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:

- Ebola Virus Disease in the Democratic Republic of the Congo
- Floods in South Africa
- COVID-19 across the WHO African region
- Measles in Liberia

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 confirmation of a new Ebola virus disease (EVD) outbreak in Equateur Province, Democratic Republic of the Congo, is of grave concern in the context of multiple ongoing health emergencies including COVID-19, cholera, monkey-pox, measles outbreaks and a complex humanitarian crisis in the country. The country’s resources and capacity to respond effectively to the current epidemic are therefore limited. The high population density in Mbandaka city can favour the transmission of the disease, thus the risk of its increased spread cannot be excluded. Efforts to control the current outbreak are already underway as results of genetic sequencing remain pending. There is a need for a strong and robust surveillance system in order to detect, isolate, test and treat new suspected cases as early as possible, to break all chains of transmission and improve outcome of potential cases.

- South Africa is experiencing its worst flooding, especially in the Provinces of KwaZulu-Natal and Eastern Cape. Although the response is being organized to provide prompt humanitarian assistance to affected communities, accessibility remains severely compromised, thus hindering prompt rapid need assessments and response interventions. Considering the magnitude and extend of damages, local government capacities to respond have rapidly been overwhelmed, and there is urgent need for technical expertise to support the response in conducting rapid impact and damage assessments. Provision of immediate relief including shelter, water and food remains insufficient to cover the required needs.

- Despite COVID-19 cases and deaths in the WHO African region being on an overall decline in the past two months, the Southern African sub-region saw a slight uptick during the past week. The high numbers were noted in South Africa and was due to the onset of the winter season, when rates of respiratory infections are usually high. This recent slight increase in Southern Africa, after several weeks of plateau, highlights the need for caution, and strengthening both surveillance and response systems.

- The measles outbreak in Liberia has deteriorated with cases reaching a peak in week 13 of 2022 (ending 3 April). There have been limited laboratory resources including the lack of specimen collection kits and delays in receiving results in rural districts. Across the country, specimens have been transported to the National Public Health Reference Laboratory for testing, but facilitation is a challenge. There are delays in seeking medical care as well as limited support for case investigations. Finally, there is poor risk communication and limited resources to conduct vaccination outreach activities in districts conducting immunization campaigns.
On 23 April 2022, health authorities in the Democratic Republic of the Congo declared an outbreak of Ebola after a case was confirmed in Wangata health zone in Mbandaka, a city in the north-western Equateur Province.

So far, just one case has been confirmed with no death. The patient, a 31-year-old male student at the Superior of Medical Techniques Institute of Mbandaka began experiencing symptoms (fever and headache) on 5 April. After more than a week of self-care at home, he sought treatment at a local health facility on 16 April 2022 where he was treated for three days. On 19 April 2022, he was transferred to the General referral hospital for further management given the persistence of symptoms and appearance of hemorrhagic signs. On 21 April, he was admitted to an Ebola treatment centre (ETC) for intensive care management but died later the same day.

Basing on the presenting symptoms, health workers immediately submitted samples to test for Ebola virus disease. Blood and saliva samples obtained from the case-patient turned positive for Ebola virus, Zaire ebolavirus species, by reverse transcription polymerase chain reaction (RT-PCR) at the Institute National de Recherche Biomédicale (INRB), Kinshasa on 22 April 2022.

Investigations to determine the source of the outbreak are ongoing. Vaccination is set to kick off in the coming days. The country already has stockpiles of the rVSV-ZEBOV Ebola vaccine available in the cities of Goma and Kinshasa. Vaccines will be sent to Mbandaka and administered through ‘ring vaccination’ strategy where contacts and contacts of contacts are vaccinated to curb the spread of the virus and protect lives.

On 23 April 2022, the national Minister of Health declared an outbreak of Ebola virus disease in the Equateur Province, Democratic Republic of the Congo.

WHO experts based in the Democratic Republic of the Congo are supportive of the national authorities to ramp up key outbreak response areas including testing, contact tracing, infection prevention and control, treatment as well as working with communities to support the public health measures to prevent infections.

A total of 108 contacts have been listed, of which two have become suspects and their samples have been collected for laboratory analysis.

The health facility where the patient received care has been decontaminated.

One blood sample which later tested positive was received by the laboratory.

A safe and dignified burial was conducted for the deceased patient.

The newly declared Ebola outbreak in the Democratic Republic of the Congo is its fourteenth since 1976 and sixth since 2018 alone, making the most frequent occurrence in the country’s Ebola history. At the same time, this is the third outbreak in the Equateur province since 2018. Previous outbreaks in Equateur Province were in 2021, 2020 and 2018. Mbandaka city where the case was reported is located on the river Congo and has river and land links with the capital Kinshasa, the Republic of Congo, the Republic Central African Republic, and Angola, so the risk of disease spread cannot be excluded. The WHO will leverage on the previous experience of the health authorities in the Democratic Republic of the Congo to control the Ebola outbreak quickly.

Robust response activities are required in order to control the outbreak rapidly, and break chains of transmission. These should be linked to existing COVID-19 surveillance activities in order to use available resources efficiently.

Increased community engagement is crucial at the moment. Again, responses to COVID-19 need to complement and not remove focus from continuing EVD surveillance and response
Between 11 and 13 April 2022, the southern and south-eastern parts of South Africa have been experiencing heavy rains, causing severe flooding and landslides which have particularly affected the Provinces of KwaZulu-Natal and Eastern Cape. All eleven districts of KwaZulu-Natal have been flooded, of which eThekwini Metropolitan Municipality and the districts of uMgungundlovu, uMzinyathi and uThukela had the most intense precipitation and thus have been reported as being the most affected. Similarly, the most affected districts in Eastern Cape comprised of Alfred Nzo, Joe Gqabi and OR Tambo.

The flash floods triggered by unprecedented rainfall of between 200mm to 400mm in some of the affected areas have resulted in collapsed infrastructure, and consequently halting of municipal services like electricity, water and refuse/waste removal. Bridges, homes, vehicles, and roads have been swept away causing significant infrastructural damage and the displacement of hundreds of people.

According to the Government of South Africa as of 19 April 2022, 435 people had died and over 48 others were missing. In addition, more than 40,000 people have been displaced, while nearly 4,000 houses have been destroyed and more than 8,300 others partially damaged, mostly across Durban City and its surrounding areas. Furthermore, there are about 66 affected health clinics and nearly 600 schools have also been destroyed, affecting more than 270,000 students. Majority of deaths and destructions occurred in settlements of flimsy shacks constructed by people who could not otherwise afford stable housing. More deaths also occurred in communities of small, cube-like homes that sit in valleys near rivers or cling to hillsides.

The Port of Durban, which is one of the largest and busiest shipping terminals on the African continent and very vital to the country’s economy, has also been severely affected. Port Operations have been suspended due to flooding, damage to infrastructure, and absence of staff as a consequence of transportation difficulties. The inflow and outflow of cargo has been halted and all marine operations have been suspended. Access to the port has been disrupted by extensive damages to Bayhead Road, which links Durban Port to the rest of the country.

Media alerts were sent to local government structures after the South African Weather Service issued early warning messages. A National State of Disaster was declared by the President of the Republic of South Africa. The International Disaster Charter 755 was activated for South Africa. The President of the Republic accompanied by other National Authorities and Provincial State Authorities visited some of the affected areas.

Rescue teams were deployed to the affected areas to provide humanitarian assistance to affected populations. Affected communities were evacuated to places of safety where temporary shelters were set-up.

Social partners and humanitarian actors were activated to provide immediate relief including blankets, mattresses, soup kitchens, water, food parcels, and plastic sheeting.

PROPOSED ACTIONS

- Enough funds should be accessible to the local governments to cover the gaps in terms of setting-up temporary shelters for displaced populations and providing enough water, food parcels, and non-food items. A strong advocacy should be made accordingly, and all key partners should be supportive, as much as possible.
- Enough resources should also be made available for reconstruction and rehabilitation purposes. Rehabilitating the Port of Durban and Bayhead Road should be considered among top priorities.
- Mobile clinics should be made available to provide medical care to affected communities and active surveillance should be reinforced in affected areas to rapidly detect and respond to any potential outbreak.
In the week ending 24 April 2022, over 24 678 new COVID-19 infections with 177 new deaths were reported from 30 and 13 countries, respectively, in the WHO African Region. This translates into a 69.0% increase in number of cases and 136% increase in number of deaths.

A total of 26 countries (55.0%) reported a decrease of 20% or more in the number of new cases (Table 1), while Algeria, Burundi, Eswatini, Kenya, Rwanda, South Africa, and Togo saw a 20% or more increase in weekly cases compared to the past week.

Most (96.0%, 23 587) of the new cases were reported from the top five countries, with South Africa recording the highest number (21 681 new cases, 137.0% increase, 36.0 new cases per 100 000 population), followed by Burundi (831 new cases, 707.0% increase, 7.0 new cases per 100 000), Zambia (469 new cases, 55.0% decrease, 2.4 new cases per 100 000), Seychelles (330 new cases, 37.0% decrease, 332.0 new cases per 100 000), and Zimbabwe (276 new cases, 10.0% decrease, 2.0 new cases per 100 000).

Similarly, an increase in weekly COVID-19 deaths was observed in the African region during the period 18 to 24 April 2022, compared to the previous week. South Africa reported the highest numbers of new deaths (156 new deaths; 203.0% decrease; 0.3 new deaths per 100 000 population), followed by Zimbabwe (5 new deaths; 17.0% decrease; 0.0 new deaths per 100 000), Eswatini (2 new deaths; 0.0% change; 0.2 new deaths per 100 000), Mali (2 new deaths; 0.0% increase; 0.0 new deaths per 100 000), and Côte d’Ivoire (2 new death; 0.0% change; 100.0 new deaths per 100 000).

As of 24 April 2022, the cumulative number of infections in the WHO African Region stands at 8 313 794 and 170 650 deaths, resulting in a CFR of 2.1%. More than 7.6 million recoveries have been recorded, giving a recovery rate of 92.0%.

South Africa has recorded the highest number of COVID-19 cases and deaths in the region, with 3 762 911 cases (45.3% of all reported cases) and 100 303 deaths (59.0% of all reported deaths), followed by Ethiopia with 470 434 cases (5.7%) and 7 510 deaths (4.4%).

From 25 February 2020 to 24 April 2022, a total of 159 905 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 (5 342, 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 11.8 million infections. In addition, more than 253 705 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.

Scientific researchers in Botswana and South Africa detected new sub-lineages of the Omicron variant of the SARS-CoV-2 and are carrying out further investigations to fully understand critical traits such as infectivity and virulence. The identified sub-lineages variant are BA.4 and BA.5. WHO experts are currently working with scientists and researchers in the two countries to further investigate on the sub-lineages which have so far been identified in four people in Botswana and 23 in South Africa. As of 17 April, the sub-variants had been identified in four people in Botswana. South Africa has reported 168 cases of BA.4 and 56 cases of BA.5.

Currently there is no significant epidemiological difference observed between the new sub-lineages and known sub-lineages of the Omicron variant. WHO is supporting countries that have sequencing capacity, but are facing supply or skill shortages. For countries with no sequencing capacity, WHO offers trainings and provides laboratory supplies.

Although new COVID-19 cases and deaths have continued to decline across the WHO African region, the rate of decline has been marginal in recent week. A sharp increase in weekly cases and deaths was observed in the past week and this was due to the significant increase seen in South Africa. No countries currently meet the criteria for resurgence. However, with the cold season approaching in the southern hemisphere in June through August, there is a high risk of another wave of new infections. Africa’s previous pandemic waves have often coincided with lower temperatures. In addition, new variants can impact the evolution of the pandemic.
The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 24 April 2022 ($n = 8\,313\,794$)
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<th>Percent change in new cases</th>
<th>Total deaths</th>
<th>New deaths</th>
<th>Percent change in new deaths</th>
<th>Health worker infections</th>
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<td><strong>170 650</strong></td>
<td><strong>177</strong></td>
<td><strong>136.0</strong></td>
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*Total cases includes one probable case from Democratic Republic of the Congo
**EVENT DESCRIPTION**

Since the beginning of a measles outbreak in Liberia on 13 December 2021, a total of 1,543 suspected cases have been reported with 15 deaths as of 11 April 2022. Among the total cases, 197 (13.7%) have been laboratory confirmed, 374 (26.0%) have been classified based on clinical diagnosis, and 864 (60.2%) have been epidemiologically linked to another confirmed case. In total, 15 deaths have been recorded, translating to a 1.0% case fatality rate (CFR) among all suspected cases.

Cases have gradually increased since the beginning of 2022 and peaked in week 13 of 2022 (ending 3 April). The age range of suspected measles cases is 3 months - 67 years and the median age is 6 years.

Suspected measles cases have been reported in 33 districts from 12 (80%) of the 15 counties in Liberia. The top three counties with the highest number of suspected cases are Montserrado (843 cases, 54.6%), Nimba (197 cases, 12.8%), and Margibi (101, 6.5%).

In Montserrado county which hosts the capital, the top three districts with the highest suspected cases are Bushrod (360, 42.7%), Commonwealth (205, 24.3%), and Somalia Drive (131, 15.5%) districts.

Outside Montserrado county, the top three districts are Sanniquellie-Mah (80) and Zoe-Geh (61) from Nimba county and Firestone (59) district of Margibi county. Eleven of the 15 deaths have been reported from Montserrado county, two have been reported from Bong, and two from Bomi counties, giving CFRs of 1.3%, 2.1%, and 4.7%, respectively.

Among the 1,435 confirmed cases, a total of 567 (39.5%) were known to be vaccinated against measles. However, 661 (46.1%) had not been vaccinated, 204 (14.2%) had an unknown vaccination status, and 3 (0.2%) cases were under 9 months of age and therefore vaccination was not yet required.

As a response to the outbreak, vaccination campaigns have occurred in Commonwealth, Somalia Drive, Zota, District # 2, and Firestone districts. In Montserrado county, the Commonwealth district had 315 children between ages 11 months to 2 years vaccinated, and in Somalia Drive district, so far 1,448 (28% coverage) children aged 9 months to 2 years have been reached during a three-day campaign. In Bong county, Zota district has vaccinated 134 children aged 6-59 months. In Grand Bassa county, District # 2 has vaccinated 59 children aged 6-59 months. In Margibi county, Firestone district has vaccinated 140 children aged 9-59 months.

**PUBLIC HEALTH ACTIONS**

- Coordination meetings are held regularly for the ongoing monitoring of trends and corresponding feedback to support response efforts of partners and relevant stakeholders.
- Active case search and line listing of cases is ongoing with the support of partners.
- Weekly surveillance and laboratory data harmonization is ongoing.

**SITUATION INTERPRETATION**

The measles outbreak in Liberia begun to flare-up since March 2022. Laboratory capacity needs to be strengthened and further developed at subnational levels. In addition, case management, risk communication, and vaccination efforts need to be increased in order to get the measles outbreak under control. Without these essential public health components, the outbreak in Liberia will continue to deteriorate.

**PROPOSED ACTIONS**

- Develop and validate the national measles standard operating procedures to guide healthcare workers’ response to treating measles patients including routine vaccination efforts to maintain adequate immunity among the population.
- Develop a national measles preparedness and response plan to help mitigate future spread of the disease.
- Develop and validate national measles and rubella surveillance guide to detect cases and respond swiftly to surges of cases especially at the district level.
**Health Emergency Information and Risk Assessment**

**New Events**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
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<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Ebola virus disease</td>
<td>Grade 2</td>
<td>22-Apr-22</td>
<td>22-Apr-22</td>
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The Ministry of Health of the Democratic Republic of the Congo (DRC) declared on 23 April 2022, the resurgence of Ebola Virus Disease (EVD) after a case was confirmed on 22 April 2022, in Mbandaka, a city in the northwestern Equateur Province. The case tested positive by real-time polymerase chain reaction (RT-PCR) at the provincial laboratory in Mbandaka and then at the Institut National de Recherche Biomédicale (NRB) in Kinshasa. This is the third outbreak in the province since 2018. The case is a 31-year-old male, residing in the Mbandaka 1 neighborhood of the Mbandaka Health Zone. He was a third degree student at the Institut Supérieur des Techniques Médicales (ISTM) in Mbandaka. Symptoms began on 5 April 2022, with fever and headache and, after at least eight days of home care, he was admitted successively to two health facilities with inadequate infection prevention and control measures, between 16 and 21 April 2022. On 21 April, the patient was admitted to an Ebola Treatment Center for intensive care after he presented with hemorrhagic signs (gingivorrhages, conjunctival injection, persistent bleeding at injection sites) and died the same day overnight. To date, 108 contacts have been listed. Investigation, listing of contacts, and decontamination of households and health facilities are underway.

| Guinea                        | Lassa fever                   | Ungraded | 22-Apr-22             | 20-Apr-22                  | 24-Apr-22               | 1           | 1               | 0      | 0,00%     |

On 22 April 2022, the Ministry of Health of Guinea declared an outbreak of Lassa fever after a case was confirmed by PCR at the Gueckedou hemorrhagic fever laboratory. The case is a 17-year-old girl from the sub-prefecture of Kassindou located 65 kilometers from the capital of the prefecture of Gueckedou. Investigation has been initiated and no additional cases have been reported so far. A risk assessment is ongoing to ensure an effective response to this outbreak.

| South Sudan                  | Cholera                       | Ungraded | 21-Apr-22             | 21-Mar-22                  | 16-Apr-22               | 3           | 3               | 1      | 33,30%    |

Three cases of cholera have been confirmed by rapid diagnostic tests including 1 death (CFR 33.3%). All cases were reported from the Bentiu IDP camp.

**Ongoing Events**

| Algeria                      | COVID-19                      | Grade 3  | 25-Feb-20             | 25-Feb-20                  | 24-Apr-22               | 265 767     | 265 767         | 6 874  | 2,60%     |

From 25 February 2020 to 24 April 2022, a total of 265 767 confirmed cases of COVID-19 with 6 874 deaths (CFR 2.6%) have been reported from Algeria. A total of 178 346 cases have recovered.

| Angola                       | COVID-19                      | Grade 3  | 21-Mar-20             | 21-Mar-20                  | 1-Apr-22                | 99 194      | 99 194          | 1 900  | 1,90%     |

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                 | Grade 2  | 8-May-19              | 1-Jan-19                   | 24-Apr-22               | 133         | 133             | 0      | 0,00%     |

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     | 1,20%     |

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. A decreasing trend for nine consecutive weeks. However, geographic expansion of the outbreak to be considered, with new communities being affected. The most affected age group is 16 - 45 years (62.3%) and females (53.3%) more affected than males.

| Benin                        | COVID-19                      | Grade 3  | 17-Mar-20             | 16-Mar-20                  | 10-Apr-22               | 26 605      | 26 605          | 163    | 0,60%     |

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 10 April 2022, a total of 26 605 cases have been reported in the country with 163 deaths and 26 433 recoveries.

| Benin                        | Poliomyelitis                 | Grade 2  | 8-Aug-19              | 8-Aug-19                   | 24-Apr-22               | 14          | 14              | 0      | 0,00%     |

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 Jiagawa outbreak in Nigeria.

| Botswana                     | COVID-19                      | Grade 3  | 30-Mar-20             | 28-Mar-20                  | 12-Apr-22               | 305 859     | 305 859         | 2 688  | 0,80%     |

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 12 April 2022, a total of 305 859 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-22               | -           | -               | -      | -         |

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.
Poliomyelitis

Central African cases in the South-West region. There has been a geographical expansion of the outbreak since March 2022 and the outbreak has been active in Cameroon from South-West (4244 cases, 75 deaths), Littoral (1195 cases, 38 deaths), South (183 cases, two deaths), Centre (73 cases, three deaths), Far North (8 cases, no death), and North (15 cases, no death). Since 25 Oct 2021 to 18 April 2022, a total of 5718 suspected cases of Cholera including 1 927 deaths and 117 791 recoveries have been reported in Cameroon. The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 6 April 2022, a total of 119 780 cases have been confirmed, 165 IgM+ for measles; 8 tested IgM+ for rubella; 197 cases confirmed by epi linkage and 16 compatible cases; 68% of confirmed measles are < 5 years of age (up to 89% less than 9 years). From 1 January 2021 to 10 April 2022, a total of 44 cases of yellow fever were recorded in Cameroon, of which eight deaths were recorded. These cases originated from ten different regions with a total of 30 health districts affected: Adamawa region, Central region, East region, Far North region, Littoral region, North region, North-West region, South region, South-West region and West region. From 1 January 2021 to 10 April 2022, a total of 44 cases of yellow fever tested positive by plaque reduction neutralization test (PRNT) and three by PCR at the Centre Pasteur in Cameroun, of which eight deaths were recorded. The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 23 April 2022, a total of 56 004 confirmed COVID-19 cases including 401 deaths and 55 538 recoveries were reported in the country. No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cases reported in 2021 and seven cases in 2020. From week 1 to 12, 2022 (ending 27 March), through Integrated disease surveillance and response (IDSR) reporting, a total of 401 measles cases with 20 deaths (CFR 1.4%) have been reported in Cameroon through IDSR database. According to UNHCR, OCHA reports, an estimated 1.2 million people need assistance, 357 631 people are internally displaced as of 28 Feb 2022. Following the lifting of security restrictions in Kousseri, the security situation in the Far North region of Cameroon has remained calm and stable since 20 January 2022. According to UNHCR and OCHA reports, 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. 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 10 April 2022, a total of 14 354 confirmed cases, 113 deaths and 14 210 recovered were reported.
The Central African Republic recorded six confirmed cases of monkeypox including two deaths between epi week 8 and epi week 13 (ending 10 April 2022), in the health districts of Mbakki and Bimbo.

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 10 April 2022, a total of 20 probable cases (IgM positive) were confirmed at the regional reference laboratory.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 18 April 2022, a total of 7 396 confirmed COVID-19 cases were reported in the country including 193 deaths.

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.

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.

From week 1 to 13 of 2022 (ending 3 April), a total of 1 138 suspected cases of measles have been reported in 87 out of 139 health districts (62.6%) for the country with 1 death (CFR 0.1%) recorded in N'djamena East health district. A total of 326 samples were tested and the laboratory results are as follows: 51 samples IgM positive (15.6%), 257 samples were negative (78.8%), 18 samples with unspecified measles result (6.8%); measles outbreak has been confirmed in five health districts in 2022 (N'Djamena South, Bongor, N'Djamena Center, N'Djamena 9th and Duni Hadjer).

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 24 April 2022, a total of 8 105 confirmed COVID-19 cases, including 160 deaths and 7 943 recoveries were reported in the country.

A measles outbreak is ongoing in Congo, a total of 15 health districts are in outbreak including eight health districts 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, Mbovondji, Mvouti-Kakamouka, Oussou, Talangai). As of 20 March 2022, a total of 4 610 cases with 123 deaths (CFR 2.7%) have been reported across the country. About 59% of cases are children below 5 years of age and 50% of cases are not vaccinated. The investigation result in Pointe Noire has found: 219 cases investigated with blood samples collected out of 1 903 reported cases, 99 tested IgM+ for measles (45% of positivity rate).

Since 11 March 2020, a total of 81 887 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 797 deaths, and a total of 81 061 recoveries.

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On 13 November 2021, the Institut Pasteur in Dakar shared the results of 17 samples of yellow fever cases from the Moundou district, Chad, of which two tested positive by polymerase chain reaction (PCR), six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions. As of 10 April 2022, a total of 77 yellow fever IgM positive cases were reported from seven provinces (Mandoul, Guéra, Mayo Kebbi Ouest, Moyen Chari, and le Lac), positive by polymerase chain reaction (PCR), six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions.

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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 were consistent with a recent yellow fever infection. As of 10 April 2022, a total of 56 cases tested IgM positive of which 13 were confirmed by PRNT.

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<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
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<td>13-Aug-21</td>
<td>10-Apr-22</td>
<td>56</td>
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As of 3 pril 2022, there is 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. Security incidents affecting the population continue to be reported in Ituri and Tanganyika provinces. In Ituri province, Gethy health zone (Djugu territory), about 2 000 people have fled the localities of Mukoro, Aweembe, Letchudo, Kisodjo, Nyaigo and Katoto on the night of the 23rd to 24th march 2022 following the incursion of armed group in Maga health area. In Tanganyika province, more than 3 000 people have moved from the southwest of kalemie territory as a result of the violence that erupted during the assassination of the chief of the village on the Nyemba -Kasanga axis in the beginning of March 2022.

| Country                      | Humanitarian crisis | Protracted 3 | 20-Dec-16 | 17-Apr-17 | 3-Apr-22 | - | - | - | - |

In 2022, from epidemiological week 1 to 13 (ending 3 april 2022), 4 717 suspected cholera cases including 66 deaths (CFR 1.4%) 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 (2 254 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.

| Country                      | COVID-19       | Grade 3 | 10-Mar-20 | 10-Mar-20 | 27-Mar-22 | 86 769 | 86 767 | 1 337 | 1,50% |

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 86 767 confirmed cases and two probable case, including 1 337 deaths have been reported. A total of 64 656 people have recovered.

| Country                      | Cholera       | Grade 3 | 16-Jan-15 | 1-Jan-22 | 3-Apr-22 | 4 717 | - | 66 | 1,40% |

As of Epi Week 14 of 2022 (ending 10 April), a total of 37 573 suspected measles cases and 585 measles related deaths ( CFR 1.6%) ; Out of 2 264 cases investigated through the case-based surveillance system: 953 tested IgM+ for Measles and 385 tested IgM+ for Rubella ; 75% lab confirmed measles are < 5 years, and only 23% with history of vaccination ; 86 health districts so far with confirmed outbreaks spread across 21 out of 26 provinces. Provinces with large number of reported suspected cases are Tanganyika, Haut Lomami, South Kivu and Sankuru.

| Country                      | Measles      | Ungraded | 12-Oct-21 | 1-Jan-22 | 10-Apr-22 | 37 573 | 953 | 585 | 1,60% |

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| Country                      | Monkeypox    | Ungraded | n/a | 1-Jan-20 | 3-Apr-22 | 10 395 | 39 | 357 | 3,40% |

During week 13 of 2022, a total of 80 cases and 4 deaths due to monkeypox were reported. Between epidemiological weeks 1-13 of 2022, 1 088 cases have been reported with 52 deaths (CFR 4.8%). Compared to weeks 1-13 in 2021, 1 126 cases were reported with 36 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.

| Country                      | Plague       | Ungraded | 12-Mar-19 | 1-Jan-20 | 17-Apr-22 | 655 | - | 47 | 7,20% |

Between epidemiological weeks 1-15 of 2022, 56 case of plague have been reported with 2 deaths (3.6% CFR), The outbreak is currently focused in two sanitation areas Rassia and Lokpa where the latter makes up 95% of cases reported this year. 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.

| Country                      | Poliomyelitis (cVDPV2) | Grade 2 | 26-Feb-21 | 1-Jan-21 | 20-Apr-22 | 50 | 50 | 0 | 0.00% |

Six cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; five in Maniema and one in Nord Kivu bringing the number of 2022 cases to 22. There are 28 cases from 2021.

| Country                      | Suspicion of Meningitis outbreak | Ungraded | 28-Mar-22 | 1-Jan-22 | 13-Mar-22 | 1 618 | 3 | 118 | 7,30% |

From week 1 to 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. 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%) with some health areas (Sante Plus and 8ème Cepac) crossing the epidemic threshold. Two cerebrospinal fluid 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.

| Country                      | Typhoid fever | Ungraded | 1-Jul-21 | 1-Jan-21 | 27-Mar-22 | 448 176 | - | 185 | 0,00% |

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%).
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On 18 July 2021, two yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Centre Pasteur in Cameroon (CPC). As of 10 April 2022, a total of 10 PRNT positive cases have been reported.

| Equatorial Guinea | COVID-19                | Grade 3 | 14-Mar-20            | 14-Mar-20                 | 21-Apr-22               | 15 907     | 15 907         | 183    | 1,20% |

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 21 April 2022, a total of 15 907 cases have been reported in the country with 183 deaths and 15 698 recoveries.

| Eritrea       | COVID-19                | Grade 3 | 21-Mar-20            | 21-Mar-20                 | 24-Apr-22               | 9 733      | 9 733          | 103    | 1,10% |

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 24 April 2022, a total of 9 733 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 629 patients have recovered from the disease.

| Eswatini      | COVID-19                | Grade 3 | 13-Mar-20            | 13-Mar-20                 | 24-Apr-22               | 70 294     | 70 294         | 1 397  | -     |

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 24 April 2022, a total of 70 294 cases have been reported in the country including 68 788 recoveries. A total of 1 397 associated deaths have been reported.

| Ethiopia      | Drought/food insecurity | Grade 2 | 17-Feb-22            | 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-22                | -          | -              | -      | -     |

The humanitarian situation in Northern Ethiopia remain fragile and unpredictable, affecting civilians and limiting humanitarian aid delivery. More than 3.9 million people are in need and 2.4 million people are displaced as of 1 April 2022. In Afar, 22 districts are affected by the ongoing active conflict with 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-22            | 12-Jan-22                 | 9-Feb-22                | 311        | 3              | 0      | 0.00% |

Ethiopia 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-21            | 31-Aug-21                 | 20-Mar-22               | 674        | -              | 7      | 1.00% |

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                 | 24-Apr-22               | 470 434    | 470 434        | 7 510  | 1.60% |

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 470 434 cases of COVID-19 as of 24 April 2022, with 7 510 deaths and 454 967 recoveries.

| Ethiopia      | Measles                | Ungraded | 14-Jan-17           | 1-Jan-22                  | 25-Mar-22               | 2 755      | 2 156          | 13     | 0.50% |

From week 1 to 12 of 2022 (ending 25 March), a total of 2 755 suspected cases with 2 156 confirmed have been reported in Ethiopia. Ten districts (Woredas) from four regions (Amhara, Oromia, SNNPR and Somali) are experiencing measles outbreak. The districts in outbreak are: Baso Liben; Minjar; Bora; Ale Special; Gerese; South Ari; Woba Ari Birquad; Bokolmanyo; Dolo Ado. The districts in outbreak have reported 1 702 suspected cases out of 2 755 (61.7%) with 10 deaths (0.6%), 513 confirmed (47% of and 1645 epi-linked). Among the 2 755 total suspected cases reported, 1 103 (40%) have unknown vaccination status.

| Ethiopia      | Meningitis             | Ungraded | 17-Feb-22            | 12-Dec-21                 | 12-Apr-22               | 1 737      | 10             | 16     | 0.90% |

Between week 49 of 2021 (ending 12 December) and week 13 of 2022 (ending 3 April), a cumulative number of 1 737 suspected cases of meningitis and 16 deaths (CFR 0.9%) were reported. The following regions: Oromia, Somali, Afar, SNNP and Harari are reporting most cases. Among the 83 samples of cerebrospinal fluid (CSF) analyzed at National Institute of Communicable Disease in South Africa (NICD), 2 samples were positive for human herpesvirus 7 (HHV7), 4 sample positive for Neisseria Meningitidis (Nm), 1 sample positive for hemophilus Influenza (HI), 1 sample for Streptococcus Pneumoniae (Sp), 1 sample positive for both Nm+HHV7 and 1 sample for both Sp+Ebstein Barr virus (EBV). 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-19            | 20-May-19                 | 24-Apr-22               | 63         | 63             | 0      | 0.00% |

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                 | 21-Apr-22               | 47 597     | 47 597         | 303    | 0.60% |

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 21 April 2022, a total of 47 597 cases including 303 deaths and 47 282 recoveries have been reported in the country.

| Gabon        | Yellow fever           | Ungraded | 12-Feb-22            | 17-Sep-21                 | 10-Mar-22               | 2          | 1              | 1      | 50.00% |

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.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Gambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>17-Apr-22</td>
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<td>11 995</td>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>18-Apr-22</td>
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<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Jul-19</td>
<td>8-Jul-19</td>
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<td>31</td>
<td>31</td>
<td>0</td>
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</tr>
<tr>
<td>Kenya</td>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>3-Mar-22</td>
<td>13-Feb-22</td>
<td>23-Feb-22</td>
<td>44</td>
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<tr>
<td>Kenya</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>24-Apr-22</td>
<td>323 709</td>
<td>323 709</td>
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<tr>
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<td>23-Feb-22</td>
<td>1 542</td>
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</tr>
<tr>
<td>Kenya</td>
<td>Yellow fever</td>
<td>Grade 3</td>
<td>3-Mar-22</td>
<td>12-Jan-22</td>
<td>10-Apr-22</td>
<td>2</td>
<td>2</td>
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<td>0.00%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>COVID-19</td>
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<td>13-May-20</td>
<td>13-May-20</td>
<td>7-Apr-22</td>
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<tr>
<td>Liberia</td>
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<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>12-Apr-22</td>
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<td>7 434</td>
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<tr>
<td>Liberia</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>3-Mar-22</td>
<td>6-Jan-22</td>
<td>6-Mar-22</td>
<td>41</td>
<td>17</td>
<td>7</td>
<td>17.10%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 17 April 2022, a total of 11 995 confirmed COVID-19 cases including 365 deaths, and 11 629 recoveries have been reported in the country.

As of 18 April 2022, a total of 161 124 confirmed COVID-19 cases have been reported in Ghana. There have been 1 445 deaths and 159 655 recoveries reported.

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

From 15 October 2021, suspected cases of yellow fever were reported mostly among nomadic settlers in the Savannah Region, northwest Ghana (bordering Côte d’Ivoire). As of 10 April 2022, a total of 166 yellow fever probable cases (IgM positive) including 71 confirmed cases were reported from 13 regions in Ghana.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 18 March 2020. As of 15 April 2022, a total of 36 540 cases including 36 055 recovered cases and 441 deaths have been reported in the country.

Since the beginning of 2022 up to week 10 (ending 13 March), a total of 10 809 measles suspected cases with 207 confirmed and 16 death (CFR 0.1 %) have been reported in Guinea through IDSR.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, we have 6 cases reported in 2021. The total number of 2020 cases has been corrected to 44.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 23 April 2022, the country has reported 8 186 confirmed cases of COVID-19 with 7 528 recoveries and 171 deaths.

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 2021.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 24 April 2022, 323 709 confirmed COVID-19 cases including 24 174 recoveries and 697 deaths have been reported.

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.

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 Kenya.

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 2021.

On 10 January 2022, the Ministry of Health declared a new outbreak of yellow fever in Isiolo county. As of 18 January 2022, 15 suspect cases of yellow fever including four deaths have been 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.

On 4 March 2022, Kenya declared an outbreak of yellow fever in Isiolo County. As of 10 March 2022, there are a total of 10 809 measles suspected cases with 207 confirmed and 16 death (CFR 0.1 %) have been reported in Kenya through IDSR.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 17 April 2022, a total of 11 995 confirmed COVID-19 cases including 365 deaths, and 11 629 recoveries have been reported in the country.

The Ministry of Health announced the first confirmed case of COVID-19 on 18 March 2020. As of 15 April 2022, a total of 36 540 cases including 36 055 recovered cases and 441 deaths have been reported in the country.

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.
### Malawi

#### Cholera

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. 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 February 2022. However, 84,307 returnees have come back to the country.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 23 April 2022, a total of 30,727 confirmed COVID-19 cases have been reported in the country including 731 deaths and 2,975 recoveries. 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 February 2022. However, 84,307 returnees have come back to the country.

#### COVID-19

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 24 April 2022, the country has a total of 85,747 confirmed cases with 2,633 deaths and 81,938 recoveries. 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. 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 February 2022. However, 84,307 returnees have come back to the country.

#### Poliomyelitis

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.

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 February 2022. However, 84,307 returnees have come back to the country.

### Madagascar

#### COVID-19

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 affected 935 people causing one death in 3 regions but mostly affecting Analanjirofo, Sofia and Sava. 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. 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 February 2022. However, 84,307 returnees have come back to the country.

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#### Malnutrition crisis

A prolonged three-year drought in southern Madagascar has contributed to food insecurity issues for an estimated 1.3 million people in the Grand Sud area, of which 14,000 people were classified as IPC Phase 5 or catastrophically food insecure. The Integrated food security Phase Classification (IPC) analysis for January 2022 has classified 405,000 people in emergency (phase 4). About 309,000 children are projected to suffer from moderate acute malnutrition and 60,000 children aged 6-59 months are projected to suffer from severe acute malnutrition. There are at least 470,000 people in urgent need of food assistance in Vatovavy, Fitovinany, and Atsinanana regions according to the latest estimate established by the authorities after the passage of Cyclones Batsirai and Emnati.

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### Liberia

#### Measles

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### Mali

#### COVID-19

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<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
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<td>Measles</td>
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<td>25-Jun-20</td>
<td>1-Jan-21</td>
<td>20-Mar-22</td>
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<td>14-Mar-20</td>
<td>23-Mar-20</td>
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<td>Protracted</td>
<td>1-Feb-15</td>
<td>1-Feb-15</td>
<td>28-Feb-22</td>
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<td>1-Jan-22</td>
<td>31-Mar-22</td>
<td>3 420</td>
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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.

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

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 24 April 2022, a total of 58 683 cases including 982 deaths and 57 693 recovered cases have been reported in the country.

The Republic of Mauritania announced the first three positive cases of COVID-19 on 18 March 2020. As of 17 March 2022, a total of 220 344 confirmed COVID-19 cases including 990 deaths have been reported in the country.

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

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

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 24 April 2022, a total of 225 365 confirmed COVID-19 cases were reported in the country including 2 201 deaths and 223 104 recoveries.

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, Manimba district.

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.

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 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, Zambézia and Tete provinces.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 23 April 2022, a total of 158 358 confirmed cases with 153 662 recovered and 4 025 deaths have been reported.

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.

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 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.
### Health Emergency Information and Risk Assessment

#### Yellow fever

**Humanitarian crisis**

- **Start of period**: 12-Sep-17
- **End of period**: 28-Feb-22
- **Total cases**: 1,688
- **Cases Confirmed**: 17
- **Deaths**: 76
- **CFR**: 4.50%

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%). Two 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). *Neisseira 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.

#### Nigeria

- **Polioyelitis (cVDPV2)**
  - **Grade**: Grade 2
  - **Start of reporting period**: 1-Jan-20
  - **End of reporting period**: 20-Mar-22
  - **Total cases**: 17
  - **Cases Confirmed**: 17
  - **Deaths**: 0
  - **CFR**: 0.00%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.

Attacks in Nigeria have continued in Local Government Agencies of Borno, Adamawa, and Yobe (BAY) states making the North-Eastern part of the country volatile. As of 28 Feb 2022, there were 80,691 refugees from other countries within Nigeria with almost 76,339 (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.

- **Cholera**
  - **Grade**: Ungraded
  - **Start of reporting period**: 12-Jan-21
  - **End of reporting period**: 8-Apr-22
  - **Total cases**: 1,358
  - **Cases Confirmed**: 31
  - **Deaths**: 31
  - **CFR**: 2.30%

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.

- **COVID-19**
  - **Grade**: Grade 3
  - **Start of reporting period**: 27-Feb-20
  - **End of reporting period**: 27-Feb-20
  - **Total cases**: 255,685
  - **Cases Confirmed**: 255,685
  - **Deaths**: 3,143
  - **CFR**: 1.20%

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 22 April 2022, a total of 255,685 confirmed cases with 249,890 recovered and 3,143 deaths have been reported.

- **Lassa fever**
  - **Grade**: Ungraded
  - **Start of reporting period**: 14-Mar-22
  - **End of reporting period**: 1-Jan-22
  - **Total cases**: 9,905
  - **Cases Confirmed**: 1,294
  - **Deaths**: 0
  - **CFR**: 0.00%

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.

- **Measles**
  - **Grade**: Ungraded
  - **Start of reporting period**: 14-Mar-22
  - **End of reporting period**: 1-Jan-22
  - **Total cases**: 9,905
  - **Cases Confirmed**: 1,294
  - **Deaths**: 0
  - **CFR**: 0.00%

As of week 11, 2022 (ending 20 March), 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. 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%).

- **Monkeypox**
  - **Grade**: Ungraded
  - **Start of reporting period**: 9-Sep-21
  - **End of reporting period**: 1-Jan-21
  - **Total cases**: 9,905
  - **Cases Confirmed**: 1,294
  - **Deaths**: 0
  - **CFR**: 0.00%

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.

- **Polioyelitis (cVDPV2)**
  - **Grade**: Grade 2
  - **Start of reporting period**: 1-Jan-20
  - **End of reporting period**: 20-Mar-22
  - **Total cases**: 17
  - **Cases Confirmed**: 17
  - **Deaths**: 0
  - **CFR**: 0.00%

In 2022, 16 cVDPV2 cases have been reported in the country. There were 415 cVDPV2 cases and 18 environmental samples reported in 2021.

- **Yellow fever**
  - **Grade**: Grade 2
  - **Start of reporting period**: 12-Sep-17
  - **End of reporting period**: 28-Feb-22
  - **Total cases**: 3,542
  - **Cases Confirmed**: 681
  - **Deaths**: 127
  - **CFR**: 18.60%

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**: Grade 3
- **Start of reporting period**: 14-Mar-20
- **End of reporting period**: 14-Mar-20
- **Total cases**: 129,785
- **Cases Confirmed**: 129,785
- **Deaths**: 1,459
- **CFR**: 1.10%

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 24 April 2022, a total of 129,785 cases with 1,459 deaths and 128,308 recovered cases have been reported in the country.

#### Sao Tome and Principe

**COVID-19**

- **Grade**: Grade 3
- **Start of reporting period**: 6-Apr-20
- **End of reporting period**: 6-Apr-20
- **Total cases**: 5,953
- **Cases Confirmed**: 5,953
- **Deaths**: 73
- **CFR**: 1.20%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 17 April 2022, a total of 5,953 confirmed cases of COVID-19 have been reported, including 73 deaths. A total of 5,875 cases have been reported as recoveries.

**Senegal**

**COVID-19**

- **Grade**: Grade 3
- **Start of reporting period**: 2-Mar-20
- **End of reporting period**: 2-Mar-20
- **Total cases**: 85,988
- **Cases Confirmed**: 85,988
- **Deaths**: 1,967
- **CFR**: 2.30%

From 2 March 2020 to 24 April 2022, a total of 85,988 confirmed cases of COVID-19 including 1,967 deaths and 84,004 recoveries have been reported in Senegal.
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 22 April 2022 a total of 42 236 cases have been confirmed, including 41 424 recoveries and 163 deaths have been reported.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 15 April 2022, a total 7 681 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 816 recovered cases.

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), Kalabur (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).

Since the start of the COVID-19 pandemic in South Africa through 24 April 2022, a cumulative total of 3 762 911 confirmed cases and 100 303 deaths have been reported with 3 633 297 recoveries.

Since the start of the COVID-19 pandemic in South Africa through 24 April 2022, a cumulative total of 3 762 911 confirmed cases and 100 303 deaths have been reported.

In 2022, another measles outbreak was declared on 6 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 reported. 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).

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 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 fever case totals, however, in 2021, cases doubled compared to 2020 (from 8 total reported in 2020 to 16 total in 2021).

On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 24 April 2022, a total of 17 443 confirmed COVID-19 cases were reported in the country including 158 deaths and 13 514 recovered cases.
### Health Emergency Information and Risk Assessment

#### South Sudan

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
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<tbody>
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<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Feb-22</td>
<td>1-Jan-22</td>
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<td>1-Jan-22</td>
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<tr>
<td>South Sudan</td>
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<td>Ungraded</td>
<td>23-Feb-22</td>
<td>1-Jan-22</td>
<td>6-Mar-22</td>
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<th>CFR</th>
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#### Zamb

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### Additional Information

- **A cholera outbreak was declared in Zambia on 11 April 2022. A total of 15 cases have been registered with no deaths as of 21 April 2022. Three districts are affected: Luanshya (3 cases), Chilanga (9 cases) and Nsama (9 cases).**
- **The first COVID-19 confirmed case was reported in Zambia on 13 March 2020. As of 24 April 2022, a total of 318 984 confirmed COVID-19 cases were reported in the country including 3 974 deaths and 314 075 recovered cases.**

### Notes

- 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.
- **Between weeks 1-15 of 2022 (ending 17 April), 848 594 malaria cases including 158 deaths have been reported in South Sudan. There were 5 counties exceeding third quartile malaria trends for the past five years including Juba, Tonj north, Aweil center, Aweil south, and Rubkona. 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.**
- **A cholera outbreak was declared in Zambia on 11 April 2022. A total of 15 cases have been registered with no deaths as of 21 April 2022. Three districts are affected: Lusaka (3 cases), Chilanga (9 cases) and Nsama (9 cases).**
- **The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 23 April 2022, a total of 164 054 confirmed COVID-19 cases, 100 205 recoveries and 1 008 deaths have been reported in the country including 3 974 deaths and 314 075 recovered cases.**
The anthrax outbreak is ongoing in Zimbabwe. Six new cases were reported in Week 3 of 2022 with the cumulative for the year being 22. The cases were reported by Gokwe North District and Gokwe South District in Midlands Province. This outbreak started in Week 36 of 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. The cumulative figures for anthrax are 747 cases and 3 deaths in 2020 and 306 cases and 0 deaths in 2021.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 24 April 2022, a total of 247 554 confirmed COVID-19 cases were reported in the country including 5 468 deaths and 241 426 cases that recovered.

Closed Events

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 had peaked around 10 February 2022.

On 4 February 2022, a case of Crimean-Congo haemorrhagic fever (CCHF) was confirmed by polymerase chain reaction (PCR) at the Institut National de Recherche en Santé Publique in Nouakchott, Mauritania. The patient is a 52-year-old male farmer living in the department (moughataa) of Koubeni in the region (wilaya) of Hodh Elgharbi. He presented with epistaxis and hematemesis for which he consulted five health facilities in Koubeni and Nouakchott between 27 January and 4 February 2022.

As of 14 March 2022, a total of six confirmed cases including two deaths and three recovered were reported.

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.

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.

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

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.