Protracted 3 events

Protracted 2 events

Protracted 1 event

Ungraded events

Grade 3 events

Grade 2 events

Grade 1 events
Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 159 events in the region. This week’s articles cover:

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

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

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

Major issues and challenges include:

- The countdown to the end of the current Ebola virus disease outbreak in the Democratic Republic of the Congo continues with 31 consecutive days of no new cases reported. Despite efforts to control the outbreak, the response has been challenged by community resistance and strike actions staged by local health workers. A critical challenge will be to maintain a high level of vigilance and strengthen response actions amidst community reluctance as the count down elapse. Although some efforts have been initiated by the government, full resolution of the strike actions will enhance opportunities for taking stock of the current response actions.

- An outbreak of cholera is ongoing in Mozambique in the aftermath of two cyclones that recently affected the country. Already endemic for cholera, the cyclone events have exacerbated the challenges of limited access to clean water sanitation and hygiene, a key driver of the cholera outbreak recurrence in the country. While a public health response has been mounted to mitigate the impact of the event, enhanced investment in sustainable access to water sanitation and hygiene (WASH) services is needed to prevent frequent outbreaks of cholera in the country.
EVENT DESCRIPTION

The cholera outbreak recently declared by Mozambique's health authorities affecting Sofala and Zambézia provinces continues. During epidemiological week 23 (week ending 12 June 2022), 57 new cases were reported across the two affected provinces. The outbreak peaked during epidemiological week 13 (week ending 3 April 2022) when 296 cases were reported. Since then, the overall trend continues to decline although the cases reported during week 13 were slightly higher than the preceding week when 53 cases were reported.

From 13 January to 12 June 2022, a total of 3 053 cholera cases with 15 deaths (CFR 0.5%) were reported from seven districts across the two provinces, Sofala (n=2 284) and Zambézia (n=769). Caia (n=707) and Morrumbala (n=1 333) districts in Sofala Province and Mopeia district (n=589) in Zambézia Province have been at the epicentre of the outbreak. These three districts combined account for 86% (n=2 629) of the cumulative cases reported. The other affected districts include Quelimane (n=180) in Zambezia Province and Chemba (n=36), Maringue (n=30), and Marromeu (n=178) districts in Sofala Province. The 15 deaths reported so far are from Chemba (n=1), Mopeia (n=4), and Morrumbala (n=10) districts.

Females account for 51.0% (n=1 555) of the cumulative cases reported. According to the available information, cases distribution by age groups are as follows: less than five years old (n=412), 5 – 14 years old (n=783), and 15 years and above (n=1 747).

The outbreak of cholera in Mozambique followed the, tropical storm Ana and cyclone Gombe, which made landfall between January and March 2022 and affected six provinces across the country: Nampula, Zambézia, Tete, Niassa, Sofala and Manica. Both cyclones resulted in mass displacement and deaths, destruction of infrastructures including disruption of water supply.

PUBLIC HEALTH ACTIONS

- In line with a national response plan, the Ministry of Health of Mozambique, with support from WHO and partners have mounted public health response through the implementation of targeted activities to control the outbreak.
- A coordination mechanism is in place at the provincial and district levels.
- Surveillance activities, including case detection and investigation across the affected districts remain ongoing.
- Rapid diagnostic tests, including training have been provided to health workers to aid in the laboratory confirmation of cases.
- Cholera kits have been pre-deployed and distributed in the affected health districts.
- Ten cholera treatment centres, four in Sofala and six in Zambezi province, have been set up for the management of cases. Training on infection prevention and control measures have been provided to health workers at the treatment facilities.
- Risk communication and messaging on cholera prevention have been intensified using community leaders and volunteers as well as mass media platforms to target affected communities.

SITUATION INTERPRETATION

The current outbreak of cholera in Mozambique comes in the aftermath of two major cyclones that hit the southern African nation earlier in the year compromising access to clean water, sanitation, and hygiene. Cholera remains endemic in the country, and such events can exacerbate the situation. Support from WHO and partners has helped national authorities respond to the event, however, long-term investment in sustainable access to clean water, sanitation, and hygiene for the population would be crucial to prevent the recurrent outbreaks of cholera in the country.
EVENT DESCRIPTION

The countdown to end of the 14th Ebola virus disease (EVD) outbreak recently declared in the Democratic Republic of the Congo continues, with no new case reported since 20 May 2022. This marks 31 consecutive days without a confirmed case of EVD reported in the Democratic Republic of the Congo. The outbreak is expected to be declared over after 42 consecutive days without a new case of the disease.

As of 19 June 2022, five (four confirmed and one probable) cases of EVD have cumulatively been reported, 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 active case search, investigation of alerts and testing of suspected cases, are still ongoing, though partially affected by strike actions staged by local health workers. A total of 1,076 contacts were identified and listed since the beginning of the outbreak. No contact is currently under follow-up as the last batch completed 21 days of monitoring on 12 June 2022. A total of 742 samples have been tested for EVD since the onset of the outbreak, of which four were positive for the Ebola virus.

Local healthcare workers who have been on strike for more than a month are gradually resuming work as some remedial actions have been initiated by the government to address their concerns. A full resolution remains pending.

PUBLIC HEALTH ACTIONS

- Response activities at the field level are still being coordinated by the Provincial Health Division with technical and operational support from the national Ministry of Health, WHO, and other partners.
- Rapid response teams from Ingende and Bolomba health zones are being trained on surveillance activities.
- No new contacts are being followed-up; all remaining contacts completed their 21 days of follow-up on 12 June 2022.
- As of 16 June 2022, 493,676 (92.9%) of 531,334 travellers registered at the points of entry were screened for EVD, 245 of whom were suspected of EVD and tested. None were positive.
- As of 18 June 2022, 1,643 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 1,341 are contacts-of-contacts. There are 846 frontline health workers among those vaccinated.
- Seventy-four new samples were tested for EVD in the past week, giving a total of 742 samples tested since the onset of the outbreak including four positive cases. A total of 1,078 GeneXpert cartridges remained in stock across the country as of 18 June 2018, with 189 available at the laboratory in Mbandaka City.

SITUATION INTERPRETATION

Even when the outbreak seems to be under control, the need to strengthen surveillance activities and other preventive public health measures remain paramount. The strike action from local health workers has been evolving for more than one month, hampering the optimal implementation of response activities on the ground. The effort by the government to address the problem is welcomed and should be pursued. Despite the enormous challenges, the swift response of national authorities and partners has paid off in controlling this outbreak so far.

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Go to overview

Go to map of the outbreaks
EVENT DESCRIPTION

COVID-19 cases decreased in the WHO African region for the fifth consecutive week following the surge reported in early April. In the past week (week ending 19 June 2022), a total of 16 724 new cases were reported compared to 24 422 in the preceding week (week ending 12 June 2022), marking a 32% week-on-week decrease. The majority of new cases (81%, n= 13 170) were reported from South Africa (6 240), Ethiopia (3 311), Kenya (2 132), Cabo Verde (807), and Zambia (680).

COVID-19-associated deaths decreased by 57% over the past week in the African region, with a total of 103 new deaths reported compared to 241 in the preceding week. The majority of new deaths (83%, n= 91) were reported from six countries, namely South Africa (64), Zimbabwe (10), Zambia (7), Ethiopia (6), and Eswatini (4).

Cumulatively, 8.6 million cases with 172 301 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 254 690 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, six countries – Botswana, Cape Verde, Ethiopia, Ghana, Kenya, and Madagascar – are being closely monitored due to either high incidence or a recent uptick in new cases.

The SARS-CoV-2 Omicron variant remains dominant in the African region since the start of the fifth wave of the pandemic in December 2021, with the highly transmissible BA.4 and BA.5 sub-lineages detected largely among new cases.

SITUATION INTERPRETATION

Although trends continue to decline across the African region, this is not uniform among countries. The slight upsurge in cases reported from Botswana, Cape Verde, Ethiopia, Ghana, Kenya, and Madagascar indicates that the risk of new infection and spread of the disease persists. National authorities need to continue to monitor trends, investigate new clusters swiftly, and implement risk-based public health response measures, including increasing vaccination uptake among vulnerable populations. Preventing the potential resurgence of the pandemic in the African region will require enhanced efforts to put communities at the centre of the response.
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.

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>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>14-Jun-2022</td>
<td>14-Jun-2022</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
</tbody>
</table>

Three cases of monkeypox have been confirmed in Benin, according to laboratory reports released on 14 June 2022. Two of the cases reportedly had recent travel history to Nigeria. The other case was detected in the North of the country with no reported history of recent travel.

An outbreak of measles involving 18 cases with three deaths have been reported from Mushindano district, North-Western Province, Zambia. The outbreak is reportedly occurring in a setting with low immunisation coverage against the disease.

Ongoing Events

<table>
<thead>
<tr>
<th>Country</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-2020</td>
<td>25-Feb-2020</td>
<td>265 975</td>
<td>6 875</td>
<td>2.6%</td>
<td></td>
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</tr>
</tbody>
</table>

From 25 February 2020 to 19 June 2022, a total of 265 975 confirmed cases of COVID-19 with 6 875 deaths (CFR 2.6%) have been reported from Algeria. A total of 178 464 cases have recovered.

<table>
<thead>
<tr>
<th>Country</th>
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<th>Grade</th>
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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-March-20</td>
<td>21-March-20</td>
<td>8-May-2022</td>
<td>99 414</td>
<td>1 900</td>
<td>1.9%</td>
<td></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.

<table>
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<th>Country</th>
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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-May-2019</td>
<td>1-Jan-2019</td>
<td>24-Apr-2022</td>
<td>133</td>
<td>133</td>
<td>0</td>
<td>0.0%</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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<tr>
<th>Country</th>
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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-2020</td>
<td>16-Mar-2020</td>
<td>12-Jun-2022</td>
<td>27 122</td>
<td>163</td>
<td>0.6%</td>
<td></td>
</tr>
</tbody>
</table>

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 12 June 2022, a total of 27 122 cases have been reported in the country with 163 deaths and 26 742 recoveries.

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<tbody>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-2019</td>
<td>8-Aug-2019</td>
<td>15-Jun-2022</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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.

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<tbody>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-2020</td>
<td>28-Mar-2020</td>
<td>16-Jun-2022</td>
<td>314 242</td>
<td>2 709</td>
<td>0.9%</td>
<td></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 16 June 2022, a total of 314 424 confirmed COVID-19 cases were reported in the country including 2 709 deaths and 306 118 recovered cases.

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</thead>
<tbody>
<tr>
<td>Burkina</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>9-Jun-2022</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

Since 2015, the security situation in the Sahel and East of Burkina 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 Djobo, 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</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-2020</td>
<td>9-Mar-2020</td>
<td>31-May-2022</td>
<td>21 044</td>
<td>387</td>
<td>1.8%</td>
<td></td>
</tr>
</tbody>
</table>

Between 9 March 2020 and 31 May 2022, a total of 21 044 confirmed cases of COVID-19 with 387 deaths and 20 497 recoveries have been reported from Burkina.

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<tbody>
<tr>
<td>Burkina</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-2020</td>
<td>1-Jan-2020</td>
<td>15-Jun-2022</td>
<td>68</td>
<td>68</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were two cases reported in 2021, and 66 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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<tr>
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<tbody>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-2020</td>
<td>18-Mar-2020</td>
<td>19-Jun-2022</td>
<td>42 472</td>
<td>15</td>
<td>0.0%</td>
<td></td>
</tr>
</tbody>
</table>

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 19 June 2022, the total number of confirmed COVID-19 cases is 42 472, including 15 deaths and 42 354 recovered.

<table>
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<tr>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted</td>
<td>31-Dec-2013</td>
<td>27-Jun-2017</td>
<td>11-May-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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.
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.

From 25 October 2021 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 98 years with a median age of 27 years. Females are twice less affected than males (M/F sex ratio = 2:1).

Cameroon COVID-19 Grade 3 14-Mar-20 14-Mar-20 16-May-2022 14,371 14,371 113 0.8%

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 18 June 2022, a total of 58,176 confirmed COVID-19 cases including 402 deaths and 56,692 recoveries were reported in the country.

Cameroon Measles Ungraded 2-Apr-2019 1-Jan-22 5-Jun-2022 2,629 1,196 26 1.0%

From week 1 to week 22, 2022 (ending 5 June), through Integrated disease surveillance and response (IDSR) reporting, a total of 2,629 measles cases and 1,196 confirmed (45.5%) with 26 deaths (CFR 1.0%) have been reported in Cameroon. Of the total reported cases, 1,801 were investigated (68.5%).

Cameroon Yellow fever Grade 2 7-Feb-2021 4-Jan-21 2-Jun-2022 555 3 14 2.5%

Cape Verde COVID-19 Grade 3 19-Mar-20 18-Mar-20 18-Jun-2022 58,176 58,176 402 0.7%

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 18 June 2022, a total of 58,176 confirmed COVID-19 cases including 402 deaths and 56,692 recoveries were reported in the country.

Central African Republic COVID-19 Grade 3 14-Mar-20 14-Mar-20 16-May-2022 14,371 14,371 113 0.8%

The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 16 May 2022, a total of 14,371 confirmed cases, 113 deaths and 14,210 recovered were reported.

Cameroon Cholera Grade 2 1-Jan-21 25-Oct-21 2-Jun-2022 7,720 537 148 1.9%

From 1 January 2022 to 22 May 2022, a total of 555 suspected cases of yellow fever were investigated including 25 probable cases (tested IgM positive) and three confirmed cases (tested positive by plaque reduction neutralization test). Fourteen deaths were recorded, giving a CFR of 2.5%. All ten regions of the country notified suspected cases; the 3 confirmed cases are from Adamawa (Ngoundere Urbain health district) and West (Foumbot and Malantouen health districts) regions of the country.

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

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. No case has yet been reported for 2022.

Cameroon Yellow fever Grade 2 7-Feb-2021 4-Jan-21 2-Jun-2022 555 3 14 2.5%

Central African Republic Measles Ungraded 2-Apr-2019 1-Jan-22 5-Jun-2022 2,629 1,196 26 1.0%

From week 1 to week 22, 2022 (ending 5 June), through Integrated disease surveillance and response (IDSR) reporting, a total of 2,629 measles cases and 1,196 confirmed (45.5%) with 26 deaths (CFR 1.0%) have been reported in Cameroon. Of the total reported cases, 1,801 were investigated (68.5%).

Central African Republic COVID-19 Grade 3 14-Mar-20 14-Mar-20 16-May-2022 14,371 14,371 113 0.8%

The conflict in CAR has intensified again since the beginning of 2022. According to UN OCHA, between January 2021 and May 2022, 31 civilians were killed and 49 injured in 75 accidents and incidents involving landmines and other explosive devices. In April 2022, CAR reported one of the highest proportions of critically food insecure people in the world: nearly 50% of the population (2.2 million people) do not have enough to eat and do not know where their next meal will come from. The situation is particularly worrying in the Bakouma, Koui, Ngaoundaye, Obo and Zémio Sub-prefectures where the proportion of people affected by food insecurity is between 65% and 75%. In particular, 638,000 people are already in the emergency phase, on the verge of famine. During the first quarter of 2022, humanitarian access remains very limited, if not impossible, in several localities in Ouham-Pendé, Haut-Mbomou, Basse-Kotto and Ouaka Prefectures.

Central African Republic Monkeypox Ungraded 24-Feb-2021 1-Jan-22 2-Jun-2022 28 3 2 7.1%

Cape Verde COVID-19 Grade 3 19-Mar-20 18-Mar-20 18-Jun-2022 58,176 58,176 402 0.7%

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 18 June 2022, a total of 58,176 confirmed COVID-19 cases including 402 deaths and 56,692 recoveries were reported in the country.

Central African Republic Yellow fever Grade 2 14-Sep-21 1-Apr-21 12-Jun-2022 522 23 5 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 de Cameroon. During epi week 23 (ending 12 June 2022), four new suspected cases were reported. As of 12 June 2022, a total of 538 suspected cases of yellow fever have been reported from three regions and five health districts of the country, including five deaths (CFR 1.0%). Of the 448 suspected cases investigated, 25 tested positive to yellow fever by PRNT and 1 tested positive by PCR.

Chad COVID-19 Grade 3 19-Mar-20 19-Mar-20 13-Jun-2022 7,420 7,420 193 2.6%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 13 June 2022, a total of 7,420 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 (Ndjamena, Borkou, Tibesti and Ouaddai) and 14 deaths (CFR 8.2%). For the year 2020 the country registered 74 cases including 4 deaths. Since the beginning of 2021 up to 30 November 2021, 54 cases have been reported including 8 deaths (CFR 14.8%). From 1 December 2021 to 31 January 2022, 10 new cases have been reported with no death.

From week 1 to week 18, 2022 (ending 8 May), a total of 2,036 suspected cases of measles, 51 confirmed and one death (0.05%) reported from 110 out of 139 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.

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.

Since 11 March 2020, a total of 82,724 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 802 deaths, and a total of 81,780 recoveries.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were 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 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.

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

Comoros COVID-19 Grade 3 30-Apr-2020 30-Apr-2020 11-Jun-2022 8,135 8,135 160 2.0%

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

In Congo, since 2021 to 1 June 2022, a total of 13 probable cases of yellow fever including four confirmed and zero death among confirmed cases have been reported. 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 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.

In the DRC, humanitarian partners reported at least 126 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. After a brief lull, clashes resumed on 6 June 2022 in the Jomba groupement (Rutshuru territory) halting socio-economic activities. Although the area of clashes is currently almost deserted, the continuation of the fighting could slow down the return of the populations to the outlying villages. The humanitarian actors present on the ground continue their operations in the reception and return areas of IDPs.
### Health Emergency Information and Risk Assessment

The ongoing Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) has spread out to a new Health Zone with a new confirmed case reported on 19 May 2022 in Mama Balako Health Area, Wangata Health Zone in Mbandaka City, Equateur Province. Two Health Zones (Mbandaka and Wangata) and three Health areas are now affected (Libiki, Motema Pembe for Mbandaka Health Zone and Mama Balako for Wangata health zone). As of 5 June 2022, a total of five cases including four confirmed cases and one probable case with five deaths (case fatality ratio (CFR) = 100 %) are reported.

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

<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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<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-22</td>
<td>29-May-2022</td>
<td>6 402</td>
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<td>94</td>
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<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>12-Jun-2022</td>
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<td>90 561</td>
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<td>Ebola virus disease</td>
<td>Grade 2</td>
<td>22-Apr-2022</td>
<td>22-Apr-2022</td>
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<td>Ungraded</td>
<td>12-Oct-21</td>
<td>1-Jan-22</td>
<td>22-May-2022</td>
<td>73 152</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>30-Mar-19</td>
<td>1-Jan-22</td>
<td>29-May-2022</td>
<td>1 439</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>1-Jan-22</td>
<td>5-Jun-2022</td>
<td>261</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-2021</td>
<td>1-Jan-21</td>
<td>15-Jun-2022</td>
<td>76</td>
<td>76</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Suspected Meningitis</td>
<td>Ungraded</td>
<td>31-May-2022</td>
<td>31-May-2022</td>
<td>9-Jun-2022</td>
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<td>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-2021</td>
<td>1-Jan-22</td>
<td>29-May-2022</td>
<td>802 163</td>
<td>-</td>
<td>399</td>
<td>-</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>21-Apr-2021</td>
<td>21-Apr-2021</td>
<td>19-May-2022</td>
<td>22</td>
<td>10</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

#### 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
### Health Emergency Information and Risk Assessment

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>16-Jun-2022</td>
<td>15 951</td>
<td>15 951</td>
<td>183</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 16 June 2022, a total of 15 951 cases have been reported in the country with 183 deaths and 15 719 recoveries.

| Eritrea | Drought/food insecurity | Grade 3 | 17-Feb-2022 | 1-Jan-22 | 10-Jun-2022 | - | - | - | - |

The Horn of Africa is experiencing one of the harshest droughts in recent history. Eritrea has been included as one of the countries affected. As of 10 June 2022 according to UNOCHA, at least 18.4 million people are facing acute food insecurity and rising malnutrition across Ethiopia, Kenya and Somalia, and this figure could increase to 20 million by September 2022. At least 7 million livestock—which pastoralist families rely upon for sustenance and livelihoods—have died in the Horn of Africa area. Malnutrition rates are rising: more than 7.1 million children are acutely malnourished, including about 2 million who are severely acutely malnourished, according to UNICEF.

| Eritrea | COVID-19              | Grade 3 | 21-Mar-20 | 21-Mar-20 | 19-Jun-2022 | 9 777 | 9 777 | 103 | 1.1% |

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 18 June 2022, a total of 9 777 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 667 patients have recovered from the disease.

| Ethiopia | Drought/food insecurity | Grade 3 | 17-Feb-2022 | 1-Jan-22 | 11-May-2022 | - | - | - | - |

Ethiopia is experiencing a prolonged drought after three consecutive failed rainy seasons since late 2020 affecting nearly 8 million people living in Oromia, SNNP (Southern Nations, Nationalities, and Peoples), Southwest and Somali; several areas in southern and south-eastern 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.

| Eswatini | COVID-19              | Grade 3 | 13-Mar-20 | 13-Mar-20 | 19-Jun-2022 | 73 006 | 73 006 | 1 415 | 1.9% |

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 19 June 2022, a total of 73 006 cases have been reported in the country including 71 538 recoveries. A total of 1 415 associated deaths have been reported.

| Ethiopia | Poliomyelitis (cVDPV2) | Ungraded | 2-Jun-2022 | 7-Jun-2022 | 13-Jun-2022 | 1 | 1 | 0 | 0.0% |

An AFP case was reported from Barentu, Eritrea on 3 September 2021 of a 3 years old female child. A sample was confirmed on 02/06/2002 to be Poliovirus type 2 (PV2) by Ethiopian National Polio laboratory and communicated to the MoH of Eritrea, Surveillance unit. The sample was found to be serotype: Type 15-PV2. The National Polio Eradication Response Coordination Committee (NPERC) has been activated and the relevant response activities initiated.

| Gabon | COVID-19              | Grade 3 | 12-Mar-20 | 12-Mar-20 | 15-Jun-2022 | 47 742 | 47 742 | 304 | 0.6% |

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 15 June 2022, a total of 47 742 cases including 304 deaths and 47 330 recoveries have been reported in the country.

| Gabon | Yellow fever | Ungraded | 12-Feb-2022 | 17-Sep-21 | 23-May-2022 | 3 | 1 | 1 | 33.3% |

On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogooué-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. Two other probable cases have been recorded, as of 7 May 2022.

| Gambia | COVID-19              | Grade 3 | 17-Mar-20 | 17-Mar-20 | 19-May-2022 | 12 002 | 12 002 | 365 | 3.0% |

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 19 May 2022, a total of 12 002 confirmed COVID-19 cases including 365 deaths, and 11 634 recoveries have been reported in the country.

| Ghana | COVID-19              | Grade 3 | 12-Mar-20 | 12-Mar-20 | 16-Jun-2022 | 164 164 | 164 164 | 1 448 | 0.9% |

As of 16 June 2022, a total of 164 164 confirmed COVID-19 cases have been reported in Ghana. There have been 1 448 deaths and 161 045 recoveries reported.

| Ghana | Measles              | Ungraded | 14-Jan-17 | 1-Jan-22 | 15-May-2022 | 4 634 | 2 897 | 33 | 0.7% |

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

**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.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 05 May 2022, a total of 36 873 cases including 36 235 recovered cases and 442 deaths have been reported in the country.

The Horn of Africa is experiencing one of the harshest droughts in recent history. As of 10 June 2022 according to UNOCHA, at least 18.4 million people are facing acute food insecurity and rising malnutrition across Ethiopia, Kenya and Somalia, and this figure could increase to 20 million by September 2022. At least 7 million livestock—which pastoralist families rely upon for sustenance and livelihoods—have died. So far in 2022, about 6.5 million drought-affected people have been reached with humanitarian assistance across Somalia (almost 2.8 million), Ethiopia (3.3 million) and Kenya (367 000).

#### Guinea

**Guinea COVID-19** Grade 3 13-Mar-20 13-Mar-20 5-Jun-2022 36 873 36 873 442 1.2%

**Guinea Poliomyelitis** Grade 2 9-Jul-2019 9-Jul-2019 24-Apr-2022 31 31 0 0.0%

**Guinea Measles** Grade Ungraded 09-May-2018 27-May-2022 397 33 0.2%

**Guinea Monkeypox** Grade Ungraded 8-Jun-2022 8-Jun-2022 0 0.0%

**Guinea Influenza A** Grade Ungraded 9-Jun-2022 8-Jun-2022 0 0.0%

**Guinea Poliomyelitis (cVDPV2)** Grade 2 22-Jul-2020 22-Jul-2020 15-Jun-2022 50 50 0 0.0%

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 (IDSR).

**Guinea-Chikungunya** Grade Ungraded 3-Mar-22 17-Feb-2022 10-Jun-2022 - - - -

**Kenya Chikungunya** Grade Ungraded 3-Mar-22 13-Feb-2022 5-Jun-2022 189 5 1 0.5%

Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutilo village. A total of one hundred and eighty nine (189) cases have been reported with five confirmed cases and one death (CFR 0.5%). No new cases was reported in week 22 (ending 5 June 2022).

**Kenya Cholera** Grade Ungraded 30-May-2022 31-May-2022 319 2 2 0.6%

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.

**Kenya COVID-19** Grade 3 13-Mar-20 13-Mar-20 19-Jun-2022 329 353 329 353 5 651 1.7%

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 19 June 2022, 329 353 confirmed COVID-19 cases including 5 651 deaths and 320 566 recoveries have been reported in the country.

**Kenya Leishmaniasis** Grade Ungraded 31-Mar-19 3-Jan-20 5-Jun-2022 1 716 1 531 10 0.6%

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 namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir and Tharaka Nithi. The outbreak is active in three counties, Kitui, West Pokot and Wajir. A total of 19 new cases were reported in the last week (week 22, ending 5 June 2022).

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**Guinea COVID-19** Grade 3 13-Mar-20 13-Mar-20 5-Jun-2022 36 873 36 873 442 1.2%

**Guinea Poliomyelitis** Grade 2 9-Jul-2019 9-Jul-2019 24-Apr-2022 31 31 0 0.0%

**Guinea Measles** Grade Ungraded 09-May-2018 27-May-2022 397 33 0.2%

**Guinea Monkeypox** Grade Ungraded 8-Jun-2022 8-Jun-2022 0 0.0%

**Guinea Influenza A** Grade Ungraded 9-Jun-2022 8-Jun-2022 0 0.0%

**Guinea Poliomyelitis (cVDPV2)** Grade 2 22-Jul-2020 22-Jul-2020 15-Jun-2022 50 50 0 0.0%

**Kenya Chikungunya** Grade Ungraded 3-Mar-22 17-Feb-2022 10-Jun-2022 - - - -

**Kenya Cholera** Grade Ungraded 30-May-2022 31-May-2022 319 2 2 0.6%

**Kenya COVID-19** Grade 3 13-Mar-20 13-Mar-20 19-Jun-2022 329 353 329 353 5 651 1.7%

**Kenya Leishmaniasis** Grade Ungraded 31-Mar-19 3-Jan-20 5-Jun-2022 1 716 1 531 10 0.6%
Health Emergency Information and Risk Assessment

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 impacted the six tropical cyclones: Ana, Batsirai, Dumako, Emnati, Gombe and Jasmine in 18 regions though Analamanga area was most affected. Health risk identified: Malaria, diarrhoeal diseases, plague, malnutrition, VPD, COVID 19. With increase in malaria cases since week 17; In week 20, 19/114 districts in 4 regions were in epidemic with 571000 victims affected including 214 deaths by flood parts of the country. The TS Ana weather system affected the country during week 3 of 2022, Cyclone Batsirai occurred in week 5, TS Dumako in week 7, Cyclone Emnati in week 8, TS Gombe in week 10, and TS Jasmine in week 16. As of 8 June 2022, there have been 571000 victims affected including 214 deaths by flood parts of the country.

As of 22 May 2022, 3338 suspected cases, including 3027 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% (2292 cases) by epidemiological link. Montserrat island of the country is most affected with 56% (1861 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.

Liberia: COVID-19

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 19 June 2022, the country has a total of 86204 confirmed cases with 2644 deaths and 82963 recoveries.

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 deaths reported from 12 January to 15 March 2022 in 11 wards of Isiolo county. Of the suspected cases, three were confirmed by PCR at the Kenya Medical Research Institute (KEMRI). Epidemiological investigations are ongoing.

Lesotho: COVID-19

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 7 June 2022, a total of 33746 cases of COVID-19 have been reported, including 25099 recoveries and 699 deaths.

Since the beginning of 2022 up to 8 June 2022, a total of 70 suspected cases of Lassa fever including 25 confirmed and 7 deaths (CFR 28%) have been reported in Liberia. Two counties are currently in an outbreak: Grand Bassa and Bong Counties.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 19 June 2022, the country has a total of 86204 cases with 2644 deaths and 82963 recoveries.

Liberia: Cholera

The Malawian Ministry of Health declared a cholera outbreak on 3 March 2022. This was after a case was identified in a 53-years old businessman, resident of Balaka district. Laboratory results by culture confirmed him positive for Cholera on 3 March 2022. As of 19 June 2022, Malawi has reported a total of 693 cholera cases with 1398 deaths reported from 12 January to 15 March 2022 in 11 wards of Isiolo county.

Liberia: Lassa Fever

A total of 334 cases of Lassa fever were reported in Liberia between 10 December 2021 and 16 June 2022, including 13 confirmed cases. The first case was reported in the county of Lofa on 11 December 2021. The second case was confirmed on 23 January 2022. As of 16 June 2022, a total of 693 Lassa fever cases have been reported in Liberia, including 1398 deaths.

Liberia: Poliomyelitis

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

Madagascar: Poliomyelitis

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

Madagascar: Malnutrition crisis

The People in Mali are reeling from the impact of years of conflict, deep poverty, climate shocks and mounting insecurity. In May 2022, 7.5 million people need humanitarian assistance. One Malian out of four (4.8 million people) is currently food insecure because of insecurity and the impacts of climate change. During this year’s lean season (June to August), a staggering 1.6 million people will be acutely food insecure. However, the Humanitarian Response Plan for Mali is currently funded at only 11 per cent.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-20</td>
<td>25-Mar-20</td>
<td>19-Jun-2022</td>
<td>31 137</td>
<td>31 137</td>
<td>736</td>
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</tr>
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</table>

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 19 June 2022, a total of 31 137 confirmed COVID-19 cases have been reported in the country including 736 deaths and 30 314 recoveries.

| Mali      | Measles               | Ungraded | 20-Feb-2018        | 1-Jan-22                 | 5-Jun-2022           | 1 536       | 563            | 1      | 0.1% |

As of 5 June 2022, a total of 1 536 suspected cases of measles and 563 confirmed and one death (CFR 0.1%) have been reported in Mali through integrated disease surveillance and response (IDSR) system. A total of 37 out of 75 health districts have confirmed measles outbreak, of which 13 health districts have received vaccines for response. The most affected age group is from 0 to 59 months.

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

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

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

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

| Mauritania | COVID-19             | Grade 3 | 13-Mar-20         | 13-Mar-20               | 15-Jun-2022          | 59 275      | 59 275         | 982    | 1.7% |

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 15 June 2022, a total of 59 275 cases including 982 deaths and 58 185 recovered 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         | 1-Jan-20               | 31-Mar-22            | -           | -              | -      | -    |

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

| Mozambique | Cholera                | Ungraded | 23-Mar-22         | 13-Jan-22               | 12-Jun-2022          | 3 053       | 0              | 15     | 0.5% |

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 12 June 2022, a total of 3 053 cases and 15 deaths (CFR 0.5%) have been reported. In Sofala province, cases have been reported from Caia (707, 23.2%), Maringue (30, 1.0%), Chermbe (36, 1.2%), and Marrromeu districts (178, 5.8%). In Zambezia province, cases have reported from Morrumbala (1 333, 43.7%), Mopeia (589, 19.3%), and Quelimane City (180, 5.9%) districts. A total of 63 samples have been tested, of which 41 have returned positive for cholera by rapid diagnostic test (RDT) and 16 turned positive by culture. Response activities are ongoing.

| Mozambique | COVID-19               | Grade 3 | 22-Mar-20         | 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       | 1-Jan-21                | 17-Apr-2022          | 3 599       | 903            | 0      | 0.0% |

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

| Mozambique | Poliomyelitis (WPV1)  | Ungraded | 17-May-2022       | 18-May-2022             | 17-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 to date.

| Namibia    | COVID-19               | Grade 3 | 14-Mar-20         | 14-Mar-20               | 17-Jun-2022          | 168 868     | 168 868        | 4 056  | 0.0% |

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 17 June 2022, a total of 168 868 confirmed cases with 163 598 recovered and 4 056 deaths have been reported.

| Namibia    | Measles               | Ungraded | 2-Jun-2022        | 6-Jun-2022              | 6-Jun-2022           | 23          | 5              | 0      | 0.0% |

On 2 June 2022, the Ministry of Health and Social Services of Namibia notified WHO about a confirmed outbreak of measles in Omusati region, Otapi district. A total of 23 cases are suspected in the region which shares a border with Angola. The majority of suspected cases (14, 61% of total) have been reported from a school in Otapi District, however, Tsandi (8 cases) and Okahao (1 case) Districts have also reported suspected cases. Among the cases, five had positive IgM results for measles. All confirmed/compatible cases are <15 years of age, ranging between 5 months-12 years. Four of the confirmed/compatible cases are females and two are males.
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.

From 19 March 2020 to 19 June 2022, a total of 9 078 cases with 310 deaths have been reported across the country. A total of 8 756 recoveries have been reported from the country.

From week 1 to week 15 (ending 17 April) of 2022, a total of 6 103 cases and 6 deaths (CFR: 0.1%) have been reported. Among the 8 regions for the country, Agadzé has the highest attack rate (59.8 cases per 100 000 inhabitants), followed by Niamey (46.7 cases /100 000) and Zinder (44.2 cases /100 000). Risk assessment found: 17 districts out of 72 for the country are at very high risk while 21 districts are at high risk. The response plan is being finalized in order to vaccinate in the 38 high risk and very high-risk districts as well as 11 districts in outbreak but not yet reflected in the risk profile

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 north-eastern 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 north-eastern states of Borno, Adamawa, and Yobe due to the ongoing conflict. In north-western 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 (133 102) the epicentre of the banditry attacks. Over 81% of the IDPs reside in host communities, while the rest are living in camp like settings.

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 17 June 2022, a total of 256 573 confirmed cases with 250 155 recovered and 3 144 deaths have been reported.

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%).

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 (6), 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.

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

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.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 18 June 2022, a total of 130 569 cases with 1 459 deaths and 128 697 recovered cases have been reported in the country.

**Table: Health Emergency Information and Risk Assessment**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WGO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>1-Apr-2022</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>Measles</td>
<td>Ungraded</td>
<td>5-Apr-2022</td>
<td>1-Jan-22</td>
<td>17-Apr-2022</td>
<td>6 103</td>
<td>323</td>
<td>6</td>
<td>0.1%</td>
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<tr>
<td>Niger</td>
<td>Lassa fever</td>
<td>Grade 1</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>5-Jun-2022</td>
<td>819</td>
<td>782</td>
<td>155</td>
<td>19.8%</td>
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<tr>
<td>Niger</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Mar-22</td>
<td>1-Jan-22</td>
<td>20-Mar-22</td>
<td>9 050</td>
<td>1 294</td>
<td>0</td>
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<tr>
<td>Niger</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>9-Sep-21</td>
<td>1-Jan-22</td>
<td>27-May-2022</td>
<td>66</td>
<td>21</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Niger</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jun-2018</td>
<td>1-Jan-18</td>
<td>8-May-2022</td>
<td>494</td>
<td>423</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Niger</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>12-Sep-17</td>
<td>1-Jan-21</td>
<td>30-Apr-2022</td>
<td>54</td>
<td>54</td>
<td>3</td>
<td>5.6%</td>
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<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>18-Jun-2020</td>
<td>130 569</td>
<td>130 569</td>
<td>1 459</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
The humanitarian situation has further deteriorated in six countries of the Sahel: Burkina Faso, Cameroon, Chad, Mali, Niger, and Nigeria. The total amount of people in need of humanitarian assistance is 30 million. Additionally, more than 7 million people are internally displaced, and 0.89 million refugees have been registered. Problems such as violence, poverty, climate change, food insecurity, disease outbreaks, and military coups have persisted in the area for over a decade, however, incidents have on the rise in recent months. The humanitarian situation causes additional challenges for the health of the population who are faced with weakened health systems among a context of food insecurity due to climate change.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 12 June 2022, a total of 6 010 confirmed cases of COVID-19 have been reported, including 73 deaths. A total of 5 830 cases have been reported as recoveries.

Sao Tome And Principe COVID-19 Grade 3 6-Apr-2020 6-Apr-2020 12-Jun-2022 6 010 6 010 73 1.2%

Sao Tome And Principe Dengue Grade 2 11-Apr-2022 15-Apr-2022 14-Jun-2022 519 519 1 0.2%

Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April-14 June 2022, a total of 519 cases and 1 death (CFR 0.2%) have been confirmed via RDT from: Água Grande (420, 80.9%), Mézôchi (52, 10.0%), Lobata (25, 4.8%), Lembá (8, 1.5%), Caué (3, 0.6%), Cantagaló (6, 1.2%) and RAP (5, 1.0%). During week 23 (ending 14 June), there were 116 new cases were registered in the country. Água Grande’s attack rate is by far the highest (49.8 per 10 000 inhabitants). The age group attack rates are: 0-9 years (13.9), 10-19 years (22.8), 20-29 years (25.1), 30-39 years (30.8), 40-49 years (28.9), 50-59 years (34.5) and 60+ years (25.5). The 3 main clinical signs are: fever (461, 89%), headache (349, 67%) and myalgia (162, 31%).

From 15 April-14 June 2022, 95 new cases of measles were reported in the country including 1 967 deaths and 84 169 recoveries have been reported in Sao Tome and Principe.

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

Last year, the country had 115 cases and 2 802 recoveries have been reported. This year, all cases have been confirmed in the capital city.

Sao Tome and Principe COVID-19 Grade 3 2-Mar-2020 2-Mar-2020 10-Jun-2022 86 150 86 150 1 967 2.3%

Senegeal Poliomyelitis (cVDPV2) Grade 2 4-Apr-2021 4-May-2022 17 17 0 0.0%

Since the first COVID-19 confirmed cases were reported in Senegal on 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 new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week.

Seychelles COVID-19 Grade 3 14-Mar-20 14-Mar-20 12-Jun-2022 44 409 44 409 167 0.4%

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 12 June 2022, a total of 44 409 confirmed cases have been confirmed, including 43 984 recoveries and 167 deaths have been reported.

The Ministry of Health and Sanitation in Sierra Leone has declared an outbreak of human anthrax in the country after identifying 3 lab confirmed cutaneous anthrax cases in Kairene district. This is subsequent to an investigation of 7 suspected anthrax cases, all residing in Buya chiefdom, of whom 4 blood samples and swabs were collected and sent to the laboratory for confirmation. The investigation was conducted as follow up to reports of sickness and death of animals in the adjacent Port Loko district between March and April, with reported consumption of meat in surrounding communities. There was also prior confirmation of anthrax from tissues collected from some of the affected animals during epi week 19. As of 17 June 2022, a total of six cases was reported including five confirmed cases and one probable case. Majority of them are among the age group of 15 years and above (43%) followed by 12-59 months (29%), 0-11 months (14%) and 5-15 years (14%).

Sierra Leone Anthrax Ungraded 20-May-2022 20-May-2022 17-Jun-2022 6 5 0 0.0%

On 31 March 2020, the President of Sierra Leone confirmed the first confirmed COVID-19 case in the country. As of 19 June 2022, a total 7 688 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 819 recovered cases.

Sierra Leone Lassa fever Ungraded 12-Feb-2021 1-Jan-21 29-May-2022 20 20 11 55.0%

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

Sierra Leone Measles Ungraded 1-Nov-21 1-Jan-22 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, 26.4 % (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%

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.

South Africa COVID-19 Grade 3 5-Mar-20 3-Mar-20 19-Jun-2022 3 986 601 3 986 601 101 604 3.4%

Since the start of the COVID-19 pandemic in South Africa through 19 June 2022, a cumulative total of 3 986 601 confirmed cases and 101 604 deaths have been reported with 3 870 895 recoveries.

South Africa Lassa fever Ungraded 13-May-2022 14-May-2022 20-May-2022 1 1 1 100.0%

The Government of South Africa notified AFRO IHR of an imported case of Lassa fever from Nigeria to South Africa. He entered RSA on 25 April 2022 and was hospitalized on 1 May 2022 and died on 6 May 2022. Response activities identified 50 possible contacts and are being monitored. Four possible contacts presented with minor symptoms and were tested for Lassa virus as a precautionary measure; all four tested negative for Lassa. As at 20 May 2022, there have been no additional imported cases or secondary cases of Lassa fever associated with the imported case. In addition, there are no suspected cases of Lassa fever in South Africa at present.

South Africa Measles Ungraded 6-Jun-2022 6-Jun-2022 4 4 0 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.
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. Counties expected to be in IPC phase 5 are Fangak, Canal/Pigi and Ayod counties in Jonglei State; Pibor County in Greater Pibor Administrative Area; Gueibet and Rumbeek North counties in Lakes State; and Leer and Mayendit counties in Unity State.

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.

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.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 19 June 2022, a total of 17 687 confirmed COVID-19 cases were reported in the country including 138 deaths and 17 744 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, Raja, Tambrua, 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 counties with confirmed outbreaks. Most cases are children under five years old (59%) and 53% of cases are male.

As of 12 June 2022, 175 cases and 1 death (CFR 0.6%) have been reported from Rubkona County of Unity State, mostly (83.4%) from the Bentiu IDP camp. A total of 31 cases have been confirmed positive by RDT for cholera and 15 tested positive by culture at the National Public Health Laboratory in Juba. Females account for 62% 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.

As of 12 June 2022, a total of 2 703 cases of hepatitis E including 24 deaths (CFR: 0.9%) have been reported since January 2019. During week 22 (ending 5 June), a total of 45 cases were reported. Approximately 54% 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, Tambrua, 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 counties with confirmed outbreaks. Most cases are children under five years old (59%) and 53% of cases are male.

As of 12 June 2022, a total of 2 703 cases of hepatitis E including 24 deaths (CFR: 0.9%) have been reported since January 2019. During week 22 (ending 5 June), a total of 45 cases were reported. Approximately 54% of cases are male.

The current outbreak in the Bentiu IDP camp is ongoing. As of 5 June 2022, a total of 2 703 cases of hepatitis E including 24 deaths (CFR: 0.9%) have been reported from the Bentiu IDP camp since 13 March. As of 29 May 2022, a total of 1 787 cases of hepatitis E were reported from the Bentiu IDP camp.

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 Tanyangiri in Katavi Region (88, 41.1%) and Uvinza in Kigoma Region (126, 58.8%). 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 10 June 2022, a total of 35 159 confirmed cases have been reported in Tanzania Mainland including 840 deaths.

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 10 June 2022, a total of 35 159 confirmed cases have been reported in Tanzania Mainland including 840 deaths.

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

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 10 June 2022, a total of 35 159 confirmed cases have been reported in Tanzania Mainland including 840 deaths.

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Togo COVID-19 Grade 3 6-Mar-20 1-Mar-20 18-Jun-2022 37 247 37 247 273 0.7%

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 18 June 2022, a total of 37 247 cases including 273 deaths and 36 900 recovered cases have been reported in the country.
A measles outbreak has been declared by the Togolese health authorities on 9 February 2022 after confirmation at National Referal Laboratory for Epidemic prone Diseases. As of 20 March, a total of 831 cases and 0 deaths, have been reported through Integrated Disease Surveillance and Response (IDSIR). The outbreak started in November 2021 in the Zio district.

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

At least 517,850 people (41% of total population) are estimated to face high levels of acute food insecurity (IPC Phase 3 or above) during August 2022–February 2023. About 89,900 of those are IPC phase 4 (emergency) and 427,950 are in IPC phase 3 (crisis). An estimated 23,000 children <5 years are projected to have severe acute malnutrition (SAM) and another 69,000 will have moderate acute malnutrition (MAM). The Horn of Africa is experiencing one of the harshest droughts in recent history. Uganda has been included as one of the countries affected with the Karamoja region being the most affected due to factors related to inadequate food access, poor dietary diversity, structural poverty, low value livelihood options, poor hygiene and sanitation, and morbidity.

An anthrax outbreak has been confirmed in Bududa 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.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 17 June 2022, a total of 166,920 confirmed COVID-19 cases with 3,615 deaths were reported.

There have been 219 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 Ndola (5 cases).

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 19 June 2022, a total of 324,288 confirmed COVID-19 cases were reported in the country including 3,994 deaths and 319,124 recovered cases.

A measles outbreak has been declared by the Kenyan health authorities on 29 April 2022 after confirmation at National Referal Laboratory for Epidemic prone Diseases. As of 20 March, a total of 2,426 cases and 2 deaths, have been reported through Integrated Disease Surveillance and Response (IDSIR). The outbreak started in February 2022 in 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, Mvita, 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.
Contributors
Sinesia Lucinda JOSE SITAO
(Mozambique)
Gervais Leon FOLEFACK TENGOMO,
(Democratic Republic of the Congo)

A. Moussongo

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

Production Team
T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group
Dr. Salam Gueye, C
E. Koua
D. Chamla
F. Braka

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.