Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 153 events in the region. This week’s articles cover:

- Ebola Virus Disease in the Democratic Republic of the Congo
- COVID-19 across the WHO African region
- Measles in Niger

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:

- A third confirmed case of Ebola virus disease (EVD) was reported in Motema Pemba Health Area, Mbandaka Health Zone, Equateur Province, Democratic Republic of the Congo in the past week. Challenges remain around insufficient funds for the response and vaccine hesitancy among contacts. There is a need for enhanced risk communication and a robust surveillance system to detect new cases early and interrupt transmission.

- An outbreak of measles with a steep rise in cases is ongoing in Niger where more than 56% of the cases are among children under five years old. Routine immunization activities have been affected by a protracted humanitarian crisis in the country resulting from conflict, droughts, and food insecurity. The ongoing COVID-19 pandemic has further constrained the limited resources available to mount an effective response. Support to boost the limited vaccine stocks in the country as well as technical and operational support to strengthen response efforts are urgently needed.
The outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo (DRC) continues with a new confirmed case reported on 4 May 2022 in Motema Pemba Health Area, Mbandaka Health Zone, Equateur Province. The case is a 48-year-old male and known contact of the index case.

He reportedly presented signs and symptoms of fever, chills, and general body weakness on day 13 of follow-up, six days after receiving EVD vaccination. Based on clinical presentation, he was identified as a suspect and isolated at a medical centre where blood samples were collected for laboratory investigation. Test results returned positive on 4 May 2022 and he was subsequently transferred on 5 May 2022 to the Ebola treatment centre in Wangata. The case-patient died on 6 May 2022 while in admission.

As of 8 May 2022, three confirmed cases, all deceased have been reported from two health areas (Libiki and Motema Pemba) in Mbandaka Health Zone, Equateur Province. Two of the cases are males while one is female.

A total of 472 contacts have been identified and are being followed. As of 8 May 2022, a total of 221 alerts have been reported from three health zones: Bolenge (86), Mbandaka (66), and Wangata (69). Of 124 samples collected and tested since the onset of the outbreak, three were confirmed positive for EVD.

The national Minister of Health and the WHO Country Representative of the Democratic Republic of the Congo undertook a joint mission in Mbandaka, Equateur Province to appraise field-level activities and engage all actors involved in the response to the EVD outbreak.

Public health response activities continue to be coordinated by the Provincial Health Division with technical and operational support from the national Ministry of Health, WHO, and partners.

Activities related to prevention of sexual exploitation and abuse have been mainstreamed in the EVD response in Equateur Province with awareness and message development sessions conducted for reporters and bloggers.

Surveillance activities continue with the reporting and investigation of alerts as well as tracing and follow-up of contacts of confirmed cases. In total, 221 alerts have been reported from the community, health facilities, and points-of-entry. All alerts were investigated. A total of 472 contacts are being followed.

Vaccination activities, which started since 27 April 2022, continue using the ‘ring vaccination’ strategy targeting contacts and contacts-of-contacts. A total of 582 persons have been vaccinated so far. These include 130 contacts and 452 contacts-of-contacts. Among these are 360 frontline health workers. Functional ultra-cold chain is in place with 294 doses in stock in Mbandaka.

Risk communication and community engagement activities have reached 5,438 households in the Equateur province - Mbandaka (2,504) and Wangata (2,934).

Infection prevention and control activities are being implemented with provision of kits to health facilities in the affected areas.

Psychosocial support is being offered to contacts as well as the family members of the deceased. Two female EVD survivors have been identified and trained as potential caretakers for any would-be case detected among children.

Screening of travelers continue at 16 points-of-entry across the city of Mbandaka. Over 18,663 (93.7%) were screened among the 19,903 travelers who had been registered.

Health workers are racing against time to keep the EVD outbreak under control in the Equateur Province of DRC. The swift response implemented by the government and partners is commendable. However, these efforts need to be sustained amidst the constraints on financial and logistical resources. Placing the communities at the centre of the response through enhanced engagement and ownership will be crucial to controlling the outbreak.
The COVID-19 pandemic continues to unfold in the African region with new cases increasing for the third consecutive week. In the past week (week ending 8 May 2022), a total of 47,136 new cases were reported across the region. This represents a 24% week-on-week increase in new cases compared to the previous week (week ending 1 May 2022), when 38,164 cases were reported. Most (99%, n=46,561) of the new cases were reported from five countries namely, South Africa (45,625), Eswatini (307), Burundi (293), Namibia (241) and Kenya (95).

COVID-19 associated deaths also increased by 117% over the past week in the African region with a total of 165 new deaths reported compared to 76 in the previous week. All new deaths were reported from five countries namely, South Africa (160), Eswatini (2), Burkina Faso (1), Mali (1) and Namibia (1).

Cumulatively, a total of 8.4 million cases with 170,896 deaths (case fatality ratio 2.0%) have been recorded in the WHO African region since the onset of the pandemic. The WHO African region which consists of Sub-Saharan Africa and Algeria accounts for 71.6% and 67.5% of the African continent’s cumulative 11.7 million cases and 253,118 deaths respectively reported since the onset of the pandemic.

Although no country in the African region has experienced a full resurgence of the pandemic, analyses of epidemiological and contextual factors indicate that Burundi, Eswatini, Mali, Namibia, Mauritius, Seychelles, and South Africa have recently experienced increased incidence of COVID-19.

South Africa continues to drive the pandemic in the region and accounts for 97% of the new cases and deaths respectively reported in the past week. New cases increased for the third consecutive week in South Africa with a 39% week-on-week rise in the past week. Deaths also rose by 167% (from 60 to 160). Gauteng province remains at the epicentre of the pandemic and reported the highest number of cases in the past week. All other provinces reported a rise in the weekly incidence of COVID-19 cases. Omicron remains the dominant SARS-CoV-2 variant in South Africa and the recently designated BA.4 and BA.5 sub-lineages which started increasing in prevalence since March 2022 are now dominant.

South Africa is at the start of its fifth wave of the pandemic, with rapid increase in cases over the last few weeks driven largely by the highly transmissible BA.4 and BA.5 sub-lineages of the Omicron variant. Although with modest increase, hospitalizations and deaths are likely to remain low relative to previous waves due to high seroprevalence from either prior infection or vaccination. However, caution needs to be exercised and public health actions enhanced to stem the current wave of transmission to prevent potential resurgence of the pandemic or further mutation of the virus that could complicate response efforts.

Surveillance and response efforts in neighbouring countries and across the region will need to be strengthened in the wake of this rapid increase given the pandemic trajectory at similar period in the past years. The risk associated with further spread remains high in the African region given easing of stringency measures in several countries, and the low uptake of vaccination.
EVENT DESCRIPTION

Niger continues to experience a steep rise in cases of measles since the beginning of 2022. In epidemiological week 15 (week ending 17 April 2022), 695 new cases were reported across the country representing the highest weekly number of cases reported in the last five years. Cumulatively, 5 344 cases including five deaths (case fatality ratio 0.1%) have been reported since the beginning of 2022.

The majority of cases are among children under 5 years accounting for 56.3% (n=3 008) of the cumulative cases reported since the beginning of the year. A total of 2 340 (43.8%) cases were reportedly unvaccinated against measles.

All eight regions of the country have reported cases of measles. However, the Zinder (n= 1 868) and Tahoua (n= 1 294) regions are the most affected and together account for 59% of the cumulative cases. Of the country’s 72 districts, 23 have crossed the measles epidemic threshold.

The national administrative vaccination coverage for second dose measles-containing vaccine was reportedly 70% in 2021, the highest in the last five years. However, coverage is not uniform across the country and remains sub-optimal, particularly in hard-to-reach and border areas with high levels of insecurity. Recent risk assessment also showed that more than half (53%, n=38) of the country’s 72 districts remain at either very high or high risk of measles epidemics.

SITUATION INTERPRETATION

Measles is endemic in Niger with recurrent measles epidemics and peaks observed during the dry season from November to May. The likelihood of propagation of the measles outbreak is a major concern due to the accumulation of susceptible populations in the presence of risk factors, such as the low vaccination coverage and the high malnutrition rates. Most of the worst affected districts are on the border with neighbouring countries where the fragile security situation affects the implementation of routine vaccination activities. Cross-border transmission of measles resulting from mass population movements along these long porous borders with neighbouring countries have also challenged response efforts.
From 25 February 2020 to 8 May 2022, a total of 265,798 confirmed cases of COVID-19 with 6,875 deaths (CFR 2.6%) have been reported from Algeria. A total of 178,363 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 8 April 2022, a total of 99,414 confirmed COVID-19 cases have been reported in the country with 1,900 deaths and 97,441 recoveries.

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.

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.

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.

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.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 28 April 2022, a total of 305,859 confirmed COVID-19 cases were reported in the country including 2,628 deaths and 302,476 recoveries.

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. Access to health services remain a challenge for the population in affected areas. There is a total of 179 non functional health facilities and 353 facilities that function at a minimum level of their capacity.

Between 9 March 2020 and 1 May 2022, a total of 20,899 confirmed cases of COVID-19 with 384 deaths and 20,497 recoveries have been reported from Burkina Faso.

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, 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 Ouagadougou.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 8 May 2022, the total number of confirmed COVID-19 cases is 41,166, including 15 deaths and 40,860 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 Kousseri, 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 2 May 2022, a total of 6,759 suspected cases of Cholera including 293 confirmed by culture and 135 deaths (CFR 2.0%) have been reported in Cameroon from South-West (4,725 cases, 78 deaths), Littoral (1,074 cases, 51 deaths), South (183 cases, two deaths), Centre (125 cases, four deaths), Far North (eight 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.

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 COVID-19 cases have been reported, including 1,927 deaths and 117,791 recoveries.

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 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 99% less than 9 years); only 32% known to have received at least one dose of measles vaccine.

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.

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

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 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.

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 7 May 2022, a total of 56,065 confirmed COVID-19 cases including 401 deaths and 55,573 recoveries were reported in the country.

The Central African Republic 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 Mbaïki and Bimbo.

On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test (PRNT) at the Centre Pasteur Cameroun (CPC). As of 10 April 2022, a total of 20 probable cases (IgM positive) were reported at the regional reference laboratory.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 2 May 2022, a total of 7,412 confirmed COVID-19 cases were reported in the country.

The Ministry of Health and population announced the confirmation of the first COVID-19 case in Chad on 19 March 2020. As of 24 April 2022, a total of 14,358 confirmed cases, 113 deaths and 14,210 recovered were reported.

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.
In 2022, from epidemiological week 1 to 15 (ending 17 April 2022), 5 131 suspected cholera cases including 73 deaths (CFR 1.4%) were recorded in 51 health zones from three different outbreaks. There were 8 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

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.

As of week 15, 2022 (ending 17 April), a total of 5 594 cases have been confirmed (IgM+ and Epi-linkage) with 132 deaths (CFR 2.4%) across the country; 69.7% of the cases and 79.4% of deaths are in children below 5 years. Very high attack rates in children below 12 months (74/100,000); 21 out of 52 health districts with confirmed outbreak cases and 108 (82%) related deaths are from Pointe Noire; 56.6% of cases are children below 5 years of age. Only 4% of infants below 12 months are vaccinated; 83% of children below 5 years are unvaccinated.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 7 May 2022, a total of 8 108 confirmed COVID-19 cases, including 160 deaths and 7 947 recoveries were reported in the country.

Since 11 March 2020, a total of 81 974 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 799 deaths, and a total of 81 160 recoveries.

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

Congo Measles Ungraded 14-Mar-22 1-Jan-22 17-Apr-2022 7 7 5 -

As of week 15, 2022 (ending 17 April), a total of 5 594 cases have been confirmed (IgM+ and Epi-linkage) with 132 deaths (CFR 2.4%) across the country; 69.7% of the cases and 79.4% of deaths are in children below 5 years of age. Only 4% of infants below 12 months are vaccinated; 83% of children below 5 years are unvaccinated.

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

Since 11 March 2020, a total of 81 974 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 799 deaths, and a total of 81 160 recoveries.

Côte d’Ivoire COVID-19 Grade 3 11-Mar-20 11-Mar-20 8-May-2022 8 197 8 197 799 -

Since 11 March 2020, a total of 81 974 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 799 deaths, and a total of 81 160 recoveries.

Côte d’Ivoire Dengue Ungraded 22-Mar-22 10-Jan-22 20-Mar-2022 12 12 1 8.3%

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 11, 2022, 12 confirmed cases were recorded, including 1 death. These cases were reported from the districts of Cocody Bingerolle (B), Adiaké (A), Dolé (D) and Youpougon-Ouest-Songon (S).

Côte d’Ivoire Poliomyelitis (cVDPV2) Grade 2 29-Oct-21 29-Oct-21 4-May-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 1 8.3%

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-2016 17-Apr-2017 17-Apr-2022 - - -

In Ituri Province, between February and March 2022, approximately 9 300 fled attacks by armed men in localities of Musongwa and took refuge in Gengere, Udgozi, Apala, and Jupunyango. About 75% of the displaced live with host families and 25% in spontaneous sites erected in Gengere, Udgozi 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 16-Jan-15 1-Jan-22 17-Apr-2022 5 131 1 73 1.4%

In 2022, from epidemiological week 1 to 15 (ending 17 April 2022), 5 131 suspected cholera cases including 73 deaths (CFR 1.4%) were recorded in 51 health zones across 11 provinces of the Democratic Republic of the Congo. New outbreaks were recorded in the health zones of Mokola in Kwilu province and Kilwa in Haut-Katanga province. Nearly all suspected cholera cases (214 cases or 93.4%) in week 15 were reported from the endemic provinces of East and Southeast. Response measures are being implemented in the main active hot spots.
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 was a 31-year-old male from the Libihi health area (HA) in the Mbandaka Health Zone (HZ). 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. A second confirmed case was reported on 25 April in a 25-year-old woman from the Libihi HA in the Mbandaka HZ and a third case was reported on 4 May in a 48-year-old man from the Motema Pembe HA in the same HZ.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 4 May 2022, a total of 15 910 cases have been reported in the country with 183 deaths and 15 701 recoveries.

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.

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 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.

In 2022, from epidemiological week 1 to 15 (ending 17 April 2022), 565 803 suspected cases of typhoid fever including 245 deaths were recorded in the Democratic Republic of the Congo. In 2021, from Epi week 1 to 49, 1 380 955 suspected cases of typhoid fever have been reported including 502 deaths (CFR 0.03%).

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

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 4 May 2022, a total of 15 910 cases have been reported in the country with 183 deaths and 15 701 recoveries.
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 8 May 2022, a total of 9,737 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9,631 patients have recovered from the disease.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 8 May 2022, a total of 71,102 cases have been reported in the country including 69,244 recoveries. A total of 1,400 associated deaths have been reported.

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 (18 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.

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 three 300 newly displaced. The corridor for cargo by land has been opened and more than 20 trucks have delivered food and nutrition supplies. The worsening malnutrition situation in Tigray region and parts of Afar and Amhara continue to be of concern.

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.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 470,740 cases of COVID-19 as of 8 May 2022, with 7,510 deaths and 455,729 recoveries.

From week 1 to 12 of 2022 (ending 25 March), a total of 2,755 suspected cases were 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 Birqod; Bokolmanyo; 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 1,645 epi-linked). Among the 2,755 total suspected cases reported, 1,103 (40%) have unknown vaccination status.

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) analysed at National Institute of Communicable Disease in South Africa (NICD), 2 samples were positive for human herpesvirus 7 (HHV7), 4 sample positive for Neisseria Meningitidis (Nm), 1 sample positive for hemorrhagic signs (Gingival haemorrhage, haemophilus influenzae (HI), 1 sample for Streptococcus Pneumoniae (Sp), 1 sample positive for both Nm+HHV7 and 1 sample for both Sp+Eebstein 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.

From week 1 to 12 of 2022 (ending 25 March), a total of 2,756 confirmed cases were reported in Ethiopia. Ten districts (Woredas) from four regions (Amhara, Oromia, SNNP and Somali) are experiencing meningitis outbreak. The districts in outbreak are Baso Liben; Minjar; Bora; Ale Special; Gerese; South Ari; Woba Ari Birqod; Bokolmanyo; Dollo Ado. The districts in outbreak have reported 1,702 suspected cases out of 2,756 (61.7%) with 10 deaths (0.6%), 513 confirmed (47 IgM+ and 1,645 epi-linked). Among the 2,756 total suspected cases reported, 1,103 (40%) have unknown vaccination status.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 30 April 2022, a total of 11,996 confirmed COVID-19 cases including 365 deaths and 7,510 recoveries have been reported in the country. The total number of cases for 2020 is 15.

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 2021 and died on 23 September 2021 in Port Gentil.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 30 April 2022, a total of 11,996 confirmed COVID-19 cases including 365 deaths, and 11,630 recoveries have been reported in the country.

As of 2 May 2022, a total of 161,222 confirmed COVID-19 cases have been reported in Ghana. There have been 1,445 deaths and 159,746 recoveries reported.

No cases have been reported in 2022 nor 2021, 12 cases were reported in 2020, and 19 were reported in 2019.
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. Since the beginning of 2022 up to week 14, a total of 14 828 measles suspected cases with 316 confirmed and 33 death (CFR 0.2 %) have been reported in Guinea from 29 health districts including the capital city Conakry through Integrated disease surveillance and response (IDSR).

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

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<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>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>1-May-2022</td>
<td>36 597</td>
<td>36 597</td>
<td>442</td>
<td>1.2%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>22-Apr-2022</td>
<td>20-Apr-2022</td>
<td>24-Apr-2022</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>09-May-2018</td>
<td>1-Jan-22</td>
<td>10-Apr-2022</td>
<td>14 828</td>
<td>316</td>
<td>33</td>
<td>0.2%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Nov-21</td>
<td>15-Oct-21</td>
<td>10-Apr-2022</td>
<td>166</td>
<td>71</td>
<td>11</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

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

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 1 May 2022, a total of 36 597 cases including 36 112 recovered cases and 442 deaths have been reported in the country.

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 Guéckédou haemorrhagic 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. An additional confirmed Lassa fever confirmed case without any known epidemiological link with the first case was notified on 28 April in Tekolu sub-province, Guéckédou province.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 5 May 2022, the country has reported 8 213 confirmed cases of COVID-19 with 7 530 recoveries and 171 deaths.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 5 May 2022, the country has reported 8 213 confirmed cases of COVID-19 with 7 530 recoveries and 171 deaths.

Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutulo village. A total of forty-four (44) cases have been reported with two (2) confirmed cases. Case search in all health facilities, health education to the health care workers and the community is ongoing in the sub county.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 8 May 2022, 323 881 confirmed COVID-19 cases including 5 649 deaths and 318 069 recoveries have been reported in the country.

On 31 March 2019, 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.

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.

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, Likoni and Jomvu) have been affected. As of 23 February 2022, a total of 2 532 cases with two deaths have been reported.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>3-Mar-22</td>
<td>1-Jan-21</td>
<td>23-Feb-2022</td>
<td>2 359</td>
<td>1 966</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>3-Jan-20</td>
<td>23-Feb-2022</td>
<td>1 542</td>
<td>1 355</td>
<td>10</td>
<td>0.6%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-22</td>
<td>12-Jan-22</td>
<td>10-Apr-2022</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-May-2020</td>
<td>13-May-2020</td>
<td>3-May-2022</td>
<td>33 151</td>
<td>33 151</td>
<td>5 649</td>
<td>1.7%</td>
</tr>
<tr>
<td>Liberia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>27-Apr-2022</td>
<td>7 434</td>
<td>7 434</td>
<td>294</td>
<td>4.0%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>3-Mar-22</td>
<td>6-Jan-22</td>
<td>6-Mar-22</td>
<td>41</td>
<td>17</td>
<td>7</td>
<td>17.1%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>3-Feb-2022</td>
<td>1-Jan-22</td>
<td>11-Apr-2022</td>
<td>1 543</td>
<td>1 435</td>
<td>15</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

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. Montserrat 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  
- Date notified: 1-Jul-2021  
- Start of reporting period: 1-Jan-2021  
- End of reporting period: 11-Mar-2022  
- Total cases: 1  
- Cases Confirmed: 1  
- Deaths: 0  
- CFR: 0.0%

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

### Malawi

**Cholera**  
- Grade: Ungraded  
- Date notified: 3-Mar-22  
- Start of reporting period: 8-May-2022  
- End of reporting period: 8-May-2022  
- Total cases: 133  
- Cases Confirmed: 133  
- Deaths: 13  
- CFR: 4.5%

The Malawian Ministry of Health declared a cholera outbreak on 3 March 2022. This was after a case was identified in a 53-year-old businessman, 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 Machinga, have been added to the cholera outbreak area.

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### Other Countries

**Liberia**  
- Poliomyelitis (cVDPV2)  
- Grade: 2  
- Date notified to WCO: 10-Dec-2020  
- Start of reporting period: 17-Dec-2020  
- End of reporting period: 24-Apr-2022  
- Total cases: 3  
- Cases Confirmed: 3  
- Deaths: 0  
- CFR: 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The country reported 3 cases in 2021.

**Madagascar**  
- Floods  
- Grade: 2  
- Date notified: 19-Jan-22  
- Start of reporting period: 16-Jan-22  
- End of reporting period: 27-Apr-2022  
- Total cases: 455,744  
- Cases Confirmed: 206  
- Deaths: 0  
- CFR: 0.0%

Heavy rains in Madagascar from multiple weather systems (Tropical Storm (TS) Ana, Cyclone Batsirai, TS Dumako, Cyclone Ennati, TS Gombe, and TS Jasmine) have flooded parts of the country. The TS Ana weather system affected the country during the week of 3 February 2022. Cyclone Batsirai occurred in week 5, TS Dumako in week 7, Cyclone Ennati in week 8, TS Gombe in week 10, and TS Jasmine in week 16. As of 19 February 2022, there have been 131,549 victims affected including 53 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 regions but mostly in the areas of Atsimo Atsinanana, Vatovavy, and Fitovinany. A total of 61,489 people were 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 Atsimanana and Analanjirofo. Cyclone Ennati affected 169,383 people causing 14 deaths. A total of 86,956 people were displaced by the effects of Cyclone Ennati. The most affected age group is from 0 to 59 months.

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**Malawi**  
- Poliomyelitis (cVDPV1)  
- Grade: 2  
- Date notified: 28-Apr-2021  
- Start of reporting period: 28-Apr-2021  
- End of reporting period: 4-May-2022  
- Total cases: 14  
- Cases Confirmed: 14  
- Deaths: 0  
- CFR: 0.0%

No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The number of 2021 cases remains 13. There is one case in 2022.

**Mali**  
- Measles  
- Grade: Ungraded  
- Date notified: 20-Feb-2018  
- Start of reporting period: 1-Jan-22  
- End of reporting period: 24-Apr-2022  
- Total cases: 1,536  
- Cases Confirmed: 421  
- Deaths: 1  
- CFR: 0.1%

As of week 16, (ending 24 April) of 2022, a total of 1,536 suspected cases of measles and 421 confirmed and 1 death (CFR 0.1) have been reported in Mali through integrated disease surveillance and response (IDSR) system. A total of 37 out of 75 health districts have confirmed measles outbreak, of which 11 health districts have received vaccines for response. The most affected age group is from 0 to 59 months.

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**Mali**  
- Measles  
- Grade: Ungraded  
- Date notified: 18-Aug-2020  
- Start of reporting period: 18-Aug-2020  
- End of reporting period: 16-Mar-22  
- Total cases: 52  
- Cases Confirmed: 52  
- Deaths: 0  
- CFR: 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. No cases have been reported in 2021. The total number of cases since 2020 are 52.
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 8 May 2022, a total of 58,743 cases including 982 deaths and 57,702 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 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 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 1 May 2022, a total of 222,848 confirmed COVID-19 cases including 996 deaths have been reported in the country.

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

From week 1 to week 15 (ending 17 April) of 2022, a total of 582 suspected cases of measles and zero death have been reported. Among the 8 regions for the country, Agadez has the highest attack rate (59.8 cases per 100,000 inhabitants), followed by Niamey (46.7 cases /100,000) and Zinder (44.2 cases /100,000). Risk assessment found: 17 districts out of 72 for the country are at very high risk while 21 districts are at high risk. The response plan is being finalized in order to vaccinate in the 38 high risk and very high-risk districts as well as 11 districts in outbreak but not yet reflected in the risk profile.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>Floods</td>
<td>Grade 2</td>
<td>24-Jan-22</td>
<td>26-Jan-22</td>
<td>12-Mar-22</td>
<td>678,237</td>
<td>59</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
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<td>Measles</td>
<td>Ungraded</td>
<td>25-Jun-2022</td>
<td>1-Jan-21</td>
<td>17-Apr-2022</td>
<td>3,599</td>
<td>903</td>
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<tr>
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<td>Suspected cholera</td>
<td>Ungraded</td>
<td>23-Mar-22</td>
<td>13-Jan-22</td>
<td>18-Mar-22</td>
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<tr>
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<td>Humanitarian crisis in Cabo Delgado</td>
<td>Protracted 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>31-Mar-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Humanitarian crisis in Cabo Delgado</td>
<td>Protracted 1</td>
<td>1-Feb-2015</td>
<td>1-Feb-2015</td>
<td>7-Mar-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Namibia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>6-May-2022</td>
<td>159,219</td>
<td>159,219</td>
<td>4,027</td>
<td>0.0%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>1-May-2022</td>
<td>8,943</td>
<td>8,943</td>
<td>309</td>
<td>3.5%</td>
</tr>
<tr>
<td>Niger</td>
<td>Measles</td>
<td>Ungraded</td>
<td>5-Apr-2022</td>
<td>1-Jan-22</td>
<td>17-Apr-2022</td>
<td>6,103</td>
<td>323</td>
<td>6</td>
<td>0.1%</td>
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<thead>
<tr>
<th>Country</th>
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<th>Grade</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>Humanitarian crisis in Cabo Delgado</td>
<td>Protracted 2</td>
<td>1-Feb-2015</td>
<td>1-Feb-2015</td>
<td>7-Mar-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>Mozambique</td>
<td>Humanitarian crisis in Cabo Delgado</td>
<td>Protracted 1</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>1-May-2022</td>
<td>8,943</td>
<td>8,943</td>
<td>309</td>
<td>3.5%</td>
</tr>
</tbody>
</table>
| From 19 March 2020 to 1 May 2022, a total of 8,943 cases with 309 deaths have been reported in the country. A total of 8,524 recoveries have been reported from the country.

From week 1 to week 15 (ending 17 April) of 2022, a total of 6,103 cases and 6 deaths (CFR 0.1%) have been reported. Among the 8 regions for the country, Agadez has the highest attack rate (59.8 cases per 100,000 inhabitants), followed by Niamey (46.7 cases /100,000) and Zinder (44.2 cases /100,000). Risk assessment found: 17 districts out of 72 for the country are at very high risk while 21 districts are at high risk. The response plan is being finalized in order to vaccinate in the 38 high risk and very high-risk districts as well as 11 districts in outbreak but not yet reflected in the risk profile.
The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 2 May 2022, a total of 255,766 confirmed cases with 249,914 recovered and 3,143 deaths have been reported. 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%).

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 (LGAs) in 37 states and 128,374 recovered cases have been reported in the country. In 2021, a total of 2,456 yellow fever (YF) suspected cases were reported from 526 Local Government Areas (LGAs) in 37 states and 128,374 recovered cases have been reported in the country. 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 8 May 2022, a total of 129,872 cases with 1,459 deaths and 128,374 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.

Sao Tome and Principe reported the country’s first case of COVID-19. As of 1 May 2022, a total of 5,964 confirmed cases of COVID-19 have been reported, including 73 deaths. A total of 5,964 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.
Since 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, 85% were males and 15% were females. The majority of cases reported were above five years. By 17 March 2022 (Week 11), 11 out of 16 districts reported 225 confirmed measles cases (86 lab confirmed and 175 epidemiologically linked; 66% (149) of these cases are below five years, 19.1% (43) above five years and 14.6%, 33 age missing. Seven districts have at least three lab confirmed cases (Outbreak threshold): Kambia, Kono, Faraba, Koinadugu, Western Rural, Kenema and Koinadugu Districts. The Ministry of Health concluded budget for WHO’s support to conduct more ring vaccinations and other support.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 7 May 2022, a total of 7 682 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 816 recovered cases.

Since 2021 to 20 March 2022, 6 833 million people (55% of total population) faced crisis levels of food insecurity phase (IPC) 3 or worse from April to July 2021. Of the total number, 55 000 are in IPC 5, 2.38 million are in IPC 4, and 4.4 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. Between April and July 2022, the amount of people in IPC Phase 3 and above is expected to increase to 7.74 million people in the country (63% total population).

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

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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.

963 deaths were reported. Several upsurges occurred in the country in 2021 including the counties of Fangak. 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.

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.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 6 May 2022, a total of 164,149 confirmed COVID-19 cases, 100,205 recoveries (61%) and <1yr (29%). Of these suspected cases, there have been 16 deaths (CFR 9.1%) of which most have occurred in infants <1yr (22% of all deaths). A spike in reporting volume was seen in March 2022.

A total of 176 suspected cases of meningitis have been reported from all 5 counties in NBeG from week 1-18, 2022. Most cases were reported among those aged 15+ (38%) and <1yr (29%). Of these suspected cases, there have been 16 deaths (CFR 9.1%) of which most have occurred in infants <1yr (22% of all deaths). A spike in suspected cases was reported in week 15 of 2022 but has been on the decline since. 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.

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 20 March, a total of 831 cases and 0 death, have been reported through Integrated Disease Surveillance and Response (IDS) in NBeG from week 1-18, 2022. Most cases were reported among those aged 15+ (38%) and <1yr (29%). Of these suspected cases, there have been 16 deaths (CFR 9.1%) of which most have occurred in infants <1yr (22% of all deaths). A spike in suspected cases was reported in week 15 of 2022 but has been on the decline since. 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.

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 7 May 2022, 183 cumulative cases and 1 death (CFR 0.5%) have been reported from the Districts of Tanganyika in Katavi Regions (63, 34.4%) and Uvinza in Kigoma Region (120, 65.5%). 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 54% of cases have been reported among children <5 years.

On 15 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 8 May 2022, a total of 37,006 confirmed cases including 273 deaths and 36,713 recovered cases have been reported in the country.

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A cholera outbreak was declared in Zambia on 3 May 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 (5 cases).

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 8 May 2022, a total of 320,099 confirmed COVID-19 cases were reported in the country including 3,982 deaths and 315,576 recovered cases.

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

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 8 May 2022, a total of 248,352 confirmed COVID-19 cases were reported in the country including 5,476 deaths and 242,085 cases that recovered.

A cholera outbreak was declared in Uganda on 14 January 2022. A total of five confirmed cases of Rift Valley fever have been recorded. 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, Mabale subcounty, Kiboga 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.
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