

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 17: 18 – 24 April 2022

Data as reported by: 17:00; 24 April 2022



World Health
Organization

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

4

New events

148

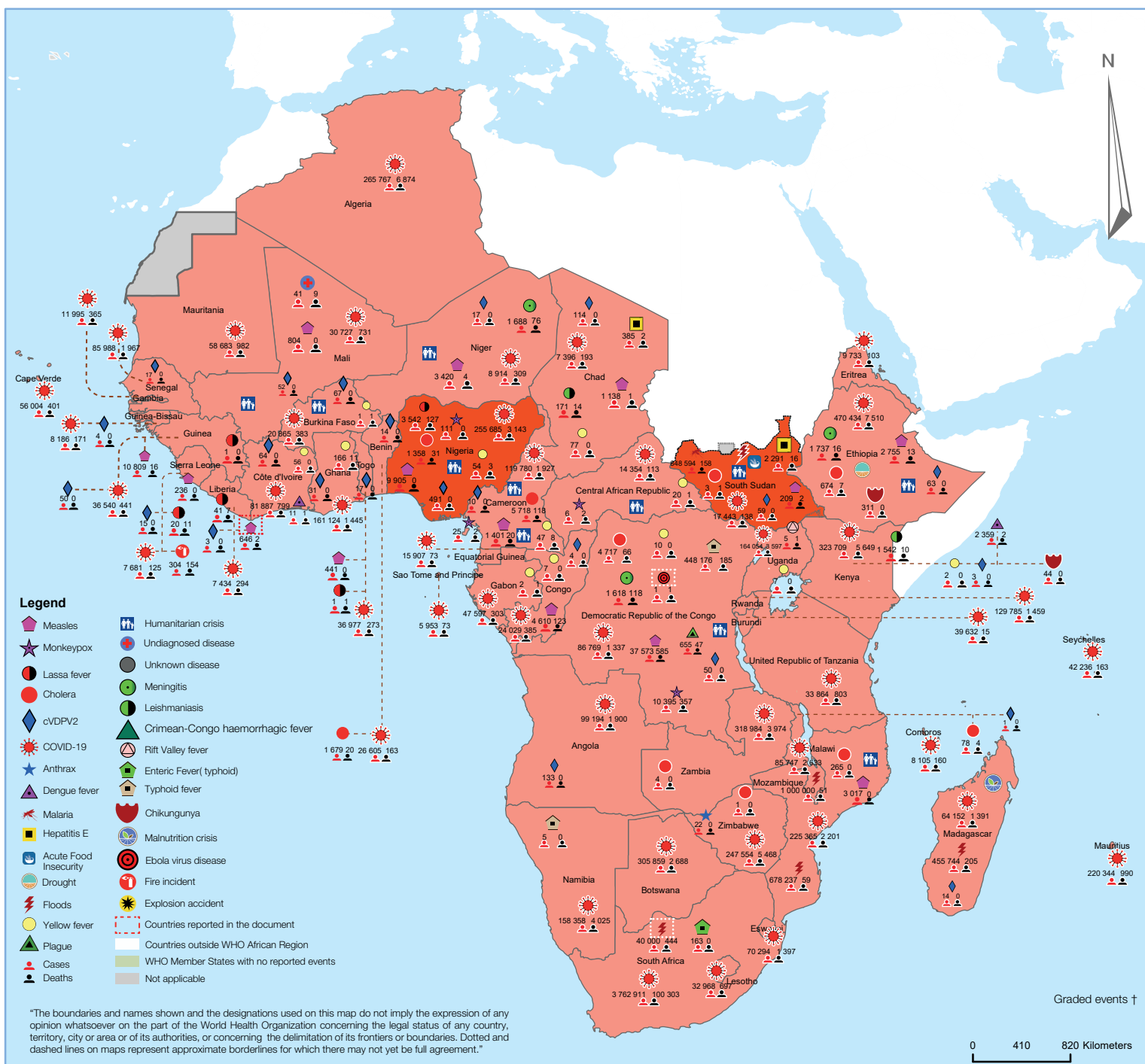
Ongoing events

133

Outbreaks

19

Humanitarian
crises



3

Grade 3 events

42

Grade 2 events

2

Grade 1 events

50

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:

- [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.

New events

Ebola Virus Disease

Democratic Republic of the Congo

1
cases

1
Death

0.1%
CFR

EVENT DESCRIPTION

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.

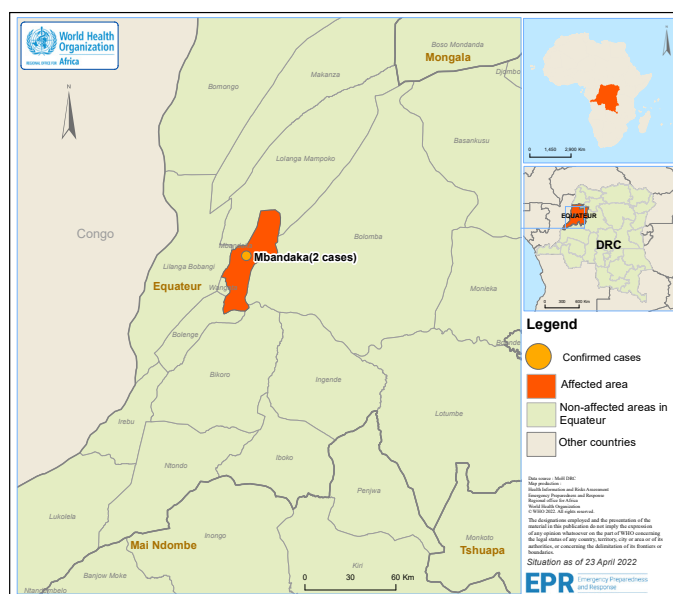
Basing on the presenting symptoms, health workers immediately submitted samples to test for Ebola virus disease. Blood and saliva samples obtained from the case-patient turned positive for Ebola virus, Zaire ebolavirus species, by reverse transcription polymerase chain reaction (RT-PCR) at the Institut 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.

PUBLIC HEALTH ACTIONS

- 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 supporting 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.

Location of confirmed case of Ebola virus disease in Equateur Province, Democratic Republic of the Congo, as of 23 April 2022



SITUATION INTERPRETATION

- 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.

PROPOSED ACTIONS

- 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

EVENT DESCRIPTION

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 overflowed, of which eThekweni Metropolitan Municipality and the districts of ILembe, King Cetshwayo, Ugu, 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.

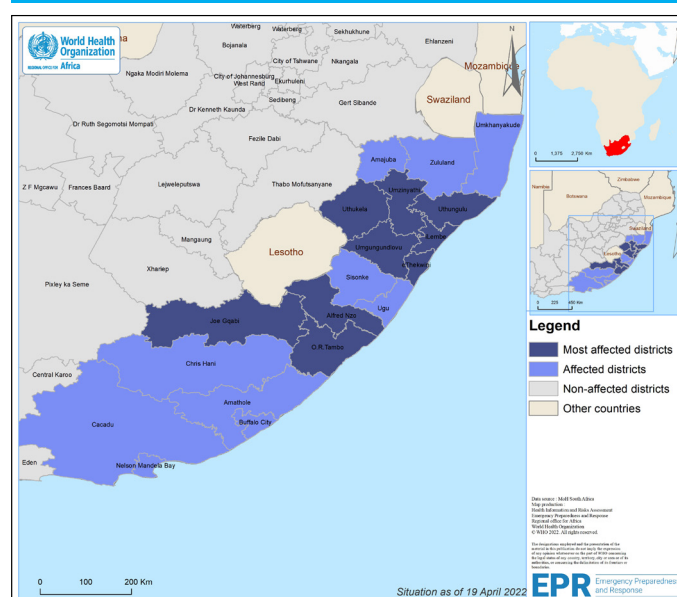
According to the Government of South Africa as of 19 April 2022, 435 people had died and over 48 others were missing. In addition, more than 40,000 people have been displaced, while nearly 4,000 houses have been destroyed and more than 8,300 others partially damaged, mostly across Durban City and its 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.

PUBLIC HEALTH ACTIONS

- 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.

Geographical distribution of areas affected by floods in Southern parts of South Africa, as of 19 April 2022



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

SITUATION INTERPRETATION

These devastating floods happening in KwaZulu-Natal and other parts of the country are the beginnings of South Africa feeling the effects of climate change. Besides, over the last five years, the province of KwaZulu-Natal experienced three episodes of floods, notably in 2018, 2020 and 2022, with each episode getting worse than the preceding one. Torrential rains that are currently hitting the province have been the worst the country had ever experienced. For instance, in 24 hours, the province experienced 300-400mm of rain compared to about 102mm of rain usually received in a whole month. On the other hand, these deadly floods exposed a profound housing crisis where millions of South Africans cannot afford stable and permanent homes.

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.

EVENT DESCRIPTION

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

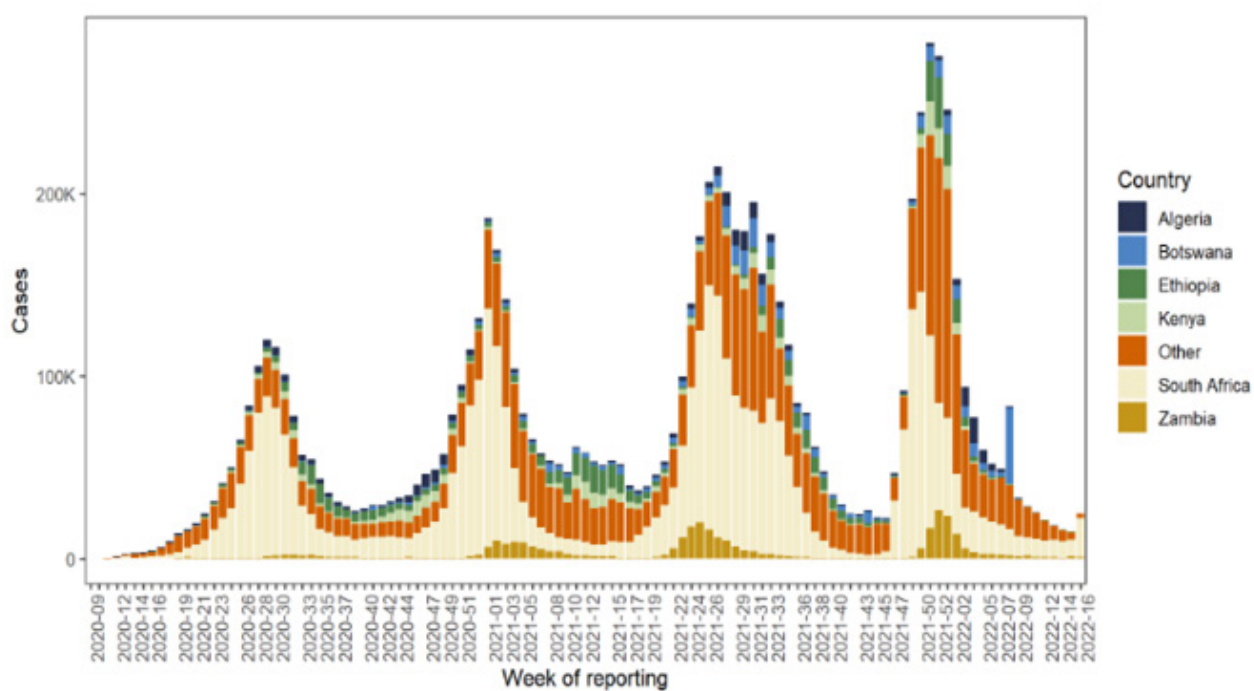
Currently there is no significant epidemiological difference observed between the new sub-lineages and known sub-lineages of the Omicron variant. WHO is supporting countries that have sequencing capacity, but are facing supply or skill shortages. For countries with no sequencing capacity, WHO offers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

SITUATION INTERPRETATION

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 ($n = 8\,313\,794$)



New cases reported in the past seven days and cumulative totals by country: Data as of 24 April 2022 (8 313 794)

Country	Total cases	New cases	Percent change in new cases	Total deaths	New deaths	Percent change in new deaths	Health worker infections
South Africa	3 762 911	21 681	136.8	100 303	156	205.9	71 113
Ethiopia	470 434	161	-27.8	7 510	1	0.0	3 354
Kenya	323 709	95	30.1	5 649	0	-100.0	12 720
Zambia	318 984	469	-54.6	3 974	1	-83.3	1 121
Botswana	305 879	0	-100.0	2 696	0	-100.0	2 082
Algeria	265 767	28	86.7	6 875	1	0.0	11 936
Nigeria	255 685	37	-11.9	3 143	0	-100.0	3 175
Zimbabwe	247 554	276	-9.5	5 468	5	-16.7	11 609
Mozambique	225 365	36	0.0	2 201	1	0.0	4 779
Mauritius	220 344	0	-100.0	990	0	0.0	30
Uganda	164 054	49	-32.9	3 597	0	0.0	3 025
Ghana	161 124	7	-77.4	1 445	0	0.0	4 763
Namibia	158 280	178	-10.6	4 022	0	-100.0	5 342
Rwanda	129 785	16	33.3	1 459	0	0.0	682
Cameroon	119 780	7	-61.1	1 927	0	0.0	4 423
Angola	99 287	0	-100.0	1 900	0	0.0	939
Democratic Republic of the Congo	86 767	0	0.0	1 337	0	0.0	1 040
Senegal	85 988	20	11.1	1 967	2	0.0	419
Malawi	85 747	19	-24.0	2 633	2	-33.3	3 026
Côte d'Ivoire	81 887	26	-21.2	799	2	100.0	1 913
Eswatini	70 294	192	43.3	1 397	2	0.0	1 213
Madagascar	64 152	31	-3.1	1 391	0	-100.0	70
Mauritania	58 718	2	-50.0	982	0	0.0	24
Cape Verde	55 998	0	0.0	401	0	0.0	140
Gabon	47 597	3	0.0	303	0	0.0	345
Seychelles	42 236	330	-37.4	163	0	0.0	945
Burundi	39 632	831	706.8	15	0	0.0	38
Togo	36 977	14	133.3	273	0	0.0	891
Guinea	36 540	0	-100.0	441	0	0.0	682
United Republic of Tanzania	33 864	0	-100.0	803	0	0.0	3351
Lesotho	32 968	0	0.0	697	0	0.0	473
Mali	30 728	69	-25.0	731	2	0.0	87
Benin	26 605	0	0.0	163	0	0.0	139
Congo	24 091	0	-100.0	385	0	0.0	303
Burkina Faso	20 865	0	0.0	383	0	0.0	864
South Sudan	17 443	39	-23.5	138	0	0.0	294
Equatorial Guinea	16 004	0	-100.0	183	0	0.0	608
Central African Republic	14 355	0	0.0	113	0	0.0	51
Gambia	11 995	0	-100.0	365	0	0.0	142
Eritrea	9 734	1	-50.0	103	0	0.0	0
Niger	8 914	37	-31.5	309	1	0.0	355
Guinea-Bissau	8 186	4	-55.6	171	0	-100.0	23
Comoros	8 105	2	-33.3	160	0	0.0	155
Sierra Leone	7 677	0	0.0	125	0	0.0	269
Liberia	7 433	0	-100.0	294	0	0.0	418
Chad	7 398	18	-41.9	193	1	0.0	292
Sao Tome and Principe	5 953	0	-100.0	73	0	0.0	242
Total (N= 47)	8 313 794	24 678	39.0	170 650	177	136.0	159 905

*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.

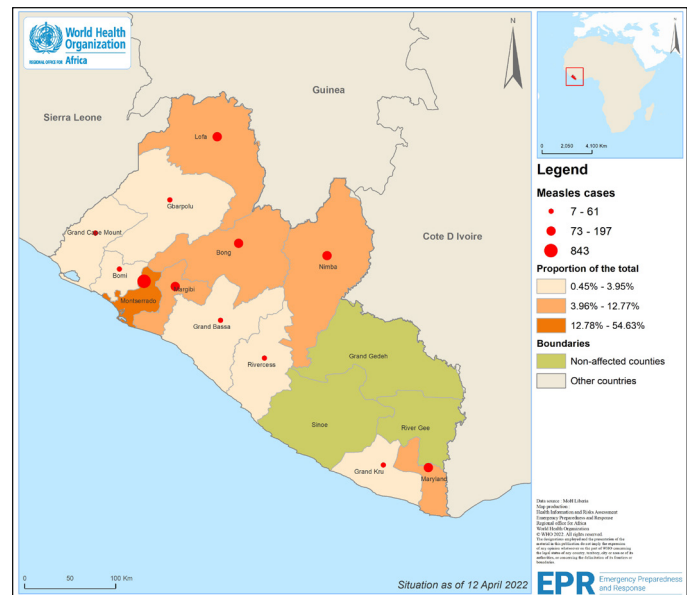
Among the 1 435 confirmed cases, a total of 567 (39.5%) were known to be vaccinated against measles. However, 661 (46.1%) had not been vaccinated, 204 (14.2%) had an unknown vaccination status, and 3 (0.2%) cases were under 9 months of age and therefore vaccination was not yet required.

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.

Distribution of measles cases in Liberia, as of 12 April 2022



- Transportation of laboratory samples from districts all over the country to the national level.
- Integrated mini-measles vaccination campaigns have been conducted in Commonwealth, Zota, District # 2, Somalia Drive, and Firestone districts.
- Community sensitization/engagement meetings are 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.

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									
Burkina Faso	Yellow fever	Ungraded	21-Apr-22	1-Feb-22	24-Apr-22	1	1	1	100,00%
As of 3 April 2022, 105 samples from Burkina Faso have been collected and tested for yellow fever at the national laboratory (Centre Muraz). One case tested positive for yellow fever by plaque reduction neutralization test (PRNT) of the two IgM positive samples shipped to Institut Pasteur in Dakar on 29 March 2022. The PRNT positive case is a 45 year-old male from Bagayiri village, Bousse district, Plateau Central Region, with no history of yellow fever vaccination. The onset of symptoms was in early February and the patient died on 20 March 2022, following a treatment received in Ouagadougou.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	22-Apr-22	22-Apr-22	24-Apr-22	1	1	1	100,00%
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 Kassandou located 65 kilometers from the capital of the prefecture of Guéckédou. 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 (cVDPV2)	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 extension 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 (cVDPV2)	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 Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	12-Apr-22	305 859	305 859	2 688	0,90%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	3-Apr-22	20 865	20 865	383	1,80%
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	24-Apr-22	67	67	0	0,00%
No new cases of circulating vaccine-derived poliovirus type 2 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	24-Apr-22	39 632	39 632	15	0,00%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 24 April 2022, the total number of confirmed COVID-19 cases is 39 632, including 15 deaths and 38 722 recovered.									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	28-Feb-22	-	-	-	-
According to UNHCR and OCHA reports, an estimated 1.2 million people need assistance, 357 631 people are internally displaced as of 28 Feb 2022. Following the lifting of security restrictions in Kousseri, the security situation in the Far North region of Cameroon has remained calm and stable since 20 January 2022.									
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-16	27-Jun-18	28-Feb-22	-	-	-	-
According to UNHCR 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.									
Cameroon	Cholera	Grade 2	1-Jan-21	25-Oct-21	18-Apr-22	5 718	293	118	2,10%
Since 25 Oct 2021 to 18 April 2022, a total of 5718 suspected cases of Cholera including 293 confirmed by culture and 118 deaths (CFR 2.1%) have been reported 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) regions. There has been a geographical expansion of the outbreak since March 2022 and the outbreak has been active in five regions (Centre, Littoral, North, South, South-West), while in 2021, the outbreak was concentrated in two regions (Centre and South-West) with the majority of cases in the South-West region.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	6-Apr-22	119 780	119 780	1 927	1,60%
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 reported, including 1 927 deaths and 117 791 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-22	27-Mar-22	1 401	414	20	1,40%
From week 1 to 12, 2022 (ending 27 March), through Integrated disease surveillance and response (IDSR) reporting, a total of 1 401 measles cases with 20 deaths (CFR 1.4%) have been reported in Cameroon through IDSR database. A total of 19 districts are in outbreak and 6 of them from the littoral province. Total of 414 confirmed cases: 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 9years).									
Cameroon	Monkeypox	Ungraded	24-Feb-22	15-Dec-21	22-Feb-22	25	3	2	8,00%
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	20-Apr-22	10	10	0	0,00%
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-21	4-Jan-21	10-Apr-22	47	35	8	17,00%
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. These cases originated from ten different regions with a total of 30 health districts 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.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	23-Apr-22	56 004	56 004	401	0,70%
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.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	28-Feb-22	-	-	-	-
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	10-Apr-22	14 354	14 354	113	0,80%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Monkeypox	Ungraded	3-Mar-22	4-Mar-22	10-Apr-22	6	6	2	33,30%
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 Mbaïki and Bimbo.									
Central African Republic	Yellow fever	Grade 2	14-Sep-21	1-Apr-21	10-Apr-22	20	10	1	5,00%
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 reported of which 10 were confirmed at the regional reference laboratory.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	18-Apr-22	7 396	7 396	193	2,60%
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.									
Chad	Leishmaniasis	Ungraded	8-Sep-20	16-Oct-20	31-Jan-22	171	15	14	8,20%
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.									
Chad	Measles	Ungraded	24-May-18	1-Jan-22	3-Apr-22	1 138	51	1	0,10%
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 Ndjamen 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 Oun Hadjer).									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	20-Apr-22	114	114	0	0,00%
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	10-Apr-22	77	35	0	0,00%
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 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), including nine confirmed cases by PCR and 26 by plaque reduction neutralization test.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	24-Apr-22	8 105	8 105	160	2,00%
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.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	11-Apr-22	24 029	24 029	385	-
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 11 April 2022, a total of 24 029 cases including 385 deaths and 23 585 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	2,70%
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, Mouyondzi, Mvouti-Kakamoeka, Ouesso, Talangai). As of 20 March 2022, a total of 4 610 cases with 123 deaths (CFR 2.7 %) have been reported across the country. About 59% of cases are children below 5 years of age and 50% of cases are not vaccinated. The Investigation result in Pointe Noire has found : 219 cases investigated with blood samples collected out of 1 903 reported cases, 99 tested IgM+ for measles (45% of positivity rate)									
Congo	Poliomyelitis (cVDPV2)	Grade 2		29-Jan-21	20-Apr-22	4	4	0	0,00%
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	31-Mar-22	10-Apr-22	7	6	-	-
Since 2021 to 10 April 2022, a total of seven probable cases of yellow fever including six confirmed have been reported from the Republic of 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.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	23-Apr-22	81 887	81 887	799	1,00%
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.									
Côte d'Ivoire	Dengue	Ungraded	22-Mar-22	10-Jan-22	6-Feb-22	11	11	1	9,10%
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 Marcoray (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	20-Apr-22	64	64	0	0,00%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Côte d'Ivoire	Yellow fever	Grade 2	14-Sep-21	13-Aug-21	10-Apr-22	56	13	0	0,00%
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.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-16	17-Apr-17	3-Apr-22	-	-	-	-
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, Awembe, 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.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-22	3-Apr-22	4 717	-	66	1,40%
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.									
Democratic Republic of the Congo	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.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-21	1-Jan-22	10-Apr-22	37 573	953	585	1,60%
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, Sud Ubangi, Maniema, Haut Katanga and Sankuru.									
Democratic Republic of the Congo	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.									
Democratic Republic of the Congo	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.									
Democratic Republic of the Congo	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.									
Democratic Republic of the Congo	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 8eme 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.									
Democratic Republic of the Congo	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%).									

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	Yellow Fever	Grade 2	21-Apr-21	21-Apr-21	10-Apr-22	10	8	0	0,00%
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 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-22	12-Jan-22	9-Feb-22	311	3	0	0,00%
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-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 Birqod; Bokolmany; 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-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 (HH7) ,4 sample positive for Neisseria Meningitidis (Nm) , 1 sample positive for heamophilus 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	17-Apr-22	11 995	11 995	365	3,00%
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.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	18-Apr-22	161 124	161 124	1 445	0,90%
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.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	24-Apr-22	31	31	0	0,00%
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	10-Apr-22	166	71	11	6,60%
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.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	15-Apr-22	36 540	36 540	441	1,20%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 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.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-22	13-Mar-22	10 809	207	16	0,10%
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-20	22-Jul-20	20-Apr-22	50	50	0	0,00%
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	23-Apr-22	8 186	8 186	171	2,10%
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.									
Guinea-Bissau	Poliomyelitis (cVDPV2)	Grade 2	9-Nov-21	9-Nov-21	24-Apr-22	4	4	0	0,00%
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	Chikungunya	Ungraded	3-Mar-22	13-Feb-22	23-Feb-22	44	2	0	0,00%
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	24-Apr-22	323 709	323 709	5 649	1,70%
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 5 649 deaths and 317 909 recoveries have been reported in the country.									
Kenya	Dengue	Ungraded	3-Mar-22	1-Jan-21	23-Feb-22	2 359	1 966	2	0,10%
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-22	1 542	1 355	10	0,60%
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-Apr-22	2	2	0	0,00%
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-20	13-May-20	7-Apr-22	32 968	32 968	697	2,10%
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	12-Apr-22	7 434	7 434	294	4,00%
From 16 March 2020 to 12 April 2022, Liberia has recorded a total of 7 434 cases including 294 deaths and 7 105 recoveries have been reported.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	6-Jan-22	6-Mar-22	41	17	7	17,10%
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-22	1-Jan-22	6-Mar-22	646	544	2	0,30%
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-20	17-Dec-20	24-Apr-22	3	3	0	0,00%
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	3-Apr-22	455 744		205	0,00%
Heavy rains in Madagascar from multiple weather systems (Tropical Storm (TS) Ana, Cyclone Batsirai, TS Dumako, Cyclone Emnati, and TS Gombe) have flooded parts of the country. The TS Ana weather system affected the country during week 3 of 2022, Cyclone Batsirai occurred in week 5, TS Dumako in week 7, Cyclone Emnati in week 8, and TS Gombe in week 10. As of 19 Feb 2022, there have been 131 549 victims affected including 55 deaths by the TS Ana weather system in 12 regions though Analamanga area was most affected. Damages from Cyclone Batsirai affected 143 718 people causing 121 deaths in 10 region but mostly in the areas of Atsimo Atsinanana, Vatovavy and Fitovinany. A total of 61 489 people had been displaced by the effects of Cyclone Batsirai. Damages by TS Dumako have affected approximately 9 959 people including 14 deaths. A total of 4 323 people have been displaced from 7 regions but mostly affecting Atsinanana and Analanjirofo. Cyclone Emnati affected 169 583 people causing 14 deaths. A total of 86 995 people were displaced in 12 regions but mostly from Atsimo Atsinanana, Fitovinany, and Ihorombe. TS Gombe affected 935 people causing one death in 3 regions but mostly affecting Analanjirofo, Sava, and Sofia.									
Madagascar	Malnutrition crisis	Grade 2	1-Jul-21	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.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	22-Apr-22	64 152	64 152	1 391	2,20%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 22 April 2022, a total of 64 152 cases including 1 391 deaths have been reported in the country.									
Madagascar	Poliomyelitis (cVDPV1)	Grade 2	28-Apr-21	28-Apr-21	20-Apr-22	14	14	0	0,00%
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	0,00%
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	24-Apr-22	78	13	4	5,10%
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 24 April 2022, Malawi has reported a total of 78 cholera cases with four deaths.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	24-Apr-22	85 747	85 747	2 633	3,10%
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.									
Malawi	Poliomyelitis	Ungraded	31-Jan-22	1-Feb-22	18-Mar-22	1	1	0	0,00%
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-22	-	-	-	-
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	23-Apr-22	30 727	30 727	731	2,40%
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 29 795 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-22	6-Mar-22	804	300	0	0,00%
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-20	18-Aug-20	16-Mar-22	52	52	0	0,00%
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-22	41		9	22,00%
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	24-Apr-22	58 683	58 683	982	1,70%
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.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	17-Apr-22	220 344	220 344	990	0,40%
The Republic of Mauritius 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.									
Mozambique	Floods	Grade 2	24-Jan-22	26-Jan-22	12-Mar-22	678 237		59	0,00%
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-22	-	-	-	-
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	24-Apr-22	225 365	225 365	2 201	1,00%
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.									
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-21	20-Mar-22	3 017	903	0	0,00%
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	0,00%
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	23-Apr-22	158 358	158 358	4 025	0,00%
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.									
Namibia	Typhoid fever	Ungraded	2-Mar-22	3-Mar-22	3-Mar-22	5	5	0	0,00%
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-15	1-Feb-15	28-Feb-22	-	-	-	-
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	17-Apr-22	8 914	8 914	309	3,50%
From 19 March 2020 to 24 April 2022, a total of 8 914 cases with 309 deaths have been reported across the country. A total of 8 507 recoveries have been reported from the country.									
Niger	Measles	Ungraded	5-Apr-22	1-Jan-22	31-Mar-22	3 420	323	4	0,10%
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.									

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	4,50%
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). <i>Neisseria meningitidis</i> 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	20-Apr-22	17	17	0	0,00%
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-22	-	-	-	-
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-22	1 358		31	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.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	22-Apr-22	255 685	255 685	3 143	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.									
Nigeria	Lassa fever	Grade 1	1-Jan-21	1-Jan-21	19-Mar-22	3 542	681	127	18,60%
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	0,00%
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-22	111	38	0	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.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	24-Apr-22	491	420	0	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.									
Nigeria	Yellow fever	Grade 2	12-Sep-17	1-Jan-21	28-Feb-22	54	54	3	5,60%
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 3	14-Mar-20	14-Mar-20	24-Apr-22	129 785	129 785	1 459	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.									
Sahel region	Humanitarian crisis	Grade 2	11-Feb-22	-	12-Apr-22	-	-	-	-
The humanitarian situation has further deteriorated in six countries of the Sahel: Burkina Faso, Cameroon, Chad, Mali, Niger, and Nigeria. The total amount of people in need of humanitarian assistance is 13.9 million. Additionally, more than 7 million people are internally displaced and 0.89 million refugees have been registered. 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-20	6-Apr-20	17-Apr-22	5 953	5 953	73	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 3	2-Mar-20	2-Mar-20	24-Apr-22	85 988	85 988	1 967	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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Senegal	Poliomyelitis (cVDPV2)	Grade 2		4-Apr-21	20-Apr-22	17	17	0	0,00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	22-Apr-22	42 236	42 236	163	0,40%
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.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	20-Apr-22	7 681	7 681	125	1,60%
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.									
Sierra Leone	Lassa fever	Ungraded	12-Feb-21	1-Jan-21	20-Mar-22	20	20	11	55,00%
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	0,00%
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-20	10-Dec-20	24-Apr-22	15	15		0,00%
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	24-Apr-22	3 762 911	3 762 911	100 303	3,40%
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.									
South Africa	Enteric Fever (typhoid)	Ungraded	22-Feb-22	16-Feb-22	23-Feb-22	163		0	0,00%
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 Africa	Floods	Ungraded	14-Apr-22	12-Apr-22	18-Apr-22	40 000	40 000	444	1,10%
The South African Government declared a National State of Disaster in response to floods, which have wreaked havoc in KwaZulu-Natal and parts of the Eastern Cape. On 11 and 12 April 2022, parts of KwaZulu-Natal received between 200 and 400 millimetres of rainfall in a 24-hour period, which affected all parts of the province. The entire eThekweni metro and the districts of iLembe, Ugu, King Cetshwayo and uMgungundlovu were reported as being the most affected. In the Eastern Cape, particularly in the districts of Alfred Nzo, Joe Gqabi and OR Tambo, roads, bridges and houses have been extensively damaged, especially in the Port St Johns' area. To date, 443 people are known to have died in KwaZulu-Natal, with approximately 48 people still missing or unaccounted for. One death has also been reported in the Eastern Cape areas located close to rivers, waterways, particularly informal settlements, where many dwellings were swept away.									
South Sudan	Acute Food Insecurity	Grade 2	18-Dec-20	5-Apr-21	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-21	1-May-21	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-16	n/a	13-Apr-22	-	-	-	-
The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there is a total of 8.9 million people in need of humanitarian assistance and 2 million people internally. In March 2022, inter-communal tensions in the Abyei Administrative Area led to displacement of more than 100 000 people who fled to Abyei town and neighboring counties to Twic, Warrap, and Northern Bahr el Ghazal state in various displacement sites. At least 60 people died. In Upper Nile state, fighting between factions in the area cause 14 000 people to flee to Ethiopia. In Eastern Equatoria State there have been sporadic clashes between farming communities and herders in Magwi causing some 19 350 people to take shelter in Magwi Town and Juba IDP site. Juba County also experienced attacks by cattle farmers causing the displacement of 28 000 people in the county.									
South Sudan	COVID-19	Grade 3	5-Apr-20	5-Apr-20	24-Apr-22	17 443	17 443	138	0,80%
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 138 deaths and 13 514 recovered cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	Hepatitis E	Ungraded	3-Jan-18	1-Jan-19	22-Mar-22	2 291	104	16	0,70%
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-21	1-Jan-22	17-Apr-22	848 594	848 594	158	0,00%
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.									
South Sudan	Measles	Ungraded	23-Feb-22	1-Jan-22	6-Mar-22	209		2	1,00%
Measles outbreak has been declared in South Sudan by health authorities on 23 February 2022 in two counties of Torit and Maban and later the outbreak was also confirmed in Tambura County. These three counties are from Eastern Equatoria, Upper Nile and Western Equatoria States respectively. As of week, 9 (ending 6 March 2022), a total of 209 measles cases and 2 deaths (case fatality ratio (CFR)= 0.9%) have been reported. Most cases are children under five years old (59.3%) and males are most affected (53.0%) than female (47.0%).									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	22-Oct-20	22-Oct-20	24-Apr-22	59	59	0	0,00%
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	COVID-19	Grade 3	16-Mar-20	16-Mar-20	15-Apr-22	33 864	33 864	803	2,40%
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 15 April 2022, a total of 33 864 cases have been reported in Tanzania Mainland including 803 deaths.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	23-Apr-22	36 977	36 977	273	0,70%
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 23 April 2022, a total of 36 977 cases including 273 deaths and 36 688 recovered cases have been reported in the country.									
Togo	Lassa Fever	Ungraded	28-Feb-22	26-Feb-22	28-Feb-22	1	1	1	100,00%
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-22	25-Nov-21	27-Feb-22	441	134	0	0,00%
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	0,00%
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	COVID-19	Grade 3	21-Mar-20	21-Mar-20	23-Apr-22	164 054	164 054	3 597	2,20%
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 with 3 597 deaths.									
Uganda	Rift Valley fever	Ungraded	14-Jan-22	12-Jan-22	4-Mar-22	5	5	1	20,00%
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	Yellow fever	Grade 2	3-Mar-21	1-Mar-22	10-Apr-22	7	1	0	0,00%
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. Only one case from Wakiso District was classified as confirmed after thorough investigation.									
Zambia	Cholera	Ungraded	13-Apr-22	11-Apr-22	24-Apr-22	17	17	0	0,00%
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: Three districts are affected: Lusaka (3 cases), Chilanga (9 cases) and Nsama (5 cases).									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	24-Apr-22	318 984	318 984	3 974	1,20%
The first COVID-19 confirmed case was reported in Zambia on 18 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.									

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-19	1-Jan-22	20-Mar-22	22	0	0	0,00%
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	24-Apr-22	247 554	247 554	5 468	2,20%
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									
Kenya	Acute Respiratory Illness (ARI)	Ungraded	21-Feb-22	1-Dec-20	20-Feb-22	635	635	7	1,10%
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.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	8-Feb-22	8-Feb-22	14-Mar-22	6	6	2	33,30%
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.									
Tanzania, United Republic of	Cholera	Ungraded	13-Dec-21	13-Dec-21	26-Mar-22	94	7	1	1,10%
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.									
Uganda	Unknown disease	Ungraded	3-Mar-22	14-Feb-22	21-Feb-22	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.									

†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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Correspondence on this publication may be directed to:

Dr Etien Luc Koua

Programme Area Manager, Health Information & Risk Assessment.

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

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Contributors

Gervais Leon FOLEFACK TENGOMO
(Democratic Republic of the Congo)
Julius WEKESA (South Africa)
Clement PETER LASUBA (WR Liberia)
Jeremy SESAY (Liberia)

A. Moussongo

Editorial Team

M. Stephen
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D. Chamla
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