Overview

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

- Humanitarian crisis in South Sudan
- Ebola Virus Disease in the Democratic Republic of the Congo
- COVID-19 in the WHO African Region
- Cholera in Kenya

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and closed.

Major issues and challenges include:

The humanitarian crisis in South Sudan continues to unfold with a grim outlook projected for the coming months. With more than two million people internally displaced and an estimated 8.9 million in need of humanitarian assistance, exacerbation of the crisis due to anticipated floods, worsening food insecurity, inter-communal violence, and infectious disease outbreaks could plunge the country on the brink of disaster. The limited and overstretched resources available to address the crisis raise concern, thus highlighting the urgency for humanitarian partners and actors to mobilize additional funding to mount an effective response to the situation.

The Ebola virus disease outbreak in the Democratic Republic of the Congo continues with health workers racing against time to prevent new flare-ups and further transmission of the disease. No new cases have been reported over the past 17 days, but this comes amidst strike actions staged by local health workers resulting in suboptimal surveillance and response activities. The coming weeks will be crucial to bring to an end this outbreak through enhanced surveillance and response, therefore, resolution of the strike actions must be given utmost priority. Renewed efforts are required to address community resistance and increase vaccination uptake particularly among close contacts.
The situation in South Sudan remains dire, with more than two million people internally displaced and an estimated 8.9 million people requiring humanitarian assistance due to floods, food insecurity, and conflict.

The country is still reeling from its 2021 floods, the worst since 1960, with floodwaters not having fully receded. The floods caused more than 800,000 people to be internally displaced, leading to new internally displaced persons (IDP) camps and spontaneous informal settlements on higher ground areas. The most affected states were Jonglei, Upper Nile and Unity states.

The Camp Coordination and Camp Management (CCCM) Cluster in South Sudan estimated that as of March 2022, 190,000 people were still living in six formal Protection of Civilian (PoC) camps, and another 900,000 were estimated to be in spontaneous sites or informal settlements. With the advent of the current rainy season amidst the presence of flood waters from the previous year, population displacements to higher ground areas will likely continue placing further strain on the inadequate infrastructure available, including access to clean water and sanitation.

Food insecurity in the country continues to worsen, driven largely by climatic shock (floods, dry spells, and droughts), conflict, disease outbreaks, pests, and the cumulative effects of prolonged years of asset depletion that continue to erode households’ coping capacities, and the loss of livelihoods. Malnutrition levels have risen, with an estimated 1.4 million under-five children suffering from acute malnutrition.

Projections showed that 7.74 million people are expected to experience high acute food insecurity in the second quarter of 2022 (April to July), a 13.3% increase over the previous quarter. Of these, Fangak, Canal/Pigi, Ayod, Pibor, Cueibet, Rumbek North, Leer, and Mayendit counties are expected to be the worst affected and will experience the highest level of food insecurity, phase 5, which indicates extreme levels of famine and starvation. Close to half of all counties in the country are projected to experience phase 4, the emergency phase of food insecurity, that reflects very high acute malnutrition and excess mortality.

The country is also facing multiple concurrent infectious disease outbreaks, including meningitis, measles, anthrax, hepatitis E, COVID-19, and cholera, which has overstretched its national response capacity. The recently announced 24% reduction in funding for primary health care will further constrain access to essential health care in the country, thus denting the health system’s resilience, constraining surveillance, and limiting response capacities to outbreaks.

**PUBLIC HEALTH ACTIONS**

- The Ministry of Health is coordinating the response to the current disease outbreaks.

- The national emergency preparedness and response technical working group is coordinating the implementation of Integrated Disease Surveillance and Response (IDSR) and Early Warning Alert and Response Network (EWARN) for timely detection of alerts from health facilities and IDP camps with support from humanitarian partners.

- Measles and cholera vaccination campaigns have been planned for implementation in targeted areas.

- The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) has released US$19 million to support communities prepare for severe flooding expected during the rainy season in Bentiu IDP and surrounding areas in Unity State. The fund is expected to be used for reinforcing dikes around vital access roads, displaced people’s homes, the airstrip, the protection of latrines and water wells from flood waters, among others.

- The World Food Programme has reprioritized its operational plan for the distribution of food and other supplies according to the food insecurity risk levels, with those classified in the phase 5 category given the highest priority.

**SITUATION INTERPRETATION**

South Sudan’s humanitarian crisis remains unabated, and complex characterized by the armed conflict, natural disasters, food insecurity and infectious disease outbreaks all having their toll on the population. The outlook for the coming months looks dire and the need to rapidly mobilize additional resources to mitigate the impact cannot be overemphasized. Humanitarian partners and actors must weigh in to breach the funding gap to strengthen the response efforts on the ground.
EVENT DESCRIPTION

Since last reported on 19 May 2022, 17 days have passed without reports of a new case of Ebola virus disease (EVD) in the Democratic Republic of the Congo. As of 5 June 2022, a total of five cases (four confirmed and one probable) have been recorded, all of whom have died. Equateur remains the only affected province of the country, with two affected health zones (Mbandaka and Wangata) and three affected health areas (Libiki, Mama Balako and Motema Pembe).

Surveillance activities, including investigation of alerts, contact tracing, and testing of suspected cases, continue to be performed, although at sub-optimal levels due to strike actions from health workers. In total, 1,076 contacts have been identified and listed since the onset of the outbreak, with 611 still under 21 days of follow-up. As of 5 June 2022, 611 samples have been tested since the onset of the outbreak. Four were confirmed positive for Ebola virus disease.

Source of the outbreak remains elusive, and investigators continue to search for additional information, including identifying exposure history of cases and contacts. Earlier analysis from genomic sequencing indicated that the current outbreak represents a new spillover event from the host reservoir of the Ebola virus and is not directly linked to previous outbreaks of the disease.

PUBLIC HEALTH ACTIONS

- Response activities at the field level continue to be coordinated by the Provincial Health Division with technical and operational support from the national Ministry of Health, WHO, and other partners.
- Albeit the strike actions from health workers, some public health response activities are ongoing.
- In the past week, 87,175 travelers were registered and screened for EVD at points of entry. In total, 418,516 (92.7%) of 451,641 travelers registered at the points of entry since the onset of the outbreak have been screened for EVD. Of these, 110 were suspected of EVD and tested. None were positive.
- A total of 418 contacts remains under follow-up, with 381 (91.1%) seen on 5 June 2022.
- Forty-four new persons (four contacts and 40 contacts-of-contacts) were vaccinated in the past week. As of 5 June 2022, 1,564 persons in the affected health zones have been vaccinated against EVD using the ring strategy targeting contacts and contacts-of-contact. A total of 300 are contacts and 1,264 are contacts-of-contacts. There are 787 frontline health workers among those vaccinated.
- Fifty-three new samples were tested for EVD in the past week bringing to a total 611 analyze by the laboratory as of 5 June 2022. A total of 217 GeneXpert cartridges remain in stock across the country, with 36 available at the laboratory in Mbandaka City.

SITUATION INTERPRETATION

The report of no new cases of EVD in the Equateur Province for the past 17 days is encouraging, however, caution needs to be exercised as strike actions from local health workers have hampered optimal surveillance and response activities. Amidst community resistance and low vaccination coverage among close contacts, the potential for flare-ups cannot be ruled out.

Resolution of the current strike actions staged by local health workers must be prioritized to enhance surveillance for timely detection of any new cases and put the response efforts back on course.

Location of confirmed cases of Ebola virus disease in Equateur Province, Democratic Republic of the Congo, as of 4 June 2022

Other activities are also ongoing, including IPC interventions in health care facilities and the community, psycho-social support and RCCE actions to boost contact tracing and vaccination activities.
EVENT DESCRIPTION

COVID-19 cases decreased in the African region for the third week following four consecutive weeks of increasing trend. In the past week (week ending 5 June 2022), a total of 24,422 new cases were reported compared to 32,697 in the preceding week (week ending 29 May 2022), marking a 25% week-on-week decrease. The majority of new cases (82%, n=20,112) were reported from South Africa (14,238), Ethiopia (2,666), Zimbabwe (1,305), Tanzania (1,060), and Namibia (843).

COVID-19 associated deaths increased modestly by 4% over the past week in the African region with a total of 241 new deaths reported compared to 232 in the preceding week. The majority of new deaths (96%, n=231) were reported from six countries, namely South Africa (171), Tanzania (37), Zimbabwe (12), Nigeria (5), Eswatini (3), and Zambia (3).

Cumulatively, 8.5 million cases with 171,947 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 72.0% and 67.6% of the African continent’s cumulative 11.9 million cases and 254,326 deaths respectively reported since the onset of the pandemic.

No country in the African region is currently experiencing a resurgence of the COVID-19 pandemic, however, five countries – Ethiopia, Mauritius, Namibia, Seychelles, and Zimbabwe – are being closely monitored due to either high incidence or recent uptick in new cases.

The SARS-CoV-2 Omicron variant remains dominant during this fifth wave of the pandemic in the African region, with the highly transmissible BA.4 and BA.5 sub-lineages detected largely among new cases.

SITUATION INTERPRETATION

The declining trend of cases in South Africa, the country with the largest burden of COVID-19 in the region, has largely influenced the regional trajectory. However, some countries are still experiencing a high incidence or slight uptick in new cases. The risk for new or emerging variants of the SARS-CoV-2 virus remains, and WHO continue to advise all countries to enhance pandemic response measures, including early warning surveillance, risk communication and community engagement, and vaccination of vulnerable populations.
EVENT DESCRIPTION
The outbreak of cholera in Kenya continues to evolve with increasing trend and geographic spread since it was first detected in early May 2022 in Kisumu County and announced by the health authorities. In epidemiological week 20 (week ending 22 May 2022), 312 new cases were reported from three counties – Nairobi, Kisumu, and Kiambu – across the country. This represents a dramatic increase from four cases reported in the previous week 19 (week ending 15 May 2022).

As of 31 May 2022, a total of 319 cases with two deaths (CFR 0.6%) have been reported from three affected counties: Nairobi, Kisumu, and Kiambu. Vibrio cholerae has been isolated from two samples culture at the laboratory in Nairobi. Kisumu County is at the epi-centre of the outbreak with 97.5% (n=311) of the reported cases. Nairobi County has reported seven cases with two deaths (CFR 28.6%) and Kiambu county has one case with zero deaths.

In Nairobi, cases have been reported from five sub-counties out of the 17 for the city: Mathare, Starehe, Kamukunji, Westlands and Roy Sambu. The two deaths were reported from Mathare and Kamukunji. Among the seven cases reported in Nairobi, two were confirmed by culture and the outbreak is still active in all the affected sub-counties.

PUBLIC HEALTH ACTIONS
- National response team has been deployed to the affected counties to support local responses teams in implementing response activities.
- Risk communication activities are ongoing with awareness on cholera prevention messages for the community to adhere to simple hygienic measures such as hand washing and sanitizing.
- Active case search, contacts tracing and case management are ongoing as well as logistics and cholera supplies provided to the affected sub-counties.

SITUATION INTERPRETATION
Kenya joins the list of three other countries, South Sudan, Tanzania, and Somalia, in the East African sub-region that are experiencing ongoing outbreaks of cholera. No epidemiological linkage has yet been established between the ongoing cholera outbreak in Kenya and its neighbouring countries. However, the sub-regional context calls for enhanced collaboration across the affected countries to prevent transborder transmissions resulting from mass population movements across national borders.

Measures such as regular hand washing, which were instituted as a result of the COVID-19 pandemic may have helped to reduce the spread of cholera. However, as compliance to these measures dwindle, there is likelihood of resurgence of cholera outbreaks. Health authorities need to strengthen response efforts, including enhanced risk communication, to quickly control this outbreak.
### New Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Suspected Meningitis</td>
<td>Ungraded</td>
<td>31-May-22</td>
<td>31-May-22</td>
<td>31-May-22</td>
<td>26</td>
<td>14</td>
<td>53.8%</td>
<td></td>
</tr>
</tbody>
</table>

Local health authorities were alerted on 25 May 2022 of four successive deaths with features typical of meningitis involving two males and females from Gombari Health Zone, Haut Uele Province, the Democratic Republic of the Congo. An investigation launched by local health authorities has identified a total of 26 cases with 14 deaths (CFR 53.8%) as of 31 May 2022. Gram-negative coccobacilli, suggestive of Haemophilus Influenza, were isolated from cerebrospinal fluid (CSF) samples obtained from three of the cases. Further analyses are ongoing at the National Reference Laboratory in Kinshasa (INRB-Kinshasa).

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<tbody>
<tr>
<td>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>30-May-22</td>
<td>3-May-22</td>
<td>31-May-22</td>
<td>319</td>
<td>2</td>
<td>2</td>
<td>0.60%</td>
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<table>
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<tbody>
<tr>
<td>Namibia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>2-Jun-22</td>
<td>4-Apr-22</td>
<td>16-May-22</td>
<td>23</td>
<td>5</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

On 2 June 2022, the Ministry of Health and Social Services of Namibia notified WHO about a confirmed outbreak of measles in Otapi district, Omusati region, on the border with Angola. Of 23 suspected cases reported, five were laboratory-confirmed. All cases have been identified among children between five months and 12-years-old.

### Ongoing Events

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<thead>
<tr>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>8-May-22</td>
<td>99 414</td>
<td>99 414</td>
<td>1 900</td>
<td>1.90%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. 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.

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<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
<tr>
<td>Angola</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-May-19</td>
<td>1-Jan-19</td>
<td>24-Apr-22</td>
<td>133</td>
<td>133</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

<table>
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<tbody>
<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>29-May-22</td>
<td>26 914</td>
<td>26 914</td>
<td>163</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 29 May 2022, a total of 26 914 cases have been reported in the country with 163 deaths and 26 558 recoveries.

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<tbody>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>8-Aug-19</td>
<td>24-Aug-22</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>0.00%</td>
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</table>

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.

<table>
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<th>Country</th>
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<tbody>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>2-Jun-22</td>
<td>308 126</td>
<td>308 126</td>
<td>2 697</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 2 June 2022, a total of 308 126 confirmed COVID-19 cases were reported in the country including 2 697 deaths and 303 845 recovered cases.

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<th>Country</th>
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</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>18-May-22</td>
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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 1 850 293 internally displaced persons as of 30 April 2022. There have been IDPs from all 13 regions, however, the majority have come from Centre-Nord (35.9%) and Sahel (31.7%) regions. Armed group attacks in Oudalan (Sahel) and Komienga (Est) province on 14 May 2022 killed at least 43 people including at least 27 civilians. In April 2022, there was an increased use of improvised explosive devices (IEDs) along the main access routes in North centre and the encirclement of Djibo, the second largest city in the Sahel region. 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.

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<tbody>
<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>1-May-22</td>
<td>20 899</td>
<td>20 899</td>
<td>384</td>
<td>1.80%</td>
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</table>

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.

<table>
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<tbody>
<tr>
<td>Burkina Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>1-Jun-22</td>
<td>67</td>
<td>67</td>
<td>0</td>
<td>0.00%</td>
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</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 were reported this week. There were two cases reported in 2021, and 65 in 2020. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

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</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>4-Jun-22</td>
<td>42 205</td>
<td>42 205</td>
<td>15</td>
<td>0.00%</td>
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</table>

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 4 June 2022, the total number of confirmed COVID-19 cases is 42 205, including 15 deaths and 42 072 recoveries.
From 1 January 2022 to 22 May 2022, a total of 7 720 suspected cases of cholera including 537 confirmed by culture and 148 deaths (CFR 1.9%) have been reported in Cameroon, from South-West (5 258 cases, 84 deaths; CFR 1.6%), Littoral (2 101 cases, 57 deaths; CFR 2.7%), South (182 cases, two deaths; CFR 1.1%), Centre (130 cases, four deaths; CFR 3.2%), Far-North (8 cases, no death), and North (26 cases, one death; CFR 3.8%) regions. In addition, on 20 May 2022, the Mifi district in the West region of the country started reporting new cases, with 15 cases and no death recorded so far. The outbreak is currently active in four regions (Centre, Littoral, South-West and West) and 15 districts, out of the 30 that have already reported a suspected cholera case since October 2021. Cases are aged between 2 months and 99 years with a median age of 27 years. Females are twice less affected than males (M/F sex ratio = 2:1).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 20, 2022. There are three cases reported in 2021 and seven cases in 2020. No case has yet been reported for 2022.

The confirmed cases were reported from three health districts: Mbaïki (six cases, two deaths), Alindao (one case, no death) and Bimbo (one case, no death).

According to 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.

According to UNHCR reports, an estimated 579 136 Internally Displaced People (IDPs) have been registered as of 30 April 2022. Targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers are still being reported. Schools resumed session, but teachers and students are still facing 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. In addition, there are 478 066 refugees, of whom nearly 345 622 (72.3%) arrived from Central African Republic.

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.
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 of Cameroun. 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.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 30 May 2022, a total of 7,417 confirmed COVID-19 cases were reported in the country including 193 deaths.

Since 1 January 2018, a total of 171 cases have been reported by 4 provinces (N'Djamena, Borkou, Tibesti and Ouaddai) and 14 deaths (CFR 8.2%). For the year 2020 the country registered 74 cases including 4 deaths. Since the beginning of 2021 up to 30 November 2021, 54 cases have been reported including 6 deaths (CFR 11.1%). From 1 December 2021 to 31 January 2022, 10 new cases have been reported with no death.

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 week 1 to week 19, 2022 (ending 15 May); a total of 198 lab confirmed measles cases and 6,276 cases confirmed through Epi-linkage are reported; 21 health districts. A total of 22 other districts are suspected in outbreak (more than five reported cases/month); Due to lack of test kits in country, a total of 250 specimens were shipped to Cameroon (Centre Pasteur Yaoundé) for testing and the results are awaited.

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.

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.

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

The figures have been reviewed following final cases classification. An integrated campaign for yellow fever and measles is planned. Measles vaccines are expected by 8 June 2022, with a tentative launch of an integrated campaign on 30 June 2022.
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), Menzi (6), Ituri (3), 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. From May 1 to 9, 2022, three attacks took place on the axis between Komanda and Mambeza. These attacks make the security situation uncertain, preventing humanitarian organizations from reaching IDPs from Toly-to to Mambasa, where the presence of nearly 87,500 new IDPs have been confirmed.

In 2022, from epidemiological week 1 to 18 (ending 8 May 2022), 5,708 suspected cholera cases including 80 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 including a vaccination campaign.

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Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 89,189 confirmed cases and two probable case, including 1,338 deaths have been reported. A total of 82,562 people have recovered.

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 beginning of the year

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 2 June 2022, a total of 15,924 cases have been reported in the country with 183 deaths and 15,704 recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to 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>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>9-May-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| Democratic Republic of the Congo | Cholera                | Grade 3  | 16-Jan-15 | 1-Jan-22 | 8-May-22 | 5,708 | - | 80 | 1,40% |

Since 2021 to 19 May 2022, Democratic Republic of the Congo (DRC) has reported a total of 22 probable cases of yellow fever with 10 confirmed

Equatorial Guinea COVID-19 Grade 3 14-Mar-20 14-Mar-20 2-Jun-22 15,924 15,924 183 1,10%
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eritrea</strong></td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>3-Jun-22</td>
<td>9 767</td>
<td>9 767</td>
<td>103</td>
<td>1.10%</td>
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<tr>
<td><strong>Eswatini</strong></td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>5-Jun-22</td>
<td>72 688</td>
<td>72 688</td>
<td>1 410</td>
<td>1.90%</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-22</td>
<td>15-May-22</td>
<td>4 634</td>
<td>2 897</td>
<td>33</td>
<td>0.70%</td>
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<tr>
<td><strong>Gabon</strong></td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>12-Feb-22</td>
<td>17-Sep-21</td>
<td>23-May-22</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>33.30%</td>
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<tr>
<td><strong>Gambia</strong></td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>19-May-22</td>
<td>12 002</td>
<td>12 002</td>
<td>365</td>
<td>3.00%</td>
</tr>
<tr>
<td><strong>Ghana</strong></td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>2-Jun-22</td>
<td>161 795</td>
<td>161 795</td>
<td>1 445</td>
<td>0.90%</td>
</tr>
<tr>
<td><strong>Guinea</strong></td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>22-May-22</td>
<td>36 764</td>
<td>36 764</td>
<td>442</td>
<td>1.20%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 3 June 2022, a total of 9 767 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 663 patients have recovered from the disease.

The first COVID-19 confirmed case was in the kingdom of Eswatini on 13 March 2020. As of 5 June 2022, a total of 72 688 cases have been reported in the country including 71 050 recoveries. A total of 1 410 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, SNNPR (Southern Nations, Nationalities, and Peoples), Southwest and Somali: several areas in southern and southeastern Ethiopia, including in the regions of Somali (10 zones), Oromia (8 zones), Southwest (1 zone) and SNNP (7 zones). 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 SNNP 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 23 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.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 475 012 cases of COVID-19 as of 5 June 2022, with 7 515 deaths and 456 191 recoveries.

As of week 19, 2022 (ending 15 May), seven districts (E Gojjam, N Sheva, 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 2 897 confirmed and 33 deaths (CFR 0.7%) have been reported in Ethiopia.

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 13.

From week 1 to week 19 (ending 15 May), a total of 2 330 suspected meningitis cases and 16 deaths (CFR 0.7%) were reported with a total of 52 woredas reported. The corridor for cargo by land has been opened and more than 23 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.

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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 21 (ending 27 May), a total of 21 194 measles suspected cases with 397 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 (IDS&R).

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

Since January 2020 through 7 May 2022, a total of 1 666 visceral leishmaniasis (185 suspected and 1 481 confirmed) cases have been reported in Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, and Wajir Counties with a total of 10 deaths reported (CFR 0.6%). The outbreak is active in three counties, West Pokot County in Pokot North, Pokot South and West Pokot Sub Counties, Wajir County in Wajir North, Elads and Wajir West Sub – Counties and Kitui county from Mwingi North and Mwingi Central Sub-counties.

On 4 March 2022, Kenya declared an outbreak of yellow fever in Isiolo County. As of 15 March 2022, there are a total of 53 suspect cases of yellow fever including six confirmed cases, three were confirmed by PCR at the Kenya Medical Research Institute (KEMRI). Epidemiological investigations are ongoing.

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.

As of 22 May 2022, 3 338 suspected cases, including 3 027 confirmed and 35 deaths (CFR 1%) were reported from 47 health districts in 14 counties. Of the confirmed cases, 9% (287 cases) were laboratory confirmed, 15% (448 cases) were clinically confirmed, and 76% (2 292 cases) by epidemiological link. Montserrado county is the most affected with 56% (1 861 suspected cases) of all suspected cases reported. The median age of the affected population is 5 years (range: 1 month-67 years). Measles vaccination coverage in confirmed cases is 43% and the vaccination status of 10% of confirmed is unknown.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The country reported 3 cases in 2021.
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 is currently responding to the aftermath of the cyclone Ana and Gombe that occurred on 28 January 2022 and 13 March 2022 respectively. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people have been affected, death toll stands at 51 (46 due to tropical storm Ana, 5 due to cyclone Gombe).

Malawi COVID-19 Grade 3 2-Apr-20 2-Apr-20 5-Jun-22 86 011 86 011 2 642 3,10%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 5 June 2022, the country has a total of 86 011 confirmed cases with 2 642 deaths and 82 885 recoveries.

Malawi Poliomyelitis (cVDPV1) Ungraded 31-Jan-22 1-Feb-22 1-May-22 1 1 0 0,00%

One positive case of wild WPV1 was detected in Lilongwe from a patient with the date of onset of paralysis on 19 November 2021 confirmed by the National Institute for Communicable Diseases (NICD) reference laboratory. No other cases have been reported this week. However, response activities including mass polio vaccination campaigns continue.

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 5-Jun-22 31 110 31 110 735 2,40%

On 25 March 2020, the Ministry of Health of Mali reported the first confirmed cases of COVID-19 in the country. As of 5 June 2022, a total of 31 110 confirmed COVID-19 cases have been reported in the country including 735 deaths and 30 295 recoveries.

Mali Measles Ungraded 18-Mar-20 18-Mar-20 16-Mar-22 52 52 0 0,00%

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 outbreaks, 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-20 18-Aug-20 16-Mar-22 52 52 0 0,00%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. No cases have been reported in 2021. The total number of cases since 2020 are 62.

Mali Undiagnosed disease Ungraded 14-Mar-22 1-Nov-21 11-May-22 41 9 22,00%

In Farabougou village, Segou region of Mali, a disease of unknown cause has been reported. The first investigation on this disease was conducted since November last year. In 2022, the investigation on this disease in 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.
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 15 May 2022, a total of 225 498 confirmed COVID-19 cases were reported in the country including 2 201 deaths and 223 190 recoveries.

From 19 March 2020 to 5 June 2022, a total of 9 056 cases with 310 deaths have been reported across the country. A total of 8 730 recoveries have been reported from the country.

According to OCHA statistics, 3.7 million people need humanitarian assistance in 2022. There is an increasing number of security incidents reported in the first four months of the year. Compared to the last year, security incidents have doubled in the same period from January to April 2022 (93 incidents in 2021 against 136 security incidents in 2022). As of 16 May 2022, 115 150 people are internally displaced. Food insecurity remains one of the major challenges faced by the country. Diffa and Tillaberi regions are the most affected by food insecurity with 24% and 29% of the population affected respectively.

No case of circulating vaccine-derived poliovirus type 2(cVDPV2) was reported this week. There are two cases reported in 2022. In addition a total of 17 cases was reported in 2021.
In northeastern Nigeria, humanitarian needs remain high, with 8.4 million people, including 58% children (4.9 million), requiring humanitarian assistance in 2022. A total of 2.1 million internally displaced persons (IDPs) remain displaced in the three northeastern states of Borno, Adamawa, and Yobe due to the ongoing conflict. In northwestern Nigeria, violence is multifaceted and multidimensional. Over 360 000 persons are displaced in three States, with Katsina (173 856) having the highest number of IDPs, followed by Zamfara (123 102) the epicenter of the banditry attacks. Over 81% of the IDPs reside in host communities, while the rest are living in camp like settings.

| Country       | Event                          | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR  |
|---------------|-------------------------------|-------|-----------------------|--------------------------|-------------------------|-------------|----------------|--------|------|-----|
| Nigeria       | Humanitarian crisis           | Protracted 3 | 10-Oct-16          | n/a                      | 31-Mar-22             | -           | -              | -      | -    |     |

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 3 June 2022, a total of 256 148 confirmed cases with 250 065 recovered and 3 143 deaths have been reported.

| Nigeria       | Lassa fever                   | Grade 1 | 1-Jan-21              | 1-Jan-21                 | 1-May-22              | 4 455       | 759           | 149    | 19.60% |     |

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 eight 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 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, 66% are from Ondo (28%), Edo (25%) and Bauchi (15%) States.

| Zambia       | Dengue                         | Grade 2 | 1-Nov-20              | 1-Nov-20                 | 30-Nov-20             | 110         | 31            | 1      | 0.9%  |     |

From 1 January to 29 May 2022, Nigeria has reported 66 suspected cases with one death from nine states across the country. Of these, 21 cases were laboratory-confirmed from the following states: Adamawa (5), Bayelsa (2), Cross River (2), Delta (2), Federal Capital Territory (2), Imo (1), Kano (2), Lagos (4), and Rivers (1). One death was recorded in a 40-year-old male with renal co-morbidity.

| Nigeria       | Measles                        | Ungraded | 14-Mar-22              | 1-Jan-22                 | 20-Mar-22             | 9 905       | 1 294         | 0      | 0.00% |     |

As of week 11, 2022 (ending 20 March), a total of 9 905 suspected measles cases were reported from all states across 516 (67%) LGAs. A total of 161 LGAs across 33 states have experienced an outbreak this year 2022. Ongoing outbreak in 134 new LGAs across 30 states with new outbreak in 31 new LGAs across 10 states. A total of 4,447 samples were collected and 1,294 were IgM+ (29%).

| Nigeria       | Monkeypox                     | Ungraded | 9-Sep-21               | 1-Jan-22                 | 5-Jun-22              | 110         | 31            | 1      | 0.9%  |     |

From 1 January to 29 May 2022, Nigeria has reported 66 suspected cases with one death from nine states across the country. Of these, 21 cases were laboratory-confirmed from the following states: Adamawa (5), Bayelsa (2), Cross River (2), Delta (2), Federal Capital Territory (2), Imo (1), Kano (2), Lagos (4), and Rivers (1). One death was recorded in a 40-year-old male with renal co-morbidity.

| Nigeria       | Poliomyelitis                  | Grade 2 | 1-Jun-18               | 1-Jun-18                 | 8-May-22              | 494         | 423           | 0      | 0.00% |     |

In 2022, 20 cVDPV2 cases have been reported in the country. There were 415 cVDPV2 cases and 18 environmental samples reported in 2021.

| Nigeria       | Yellow fever                   | Grade 2 | 12-Sep-17              | 1-Jan-21                 | 30-Apr-22             | 54          | 54            | 3      | 5.60% |     |

From 1 January 2021 to 30 April 2022, a total of 54 yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Some of these cases had a history of YF vaccination.

| Rwanda       | COVID-19                       | Grade 3 | 14-Mar-20              | 14-Mar-20                 | 5-Jun-22              | 130 197     | 130 197       | 1 459  | 1.10% |     |

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 5 June 2022, a total of 130 197 cases with 1 459 deaths and 128 576 recovered cases have been reported in the country.

| Sao Tome and Principe | COVID-19 | Grade 3 | 6-Apr-20 | 6-Apr-20 | 29-May-22 | 5 991 | 5 991 | 73 | 1.20% |

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 29 May 2022, a total of 5 991 confirmed cases of COVID-19 have been reported, including 73 deaths. A total of 5 908 cases have been reported as recoveries.

| Sao Tome And Principe | Poliomyelitis (cVDPV2) | Grade 2 | 4-Apr-21 | 4-May-22 | 17 | 17 | 0 | 0.00% |

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

| Seychelles | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 3-Jun-22 | 44 145 | 44 145 | 167 | 0.40% |

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020 as of 3 June 2022, a total of 44 145 cases have been confirmed, including 43 698 recoveries and 167 deaths have been reported.
Since the start of the COVID-19 pandemic in South Africa through 29 May 2022, a cumulative total of 3,953,967 confirmed cases and 101,146 deaths have been reported. On 31 March 2022, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 29 May 2022, a total 7,682 confirmed COVID-19 cases were reported in the country including 125 deaths and 4,819 recovered cases.

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 on 13 May 2022.

From April to July 2022 an estimated 7.74 million people (63% of total population) faced crisis levels of food insecurity phase (IPC) 3 or worse. Of the total number, 87,000 are in IPC 5, 2.02 million people internally displaced people as of 30 April 2022. South Sudan continues to have issues with violence, flooding, food insecurity, and disease threats. An estimated 7.7 million people are expected to be food insecure during April-July 2022 with at least 87,000 in IPC Phase 5, 2.9 million people in IPC Phase 4, and 4.8 million IPC Phase 3. Floods caused many people to become internally displaced as well as problems for water, sanitation, and hygiene conditions in formal camps and informal settlements. Waters have not receded and are expected to worsen by the forthcoming rainy season.

Rains in South Sudan are projected to cause a fourth year of flooding in areas where large swaths of land are still inundated from last rainy season. Unity State is expected have displacement of more than 320,000 people who could experience loss of livelihoods, disease outbreaks and food insecurity. In 2021 the flooding began in May and affected over 835,000 people in 33 counties. A rapidly worsening situation was noted in October 2021. Measures are being taken to avert humanitarian crises by reinforcing peoples’ homes and key infrastructure such as latrines and water wells.

An estimated 7.74 million people (63% of total population) faced crisis levels of food insecurity phase (IPC) 3 or worse. Of the total number, 87,000 are in IPC 5, 2.02 million people internally displaced people as of 30 April 2022. South Sudan continues to have issues with violence, flooding, food insecurity, and disease threats. An estimated 7.7 million people are expected to be food insecure during April-July 2022 with at least 87,000 in IPC Phase 5, 2.9 million people in IPC Phase 4, and 4.8 million IPC Phase 3. Floods caused many people to become internally displaced as well as problems for water, sanitation, and hygiene conditions in formal camps and informal settlements. Waters have not receded and are expected to worsen by the forthcoming rainy season.

A total of 34 suspected cases have been reported from Kuajok in Warrap state. A rapid response team investigation sampled 18 individuals of which 8 (44%) returned positive for bacillus anthracis bacteria. Cases were reported from 13 March - 11 April 2022 from registered hospital patients where the majority of cases have been female (71%). Twenty-two cases (65%) are children under 10 years old.

As of 29 May 2022, 111 cases and 1 death (CFR 0.9%) have been reported from Rubkona County of Unity State, mostly (86.5%) from the Bentiu IDP camp. Twenty-six cases have been confirmed positive by RDT for cholera and 13 tested positive by culture at the National Public Health Laboratory in Juba. Females account for 70.3% of all cases. The age group between 0-4 years accounted for 37.8% of all cases, followed by age group ≥20 years with 32.4%, age group 10-14 years accounted for 10.8%. 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 2022, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 5 June 2022, a total of 17,630 confirmed COVID-19 cases were reported in the country including 138 deaths and 13,644 recovered cases.
<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>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-18</td>
<td>1-Jan-19</td>
<td>22-May-22</td>
<td>2 602</td>
<td>104</td>
<td>24</td>
<td>0.90%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>28-Dec-21</td>
<td>1-Jan-22</td>
<td>22-May-22</td>
<td>1 117 138</td>
<td>1 117 138</td>
<td>232</td>
<td>0.00%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Feb-22</td>
<td>1-Jan-22</td>
<td>15-May-22</td>
<td>681</td>
<td>421</td>
<td>2</td>
<td>0.30%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Oct-20</td>
<td>22-Oct-20</td>
<td>5-Jun-22</td>
<td>59</td>
<td>59</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

The current outbreak in the Bentiu IDP camp is ongoing. As of 22 May 2022, a total of 602 cases of hepatitis E including 24 deaths (CFR: 0.92%) have been reported since January 2019. Approximately 52% of cases are male.

Between weeks 1-20 of 2022 (ending 22 May), 1 117 138 malaria cases including 232 deaths (CFR 0.02%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the counties of Fangak.

A measles outbreak was declared by health authorities of South Sudan on 23 February 2022 in two counties, Torit and Maban. As of week 19, 2022 (ending 15 May), eight counties (of 79 counties nationally) have now confirmed measles outbreaks (Aweil Centre, Aweil East, Aweil West, Gogrial West, Maban, Raja, Tambura, and Torit).

A total of 232 suspected cases of meningitis have been reported from all 5 counties in NBeG from week 1-20, 2022. Most cases were reported among those aged 15+ (44%). Of these suspected cases, there have been 19 deaths (CFR 8.2%) of which most have occurred in infants <1yr (58% of all deaths). Aweil Centre and Aweil West reported the highest cumulative attack rates.

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 12 May 2022, 214 cumulative cases and 1 death (CFR 0.5%) have been reported from the Districts of Tanga, and Kigoma Regions. A total of 24 cases have been confirmed positive for Vibrio cholerae. About 37% of cases have been reported among children 3-10 years.

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.

An anthrax outbreak has been confirmed in Buduba District, Uganda. Eight suspected human cases were reported and clinically evaluated in four villages. Of these, seven were sampled and one died on 16 May without being sampled. The date of onset of symptoms was between 2 and 12 May 2022. The district performed a preliminary test using Gram stain which was positive with purple rods in chains. A total of 14 cows have been reported dead so far.

A cholera outbreak was declared in Zambia on 3 May 2022. A total of 21 cases have been registered with no deaths as of 29 May 2022. Three districts are affected: Luapula (7 cases), Chillanga (9 cases) and Neama (5 cases).
### Health Emergency Information and Risk Assessment

**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/](http://www.who.int/hac/about/erf/en/).

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

<table>
<thead>
<tr>
<th>Country</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>5-Jun-22</td>
<td>322 207</td>
<td>322 207</td>
<td>3 988</td>
<td>1.20%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>1-Jan-22</td>
<td>20-Mar-22</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0.00%</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-22</td>
<td>249 206</td>
<td>249 206</td>
<td>5 482</td>
<td>2.20%</td>
</tr>
<tr>
<td>enrollable cases and deaths in 2020 and 306 cases and 0 deaths in 2021.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Apr-22</td>
<td>19-May-22</td>
<td>19-May-22</td>
<td>270</td>
<td>29</td>
<td>10,70%</td>
<td></td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>22-Mar-22</td>
<td>10-Jan-22</td>
<td>20-Mar-22</td>
<td>12</td>
<td>12</td>
<td>1</td>
<td>8.30%</td>
</tr>
<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-22</td>
<td>2 645</td>
<td>3</td>
<td>183</td>
<td>6.90%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Cholera</td>
<td>Grade 2</td>
<td>31-Aug-21</td>
<td>31-Aug-21</td>
<td>23-May-22</td>
<td>674</td>
<td>7</td>
<td>1,00%</td>
<td></td>
</tr>
<tr>
<td>Mauritania</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>8-Feb-22</td>
<td>8-Feb-22</td>
<td>27-Apr-22</td>
<td>7</td>
<td>7</td>
<td>2</td>
<td>28.60%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 5 June 2022, a total of 322 207 confirmed COVID-19 cases were reported in the country including 3 988 deaths and 317 880 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%.

Since week 12 (ending 28 March 2021) of 2021, cases of cholera have been reported in Benin. As of 24 April 2022, a total of 1 705 cases with 20 deaths (CFR 1.2%) are reported. A decreasing trend for more than nine consecutive weeks. The most affected age group is 16 - 45 years (62.3%) and males (55 %) more affected than females.

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 Bingerville (8), Adiaké (2), Daloa (1) and Yopougon-Ouest-Songon (1).

*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 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 Béme Cépac) crossing the epidemic threshold. Two cerebrospinal fluid (CSF) samples were positive for Hemophilus Influenza and one cerebrospinal fluid sample was positive for Neisseria Meningitidis. Response activities were organized in the Walikale health district with the support from WHO.*

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.

On 4 February 2022, a case of Crimean-Congo haemorrhagic fever (CCHF) was confirmed by polymerase chain reaction (PCR) at the Institut National de Recherche en Santé Publique in Nouakchott, Mauritania. The patient is a 52-year-old male farmer living in the department (moughataa) of Koubeni in the region (wilaya) of Hodh Elgharbi. He presented with epistaxis and hematemesis for which he consulted five health facilities in Koubeni and Nouakchott between 27 January and 4 February 2022. As of 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.
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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.