This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 157 events in the region. This week’s articles cover:

- Ebola Virus Disease in the Democratic Republic of the Congo (End of outbreak declaration)
- Humanitarian Crisis in Mozambique
- 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 14th Ebola virus disease outbreak in the Democratic Republic of the Congo was declared over by health authorities in the past week. The declaration followed 42-days with no reported confirmed case. Previous outbreaks in Equateur province occurred in 2020 and 2018, and the risk of re-emergence of EVD in the country in the future cannot be excluded as the virus is present in animal reservoirs in the country.

- Humanitarian actors are gravely concerned about the ongoing violence and insecurity in northern Mozambique. Conflict and displacement, compounded by extreme weather events has led to various surging protection needs for hundreds of thousands of affected internally displaced people. The conflict in combination with the effects of the Covid-19 contributed to the deterioration of the humanitarian situation with several people in need of humanitarian assistance. WHO and other health partners have continued to support the cholera outbreak response and other prevailing health issues.
EVENT DESCRIPTION

The Ministry of Health (MoH) of the Democratic Republic of Congo on 4 July 2022, declared the end of the Ebola virus disease (EVD) outbreak that affected two health zones in Equateur province. This declaration followed a 42-day period since the burial of the last confirmed case in the community and with no new cases reported.

The outbreak was declared by the MoH on 23 April 2022, following EVD confirmation at the “Institut National de Recherche Biomédicale” (INRB) in Kinshasa by reverse transcriptase polymerase chain reaction (RT-PCR) of a blood sample and a swab from a 31-year-old male from Mbandaka. The case developed symptoms, including fever and headache, and later died on 21 April.

Between 23 April and 3 July, a total of five cases of EVD (four confirmed and one probable), including five deaths (case fatality rate 100%), were reported from three health areas (Libiki, Mama Balako and Motema Pembe) of two health zones (Mbandaka and Wangata) in Mbandaka city, Equateur province. Among the five cases, four were male and one was female. All the reported cases were epidemiologically linked.

No new EVD case has been reported since 19 May 2022. All 1 076 identified contacts completed 21-days of follow-up.

PUBLIC HEALTH ACTIONS

- The MoH, together with WHO and other partners, initiated response measures to control the outbreak and prevent further spread. The MoH activated the national and district emergency management committees to coordinate the response.

- Multidisciplinary teams were deployed to the field to actively search and provide care for cases; identify, reach and follow-up contacts; and sensitize communities on the outbreak prevention and control interventions.

- From 23 April to 2 July 2022, a total of 12 476 alerts were reported from eight health zones including 11 519 from Mbandaka city, of which 12 214 (98%) were investigated and 1 097 (9%) were validated as suspected cases of EVD.

- A total of 596 668 (94%) of 551 488 travelers registered at the points of entry have been screened for EVD, of which 279 were suspected of EVD and tested. None were positive.

- As of 2 July, 2 104 persons in the affected health zones have been vaccinated against EVD using the ring strategy targeting contacts and contacts-of-contact. Among those vaccinated, 1 307 were frontline health workers.

- A total of 999 samples have been tested for EVD since the onset of the outbreak including four positive cases. A total of 835 GeneXpert cartridges remain in stock across the country, with 527 available at the laboratory in Mbandaka City.

- Further activities undertaken on the ground, include; infection prevention and control interventions in health care facilities and the community, psycho-social support, and risk communication and community engagement (RCCE) actions to boost contact tracing and vaccination activities.

SITUATION INTERPRETATION

On 4 July 2022, the Ministry of Health (MoH) of the Democratic Republic of the Congo declared the end of the Ebola virus disease (EVD) outbreak that affected Mbandaka and Wangata health zones, Equateur province in the Democratic Republic of the Congo (DRC). In accordance with WHO recommendations, the declaration was made 42 days (twice the maximum incubation period for Ebola infections) after the burial of the last confirmed case. Despite the enormous challenges, the swift response of national authorities and partners was commendable in controlling this outbreak so far.
The armed conflict in the northern province of Cabo Delgado in Mozambique which has been ongoing since October 2017, continues to escalate, driving widespread displacement and a rapidly growing humanitarian crisis. The most recent attacks in Ancuabe district by Non-State Armed Groups between 2–9 June triggered new displacements within Cabo Delgado province. The Recurring displacements, with over 700 000 internally displaced persons and the subsequent destruction of livelihoods are exhausting families already faced with scarce resources, increasing the adoption of negative coping mechanisms.

The 2022 Humanitarian response plan indicated that, at least 1.5 million people need lifesaving and life-sustaining humanitarian assistance including protection in northern Mozambique due to the continued impact of armed conflict in Cabo Delgado Province. According to International Organization for Migration’s (IOM) Displacement Tracking Matrix Baseline Assessment Round 13, an estimated 745 000 people were internally displaced in northern Mozambique by September 2021, including 642 404 people in Cabo Delgado, 99 448 in Nampula and 1 221 in Niassa.

The humanitarian situation worsened due to tropical storm Ana and Cyclone Gombe. Severe tropical storm Ana made landfall in Angoche district, Nampula province on 24 January 2022 while tropical cyclone Gombe made landfall in Moxosul district, Nampula province, in the early hours of 11 March 2022, with maximum sustained winds up to 190km/hr. These were characterized with widespread flooding, damages to public infrastructures and private homes as well as interruption of basic services. Tropical storm Ana affected over 185 000 people, with 207 injured, with over 40 deaths, while cyclone Gombe affected 100 441 people in both Nampula and Zambezia provinces, caused 15 deaths and injured 50 people.

Following these cyclones, flooding and damaged infrastructure, cholera outbreak worsened. The outbreak has been reported from four districts of Sofala (Caia, Muningue, Chembe, Marromeu) and three districts of Zambézia (Morrumbala, Mopeia and Quelimane) provinces since 13 January and 7 February respectively. Notably, on June 17 2022, Nampula province reported 115 cases with no deaths from one prison in Nampula city. As of 26 June 2022, 3 256 cases with 15 deaths (Case fatality ratio 0.5%) were reported.

The widespread displacement with 784 564 person (IOM Displacement Tracking Matrix February 2022) and destruction of livelihoods have also caused hunger and malnutrition, more than 950 000 people in Cabo Delgado, Niassa and Nampula provinces are facing severe hunger (Integrated food security Phase Classification January 2021), while Cabo Delgado province has the highest rates of chronic malnutrition in Mozambique, with more than half the children malnourished.

A collaborative survey conducted by WFP and UNICEF 2021 to help the provincial and district health authorities identify and treat malnourished children, found that majority of displaced children aged under-5-years had acute malnutrition, and with their support, health authorities in Cabo Delgado treated nearly 2 000 children in one month.
A snapshot of emergency dashboard in Mozambique, as of May 2022.

MOZAMBIQUE
2022 Humanitarian Response Dashboard

May 2022

SITUATION UPDATE

At least 1.5 million people in northern Mozambique need life-saving and life-sustaining humanitarian assistance and protection in 2022 as a result of the continued impact of armed conflict, violence and insecurity in Cabo Delgado Province.

The armed conflict has heightened food insecurity and malnutrition, with families forced to abandon their homes and fields; erratic rainfall in some parts of the region has compounded crop losses. Humanitarian needs are concentrated in the districts hardest hit by the conflict – Macomia, Mocimboa da Praia, Palma and Quissanga – as well as those that host the highest number of displaced people, namely Metuge, Montepuez, Mueda, Nangade and Pemba.

In 2022, the humanitarian response in northern Mozambique targets 1.2 million people in Cabo Delgado, Nampula and Niassa. The 2022 Humanitarian Response Plan (HRP) seeks US$388.5M to deliver life-saving, and life-sustaining assistance and protection to 1.2 million people in the northern provinces of Cabo Delgado, Nampula and Niassa provinces. At the end of May, the HRP is 17 per cent funded having received $68 million. Funding imbalances among clusters persist with three clusters reporting zero per cent funding (Camp Coordination and Camp Management, Nutrition and the Refugee Response). At mid-year only the Logistics Cluster had received more than fifty per cent of its requirements.

KEY FIGURES

9.5M
population
1.5M
people in need
16%
of population
1.2M
people targeted³
91%
of target
48
organizations responding

21 INGOs (44%)
18 NNGOs (37%)
9 UN (19%)

Number of organizations who have been responding up to May 2022

PEOPLE TARGETED AND REACHED BY DISTRICT BETWEEN JANUARY AND MAY 2022

Prepared on: 25 June 2022
Feedback: ochamozambique@un.org
www.unocha.org/Mozambique
www.twitter.com/UNOCHA_Mozambique
www.reliefweb.int
http://fts.unocha.org

2. Response plan figures for the HRP.
3. All achievements are up to May.
4. Response recorded at district levels.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
**EVENT DESCRIPTION**

COVID-19 cases continue to decrease in the WHO African region for the third consecutive week following as the most recent surge of cases continues to abate. In the past week (week ending 3 July 2022), a total of 16 338 new cases were reported compared to 25 892 in the preceding week (week ending 26 June 2022), marking a 37% week-on-week decrease. The majority of new cases (49%, n= 16 338) were reported from South Africa (2739), Kenya (2216), Ethiopia (1911), Mauritania (824), and Madagascar (372).

COVID-19 associated deaths decreased by 44% over the past week in the African region with a total of 118 new deaths reported compared to 210 in the preceding week. The majority of new deaths (83%, n= 91) were reported from six countries, namely South Africa (50), Ethiopia (12), Kenya (7), Zambia (5), and Madagascar (3).

Cumulatively, 8.7 million cases with 172 706 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 71.8% and 68.1% of the African continent’s cumulative 12 million cases and 258 555 deaths respectively reported since the onset of the pandemic.

Botswana is the only country in the African region that is currently experiencing a resurgence of the COVID-19 pandemic, however, six countries – Cape Verde, Ghana, Kenya, Madagascar, Tanzania, Equatorial Guinea – are being closely monitored due to either high incidence or recent uptick in new cases.

The SARS-CoV-2 Omicron variant remains dominant in the African region since the start of fifth wave of the pandemic in December 2021. The BA.4 and BA.5 sub-lineages of the SARS-CoV-2 Omicron variant continues to spread geographically as they have now been detected in 13 countries in the WHO African region.

**SITUATION INTERPRETATION**

The pandemic situation in the WHO African region continues to improve as the number of cases reported weekly continue to decline and the hospitalizations and deaths continue to remain low. This regional picture is mainly driven by the sustained decrease of cases reported from Southern Africa. However, some countries have in recent weeks reported spikes in the number of cases reported which calls for continued vigilance, especially as the BA.4 and BA.5 sub-lineages of the SARS-CoV-2 Omicron variant continues to spread geographically. The number of admissions, ICU hospitalizations and deaths have continued to remain low as had been observed in the waves and upsurges attributed to the SARS-CoV-2 Omicron variant.

Though the continued improving pandemic situation in the region is encouraging, it is however important to mention that diagnostic and genomic testing rates have declined in recent months. Thus, it remains imperative that countries continue to strengthen early warning systems to promptly detect, investigate and monitor identified cases. Furthermore, capacities in all aspects of pandemic response including vaccination, risk communication and community engagement, infection prevention and control and case management are enhanced to cope with any potential surge in cases.

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**Trends of confirmed COVID-19 cases and deaths in the WHO African Region by week of report, 27 June – 3 July 2022 (n = 8 674 518)**

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Go to overview Go to map of the outbreaks
## Health Emergency Information and Risk Assessment

### Ongoing Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>03-Jul-22</td>
<td>266 128</td>
<td>266 128</td>
<td>6 875</td>
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<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>23-Jun-22</td>
<td>101 320</td>
<td>101 320</td>
<td>1 900</td>
<td>1.9%</td>
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<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>28-Jun-22</td>
<td>27 216</td>
<td>27 216</td>
<td>163</td>
<td>0.6%</td>
</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>30-Jun-22</td>
<td>322 769</td>
<td>322 769</td>
<td>2 750</td>
<td>0.9%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>09-Mar-20</td>
<td>31-May-22</td>
<td>21 044</td>
<td>21 044</td>
<td>387</td>
<td>1.8%</td>
</tr>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>28-Jun-22</td>
<td>42 698</td>
<td>42 698</td>
<td>15</td>
<td>0.0%</td>
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<td>Cameroon</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Cameroon</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>Protracted 2</td>
<td>01-Oct-16</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>Protracted 2</td>
<td>01-Oct-16</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

From 25 February 2020 to 3 July 2022, a total of 266 128 confirmed cases of COVID-19 with 6 875 deaths (CFR 2.6%) have been reported from Algeria, with 178 576 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.

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 345 822 (72.3%) arrived from Central African Republic.
## COVID-19

The World Health Organization (WHO) declared the COVID-19 virus a pandemic in March 2020. Since then, the virus has spread globally, affecting millions of people and causing significant disruptions to health systems and economies. The evolution of the pandemic has been marked by multiple waves, new variants, and changing public health strategies.

### Key Data Points
- **First Case**: Central African Republic, 14 March 2020
- **Last Update**: 19 June 2022
- **Cumulative Cases**: 14,586
- **Cumulative Deaths**: 113
- **Cumulative Recovered**: 14,210

### Recent Developments
- **Epidemiological Update**: June 2022
- **Country-Specific Data**: Cameroon, Chad
- **Vaccination Status**: High coverage
- **Preventive Measures**: Social distancing, mask-wearing, hand hygiene

### Problems Addressed
- **Healthcare Systems**: Strain on hospitals and healthcare providers
- **Economic Impact**: Job losses, decreased economic activity
- **Social Impact**: Mental health issues, social isolation

### Future Outlook
- **Vaccine Rollout**: Ongoing, with a focus on vulnerable populations
- **Omicron**: Emergence as a new variant
- **Public Education**: Continuous communication about prevention and vaccination

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### Table: COVID-19 Cases in Cameroon, Chad

<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>Cameroon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>06-Mar-20</td>
<td>06-Mar-20</td>
<td>08-Jun-22</td>
<td>120 068</td>
<td>120 068</td>
<td>1 931</td>
<td>1.6%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Measles</td>
<td>Ungraded</td>
<td>02-Apr-19</td>
<td>01-Jan-22</td>
<td>05-Jun-22</td>
<td>2 629</td>
<td>1 196</td>
<td>26</td>
<td>1.0%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>24-Feb-22</td>
<td>01-Jan-22</td>
<td>12-Jun-22</td>
<td>30</td>
<td>3</td>
<td>2</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

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### Additional Information
- **Cholera**: A waterborne illness caused by bacteria that cause severe diarrhea and vomiting.
- **Polio**: A vaccine-preventable viral disease that affects the nervous system.
- **Yellow Fever**: A viral illness usually transmitted by the bite of an infected mosquito.

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### Conclusion

Continued vigilance and adaptation to evolving circumstances remain crucial to managing the COVID-19 pandemic. Collaboration among governments, WHO, and other international health organizations is essential to navigating the challenges and seizing opportunities for public health improvements.

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**Source**: World Health Organization (WHO)
Republic of the
Burundi and Bunagana, where thousands of displaced and returnees have been waiting for assistance since the start of the violence last March.

Sources. The resumption of clashes in and around Bunagana has affected humanitarian activities which had resumed. Traffic has been interrupted on the axis linking

observed since May 19, 2022 in the territories of Rutshuru and Nyiragongo. As a result, the fighting has displaced at least 25,000 people, according to humanitarian

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

violence against humanitarian personnel, property and facilities and 22% of reported incidents are related to armed conflict. In addition, 7 health care facilities have

province, 32 (25%) in Tanganyika, 24 (19%) in South Kivu province, 19 (15%) in Ituri. About 37% of incidents reported between Jan-Mar 2022 quarter related to

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 week 1 to week 23, 2022 (ending 12 June), a total of 214 lab confirmed measles cases and 6,314 cases confirmed by epidemiological link and 132 deaths (CFR

2%) have been reported in Congo; 23 out of 52 districts for the country (44%) are in outbreak. Nationwide multi-intervention campaigns including measles outbreak

response vaccination; Yellow Fever preventive vaccination; Vitamin A supplementation and deworming are planned

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.

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

As of 15 June 2022, a total of 15 probable cases of yellow fever and four confirmed and zero deaths have been reported. The figures have been reviewed following final

case classification. An integrated campaign for yellow fever and measles is planned with a tentative launch of an integrated campaign on 30 June 2022

Since 11 March 2020, a total of 83,659 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 805 deaths, and a total of 82,337 recoveries.

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Côte d’Ivoire Measles Ungraded 14-Mar-22 01-Jan-22 12-Jun-22 6 4 132 - 0.0%
<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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<tr>
<td>Democratic Republic of the Congo</td>
<td>Ebola virus disease</td>
<td>Grade 2</td>
<td>22-Apr-22</td>
<td>22-Apr-2022</td>
<td>03-Jul-22</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>100.0%</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>01-Jan-22</td>
<td>19-Jun-22</td>
<td>71 327</td>
<td>4 735</td>
<td>1 001</td>
<td>1.4%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>30-Mar-19</td>
<td>01-Jan-22</td>
<td>05-Jun-22</td>
<td>1 476</td>
<td>107</td>
<td>63</td>
<td>4.4%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>01-Jan-22</td>
<td>05-Jun-22</td>
<td>261</td>
<td>-</td>
<td>6</td>
<td>2.3%</td>
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<td>Democratic Republic of the Congo</td>
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<td>Grade 2</td>
<td>26-Feb-21</td>
<td>01-Jan-21</td>
<td>28-Jun-22</td>
<td>91</td>
<td>91</td>
<td>0</td>
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<td>Suspected Meningitis (Gombari health Zone)</td>
<td>Ungraded</td>
<td>31-May-22</td>
<td>31-May-2022</td>
<td>27-Jun-22</td>
<td>75</td>
<td>1</td>
<td>20</td>
<td>26.7%</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>01-Jul-21</td>
<td>01-Jan-22</td>
<td>05-Jun-22</td>
<td>837 074</td>
<td>-</td>
<td>401</td>
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<td>Grade 2</td>
<td>21-Apr-21</td>
<td>21-Apr-2021</td>
<td>13-Jun-22</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>27-Jun-22</td>
<td>16 034</td>
<td>16 034</td>
<td>183</td>
<td>1.1%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>01-Jan-22</td>
<td>10-Jun-22</td>
<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>

The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) continues with no new case reported. The last known case was reported on 19 May 2022 in Mama Balako Health Area, Equateur Province. As of 3 July 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). The declaration of the end of the outbreak is scheduled on 3 July 2022.

From week 1 to week 24 of 2022 (ending 19 June), 71 327 suspected cases and 1 001 measles related deaths (1.4%); 3 347 cases investigated through the case based surveillance system; 1 388 tested IgM+ for Measles; 63% lab confirmed measles cases are children under five years old, and only 25% with history of vaccination; 110 health zones with confirmed outbreak at some point since the start of this year. The number of total suspected cases and confirmed cases have been revised following data cleaning process (from 73 152 and 4 890 to 71 327 and 4 735 respectively).

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.

Gombari health zone team investigated an alert of successive meningitis deaths of four adult patients of unknown cause, all residents of the Konzokonvu village, in Apoedo health area. Samples were sent to the National Reference Laboratory in Kinshasa for further analysis and one sample tested positive for Neisseria Meningitidis. As of 27 June 2022, a total of 75 cases and 20 deaths (CFR 26.7%) have been reported from four health areas (Apodo, Kossia, Akpandau and Tangi) of the Gombari health zone, province of Haut Uele, in the North-East of the Democratic Republic of Congo. More samples are still needed for testing in order to confirm the outbreak and detect the predominant germ for vaccination.

In 2022, from epidemiological week 1 to 22 (ending 5 June 2022), 837 074 suspected cases of typhoid fever including 401 deaths were recorded in the Democratic Republic of the Congo. In 2021, from Epi week 1 to 49, 1 380 955 suspected cases of typhoid fever have been reported including 502 deaths (CFR 0.03%).

Since 2021, 138 out of 519 districts have reported at least one suspect case of yellow fever with an average of about 16 suspect cases reported every week. As of 13 June 2022, 11 probable cases and 4 confirmed yellow fever cases have been reported in three provinces including Kasai, Nord Ubangui and Kinshasa. The two confirmed cases in Kinshasa Province were reported in Limete and Kingsansi health zones. The figures of probable and confirmed cases have been revised following data cleaning.

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.
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 1 July 2022, a total of 9 801 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 684 patients have recovered from the disease.

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 Outbreak Response Coordination Committee has been activated and the relevant response activities initiated.

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

Gabon COVID-19 Grade 3 12-Mar-20 12-Mar-20 29-Jun-22 47 939 47 939 305 0.6%

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 of yellow fever have been recorded, as of 7 May 2022.

Gambia COVID-19 Grade 3 17-Mar-20 17-Mar-20 19-May-22 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 29-Jun-22 166 546 166 546 1 452 0.9%

As of 29 June 2022, a total of 166 546 confirmed COVID-19 cases have been reported in Ghana. There have been 1 452 deaths and 163 611 recoveries reported.

Ghana Influenza A (H3N2) Ungraded 09-Jun-22 01-Jan-22 08-Jun-22 773 773 0 0.0%

Cumulatively, 3 460 samples have been tested with 773 confirmed as Influenza A(H3) positive. Approximately, 74.5% of cases were reported by Eastern (33.1%), Greater Accra (29.3%) and Volta (11.9%). Cases have been confirmed in all regions except, Upper East, Upper West and North East Regions.

Ghana Monkeypox Ungraded 08-Jun-22 24-May-2022 30-Jun-22 159 19 0 0.0%

On 8 June 2022, the Director General of the Ghana Health Service confirmed that 5 cases of monkeypox have been detected in the country. From 24 May-30 June, 2022 there have been 159 suspected cases including 19 confirmed and no deaths reported from Eastern, Western, and Greater Accra.

No cases have been reported in 2022 nor 2021, 12 cases were reported in 2020, and 19 were reported in 2019.

<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>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>01-Jul-22</td>
<td>9 801</td>
<td>9 801</td>
<td>103</td>
<td>1.1%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>02-Jun-22</td>
<td>7-Jun-2022</td>
<td>13-Jun-22</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>01-Jan-22</td>
<td>03-Jun-22</td>
<td>8 000 000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 3</td>
<td>04-Nov-20</td>
<td>04-Nov-20</td>
<td>23-May-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>29-Jun-22</td>
<td>47 939</td>
<td>47 939</td>
<td>305</td>
<td>0.6%</td>
</tr>
<tr>
<td>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>29-Jun-22</td>
<td>166 546</td>
<td>166 546</td>
<td>1 452</td>
<td>0.9%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Influenza A (H3N2)</td>
<td>Ungraded</td>
<td>09-Jun-22</td>
<td>01-Jan-22</td>
<td>08-Jun-22</td>
<td>773</td>
<td>773</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>09-Jul-19</td>
<td>9-Jul-2019</td>
<td>24-Apr-22</td>
<td>31</td>
<td>31</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
From 15 October 2021, suspected cases of yellow fever were reported mostly among nomadic settlers in the Savannah Region, northwest Ghana (bordering Côte d’Ivoire). As of 15 June 2022, a total of 68 probable and 60 confirmed cases of yellow fever were reported from 13 regions in Ghana. Of the reported cases, nine deaths were recorded among probable cases and 12 deaths among confirmed cases.

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 37 123 cases including 36 450 recovered cases and 443 deaths have been reported in the country.

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).

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

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 29 June 2022, the country has reported 8 369 confirmed cases of COVID-19 with 8 124 recoveries and 171 deaths.

At least 4.1 million (27% of total population) are estimated to face high levels of acute food insecurity (IPC Phase 3 or above) during March-June 2022. About 1.1 million of those are IPC phase 4 (emergency) and 3 million are in IPC phase 3 (crisis). An estimated 229 000 children <5 years are projected to have severe acute malnutrition (SAM) and another 713 000 will have moderate acute malnutrition (MAM). Climate experts warned rains from March-April 2022 would be scarce affecting 23 counties. The dwindling of vegetation and drying up of water sources has also led to livestock deaths and loss of livelihoods for most pastoral communities. This has forced Kenyan herders to trek longer distances—sometimes as far as Uganda, South Sudan and Ethiopia—in search of water and pasture, increasing the risk of resource-based conflict and family separation, which in turn heightens the risk of gender-based violence. 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).

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
<td>Ghana</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>03-Nov-21</td>
<td>15-Oct-21</td>
<td>15-Jun-22</td>
<td>128</td>
<td>60</td>
<td>19</td>
<td>14.8%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>12-Jun-22</td>
<td>37 123</td>
<td>37 123</td>
<td>443</td>
<td>1.2%</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-20</td>
<td>22-Jul-20</td>
<td>28-Jun-22</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>09-Nov-21</td>
<td>09-Nov-21</td>
<td>24-Apr-22</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>01-Jan-22</td>
<td>10-Jun-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>30-May-22</td>
<td>3-May-2022</td>
<td>19-Jun-22</td>
<td>319</td>
<td>2</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>03-Mar-22</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>1 716</td>
<td>1 531</td>
<td>10</td>
<td>0.6%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>03-Mar-22</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>1 716</td>
<td>1 531</td>
<td>10</td>
<td>0.6%</td>
</tr>
<tr>
<td>Colombia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>28-Jun-22</td>
<td>7 500</td>
<td>7 500</td>
<td>294</td>
<td>3.9%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>03-Mar-22</td>
<td>06-Jan-22</td>
<td>08-Jun-22</td>
<td>25</td>
<td>25</td>
<td>7</td>
<td>28.0%</td>
</tr>
</tbody>
</table>

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).

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.
**Health Emergency Information and Risk Assessment**

**Malawi**

- **Cholera**
  - Ungraded
  - Start of reporting period: 03-Mar-22
  - End of reporting period: 02-Jul-22
  - Total cases: 3,338
  - Cases confirmed: 3,027
  - Deaths: 35
  - CFR: 1.0%

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.

**Liberia**

- **Polio (cVDPV2)**
  - Grade 2
  - Start of reporting period: 10-Dec-20
  - End of reporting period: 24-Apr-22
  - Total cases: 3
  - Cases confirmed: 3
  - Deaths: 0
  - CFR: 0.0%

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

**Madagascar**

- **Floods**
  - Grade 2
  - Start of reporting period: 19-Jan-22
  - End of reporting period: 08-Jun-22
  - Total cases: 571,000
  - Deaths: 214

Heavy rains in Madagascar from multiple weather systems (Tropical Storm (TS) Ana, Cyclone Batsirai, TS Dumako, Cyclone Ennni, TS Gombe, and TS Jasmine) have flooded parts of the country. The TS Ana weather system affected the country during week 3 of 2022, Cyclone Batsirai occurred in week 5, TS Dumako in week 7, Cyclone Ennni in week 8, TS Gombe in week 10, and TS Jasmine in week 16. As of 6 June 2022, there have been 571,000 victims affected including 214 deaths by the six tropical cyclones: Ana, Batsirai, Dumako, Ennni, Gombe and Jasmine in 18 regions though Analamanga area was most affected. Health risk identified: Malaria, diarrheal 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 phase and 21/114 were in alert phase in 2 regions. A total of 172,000 persons displaced by the effects of these Cyclones.

- **Malnutrition crisis**
  - Grade 2
  - Start of reporting period: 01-Jul-21
  - End of reporting period: 08-Jun-22

- **COVID-19**
  - Grade 3
  - Start of reporting period: 20-Mar-20
  - End of reporting period: 03-Jul-22
  - Total cases: 65,787
  - Deaths: 1,401

- **Floods**
  - Grade 2
  - Start of reporting period: 26-Jan-22
  - End of reporting period: 26-Jan-22
  - Total cases: 1,000,000
  - Deaths: 51

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.

- **Cholera**
  - Start of reporting period: 03-Mar-22
  - End of reporting period: 03-Jul-22
  - Total cases: 776
  - Deaths: 35

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 3 July 2022, Malawi has reported a total of 776 cholera cases with 35 deaths and 30,334 recoveries.

- **COVID-19**
  - Grade 3
  - Start of reporting period: 02-Apr-20
  - End of reporting period: 03-Jul-22
  - Total cases: 86,576
  - Deaths: 2,646

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 3 July 2022, the country has a total of 86,576 confirmed cases with 2,646 deaths and 83,181 recoveries.

- **Measles**
  - Start of reporting period: 31-Jan-22
  - End of reporting period: 30-Jun-22
  - Total cases: 1
  - Deaths: 0

One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. However, response activities including community sensitisation and mass polio vaccination campaigns continue.

- **Humanitarian crisis**
  - Protracted
  - Start of reporting period: 31-May-22
  - End of reporting period: 2-Jun-22

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 1.8 million people will be acutely food insecure. However, the Humanitarian Response Plan for Mali is currently funded at only 11% per cent.

- **COVID-19**
  - Grade 3
  - Start of reporting period: 25-Mar-20
  - End of reporting period: 25-Mar-20

- **Measles**
  - Start of reporting period: 20-Feb-18
  - End of reporting period: 05-Jun-22

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.

- **Floods**
  - Grade 2
  - Start of reporting period: 18-Aug-20
  - End of reporting period: 16-Mar-22

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.
**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
---|---|---|---|---|---|---|---|---|---
Mauritania | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 03-Jul-22 | 60 252 | 60 252 | 984 | 1.7%
Mauritius | COVID-19 | Grade 3 | 18-Mar-20 | 18-Mar-20 | 26-Jun-22 | 219 503 | 219 503 | 1 003 | -
Mozambique | Floods | Grade 2 | 24-Jan-22 | 26-Jan-22 | 12-Mar-22 | 678 237 | 59 | -

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 3 July 2022, a total of 60 252 cases including 984 deaths and 58 372 recovered have been reported in the country.
The Republic of Mauritius announced its first confirmed COVID-19 case on 13 March 2020. As of 26 June 2022, a total of 219 503 confirmed COVID-19 cases including 1003 deaths have been reported in the country.
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 | 01-Jan-20 | 31-Mar-22 | - | - | - | -

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

**Mozambique** | **Cholera** | **Ungraded** | 23-Mar-22 | 13-Jan-22 | 26-Jun-22 | 3 256 | 0 | 15 | -

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 26 June 2022, a total of 3 256 cases and 15 deaths (CFR 0.5%) have been reported. In Sofala province, cases have been reported from Coa (707, 21.7%), Mavingue (30, 0.9%), Chuma (36, 1.1%), and Marrambo districts (193, 5.9%). In Zambezia province, cases have reported from Morrumbala (1 333, 40.9%), Mopeia (589, 18.0%), and Quelimane City (253, 7.5%) 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 | -

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-22 | 01-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** | **Polioyelitis (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 | 01-Jul-22 | 169 230 | 169 230 | 4 065 | 0.0%

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 1 July 2022, a total of 169 230 confirmed cases with 164 799 recovered and 4 065 deaths have been reported.

**Namibia** | **Measles** | **Ungraded** | 02-Jun-22 | 06-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, Otapui 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 Otapui 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.

**Niger** | **Humanitarian crisis** | **Protracted 1** | 01-Feb-15 | 01-Jun-22 | - | - | - | - | -

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 Sou Est and the central party 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 Tillaberi regions are the most affected by food insecurity with 24% and 29% of the population affected respectively.

**Niger** | **COVID-19** | **Grade 3** | 19-Mar-20 | 19-Mar-20 | 01-Jul-22 | 9 090 | 9 090 | 311 | -

From 19 March 2020 to 1 July 2022, a total of 9 090 cases with 311 deaths have been reported across the country. A total of 8 762 recoveries have been reported from the country.

**Niger** | **Measles** | **Ungraded** | 05-Apr-22 | 01-Jan-22 | 17-Apr-22 | 6 103 | 323 | 6 | 0.1%

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 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 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.
Since the beginning of the year 2021 to week 2 of 2022 ending 16 January 2022, 1,688 cases have been reported with 76 deaths (CFR 4.5%). Two health districts in Zinder region crossed the alert threshold: Dungass with an attack rate (AR) of 4.5 cases per 100,000 inhabitants and Magaria with an attack rate (AR) of 4.8 cases per 100,000 inhabitants. An analysis of data by sub-districts indicates that some health areas crossed the epidemic threshold on week 49 of 2021 (ending 12 December). Neisseria meningitidis serogroup C (NmC) is the predominant germ identified in the 2 health districts. A request to the International Coordinating Group (ICG) for vaccine provision is underway for a vaccine campaign response.

### Case Reports By Country

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jan-20</td>
<td>01-Jan-21</td>
<td>28-Jun-22</td>
<td>19</td>
<td>19</td>
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<td>0.0%</td>
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<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-16</td>
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<td>01-Apr-22</td>
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<td>01-Jan-21</td>
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<td>782</td>
<td>155</td>
<td>19.8%</td>
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<tr>
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<td>Monkeys pox</td>
<td>Ungraded</td>
<td>31-Jan-22</td>
<td>01-Jan-22</td>
<td>26-Jun-22</td>
<td>204</td>
<td>62</td>
<td>1</td>
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<tr>
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<td>Lassa fever</td>
<td>Grade 1</td>
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<td>01-Jan-21</td>
<td>05-Jun-22</td>
<td>819</td>
<td>782</td>
<td>155</td>
<td>19.8%</td>
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<tr>
<td>Nigeria</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>31-Jan-22</td>
<td>01-Jan-22</td>
<td>26-Jun-22</td>
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<td>1</td>
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<td>Rwanda</td>
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<td>06-Apr-20</td>
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<td>04-May-22</td>
<td>04-May-22</td>
<td>20-May-22</td>
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Sahel region

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<tr>
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<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
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<td>Grade 2</td>
<td>01-Jun-21</td>
<td>01-Jan-21</td>
<td>28-Jun-22</td>
<td>19</td>
<td>19</td>
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<td>0.0%</td>
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<td>10-Oct-16</td>
<td>n/a</td>
<td>01-Apr-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.
Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020. As of 3 July 2022, a total of 44 932 cases have been confirmed, including 44 599 recoveries and 167 deaths have been reported.

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

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 Kono 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 group of 15 years and above (43%) followed by 12-29 months (29%), 0-11 months (14%) and 5-15 years (14%).

Sierra Leone  | COVID-19  | Grade 3 | 31-Mar-20 | 27-Mar-2020 | 03-Jul-22 | 7 04 | 7 04 | 125 | 1.6%

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 3 July 2022, a total 7 04 confirmed COVID-19 cases were reported in Sierra Leone including 125 deaths and 4 827 recovered cases.

Sierra Leone  | Lassa fever  | Ungraded | 12-Feb-21 | 01-Jan-21 | 29-May-22 | 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 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 | 01-Nov-21 | 01-Jan-21 | 11-May-22 | 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-20 | 10-Dec-2020 | 22-Jun-22 | 15 | 15 | - | 0.0%

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

South Africa  | COVID-19  | Grade 3 | 05-Mar-20 | 03-Mar-20 | 03-Jul-22 | 3 995 291 | 3 995 291 | 101 812 | 3.4%

Since the start of the COVID-19 pandemic in South Africa through 3 July 2022, a cumulative total of 3 995 291 confirmed cases and 101 812 deaths have been reported with 3 833 889 recoveries.

South Africa  | Lassa fever  | Ungraded | 13-May-22 | 14-May-2022 | 20-May-22 | 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 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.

South Africa  | Measles  | Ungraded | 6-Jun-2022 | 06-Jun-22 | 22-Jun-22 | 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.

South Africa  | Monkeypox  | Ungraded | 23-Jun-22 | 23-Jun-2022 | 23-Jun-2022 | 1 | 1 | 0 | 0.0%

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.

South Sudan  | Drought/food insecurity  | Grade 3 | 18-Dec-20 | 5-Apr-2021 | 20-May-22 | - | - | - | -

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, 67 000 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; Cueibet 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.

South Sudan  | Floods  | Grade 2 | 15-Jul-21 | 1-May-2022 | 1-May-2022 | - | - | - | -

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.

South Sudan  | Humanitarian crisis  | Protracted | 15-Aug-16 | n/a | 05-Jun-22 | - | - | - | -

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.

South Sudan  | Anthrax  | Ungraded | 25-Apr-22 | 13-Mar-22 | 12-Jun-22 | 80 | 8 | 4 | 5.0%

A total of 80 suspected cases have been reported from Gogrial West county of in Warrap state. A total of 8 samples returned positive for bacillus anthracis bacteria. Cases were reported from 13 March - 12 June 2022 from registered hospital patients where the majority of cases have been female (64%).
At the end of week 24 (ending 19 June 2022), 212 cases and 1 death (CFR 0.4%) have been reported from Unity State and Ruweng Administrative Area, however most cases have been reported from the Bentiu IDP camp (177 cases, 83.5% of cumulative total). Two new areas, Roriak and Pariang have reported new cases during week 24. A total of 26 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.

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 16 536 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.

Between weeks 1-20 of 2022 (ending 22 May), 1 117 138 malaria cases including 232 deaths (CFR 0.0%) 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 county of Fangak.

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, Malab, 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.

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 county of Fangak.

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 Katawi 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. 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 24 June 2022, a total of 35 768 confirmed cases have been reported in Tanzania Mainland including 841 deaths.

The Ministry of Health of 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 livelihood options, low value livelihood options, poor hygiene and sanitation, and morbidity. 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 2 July 2022, a total of 167,935 confirmed COVID-19 cases with 3,621 deaths were reported.

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

A cholera outbreak was declared in Zambia on 3 May 2022. A total of 159 cases have been registered with no deaths as of 13 June 2022. Three districts are affected: Lusaka, Chilanga and Nsama.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 3 July 2022, a total of 326,259 confirmed COVID-19 cases were reported in the country including 4,007 deaths and 321,153 recovered cases.

Mushindano district in North-western province is currently responding to a measles outbreak among some socio-cultural and religious groupings with low immunisation coverages. As of 13 June 2022, 340 measles cases and 3 suspected deaths have been reported. WHO is supporting the Ministry of Health investing other cases with similar symptoms.

The anthrax outbreak is ongoing in Zambia. No new cases were reported in Week 20 of 2022 with the cumulative for the year being 61. The cases were reported by Gokwe North District and Gokwe South District in Midlands Province. This outbreak started in Week 36 of 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. The cumulative figures for anthrax are 747 cases and 3 deaths in 2020 and 306 cases and 0 deaths in 2021.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 01 July 2022, a total of 255,633 confirmed COVID-19 cases were reported in the country including 5,557 deaths and 248,854 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%.

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%).

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
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†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

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