

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 28: 4 - 10 July 2022

Data as reported by: 17:00; 10 July 2022



World Health
Organization

REGIONAL OFFICE FOR **Africa**
WHO Health Emergencies Programme

7

New event

154

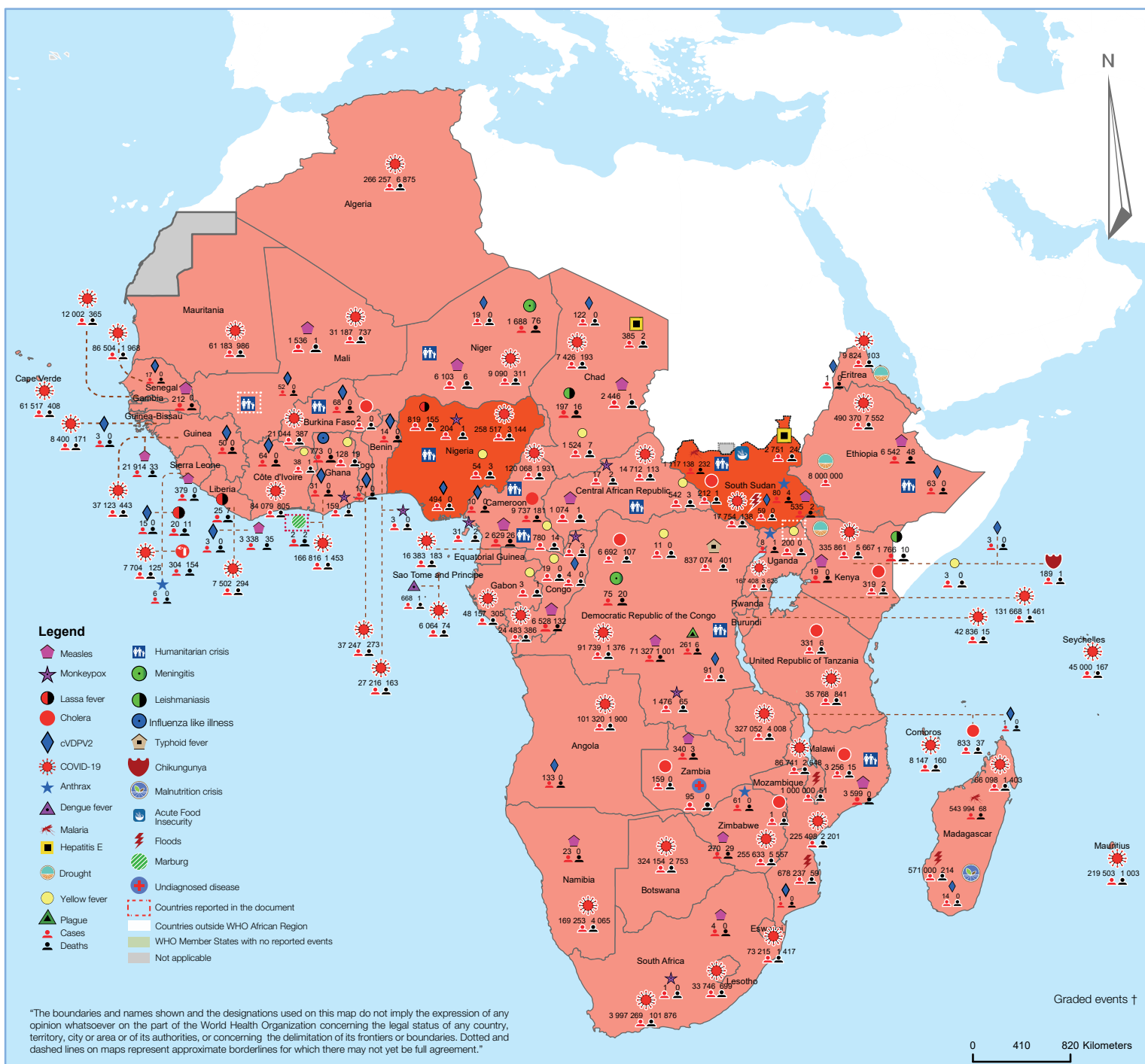
Ongoing events

139

Outbreaks

22

Humanitarian
crises



4

Grade 3 events

40

Grade 2 events

1

Grade 1 events

3

Protracted 3 events

4

Protracted 2 events

2

Protracted 1 events

57

Ungraded events

Overview

Contents

1 Overview

2 - 4 Ongoing events

5 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 161 events in the region. This week's articles cover:

- Suspected Marburg Virus Disease in Ghana
- Yellow fever in Uganda
- Humanitarian Crisis in Mali

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:

- Ghana has reported its first-ever suspected cases of Marburg virus disease, a highly infectious viral haemorrhagic fever which belongs to the same family as Ebola virus disease. The two identified case-patients showed symptoms including diarrhoea, fever, nausea and vomiting. The patients were managed at a district hospital in the Ashanti region, where they succumbed to the disease. Samples from the case-patients are still pending further confirmation by the Institut Pasteur in Senegal. Identified contacts are under close monitoring. The source of the infection has not yet been identified, however in-depth epidemiological investigations are ongoing around the cases.
- Mali faces a persistent insecurity in the north and center of the country characterized by attacks by non-state armed groups against civilians, intra- and inter-community conflicts, banditry. This insecurity has spread over the past months to several localities in the south of the country, with several schools closed mostly in the central and northern regions and many people displaced. 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 of which more than half are women.

New events

Suspected Marburg Virus Disease

Ghana

2
cases

2
Deaths

100%
CFR

EVENT DESCRIPTION

Two suspected cases of acute viral hemorrhagic fever, both farmers, were detected at a district Hospital, Ashanti region, Ghana on 26 and 28 June 2022. Samples collected from the suspects subsequently tested positive in-country for Marburg virus disease (MVD) and are currently pending confirmation from the regional reference laboratory (Institut Pasteur in Dakar, Senegal).

The first case is a 26-year-old male farm laborer and resident of Adansi North District who had arrived from Bogoso (Western Region) on 24 June prior to onset of symptoms. He presented to the hospital on 26 June with a history of vomiting, bloody diarrhea, fever, chills, general malaise, dysuria, nose and mouth bleeding, and eye swelling with subconjunctival bleeding. He was diagnosed as a case of upper gastrointestinal hemorrhage and treated accordingly. He died on 27 July and was buried in Sawla-Tuna-Kalba District of the Savannah Region under no safe burial precautionary measures. In addition, the case-patient reportedly had no history of contact with dead animals, sick persons or animals and had not participated in any social gatherings in the three weeks before the onset of symptoms.

The second case was a 51-year-old male who reported to the hospital on 28 June with history of fever, difficulty in breathing, abdominal pain, general malaise, bleeding from the nose and mouth, and sub-conjunctival bleeding. Similarly, he was managed as a case of upper gastrointestinal bleeding. He died on the same day within 12 hours of reporting. The patient was a farmer and a resident of Bogyawe-Ankaase in Bekwai municipality which shares boundaries with Adansi North where the first suspect lived. Furthermore, he did not recall any contact with dead animals, sick persons or animals during the previous three weeks. He had not travelled outside the community or participated in social events before his symptoms onset.

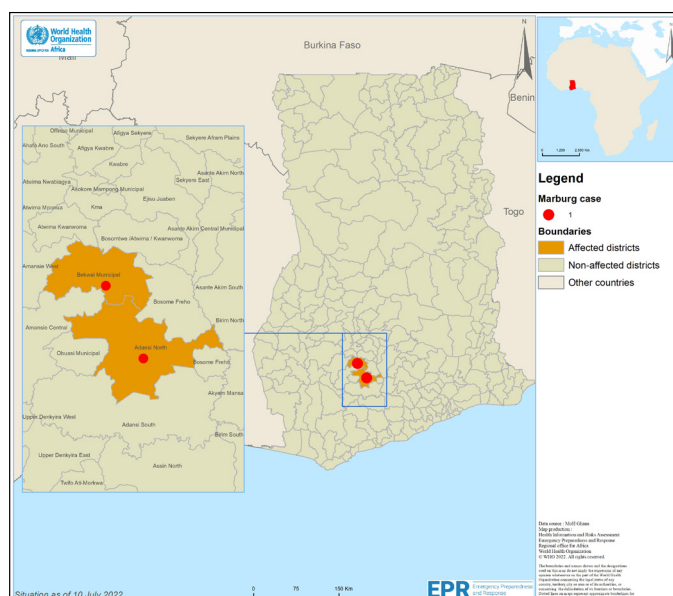
Blood samples from both cases were collected and sent to Noguchi Memorial Institute for Medical Research and returned positive by Polymerase Chain Reaction for MVD. They were subsequently shipped for confirmation to the Institut Pasteur in Dakar, Senegal.

A total of 45 contacts have been listed and these were made up of health workers and community members, including one contact who became a suspect case and tested negative, are currently under quarantine and being monitored by the Ashanti Regional Health Directorate of Ghana Health Service. The Health Directorate with support from the Ghana Health Service Headquarters is currently conducting further investigations on the cases and contacts.

PUBLIC HEALTH ACTIONS

- Psychosocial support has been offered to the 45 contacts have who are currently under self-quarantine to avert further spread of the Marburg virus.
- The two affected households are under close monitoring; daily calls and home visits are made in order to promptly

Location of suspected cases on Marburg virus Disease in Ghana, as of 10 July 2022



notice the appearance of any MVD symptoms among any of the contacts.

- Active search findings of suspected cases is ongoing in affected areas.
- Blood samples on the contact who became suspect was sent on 7 July 2022 to the Noguchi Memorial Institute for Medical Research (NMIMR) tested negative.
- Health workers have been sensitized on the case definition and infection prevention.

SITUATION INTERPRETATION

The confirmation of a Marburg virus disease outbreak in Ghana is of great concern as the disease is associated with a high case fatality ratio. Although confirmation from the Institut Pasteur in Dakar is still pending, detailed investigation should be carried out around these cases. Both cases are farmers from communities living in a forest environment. They are apparently unrelated and experienced the onset of symptoms, including bleeding events, within two days of each other. This suggests that, if confirmed, the cases are probably independent primary cases and that the patients may have been exposed by handling farm products eaten by fruit bats, which are natural hosts of Marburg virus. Careful attention should be given to in-depth investigations to find out the source of the outbreak, the identification of all contacts and contact tracing as the two cases were not isolated until the hemorrhagic events and death.

Ongoing events

Yellow fever

Uganda

200
Suspected cases

0
Deaths

EVENT DESCRIPTION

There have been a total of 200 cases suspected to have yellow fever in Uganda since the beginning of 2022 to 26 June 2022 with no deaths reported. However, only one case was confirmed on 18 February 2022 by plaque reduction neutralization test (PRNT) methods at the Uganda Virus Research Institute (UVRI). The case is of an unvaccinated, 49-year-old female residing in Wakiso district of the Central Region. The confirmed case has since recovered from the disease.

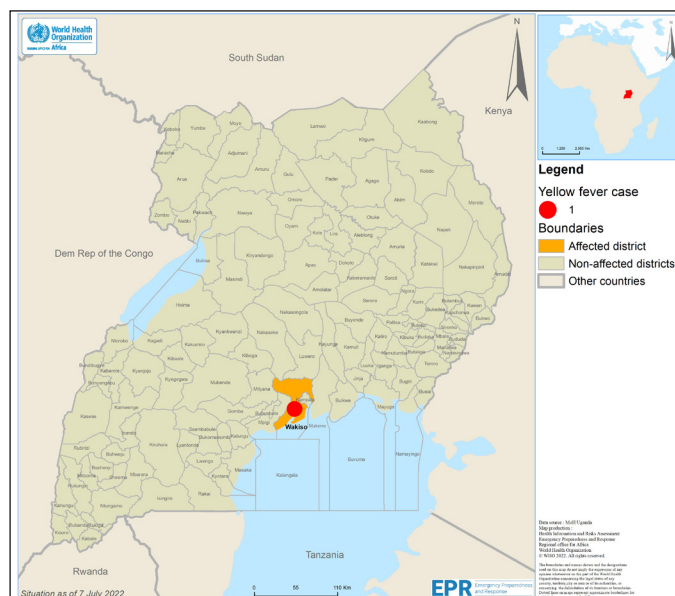
In 2022, the 200 suspected cases have been reported from eight districts in five regions of the country. A national rapid response team was activated and deployed in March 2022 and subsequently all affected districts have been supported with their response to the disease including the activation of their respective district task forces.

Among the total number of suspected cases, the majority (174, 87.0%) had an unknown vaccination status for yellow fever. However, five suspected cases (2.5%) had been vaccinated and 21 (10.5%) were knowingly unvaccinated. A preventative mass vaccination campaign (PMVC) for yellow fever has been planned with implementation over the next two years which is expected to begin in October 2022. The campaign targets the general population of persons aged 9 months to 60 years and will be carried out in phases through October 2024.

PUBLIC HEALTH ACTIONS

- The national rapid response team and district rapid response teams were activated to respond to the outbreak.
- Health workers have been trained in case detection to identify cases of yellow fever. A total of 159 workers have been trained as of 26 June 2022, and 725 are expected to be trained.
- Risk communication activities were conducted via radio spots and on television for community awareness and sensitization for yellow fever prevention.
- A PMVC campaign to vaccinate against yellow fever was planned to occur in phases from October 2022 to October 2024.
- Colleagues from UVRI conducted entomological surveillance in Buikwe, Kasese, Masaka, and Wakiso districts to identify the breeding sites for potential vectors, endophagic and endophilic potential for yellow fever virus vectors, assess the risk of future yellow fever outbreaks, and determine the density of yellow fever vector sites. As of 26 June 2022, a total of 34 578 adult mosquitoes have been collected and lab investigation no them is ongoing.
- Additional supplies for entomological assessment have been procured.

Location of confirmed case of Yellow fever in Uganda, as of 7 July 2022



SITUATION INTERPRETATION

The yellow fever outbreak in Uganda has calmed over the past few weeks. So far only one case has been confirmed for the disease by PRNT out of 200 total suspected cases since the beginning of 2022. Uganda has experienced challenges with case detection for yellow fever in health centres personnel except for those working in sentinel sites which is important for the continual surveillance of the disease and to avoid resurgence of cases. Furthermore, laboratory supplies for the confirmation of samples is limited causing delays in status confirmation. Entomological surveillance capacity is also being built which will aid in the prevention of yellow fever and other vector-borne diseases.



@WHO/AFRO

[Go to overview](#)

3

[Go to map of the outbreaks](#)

EVENT DESCRIPTION

The humanitarian crisis affecting Mali continues to deteriorate since the beginning of 2022. Ménaka and Gao regions, along with the tri-border regions in Niger and Burkina Faso are facing an escalation of Violence caused by the territorial expansion interests of non-state armed groups. An increasing number of attacks led by non-governmental armed groups targeting security forces, self-defence groups and civilians, especially in the vicinity of Ansongo-Meneka natural reserve were reported since March 2022.

Clashes between non-governmental armed groups and the national security forces is resulting into a massive displacement of the population from Anderbougane to the capital of the Ménaka region. As of 3 June 2022, approximately 65 736 Internally Displaced People (IDPs) from 11 095 households from Ménaka and Gao and 16 000 refugees from Niger were displaced into Andérambougane, Inékar, and Iguizragane, or across a border village of Abala in western Niger. Approximately 500 deaths were registered since March 2022. In addition, several health centers have closed. A total of 24 over 27 health facilities in the two most affected health districts of the Ménaka region, namely the Anderambougane and Inékar districts have closed.

The affected population need health assistance including case management and surgical emergencies, food and improved WASH conditions. According to projections from OCHA, it is estimated that the population of Tidermene (6 690 people) and Ménaka (27 920 people) in Ménaka region will face an Emergency (IPC Phase 4) food insecurity between June-August 2022. During the same period, the population of the communes of Ansongo (37 080 people), Gao (106 430 people), and Bourem (35 270 people) in Gao region and Anderambougane (22 290 people) in Ménaka region will experience Crisis (IPC Phase 3) food insecurity. WASH conditions remain deplorable in Ménaka as 55% of its population has no access to Water.

The humanitarian crisis affecting Mali started in 2012. It is affecting North regions (Taoudénit, Tombouctou, Gao, Ménaka and Kidal) and the centre of the country (Mopti et Ségou) with an extension in the east and south regions of the country (Kayes, Koulikoro, Sikasso).

Liptako Gourma area, which is a zone between three borders (Burkina Faso, Mali and Niger) is the epicenter of this multifaced crisis. As of end of April 2022, Mali has registered a total of 370 548 IDPs and 685 559 returnees. In addition to the insecurity, the country is frequently experimenting natural disasters (droughts and floods), health emergencies and epidemics including the current COVID-19 pandemic.

PUBLIC HEALTH ACTIONS

- The Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator allocated \$4 million from the United Nations Central Emergency Response Fund (CERF) to provide an urgent response to the displacement crisis in the Ménaka region on 24 June.
- A regional coordination meeting was held on 29 June to update the regional coordination structure, discuss the final

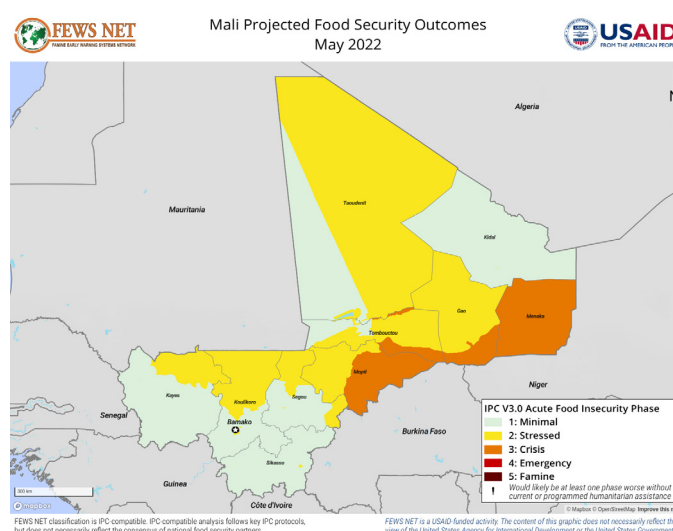
arrangements for two surveys (qualitative and quantitative) and the humanitarian situation (assessments, responses, gaps).

- The humanitarian community has been responding to humanitarian needs in Ménaka. According to OCHA, there are 39 active UN agencies, International NGOs, and NGOs operating in eight different clusters within the region. Organizations have started a response on food assistance, water and sanitation, health, shelter, and non-food items.
- The Regional Directorate of Health of Ménaka region in collaboration with several health partners are providing health assistance to the affected population including medical and surgical care, nutrition assistance, immunization services. In addition, health care workers are getting trainings in different areas to reinforce their capacity. WHO has deployed two doctors (an epidemiologist and a psychologist) to reinforce the coordination of health operations in response to the humanitarian crisis in Ménaka region.
- In collaboration with health partners, WHO is planning to make a rapid assessment of essential needs in Ménaka region.
- Epidemiological surveillance of infectious diseases has been reinforced within the humanitarian community.

SITUATION INTERPRETATION

The humanitarian situation in Mali, especially in Ménaka region is very concerning with the recent escalation of violence caused by clashes between armed groups and attacks on civilians in several localities, which has led to an increase in the number of IDPs. The main humanitarian needs today include the protection of women and children, nutritional and health assistance, access to drinking water, WASH, emergency education services and other non-food items. It is very important that the Government of Mali and the International community work together to address problems linked to political instability, security situation, food security and economic stability.

A snapshot of humanitarian crisis in Mali, as of May 2022.



All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Burkina Faso	Cholera	Ungraded	3-Jul-22	3-Jul-22	5-Jul-22	2	1	0	0.0%
A Cholera case was confirmed in Kantachari medical center, Diapaga health district in the East region of Burkina Faso in a 25-year-old male patient from Niger, where he had stayed before the onset of symptoms. On 5 July 2022, a second suspected case, a female of 30 years old from Kantchari has been reported. There is no epidemiological link with the confirmed case reported on 2 July 2022.									
Central African Republic	Measles	Ungraded	13-Mar-22	1-Jan-22	26-Jun-22	1 074	99	1	0.1%
From week 1 to week 25 2022 (ending 26 June), a total 1 074 suspected cases of measles including one death (CFR 0.09%) have been reported through IDSR system; among the cases, 99 were confirmed including 49 by laboratory confirmation and 50 by epidemiological link. Four districts are in confirmed measles outbreak (Bimbo confirmation at week 10, Kouango-Grimari at week 11, Alindao at week 14 and Haute-Kotto at week 20.)									
Ghana	Suspected Marburg virus disease	Ungraded	6-Jul-22	6-Jul-2022	6-Jul-22	2	2	2	100.0%
The Ministry of Health in Ghana notified two suspected cases of Marburg Virus Disease (MVD) on 7 July 2022 in Ashanti region. The two cases come from two different locations in the Ashanti Region and no epidemiological link was established during the preliminary epidemiological investigation. Preliminary laboratory results from the Noguchi Memorial Institute for Medical Research suggest that the infection is due to Marburg Virus. The samples will be sent for confirmation to the Institute Pasteur in Dakar, Senegal. As of 10 July a total of 45 contacts was listed and contacts are under quarantine and being followed by the Ashanti Regional Health Directorate of the Ghana health Service									
Kenya	Measles	Ungraded	29-Jun-22	26-Jun-22	26-Jun-22	19	8	0	0.0%
Measles outbreak has been reported from Marsabit and Wajir Counties. A total of 19 cases with eight confirmed cases have been reported with no death. Active case search on the surrounding facilities is ongoing. In Wajir county, cases are reported from Wajir East sub county with six cases and three confirmed and in Marsabit county, cases were reported in North Horr sub county with 13 cases and five confirmed.									
Madagascar	Malaria	Ungraded		30-Jun-2022	30-Jun-22	543 994	543 994	68	-
During epi week 22 (ending on 5 June 2022), Madagascar has registered 15 576 cases of malaria, including three deaths (CFR 0.02%). From epi week 1-22, 543 994 cases and 68 deaths (CFR 0.01%) have been reported. Since epi week 21 (ending on 29 May 2022), 19 health districts have crossed their epidemic threshold: Ambohidratrimo and Antananarivo Renivohitra in Analamanga region; Taolagnaro in Anosy region; Farafangana in Atsimo Atsinanana region; Mitsinjo in Boeny region; Ambohimahasoa, Fianarantsoa I, Isandra, Lalangina and Vohibato in Haute Matsiatra region; Ivohibe in Ihorombe region; Arivonimamo and Miarianarivo in Itasy region; Ambatomainty, Antsalova and Morafenobe in Melaky region; Morondava in Menabe region; Antanifotsy in Vakinankaratra, and Ifanadiana in Vatovavy region.									
Senegal	Measles	Ungraded	4-Jul-22	1-Jan-22	12-Jun-22	212	212	0	0.0%
From epidemic week 1 to 23 of 2022 (ending 12 June), 212 confirmed cases of measles were recorded in 37 districts of Senegal, with 16 districts having crossed the epidemic threshold. Of the reported cases, 116 (54.7%) are females; the most affected age group is 1-5 years with 109 cases (51.4%) of which 91.7% were not vaccinated against measles.									
Zambia	Undiagnosed disease (movement disorder condition)	Ungraded	5-Jul-22	5-Jul-22	5-Jul-22	95	95	0	0.0%
On 27 May 2022, a 13-year-old grade 8 pupil presented with signs and symptoms of difficulty in walking, weakness, and painful knees and ankles. The case was immediately isolated at the school sickbay and later referred to Kasama General Hospital for further management. On 4 June 2022, the school recorded four more new cases presenting with similar signs and symptoms from another grade 8 dorm. By 8 June 2022, the school had a cumulative of nine pupils isolated in the sickbay. There has been a total number of 95 suspected conditions of which 15 stool samples were collected to rule out AFP since 10 June 2022, with a cumulative of 95 recoveries as of 5 July 2022.									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-2020	10-Jul-22	266 257	266 257	6 875	2.6%
From 25 February 2020 to 10 July 2022, a total of 266 257 confirmed cases of COVID-19 with 6 875 deaths (CFR 2.6%) have been reported from Algeria, with 178 686 recovered.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	23-Jun-22	101 320	101 320	1 900	1.9%
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.									
Angola	Polioymyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	24-Apr-22	133	133	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases reported in 2020. The total number of cases reported in 2019 remains 138. These cases are from several outbreaks which occurred in 2019.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	28-Jun-22	27 216	27 216	163	0.6%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 27 June 2022, a total of 27 216 cases have been reported in the country with 163 deaths and 26 952 recoveries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Benin	Monkeypox	Ungraded		14-Jun-2022	26-Jun-22	3	3	0	0.0%
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									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-2019	28-Jun-22	14	14	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Six cases were reported in 2021 and 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	7-Jul-22	324 154	324 154	2 753	0.9%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 7 July 2022, a total of 324 154 confirmed COVID-19 cases were reported in the country including 2 753 deaths and 319 099 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	26-Jun-22	-	-	-	-
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 34 000 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.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	31-May-22	21 044	21 044	387	1.8%
Between 9 March 2020 and 31 May 2022, a total of 21 044 confirmed cases of COVID-19 with 387 deaths and 20 497 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	28-Jun-22	68	68	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 were reported this week. There were two cases reported in 2021, and 66 in 2020. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	7-Jul-22	42 836	42 836	15	0.0%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 7 July 2022, the total number of confirmed COVID-19 cases is 42 836, including 15 deaths and 42 472 recovered.									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-2017	11-May-22	-	-	-	-
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.									
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-16	27-Jun-2018	11-May-22	-	-	-	-
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.									
Cameroon	Cholera	Grade 2	1-Jan-21	25-Oct-21	3-Jul-22	9 737	537	181	1.9%
During epi week 26 (ending on 3 July 2022), 227 new suspected cholera cases including two deaths have been reported from Littoral (193 cases and two deaths), Centre (21 cases), South-West (eight cases) and West regions (five cases). As of 3 July 2022, a total of 9 737 suspected cases of cholera and 181 deaths (CFR 1.9%) have been reported in Cameroon since October 2021, from South-West (5 993 cases, 92 deaths; CFR 1.5%), Littoral (3 148 cases, 77 deaths; CFR 2.4%), Centre (275 cases, four deaths; CFR 1.5%), South (182 cases, two deaths; CFR 1.1%), West (82 cases, four deaths, CFR 4.9%), North (50 cases, two deaths; CFR 4.0%), and Far-North (seven cases, no death) regions. The general trend of the outbreak is increasing and its epicentre has shifted from South-West to Littoral. 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).									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	8-Jun-22	120 068	120 068	1 931	1.6%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 8 June 2022, a total of 120 068 cases have been reported, including 1 931 deaths and 118 080 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-22	5-Jun-22	2 629	1 196	26	1.0%
From week 1 to 22, 2022 (ending 5 June), through Integrated disease surveillance and response (IDSR) reporting, a total of 2 629 measles cases and 1 196 confirmed (45.5%) with 26 deaths (CFR 1.0%) have been reported in Cameroon. Of the total reported cases, 1 801 were investigated (68.5%).									
Cameroon	Monkeypox	Ungraded	24-Feb-22	1-Jan-22	26-Jun-22	31	6	2	6.5%
During epi week 25 (ending on 26 June 2022), one new suspected case has been reported from Ayos District in the Centre region of Cameroon. As of 26 June 2022, the country has notified 31 suspected cases of monkeypox with two deaths (CFR 6.5%) from six districts across three regions, since the beginning of 2022. Ten samples have been collected and six cases have been laboratory confirmed from Ayos Health District (3), Kumba Health District in the South-West region (2) and Benakuma Health District in the North-West region (1). Males and females are equally affected and the median age is 17.3 years (range 1-36 years).									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	26-Jun-22	10	10	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 25, 2022. There are three cases reported in 2021 and seven cases in 2020. No case has yet been reported for 2022.									
Cameroon	Yellow fever	Grade 2	7-Feb-21	4-Jan-21	26-Jun-22	780	15	14	1.8%
From 1 January 2022 to 26 June 2022, a total of 780 suspected cases of yellow fever were investigated including 27 probable cases (tested IgM positive) and 15 confirmed cases (tested positive by plaque reduction neutralization test). Fourteen deaths were recorded, giving a CFR of 1.8%. All ten regions of the country have notified one or several suspected cases. The confirmed cases are from six regions and 15 Health Districts of the country.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	7-Jul-22	61 517	61 517	408	0.7%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 7 July 2022, a total of 61 517 confirmed COVID-19 cases including 408 deaths and 60 508 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-2013	29-Jun-22	3 100 000	-	-	-
The conflict in CAR has intensified again since the beginning of 2022. According to UN OCHA, between January 2021 and May 2022, 31 civilians were killed and 49 injured in 75 accidents and incidents involving landmines and other explosive devices. In April 2022, CAR reported one of the highest proportions of critically food insecure people in the world: nearly 50% of the population (2.2 million people) do not have enough to eat and do not know where their next meal will come from. The situation is particularly worrying in the Bakouma, Kouï, Ngaoundaye, Obo and Zémio Sub-prefectures where the proportion of people affected by food insecurity is between 65% and 75%. In particular, 638,000 people are already in the emergency phase, on the verge of famine. Overall, 3.1 million people (63% of the total population) are in need of assistance and protection in 2022. There are 649 794 people that are internally displaced as of 31 March 2022, mostly hosted in Ouaka, Ouham-Pende, Basse-Kotto, and Ouham Prefectures. There are also 738 000 persons who are refugees in neighbouring countries. During the first quarter of 2022, humanitarian partners provided life-saving food and nutritional assistance to 447 000 people, representing only 22.3% of the target. However, humanitarian access remains very limited, if not impossible, in several localities in Ouham-Pendé, Haut-Mbomou, Basse-Kotto and Ouaka Prefectures. In the first five months of 2022, 69 incidents affecting humanitarian workers or property were recorded, including one death and 18 injuries. Thefts, robberies, lootings, threats and assaults represent 75% of these incidents.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	4-Jul-22	14 712	14 712	113	0.8%
The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 4 July 2022, a total of 14 712 confirmed cases, 113 deaths and 14 310 recovered were reported.									
Central African Republic	Monkeypox	Ungraded	3-Mar-22	4-Mar-22	14-Jun-22	17	8	2	11.8%
As of 14 June 2022, Central African Republic has so far recorded 17 suspected cases of monkey pox including eight confirmed cases and two deaths (CFR 11.8%), for year 2022. The confirmed cases were reported from three health districts: Mbaiki (six cases, two deaths), Alindao (one case, no death) and Bimbo (one case, no death).									
Central African Republic	Yellow fever	Grade 2	14-Sep-21	1-Apr-2021	28-Jun-22	542	20	3	0.6%
On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test (PRNT) at the Centre Pasteur of Cameroun. As of 28 June 2022, a total of 542 suspected cases of yellow fever have been reported including five probable and 20 confirmed cases. Three deaths have so far been recorded (CFR 0.6%). Three regions (RS3, RS4 & RS6) are currently affected, with 70% of confirmed cases reported from RS3.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	4-Jul-22	7 426	7 426	193	2.6%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 4 July 2022, a total of 7 426 confirmed COVID-19 cases were reported in the country including 193 deaths.									
Chad	Leishmaniasis	Ungraded	8-Sep-20	1-Jan-18	31-May-22	197	13	16	8.1%
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.									
Chad	Measles	Ungraded	24-May-18	1-Jan-22	19-Jun-22	2 446	109	1	0.0%
A total of 2 446 measles suspected cases reported since the start of 2022, across 119 out of 139 districts for the country; among the 109 measles cases IgM positive reported, 46 confirmed measles cases are children under five years old; 20 cases aged 5 – 9 years old.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	19-Jun-22	122	122	0	0.0%
As of epi week 24 (ending on 19 June 2022), seven cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) 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 other cases were reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.									
Chad	Yellow fever	Grade 2	13-Nov-21	1-Nov-21	28-Jun-22	1 524	24	7	0.5%
On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever by polymerase chain reaction (PCR). Six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions. As of 28 June 2022, there has been 1 524 suspected cases of yellow fever reported in Chad, including 24 probable and 24 confirmed cases with seven deaths (CFR 0.5%). Of good news, there has been a decrease in the number of cases over the past ten weeks. Mandoul and Moyen Chari provinces are the current hotspots, for having reported 45% and 32% of confirmed cases, respectively. A total of 19/126 districts in 7/23 provinces have been affected since the beginning of the outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-2020	26-Jun-22	8 147	8 147	160	-
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 26 June 2022, a total of 8 147 confirmed COVID-19 cases, including 160 deaths and 7 975 recoveries were reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	7-Jul-22	24 483	24 483	386	1.6%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 7 July 2022, a total of 24 483 cases including 386 deaths and 23 644 recovered cases have been reported in the country.									
Congo	Measles	Ungraded	14-Mar-22	1-Jan-22	12-Jun-22	6 528	6 528	132	2.0%
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									
Congo	Monkeypox	Ungraded	23-May-22	1-Jan-22	30-May-22	7	2	3	42.9%
Since the beginning of 2022, seven suspected cases with three deaths have been reported from Impfondo District in the country's northern department of Likouala on the border with the Democratic Republic of Congo and Central Africa. Samples from two cases sent to the National Institute of Biomedical Research (INRB) Laboratory in Kinshasa on 12 April 2022 were laboratory-confirmed.									
Congo	Poliomyelitis (cVDPV2)	Grade 2		29-Jan-21	28-Jun-22	4	4	0	0.0%
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.									
Congo	Yellow fever	Grade 2	31-Mar-22	31-Mar-22	15-Jun-22	19	4	0	0.0%
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									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	10-Jul-22	84 079	84 079	805	1.0%
Since 11 March 2020, a total of 84 079 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 805 deaths, and a total of 83 100 recoveries.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	4-May-22	64	64	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are no reported cases in 2021. There are 64 cases reported in 2020.									
Côte d'Ivoire	Yellow fever	Grade 2	14-Sep-21	13-Aug-2021	15-Jun-22	38	7	1	2.6%
From 13 August 2021 to 15 June 2022, a total of 38 probable and seven confirmed cases of yellow fever were recorded in Côte d'Ivoire, including one death among probable cases.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-16	17-Apr-2017	5-Jun-22	-	-	-	-
In the DRC, humanitarian partners reported at least 126 incidents affecting humanitarian access between January and March 2022, including 38 (30%) in North Kivu province, 32 (25%) in Tanganyika, 24 (19%) in South Kivu province, 19 (15%) in Ituri. About 37% of incidents reported between Jan-March 2022 quarter related to violence against humanitarian personnel, property and facilities and 22% of reported incidents are related to armed conflict. In addition, 7 health care facilities have been either destroyed or damaged since the beginning of 2022. In North Kivu province, clashes between the Congolese army and suspected M23 fighters have been observed since May 19, 2022 in the territories of Rutshuru and Nyiragongo. As a result, the fighting has displaced at least 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.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-22	5-Jun-22	6 692	404	107	1.6%
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.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	3-Jul-22	91 739	91 737	1 376	1.5%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 91 737 confirmed cases and two probable case, including 1 376 deaths have been reported. A total of 82 922 people have recovered.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-21	1-Jan-22	19-Jun-22	71 327	4 735	1 001	1.4%
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).									
Democratic Republic of the Congo	Monkeypox	Ungraded	30-Mar-19	1-Jan-22	5-Jun-22	1 476	107	65	4.4%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-22	5-Jun-22	261	-	6	2.3%
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.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-21	1-Jan-21	28-Jun-22	91	91	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of 2022 cases stands at 63.									
Democratic Republic of the Congo	Suspected Meningitis (Gombari health Zone)	Ungraded	31-May-22	31-May-2022	27-Jun-22	75	1	20	26.7%
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 Apodo 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									
Democratic Republic of the Congo	Typhoid fever	Ungraded	1-Jul-21	1-Jan-22	5-Jun-22	837 074	-	401	0.0%
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%).									
Democratic Republic of the Congo	Yellow Fever	Grade 2	21-Apr-21	21-Apr-2021	13-Jun-22	11	4	0	0.0%
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 Kingasani health zones. The figures of probable and confirmed cases have been revised following data cleaning									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	7-Jul-22	16 383	16 383	183	1.1%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 7 July 2022, a total of 16 383 cases have been reported in the country with 183 deaths and 15 814 recoveries.									
Eritrea	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	10-Jun-22	-	-	-	-
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	COVID-19	Grade 3	21-Mar-20	21-Mar-20	9-Jul-22	9 824	9 824	103	1.0%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 9 July 2022, a total of 9 824 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 696 patients have recovered from the disease.									
Eritrea	Poliomyelitis (cVDPV2)	Ungraded	2-Jun-22	7-Jun-2022	19-Jun-22	1	1	0	0.0%
An AFP case was reported from Barentu, Eritrea on 3 September 2021 of a 3 years old female child. A sample was confirmed on 02/06/2022 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. No further case has been reported, as of epi week 24 (ending on 19 June 2022).									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	10-Jul-22	73 215	73 215	1 417	1.9%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 10 July 2022, a total of 73 215 cases have been reported in the country including 71 644 recoveries. A total of 1 417 associated deaths have been reported.									
Ethiopia	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	3-Jun-22	8 000 000	-	-	-
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 Oromia Region.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 3	4-Nov-20	4-Nov-20	23-May-22	-	-	-	-
The humanitarian situation in Northern Ethiopia remain fragile and unpredictable, affecting civilians and limiting humanitarian aid deliverance. More than 3.9 million people are in need and 2.4 million people are displaced as of 1 Apr 2022. In Afar, 22 districts are affected by the ongoing active conflict with more than more than 300K newly displaced. The corridor for cargo by land has been opened and more than 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.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	10-Jul-22	490 370	490 370	7 552	1.5%
Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 490 370 cases of COVID-19 as of 3 July 2022, with 7 552 deaths and 466 891 recoveries.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-22	26-Jun-22	6 542	3 852	48	0.7%
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 (Aneded, Minjar, Dodola, Woba Ari, Raaso, Awbare, Babilee, Daroor, Menit Goldia) from five regions (Amhara, SNNPR, Oromia, South West and Somali) are experiencing an active measles outbreak									
Ethiopia	Poliomyelitis (cVDPV2)	Grade 2	24-Jun-19	20-May-2019	9-Jul-22	63	63	0	0.0%
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	COVID-19	Grade 3	12-Mar-20	12-Mar-20	6-Jul-22	48 157	48 157	305	0.6%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 7 July 2022, a total of 48 157 cases including 305 deaths and 47 391 recoveries have been reported in the country.									
Gabon	Yellow fever	Ungraded	12-Feb-22	17-Sep-21	23-May-22	3	1	1	33.3%
On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogooué-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. Two other probable cases have been recorded, as of 7 May 2022.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	19-May-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	2-Jul-22	166 816	166 816	1 453	0.9%
As of 2 July 2022, a total of 166 816 confirmed COVID-19 cases have been reported in Ghana. There have been 1 453 deaths and 164 156 recoveries reported.									
Ghana	Influenza A (H3N2)	Ungraded	9-Jun-22	1-Jan-22	8-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 (29.5%) and Volta (11.9%). Cases have been confirmed in all regions except, Upper East, Upper West and North East Regions.									
Ghana	Monkeypox	Ungraded	8-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.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-2019	24-Apr-22	31	31	0	0.0%
No cases have been reported in 2022 nor 2021, 12 cases were reported in 2020, and 19 were reported in 2019.									
Ghana	Yellow fever	Grade 2	3-Nov-21	15-Oct-21	15-Jun-22	128	60	19	14.8%
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.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	12-Jun-22	37 123	37 123	443	1.2%
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.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-22	27-May-22	21 914	397	33	0.2%
Since the beginning of 2022 up to week 21 (ending 27 May), a total of 21 194 measles suspected cases with 397 confirmed and 33 death (CFR 0.2%) have been reported in Guinea from 29 health districts including the capital city Conakry through Integrated disease surveillance and response (IDSR)									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-2020	28-Jun-22	50	50	0	0.0%
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.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	7-Jul-22	8 400	8 400	171	2.0%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 7 July 2022, the country has reported 8 400 confirmed cases of COVID-19 with 8 151 recoveries and 171 deaths.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Guinea-Bissau	Poliomyelitis (cVDPV2)	Grade 2	9-Nov-21	9-Nov-21	24-Apr-22	3	3	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Three cases were reported in 2021 which were linked to the Jigawa outbreak in Nigeria.									
Kenya	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	10-Jun-22	-	-	-	-
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).									
Kenya	Chikungunya	Ungraded	3-Mar-22	13-Feb-2022	26-Jun-22	189	5	1	0.5%
Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutulo village. A total of one hundred and eighty nine (189) cases have been reported with five confirmed cases and one death (CFR 0.5%). No new cases was reported in week 25 (ending 26 June 2022).									
Kenya	Cholera	Ungraded	30-May-22	3-May-2022	19-Jun-22	319	2	2	0.6%
Cholera outbreak is ongoing in Kenya affecting three counties: Nairobi, Kisumu and Kiambu. As of 31 May 2022, a total of 319 cases with two confirmed by culture and two deaths (CFR 0.6%) have been reported. Kisumu has reported more cases (311), followed by Nairobi (7) and Kiambu (1). Response activities are ongoing to control the outbreak									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	10-Jul-22	335 861	335 861	5 667	1.7%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 10 July 2022, 335 861 confirmed COVID-19 cases including 5 667 deaths and 324 826 recoveries have been reported in the country.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	26-Jun-22	1 766	1 581	10	0.6%
Since January 2020, a total of 1 766 visceral leishmaniasis (185 suspected and 1 581 confirmed) cases have been reported in Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, and Wajir Counties with a total of 10 deaths reported (CFR 0.6%). The outbreak is active in three counties: West Pokot County in Pokot North, Pokot south and West Pokot Sub Counties; Wajir County in Wajir North, Eldas and Wajir West Sub – Counties and Kitui county from Mwingi North and Mwingi Central Sub-counties.									
Kenya	Yellow fever	Grade 2	3-Mar-22	12-Jan-22	17-Jun-22	3	3	0	0.0%
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.									
Lesotho	COVID-19	Grade 3	13-May-20	13-May-2020	7-Jun-22	33 746	33 746	699	-
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 25 009 recoveries and 699 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	5-Jul-22	7 502	7 502	294	3.9%
From 16 March 2020 to 5 July 2022, Liberia has recorded a total of 7 502 cases including 294 deaths and 7 203 recoveries have been reported.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	6-Jan-22	8-Jun-22	25	25	7	28.0%
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.									
Liberia	Measles	Ungraded	3-Feb-22	1-Jan-22	22-May-22	3 338	3 027	35	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	Poliomyelitis (cVDPV2)	Grade 2	10-Dec-20	17-Dec-2020	24-Apr-22	3	3	0	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	19-Jan-22	16-Jan-22	8-Jun-22	571 000		214	-
Heavy rains in Madagascar from multiple weather systems (Tropical Storm (TS) Ana, Cyclone Batsirai, TS Dumako, Cyclone Emnati, 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 Emnati in week 8, TS Gombe in week 10, and TS Jasmine in week 16. As of 8 June 2022, there have been 571 000 victims affected including 214 deaths by the six tropical cyclones: Ana, Batsirai, Dumako, Emnati, Gombe and Jasmine in 18 regions though Analamanga area was most affected. Health risk identified: Malaria, diarrhoeal diseases, plague, malnutrition, VPD, COVID 19. With increase in malaria cases since week 17; In week 20, 19/114 districts in 4 regions were in epidemic phase and 21/114 were in alert phase in 2 regions. A total of 172 000 persons displaced by the effects of these Cyclones.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Madagascar	Malnutrition crisis	Grade 2	1-Jul-21	1-Jan-21	8-Jun-22	-	-	-	-
Extreme weather producing droughts during part of the year and heavy rains causing flooding during other parts of the year have contributed to food insecurity issues for an estimated 1.7 million people (32% of the total population) in Madagascar who are projected to face Integrated food security Phase Classification (IPC) 3 or higher during April to August 2022. IPC projections estimate that 189 056 people are classified as emergency phase 4 and a little more than 1.5 million are classified as IPC Phase 3. Food insecurity and malnutrition improved in the first quarter of 2022 following a large scale-up in humanitarian assistance.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	10-Jul-22	66 098	66 098	1 403	2.2%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 10 July 2022, a total of 66 098 confirmed cases including 1 403 deaths have been reported in the country.									
Madagascar	Poliomyelitis (cVDPV1)	Grade 2	28-Apr-21	28-Apr-2021	4-May-22	14	14	0	0.0%
No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The number of 2021 cases remains 13. There is one case in 2022.									
Malawi	Floods	Grade 2	26-Jan-22	26-Jan-22	5-Jun-22	1 000 000		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.									
Malawi	Cholera	Ungraded	3-Mar-22	3-Mar-22	10-Jul-22	833	13	37	4.4%
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 10 July 2022, Malawi has reported a total of 833 cholera cases with 37 deaths from eight districts.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-2020	10-Jul-22	86 741	86 741	2 648	3.10%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 10 July 2022, the country has a total of 86 741 confirmed cases with 2 648 deaths and 83 430 recoveries.									
Malawi	Poliomyelitis	Ungraded	31-Jan-22	1-Feb-2022	30-Jun-22	1	1	0	0.0%
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.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	31-May-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.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	10-Jul-22	31 187	31 187	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 10 July 2022, a total of 31 187 confirmed COVID-19 cases have been reported in the country including 737 deaths and 30 352 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-22	5-Jun-22	1 536	563	1	0.1%
As of 5 June of 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.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	9-Jul-22	61 183	61 183	986	1.7%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 9 July 2022, a total of 61 183 cases including 986 deaths and 58 468 recovered have been reported in the country.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	26-Jun-22	219 503	219 503	1 003	-
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 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.									
Mozambique	Floods	Grade 2	24-Jan-22	26-Jan-22	12-Mar-22	678 237		59	-
On 11 March 2022, a severe tropical cyclone Gombe made landfall over the coastal area of central Nampula province, with maximum sustained winds up to 190km/h. Figures on people affected and damage following the passage of Cyclone Gombe continues to rise. According to the latest information released by the National Institute for Disaster Management and Risk Reduction (INGD), to date Gombe has affected 478 237 people (93 497 families), caused 59 deaths, and injured 82 people. These figures on the impact are expected to rise as widespread damage has occurred though in-depth assessments have not yet taken place. This cyclone Gombe follows tropical storm Ana which hit the country in January, and tropical depression Dumako which struck in February. Together, these previous storms have already affected more than 200 000 people in Nampula, Zambezia and Tete provinces.									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	1-Jan-20	31-Mar-22	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. As of 31 Mar 2022, the nationwide estimate of people in need of humanitarian assistance is 622 108 and 266 246 people are displaced by conflict.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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 Caia (707, 21.7%), Maringue (30, 0.9%), Chemba (36, 1.1%), and Marromeu districts (193, 5.9%). In Zambezia province, cases have reported from Morrumbala (1 333, 40.9%), Mopeia (589, 18.0%), and Quelimane City (253, 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	-
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	8-Jul-22	169 253	169 253	4 065	0.0%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 8 July 2022, a total of 169 253 confirmed cases with 164 813 recovered and 4 065 deaths have been reported.									
Namibia	Measles	Ungraded	2-Jun-22	6-Jun-2022	6-Jun-22	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, 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.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-2015	1-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 Sout East 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	1-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	5-Apr-22	1-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 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									
Niger	Meningitis	Ungraded		1-Jan-21	22-May-22	1 688	-	76	4.5%
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.									
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-21	28-Jun-22	19	19	0	0.0%
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.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	1-Apr-22	-	-	-	-
In north-eastern Nigeria, humanitarian needs remain high, with 8.4 million people, including 58% children (4.9 million), requiring humanitarian assistance in 2022. A total of 2.1 million internally displaced persons (IDPs) remain displaced in the three north-eastern states of Borno, Adamawa, and Yobe due to the ongoing conflict. Over 360 000 persons are displaced in three States, with Katsina (173 856) having the highest number of IDPs, followed by Zamfara (123 102) the epicentre of the banditry attacks. Over 81% of the IDPs reside in host communities, while the rest are living in camp like settings.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-2020	8-Jul-22	258 517	258 517	3 144	1.2%
The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 8 July 2022, a total of 258 517 confirmed cases with 250 388 recovered and 3 144 deaths have been reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Lassa fever	Grade 1	1-Jan-21	1-Jan-21	5-Jun-22	819	782	155	19.8%
Lassa fever is an endemic disease in Nigeria. In week 22 of 2022 (ending 5 June), 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.									
Nigeria	Monkeypox	Ungraded	31-Jan-22	1-Jan-22	26-Jun-22	204	62	1	0.5%
From 1 January to 26 June 2022, Nigeria has reported 204 suspected cases with one death from 16 states across the country. Of these, 62 cases were laboratory confirmed from the following states: Lagos, Adamawa, Bayelsa, Delta, Edo, River, Cross River, FCT, Kano, Imo, Plateau, Nasarawa, Niger, Oyo, Ondo and Ogun. One death was recorded in a 40-year-old male with renal co-morbidity.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	8-May-22	494	423	0	0.0%
In 2022, 20 cVDPV2 cases have been reported in the country. There were 415 cVDPV2 cases and 18 environmental samples reported in 2021.									
Nigeria	Yellow fever	Grade 2	12-Sep-17	1-Jan-21	30-Apr-22	54	54	3	5.6%
From 1 January 2021 to 30 April 2022, a total of 54 yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Some of these cases had a history of YF vaccination.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	9-Jul-22	131 668	131 668	1 461	1.1%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 9 July 2022, a total of 131 668 cases with 1 461 deaths and 129 012 recovered cases have been reported in the country.									
Sahel region	Humanitarian crisis	Grade 2	11-Feb-22	-	20-May-22	-	-	-	
The humanitarian situation has further deteriorated in six countries of the Sahel: Burkina Faso, Cameroon, Chad, Mali, Niger, and Nigeria. The total amount of people in need of humanitarian assistance is 30 million. Additionally, more than 7 million people are internally displaced, and 0.89 million refugees have been registered. Problems such as violence, poverty, climate change, food insecurity, disease outbreaks, and military coups have persisted in the area for over a decade, however, incidents have been on the rise in recent months. The humanitarian situation causes additional challenges for the health of the population who are faced with weakened health systems among a context of food insecurity due to climate change.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-2020	3-Jul-22	6 064	6 064	74	1.2%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 3 July 2022, a total of 6 064 confirmed cases of COVID-19 have been reported, including 74 deaths. A total of 5 970 cases have been reported as recoveries.									
Sao Tome And Principe	Dengue	Grade 2	11-Apr-22	15-Apr-2022	21-Jun-22	668	668	1	0.1%
Sao Tome and Principe 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: Água Grande (510, 76.3%), Mézôchi (70, 10.5%), Lobata (54, 8.1%), Cantagalo (16, 2.4%), Lembra (9, 1.3%), Caué (4, 0.6%), and RAP (5, 0.7%). During week 24 (ending 21 June), there were 149 new cases were registered in the country. Água 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 (598, 89%), headache (466, 70%) and myalgia (203, 30%).									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	10-Jul-22	86 504	86 504	1 968	2.3%
From 2 March 2020 to 10 July 2022, a total of 86 504 confirmed cases of COVID-19 including 1 968 deaths and 84 460 recoveries have been reported in Senegal.									
Senegal	Poliomyelitis (cVDPV2)	Grade 2		4-Apr-2021	4-May-22	17	17	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	5-Jul-22	45 000	45 000	167	0.4%
Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020. As of 5 July 2022, a total of 45 000 cases have been confirmed, including 44 627 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 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 group of 15 years and above (43%) followed by 12-59 months (29%), 0-11 months (14%) and 5-15 years (14%).									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	3-Jul-22	7 704	7 704	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 7 704 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 827 recovered cases.									
Sierra Leone	Lassa fever	Ungraded	12-Feb-21	1-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 be endemic in Sierra Leone and surrounding countries. From 2016-2020 Sierra Leone experienced gradually declining trends in annual Lassa fever case totals, however, in 2021, cases doubled compared to 2020 (from 8 total reported in 2020 to 16 total in 2021).									
Sierra Leone	Measles	Ungraded	1-Nov-21	1-Jan-22	11-May-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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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 poliovirus type 2 (cVDPV2) reported this week. Five cases were reported in 2021, and 10 were reported in 2020.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	10-Jul-22	3 997 269	3 997 269	101 876	3.4%
Since the start of the COVID-19 pandemic in South Africa through 10 July 2022, a cumulative total of 3 997 269 confirmed cases and 101 876 deaths have been reported with 3 887 182 recoveries.									
South Africa	Measles	Ungraded		6-Jun-2022	6-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	19-Jun-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, 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; Cueilbet 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-2021	15-May-22	-	-	-	-
Rains in South Sudan are projected to cause a fourth year of flooding in areas where large swathes of land are still inundated from last rainy season. Unity State is expected have displacement of more than 320 000 people who could experience loss of livelihoods, disease outbreaks and food insecurity. In 2021 the flooding began in May and affected over 835K people in 33 counties. A rapidly worsening situation was noted in October 2021. Measures are being taken to avert humanitarian crises by reinforcing peoples' homes and key infrastructure such as latrines and water wells.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	5-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 in 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%).									
South Sudan	Cholera	Ungraded	21-Apr-22	21-Mar-22	19-Jun-22	212	15	1	0.5%
At the end of week 24 (ending 19 June 2022), 212 cases and 1 death (CFR 0.5%) 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 36 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.									
South Sudan	COVID-19	Grade 3	5-Apr-20	5-Apr-2020	9-Jul-22	17 754	17 754	138	0.8%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 9 July 2022, a total of 17 754 confirmed COVID-19 cases were reported in the country including 138 deaths and 16 536 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	1-Jan-19	12-Jun-22	2 751	104	24	0.9%
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.									
South Sudan	Malaria	Ungraded	28-Dec-21	1-Jan-22	22-May-22	1 117 138	1 117 138	232	0.0%
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.									
South Sudan	Measles	Ungraded	23-Feb-22	1-Jan-22	12-Jun-22	535	68	2	0.4%
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									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	22-Oct-20	22-Oct-20	9-Jul-22	59	59	0	0.0%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Tanzania, United Republic of	Cholera	Ungraded	25-Apr-22	14-Apr-2022	23-Jun-22	331	40	6	1.8%
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 <i>Vibrio cholerae</i> . About 24.7% of cases reported are aged between 21-30 years.									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	24-Jun-22	35 768	35 768	841	2.4%
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.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	18-Jun-22	37 247	37 247	273	0.7%
On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 18 June 2022, a total of 37 247 cases including 273 deaths and 36 900 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	15-Jun-22	17	17	0	0.0%
No new case of cVDPV2 was reported during the past week. No cases have been reported in 2021. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.									
Uganda	Drought/food insecurity	Grade 3	17-Feb-22	1-Jan-22	19-Jun-22	-	-	-	-
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.									
Uganda	Anthrax	Ungraded	26-May-22	16-May-2022	16-May-22	8	7	1	12.5%
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									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	9-Jul-22	167 408	167 408	3 626	2.2%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 9 July 2022, a total of 167 408 confirmed COVID-19 cases with 3 626 deaths were reported. The cumulative number has been revised.									
Uganda	Yellow fever	Grade 2	3-Mar-21	2-Jan-22	26-Jun-22	200	1	0	0.0%
There have been 200 suspected cases reported of yellow fever during 2 January-26 June 2022 in Uganda with no deaths reported. There have been five total samples that tested 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, confirmed on 18 Feb, is of an unvaccinated female 49-years-old who has since recovered. Rapid Response Team was activated and deployed in March 2022 to conduct additional investigations and support the affected districts.									
Zambia	Cholera	Ungraded	13-Apr-22	11-Apr-2022	13-Jun-22	159	11	0	0.0%
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.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	10-Jul-22	327 052	327 052	4 008	-
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 10 July 2022, a total of 327 052 confirmed COVID-19 cases were reported in the country including 4 008 deaths and 321 910 recovered cases.									
Zambia	Measles	Ungraded		13-Jun-2022	13-Jun-22	340	94	3	0.9%
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 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.									
Zimbabwe	Anthrax	Ungraded	6-May-19	1-Jan-22	22-May-22	61	0	0	0.0%
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 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.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	1-Jul-22	255 633	255 633	5 557	2.2%
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.									
Zimbabwe	Measles	Ungraded	29-Apr-22	19-May-2022	19-May-22	270		29	10.7%
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%.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Closed Events									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	22-Apr-22	22-Apr-2022	3-Jul-22	5	4	5	100.0%
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.									
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.									
Togo	Measles	Ungraded	9-Feb-22	31-Dec-2021	20-Mar-22	831	134	0	0.0%
A measles outbreak has been declared by the Togolese health authorities on 9 February 2022 after confirmation at National Referral Laboratory for Epidemic prone Diseases. As of 20 March, a total of 831 cases and 0 death, have been reported through Integrated Disease Surveillance and Response (IDSR). The outbreak started in November 2021 in the Zio district.									

© WHO Regional Office for Africa

This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:

Dr Etien Luc Koua

Programme Area Manager, Health Emergency Information and Risk Assessment Programme.

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication 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 lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

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.

Contributors

Sally-Ann OHENE (Ghana)
Innocent KOMAKETCH (Uganda)
Aissata Dite Nene Tjini KONE (Mali)

A. Moussongo

Editorial Team

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

Production Team

T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group

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

Data sources

Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.