WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 26: 20 - 26 June 2022
Data as reported by: 17:00; 26 June 2022

1 New event
159 Ongoing events
138 Outbreaks
22 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- COVID-19
- Anthrax
- Dengue fever
- Malaria
- Hepatitis E
- Acute Food Insecurity
- Drought
- Floods
- Yellow fever
- Explosion accident
- Countries reported in the document
- Countries outside WHO African Region
- WHO Member States with no reported events
- Not applicable

“*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*
Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 160 events in the region. This week’s articles cover:

- Cholera in Republic of Tanzania
- 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 current Ebola virus disease outbreak in the Democratic Republic of the Congo seems to be under control, after 31 consecutive days without a new confirmed case. However, the ongoing strike action from local health workers that has halted response activities still poses a negative impact on the response. Community reluctance and low vaccination uptake also continue to put populations at risk of a new flare-up. Complete resolution of the ongoing strike should be prioritized for optimal implementation of response interventions, to definitely put an end to this outbreak.
EVENT DESCRIPTION

On 25 April 2022, the Ministry of Health of the United Republic of Tanzania notified WHO of an outbreak of cholera in the Kigoma and Katavi Regions affecting the Uvinza and Tanganyika districts respectively. As of 22 June 2022, a total of 331 cases with six deaths (CFR 1.8%) have been reported from the two regions, Kigoma (n=126) and Katavi (n=205). The outbreak was declared over in the Kigoma region on 6 June but is still active in the Katavi region.

Since its first detection in Lake Tanganyika district, Katavi region on 18 April 2022, the cholera outbreak continues to unfold with 27 new cases, including one death reported during the week ending 19 June 2022. This marks a 54% decline following a peak of 59 cases, including two deaths reported during the preceding week (week ending 12 June 2022). As of 22 June 2022, a cumulative total of 205 cases with six deaths (CFR 2.9%) have been reported from the Katavi region. Of 78 samples cultured, 40 were positive for *Vibrio cholerae*. The age group 21-30 years comprised most (24.7%) of the reported cases.

The current outbreak in the Katavi region has been linked to the outbreak which occurred in the contiguous Kigoma region between 14 April and 6 June 2022. In the Katavi region, the outbreak is confined to Tanganyika District and has affected three wards - Karema, Ikola, and Kapedamsenga. Kapedamsenga Ward is at the epicentre of the outbreak constituting 47.5% (n=97) of the total cases reported from the region. Outbreak investigation has revealed a cluster of cases among primary school children in Kapedamsenga Ward. Underreporting of cases is likely given the reported suboptimal surveillance and response activities in the affected areas.

PUBLIC HEALTH ACTIONS

- A national emergency coordination mechanism led by the Ministry of Health with involvement of WHO and partners has been activated to respond to the outbreak.
- The deployment of a national level multi-disciplinary and multi-sectoral rapid response team to further investigate and support field response activities in the affected areas is being planned.
- A list of essential medical supplies and logistics to respond to the outbreak in the affected areas has been compiled for rapid mobilization of the needed resources to facilitate urgent procurement.
- An update to the district cholera response plan to address current gaps has been finalized after a review process involving multi-sectoral stakeholders.
- Training of healthcare workers to enhance capacity for management of cholera cases is ongoing in the affected district.
- Risk communication and community engagement activities involving meetings with local leaders and community stakeholders to enhance preventive measures including improved sanitation and hygiene practices are being implemented.

SITUATION INTERPRETATION

Cholera is endemic in Tanzania and the current outbreak is concentrated in densely populated areas, located along the shores of Lake Tanganyika, where poor sanitation practices such as open defecation are prevalent and fueled by limited access to clean water sanitation and hygiene. A case fatality ratio of 2.9% in Katavi region, above the 1% threshold for cholera, is concerning amidst reports of suboptimal surveillance and response activities in the area. National authorities and partners need to act swiftly as in the case of the Kigoma region, to prevent further spread of infection as well as deaths associated with the cholera outbreak. Sustainable investment in clean water sanitation and hygiene is critical to reduce the incidence of cholera in the region and prevent recurrent outbreak of the disease.
**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. The outbreak is expected to be declared over in the next seven days, which will mark 42 consecutive days without a new confirmed case of the disease in the Democratic Republic of the Congo.

As of 26 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 and no contact is currently under follow-up. 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.
- Community based surveillance trainings for rapid response teams from Ingende and Bolomba health zones are still ongoing. Alert monitoring also continues.
- No new contacts are being followed-up; all remaining contacts completed their 21 days of follow-up on 12 June 2022.
- As of 26 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 26 June 2022, 1,989 persons in the affected health zones have been vaccinated against EVD, with 302 contacts and 1,687 contacts-of-contacts including 1,192 frontline health workers vaccinated.
- A total of 138 new samples were tested for EVD in the past week, giving a cumulative total of 880 samples tested since the onset of the outbreak including four positive cases. A total of 945 GeneXpert cartridges remained in stock across the country as of 26 June 2022, with 60 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.

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.

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**EVENT DESCRIPTION**

COVID-19 pandemic in the WHO African region continues to unfold. In the past week (week ending 26 June 2022), a total of 21,579 new cases were reported compared to 32,014 in the preceding week (week ending 19 June 2022), marking a 33% week-on-week decrease. The majority of new cases (68%, n= 14,705) were reported from South Africa (6,060), Kenya (2,874), Ethiopia (2,693), Mauritius (1,557), and Ghana (1,521).

COVID-19-associated deaths decreased by 16% over the past week in the African region, with a total of 189 new deaths reported compared to 224 in the preceding week. The majority of new deaths (92%, n= 173) were reported from six countries, namely South Africa (136), Zimbabwe (15), Zambia (9), Namibia (5), Democratic Republic of the Congo (4), and Ethiopia (4).

Cumulatively, 8.6 million cases with 172,546 deaths (case fatality ratio 2.0%) have been recorded in the WHO African region since the onset of the pandemic. The WHO African region, which includes Sub-Saharan Africa and Algeria, accounts for 71.9% and 67.7% of the African continent’s cumulative 12.0 million cases and 254,998 deaths respectively reported since the onset of the pandemic.

Botswana is currently experiencing a resurgence of the COVID-19 pandemic, while seven countries – Cape Verde, Ethiopia, Ghana, Kenya, Madagascar, Mauritius, and Seychelles – 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.

More than 225 million people have received at least one dose of COVID-19 vaccines in the African region as of 26 June 2022, with 169 million being fully vaccinated. The regional population coverage for at least one dose and fully vaccinated is at 20% and 14.9% respectively. Although the coverage varies across the region, two countries - Mauritius and Seychelles – have reached the 70% target set by WHO followed closely by Rwanda (67%) and Botswana (64%). Nearly half of all health workers and people aged 6 years and older are now fully vaccinated in 31 countries in the region.

**SITUATION INTERPRETATION**

Although a resurgence of the pandemic is ongoing in Botswana and slight upsurges have been reported from some countries, overall case numbers remain modest compare to previous waves of the pandemic. Hospitalization and death trends remain relatively stable and low, due in part to incremental gains being made for increasing vaccination uptake, particularly among vulnerable population. However, these upsurges 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.

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**Trends of confirmed COVID-19 cases and deaths in the WHO African Region by week of report, 26 February 2020 – 26 June 2022 (n = 8,661,427)**
The Minister of Health in South Africa received a notification from the country’s laboratory services of a confirmed case of monkeypox. The patient is a 30-year-old male from Johannesburg who had no travel history, surveillance has commenced to identify possible suspected cases.

From 25 February 2020 to 26 June 2022, a total of 266,038 confirmed cases of COVID-19 with 6,875 deaths (CFR 2.6%) have been reported from Algeria, with 178,503 recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 23 June 2022, a total of 101,320 confirmed COVID-19 cases have been reported in the country with 1,900 deaths and 98,673 recoveries.

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

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.

Three suspected cases of Monkeypox were notified to WHO by the Benin Ministry of Health on 3 June 2022. Two of the three suspected cases were from Nigeria and one person from the North of the country. Laboratory samples were taken and sent to the Laboratory of the Institute Pasteur in Dakar. On 14 June 2022, the three samples were confirmed positive by the Laboratory. Epidemiological investigations are ongoing.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 23 June 2022, a total of 318,528 confirmed COVID-19 cases were reported in the country including 2,719 deaths and 309,124 recovered cases.

Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in a current mass displacement of 1,850,293 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. On 11 June, at least 86 civilians were killed in attack by unidentified armed group in Seytenga commune (Sahel) More than 21,000 people fled their villages following the attack. 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.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 24 June 2022, the total number of confirmed COVID-19 cases is 42,593, including 15 deaths and 42,399 recovered.

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Between 9 March 2020 and 31 May 2022, a total of 21,044 confirmed cases of COVID-19 with 1,8% have been reported from Burkina Faso.

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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.
During epi week 23 (ending 12 June 2022), 135 new suspected cholera cases including four deaths were reported. From 25 October 2021 to 13 June 2022, a total of 8,097 suspected cases of cholera including 537 confirmed by culture and 164 deaths (CFR 1.9%) have been reported in Cameroon, from South-West (5,813 cases, 90 deaths; CFR 1.5%), Littoral (2,531 cases, 63 deaths; CFR 2.5%), Centre (200 cases, four deaths; CFR 2.0%), South (182 cases, two deaths; CFR 1.1%), West (46 cases, two deaths, CFR 4.3%), North (30 cases, one death; CFR 3.3%), and Far-North (seven cases, no death) regions. The outbreak is currently active in five regions (Centre, Littoral, North, South-West and West) and 21 districts, out of the 40 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 Chad on 19 March 2020. As of 20 June 2022, a total of 7,424 confirmed COVID-19 cases including 193 deaths and 57,870 recoveries were reported in the country.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 16 May 2022, a total of 14,371 confirmed cases including 113 deaths and 118,080 recoveries were reported, including 1,931 deaths and 118,080 recoveries.

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.

According to UNHCR reports, an estimated 579,136 internally displaced people 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. There has been an increase in the use of improvised explosive devices, 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.

During epi week 23 (ending 12 June 2022), two new suspected cases with zero death have been reported from two Districts (Ayos and Odza). As of 12 June 2022, the country has reported 30 suspected cases with two deaths (CFR 6.7%) from six districts across three regions since the beginning of 2022. Nine samples have been collected and three cases have been laboratory confirmed from Kumba Health District in the South-West (2) and Ayos Health District in the Centre Region (1). Males and females are equally affected and the median age is 17.3 years.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 23, 2022. There are three cases reported in 2021 and seven cases in 2020. No case has yet been reported for 2022.

From 1 January 2022 to 12 June 2022, a total of 692 suspected cases of yellow fever were investigated including 25 probable cases (tested IgM positive) and three confirmed cases (tested by plaque reduction neutralization test). Fourteen deaths were recorded, giving a CFR of 2.0%. All ten regions of the country notified suspected cases; the three confirmed cases are from Adamawa and West regions of the country.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 25 June 2022, a total of 59,533 confirmed COVID-19 cases including 403 deaths and 57,870 recoveries were reported in the country.

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 118,080 recoveries were reported.

As of 14 June 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 were reported from three health districts: Mbali (six cases, two deaths), Alindao (one case, no death) and Bimbo (one case, no death).

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 Cameroon. 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.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 20 June 2022, a total of 7,424 confirmed COVID-19 cases were reported in the country including 193 deaths.
Since 1 January 2018 to 31 May 2022, a total of 197 cases and 16 deaths (CFR 8.1%) have been reported from four provinces (N’Djamena, Borkou, Tibesti and Ouaddai). The majority of cases are male (70.1%). The under five years old patients are 74 (38.0%). In 2022, 30 cases and two deaths have been reported.

From week 1 to week 18, 2022 (ending 8 May), a total of 2 036 suspected cases of measles, 51 confirmed and one death (0.1%) reported from 110 out of 139 districts. Other 22 districts, have reported suspected measles cases.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported during epi week 23, 2022. Four cases have been reported since the beginning of 2022. No cases were reported in 2021. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks, while nine cases were reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

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

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 25 June 2022, a total of 24 190 cases including 385 deaths and 23 644 recovered cases have been reported in the country.

From 11 March 2020, a total of 83 049 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 805 deaths, and a total of 82 036 recoveries.

Since 1 January 2018 to 31 May 2022, a total of 25 000 people, according to humanitarian sources. The resumption of clashes in and around Bunagana has affected humanitarian activities which had resumed. Traffic has been interrupted on the axis linking Burayi and Bunagana, where thousands of displaced and returnees have been waiting for assistance since the start of the violence last March.
From epidemiological week 1 to 22 (ending 5 June 2022), 6,692 suspected cholera cases including 107 deaths (CFR: 1.6%) were recorded in 54 health zones across 11 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (2,272), Upper Lomami (1,539), Tanganyika (1,361), and North Kivu (1,175). The overall national incidence is 11 cases per 100,000 inhabitants. The provinces of Tanganyika (39), Haut-Lomami (34) and South Kivu (27) have the highest incidences (per 100,000 inhabitants) in the country. Response measures are being implemented in the main active hot spots including a vaccination campaign.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 91,082 confirmed cases and two probable case, including 1,371 deaths have been reported. A total of 82,639 people have recovered.

The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) continues with no new case reported in the past four weeks. The last known case was reported on 19 May 2022 in Mama Balako Health Area, Equateur Province. As of 26 June 2022, a total of five cases (four confirmed cases and one probable case) with five deaths (CFR 100%) have been reported. Two affected health zone (Mbandaka and Wangata) and three affected health areas (Libiki, Motema Pembe and Mama Balako).

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% with history of vaccination.

From 1 January – 5 June 2022, the Democratic Republic of the Congo reported 1,476 suspected cases with 65 deaths (CFR 4.4%) from 103 health zones across 20 provinces. The most affected provinces in 2022 are: Sankuru (525 cases, 35.6%), Tshopo (198 cases, 13.4%), Maniema (182 cases, 12.3%), Tshuapa (123 cases, 8.3%) and Sud-Ubangi (111 cases, 7.5%). At least 107 of the cases sampled were confirmed positive for monkeypox virus infection.

Between epidemiological weeks 1-22 of 2022, 261 cases of suspected bubonic plague have been reported with 6 deaths (CFR 2.3%). 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 (217, 83.1%) in 2022. Cases are up by more than 100% from the same period in 2021, when a total of 115 were suspected including 13 deaths (11.3% 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.

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
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 13 March 2020. As of 23 June 2022, a total of 15 995 cases have been reported in the country with 183 deaths and 15 739 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 23 June 2022, a total of 9 785 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 669 patients have recovered from the disease.

The first case of COVID-19 was confirmed in Eswatini on 13 March 2020. As of 26 June 2022, a total of 73 073 cases have been reported in the country including 9 669 patients who have recovered from the disease.

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 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 has been included as one of the countries affected. Around 75 000 pastoralists and agro-pastoralists are affected by the drought in the Northern Red Sea (NRS) and Southern Red Sea areas.

Eritrea is among the countries at high risk of inflation due to the Ukraine war.

Eritrea

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An AFP case was reported from Barentu, Eritrea on 3 September 2021 of a 3 years old female child. A sample was confirmed on 02/06/2022 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 Outbreak Response Coordination Committee has been activated and the relevant response activities initiated.

Eswatini

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The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 26 June 2022, a total of 73 073 cases have been reported in the country including 71 622 recoveries. A total of 1 415 associated deaths have been reported.

Ethiopia

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Ethiopia is experiencing one of the most severe La Niña-induced droughts in the last forty years following four consecutive failed rainy seasons since late 2020. The prolonged drought continues to compromise fragile livelihoods heavily reliant on livestock and deepening food insecurity and malnutrition. More than 8 million pastoralists and agro-pastoralists in Somali (3.5 million), Oromia (3.4 million), SNNP (1 million) and South-West (more than 15,000 people) regions are currently affected by the drought, of which more than 7.2 million people need food assistance and 4.4 million people need water assistance. Between October 2021 and mid-April 2022, more than 344,000 people have been displaced in search of water, pasture, and assistance, including 175,000 people in Somali Region and 139,000 people in southern Oroma Region.

An AFP case was reported from Barentu, Eritrea on 3 September 2021 of a 3 years old female child. A sample was confirmed on 02/06/2022 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 Outbreak Response Coordination Committee has been activated and the relevant response activities initiated.

Eritrea

<table>
<thead>
<tr>
<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>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>02-Jun-22</td>
<td>7-Jun-2022</td>
<td>13-Jun-2022</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

An AFP case was reported from Barentu, Eritrea on 3 September 2021 of a 3 years old female child. A sample was confirmed on 02/06/2022 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 Outbreak Response Coordination Committee has been activated and the relevant response activities initiated.

Ethiopia

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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-22</td>
<td>26-Jun-22</td>
<td>6 542</td>
<td>3 852</td>
<td>48</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

From week 1 to 25 of 2022 (ending 26 June), a total of 6 542 suspected cases with 3 852 confirmed and 48 deaths (CFR 0.7%) have been reported in Ethiopia. As of week 25, 2022, nine districts (Anched, Minjar, Dodola, Woba Ari, Raasa, Awbare, Sabille, Daroor, Menll Goldia) from five regions (Amhara, SNNPR, Oromia, South West and Somali) are experiencing an active measles outbreak.

Eritrea

<table>
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<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-Jun-19</td>
<td>20-May-2019</td>
<td>26-Jun-22</td>
<td>63</td>
<td>63</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. Ten cases were reported in 2021. The total number of cases for 2020 is 38 and 2019 is 15.

Gabon

<table>
<thead>
<tr>
<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>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>22-Jun-22</td>
<td>47 824</td>
<td>47 824</td>
<td>305</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 22 June 2022, a total of 47 824 cases including 305 deaths and 47 343 recoveries have been reported in the country.

Gambia

<table>
<thead>
<tr>
<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>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>12-Feb-22</td>
<td>17-Sep-21</td>
<td>23-May-22</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

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 Gogoué-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

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>19-May-22</td>
<td>12 002</td>
<td>12 002</td>
<td>365</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Event</th>
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</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>24-Jun-22</td>
<td>165 749</td>
<td>165 749</td>
<td>1 449</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

As of 24 June 2022, a total of 165 749 confirmed COVID-19 cases have been reported in Ghana. There have been 1 449 deaths and 162 744 recoveries reported.
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, we have 6 cases reported in 2021 including 36 407 recovered cases and 442 deaths have been reported in the country.

On 12 June 2022, a total of 37 024 cases including 36 407 recovered cases and 442 deaths have been reported in the country.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 12 June 2022, a total of 37 024 cases including 36 407 recovered cases and 442 deaths have been reported in the country.

From 10 May to 27 June, 2020, a total of 11 350 cases including 25 047 deaths and 322 667 recoveries have been reported in the country.

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

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. No new cases were reported in week 22 (ending 5 June 2022).

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. No new cases were reported in week 22 (ending 5 June 2022).

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 22 April 2022, the Ministry of Health of Guinea declared an outbreak of Lassa fever after a case was confirmed by PCR at the Guekedou haemorrhagic fever laboratory. The case is a 17-year-old girl from the sub-prefecture of Kassandou located 65 kilometers from the capital of the prefecture of Gueckédou. An additional confirmed Lassa fever confirmed case without any known epidemiological link with the first case was notified on 28 April in Tekoulo sub-province, Guekedou province.

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).

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).
### Health Emergency Information and Risk Assessment

**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
---|---|---|---|---|---|---|---|---|---
**Kenya** | Yellow fever (cVDPV2) | Grade 2 | 03-Mar-22 | 12-Jan-22 | 17-Jun-22 | 3 | 3 | 0 | 0.0%
**Lesotho** | COVID-19 | Grade 3 | 13-May-20 | 13-May-2020 | 7-Jun-22 | 33 746 | 33 746 | 699 | 2.1%
**Malawi** | Poliomyelitis (WPV1) | Ungraded | 31-Jan-22 | 1-Feb-2022 | 16-Jun-22 | 4 557 | 4 557 | 0 | 0.0%
**Madagascar** | Yellow fever (cVDPV2) | Grade 2 | 10-Dec-20 | 17-Dec-2020 | 24-Apr-22 | 3 | 3 | 0 | 0.0%
**Madagascar** | Malnutrition crisis | Grade 2 | 01-Jul-21 | 26-Jul-21 | - | - | - | -
**Madagascar** | COVID-19 | Grade 3 | 20-Mar-20 | 20-Mar-2020 | 26-Jun-22 | 65 381 | 65 381 | 1398 | 2.2%
**Madagascar** | Poliomyelitis (cVDPV1) | Grade 2 | 28-Apr-21 | 28-Apr-2021 | 4-May-22 | 14 | 14 | 0 | 0.0%
**Malawi** | Floods | Grade 2 | 26-Jan-22 | 16-Jun-22 | 8-Jun-22 | 455 744 | 206 | 206 | 0.0%
**Malawi** | Cholera | Ungraded | 30-Mar-22 | 1-Mar-22 | 26-Jun-22 | 734 | 35 | 4.8%
**Mali** | Humanitarian crisis | Protracted | n/a | n/a | n/a | - | - | - | -

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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.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 7 June 2022, a total of 33 746 cases of COVID-19 have been reported, including 25 099 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.

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. 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.

**Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 26 June 2022, a total of 65 381 confirmed cases including 1 398 deaths have been reported in the country.**

Malawi is currently responding to the aftermath of the cyclone Ana and Gombe that occurred on 28 January 2022 and 13 March 2022 respectively. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people were affected, with 51 deaths recorded. The decommissioning of IDP camps in affected districts is ongoing. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps.

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 26 June 2022, Malawi has reported a total of 734 cholera cases with 25 deaths.

**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.**
Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 26-Jun-22 31 156 31 156 737 2.4%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 26 June 2022, a total of 31 156 confirmed COVID-19 cases have been reported in the country including 737 deaths and 30 325 recoveries.

Mali Measles Ungraded 20-Feb-18 1-Jan-22 5-Jun-22 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-20 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-22 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 2021. In 2022, the first alert about this disease was 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 has been 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 25-Jun-22 59 428 59 428 982 1.7%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 25 June 2022, a total of 59 428 confirmed COVID-19 cases were reported in the country including 982 deaths and 58 264 recovered have been reported in the country.

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 8-May-22 223 793 223 793 996 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 01-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-22 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%), Manungu (30, 1.0%), Chembo (36, 1.2%), and Marromeu 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-22 225 498 225 498 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-20 1-Jan-21 17-Apr-22 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-22 18-May-2022 17-Jun-22 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 24-Jun-22 169 076 169 076 4 061 0.0%

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 24 June 2022, a total of 169 076 confirmed cases with 164 452 recovered and 4 061 deaths have been reported.
On 2 June 2022, the Ministry of Health and Social Services of Namibia notified WHO about a confirmed outbreak of measles in Omusati region, Outapi 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 Outapi 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 party of the country are more affected. In Far Ouest, Tillabery region, the security situation is worse with 138 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 Tillaberi regions are the most affected by food insecurity with 24% and 29% of the population affected respectively.

From 19 March 2020 to 24 June 2022, a total of 9,087 cases with 311 deaths have been reported across the country. A total of 8,759 recoveries have been reported from the country.

From 1 January to 16 May 2022, a total of 6,103 cases and 6 deaths (CFR: 0.1%) have been reported. Among the eight regions for the country, Agadez has the highest attack rate (59.8 cases per 100,000 inhabitants), followed by Niamey (46.7 cases /100,000). Risk assessment found: 17 districts out of 72 for the country 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.

Lassa fever is an endemic disease in Nigeria. In week 2 of 2022 ending 17 April, the number of new confirmed cases increased from 3 in week 21 to seven cases, with no deaths. These were reported from Edo, Ondo, Kogi and Gombe States. Cumulatively from week 1 to 22 of 2022, a total of 819 cases including 782 confirmed, 37 probable and 155 deaths among confirmed cases have been reported with a case fatality rate (CFR) of 19.8% across 23 states. In total, 4,939 cases are suspected in 2022. Of all confirmed cases, 68% are from Ondo (28%), Edo (25%) and Bauchi (15%) States.

As of week 11, 2022 (ending 20 March), a total of 9,050 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%).
Health Emergency Information and Risk Assessment

The Rwandan Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 25 June 2022, a total of 130 825 cases with 1 459 deaths and 128 778 recovered cases have been reported in the country.

The Sahel region is experiencing its first ever documented dengue outbreak. From 15 April-21 June 2022, a total of 668 cases and 1 death (CFR 0.1%) have been confirmed via RDT from: Agua Grande (510, 76.3%), Mézôchi (70, 10.5%), Lobata (54, 8.1%), Cantagalo (16, 2.4%), Lemba (9, 1.3%), and RAP (5, 0.7%). During week 24 (ending 21 June), there were 149 new cases were registered in the country. Agua Grande’s attack rate is by far the highest (60.5 per 10 000 inhabitants). The age group attack rates are: 0-9 years (17.9), 10-19 years (29.6), 20-29 years (32.4), 30-39 years (40.4), 40-49 years (34.9), 50-59 years (43.0) and 60+ years (35.7). The 3 main clinical signs are fever (98%, 89%), headache (46%, 70%) and myalgia (203, 30%).

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 19 June 2022, a total of 6 023 confirmed cases of COVID-19 have been reported, including 73 deaths. A total of 5 937 cases have been reported as recoveries.

On 2 March 2020 to 26 June 2022, a total of 86 280 confirmed cases of COVID-19 including 1 968 deaths and 84 281 recoveries have been reported in Senegal.

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 19 June 2022, a total of 44 669 cases have been confirmed, including 44 203 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 three lab confirmed cutaneous anthrax cases in Karene district. An 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 were reported including five confirmed cases and one probable case. Majority of them are among the age groups 15 years and above (43%) followed by 12-15 months (29%), 0-11 months (14%) and 5-15 years (14%).

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 26 June 2022, a total 7 694 confirmed COVID-19 cases were reported in the country including 428 deaths and 4 819 recovered cases.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 25 June 2022, a total of 130 825 cases with 1 459 deaths and 128 778 recovered cases have been reported in the country.

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 cautionary 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.

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.

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**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Rwanda | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 25-Jun-22 | 130 825 | 130 825 | 1459 | 1.1%

Sao Tome And Principe | COVID-19 | Grade 3 | 06-Apr-20 | 6-Apr-2020 | 19-Jun-22 | 6 023 | 6 023 | 73 | 1.2%

Sao Tome And Principe | Dengue | Grade 2 | 11-Apr-22 | 15-Apr-2022 | 21-Jun-22 | 668 | 668 | 1 | 0.1%

Senegal | COVID-19 | Grade 3 | 02-Mar-20 | 2-Mar-20 | 26-Jun-22 | 86 280 | 86 280 | 1 968 | 2.3%

Senegal | Poliomyelitis (cVDPV2) | Grade 2 | 4-Apr-2021 | 4-May-22 | 17 | 17 | 0 | 0.0%

Seychelles | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 19-Jun-22 | 44 669 | 44 669 | 167 | 0.4%

Sierra Leone | Anthrax | Ungraded | 20-May-22 | 20-May-2022 | 17-Jun-22 | 6 | 5 | 0 | 0.0%

Sierra Leone | Lassa fever | Ungraded | 12-Feb-21 | 1-Jan-21 | 29-May-22 | 20 | 20 | 11 | 55.0%

Sierra Leone | Measles | Ungraded | 01-Nov-21 | 1-Jan-22 | 11-May-22 | 379 | 379 | 0 | 0.0%

Sierra Leone | Poliomyelitis (cVDPV2) | Grade 2 | 10-Dec-20 | 10-Dec-2020 | 22-Jun-22 | 15 | 15 | 0 | 0.0%

South Africa | COVID-19 | Grade 3 | 05-Mar-20 | 3-Mar-20 | 26-Jun-22 | 3 992 449 | 3 992 449 | 101 731 | 3.4%

South Africa | Lassa fever | Ungraded | 13-May-22 | 14-May-2022 | 20-May-22 | 1 | 1 | 1 | 100.0%

South Africa | Measles | Ungraded | 6-Jun-22 | 6-Jun-22 | 4 | 4 | 0 | 0.0%

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**Country** | **Event** | **Grade** | **Date notified** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
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**Source:** WHO Health Emergency Information and Risk Assessment.
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; Guer and Rumbek 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.

Rains in South Sudan are projected to cause a fourth year of flooding in areas where large swaths of land are still inundated from last rainy season. Unity State is expected have displacement of more than 320 000 people who could experience loss of livelihoods, disease outbreaks and food insecurity. In 2021 the flooding began in May and affected over 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 26 June 2022, a total of 17 713 confirmed COVID-19 cases were reported in the country including 138 deaths and 5 536 recovered cases.

The current outbreak in the Bentiu IDP camp is ongoing. As of 12 June 2022, a total of 2 751 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.

A measles outbreak was declared by health authorities of South Sudan on 23 February 2022. As of 12 June 2022, eight counties (of 79 counties nationally) have confirmed measles outbreaks (Gogrial West, Raja, Torit, Maban, Tambura, Aweil East, Aweil Centre, Aweil West) since the beginning of this year. Overall, 535 suspected measles cases and two deaths (CFR 0.3%) have been reported countrywide. A total of 68 samples tested positive for measles IgM out of 231 tested. The numbers of the suspected and confirmed cases have been revised from 681 and 421 to 535 and 68 respectively.

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 of The United Republic of Tanzania notified WHO on 25 April 2022 of an outbreak of cholera in Kigoma and Katavi Regions. However, the last case was reported in Kigoma Region on 22 May 2022; hence, the outbreak was declared to be over in Kigoma Region on 6 June 2022. The outbreak is currently confined to Tanganyika District in Katavi Region. From 14 April to 23 June 2022, 331 cumulative cases and six deaths (CFR 1.8%) have been reported from the Districts of Tanganyika in Katavi Region (205 cases, six deaths, CFR 2.9%) and Uvinza in Kigoma Region (126 cases and zero death). In Katavi Region, a total of 78 samples have been tested among which 40 have been confirmed positive for Vibrio cholerae. About 24.7% of cases reported are aged between 21-30 years.
An anthrax outbreak has been confirmed in Buduba District, Uganda. Eight suspected human cases were reported and clinically evaluated in four villages. Of these, seven were sampled and one died on 16 May without being sampled. The date of onset of symptoms was between 2 and 12 May 2022. The district performed a preliminary test using Gram stain which was positive with purple rods in chains. A total of 14 cows have been reported dead so far.

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.

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The anthrax outbreak is ongoing in Zimbabwe. No new cases were reported in Week 20 of 2022 with the cumulative for the year being 61. The cases were reported by Mushindano district in North-western province is currently responding to a measles outbreak among some social-cultural and religious groupings with low immunisation coverages. As of 6 June 2022, 18 measles cases and 3 suspected deaths have been reported. WHO is supporting the Ministry of Health investing other cases with similar symptoms.

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: Luanshya (7 cases), Chilanga (9 cases) and Ndola (9 cases).

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 26 June 2022, a total of 325,110 confirmed COVID-19 cases were reported in the country including 5,495 deaths and 243,093 cases that recovered.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 22 May 2022, a total of 250,702 confirmed COVID-19 cases were reported in the country including 5,495 deaths and 243,093 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%.

†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/csr/about/erf/en/](http://www.who.int/csr/about/erf/en/).

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

Health Emergency Information and Risk Assessment