak in the Bentiu IDP camp is ongoing. As of 22 March 2022, a total of 2 291 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.									
South Sudan	Malaria	Ungraded	28-Dec-2021	1-Jan-22	20-Feb-2022	430 157	430 157	61	0.0%
Between weeks 1-7 of 2022 (ending 20 February), 430 157 malaria cases including 61 deaths have been reported in South Sudan. Cases in Warrap, Western Bahr el Ghazal, and Northern Bahr el Ghazal States in 2022 are high when compared to the corresponding period of 2021. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the counties of Fangak.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	Measles	Ungraded	23-Feb-2022	1-Jan-22	6-Mar-22	209		2	1.0%
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 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%).									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	22-Oct-20	22-Oct-20	25-Mar-22	59	59	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 9 cVDPV2 cases reported in 2021 and 50 in 2020.									
Tanzania, United Republic of	Cholera	Ungraded	13-Dec-2021	13-Dec-2021	26-Mar-22	94	7	1	1.1%
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.									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	25-Mar-22	33 815	33 815	800	2.4%
The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Tanzania reported the country's first case of COVID-19 on 16 March 2020. As of 25 March 2022, a total of 33 815 cases have been reported in Tanzania Mainland including 800 deaths.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	10-Apr-2022	36 957	36 957	272	0.7%
On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 10 April 2022, a total of 36 957 cases including 272 deaths and 36 659 recovered cases have been reported in the country.									
Togo	Lassa Fever	Ungraded	28-Feb-2022	26-Feb-2022	28-Feb-2022	1	1	1	100.0%
A 35-year-old female died of Lassa fever complications in the Oti district of the Savanes region of Togo bordering Ghana. Onset of illness was 11 Feb 2022, she presented at three health facilities before her death on 26 Feb 2022. Retrospective investigation identified 26 contacts including 10 health care workers who had exposure to the case. As of 27 February 2022, 14 contacts provided samples for diagnostic testing for which all were reported negative for Lassa fever.									
Togo	Measles	Ungraded	2-Feb-2022	25-Nov-21	27-Feb-2022	441	134	0	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, Tchoudjo, 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 started 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									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	16-Mar-22	17	17	0	0.0%
No new case of cVDPV2 was reported during the past week. No cases have been reported in 2021. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.									
Uganda	Anthrax	Ungraded	14-Feb-2022	12-Feb-2022	19-Feb-2022	1	1	0	0.0%
A 46-year-old male cattle rancher presented with skin lesions on his left thumb for two days after contact with a dead bull in his kraal on 28 January 2021. Previously, there had been three cattle deaths in the same kraal within a week. Samples taken tested positive for anthrax by polymerase chain reaction (PCR).									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	9-Apr-2022	163 932	163 932	3 596	2.2%
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 with 3 596 deaths.									
Uganda	Rift Valley fever	Ungraded	14-Jan-22	12-Jan-22	4-Mar-22	5	5	1	20.0%
On 12 January 2022, the Ugandan Ministry of Health was notified of a confirmed case of Rift Valley fever (RVF). The patient was a 35-year-old male, resident of Kiruhura village, Mabare subcounty, Kagadi district. The date of onset was 2 January 2022 and he presented with fever, general body weakness and unexplained bleeding in vomitus, stool and cough. He was admitted successively in 2 hospitals and died on 10 January 2022. As of 4 March 2022, a total of five confirmed cases of RVF have been recorded.									
Uganda	Unknown disease	Ungraded	3-Mar-22	14-Feb-2022	21-Feb-2022	56	56	-	-
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.									
Uganda	Yellow fever	Grade 2	3-Mar-21	1-Mar-22	16-Mar-22	7	7	0	0.0%
On 6 March 2022, the Uganda Ministry of Health notified WHO 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, diarrhoea, intense fatigue, anorexia, abdominal pain, chest pain, muscle pain, headache, and sore throat. In-depth investigations are ongoing.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	10-Apr-2022	317 483	317 483	3 967	1.2%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 10 April 2022, a total of 317 483 confirmed COVID-19 cases were reported in the country including 3 967 deaths and 312 721 recovered cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Zimbabwe	Anthrax	Ungraded	6-May-2019	1-Jan-22	20-Mar-22	22	0	0	0.0%
The anthrax outbreak is ongoing in Zimbabwe. Six new cases were reported in Week 3 of 2022 with the cumulative for the year being 22. The cases were reported by Gokwe North District and Gokwe South District in Midlands Province. This outbreak started in Week 36 of 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. The cumulative figures for anthrax are 747 cases and 3 deaths in 2020 and 306 cases and 0 deaths in 2021.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	10-Apr-2022	246 973	246 973	5 457	2.2%
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.

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