Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 156 events in the region. This week’s articles cover:

- Circulating vaccine-derived poliovirus type 2 in Eritrea
- Ebola Virus Disease in the Democratic Republic of the Congo
- Meningitis in the Democratic Republic of the Congo

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 emergence and spread of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the African region continues, with Eritrea being the latest country to report a case. Results from genomic sequencing, which shows that the current virus isolate is related to the strain detected in July 2020 in Sudan, highlights the continued risk of international spread of the poliovirus. The context of subnational immunity and surveillance gaps across the countries of the horn of Africa, which has been amplified by the effect of the COVID-19 pandemic on the health system, warrants enhanced cross-border collaboration to prevent further spread. The implementation of high-quality vaccination and enhanced surveillance uniformly across all subnational areas will be required to mitigate its impact on the population health.

- Although the current outbreak of Ebola virus disease in the Democratic Republic of the Congo appears to be under control with 22 days of no new cases, the challenges affecting the response, including strike actions staged by local health workers as well as community resistance persist. Efforts are underway to resolve the strike, however, taking stock of these challenges as well as practices employed to control the outbreak will help improve future responses. Identifying the definitive source of this outbreak also remains elusive, and must be pursued as part of preparedness and response measures for subsequent Ebola virus disease outbreaks.
EVENT DESCRIPTION

Following laboratory confirmation, the Ministry of Health of Eritrea notified WHO on 3 June 2022 of a case of circulating vaccine-derived poliovirus type 2 (cVDPV2) detected in Barentu, Gash- Barka region. The virus was isolated from an acute flaccid paralysis (AFP) case who had onset of paralysis on 3 September 2021, with no known travel history outside the country. Two stool specimens collected on 8 and 9 September 2021 were shipped and received at the Ethiopian National Polio Laboratory on 24 April 2022. Test results returned on 2 June 2022, confirming the presence of cVDPV2.

The virus is linked to cVDPV2 detected in July 2020 in Sudan and belongs to the Chad-N’Djamena-1(CHA-NDJ-1) emergence, originating in Nigeria (via Chad). This is the first report of a case of cVDPV2 in Eritrea. The national public health authorities with support from partners of the Global Polio Eradication Initiative (GPEI), including the African Rapid Response Team (ARRT), have launched a full investigation to identify the extent of circulation and risk associated with the event, and plan appropriate public health response.

The routine national vaccination coverage against poliovirus has been high in the country. According to 2020 WHO-UNICEF coverage estimates, Eritrea had a national immunization coverage of 95% for the third dose of oral poliovirus vaccine (OPV3) and a 97% coverage for the first dose of inactivated polio-containing vaccine (IPV1). National surveillance indicators for polio are also on course, with the annualized national non-polio AFP surveillance rate as of May ending 2022 above the 1 per 100,000 population threshold.

PUBLIC HEALTH ACTIONS

- The Government of Eritrea has declared the cVDPV2 outbreak as a national public health emergency, in line with temporary recommendations issued by the International Health Regulations (IHR) Emergency Committee on polio.
- The Ministry of Health is coordinating the response to the event with technical and operational support from the GPEI and partners.
- Investigations are ongoing, including the identification of the extent of circulation of the virus and the implementation of targeted response activities.
- Surveillance activities are being reinforced, including an active search of further AFP cases in and around the immediate area of the detected case.

SITUATION INTERPRETATION

Eritrea joins the list of countries in the African region reporting cases of cVDPV2, indicating the potential for the emergence and spread of the virus. Although national immunization coverage is high, this is not uniform across all subnational areas, and this disparity may have been magnified by the ongoing COVID-19 pandemic. A thorough investigation of this outbreak will shed light on the inadequacies and gaps and inform public health response actions. WHO continues to advise countries, territories, and areas to maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.
Almost four weeks have passed without report of a new case of Ebola virus disease (EVD) in the Democratic Republic of the Congo (DRC). The last case was reported on 19 May 2022. As of 12 June 2022, a total of five (four confirmed and one probable) cases of EVD have been reported in the current outbreak in the DRC, with a case fatality ratio of 100%. Three health areas (Libiki, Mama Balako and Motema Pembe) across two health zones (Mbandaka and Wangata) in Equateur Province have been affected so far.

Surveillance activities including investigation of alerts, contact tracing, and testing of suspected cases continue, although suboptimal. Cumulatively, 1,076 contacts have been identified and listed since the beginning of the outbreak. All contacts have completed 21 days of follow-up with no new cases identified among the contacts. As of 12 June 2022, 712 samples have been tested for EVD since the onset of the outbreak, four of which have returned positive for the virus.

The government has instituted some remedial actions have been taken to address the strike staged by local health workers although full resolution is still pending as the strike action from local health care workers is still underway.

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.
- All remaining 418 contacts completed 21 days of follow-up, with as of 12 June 2022.
- Since the beginning of the outbreak, 528,491,202 (92.9%) of 528,718 travelers registered at the points of entry have been screened for EVD, 225 of whom were suspected of EVD and tested. None were positive.
- As of 12 June 2022, 1,628 persons in the affected health zones have been vaccinated against EVD using the ring strategy targeting contacts and contacts-of-contact. A total of 302 are contacts and 1,326 are contacts-of-contacts. There are 831 frontline health workers among those vaccinated.
- Seventy-five new samples were tested for EVD in the past week, giving a total of 712 samples tested since the onset of the outbreak including four positive cases. A total of 1,103 GeneXpert cartridges remain in stock across the country, with 214 available at the laboratory in Mbandaka City.
- Other activities continue to be undertaken on ground, including IPC interventions in health care facilities and the community, psycho-social support, and RCCE actions to boost contact tracing and vaccination activities.

The current outbreak of EVD in the Democratic Republic of Congo appears to be under control, with no new cases reported for close to four weeks. However, the response has been challenged by strike actions from local health workers and resistance from community members. Public health response tools, including vaccines deployed in the early stage of the outbreak by the government with support from WHO and partners may have helped to nip the outbreak in its bud. Resolution of strike actions as well as addressing community resistance for optimal uptake of public health measures remains critical and must be pursued. Efforts should be directed at learning from this response to improve response to future outbreak of EVD.
EVENT DESCRIPTION

The head of the Akpandau health area alerted the Gombari health zone management team regarding successive deaths of four adult patients (two men and two women) of unknown cause on 25 May 2022.

The four patients were residents of Konzokonvu village, in Apodo health area, Gombari health zone, Haut Uele Province in Democratic Republic of the Congo (DRC).

A field mission to the affected area conducted by the local health team on 27 May 2022 confirmed the reported community alerts. A total of 11 suspected cases with seven deaths were identified with signs and symptoms of fever, severe headache, convulsions, physical asthenia, diarrhea and vomiting. The average duration between the onset of symptoms and death without treatment was between 12 to 24 hours.

Culture results of cerebrospinal fluid (CSF) samples obtained from three cases on 30 May 2022 showed gram-negative coccobacillus suggestive of Haemophilus influezae. Further analysis of one sample sent to the National Institute of Biomedical Research in Kinshasa (INRB-Kinshasa), detected Neisseria Meningitidis type C through Polymerase Chain Reaction (PCR) testing. Additional samples are being collected for testing.

Preliminary investigations indicated that the outbreak started on 20 May 2022 when the first case was reported in Konzokonvu village, Apodo health area, Gombari health zone. As of 7 June 2022, a total of 44 cases and 18 deaths (case fatality ratio 40.9%) have been reported. Of the 44 cases reported, 12 are admitted and undergoing treatment, while 14 have recovered. The most affected age group is 30-49 years (31.8%), followed by 5-14 years old (20.5%). Women are the most affected, constituting 54.5% (n=24) of the cases.

PUBLIC HEALTH ACTIONS

- The Provincial and District health departments are mobilizing health partners operating in the Haut Uele province to set up a coordination committee for the response.
- A rapid response team was deployed to the affected area to investigate the event and initiate response activities.
- A total of 5,000 doses of ceftriaxone have been delivered to the affected area for management of cases in line with the WHO recommended protocol. The patients currently admitted are undergoing clinical care.
- Four CSF samples have been sent to the National Institute of Biomedical Research in Kinshasa (INRB-Kinshasa) for analysis, one of them arrived and tested positive for Neisseria Meningitidis type C through Polymerase Chain Reaction (PCR) testing. An additional five CSF samples are being shipped to Kinshasa as well.
- Risk communication activities are ongoing in the affected communities.

SITUATION INTERPRETATION

The affected area is part of sub-Saharan Africa’s meningitis belt, with outbreaks reported frequently. The high case fatality reported in the current outbreak is concerning and follows similar trend observed in the previous years. Mass population movement in the affected areas, facilitated by nomadic herders and mining activities, can potentially lead to spread of the disease and escalate the outbreak. Health authorities will need to collect additional samples to confirm the outbreak and implement rapid public health measures to prevent further spread. Surveillance strengthening, including active case finding and reinforced risk communication activities should be prioritized.
Health Emergency Information and Risk Assessment

### New Events

**Eritrea**
- **Event**: Poliomyelitis (cVDPV2)
- **Grade**: Ungraded
- **Date notified to WHO**: 2-Jun-2022
- **Start of reporting period**: 2-Jun-2022
- **End of reporting period**: 8-Jun-2022
- **Total cases**: 1
- **Cases Confirmed**: 1
- **Deaths**: 0
- **CFR**: 0.0%

see article above

**Ghana**
- **Event**: Influenza A (H3N2)
- **Grade**: Ungraded
- **Date notified to WHO**: 9-Jun-2022
- **Start of reporting period**: 9-Jun-2022
- **End of reporting period**: 8-Jun-2022
- **Total cases**: 773
- **Cases Confirmed**: 773
- **Deaths**: 0
- **CFR**: 0.0%

An outbreak of influenza A (H3N2) is occurring in Ghana with 773 cases confirmed out of 3 460 samples tested since early June 2022. Most of the cases have been reported from Eastern (33.1%), Greater Accra (29.5%), and Volta (11.9%) regions.

**Ghana**
- **Event**: Monkeypox
- **Grade**: Ungraded
- **Date notified to WHO**: 8-Jun-2022
- **Start of reporting period**: 8-Jun-2022
- **End of reporting period**: 8-Jun-2022
- **Total cases**: 12
- **Cases Confirmed**: 5
- **Deaths**: 0
- **CFR**: 0.0%

Ghana joins the list of countries reporting monkeypox infection among humans in the African region. On 8 June 2022, the country reported five confirmed cases detected out of 12 suspected cases sampled between 24 May and 8 June 2022. The cases were reported from the Eastern, Western, and Greater Accra regions.

**Namibia**
- **Event**: Measles
- **Grade**: Ungraded
- **Date notified to WHO**: 2-Jun-2022
- **Start of reporting period**: 2-Jun-2022
- **End of reporting period**: 16-May-2022
- **Total cases**: 23
- **Cases Confirmed**: 5
- **Deaths**: 0
- **CFR**: 0.0%

The Ministry of Health of Namibia notified WHO on 2 June 2022, of a confirmed outbreak of measles in the Outapi district, Omusati region. So far, a total of 23 suspected case with five IgM-positive have been reported. The district lies on the border with Angola and measles immunization rates remain suboptimal.

**South Africa**
- **Event**: Measles
- **Grade**: Ungraded
- **Date notified to WHO**: 8-Jun-2022
- **Start of reporting period**: 8-Jun-2022
- **End of reporting period**: 8-Jun-2022
- **Total cases**: 4
- **Cases Confirmed**: 4
- **Deaths**: 0
- **CFR**: 0.0%

Four individuals have been confirmed for measles by the National Institute for Communicable Diseases. All cases detected reside in Gauteng province, three in Tshwane and one in West Rand. All cases are isolated and recovering.

### Ongoing Events

**Algeria**
- **Event**: COVID-19
- **Grade**: Grade 3
- **Date notified to WHO**: 25-Feb-2020
- **Start of reporting period**: 25-Feb-2020
- **End of reporting period**: 12-Jun-2022
- **Total cases**: 265 927
- **Cases Confirmed**: 265 927
- **Deaths**: 6 875
- **CFR**: 2.6%

From 25 February 2020 to 12 June 2022, a total of 265 927 confirmed cases of COVID-19 with 6 875 deaths (CFR 2.6%) have been reported from Algeria. A total of 178 437 cases have recovered.

**Angola**
- **Event**: COVID-19
- **Grade**: Grade 3
- **Date notified to WHO**: 21-Mar-20
- **Start of reporting period**: 21-Mar-20
- **End of reporting period**: 8-May-2022
- **Total cases**: 99 414
- **Cases Confirmed**: 99 414
- **Deaths**: 1 900
- **CFR**: 1.9%

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.

**Angola**
- **Event**: Poliomyelitis (cVDPV2)
- **Grade**: Grade 2
- **Date notified to WHO**: 8-May-2019
- **Start of reporting period**: 8-May-2019
- **End of reporting period**: 24-Apr-2022
- **Total cases**: 133
- **Cases Confirmed**: 133
- **Deaths**: 0
- **CFR**: 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases reported in 2020. The total number of cases reported in 2019 remains 138. These cases are from several outbreaks which occurred in 2019.

**Benin**
- **Event**: COVID-19
- **Grade**: Grade 3
- **Date notified to WHO**: 17-Mar-20
- **Start of reporting period**: 17-Mar-20
- **End of reporting period**: 29-May-2022
- **Total cases**: 26 914
- **Cases Confirmed**: 26 914
- **Deaths**: 163
- **CFR**: 0.6%

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.

**Benin**
- **Event**: Poliomyelitis (cVDPV2)
- **Grade**: Grade 2
- **Date notified to WHO**: 8-Aug-2019
- **Start of reporting period**: 8-Aug-2019
- **End of reporting period**: 8-Jun-2022
- **Total cases**: 14
- **Cases Confirmed**: 14
- **Deaths**: 0
- **CFR**: 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Six cases were reported in 2021 and 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

**Botswana**
- **Event**: COVID-19
- **Grade**: Grade 3
- **Date notified to WHO**: 30-Mar-20
- **Start of reporting period**: 30-Mar-20
- **End of reporting period**: 9-Jun-2022
- **Total cases**: 310 431
- **Cases Confirmed**: 310 431
- **Deaths**: 2 701
- **CFR**: 0.9%

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 9 June 2022, a total of 310 431 confirmed COVID-19 cases were reported in the country including 2 710 deaths and 304 887 recovered cases.

**Burkina Faso**
- **Event**: Humanitarian crisis
- **Grade**: Grade 2
- **Date notified to WHO**: 1-Jan-19
- **Start of reporting period**: 1-Jan-19
- **End of reporting period**: 9-Jun-2022
- **Total cases**: -
- **Cases Confirmed**: -
- **Deaths**: -
- **CFR**: -

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. More than 50 people were killed in an attack by a non-state armed group on 25 May 2022 while trying to flee Madjoali commune (Est region). Armed groups have blockaded the area since February 2022 and residents cannot move freely. In April 2022, there were 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.

**Burkina Faso**
- **Event**: COVID-19
- **Grade**: Grade 3
- **Date notified to WHO**: 10-Mar-20
- **Start of reporting period**: 10-Mar-20
- **End of reporting period**: 1-May-2022
- **Total cases**: 20 899
- **Cases Confirmed**: 20 899
- **Deaths**: 384
- **CFR**: 1.8%

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.

**Burkina Faso**
- **Event**: Poliomyelitis (cVDPV2)
- **Grade**: Grade 2
- **Date notified to WHO**: 1-Jan-20
- **Start of reporting period**: 1-Jan-20
- **End of reporting period**: 8-Jun-2022
- **Total cases**: 67
- **Cases Confirmed**: 67
- **Deaths**: 0
- **CFR**: 0.0%

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.
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 11 June 2022, the total number of confirmed COVID-19 cases is 42,330, including 15 deaths and 42,162 recovered.

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 Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 11 May 2022, a total of 119,947 cases have been reported, including 1,930 deaths and 117,980 recoveries.

The Cameroon Ministry of Health has reported 28 suspected cases with two deaths from four districts across three regions since the beginning of 2022. Three cases have been laboratory-confirmed from Kumba Health District in the South-West (2) and Ayos Health District in the Centre Region (1).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 22, 2022. There are three cases reported in 2021 and seven cases in 2020.

On 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 Mill 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).

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 11 June 2022, a total of 57,096 confirmed COVID-19 cases including 402 deaths and 56,137 recoveries were reported in the country.

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

Yellow fever

- Grade: 2
- Date notified to WCO: 14-Sep-21
- Start of reporting period: 1-Apr-2021
- End of reporting period: 23-May-2022
- Total cases: 522
- Cases Confirmed: 23
- Deaths: 5
- CFR: 1.0%

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.

**Chad**

COVID-19

- Grade: 3
- Date notified to WCO: 19-Mar-20
- Start of reporting period: 19-Mar-20
- End of reporting period: 6-Jun-2022
- Total cases: 7 418
- Cases Confirmed: 7 418
- Deaths: 193
- CFR: 2.6%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 6 June 2022, a total of 7 418 confirmed COVID-19 cases were reported in the country including 193 deaths.

**Comoros**

COVID-19

- Grade: 3
- Date notified to WCO: 30-Apr-20
- Start of reporting period: 30-Apr-20
- End of reporting period: 11-Jun-2022
- Total cases: 8 135
- Cases Confirmed: 8 135
- Deaths: 160
- CFR: 2.0%

The first COVID-19 confirmed case was reported in Comoros on 30 April 2020. As of 11th June 2022, a total of 8 135 confirmed COVID-19 cases were reported, including 160 deaths and 7 969 recoveries were reported in the country.

**Congo**

COVID-19

- Grade: 3
- Date notified to WCO: 13-Mar-20
- Start of reporting period: 14-Mar-20
- End of reporting period: 29-May-2022
- Total cases: 24 128
- Cases Confirmed: 24 128
- Deaths: 385

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 29 May 2022, a total of 24 128 cases including 385 deaths and 23 644 recovered cases have been reported in the country.

**Côte d’Ivoire**

COVID-19

- Grade: 3
- Date notified to WCO: 23-May-2022
- Start of reporting period: 29-Oct-19
- End of reporting period: 29-Oct-19
- Total cases: 4 472
- Cases Confirmed: 4 472
- Deaths: 132
- CFR: 2.9%

Since the beginning of 2022, seven suspected cases with three deaths have been reported from Impfondo District in the country’s northern department of Likouala on the border with the Democratic Republic of Congo and Central Africa. Samples from two cases sent to the National Institute of Biomedical Research (INRB) Laboratory in Kinshasa on 12 April 2022 were laboratory-confirmed.

**Congo**

Measles

- Grade: Ungraded
- Date notified to WCO: 14-Mar-22
- Start of reporting period: 1-Jan-22
- End of reporting period: 15-May-2022
- Total cases: 6 474
- Cases Confirmed: 6 474
- Deaths: 132
- CFR: 2.0%

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 in nine departments are having outbreaks. Outbreak response vaccination planned in integration with yellow fever preventive mass vaccination campaign. All 12 departments for the country to be reached with the planned measles vaccination campaign

**Chad**

Leishmaniasis

- Grade: Ungraded
- Date notified to WCO: 13-Nov-21
- Start of reporting period: 1-Nov-21
- End of reporting period: 10-Apr-2022
- Total cases: 77
- Cases Confirmed: 35
- Deaths: 0
- CFR: 0.0%

On 13 November 2021, the Institut Pasteur in Dakar shared the results of 17 samples of yellow fever cases from the Moundoul district, Chad, of which two tested positive by polymerase chain reaction (PCR), six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions. As of 10 April 2022, a total of 77 yellow fever IgM positive cases were reported from seven provinces (Moundoul, Guéra, Mayo Kebbi Ouest, Moyen Chari, and le Lac), including nine confirmed cases by PCR and 26 by plaque reduction neutralization test.

**Congo**

Poliomyelitis (cVDPV2)

- Grade: 2
- Date notified to WCO: 29-Oct-21
- Start of reporting period: 29-Jan-21
- End of reporting period: 8-Jun-2022
- Total cases: 4
- Cases Confirmed: 4
- Deaths: 0
- CFR: 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 22, 2022. Three 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 of circulating vaccine-derived poliovirus type 2 (cVDPV2) Grade 2 reported during epi week 21, 2022, and 117 cases reported during epi week 19, 2022.

**Côte d’Ivoire**

Yellow fever

- Grade: 2
- Date notified to WCO: 13-Aug-2021
- Start of reporting period: 14-Sep-21
- End of reporting period: 19-May-2022
- Total cases: 37
- Cases Confirmed: 7
- Deaths: 1
- CFR: 2.7%

From 13 August 2021 as of 19 May 2022, a total of 30 probable and 7 confirmed cases of yellow fever were recorded in Côte d’Ivoire.
Republic of the Democratic Republic of the Congo

In the DRC, humanitarian partners reported at least 128 incidents affecting humanitarian access between January and March 2022, including 38 (30%) in North Kivu province, 32 (25%) in Tanganyika, 24 (19%) in South Kivu province, 19 (15%) in Ituri. About 37% of incidents reported between Jan-March 2022 quarter related to violence against humanitarian personnel, property and facilities and 22% of reported incidents are related to armed conflict. In addition, 7 health care facilities have been either destroyed or damaged since the beginning of 2022. In North Kivu province, clashes between the Congolese army and suspected M23 fighters have been observed since May 19, 2022 in the territories of Rutshuru and Nyiragongo. As a result, the fighting has displaced at least 61,000 people, according to humanitarian sources. Humanitarian needs continue to increase: access to water, food, shelter, health care and other basic necessities remains very limited.

Democratic Republic of the Congo

In 2022, from epidemiological week 1 to 20 (ending 22 May 2022), 6,166 suspected cholera cases including 89 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.

Democratic Republic of the Congo

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 89,932 confirmed cases and two probable case, including 1,345 deaths have been reported. A total of 82,562 people have recovered.

Democratic Republic of the Congo

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 vaccination campaign 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.

Democratic Republic of the Congo

Three Health areas are now affected (Libiki, Motema Pembe for Mbandaka Health Zone and Mama Balako for Wangata health Zone). As of 5 June 2022, a total of five districts 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.

Democratic Republic of the Congo

From week 1 to week 20 of 2022 (ending 22 May), 73,152 suspected cases and 734 measles related deaths (CFR 1.0%) are reported; 2,992 cases investigated through the case based surveillance system; 1,268 tested IgM+ for Measles and 630 tested IgM+ for Rubella; 63% laboratory confirmed measles cases are less than 5 years of age with only 25% of that category with history of vaccination; a total of 110 health districts out of 519 for the country with confirmed epidemics since the beginning of the year

Democratic Republic of the Congo

From 1 January – 22 May 2022, the Democratic Republic of the Congo has reported 1,356 suspected cases with 64 deaths (CFR 4.7%) from 91 health zones across 19 provinces. The most affected provinces account for 77% of the total cases reported in 2022: Sankuru (n=481, 35.5%), Maniema (181; 13.3%), Tsho (169 cases, or 12.5%), Tahuapa (111; 8.2%), and Sud-Ubangi (108 cases or 7.7%). At least 10 of the cases sampled were confirmed positive for monkeypox virus infection.

Democratic Republic of the Congo

Between epidemiological weeks 1-21 of 2022, 213 cases of suspected bubonic plague have been reported with 6 deaths (2.8% CFR). All cases have been reported from Ituri Province from the Rethy sanitation zone from six sanitation areas: Lokpa, Rethy, Gudjo, Rassia, Uketha, and Kpadroma. The Lokpa sanitation area has reported the majority of suspected cases (190, 84.5%) in 2022. Cases are up by more than 100% from the same period in 2021, when a total of 110 were suspected including 13 deaths (11.8% CFR). This increase is a consequence of the intensification of active search for cases in the community as part of a collaborative response to the plague epidemic.

Democratic Republic of the Congo

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of 2022 cases stand at 48. There were 28 cases in 2021.

Democratic Republic of the Congo

The head of the Akpandu health area sent an alert to the Gombari health zone team on Wednesday 25 May 2022 reporting the successive deaths of four adult patients (two men and two women) of unknown cause, all the four patients were residents of the Konzokouo village, in Apodo health area. The clinical picture presented by all patients was suggestive of meningitis. Culture of cerebrospinal fluid (CSF) samples taken on 30 May 2022 from three patients showed Gram negative coccobacillus, suggestive of Haemophilus Influezae. Other samples are being sent to the National Reference Laboratory in Kinshasa (INRB-Kinshasa) for more analysis and one sample tested positive for Neisseria Meningitidis. As of 9 June 2022, a total of 45 cases and 19 deaths (CFR 42.2%) have been reported with 40 cases reported from Apodo health area, one case from Kossia health area, two cases from Akpandu health area and two cases from Tangi health area. More samples are still needed for testing in order to confirm the outbreak and detect the predominant germ for vaccination.
### Health Emergency Information and Risk Assessment

**Democratic Republic of the Congo**
- **Typhoid fever**: Ungraded, 1-Jul-2021 to 1-Jan-22, 22-May-2022, 755,014 cases, 376 deaths, 0.0% CFR.

In 2022, from epidemiological week 1 to 20 (ending 22 May 2022), 755,014 suspected cases of typhoid fever including 376 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%).

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 to 14-Mar-20, 9-Jun-2022, 15,937 cases, 183 deaths, 1.1% CFR.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 9 June 2022, a total of 15,937 cases have been reported in the country with 183 deaths and 15,711 recoveries.

**Eritrea**
- **COVID-19**: Grade 3, 21-Mar-20 to 21-Mar-20, 12-Jun-2022, 9,771 cases, 103 deaths, 1.1% CFR.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 12 June 2022, a total of 9,771 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9,663 patients have recovered from the disease.

**Gabon**
- **Yellow fever**: Grade 2, 21-Apr-2021 to 21-Apr-2021, 19-May-2022, 22 cases, 10 deaths, 0.0% CFR.

Since 2021 to 19 May 2022, Gabon has reported 1 case of yellow fever confirmed. The first case of yellow fever was confirmed in Gabon on 21 April 2021. As of 19 May 2022, a total of 12 cases have been reported in Gabon including 4 deaths, and 713 recoveries have been reported in the country.

<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>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-2021</td>
<td>1-Jan-22</td>
<td>22-May-2022</td>
<td>755,014</td>
<td>-</td>
<td>376</td>
<td>0.0%</td>
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<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>9-Jun-2022</td>
<td>15,937</td>
<td>15,937</td>
<td>183</td>
<td>1.1%</td>
</tr>
<tr>
<td>Gabon</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>12-Feb-2022</td>
<td>17-Sep-21</td>
<td>23-May-2022</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>33.3%</td>
</tr>
<tr>
<td>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>4-Jun-2022</td>
<td>161,935</td>
<td>161,935</td>
<td>1,445</td>
<td>0.9%</td>
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<td>Ghana</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Jul-2019</td>
<td>8-Jul-2019</td>
<td>24-Apr-2022</td>
<td>31</td>
<td>31</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No cases have been reported in 2022 nor 2021, 12 cases were reported in 2020, and 19 were reported in 2019.
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Three cases were reported in 2021 which were linked to the Jigawa outbreak. On 22 April 2022, the Ministry of Health of Guinea declared an outbreak of Lassa fever after a case was confirmed by PCR at the Guékédou haemorrhagic fever laboratory. The case is a 17-year-old girl from the sub-prefecture of Kassandou located 65 kilometres from the capital of the prefecture of Guéckédou. An additional confirmed Lassa fever case without any known epidemiological link with the first case was notified on 28 April in Tekoulo sub-province, Guékédou province.

Since the beginning of 2022 up to 21 (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 (IDSR).

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.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 9 June 2022, the country has reported 8,306 confirmed cases of COVID-19 with 8,076 recoveries and 171 deaths.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Three cases were reported in 2021 which were linked to the Jigawa outbreak in Nigeria.

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.

Since January 2020, a total of 1,716 visceral leishmaniasis confirmed and suspected cases with ten deaths (CFR 0.6%) have been reported. 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.

Since January 2020, a total of 1,716 visceral leishmaniasis confirmed and suspected cases with ten deaths (CFR 0.6%), have been reported in eight counties: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mombasa, six-subcounties (Nyali, Mweta,Kisauni,Nyali,Likoni 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.

Cholera outbreak is ongoing in Kenya affecting three counties: Nairobi, Kisumu and Kiambu. As of 31 May 2022, a total of 319 cases with two confirmed by culture and two deaths (CFR 0.6%) have been reported. Kisumu has reported more cases (311), followed by Nairobi (7) and Kiambu (1). Response activities are ongoing to control the outbreak.

On 30 May 2022, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 12 June 2022, 326,932 confirmed COVID-19 cases including 5,651 deaths and 319,519 recoveries have been reported in the country.

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The outbreak has been reported in two Counties, Mombasa,Mandera and Garissa. The cases are spread from 2021 for Mandera and Mombasa Counties. In Mandera the reported cases are from Mandera east sub county while in Mombasa, six-subcounties (Nyali, Mweta,Kisauni,Nyali,Likoni 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.

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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 response phase of the cyclones is 21/114 were in alert phase in 2 regions. A total of 172,000 persons displaced by the effects of these Cyclones.

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

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% (1,661 suspected cases) of all suspected cases reported. The median age of the affected population is 5 years (range: 1 month–67 years).

As of 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 12 June 2022, a total of 31,125 confirmed cases including 1,396 deaths have been reported in the country.
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 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 11-Jun-2022 59 238 59 238 982 1.7%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 11 June 2022, a total of 59 238 cases including 982 deaths and 58 140 recovered cases have been reported in the country.

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 Floods Grade 2 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 continues to rise. According to the latest information released by the National Institute for Disaster Management and Risk Reduction (INGD), to date Gombe has affected 478 237 people (93 497 families), caused 59 deaths, and injured 82 people. These figures on the impact are expected to rise as widespread damage has occurred though in-depth assessments have not yet taken place. This cyclone Gombe follows tropical storm Ana which hit the country in January, and tropical depression Dumako which struck in February. Together, these previous storms have already affected more than 200 000 people in Nampula, Zambezia and Tete provinces.

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

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 31 Mar 2022, the nationwide estimate of people in need of humanitarian assistance is 622 108 and 266 246 people are displaced by conflict.

Mozambique 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.

Mozambique COVID-19 Grade 3 22-Mar-20 15-May-2022 225 498 225 498 2 201 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 2 201 deaths and 223 190 recoveries.

Mozambique Measles Ungraded 25-Jun-2020 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 Poliomyelitis (WPV1) Ungraded 17-May-2022 10-Jun-2022 1 1 0 0.0%

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). The patient, a 12-year old female, had onset of paralysis on 25 March 2022. Her stool samples were collected on 1 April and 2 April 2022, and sent to the laboratory on 4 April 2022. No other case has been reported todate.

Namibia COVID-19 Grade 3 14-Mar-20 14-Mar-20 10-Jun-2022 168 403 168 403 4 049 0.0%

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 10 June 2022, a total of 168 403 confirmed cases with 162 403 recovered and 4 049 deaths have been reported.

Niger Humanitarian crisis Protracted 1 1-Feb-2015 16-May-2022 - - - -

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 five months of the year. The Far West, Far South East and the central part of the country are more affected. In Far Ouest, Tillabery region, the security situation is worse with 136 cases of insecurity incidents reported from January to 16 May 2022 against 93 incidents during the same period in 2021 according to OCHA estimates. During the same period (January to 16 May 2022), the security incidents resulted into 54 588 new internally displaced persons. Since the beginning of the security crisis till 16 May 2022, 115 150 people are internally displaced. Food insecurity remains one of the major challenges faced by the country. Diffa and Tillabéri regions are the most affected by food insecurity with 24% and 29% of the population affected respectively.

Niger COVID-19 Grade 3 19-Mar-20 11-Jun-2022 9 070 9 070 310 3.4%

From 19 March 2020 to 11 June 2022, a total of 9 070 cases with 310 deaths have been reported across the country. A total of 8 731 recoveries have been reported from the country.
### Health Emergency Information and Risk Assessment

- **Country**: Nigeria
- **Event**: COVID-19
- **Grade**: Grade 3
- **Date notified to WHO**: 27-Feb-2020
- **Start of reporting period**: 27-Feb-2020
- **End of reporting period**: 10-Jun-2022
- **Total cases**: 256,352
- **Cases Confirmed**: 256,352
- **Deaths**: 3,144
- **CFR**: 1.2%

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 10 June 2022, a total of 256,352 confirmed cases with 250,131 recovered and 3,144 deaths have been reported.

- **Country**: Niger
- **Event**: Measles
- **Grade**: Ungraded
- **Date notified to WHO**: 5-Apr-2022
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 1-May-2022
- **Total cases**: 4,455
- **Cases Confirmed**: 4,455
- **Deaths**: 149
- **CFR**: 19.6%

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 1,284 were IgM+ (29%).

- **Country**: Nigeria
- **Event**: Poliomyelitis
- **Grade**: Ungraded
- **Date notified to WHO**: 9-Sep-2021
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 29-May-2022
- **Total cases**: 494
- **Cases Confirmed**: 494
- **Deaths**: 0
- **CFR**: 0.0%

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 River (1). One death was recorded in a 40-year-old male with renal co-morbidity.

- **Country**: Niger
- **Event**: Monkeypox
- **Grade**: Ungraded
- **Date notified to WHO**: 9-Sep-21
- **Start of reporting period**: 1-Jan-22
- **End of reporting period**: 29-May-2022
- **Total cases**: 86
- **Cases Confirmed**: 86
- **Deaths**: 1
- **CFR**: 1.5%

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 River (1). One death was recorded in a 40-year-old male with renal co-morbidity.

- **Country**: Nigeria
- **Event**: Lassa fever
- **Grade**: Grade 1
- **Date notified to WHO**: 1-Jan-21
- **Start of reporting period**: 1-Jan-21
- **End of reporting period**: 1-May-2022
- **Total cases**: 4,455
- **Cases Confirmed**: 4,455
- **Deaths**: 149
- **CFR**: 19.6%

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 deaths have been reported.

- **Country**: Sao Tome and Principe
- **Event**: COVID-19
- **Grade**: Grade 3
- **Date notified to WHO**: 6-Apr-2020
- **Start of reporting period**: 6-Apr-2020
- **End of reporting period**: 5-Jun-2022
- **Total cases**: 6,003
- **Cases Confirmed**: 6,003
- **Deaths**: 73
- **CFR**: 1.2%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 5 June 2022, a total of 6,003 confirmed cases of COVID-19 have been reported, including 73 deaths. A total of 5,918 cases have been reported as recoveries.
Health Emergency Information and Risk Assessment

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. Five cases were reported in 2021, and 10 were reported in 2020.

Senegal
COVID-19 Grade 3 2-Mar-20 10-Jun-2022 86 150 1 967 2.3%

From 2 March 2020 to 10 June 2022, a total of 86 150 confirmed cases of COVID-19 including 1 967 deaths and 84 169 recoveries have been reported in Senegal.

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

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020 as of 9 June 2022, a total of 44 363 cases have been confirmed, including 43 905 recoveries and 167 deaths have been reported.

Sierra Leone
Lassa fever Ungraded 12-Feb-2021 1-Jan-2022 11-May-2022 20 20 11 55.0%

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 1 June 2022, a total 7 682 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 819 recovered cases.

Since the beginning of 2021 to 20 March 2022, a total of 20 cases and 11 deaths (55% CFR) have been reported due to Lassa fever in Sierra Leone. Cases were reported from Kenema (15), Kailahun (3), and Tonkolili (2) districts since the beginning of 2021. From these cases, 65% were females and 35% were <5 years old.

Sierra Leone
Measles Ungraded 1-Nov-2021 1-Jan-2022 11-May-2022 379 379 0 0.0%

By 11 May 2022 (Week 19), 12 out of 16 districts reported 379 confirmed measles cases (106 lab confirmed and 273 epi linked; 64% (208) of these cases are below five years, 28.4 % (100) above five years and 18.7%, (71) age missing. Currently, three districts (Western Rural, Western Urban and Port Loko District ) are experiencing measles outbreak. Surveillance and immunization activities have been intensified in all districts.

Sierra Leone
Poliomyelitis (cVDPV2) Grade 2 10-Dec-2020 10-Dec-2020 8-Jun-2022 15 15 0 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Five cases were reported in 2021, and 10 were reported in 2020.

Since the start of the COVID-19 pandemic in South Africa through 12 June 2022, a cumulative total of 3 978 590 confirmed cases and 101 484 deaths have been reported with 3 854 873 recoveries.

South Africa
COVID-19 Grade 3 5-Mar-20 3-Mar-20 12-Jun-2022 3 978 590 3 978 590 101 484 3.4%

By 11 May 2022 (Week 19), 12 out of 16 districts reported 379 confirmed measles cases (106 lab confirmed and 273 epi linked; 64% (208) of these cases are below five years, 28.4 % (100) above five years and 18.7%, (71) age missing. Currently, three districts (Western Rural, Western Urban and Port Loko District ) are experiencing measles outbreak. Surveillance and immunization activities have been intensified in all districts.

South Africa
Lassa fever Ungraded 13-May-2022 14-May-2022 4-Jun-2022 2 1 1 50.0%

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 RT PCR at the National Institute for Communicable Diseases. One suspected secondary case, a nurse who assisted the doctor intubating the index case was identified on 13 May 2022.

South Sudan
Acute Food Insecurity Grade 2 18-Dec-2020 5-Apr-2021 15-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, 2.89 million are in IPC 4, and 4.77 million are in IPC 3. Food insecurity in South Sudan is driven by climatic shocks (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, the effects of COVID-19, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households' coping capacities, and the loss of livelihoods.

South Sudan
Floods Grade 2 15-Jul-2021 1-May-2022 15-May-2022 - - - -

Rains in South Sudan are projected to cause a fourth year of flooding in areas where large swathes 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 835K 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.
The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there is a total of 8.9 million people in need of humanitarian assistance and 2.02 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 formalized camps and informal settlements. Waters have not receded and are expected to worsen by the forthcoming rainy season.

As of 5 June 2022, 149 cases and 1 death (CFR 0.7%) have been reported from Rubkona County of Unity State, mostly (82.5%) from the Bentiu IDP camp. A total of 29 cases have been confirmed positive for RDT for cholera and 15 tested positive by culture at the National Public Health Laboratory in Juba. Females account for 65.1% of all cases. 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.

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), a total of 681 suspected measles cases and two deaths (CFR 0.3%) have been reported using the early warning alert and response system (EWARS) and investigated countrywide as part of integrated disease surveillance and response (IDSR) since the beginning of 2022. Among those 681, 421 have been reported from the eight counties with confirmed outbreaks. Most cases are children under five years old (59%) and 53% of cases are male.

The Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 12 June 2022, a total of 17 659 confirmed COVID-19 cases were reported in the country including 158 deaths and 14 405 recovered cases.

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, Raga, Tambura, and Torit). Overall, 681 suspected measles cases and two deaths (CFR 0.3%) have been reported using the early warning alert and response system (EWARS) and investigated countrywide as part of integrated disease surveillance and response (IDSR) since the beginning of 2022. Among those 681, 421 have been reported from the eight countries with confirmed outbreaks. Most cases are children under five years old (59%) and 53% of cases are male.

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 24 deaths (CFR 0.0%) have been reported in Tanzania Mainland including the country's first case of COVID-19 on 16 March 2020. As of 29 May 2022, a total of 34 988 confirmed cases have been reported in Tanzania Mainland including 840 deaths.
†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>11-Jun-2022</td>
<td>166 319</td>
<td>166 319</td>
<td>3 602</td>
<td>2.2%</td>
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<tr>
<td>Uganda</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-21</td>
<td>2-Jan-22</td>
<td>4-Jun-2022</td>
<td>199</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Zambia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>13-Apr-2022</td>
<td>11-Apr-2022</td>
<td>28-May-2022</td>
<td>21</td>
<td>21</td>
<td>0</td>
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<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>12-Jun-2022</td>
<td>323 283</td>
<td>323 283</td>
<td>3 989</td>
<td>1.2%</td>
</tr>
<tr>
<td>Zambia</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>
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<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>
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<tr>
<td>South Sudan</td>
<td>Suspected Meningitis</td>
<td>Ungraded</td>
<td>25-Apr-2022</td>
<td>1-Jan-22</td>
<td>5-Jun-2022</td>
<td>247</td>
<td>4</td>
<td>23</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 11 June 2022, a total of 166 319 confirmed COVID-19 cases with 3 602 deaths were reported.

There have been 199 suspected cases of yellow fever during 2 January-4 June 2022 in Uganda with no deaths reported. As of 4 June 2022, there have been five total samples testing positive by plaque reduction neutralization test (PRNT) at the Uganda Virus Research Institute (UVRI), however, only one case from Wakiso District was classified as confirmed after thorough investigation. The case is of an unvaccinated female 49-years-old who has recovered. Rapid Response Team was activated and deployed in March 2022 to conduct additional investigations and support the affected districts.

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: 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 12 June 2022, a total of 323 283 confirmed COVID-19 cases were reported in the country including 3 989 deaths and 318 247 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 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 at least one suspected meningitis case. In general, these five (Oromia, Somali, Amhara, SNNPR & Harari) regions accounted for 87.4% among total suspected meningitis cases reported. 69 cerebrospinal fluid (CSF) samples (32 from health facilities and 37 from sentinel sites) were collected and are being processed, and 12 samples tested positive for meningococcus, additional testing is being made.

A total of 247 suspected cases of meningitis have been reported from all 5 counties in NBeG from week 1-22, 2022. Most cases were reported among those aged 15+ (43%). Of these suspected cases, there have been 23 deaths (CFR 9.3%) of which most have occurred in infants <1yr (57% of all deaths). Aweil East and Aweil West reported the highest cumulative attack rates.

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Zimbabwe Anthrax Ungraded 6-May-2019 1-Jan-22 20-Mar-22 22 0 0 0.0%  
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Zimbabwe COVID-19 Grade 3 18-Mar-20 18-Mar-20 12-Jun-2022 323 283 323 283 3 989 1.2%  
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Zimbabwe Measles Ungraded 29-Apr-2022 19-May-2022 19-May-2022 270 12 16 0.0%  
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Zimbabwe COVID-19 Grade 3 20-Mar-20 20-Mar-20 14-May-2022 249 206 249 206 5 482 2.2%  
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South Sudan Suspected Meningitis Ungraded 25-Apr-2022 1-Jan-22 5-Jun-2022 247 4 23 9.3%  
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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.