This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 152 events in the region. This week’s articles cover:

- Wild Poliovirus type1 in Mozambique
- Ebola Virus Disease in the Democratic Republic of the Congo
- COVID-19 across the WHO African region
- Dengue Fever in Sao Tome and Principe

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:

- Mozambique becomes the second country following Malawi to report a case of wild poliovirus type 1 in the African region following several years of no cases. Although the virus strain is not indigenous to the region and is linked to the virus circulating in Pakistan, this event highlights the potential for spread once the virus remains in circulation in other parts of the world. In the context of this new outbreak, cross-border collaboration for enhanced surveillance and high-quality public health response including vaccination will be critical to protecting countries of the sub-region and preventing a potential resurgence of the polio epidemic in Africa.

- The Ebola virus disease outbreak in the Democratic Republic of the Congo continues to unfold with two new cases not previously known as contacts reported in the past week. The detection of new cases who were not known contacts as well as the very high case fatality ratio (100%) underscores the precarious nature of the current Ebola outbreak largely challenged by community resistance despite the availability of public health tools including vaccination. There is a need for enhanced risk communication and community engagement to ensure ownership and buy-in from the communities to control this outbreak.

- The Ministry of São Tomé and Príncipe has declared its first-ever dengue fever outbreak following heavy rains and floods in the country in early 2022. These resulted to structural damage, limited water sanitation and hygiene facilities, and increased mosquito larval breeding grounds leading to the proliferation of mosquito vector transmission. Surveillance and laboratory capacity are limited, and combined with the asymptomatic nature of the disease, the extent of the dengue outbreak may be underestimated. Technical knowledge and case management skills for severe dengue are low and there is very limited intensive health care capacity.
EVENT DESCRIPTION

On 18 May 2022, the Ministry of Health of Mozambique notified the World Health Organization of a case of wild poliovirus type 1 (WPV1) in the country’s north-eastern Tete province bordering Malawi, Zambia, and Zimbabwe following laboratory confirmation. The case-patient is a 12-year-old female from Changara district, Tete province with an onset of paralysis on 25 March 2022. The case-patient had no travel history outside of the country and had been previously vaccinated with three doses of bivalent oral poliovirus vaccine (bOPV).

The initial investigation commenced with two stool samples collected 24 hours apart from the case-patient on 1 and 2 April 2022. The samples were shipped to laboratories at the National Institute of Communicable Disease (NICD) in South Africa and the Centers for Disease Control and Prevention (CDC) in the United States for testing and sequencing. Test results confirm the presence of WPV1 in the stool samples. Genomic sequencing analysis of the virus also showed that the outbreak is linked to a strain that had been circulating in Pakistan in 2019, similar to the imported WPV1 case confirmed in February 2022 in Malawi, signalling that the virus strain is not indigenous. Stool samples were also collected from three contacts of the newly detected case. However, test results showed the absence of poliovirus.

This is the first case of wild poliovirus recorded in Mozambique since 1992, although the country has more recently been affected by an outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) with three cases detected since April 2021, the most recent on 26 March 2022.

According to the latest available 2020 WHO-UNICEF national immunization coverage estimate, the oral poliovirus vaccine third dose (OPV3) and inactivated poliovirus vaccine first dose (IPV1) coverage were 73% and 78% respectively, for Mozambique. The country has also recently conducted two rounds of mass polio vaccination campaigns reaching 4.2 million children aged five years and below as part of a multi-country emergency outbreak response to the WPV1 recently detected in Malawi. Circumscribed reactive polio vaccination campaigns, which include the use of the novel oral polio vaccine type 2 (nOPV2), have also been conducted since 2021 in Mozambique in response to cases of circulating vaccine-derived poliovirus type 2 (cVDPV2).

PUBLIC HEALTH ACTIONS

- The outbreak of wild poliovirus type 1 was officially declared by the Ministry of Health of Mozambique and notified to WHO as part of the International Health Regulations 2005 requirements.
- The Ministry of Health is coordinating the response to the event with technical and operational support from partners of the Global Polio Eradication Initiative (GPEI) including the African Rapid Response Team and the Global Polio Laboratory Network (GPLN).

PUBLIC HEALTH ACTIONS

- A rapid response team involving staff from the national and sub-national levels as well as GPEI experts have been deployed to conduct a detailed investigation, assess the risk associated with this event, and implement targeted response activities.
- Surveillance including active case finding is being enhanced in the affected district.
- Two rounds of bivalent OPV campaigns have already been implemented, the most recent in April, with more than 4.2 million children vaccinated in Mozambique. At the same time, the response to the cVDPV2 outbreak is also ongoing.

SITUATION INTERPRETATION

Africa’s wild poliovirus-free certification is not affected by the recent detection of WPV1 cases in Mozambique and Malawi given that the virus strain is not indigenous. Only two countries, Afghanistan and Pakistan, are still endemic for the virus. However, these recent events underscored the importance of maintaining high vaccination coverage for both OPV and inactivated polio vaccine (IPV), given the potential for international spread as the wild poliovirus circulates in parts of the world. The detection of the latest case highlights the relevance of the ongoing multi-country emergency outbreak response in Malawi, Mozambique Tanzania, Zambia, and Zimbabwe in response to the earlier detection of WPV1 in Malawi. WHO advises countries to implement high-quality surveillance, routine vaccination, and response activities to prevent the potential resurgence and spread of the poliovirus.
The ongoing Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) continues to evolve with two new cases (one confirmed and one probable) reported in the week ending 22 May 2022. The new cases follow almost 14 days without a reported case of EVD and bring to two the number of health zones affected in the Equateur Province.

The confirmed case is a 12-year-old male, detected on 19 May 2022 in Mama Balako Health Area, Wangata Health Zone in Mbandaka City, Equateur Province. The case was not a known contact prior to detection and had no history of vaccination against Ebola. He escaped isolation at a local health centre and returned to the community where he died on 20 May 2022. The investigation also retrospectively established a link to the third confirmed case reported on 4 May 2022 in the province. The nine-year-old deceased was reportedly buried on 7 May 2022 by community members after resisting investigation from the Ebola response team.

As of 22 May 2022, a total of five cases (four confirmed and one probable) reported in the week ending 22 May 2022 in the Democratic Republic of the Congo. Three health areas across two health zones - Libikì and Motema Pembe Health Areas in Mbandaka Health Zone and Mama Balako Health Area in Wangata Health Zone have been affected. Mbandaka Health Zone has reported three cases (60.0%) while Wangata Health Zone has reported two cases (40.0%). Among the five cases reported, four are males and one is female. All the reported cases are epidemiologically linked.

A total of 383 contacts are currently being followed and 221 alerts reported on 22 May 2022 including five community deaths. Of the 221 alerts, 34 are from active case finding, 109 from health facilities, 66 from the community, eight from points of entry and 0 from contact tracing.

Of 397 samples collected and tested since the onset of the outbreak, four were confirmed positive for EVD.
SITUATION INTERPRETATION

Reports of new cases in a second health zone among persons not previously known as contacts underscore the precarious nature of the current Ebola virus disease outbreak in the Democratic Republic of the Congo. The extremely high case fatality ratio in this outbreak warrants concerted efforts and innovative approaches to reduce resistance from communities and ensure buy-in for compliance to public health response measures including vaccine uptake. Enhanced risk communication and community engagement will be crucial to reducing resistance among affected families and ensuring that contact tracing activities are implemented unhindered and thoroughly. National authorities and partners need to double their efforts to prevent further spread of the outbreak to new health zones.

Ebola outbreak in the northwestern province of the Democratic Republic of the Congo
EVENT DESCRIPTION

COVID-19 cases and deaths decreased in the African region following four consecutive weeks of increasing trend. In the past week (week ending 22 May 2022), a total of 42,854 new cases were reported compared to 56,601 in the preceding week (week ending 15 May 2022), marking a 24% week-on-week decrease. The majority of new cases (96%, n=40,943) were reported from South Africa (38,079), Zimbabwe (1,471), Seychelles (524), Eswatini (445), and Ethiopia (424).

COVID-19 associated deaths also decreased by 20% over the past week in the African region with a total of 203 new deaths reported compared to 254 in the preceding week. All new deaths were reported from ten countries, namely South Africa (178), Zimbabwe (12), Ethiopia (2), Kenya (2), Malawi (2), Mozambique (2), Uganda (2), Eswatini (1), Mali (1), and Namibia (1).

Cumulatively, 8.5 million cases with 171,386 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 includes Sub-Saharan Africa and Algeria accounts for 71.9% and 67.6% of the African continent’s cumulative 11.83 million cases and 253,714 deaths respectively reported since the onset of the pandemic.

SITUATION INTERPRETATION

It is too early to determine whether the fifth wave has peaked, however, it is anticipated the number of cases reported during the fifth wave will be far lower than those recorded during earlier waves due to high seroprevalence among the African population. Caution also needs to be exercised as ongoing transmission of the SARS-CoV-2 virus could result to emergence of new variants with characteristics that could challenge current response efforts. All countries in the region are advised to enhance pandemic response measures including early warning surveillance, risk communication and community engagement, and vaccination of vulnerable populations.

Trends of confirmed COVID-19 cases and deaths in the WHO African Region by week of report, 25 February 2020 – 22 May 2022 (n = 8,506,671)
EVENT DESCRIPTION

The Minister of Health of São Tomé and Príncipe (STP) officially declared an outbreak of dengue fever on 4 May 2022, becoming the first reported dengue fever outbreak in the country. An alert was initially notified from the clinical management team at a hospital in the capital city of São Tomé on 11 April 2022. This was after a 27-year-old male with symptoms suggestive of dengue infection presented at the facility eight days after arriving from Guadeloupe Island in the Caribbean which is endemic for dengue. He was tested but was not confirmed as an acute case of dengue but rather found positive for IgG antibodies suggesting prior infection within recent weeks.

Nevertheless, the suspected case triggered the Epidemiological Surveillance Department to mobilize a multidisciplinary investigation team in collaboration with the National Endemic Center to investigate the case, personal contacts, and identify mosquito vectors and their breeding sites at the case’s home.

From 18 April to 17 May 2022, 103 cases and no deaths have been confirmed via rapid diagnostic test (RDT) from five health districts including Água Grande (90, 87.4%); Mézochi (7, 6.8%); Lobata (4, 3.9%); Cantagalo (1, 1.0%); and Autonomous Region of Príncipe (RAP) (1, 1.0%). The attack rate of Água Grande is by far the largest at 10.7 cases per 10 000 inhabitants. The most affected age groups are: 10-19 years (5.9 cases per 10 000), 30-39 years (7.3 cases per 10 000), 40-49 years (5.1 cases per 10 000) and 50-59 years (6.1 cases per 10 000). The most frequent clinical signs are fever (97, 94%), headache (78, 76%) and myalgia (64, 62%).

All cases have been confirmed positive by RDT, however, a total of 30 samples were sent to the Institute of Hygiene and Tropical Medicine of the New University of Lisbon (IHMT – NOVA) in Portugal for further testing and were received on 29 April. RDT SD Bioline Dengue Duo NS1/IgM/IgG combo was used to confirm the diagnosis of dengue. Results from IHMT-NOVA revealed 20 NS1 positive samples (67% positivity rate), indicating a diagnosis of acute dengue infection. The 20 NS1 positive samples were then tested further by real time polymerase chain reaction and six samples were confirmed positive with dengue virus serotype 3 (DENV-3) as the predominant serotype. Preliminary results also suggest the possibility of other serotypes present within the batch of samples.

According to preliminary epidemiological and clinical reports, the index case was identified as having clinically compatible symptoms of dengue fever starting 11 April 2022 and had a recent history of travel to European and Asian countries though was unrelated to the initially detected case for this outbreak. The index case’s infection was ultimately deemed to be an autochthonous case and the possibility of importation has been ruled out. Available information indicates that this case acquired the disease in São Tomé or in the RAP.

PUBLIC HEALTH ACTIONS

- Coordination meetings are held weekly by the Ministry of Health to discuss technical aspects of the outbreak;
- A national dengue response plan has been developed, validated and disseminated;
- Epidemiological investigations and active case detections have been conducted;
- Entomological investigations have been carried out to identify breeding sites and conduct fumigation and source reduction measures in limited affected localities;
- External experts to strengthen laboratory capacity will soon be deployed to STP, and potentially other experts for case management, risk communication, and entomology/vector control.

The country’s rainy season generally lasts 9 months from September to May, but from December 2021 to early March 2022, the country experienced torrential rains of great intensity and long duration causing floods. Rains are expected to continue until June this year and have already accumulated stagnant water providing favourable conditions for mosquito breeding sites. Flooding has also caused issues for waste and sanitation management activities in the country and therefore conditions are prevalent for transmission of other potential diseases as well as malnutrition as a result of damaged agricultural crops causing food insecurity.
SITUATION INTERPRETATION

The first officially declared dengue fever outbreak has been reported in STP. The magnitude of the dengue outbreak in the country may be largely underestimated considering the limitations of diagnostic capacity, high asymptomatic rates, limited intensive health care resources, and an untested surveillance system for dengue outbreaks. The ongoing rainy season and recent flooding in the past few months have led to favourable environmental conditions to transmit the disease and has also weakened the country’s sanitation, hygiene, and infrastructural systems which may contribute to more infectious disease and malnutrition due to the loss of agricultural crops by floods. Rains are expected to continue until June this year, and this calls for boosting of preparedness and response measures in the country.
The Horn of Africa is experiencing one of the harshest droughts in living memory, with more than 15 million people facing high levels of acute food insecurity and severe water shortages across the region. The number could reach 20 million if the current below-average rains fail. The crisis threatens not only lives but people's way of life. About 5.7 million children are acutely malnourished, while over three million livestock — which pastoralist families rely on for sustenance and livelihoods — have died.

A wild poliovirus type 1 (WPV1) was detected in Mozambique from samples collected in late March 2022 from Changara district in Tete province. This new WPV1 is an orphan virus and is linked to the virus detected in Malawi (for which outbreak response vaccinations are ongoing in Malawi and neighbouring countries). This is a female patient (EPID number: MOZ-TET-CHA-022-003) aged 12 years old, whose paralysis started on 25/03/2022. Stools were collected on 1 April and 2 April 2022, and sent to the laboratory on 4 April 2022.

The Ministry of Health and Sanitation in Sierra Leone has declared an outbreak of human anthrax in the country after identifying 3 lab confirmed cutaneous anthrax cases in Karene district. This is subsequent to an investigation of 7 suspected anthrax cases, all residing in Buya chiefdom, of whom 4 blood samples and swabs were collected and sent to the laboratory for confirmation. The investigation was conducted as follow up to reports of sickness and death of animals in the adjacent Port Loko district between March and April, with reported consumption of meat in surrounding communities. There was also prior confirmation of anthrax from tissues collected from some of the affected animals during epi week 19. These cases are 5 males (71%) and 2 females (29%), with a median age of 8 years (range: 4 months – 60 years). Majority of them are among the age group of 15 years and above (n=3; 43%) followed by 12-59 months (n=2; 29%), 0-11 months (n=1; 14%) and 5-15 years (n=1; 14%). Five of the cases reported symptoms onset from 11th to 27th April 2022 and the other two cases had symptoms onset on 5th May 2022.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was 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.

Since week 12 (ending 28 March 2021) of 2021, cases of cholera have been reported in Benin. As of 8 May 2022, a total of 99 414 confirmed COVID-19 cases have been reported in the country with 1 900 deaths and 97 441 recoveries. The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 15 May 2022, a total of 26 670 cases have been reported in the country with 163 deaths and 26 456 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.

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.

Since 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.

### New Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified in WHO</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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<tr>
<td>Horn of Africa</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>20-May-2022</td>
<td>20-May-2022</td>
<td>20-May-2022</td>
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### Ongoing Events

- **Algeria**
  - COVID-19
  - Grade 3
  - 25-Feb-2020
  - 25-Feb-2020
  - 15-May-2022
  - 265 820 cases
  - 265 820 confirmed
  - 6 875 deaths
  - 2.6% CFR

- **Benin**
  - Cholera
  - Grade 3
  - 28-Mar-21
  - 28-Mar-21
  - 13-Mar-22
  - 1 679 cases
  - 46 deaths
  - 20 deaths
  - 1.2% CFR

- **Botswana**
  - COVID-19
  - Grade 3
  - 30-Mar-20
  - 28-Mar-20
  - 19-May-2022
  - 306 614 cases
  - 306 614 confirmed
  - 2 692 deaths
  - 0.9% CFR

- **Burkina Faso**
  - Humanitarian crisis
  - Grade 2
  - 1-Jan-19
  - 1-Jan-19
  - 28-Feb-2022
  - -
  - -
  - -

- **Sierra Leone**
  - Anthrax
  - Grade 1
  - 20-May-2022
  - 20-May-2022
  - 20-May-2022
  - 7 cases
  - 3 deaths
  - 0 deaths
  - 0.0% CFR

### Events currently being monitored by WHO AFRO

<table>
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<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</th>
<th>Start of reporting</th>
<th>End of reporting</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>23-Mar-20</td>
<td>23-Mar-20</td>
<td>8-May-2022</td>
<td>99 414</td>
<td>99 414</td>
<td>1 900</td>
<td>1.9%</td>
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### Benin Cholera

- Grade 3
- 28-Mar-21
- 28-Mar-21
- 13-Mar-22
- 1 679 cases
- 46 deaths
- 20 deaths
- 1.2% CFR

- The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 15 May 2022, a total of 26 670 cases have been reported in the country with 163 deaths and 26 456 recoveries.

- On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 19 May 2022, a total of 306 614 confirmed COVID-19 cases were reported in the country including 2 692 deaths and 303 619 recovered cases.

- 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.

- Since 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.
### Health Emergency Information and Risk Assessment

#### Cameroon

- **Cholera**
  - Grade: 2
  - Date notified to WCO: 1-Jan-21
  - Start of reporting period: 25-Oct-21
  - End of reporting period: 23-May-2022
  - Total cases: 7,287
  - Cases Confirmed: 413
  - Deaths: 140
  - CFR: 1.9%

- **Measles**
  - Grade: 2
  - Date notified to WCO: 1-Jan-22
  - Start of reporting period: 1-Jan-22
  - End of reporting period: 10-Apr-2022
  - Total cases: 1,819
  - Cases Confirmed: 688
  - Deaths: 21
  - CFR: 1.2%

- **Poliomyelitis (cVDPV2)**
  - Grade: 2
  - Date notified to WCO: 1-Jan-20
  - Start of reporting period: 1-Jan-20
  - End of reporting period: 23-May-2022
  - Total cases: 489
  - Cases Confirmed: 3
  - Deaths: 13
  - CFR: 2.7%

- **Yellow fever**
  - Grade: Ungraded
  - Date notified to WCO: 1-Jan-20
  - Start of reporting period: 1-Jan-20
  - End of reporting period: 24-Apr-2022
  - Total cases: 1
  - Cases Confirmed: 1
  - Deaths: 1
  - CFR: 100.0%

- **Monkeypox**
  - Grade: Ungraded
  - Date notified to WCO: 24-Feb-2022
  - Start of reporting period: 15-Dec-2021
  - End of reporting period: 23-May-2022
  - Total cases: 24
  - Cases Confirmed: 3
  - Deaths: 9
  - CFR: 37.5%

- **Polio**
  - Grade: 3
  - Date notified to WCO: 1-Mar-20
  - Start of reporting period: 1-Mar-20
  - End of reporting period: 18-May-2022
  - Total cases: 41,667
  - Cases Confirmed: 401
  - Deaths: 15
  - CFR: 0.0%

- **Measles**
  - Grade: 3
  - Date notified to WCO: 19-Mar-20
  - Start of reporting period: 19-Mar-20
  - End of reporting period: 14-May-2022
  - Total cases: 56,115
  - Cases Confirmed: 1
  - Deaths: 1
  - CFR: 100.0%

#### Cape Verde

- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 19-Mar-20
  - Start of reporting period: 19-Mar-20
  - End of reporting period: 14-May-2022
  - Total cases: 56,115
  - Cases Confirmed: 401
  - Deaths: 401
  - CFR: 0.7%

According to UNHCR and OCHA reports, an estimated 1,942,054 people need assistance, 357,631 people are internally displaced and 135,257 people are returnees, as of 30 April 2022.
The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 24 April 2022, a total of 14358 confirmed cases, 113 deaths and 14210 recovered were reported.

As of 19 May 2022, Central African Republic has so far recorded 17 suspected cases of monkey pox including eight confirmed cases and two deaths (CFR 11.8%), for year 2022. The confirmed cases were reported from three health districts: Mbéalki (six cases, two deaths), Alindao (one case, no death) and Bimbo (one case, no death).

As of 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 of Cameroon. As of 8 May 2022, a total of 522 suspected cases of yellow fever have been reported from three regions and six health districts of the country, including five deaths (CFR 1.0%). Of the 391 suspected cases investigated, 23 tested positive to yellow fever by PRNT and 1 tested positive by PCR. A reactive campaign is planned on 8-12 June 2022.

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 PCR. A reactive campaign is planned on 8-12 June 2022.

Since 1 January 2018, a total of 171 cases have been reported in 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.

As of week 16 of 2022 (ending 24 April), a total of 1785 suspected cases of measles are reported from 103 out of 139 districts; 339 investigated with blood specimen out of which 51 tested IgM+ (15% positivity); 21% of confirmed cases are children below 5 years of age and another 24% between 5-9 years; 51% of children below 5 that were investigated had received at least 1 dose of Measles vaccine; 5 districts with confirmed outbreaks, including 3 out of the 5 districts in Ndjamena; 21 other districts are in suspected outbreak (more than 5 reported cases/month); challenges in laboratory investigations due to lack of test kits. A total of 128 specimens have been shipped to Centre Pasteur de Yaoundé for the results are awaited; they are ongoing localized response action in the affected districts.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported during epi week 18, 2022. Two cases have already been reported since the beginning of 2022. No cases were however reported in 2021. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks. There were 9 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high. The number of cases reported in 2019 has been revised from 8 to 9.

As of week 15, 2022 (ending 17 April), a total of 5594 cases have been confirmed (IgM+ and Epi-linkage) with 132 deaths (CFR 2.4%) across the country; 69.7% of the cases are children below 5 years of age. Only 4% of infants below 12 months are vaccinated; 83% of children below 5 years have been vaccinated; 21% of confirmed cases are children below 5 years and another 24% between 5-9 years; 51% of children below 5 that were investigated had received at least 1 dose of Measles vaccine; 5 districts with confirmed outbreaks, including 3 out of the 5 districts in Ndjamena; 21 other districts are in suspected outbreak (more than 5 reported cases/month); challenges in laboratory investigations due to lack of test kits. A total of 128 specimens have been shipped to Centre Pasteur de Yaoundé for the results are awaited; they are ongoing localized response action in the affected districts.

As of 11 March 2020, a total of 82001 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 799 deaths, and a total of 81173 recoveries.

Since 21 October 2020, a total of seven probable cases of yellow fever including six confirmed have been reported from the Republic of Congo. The most recent case was reported from Talangai district, Brazzaville, confirmed through plaque reduction neutralization test at Institut Pasteur in Dakar. Two cases were reported from Pointe Noire. The context is concerning as preventive mass vaccination campaigns are not yet completed outside of Pointe Noire.

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In 2022, from epidemiological week 1 to 17 (ending 1 May 2022), 5,485 suspected cholera cases including 79 deaths (CFR: 1.4%) were recorded in 54 health zones across 11 provinces of the Democratic Republic of the Congo. Response measures are being implemented in the main active hot spots.

Since the beginning of 2022, 69 security incidents directly affecting humanitarian workers or their property have been recorded in 7 provinces of the DRC: Tanganyika (21), South Kivu (20), North Kivu (14), Maniema (6), Ituri (5), Haut-Katanga (2), Kasai-Central (1). Four aid workers were killed, 10 abducted and one injured. Reported security incidents include acts of violence committed by armed groups and those of a criminal nature. Also, since the beginning of 2022, more than 355,000 people have been internally displaced with a total of nearly 5.97 million in the country. Women make up 51% of IDPs. The largest number of them is recorded in Ituri (1.9 million), North Kivu (1.9 million) and South Kivu (1.4 million) provinces. Nearly 5.2 million (87%) displacements are due to attacks and armed clashes.

In 2022, from epidemiological week 1 to 17 (ending 1 May 2022), 5,485 suspected cholera cases including 79 deaths (CFR: 1.4%) were recorded in 54 health zones across 11 provinces of the Democratic Republic of the Congo. Response measures are being implemented in the main active hot spots.

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The ongoing Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) has spread out to a new Health Zone with a new confirmed case reported on 19 May 2022 in Mama Balako Health Area, Wangata Health Zone in Mbandaka City, Equateur Province. Two Health Zones (Mbandaka and Wangata) and three Health areas are now affected (Libiki, Motema Pembe for Mbandaka Health Zone and Mama Balako for Wangata health Zone). As of 22 May 2022, a total of five cases including four confirmed cases and one probable case with five deaths (case fatality ratio (CFR)= 100 %) are reported. Mbandaka Health Zone has reported three cases due to the community resistance. This probable case was also reportedly linked to the confirmed case reported on 4 May 2022 from Motema Pembe health area, other associated signs (fever, fatigue, abdominal pain, vomiting) a clinical picture suggesting EVD, however no public actions were undertaken around this probable case. This probable case was living in the same avenue with the fourth confirmed case in the Mama Balako health area and was having prolonged bleeding at the injection site with suspicious community death of a 9-years-old male child, recorded on 6 May 2022, and buried unsafely on 7 May 2022 and now considered as probable case. This probable case was epidemiologically linked. The newly confirmed case is a 12-year- old male child, unknown contact and not under follow up. The case is reportedly linked to the probable case and with the community resistance. This probable case was also reportedly linked to the confirmed case reported on 4 May 2022 from Motema Pembe health area, Mbandaka health Zone.

From 1 January to 1 May 2022, 47,514 suspected measles cases and 684 deaths (CFR 1.4%) were reported in 349 health zones in 26 provinces. Health zones of Katanga (5,338 cases) and Dikungu (1,521 cases) in Sankuru province, Manono (4,854 cases) in Tanganyika province, Mbulongo (3,060 cases) in Haut-Lomami, Budjala (2,405 cases) in Sud-Ubangi, Kambove (1,560 cases) in Haut-Katanga, Fizi (1,482 cases) and Lemera (1,082 cases) in Sud-Kivu and Lusangi (1,353 cases) in Maniema reported about a half of all suspected measles cases reported countrywide (22,655 cases or 47.7%).

During week 17 of 2022, a total of 31 cases and 2 deaths due to monkeypox were reported. Between epidemiological weeks 1-17 of 2022, 1,238 cases have been reported with 57 deaths (CFR 4.6%). Compared to weeks 1-17 in 2021, 1,376 cases were reported with 41 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.

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.

From 1 January to 1 May 2022, 47,514 suspected measles cases and 684 deaths (CFR 1.4%) were reported in 349 health zones in 26 provinces. Health zones of Katanga (5,338 cases) and Dikungu (1,521 cases) in Sankuru province, Manono (4,854 cases) in Tanganyika province, Mbulongo (3,060 cases) in Haut-Lomami, Budjala (2,405 cases) in Sud-Ubangi, Kambove (1,560 cases) in Haut-Katanga, Fizi (1,482 cases) and Lemera (1,082 cases) in Sud-Kivu and Lusangi (1,353 cases) in Maniema reported about a half of all suspected measles cases reported countrywide (22,655 cases or 47.7%).

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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.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Suspicion of Meningitis outbreak</td>
<td>Ungraded</td>
<td>28-Mar-22</td>
<td>1-Jan-22</td>
<td>1-May-2022</td>
<td>2 645</td>
<td>3</td>
<td>183</td>
<td>6.9%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-2021</td>
<td>1-Jan-21</td>
<td>1-May-2022</td>
<td>634 401</td>
<td>-</td>
<td>279</td>
<td>0.0%</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<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>
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<tr>
<td>Republic of the Congo</td>
<td>Typhoid fever</td>
<td>Grade 2</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>22-May-2022</td>
<td>72 150</td>
<td>72 150</td>
<td>1 404</td>
<td>-</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>19-May-2022</td>
<td>15 910</td>
<td>15 910</td>
<td>183</td>
<td>1.2%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Drought/food insecurity</td>
<td>Grade 2</td>
<td>17-Feb-2022</td>
<td>1-Jan-22</td>
<td>11-May-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 3</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>23-May-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-22</td>
<td>15-May-2022</td>
<td>4 634</td>
<td>2 897</td>
<td>33</td>
<td>0.7%</td>
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<tr>
<td>Ethiopia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-Jun-2019</td>
<td>20-May-2019</td>
<td>22-May-2022</td>
<td>63</td>
<td>63</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

From week 1 to 18, 2022 (ending 1 May), a total of 2 645 suspected cases of meningitis and 183 deaths (CFR 6.9%) have been reported in the country through Integrated Disease Surveillance and Response system. Data are being revised for an update of the list of Health zones in alert or outbreak.

In 2022, from epidemiological week 1 to 17 (ending 1 May 2022), 634 401 suspected cases of typhoid fever including 279 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 19 May 2022, a total of 15 910 cases have been reported in the country with 183 deaths and 15 704 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 21 May 2022, a total of 9 754 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 640 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 22 May 2022, a total of 72 150 cases have been reported in the country including 70 299 recoveries. A total of 1 404 associated deaths have been reported.

Ethiopia is experiencing a prolonged drought after three consecutive failed rainy seasons since late 2020 affecting nearly 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 SNPP (7 zones). More than 286,000 people have been displaced in search of water, pasture or assistance, fleeing their homes to survive as crops, livestock and livelihoods are wiped out. The number of livestock deaths has reached a staggering 1.46 million (67% in Somali, 31% in Oromia, and 7% in Southwest and SNPP regions) and is still increasing.

The humanitarian situation in Northern Ethiopia remain fragile and unpredictable, affecting civilians and limiting humanitarian aid deliverance. More than 3.9 million people are in need and 2.4 million people are displaced as of 1 Apr 2022. In Afar, 22 districts are affected by the ongoing active conflict with more than more than 300K newly displaced. The corridor for cargo by land has been opened and more than 20 trucks have delivered and food and nutrition supplies. The worsening malnutrition situation in Tigray region and parts of Afar and Amhara continue to be of concern.

The cholera outbreak has been ongoing in Oromia and Somali regions of Ethiopia. The first case was reported on 31 August 2021. As of 23 May 2022, a total of 674 cases with 7 associated death (CFR 1.0%) have so far been reported. A declining trend has been reported in past few weeks, with no cases reported since 15 January 2022.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 471 373 cases of COVID-19 as of 22 May 2022, with 7 512 deaths and 455 810 recoveries.

As of week 19, 2022 (ending 15 May), seven districts ( E Gojam, N Shewa, S Omo, Alder, Fafan, Jarar, and Liben ) from three regions ( Amhara, SNNPR and Somali) are experiencing an active measles outbreak. From week 1 to 19 of 2022 , a total of 4 634 suspected cases with 2 987 confirmed and 33 deaths ( CFR 0.7%) have been reported in Ethiopia.

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, SNPP 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 (HH7), 4 sample positive for Neisseria Meningitidis (Nm), 1 sample positive for haemorrhagic signs (Gingival haemorrhage, haemophilus influenzae (HI), 1 sample for Streptococcus Pneumoniae (Sp), 1 sample positive for both Nm+HH7 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 19 May 2022, a total of 47 622 cases including 304 deaths and 47 363 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 2021 and died on 23 September 2021 in Port Gentil. Two other probable cases have been recorded, as of 7 May 2022.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 10 May 2022, a total of 11 999 confirmed COVID-19 cases including 365 deaths, and 11 631 recoveries have been reported in the country.

As of 2 May 2022, a total of 161 280 confirmed COVID-19 cases have been reported in Ghana. There have been 1 445 deaths and 159 788 recoveries reported.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 8 May 2022, a total of 36 661 cases including 36 138 recovered cases and 442 deaths have been reported in the country.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 19 May 2022, a total of 47 622 cases including 304 deaths and 47 363 recoveries have been reported in the country.

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.

Since the beginning of 2022 up to week 14 (ending 10 April), 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).

The outbreak in Kenya has been reported in two Counties, Mombasa, Mandera and Garissa. The cases are spread from 2021 for Mombasa and Mombasa Counties. In Mombasa the reported cases are from Mandera east sub county while in Mombasa, six sub-counties (Nyali, Mvita,Kisauni,Nyali,Liironi and Jomvu) have been affected. Garissa County has reported the latest outbreak from Fafi sub county, Hagadera camp. A total of 2 426 cases (68 confirmed through Polymerase Chain Reaction and 2 358 Probable cases) with two deaths (CFR 0.1%) have been reported.

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.
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 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 131 543 victims affected including 55 deaths by the TS Ana weather system in 10 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 168 583 people causing 14 deaths. A total of 86 995 people were displaced in 12 regions but mostly from Atsimo Atsinanana regions according to the latest estimate established by the authorities after the passage of Cyclones Batsirai and Emnati.

Malawi is currently responding to the aftermath of the cyclone Ana and Gombe that occurred on 28 January 2022 and 13 March 2022 respectively. The disaster affected 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.

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) and 60% (861 cases) by epidemiological link.

Since the beginning of 2022 up to 4 April 2022, a total of 46 suspected cases of Lassa fever including 19 confirmed and 6 deaths (CFR 13%) have been reported in Liberia. Three Counties are currently in an outbreak: Grand Bassa, Nimba, and Borg.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 3 May 2022, a total of 33 151 cases of COVID-19 have been reported, including 24 653 recoveries and 697 deaths.

From 16 March 2020 to 27 April 2022, Liberia has recorded a total of 7 434 cases including 294 deaths and 7 106 recoveries have been reported.

Since 1 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.

Liberia COVID-19 Grade 3 13-May-2020 13-May-2020 3-May-2022 33 151 33 151 697 2.1%

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

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

Malawi 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 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 Neno have confirmed cholera cases. As of 21 May 2022, Malawi has reported a total of 332 cholera cases with 15 deaths.

Malawi Cholera Ungraded 3-Mar-22 3-Mar-22 21-May-2022 332 13 15 4.5%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 22 May 2022, the country has a total of 85 929 confirmed cases with 2 638 deaths and 82 799 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 (NICO) reference laboratory. No other cases have been reported this week.

Malawi Poliomyelitis Ungraded 31-Jan-22 1-Feb-2022 1-May-2022 1 1 0 0.0%
Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 8-May-2022 30,937 30,937 733 2.4%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 8 May 2022, a total of 30,937 confirmed COVID-19 cases have been reported in the country including 733 deaths and 30,025 recoveries.

Mali Measles Ungraded 20-Feb-2018 1-Jan-22 24-Apr-2022 1,536 421 1 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 13 health districts have received vaccines for response. The most affected age group is from 0 to 59 months.

Mali Poliomyelitis (cVDPV2) Grade 2 18-Aug-2020 18-Aug-2020 16-Mar-22 52 52 0 0.0%

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

Mali Undiagnosed disease Ungraded 14-Mar-22 1-Nov-21 11-May-2022 41 - 9 22.0%

In Farabougou village, Segou region of Mali, a disease of unknown cause has been reported. The first investigation on this disease was conducted since November last year. In 2022, the first alert about this disease was voiced on 23 February. A total of 41 cases with 9 deaths (CFR 22.0%) have been reported. From 12 to 13 April, the Regional Ministry of Health conducted a mission to the affected area, according to the preliminary information, among cases reported 3 have oedema, 12 have non-specified chronic diseases and 26 had malnutrition. No further details provided so far. The investigation report including laboratory analysis are still awaited. The affected area is highly insecure therefore difficult for access.

Mauritania COVID-19 Grade 3 13-Mar-20 13-Mar-20 8-May-2022 58,743 58,743 982 1.7%

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.

Mauritania Crimean-Congo haemorrhagic fever (CCHF) Ungraded 8-Feb-2022 8-Feb-2022 27-Apr-2022 7 7 2 28.6%

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.

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 5/8/2022 223,793 223,793 996 0.4%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 8 May 2022, a total of 223,793 confirmed COVID-19 cases including 996 deaths have been reported in the country.

Mozambique Cholera Ungraded 24-Jan-22 26-Jan-22 12-Mar-22 678 237 59 0.0%

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

Mozambique Humanitarian crisis in Cabo Delgado Protracted 2 1-Jan-20 31-Mar-22 - - - -

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 31 March 2022, the nationwide estimate of people in need of humanitarian assistance is 628,108 and 266,246 people are displaced by conflict.

Mozambique COVID-19 Grade 3 22-Mar-20 22-Mar-20 15-May-2022 225,498 225,498 2,001 1.0%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 15 May 2022, a total of 225,498 confirmed COVID-19 cases were reported in the country including 2,001 deaths and 223,190 recoveries.

Mozambique Measles Ungraded 25-Jun-2020 1-Jan-21 17-Apr-2022 3,599 903 0 0.0%

From week 1 to week 15, 2022 (ending 17 April), a total of 582 suspected cases of measles and zero death have been reported through IDSR (Integrated Disease Surveillance and Response). The cumulative number of the reported cases since January 2021 is now 3,599.

Mozambique Suspected cholera Ungraded 23-Mar-22 13-Jan-22 18-Mar-22 265 0 0 0.0%

Cholera outbreak has been reported from Sofala province, central region, Mozambique, on 13 January 2022. From 13 January 2022 as of 18 March 2022, 265 cases were reported with no deaths in Caia district. Of the eight samples collected, three tested positive for cholera by rapid diagnostic test (RDT) and five turned negative by culture. Response activities are ongoing.

Namibia COVID-19 Grade 3 14-Mar-20 14-Mar-20 20-May-2022 164,850 164,850 4,032 0.0%

The first case of COVID-19 was detected in Namibia on 14 March 2020. As of 20 May 2022, a total of 164,850 confirmed cases with 157,815 recovered and 4,032 deaths have been reported.

Niger Humanitarian crisis Protracted 1 1-Feb-2015 1-Feb-2015 7-Mar-22 - - - -

According to OCHA statistics, 3.7 million people need humanitarian assistance in 2022. As of 07 March 2022, 276,000 people are internally displaced, 250,000 are refugees, and 3.6 million are food insecure (phase 3+ and above). Diffa and Tillaberi regions are the most affected by food insecurity with 24% and 29% of the population affected respectively.
**Health Emergency Information and Risk Assessment**

1. **COVID-19**
   - Grade: 3
   - Start of reporting period: 27-Feb-2020
   - End of reporting period: 2-May-2022
   - Total cases: 255,766
   - Confirmed cases: 255,766
   - Deaths: 3,143
   - CFR: 1.2%

   From 19 March 2020 to 22 May 2022, a total of 9,039 cases with 310 deaths have been reported across the country. A total of 8,691 recoveries have been reported from the country.

2. **Measles**
   - Grade: Ungraded
   - Start of reporting period: 5-Apr-2022
   - End of reporting period: 20-Mar-2022
   - Total cases: 1,688
   - Confirmed cases: 1,688
   - Deaths: 76
   - CFR: 4.5%

   Since the beginning of the year 2021 to week 2 of 2022 ending 16 January 2022, 1,688 cases have been reported with 76 deaths (CFR 4.5%). 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. A request to the International Coordinating Group (ICG) for vaccine provision is underway for a vaccine campaign response.

3. **Poliomyelitis (cVDPV2)**
   - Grade: 2
   - Start of reporting period: 1-Jan-20
   - End of reporting period: 4-May-2022
   - Total cases: 17
   - Confirmed cases: 17
   - Deaths: 0
   - CFR: 0.0%

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

**Nigeria**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WGO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>22-May-2022</td>
<td>9,039</td>
<td>9,039</td>
<td>310</td>
<td>3.4%</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>
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<tr>
<td>Niger</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-21</td>
<td>4-May-2022</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Niger</td>
<td>Lassa fever</td>
<td>Grade 1</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>1-May-2022</td>
<td>4,455</td>
<td>759</td>
<td>149</td>
<td>19.6%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protraced</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>28-Feb-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>9-Sep-21</td>
<td>1-Jan-21</td>
<td>30-Apr-2022</td>
<td>144</td>
<td>53</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jun-2018</td>
<td>1-Jan-18</td>
<td>8-May-2022</td>
<td>494</td>
<td>423</td>
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</table>

**Sahel region**

<table>
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<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WGO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Apr-2020</td>
<td>6-Apr-2020</td>
<td>15-May-2022</td>
<td>5,973</td>
<td>5,973</td>
<td>73</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

**Sao Tome and Principe**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WGO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>4-May-2020</td>
<td>4-May-2020</td>
<td>15-May-2022</td>
<td>5,973</td>
<td>5,973</td>
<td>73</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

**COVID-19**

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 Namay (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.

**Lassa fever**

Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 17 of 2022 (ending 1 May), the number of new confirmed cases decreased from 18 in week 16 to 14 cases with three deaths. These were reported from Edo, Ondo, Gombe and Kogi States. Cumulatively from week 1 to 17 of 2022, a total of 759 confirmed cases including 149 deaths among confirmed cases have been reported with a case fatality rate (CFR) of 19.6% across 23 States. This is lower than the CFR for the same period in 2021 (21.0%). In total, 4,455 cases are suspected in 2022. Of all confirmed cases, 68% are from Ondo (28%), Edo (25%) and Bauchi (15%) States.

**Measles**

As of week 11, 2022 (ending 29 March), a total of 9,095 suspected measles cases were reported from all states across Nigeria with almost 76,339 (95%) coming from Cameroon. More than 2.2 million IDPs (98.6% of all IDPs in the country) are in the North-East, while the rest (0.4%) are in the North-West/North-Central part of the country.

**Polio**

In 2022, 20 cVDPV2 cases have been reported in the country. A total of 4,447 samples were collected and 1,294 were IgM+ (29%).

**Measles**

As of week 11, 2022 (ending 29 March), a total of 9,095 suspected measles cases were reported from all states across Nigeria with almost 76,339 (95%) coming from Cameroon. More than 2.2 million IDPs (98.6% of all IDPs in the country) are in the North-East, while the rest (0.4%) are in the North-West/North-Central part of the country.

According to the Nigeria Centre for Disease Control (NCDC), from 1 January to 30 April 2022, 46 suspected cases of monkeypox were reported, of which 15 have been confirmed from seven states namely Adamawa (3), Lagos (3), Cross River (2), the Federal Capital Territory (2), Kano (2), Delta (2) and Imo (1). No deaths have occurred among suspected or confirmed cases. In 2021, a total of 38 suspected cases were reported throughout the year. Of the suspected cases, 34 were confirmed from nine states Delta (9), Lagos (6), Bayelsa (6), Rivers (6), Edo (3), Federal Capital Territory (1), Niger (1), Ogun (1), Cross River (1) and no deaths recorded.

**Lassa fever**

In 2022, 2,456 yellow fever (YF) suspected cases were reported from 526 Local Government Areas (LGA) in 37 States in Nigeria. Of suspected cases, 54 tested positive for YF by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Some PRNT-positive cases had a history of YF vaccination.

**Yellow Fever**

From 1 January 2021 to 28 February 2022, a total of 2,456 yellow fever (YF) suspected cases were reported from 526 Local Government Areas (LGA) in 37 States in Nigeria. Of suspected cases, 54 tested positive for YF by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Some PRNT-positive cases had a history of YF vaccination.

**Yellow Fever**

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. A request to the International Coordinating Group (ICG) for vaccine provision is underway for a vaccine campaign response.
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.

<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>Sao Tome And Principe</td>
<td>Dengue</td>
<td>Grade 2</td>
<td>11-Apr-2022</td>
<td>25-Apr-2022</td>
<td>17-May-2022</td>
<td>103</td>
<td>103</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Mar-20</td>
<td>2-Mar-20</td>
<td>1-May-2022</td>
<td>86,001</td>
<td>86,001</td>
<td>1,966</td>
<td>2.3%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>12-Feb-2022</td>
<td>1-Jan-21</td>
<td>20-Mar-22</td>
<td>20</td>
<td>20</td>
<td>11</td>
<td>55.0%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>10-Dec-2020</td>
<td>24-Apr-2022</td>
<td>15</td>
<td>15</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>9-May-2022</td>
<td>43,235</td>
<td>43,235</td>
<td>167</td>
<td>0.4%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Measles</td>
<td>Ungraded</td>
<td>1-Nov-21</td>
<td>1-Jan-22</td>
<td>20-Mar-22</td>
<td>236</td>
<td>225</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Africa</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Dec-2020</td>
<td>5-Apr-2021</td>
<td>15-May-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Africa</td>
<td>Acute Food insecurity</td>
<td>Grade 2</td>
<td>15-Aug-2016</td>
<td>n/a</td>
<td>30-Apr-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>25-Apr-2022</td>
<td>13-Mar-22</td>
<td>29-Apr-2022</td>
<td>34</td>
<td>8</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Since the start of COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 9 May 2022 a total of 43,235 cases have been confirmed, including 42,553 recoveries and 167 deaths have been reported.

From the beginning of 2021 to 20 March 2022, a total of 20 cases and 11 deaths (55% CFR) have been reported due to Lassa fever in Sierra Leone. Cases were reported from Kenema (15), Kalahun (3), and Tonkolili (2) districts since the beginning of 2021. From these cases, 65% were females and 35% were <5 years old. Lassa fever is known to be endemic in Sierra Leone and surrounding countries. From 2016-2020 Sierra Leone experienced gradually declining trends in annual Lassa fever case totals, however, in 2021, cases doubled compared to 2020 (from 8 total reported in 2020 to 16 total in 2021).

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 9 May 2022 a total of 43,235 cases have been confirmed, including 42,553 recoveries and 167 deaths have been reported.

From the beginning of 2021 to 20 March 2022, a total of 20 cases and 11 deaths (55% CFR) have been reported due to Lassa fever in Sierra Leone. Cases were reported from Kenema (15), Kalahun (3), and Tonkolili (2) districts since the beginning of 2021. From these cases, 65% were females and 35% were <5 years old. Lassa fever is known to be endemic in Sierra Leone and surrounding countries. From 2016-2020 Sierra Leone experienced gradually declining trends in annual Lassa fever case totals, however, in 2021, cases doubled compared to 2020 (from 8 total reported in 2020 to 16 total in 2021).

The Government of South Africa notified AFRO IHR of an imported case of Lassa fever from Nigeria to South Africa. The case had travel history to Nigeria during the six months preceding illness. He entered RSA on 25 April 2022 and was hospitalized on 1 May 2022 and died on 6 May 2022. The case was tested positive for Lassa fever and the RT PCR at the National Institute for Communicable Diseases.

Sierra Leone Lassa fever Ungraded 12-Mar-2021 13-Mar-21 14-Mar-22 2 1 1 50.0%
Health Emergency Information and Risk Assessment

As of 14 May 2022, 70 cases and 1 death (CFR 1.4%) have been reported from Rubkona county of Warrap State, mostly (84.3%) from the Bentiu IDP camp. Twenty cases have been confirmed positive by RDT for cholera and eight tested positive by culture at the National Public Health Laboratory in Juba. Females account for 67% of all cases. The age group between 0-4 years accounted for 35.7% of all cases, followed by age group ≥20 years with 28.6%, age group 10-14 years accounted for 12.9%. Rubkona county experienced unprecedented floods in 2021 with flood waters persisting up to the end of the current dry season and the flood surface water is often used for bathing and playing.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 22 May 2022, a total of 17 575 confirmed COVID-19 cases were reported in the country including 138 deaths and 13 514 recovered cases.

The current outbreak in the Bentiu IDP camp is ongoing. As of 22 March 2022, a total of 2 515 cases of hepatitis E including 23 deaths (CFR: 0.9%) have been reported since January 2019.

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, Torit 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.

As of week 15, 2022 (ending 17 April), five counties have confirmed measles outbreaks (Gogrial West, Raja, Torit, Maban and Tambura). A total of 222 cases with 2 deaths (CFR 0.9%) have been reported since the beginning of this year including 43 cases and 2 deaths (CFR 4.7%) from Torit County, 161 cases with 0 death from Maban county, 5 cases and 0 death from Tambura County, 13 cases with 0 death from Raja and 6 cases and 0 death from Gogrial West County. Among the five counties with confirmed outbreaks, local reactive vaccination campaigns have been conducted in Maban, Torit and Tambura. In Maban county 96% of cases were residing within the Doro Refugee camp and 22 153 (98%) were vaccinated among host communities while 32 411 (98%) were vaccinated among refugees through local reactive vaccination campaign.

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.

As of 18 October 2019, 17 cases of cVDPV2 were reported from 7 counties including Juba, Aweil, Rumbek, Yei, Wajir and Gogrial. In 2020, a total of 17 cases of cVDPV2 were reported in the country.

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 8 May 2022, a total of 37 006 confirmed COVID-19 cases with 3 600 deaths have been reported.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 22 May 2022, a total of 164 331 confirmed COVID-19 cases with 3 600 deaths were reported.

The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Tanzania reported the country’s first case of COVID-19 on 16 March 2020. As of 6 May 2022, a total of 33 928 confirmed cases have been reported in Tanzania Mainland including 803 deaths.

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 (IDSR). The outbreak stated in November 2021 in the Zio district.

No new case of cVDPV2 was reported during the past week. No cases have been reported in 2021. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 22 May 2022, a total of 164 331 confirmed COVID-19 cases with 3 600 deaths were reported.

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.

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### Table: Disease Surveillance and Reporting

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Apr-2022</td>
<td>23-May-2022</td>
<td>70</td>
<td>8</td>
<td>1</td>
<td>1.4%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-2020</td>
<td>22-May-2022</td>
<td>17 575</td>
<td>17 575</td>
<td>138</td>
<td>0.8%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-18</td>
<td>08-May-2022</td>
<td>2 515</td>
<td>104</td>
<td>23</td>
<td>0.9%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>28-Dec-2021</td>
<td>17-Apr-2022</td>
<td>848 594</td>
<td>848 594</td>
<td>158</td>
<td>0.0%</td>
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<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Feb-2022</td>
<td>17-Apr-2022</td>
<td>222</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
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<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Oct-20</td>
<td>22-May-2022</td>
<td>59</td>
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</tr>
<tr>
<td>Tanzania, United Republic of</td>
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<td>Ungraded</td>
<td>25-Apr-2022</td>
<td>23-May-2022</td>
<td>214</td>
<td>24</td>
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<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>6-May-2022</td>
<td>33 928</td>
<td>33 928</td>
<td>803</td>
<td>2.4%</td>
</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>8-May-2022</td>
<td>37 006</td>
<td>37 006</td>
<td>273</td>
<td>0.7%</td>
</tr>
<tr>
<td>Togo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>2-Feb-2022</td>
<td>20-Mar-22</td>
<td>831</td>
<td>134</td>
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<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>16-Mar-22</td>
<td>17</td>
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<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>22-May-2022</td>
<td>164 331</td>
<td>164 331</td>
<td>3 600</td>
<td>2.2%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-21</td>
<td>19-May-2022</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
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**Note:** Please refer to the original report for detailed data and context.
<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>Zambia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>13-Apr-2022</td>
<td>11-Apr-2022</td>
<td>14-May-2022</td>
<td>21</td>
<td>21</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>22-May-2022</td>
<td>321 146</td>
<td>321 146</td>
<td>3 985</td>
<td>1.2%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-2019</td>
<td>1-Jan-22</td>
<td>20-Mar-22</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>14-May-2022</td>
<td>249 206</td>
<td>249 206</td>
<td>5 482</td>
<td>2.2%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Apr-2022</td>
<td>19-May-2022</td>
<td>19-May-2022</td>
<td>270</td>
<td>29</td>
<td>0</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

**Closed Events**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<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>Nigeria</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>12-Jan-21</td>
<td>12-Jan-21</td>
<td>8-Apr-2022</td>
<td>1 358</td>
<td>31</td>
<td>0</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

A cholera outbreak was declared in Zambia on 3 May 2022. A total of 21 cases have been registered with no deaths as of 14 May 2022. Three districts are affected: Lusaka (7 cases), Chilanga (9 cases) and Nsama (5 cases).

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 22 May 2022, a total of 321 146 confirmed COVID-19 cases were reported in the country including 3 985 deaths and 316 518 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 14 May 2022, a total of 249 206 confirmed COVID-19 cases were reported in the country including 5 482 deaths and 242 417 cases that recovered.

A total of 270 cases have so far been identified since the first rumours surfaced on 10 April 2022 in Mutasa District. 31 are vaccinated, 171 are not vaccinated and 28 have unknown vaccination status. 29 deaths have so far been recorded with a fatality rate of 12.6%. Of the 29 deaths, 20 were unvaccinated and 9 vaccination status is unknown. Zindi clinic has reported 179 cases so far contributing 66.3%.

From epidemiological weeks 1-12 2022, a cumulative number of 1 358 cases and 31 deaths have been notified (CFR 2.3%) from 15 States and 60 Local Government Areas (LGAs). Of these cases, 27% (n=367) are aged 5-14 years and 52% (n=706) are males. Specifically, during epi week 12 (ending 27 March 2022), 14 cases and two deaths were reported from two LGAs in two States; no new state has reported a case.

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

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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Data sources
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Health Emergency Information and Risk Assessment