WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

Health Emergency Information and Risk Assessment

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 18: 24 April – 1 May 2022
Data as reported by: 17:00; 1 May 2022

3 New events
151 Ongoing events
135 Outbreaks
19 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
cVDPV2
- COVID-19
- Anthrax
- Dengue fever
- Malaria
- Hepatitis E
- Acute Food insecurity
- Drought
- Floods
- Yellow fever
- Plague
- Deaths
- Countries reported in the document
- Countries outside WHO African Region
- WHO Member States with no reported events
- Not applicable

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*
Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 154 events in the region. This week’s articles cover:

- Ebola Virus Disease in the Democratic Republic of the Congo
- Lassa fever in Guinea
- COVID-19 across the WHO African region

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 Ebola virus disease (EVD) outbreak in Equateur Province, Democratic Republic of the Congo, continues with a second confirmed case reported in Mbandaka City. The high population density in Mbandaka City can favour the transmission of the disease, thus the risk of its spread cannot be excluded. There is a need for a strong and robust surveillance system 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.

- The newly declared Lassa fever outbreak in Guinea is of grave concern in the context of a country with a fragile health system that has faced multiple disease outbreaks such as Ebola, Marburg, Lassa fever, yellow fever, and the ongoing COVID-19 pandemic. Health authorities are currently conducting in-depth epidemiological investigations to determine the source of infection.

- Driven largely by Southern Africa, new COVID-19 cases have increased in the WHO African region for the second consecutive week following over two months of decline. The high numbers reported from Southern Africa comes at a time when the winter season is beginning to set in, a period when the 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 of both surveillance and response systems.
Infection prevention and control complementary kits have been donated to Wangata Hospital. A laboratory network has been established for the collection, transport and analysis of samples as well as the delivery of results. As of 1 May 2022, 70 samples have been received for testing. Of these, 63 (90.0%) were analysed and three (1 blood and 2 swabs) tested positive for the Ebola virus disease from two cases. A total of 16 screening sites have been established at points of entry and points of control in the city of Mbandaka.

**SITUATION INTERPRETATION**

The presence of the natural reservoir of the virus in the Democratic Republic of the Congo can account for the relative frequency of EVD outbreaks in recent years, making this the third since 2018 in the Equateur Province. Located on the banks of the Congo River, Mbandaka City serves as an important transit point to other parts of the Democratic Republic of the Congo including the capital Kinshasha as well as the neighbouring Republic of Congo and the Central African Republic. This highlights the urgency required to contain the outbreak to prevent a potential spread to nearby population centres. WHO and partners are supporting the government to respond with speed capitalizing on experience gained during the response to previous EVD outbreaks. A critical lesson would be to ensure that communities are at the centre of the response activities.
EVENT DESCRIPTION

The Ministry of Health and Public Hygiene of Guinea declared an outbreak of Lassa fever in Guéckédou Province, Nzérékoré Region on 22 April 2022, following the notification of a confirmed case of Lassa fever by the Guéckédou provincial Directorate of Health.

The confirmed case is a 17-year-old female from the Sidakoro village, Yomadou district in Kassadou sub-prefecture, located 65 km from the urban district of Guéckédou. The case-patient reported onset of symptoms on 12 April 2022 and later sought in-patient care at Guéckédou Provincial Maternity Hospital on 19 April 2022, with complaints of fever, costal and pelvic pain, headache, leucorrhrea, amenorrhrea, cough, and muscle cramps.

Blood samples collected from the case-patient on 20 April 2022 and analyzed at the Haemorrhagic Fever Laboratory of Guéckédou using the reverse transcription-polymerase chain reaction (RT-PCR) returned positive for Lassa virus infection. Test results for other haemorrhagic fevers were negative. A confirmatory test at the Conakry Reference Laboratory also returned positive for the Lassa virus. The patient is currently hospitalized in the Epidemic Diseases Treatment Centre at the Guéckédou Provincial Hospital.

Following the initial epidemiological investigation, a total of 141 contacts including 21 health workers and laboratory staff were listed. Environmental investigation also confirmed the presence of infected mastomys rats, reservoir of the Lassa virus, in the affected area.

On 29 April 2022, a second confirmed case of Lassa fever with no known epidemiological linkage to the first case was notified from Tekoulo sub-province, Guéckédou province. The case is a 24-year-old male from Koumassan village, Wokouama sector, situated 20 km away from Sekoulo sub-province. Epidemiological investigations are ongoing to determine the likely source of exposure.

PUBLIC HEALTH ACTIONS

The Ministry of Health and partners are implementing the following activities to control the ongoing outbreak:

- The crisis committee at the National level was activated to coordinate the Lassa fever response activities and the declaration of the outbreak was made on 22 April 2022.
- Surveillance activities, including in-depth epidemiological investigation, contact listing and follow up are ongoing in the affected areas.
- Laboratory activities, mainly the testing of suspected cases are ongoing at the hemorrhagic fever laboratory in Guéckédou health district.
- Risk communication and community mobilization activities through local radio stations are ongoing.

SITUATION INTERPRETATION

Lassa fever is endemic in parts of West Africa including Liberia, Guinea, Sierra Leone, and Nigeria where the natural reservoir of the Lassa virus, the mastomys rodents, has been found. Socio-cultural practices including hunting for the rodents have been known risk factors for Lassa fever infection in the region. The current outbreak comes at a time the health system of Guinea has been dealing with multiple outbreaks and control capacities are suboptimal. The authorities will need to quickly investigate the current outbreak and ensure that communities are sensitized to the risk of acquiring the infection.
EVENT DESCRIPTION

The COVID-19 pandemic continues to evolve on the African continent with a total of 11.8 million confirmed cases and 252,922 deaths reported as of 1 May 2022. So far, there have been 10.84 million (93%) recoveries reported. Africa accounts for 2.3% and 4.1% of the reported global cases and deaths respectively. In the WHO African Region, sub-Saharan Africa and Algeria, a total of 8.35 million cases with 170,733 deaths have been recorded since the onset of the pandemic.

In the past week (week ending 1 May 2022), 37,741 new cases were reported in Africa against 31,410 in the previous week, signifying a 20% increase week-on-week. The majority of the new cases reported were from five countries and accounted for 94.0% of all new cases in the reporting period namely, South Africa (32,852), Burundi (920), Zambia (749), Tunisia (661), and Eswatini (363).

Conversely, the number of deaths reported continued to decline for the fifth straight week. A total of 94 new deaths were reported in epidemiological week 18 (the week ending 1 May 2022) compared to 298 deaths in the previous week, signifying a 68.0% decline. South Africa (60), Tunisia (17), Morocco (4), Seychelles (3), and Botswana (2) made up the top five countries with the highest number of deaths reported in the period and accounted for 91.0% of all deaths during the period.

From 25 February 2020 to 1 May 2022, a total of 159,929 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 (5,366, 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.

African countries continue to make great strides towards self-sufficiency in genome sequencing. WHO has provided more than US$ 6.5 million to help African countries either increase existing sequencing capabilities or build new expertise. Sequencing capacities have ramped up five-fold in the past year. Between January and April 2021, African laboratories had reported about 7,900 sequences. During the same period in 2022, African laboratories reported 37,600 sequences. As of 26 April, African countries have produced nearly 104,600 sequences.

SITUATION INTERPRETATION

Increase in new cases and deaths across African continent in not unexpected given previous pattern of the pandemic. This increase which is largely driven by Southern Africa comes at a time when the winter season is about to begin in this subregion, a period normally associated with increase in respiratory infection. Results from environmental surveillance in South Africa also point to increase positive samples of SARS-CoV2 from wastewater, providing early warning for potential increase in new infection. The risk associated with further spread remains high given reduced implementation and compliance to public health measures including vaccination.
## New cases reported in the past seven days and cumulative totals by country: Data as of 1 May 2022 (8 332 635)

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<th>Country</th>
<th>Total cases</th>
<th>New cases</th>
<th>Percent change in new cases</th>
<th>Total deaths</th>
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<td><strong>170 712</strong></td>
<td><strong>22</strong></td>
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*Total cases includes one probable case from Democratic Republic of the Congo*
A total of 34 suspected cases have been reported from Kuajok in Warrap state. A rapid response team investigation sampled 18 individuals of which 8 (44%) returned positive for bacillus anthracis bacteria. Cases were reported from 13 March - 11 April 2022 from registered hospital patients where the majority of cases have been female (71%). Twenty-two cases (65%) are children under 10 years old.

**New Events**

- **South Sudan**: Anthrax
  - Ungraded
  - 25-Apr-2022
  - 13-Mar-22
  - 11-Apr-2022
  - 34 total cases
  - 8 confirmed cases
  - 0 deaths
  - CFR 0.0%

A total of 89 suspected cases of meningitis have been reported from 5 counties in NBeG from week 1-17, 2022. Most cases reported among 5-14 yrs (45%) and <1yr (31%). Of these suspected cases, there have been 15 deaths (CFR 17%) of which most have occurred in infants (<1yr). A spike in suspected cases was reported in week 15 of 2022 but has been on the decline afterwards. Aweil East & Aweil West reported the highest cumulative attack rates surpassing the alert threshold of 3 cases per 100 000 in week 15 of 2022.

**Ongoing Events**

- **Tanzania, United Republic of**: Cholera
  - Ungraded
  - 25-Apr-2022
  - 14-Apr-2022
  - 1-May-2022
  - 144 total cases
  - 22 confirmed cases
  - 0 deaths
  - CFR 0.0%

The Ministry of Health of The United Republic of Tanzania notified WHO on 25 April 2022 of an outbreak of cholera in Kigoma and Katavi Regions. From 14 Apr to 1 May 2022, 14 cumulative cases (37 from Katavi Region and 107 from Kigoma Region) have been reported with no deaths. A total of 22 cases have been confirmed positive by diagnostic tests, of which 13 cases were confirmed via rapid diagnostic tests and 11 have been confirmed to have Vibrio cholerae isolates. More than 40% of cases have been reported among children <5 years.

- **Algeria**: COVID-19
  - Grade 3
  - 25-Feb-2020
  - 25-Feb-2020
  - 24-Apr-2022
  - 265 782 total cases
  - 6 875 deaths
  - 2.6% CFR

From 25 February 2020 to 1 May 2022, a total of 265 782 confirmed cases of COVID-19 with 6 875 deaths (CFR 2.6%) have been reported from Algeria. A total of 178 358 cases have recovered.

- **Benin**: Cholera
  - Grade 1
  - 28-Mar-21
  - 28-Mar-21
  - 13-Mar-22
  - 1 679 total cases
  - 46 deaths
  - 1.2% CFR

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
  - 13-Mar-20
  - 16-Mar-20
  - 24-Apr-2022
  - 26 605 total cases
  - 163 deaths
  - 0.6% CFR

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 24 April 2022, a total of 26 605 cases have been reported in the country with 163 deaths and 26 433 recoveries.

- **Botswana**: COVID-19
  - Grade 3
  - 30-Mar-20
  - 28-Mar-20
  - 14-Apr-2022
  - 305 859 total cases
  - 2 688 deaths
  - 0.9% CFR

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 14 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-2022
  - -
  - -
  - -

Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in a current mass displacement of 1 814 283 internally displaced persons as of 28 Feb 2022. There have been IDPs from all 13 regions, however, the majority have come from Centre-Nord (35.9%) and Sahel (31.7%) regions. According to OCHA, 3.5 million Burkinabe will need humanitarian aid in 2022, including 2.6 million severely food insecure during the 2022 lean season, with over 436 000 in the pre-famine phase.

- **Burkina Faso**: COVID-19
  - Grade 3
  - 10-Mar-20
  - 9-Mar-20
  - 3-Apr-2022
  - 20 865 total cases
  - 383 deaths
  - 1.8% CFR

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-2022
  - 67 total cases
  - 0 deaths
  - 0.0% CFR

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.
### Cameroon

- **Humanitarian crisis (NW & SW)**
  - Protracted 2
  - 31-Dec-2013 to 28-Feb-2022

- **Measles**
  - Ungraded
  - 2-Apr-2019 to 10-Apr-2022

- **Cholera**
  - Grade 2
  - 25-Oct-2021 to 18-Apr-2022

- **Measles**
  - Ungraded
  - 1-Jan-2022 to 10-Apr-2022

### Burundi

- **COVID-19**
  - Grade 3
  - 31-Dec-2020 to 28-Feb-2022

### Central African Republic

- **Humanitarian crisis (Far North, North, Adamawa & East)**
  - Protracted 2
  - 27-Jun-2017 to 28-Feb-2022

- **Cholera**
  - Grade 2
  - 27-Jun-2017 to 28-Feb-2022

- **Measles**
  - Ungraded
  - 3-Mar-2021 to 10-Apr-2022

### Cape Verde

- **COVID-19**
  - Grade 3
  - 19-Mar-2020 to 1-May-2022

### Health Emergency Information and Risk Assessment

- **As of 3 April 2022,** 105 samples from Burkin 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 Bagayi village, Boussé 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 GuadouDougalou.

- **On 31 March 2022,** the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 1 May 2022, the total number of confirmed COVID-19 cases is 40,552, including 15 deaths and 39,449 recovered.

- **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 Kuouseri, the security situation in the Far North region of Cameroon has remained calm and stable since 20 January 2022.

- **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.

- **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 through IDSR database. Among 688 confirmed cases, 250 IgM+ for measles (37.8 positivity); 8 tested IgM+ for rubella out of 663 cases investigated with blood samples ; 408 cases confirmed by epi linkage; and 30 compatible cases ; 68% of confirmed measles are under 5 years of age (up to 89% less than 9 years); only 32% known to have received at least one dose of measles vaccine.

- **From week 1 to 14, 2022 (ending 10 April),** through Integrated disease surveillance and response (IDSR) reporting, a total of 1,819 measles cases with 21 deaths (CFR 1.2%) have been reported in Cameroon from South-West (424 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). 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.

- **On 15 December 2021,** a case of monkeypox from Ayos Health District in the Central Region, Cameroon, was confirmed. As of 17 February 2022, 25 suspected cases of laboratory confirmed and two deaths have been reported from four Health Districts across three regions.

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

- **From 1 January 2021 to 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 cases were death. 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.

- **The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020.** As of 1 May 2022, a total of 56,028 confirmed COVID-19 cases including 401 deaths and 55,566 recoveries were reported in the country.

- **According to OCHA figures,** 3.1 million people (63% of the total population) are in need of assistance and protection in 2022. There are 649,794 people that are internally displaced as of 31 Mar 2022 and 738,000 persons are refugees in neighbouring countries. Civilians are still the main victims of violence. Food insecurity is also estimated to be 2.4 million people in 2022.

- **The 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 24 April 2022, a total of 14,358 confirmed cases, 113 deaths and 14,210 recovered were reported.

- **The Central African Republic recorded six confirmed cases of monkeypox including two deaths between epi week 8 and epi week 13 (ending 10 April 2022), in the health districts of Mbaiki and Bimbo.**

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<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>21-Apr-2022</td>
<td>1-Feb-2022</td>
<td>24-Apr-2022</td>
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<td>1</td>
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</table>

| Burundi          | COVID-19      | Grade 3 | 31-Mar-20          | 18-Mar-20               | 1-May-2022           | 40,552      | 40,552          | 15     | 0.0%  |

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

| Cameroon         | Cholera       | Grade 2 | 1-Jan-21         | 25-Oct-21              | 18-Apr-2022          | 5,718       | 293            | 118    | 2.1% |

| Cameroon         | Measles       | Ungraded | 2-Apr-2019       | 1-Jan-22               | 10-Apr-2022          | 1,819       | 688            | 21     | 1.2% |

| Cameroon         | Monkeypox     | Ungraded | 24-Feb-2022      | 15-Dec-2021            | 22-Feb-2022          | 25          | 3              | 2      | 8.0% |

| Cameroon         | Poliomyelitis (cVDPV2) | Grade 2 | 1-Jan-20       | 1-Jan-20               | 27-Apr-2022          | 10          | 10             | 0      | 0.0% |

| Cameroon         | Yellow fever  | Grade 2 | 7-Feb-2021      | 4-Jan-21               | 10-Apr-2022          | 47          | 35             | 8      | 17.0% |

| Cape Verde      | COVID-19      | Grade 3 | 19-Mar-20       | 18-Mar-20              | 1-May-2022          | 56,028      | 56,028        | 401    | 0.7% |

| Central African Republic | Humanitarian crisis | Protracted 2 | 11-Dec-2013 | 11-Dec-2013 | 31-Mar-22 | - | - | - | - |

| Central African Republic | COVID-19       | Grade 3 | 14-Mar-20       | 14-Mar-20              | 24-Apr-2022         | 14,358      | 14,358        | 113    | 0.8% |

| Central African Republic | Monkeypox    | Ungraded | 3-Mar-22       | 4-Mar-22               | 10-Apr-2022         | 6           | 6              | 2      | 33.3% |

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<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Central African Republic</td>
<td>Yellow fever (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Sep-21</td>
<td>1-Apr-2021</td>
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<td>20</td>
<td>10</td>
<td>1</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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 | 25-Apr-2022 | 7 411 | 7 411 | 193 | 2.6% |

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 25 April 2022, a total of 7 411 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 | 8.2% |

Since 1 January 2018, a total of 171 cases have been reported by 4 provinces (Ndjamena, Borkou, Tibesti and Ouaddai) and 14 deaths (CFR 8.2%). For the year 2020 the country registered 74 cases including 4 deaths. Since the beginning of 2021 up to 30 November 2021, 54 cases have been reported including 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-2018 | 1-Jan-22 | 3-Apr-2022 | 1 138 | 51 | 1 | 0.1% |

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 Ndjamena 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 (Ndjamena South, Bongor, Ndjamena Center, Ndjamena 9th and Dun Hadjer).

| Chad             | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 9-Sep-19 | 27-Apr-2022 | 114 | 114 | 0 | 0.0% |

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were no cases reported in 2021. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks. There were 8 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

| Chad             | Yellow fever | Grade 2 | 13-Nov-21 | 1-Nov-21 | 10-Apr-2022 | 77 | 35 | 0 | 0.0% |

On 13 November 2021, the Institut Pasteur in Dakar shared the results of 17 samples of yellow fever cases from the Mandoul district, Chad, of which two tested positive by polymerase chain reaction (PCR), six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions. As of 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-2020 | 30-Apr-2020 | 30-Apr-2022 | 8 107 | 8 107 | 160 | 2.0% |

The first case confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 30 April 2022, a total of 8 107 confirmed COVID-19 cases, including 160 deaths and 7 945 recoveries were reported in the country.

| Congo            | COVID-19     | Grade 3 | 14-Mar-20 | 14-Mar-20 | 24-Apr-2022 | 24 041 | 24 041 | 385 | - |

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 24 April 2022, a total of 24 041 cases including 385 deaths and 23 602 recovered cases have been reported in the country.

| Congo            | Measles      | Ungraded | 14-Mar-22 | 1-Jan-22 | 3-Apr-2022 | 1 138 | 51 | 1 | 0.1% |

As at Week 12 of 2022 (ending 27 March), a total of 5 594 cases have been confirmed (IgM+ and Epi-linkage) with 132 deaths (CFR 2.3%) across the country: 56.6% of cases are children below 5 years of age; Only 4% of infants below 12 months are vaccinated; less than 18% between 12 – 59 months known to have received at least 1 dose of measles vaccine; 83% of the deaths are in children below 5 years; 21 out of 52 districts with confirmed outbreaks.

| Congo            | Poliomyelitis (cVDPV2) | Grade 2 | 29-Jan-21 | 27-Apr-2022 | 4 | 4 | 0 | 0.0% |

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

| Congo            | Yellow fever | Ungraded | 31-Mar-22 | 31-Mar-20 | 10-Apr-2022 | 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 have not yet completed across Pointe Noire.

| Côte d’Ivoire   | COVID-19     | Grade 3 | 11-Mar-20 | 11-Mar-20 | 1-May-2022 | 81 957 | 81 957 | 799 | 1.0% |

Since 11 March 2020, a total of 81 957 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 799 deaths, and a total of 81 112 recoveries.

| Côte d’Ivoire   | Dengue       | Ungraded | 22-Mar-22 | 10-Jan-22 | 6-Feb-2022 | 11 | 11 | 1 | 9.1% |

On 23 March 2022, the Ministry of Health of Côte d’Ivoire notified WHO of confirmed dengue cases. Between Epi week 2 and Epi week 9 2022, 11 confirmed cases were recorded, including 1 death. Of the 11 confirmed cases, 9 were reported from Abidjan, specifically in the districts of Cocody Bingerville (7) and Treichville Marcory (2), and 2 in 2 hinterland districts, Adiaké and Daloa. The response plan is currently being finalized.

| Côte d’Ivoire   | Poliomyelitis (cVDPV2) | Grade 2 | 29-Oct-19 | 29-Oct-19 | 27-Apr-2022 | 64 | 64 | 0 | 0.0% |

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

| Côte d’Ivoire   | Yellow fever | Grade 2 | 14-Sep-21 | 13-Aug-2021 | 10-Apr-2022 | 56 | 13 | 0 | 0.0% |

On 13 August 2021, five yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Based on differential tests returned on 6 September 2021, the results of three cases 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.
In Ituri Province, between February and March 2022, approximately 9 300 fledged attacks by armed men in localities of Musongwa and took refuge in Gengere, Udogozi, Apala, and Jupunyangu. About 75% of the displaced live with host families and 25% in spontaneous sites erected in Gengere, Udogozi and Apala. In the reception areas, significant needs covering several sectors (shelter, food, non-food items, medical care, etc.) remain unmet. In South Kivu Province, the commune of Kadutu (city of Bukavu) experienced torrential rains on 25 April 2022 which were accompanied by landslides and led to the death of nine people and injured nine others. In Maniema Province, heavy rains have affected many areas of the province and provincial authorities fear an outbreak of diarrhoeal diseases, including cholera. The immediate needs are expressed in terms of shelter and health care.

### Democratic Republic of the Congo

- **Cholera**
  - Grade: 3
  - Date notified: 16-Jan-15
  - Start of reporting period: 1-Jan-22
  - End of reporting period: 3-Apr-2022
  - Total cases: 4,717
  - Cases confirmed: -
  - Deaths: 66
  - CFR: 1.4%

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.

- **COVID-19**
  - Grade: 3
  - Date notified: 10-Mar-20
  - Start of reporting period: 10-Mar-20
  - End of reporting period: 27-Mar-22
  - Total cases: 86,769
  - Cases confirmed: 86,767
  - Deaths: 1,337
  - CFR: 1.5%

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 1337 deaths have been reported. A total of 64,656 people have recovered.

- **Ebola virus disease**
  - Grade: 2
  - Date notified: 22-Apr-2022
  - Start of reporting period: 22-Apr-2022
  - End of reporting period: 1-May-2022
  - Total cases: 2
  - Cases confirmed: 2
  - Deaths: 2
  - CFR: 100.0%

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 reverse transcriptase polymerase chain reaction (RT-PCR) at the provincial laboratory in Mbandaka and then at the Institut National de Recherche Biomédicale (INRB) 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 grade 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. On 25 April, health authorities confirmed another EVD case, in a 25-year-old woman from Mbandaka health zone. The case was a family member of the first case. She developed symptoms on 13 April and died on 25 April. A safe and dignified burial was performed.

- **Measles**
  - Grade: Ungraded
  - Date notified: 12-Oct-21
  - Start of reporting period: 1-Jan-22
  - End of reporting period: 10-Apr-2022
  - Total cases: 37,573
  - Cases confirmed: 953
  - Deaths: 585
  - CFR: 1.6%

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 Tananganyka, Haut Lomami, Sud Ubangi, Maniema, Haut Katanga and Sinkuru.

- **Monkeypox**
  - Grade: Ungraded
  - Date notified: 1-Jan-20
  - Start of reporting period: 17-Apr-2022
  - End of reporting period: 14-May-2022
  - Total cases: 10,459
  - Cases confirmed: 39
  - Deaths: 360
  - CFR: 3.4%

During week 15 of 2022, a total of 30 cases and 1 death due to monkeypox were reported. Between epidemiological weeks 1-15 of 2022, 1,152 cases have been reported with 55 deaths (CFR 4.8%). Compared to weeks 1-15 in 2021, 1,266 cases were reported with 38 deaths (CFR 3.0%). 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.

- **Poliomyelitis (cVDPV2)**
  - Grade: 2
  - Date notified: 26-Feb-2021
  - Start of reporting period: 1-Jan-21
  - End of reporting period: 27-Apr-2022
  - Total cases: 54
  - Cases confirmed: 54
  - Deaths: 0
  - CFR: 0.0%

Four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; three in Maniema and one in Sud-Kivu bringing the number of 2022 cases to 26. There are 28 cases from 2021.
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 Seme Depac) crossing the epidemic threshold. Two cerebrospinal fluid samples were positive for Hemophilus Influenzae 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

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<thead>
<tr>
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<th>Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>28-Mar-22</td>
<td>1-Jan-22</td>
<td>13-Mar-22</td>
<td>1,618</td>
<td>3</td>
<td>118</td>
<td>7.3%</td>
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</table>

In 2022, from epidemiological week 1 to 12 (ending 27 March 2022), 448,176 suspected cases of typhoid fever including 185 deaths were recorded in the Democratic Republic of the Congo. In 2021, from Epi week 1 to 49, 1,380,955 suspected cases of typhoid fever have been reported including 502 deaths (CFR 0.03%).

### Democratic Republic of the Congo

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<th>CFR</th>
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<tr>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>21-Apr-2021</td>
<td>21-Apr-2021</td>
<td>10-Apr-2022</td>
<td>10</td>
<td>8</td>
<td>0</td>
<td>0.0%</td>
</tr>
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</table>

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

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<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>21-Apr-2022</td>
<td>15,907</td>
<td>15,907</td>
<td>183</td>
<td>1.2%</td>
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</table>

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

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<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>1-May-2022</td>
<td>9,734</td>
<td>9,734</td>
<td>103</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 1 May 2022, a total of 9,734 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9,631 patients have recovered from the disease.

### Eswatini

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<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>1-May-2022</td>
<td>70,657</td>
<td>70,657</td>
<td>1,397</td>
<td>-</td>
</tr>
</tbody>
</table>

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 1 May 2022, a total of 70,657 cases have been reported in the country including 68,906 recoveries. A total of 1,397 associated deaths have been reported.

### Ethiopia

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drought/food insecurity</td>
<td>Grade 2</td>
<td>17-Feb-2022</td>
<td>1-Jan-22</td>
<td>7-Mar-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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

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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 3</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>1-Apr-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 April 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

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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>1-May-2022</td>
<td>470,581</td>
<td>470,581</td>
<td>7,510</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 470,581 cases of COVID-19 as of 1 May 2022, with 7,510 deaths and 455,383 recoveries.

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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-22</td>
<td>25-Mar-22</td>
<td>2,755</td>
<td>2,156</td>
<td>13</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

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, SNNP and Somali) are experiencing measles outbreak. The districts in outbreak are: Baso Liben; Minjar; Bora; Ale Special; Gerese; South Ari; Woba Ari Birgod; Bokolmanyoc; 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

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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningitis</td>
<td>Ungraded</td>
<td>17-Feb-2022</td>
<td>12-Dec-2021</td>
<td>12-Apr-2022</td>
<td>1,737</td>
<td>10</td>
<td>16</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

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, Somalia, 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 herpes virus 7 (HHV7), 4 sample positive for Neisseria Meningitidis (Nm), 1 sample positive for hemophilus influenza (HI), 1 sample for Streptococcus Pneumoniae (Sp), 1 sample positive for both Nm+HHV7 and 1 sample for both Sp+Ebstein Barr virus (EBV). More CSF samples collection for investigations is ongoing. The number of deaths (123) reported on week 10 and 11 has been corrected.
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Ten cases were reported in 2021. The total number of cases for 2020 is 38 and 2019 is 15.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 27 April 2022, a total of 47 602 cases including 304 deaths and 47 285 recoveries have been reported in the country.

On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogoué-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.

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 started.

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 the country.
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 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.

Neno have confirmed cholera cases. As of 1 May 2022, Malawi has reported a total of 94 cholera cases with four deaths.

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

Jasmine affected the country last week causing at least 1 death as of 27 April 2022.

Atsinanana, Fitovinany, and Ihorombe. TS Gombe affected 935 people causing one death in 3 regions but mostly affecting Analanjirofo, Sava, and Sofia. Finally, TS

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

Cyclone Batsirai occurred in week 5, TS Dumako in week 7, Cyclone Emnati in week 8, TS Gombe in week 10, and TS Jasmine in week 16. 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. Finally, TS Jasmine affected the country last week causing at least 1 death as of 27 April 2022.

Heavy rains in Madagascar from multiple weather systems (Tropical Storm (TS) Ana, Cyclone Batsirai, TS Dumako, Cyclone Emnati, TS Gombe, and TS Jasmine) have flooded parts of the country. The TS Ana weather system affected the country during week 3 of 2022, Cyclone Batsirai occurred in week 7, Cyclone Emnati in week 8, TS Gombe in week 10, and TS Jasmine in week 16. 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. Finally, TS Jasmine affected the country last week causing at least 1 death as of 27 April 2022.

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 crisis (IPC Phase 4). About 599 000 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 Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 29 April 2022, a total of 64 181 confirmed cases including 1 391 deaths have been reported in the country.

As of 11 April 2022, 1 543 suspected cases, including 1435 confirmed and 15 deaths (CFR: 1 %) were reported from 33 health districts in 12 counties. Of the total confirmed cases, 13.7 % (197 cases) were laboratory confirmed, 26% (374 cases) was clinically confirmed, and 60 % (861 cases) by epidemiological link. Montserrado county is the most affected with 55% (843 suspected cases) of all suspected cases and 73.3% (11 deaths) of all deaths reported. The median age of the affected population is 6 years (range: 3 month-67 years). Measles vaccination coverage in confirmed cases is 39.5% and the vaccination status of 14.5 % of confirmed is unknown.

Madagascar Malnutrition crisis Grade 2 1-Jul-2021 1-Jan-21 11-Mar-22 - - - -

A prolonged three-year drought in southern Madagascar has contributed to food insecurity issues for an estimated 1.3 million people in the Grand Sud area, of which 14 000 people were classified as IPC Phase 5 or catastrophically food insecure. The Integrated food security Phase Classification (IPC) analysis for January 2022 has classified 405 000 people in crisis (IPC Phase 4). About 599 000 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 29-Apr-2022 64 181 64 181 1 391 2.2%

Heavy rains in Madagascar from multiple weather systems (Tropical Storm (TS) Ana, Cyclone Batsirai, TS Dumako, Cyclone Emnati, TS Gombe, and TS Jasmine) have flooded parts of the country. The TS Ana weather system affected the country during week 3 of 2022, Cyclone Batsirai occurred in week 7, Cyclone Emnati in week 8, TS Gombe in week 10, and TS Jasmine in week 16. 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. Finally, TS Jasmine affected the country last week causing at least 1 death as of 27 April 2022.

Malawi Floods Grade 2 26-Jan-22 18-Mar-22 1 000 000 51 0.0%

Malawi is currently responding to the aftermath of the cyclone Ana and Gombe that occurred on 28 January 2022 and 13 March 2022 respectively. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people have been affected, death toll stands at 51 (46 due to tropical storm Ana, 5 due to cyclone Gombe).

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. Three new districts, Blantyre, Chikwawa and Neno have confirmed cholera cases. As of 1 May 2022, Malawi has reported a total of 94 cholera cases with four deaths.

Malawi Cholera Ungraded 3-Mar-22 3-Mar-22 1-May-2022 94 13 4 4.3%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 1 May 2022, the country has a total of 85 781 confirmed cases with 2 634 deaths and 82 066 recoveries. 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. No other cases have been reported this week.
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, 84,007 returnees have come back to the country.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 1 May 2022, a total of 30,843 confirmed COVID-19 cases have been reported in the country including 732 deaths and 29,896 recoveries.

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.

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

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

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 1 May 2022, a total of 58,688 cases including 982 deaths and 57,695 recovered cases have been reported in the country.

On 4 February 2022, a case of Crimean-Congo haemorrhagic fever (CCHF) was confirmed by polymerase chain reaction (PCR) at the Institut National de Recherche en Santé Publique in Nouakchott, Mauritania. The patient is a 52-year-old male farmer living in the department (moughataa) of Kouheni in the region (wilaya) of Hodh El Gharbi. 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 27 April 2022, a total of seven confirmed cases including two deaths were reported. The last confirmed case was reported 46 days after the sixth.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 24 April 2022, a total of 221,749 confirmed COVID-19 cases including 992 deaths and 57,969 recovered cases have been reported in the country.

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

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 28 Feb 2022, the nationwide estimate of people in need of humanitarian assistance is 1.3 million and 744 949 people are displaced by conflict.
### Country Event Grade Date notified to WCO Date notified End of reporting period Total cases Cases Confirmed Deaths CFR

Niger Humanitarian crisis Protracted 1 1-Feb-2015 28-Feb-2022 - - -

Niger COVID-19 Grade 3 19-Mar-20 1-May-2022 8 943 309 3.5%

Niger Measles Ungraded 5-Apr-2022 31-Mar-22 3 420 323 4 0.1%

Niger Poliomyelitis (cVDPV2) Grade 2 1-Jan-21 27-Apr-2022 17 17 0 0.0%

Niger Meningitis Ungraded 1-Jan-21 20-Mar-22 1 688 - 76 4.5%

Niger Humanitarian crisis Protracted 10-Oct-16 28-Feb-2022 - - -

Niger Cholera Ungraded 12-Jan-21 8-Apr-2022 1 358 31 2.3%

Niger COVID-19 Grade 3 27-Feb-2020 1-May-2022 255 753 3 1.2%

Niger Lassa fever Grade 1 1-Jan-21 19-Mar-22 3 542 681 127 18.6%

Niger Measles Ungraded 14-Mar-22 20-Mar-22 9 905 1 294 0 0.0%

Niger Monkeypox Ungraded 9-Sep-21 28-Feb-2022 111 38 0 0.0%

Niger Poliomyelitis (cVDPV2) Grade 2 1-Jun-2018 1-May-2022 491 420 0 0.0%

Nigeria Yellow fever Grade 2 12-Sep-17 28-Feb-2022 54 54 3 5.6%

Rwanda COVID-19 Grade 3 14-Mar-20 1-May-2022 129 834 1 459 1.1%

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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).

From 19 March 2020 to 1 May 2022, a total of 8 943 cases with 309 deaths have been reported across the country. A total of 8 524 recoveries have been reported from the country.

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.

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). Neisseria meningitidis serogroup C (NmC) is the predominant germ identified in the 2 health districts. An International Coordinating Group (ICG) for vaccine provision request is underway for a vaccine campaign response.

Attacks in Nigeria have continued in Local Government Agencies of Borno, Adamawa, and Yobe (BAY) states making the North-Eastern part of the country volatile. As of 28 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.

Since 1 January 2021 to 28 February 2022, a total of 2 456 yellow fever (YF) suspected cases were reported from 526 Local Government Areas (LGAs) 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.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 1 May 2022, a total of 129 834 cases with 1 459 deaths and 128 347 recovered cases have been reported in the country.
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.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 24 April 2022, a total of 5 957 confirmed cases of COVID-19 have been reported, including 73 deaths. A total of 5 880 cases have been reported as recoveries.

From 2 March 2020 to 1 May 2022, a total of 86 001 confirmed cases of COVID-19 including 1 966 deaths and 84 017 recoveries have been reported in Senegal.

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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 Abiyei Administrative Area led to displacement of more than 100,000 people who fled to Abiyei 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

#### Cholera

Ungraded 21-Apr-2022 21-Mar-22 16-Apr-2022 3 3 1 33.3%

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.

#### COVID-19

Grade 3 5-Apr-2020 5-Apr-2020 1-May-2022 17,483 17,483 138 0.8%

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 1 May 2022, a total of 17,483 confirmed COVID-19 cases were reported in the country including 138 deaths and 13,514 recovered cases.

#### Malaria

Ungraded 28-Dec-2021 1-Jan-22 17-Apr-2022 848,594 848,594 158 0.0%

Between weeks 1-15 of 2022 (ending 17 April), 848,594 malaria cases including 158 deaths have been reported in South Sudan. There were five 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.

#### Hepatitis E

Ungraded 3-Jan-18 1-Jan-19 22-Mar-22 2,291 104 16 0.7%

The current outbreak in the Bentiu IDP camp is ongoing. As of 22 March 2022, a total of 2,291 cases of hepatitis E including 16 deaths (CFR: 0.7%) have been reported since January 2019. Hepatitis E cases have been above the epidemic threshold since week 19 of 2021.

#### Poliomyelitis (cVDPV2)

Grade 2 22-Oct-20 22-Oct-20 24-Apr-2022 59 59 0 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 9 cVDPV2 cases reported in 2021 and 50 in 2020.

#### Lassa Fever

Ungraded 14-Jan-22 12-Jan-22 4-Mar-22 5 5 1 20.0%

On 12 January 2022, the Ugandan Ministry of Health was notified of a confirmed case of Rift Valley fever (RVF). The patient was a 35-year-old male, resident of Kiruhura village, Mabere 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.
†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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-21</td>
<td>1-Mar-22</td>
<td>10-Apr-2022</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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-2022 | 11-Apr-2022 | 25-Apr-2022 | 21 | 21 | 0 | 0.0% |

A cholera outbreak was declared in Zambia on 11 April 2022. A total of 15 cases have been registered with no deaths as of 25 April 2022. Three districts are affected: Lusaka (3 cases), Chilanga (9 cases) and Nsama (3 cases).

| Zambia       | COVID-19     | Grade 3  | 18-Mar-20    | 18-Mar-20    | 1-May-2022  | 319 733     | 319 733       | 3 974 | 1.2% |

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 1 May 2022, a total of 319 733 confirmed COVID-19 cases were reported in the country including 3 974 deaths and 315 177 recovered cases.

| Zimbabwe     | Anthrax     | Ungraded  | 6-May-2019   | 1-Jan-22     | 20-Mar-22   | 22 | 0 | 0 | 0.0% |

The anthrax outbreak is ongoing in Zimbabwe. Six new cases were reported in Week 3 of 2022 with the cumulative for the year being 22. The cases were reported by Gokwe North District and Gokwe South District in Midlands Province. This outbreak started in Week 36 of 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. The cumulative figures for anthrax are 747 cases and 3 deaths in 2020 and 306 cases and 0 deaths in 2021.

| Zimbabwe     | COVID-19     | Grade 3  | 20-Mar-20    | 20-Mar-20    | 1-May-2022  | 247 911     | 247 911       | 5 469 | 2.2% |

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 1 May 2022, a total of 247 911 confirmed COVID-19 cases were reported in the country including 5 469 deaths and 241 703 cases that recovered.

| Namibia      | Typhoid fever| Ungraded | 2-Mar-22     | 3-Mar-22     | 1-May-2022  | 5           | 5            | 0 | 0.0% |

The Ministry of Health confirmed a case of typhoid fever on 27th January 2022 in Windhoek. The index case is a 28-year-old female Namibian citizen and a resident of Windhoek in Samora Michael constituency, Goreagab section. The case reported on 27th of January 2022 at Intermediate Katutura hospital via casualty 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. The outbreak is currently under control.

| South Africa | Enteric Fever (typhoid) | Ungraded | 22-Feb-2022 | 16-Feb-2022 | 23-Feb-2022 | 163 | 0 | 0 | 0.0% |

South African health authorities have reported that clusters (localized outbreaks) of enteric fever of typhoid have been identified in the country. As of 16 February, it is reported 64 cases in the Western Cape, in three separate outbreaks, 18 in Northwest, 45 in Gauteng, 12 in Mpumalanga, nine in KwaZulu-Natal, seven in the Eastern Cape, four in the Free State and four in Limpopo. No death reported so far. South Africa is endemic for enteric fever caused by Salmonella Typhi, although the prevalence of disease is much lower than most other countries in sub-Saharan Africa. The most recent large outbreak occurred in Delmas in 2005, with over 2 900 cases. After the Delmas outbreak in 2005, the number of enteric fever cases in South Africa has remained stable with less than 150 cases per year (an average of 97 cases per year).
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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)
Oury Balde MAMADOU (Guinea)
Jean Charlemagne KONDOMBO (Guinea)

A. Moussongo

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

Production Team
T. Mlanda
R. Ngom
F. Moussana

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

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Health Emergency Information and Risk Assessment