This Weekly Bulletin focuses on public health emergencies occurring in the WHO African region. This week’s articles cover:

- Marburg virus disease in Ghana
- Wild Poliovirus type1 in Mozambique
- Mass food poisoning in Sierra Leone

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:**

- In the past week, Ghana detected two additional confirmed cases of Marburg virus disease, just 14 days after the country recorded its ever first case in history. The new cases are close contacts of the first case. Although, the source of the infection has not yet been identified; in-depth epidemiological investigations continue around the cases in the three affected regions.

- Three new confirmed cases of wild poliovirus type 1 have been detected in Mozambique. Two of the three new viruses are more closely linked with the WPV1 isolated from the country’s first case from the same province, indicating local circulation of WPV1 within the province and probably the country. However, the WPV1 identified in Magoé district (close to the Zimbabwe and Zambia borders), is an orphan virus which is more closely related to the virus found earlier in Malawi. Although the virus strain is not indigenous to the region, this event highlights the potential for spread once the virus remains in circulation in other parts of the world.
EVENT DESCRIPTION

A Marburg virus disease (MVD) outbreak continues in the Ashanti region of Ghana with two new cases reported in the past week. Blood samples from both cases tested positive by reverse transcriptase polymerase chain reaction (RT-PCR) at the Noguchi Memorial Institute of Medicine Research (NMIMR) laboratory. Both cases were close contacts of the first case. They developed symptoms and tested positive for MVD at the NMIMR on 22 July 2022. The third case was a 22-year-old female, wife of the first case, who started presenting with headache on 29 June. As of 24 July, she had not been found by the investigation team. The fourth case was a 1-year-old child, son of the first and third cases. He had onset of symptoms of diarrhoea on 13 July 2022 and he reportedly died on 19 July.

As of 29 July 2022, four confirmed cases with three deaths (case fatality ratio 75%) have been reported in the Ashanti region, Ghana. All the 118 contacts of the two initial cases completed their 21-days of follow up on 21 July 2022. These contacts included; 50 from the Ashanti Region, 20 from the Western Region and 48 from the Savannah Region. Most of them (99; 84%) were close family members or community (including household) contacts while 19 (16%) were health care workers.

Following the detection of the two further confirmed cases, 40 additional contacts have been identified in the Savannah Region and are under close-monitoring. Eleven (28%) of the 40 contacts are health care workers.

PUBLIC HEALTH ACTIONS

- National-level coordination meetings with the ministry of health, partners (WHO, US CDC and UNICEF), Foreign, Commonwealth and Development Office (FCDO) and the Wildlife Division of the Veterinary Service have been held
- Regional Public Health Emergency Committees were activated. Outbreak response coordination mechanisms have been activated in the Ashanti Region and district levels
- A health alert has been sent to all Regions, health facilities and teaching hospitals
- Case definitions, including community case definitions and fact sheets for MVD have been distributed to all health facilities.
- WHO country office supporting with transportation of specimen to Institute Pasteur in Dakar, Senegal for confirmation.
- MVD surveillance is heightened across the country, community-based surveillance volunteers in the Adansi North District have been engaged to support community level case search.
- Contact tracing and active case search in communities and health facilities are ongoing.

SITUATION INTERPRETATION

Ghana continues to respond to a Marburg virus disease outbreak. More confirmed cases linked to the first case have been reported, even when the source of infection is unknown. The WHO and other partners continue to support Ghana’s health authorities by deploying experts, making available personal protective equipment, reinforcing disease surveillance, testing, tracing contacts and working with communities to alert and educate them about the risks and dangers of the disease, and to collaborate with the emergency response teams.
EVENT DESCRIPTION

Following the detection of the first case of wild poliovirus type 1 (WPV1) on 18 May 2022 in north-eastern Tete province of Mozambique, three new cases have been reported in the country.

The first case is a 1-year and 7 months-old male, resident of Nkondezi village, located approximately 110 kilometres from Moatize city, and 30 kilometres to the nearest health facility with very difficult road network especially during the rainy season. The case was notified on 3 June 2022 with paralysis onset date of 25 May 2022. Subsequently, timely stool samples were collected on 6 and 7 June 2022 respectively, and sent to regional laboratory for analysis. The child had no history of any routine vaccination doses. No travel history nor contact with any child or person with paralysis was reported.

The second case is a 7 months-old male, resident of Chikhona village, who had received 2OPV doses with no IPV. The case was notified on 26 May 2022 with paralysis onset date of 20 May 2022. Stool samples were collected on 5 and 6 June 2022 respectively, and sent to regional laboratory. The family reports receiving visitors from Tete district a month before onset of paralysis. Notably, the child was taken to Tete province seeking better medical assistance after being notified and investigated as AFP case.

The third case; a 3-year and 8 months-old female, from Chinhanje village. Parents to the child report no history of any vaccination. The case was notified on 13 June 2022 with paralysis onset date of 10 June 2022. Stool samples were collected on 14 and 15 June 2022 respectively, and sent to regional laboratory for analysis.

All the samples were shipped to laboratories at the National Institute of Communicable Disease in South Africa and the Centers for Disease Control and Prevention in the United States for further testing and sequencing. Test results received on 18 July 2022, confirmed the presence of WPV1 in the stool samples.

Genetic analysis further indicates that there are clearly at least two transmission chains that co-evolved after introduction of the virus in Tete province in Mozambique. While it is difficult to speculate, distribution of WPV1 and their genetic linkage suggests that missed transmission in bordering areas around Mozambique-Zimbabwe-Zambia cannot be ruled out.

In 2022, Tete province has registered acceptable AFP indicators / Polio surveillance performance in nearly all its districts 14/15 (93.7%) noting improvement as compared with the previous year (2021). However, slight improvement in proportion of cases with adequate stool samples was registered in the same year as compared to the previous year -2021.

PUBLIC HEALTH ACTIONS

- The Ministry of Health is coordinating the response with technical and operational support from partners of the Global Polio Eradication Initiative (GPEI) including the African Rapid Response Team and the Global Polio Laboratory Network.

- A rapid response team involving staff from the national and sub-national levels as well as GPEI experts have been deployed to conduct a detailed investigation, assess the risk associated with this event, and implement targeted response activities.

- Surveillance including active case finding is being enhanced in the affected district.

- Two rounds of bivalent OPV campaigns have already been implemented, the most recent in April, with more than 4.2 million children vaccinated in Mozambique. At the same time, the response to the cVDPV2 outbreak is also ongoing.

SITUATION INTERPRETATION

Mozambique has implemented three immunization rounds using bOPV since the detection of the first case from March. Assessments of these rounds show gradual improvements in quality, round to round, though quality remains suboptimal in Tete province.

With detection of more WPV1 cases, cross-border collaboration for enhanced surveillance and high-quality public health response including vaccination remains critical in protecting countries of the sub-region and preventing a potential resurgence of the polio epidemic in Africa. WHO advises countries to implement high-quality surveillance, routine vaccination, and response activities to prevent the potential resurgence and spread of the poliovirus.
**EVENT DESCRIPTION**

A total of 83 people are suspected to have been victims of food poisoning in Sierra Leone after attending a graduation party on 26 July 2022 with one person succumbing to their illness (case fatality rate: 1.2%). Approximately 150 people were in attendance at the event that occurred in the Nyandeyama section of Kenema City. Females have accounted for the majority of cases (58, 69.9%). The majority of people affected were also children under the age of 18 accounting for 57 cases (68.7%) including the individual that died who was a 14-month-old female child. Partygoers are reported to have consumed rice, cake, ginger beer, and water during the celebration. At the time of writing, the causative agent of the outbreak is still unknown.

All cases except one (patient did not seek health care despite developing signs and symptoms) were admitted to Kenema Government Hospital where they were treated for their condition and as of 28 July 2022, 32 patients had been discharged. The most common symptoms among patients were general weakness, drowsiness, unconsciousness, vomiting, headaches, hallucinations, abdominal pain, and convulsions.

**PUBLIC HEALTH ACTIONS**

- A rapid response team including field epidemiology training program trainees was activated at the district level to conduct an investigation.
- A treatment centre was established at the Kenema Government Hospital.
- Investigated reported cases and ongoing surveillance system to identify more cases and potential contacts.
- An incident action plan was developed and presented to the District Medical Officer.
- Biological samples were collected from admitted patients and food samples were collected from the community where the event occurred to be transported to the reference laboratory in Freetown.
- A meeting with health partners was held to galvanize support at district level. Partners such as Medecins Sans Frontieres and the African Field Epidemiology Network are already providing support to the response.
- A radio program with the media is providing ongoing emergency information.

**SITUATION INTERPRETATION**

An alleged food poisoning agent seemed to have caused the hospitalisation of more than 80 party attendees in Kenema City, Sierra Leone. While the signs and symptoms suffered seem severe, some experiencing such affects as convulsions and hallucinations, many of the patients have now recovered and have been discharged. Only one death has been reported thus far, however, patients are still being monitored. Case management of the high number of patients has been supported by partnering organizations in the country. While investigations on the causative agent are ongoing, only the symptoms of the patients have been treated.
Health Emergency Information and Risk Assessment

**New Events**

**Sierra Leone**
- Mass food poisoning
- Grade: Ungraded
- Start of reporting period: 28-Jul-22
- End of reporting period: 28-Jul-22
- Total cases: 84
- Cases Confirmed: 1
- Deaths: 1
- CFR: 1.2%

Tragedy befell some graduation/birthday party attendants on 26 July 2022 at Momoh Thorley Street in Kenema, 84 people (Males-26, females-55) went unconscious after eating jufol rice, birthday cakes, and drinking ginger. One death, a 1-year old child was registered. Health authorities continue to monitor the situation.

**Uganda**
- Floods
- Grade: Ungraded
- Start of reporting period: 31-Jul-22
- End of reporting period: 31-Jul-22
- Total cases: 8

On 31 July 2022, floods from Nabuyonga river affected Nabisti and Nakibiso, Namatala and Nkoma affecting many people. Affected persons have presented with severe and minor injuries. Eight deaths have been reported.

**Ongoing Events**

**Algeria**
- COVID-19
- Grade: 3
- Date notified to WCO: 25-Feb-2020
- Start of reporting period: 25-Feb-2020
- End of reporting period: 31-Jul-22
- Total cases: 267,454
- Cases Confirmed: 6,876
- Deaths: 1
- CFR: 2.6%

From 25 February 2020 to 31 July 2022, a total of 267,454 confirmed cases of COVID-19 with 6,876 deaths (CFR 2.6%) have been reported from Algeria, with 179,464 recovered.

**Benin**
- COVID-19
- Grade: 3
- Date notified to WCO: 17-Mar-20
- Start of reporting period: 17-Mar-20
- End of reporting period: 28-Jul-22
- Total cases: 27,316
- Cases Confirmed: 102,301
- Deaths: 1
- CFR: 0.9%

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 18 July 2022, a total of 102,301 confirmed COVID-19 cases have been reported in the country with 1,912 deaths and 100,683 recoveries.

**Uganda**
- Monkeypox
- Grade: 3
- Date notified to WCO: 14-Jun-2022
- Start of reporting period: 14-Jun-2022
- End of reporting period: 28-Jul-22
- Total cases: 3
- Cases Confirmed: 3
- Deaths: 0
- CFR: 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 Institute Pasteur laboratory in Dakar, which confirmed the three samples positive on 14 June 2022. Epidemiological investigations are ongoing.

**Angola**
- Poliomyelitis (cVDPV2)
- Grade: 2
- Start of reporting period: 08-May-2019
- End of reporting period: 26-Jul-22
- Total cases: 133
- Cases Confirmed: 0
- Deaths: 0
- CFR: 0.0%

Two cases of Circulating Vaccine-derived poliovirus type 2 (cVDPV2) were reported, one each in Atlantique and Oueme making them the first cases in 2022. Six cases were reported in 2021 and 68 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.

**Burkina Faso**
- Cholera
- Grade: 2
- Date notified to WCO: 03-Jul-22
- Start of reporting period: 03-Jul-22
- End of reporting period: 05-Jul-22
- Total cases: 2
- Cases Confirmed: 1
- Deaths: 0
- CFR: 0.0%

A Cholera case was confirmed in Kantchari 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.

<table>
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<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
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<td>68</td>
<td>68</td>
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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.
Central African Republic insecurity is between 65% and 75%. Overall, 3.1 million people (63% of the total population) are in need of assistance and protection in 2022.

The conflict in Central African Republic has intensified 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. The situation is concerning in the Bakouma, Koui, Ngaoundaye, Obo and Zémio Sub-prefectures where the proportion of people affected by food insecurity is between 65% and 75%.

During epi week 29 (ending on 24 July 2022), 114 new suspected cholera cases including four deaths were reported in Cameroon. As of 24 July, a total of 10,026 suspected cases of cholera including 848 laboratory-confirmed and 190 deaths (CFR 1.9%) have been reported since October 2021. South-West (6,010 cases, 82 deaths), and Littoral (3,404 cases, 83 deaths) Regions have reported majority of cases. East Region and three Districts (Doumé, Foumbot and Kouptamo) have been newly affected, bringing to 8 and 48 the number of Regions and Districts that have been affected since the beginning of the outbreak, respectively.

Cameroon Monkeypox Grade 3 03-Mar-22 04-Mar-22 31-Jul-22 5 3 2 40.0%

As of 17 July 2022, Cameroon has notified 33 total cases of monkeypox from six districts across three regions, since the beginning of 2022. Thirteen human samples have been collected and seven cases have been laboratory-confirmed from Ayos Health District (4) in the Centre Region, Kumba Health District (2) in the South-West Region 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).

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 30 July 2022, a total of 62,159 confirmed COVID-19 cases including 410 deaths and 61,611 recoveries were reported in the country.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 28 July 2022, the total number of confirmed COVID-19 cases is 45,616, including 15 deaths and 44,655 recovered.

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Humanitarian operations were suspended from 15 to 21 May 2022 in the North-West and South-West (NWSW) regions due to lockdowns called for by NSAGs. Four humanitarian access incidents involving NGOs were reported. Two health care workers administering infant vaccination were abducted in the Manyu division in the SW. Over 13 explosions of improvised devices were reported, 7 in the NW and 6 in the SW. The crisis is meant to have affected around 2M people including 1.4M targeted for humanitarian assistance, 592,6k IDPs, 371,9k returnees and 74k refugees in Nigeria. Of the $376M required for interventions, only 18% ($66.5M) have yet been received.

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The Ministry of Health and population announced the confirmation of the first COVID-19 case on 6 March 2020. As of 22 June 2022, a total of 120,154 cases have been reported, including 1,931 deaths and 118,178 recoveries.

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As of 26 July 2022, a total of 2,399 suspected cases of YF have been reported since the beginning of the outbreak in 2021, including 10 probable and 34 laboratory-confirmed cases. Eight confirmed cases have been reported since January 2022, from eight Districts; a reactive vaccination campaign has already been organised in only three of them. Cumulatively, all ten Regions and 32 Districts have been affected since 2021.

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Central African Republic Measles Ungraded 02-Apr-19 01-Jan-22 03-Jul-22 3,702 1,387 28 -

From week 1 to 26, 2022 (ending 3 July), a total of 3,702 measles cases and 1,387 confirmed (37.5%) with 28 deaths (CFR 0.8%) have been reported in Cameroon. Of the total reported cases, 2,005 were investigated (54.2%).

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Central African Republic Monkeypox Grade 3 03-Mar-22 04-Mar-22 31-Jul-22 5 3 2 40.0%

As of 31 June 2022, the Central African Republic has so far recorded 5 suspected cases of monkeypox including three confirmed cases and two deaths (CFR 40%). The confirmed cases were reported from three health districts: Mbaïki, Alindao and Bimbo.
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 at the Centre Pasteur of Cameroon. As of 25 July 2022, a total of 599 suspected cases of YF have been reported including five probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.7%). There is a relative increase in the number of weekly reported suspected cases in 2022 compared to 2021. Three regions remain affected, with 70% of confirmed cases being reported in RS3.

More than 2.1 million people are in food and nutrition insecurity in Chad. The Decline in agro-pastoral productivity is affecting the nutritional status of the populations. According to OCHA, more than 1.5 million of the most vulnerable people are at risk of not receiving assistance.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 25 July 2022, a total of 7 432 confirmed COVID-19 cases were reported in the country including 193 deaths.

Since 1 January 2018 to 31 May 2022, a total of 197 cases and 16 deaths (CFR 8.1%) have been reported from four provinces (N’Djamena, Borkou, Tibesti and Ouadda). 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.

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. 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.

In the DRC, humanitarian partners reported at least 126 incidents affecting humanitarian access between January and March 2022, including 38 (30%) in North Kivu. In the health zone of Bambu, Djugu territory of Ituri province, clashes between two armed groups on 9 Jul 2022, cost the lives of at least 13 civilians. Health authorities have deployed the looting and destruction of health care facilities in Nyara and Kato which has limited health care to nearly 13K people. More than 24 villages in these sanitation areas were completely destroyed and looted, prompting around 28 500 people to move. The recent displacement of persons is largely made up of returnees from the crisis from October 2021 to April 2022. They are currently staying with families reception centers and collective centers (Bambu Hospital, Petti Health Center, etc.) where they are in a situation of multisectoral vulnerability.

### Table: Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>14-Sep-21</td>
<td>1-Apr-2021</td>
<td>26-Jul-22</td>
<td>599</td>
<td>20</td>
<td>4</td>
<td>0.7%</td>
</tr>
<tr>
<td>Chad</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>11-Feb-22</td>
<td>15-Jul-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>25-Jul-22</td>
<td>7 432</td>
<td>7 432</td>
<td>193</td>
<td>-</td>
</tr>
<tr>
<td>Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>19-Jun-22</td>
<td>2 446</td>
<td>109</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>19-Jun-22</td>
<td>122</td>
<td>122</td>
<td>0</td>
<td>0.0%</td>
<td>-</td>
</tr>
<tr>
<td>Congo</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>08-Sep-20</td>
<td>31-May-22</td>
<td>197</td>
<td>13</td>
<td>16</td>
<td>8.1%</td>
<td>-</td>
</tr>
<tr>
<td>Congo</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>23-May-22</td>
<td>31-May-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>21-Jul-22</td>
<td>24 666</td>
<td>24 666</td>
<td>24 666</td>
<td>386</td>
<td>1.6%</td>
</tr>
<tr>
<td>Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Mar-22</td>
<td>12-Jun-22</td>
<td>6 528</td>
<td>6 528</td>
<td>132</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Congo</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>11-Feb-22</td>
<td>7</td>
<td>15-Jun-22</td>
<td>19</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>11-Mar-20</td>
<td>31-Jul-22</td>
<td>85 363</td>
<td>85 363</td>
<td>811</td>
<td>1.0%</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>20-Dec-16</td>
<td>10-Jul-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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. In the health zone of Bambu, Djugu territory of Ituri province, clashes between two armed groups on 9 Jul 2022, cost the lives of at least 13 civilians. Health authorities have deployed the looting and destruction of health care facilities in Nyara and Kato which has limited health care to nearly 13K people. More than 24 villages in these sanitation areas were completely destroyed and looted, prompting around 28 500 people to move. The recent displacement of persons is largely made up of returnees from the crisis from October 2021 to April 2022. They are currently staying with families reception centers and collective centers (Bambu Hospital, Petti Health Center, etc.) where they are in a situation of multisectoral vulnerability.
From epidemiological week 1 to 27 (ending 10 July 2022), 7 585 suspected cholera cases including 116 deaths (CFR: 1.5%) were recorded in 58 health zones across 11 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (2,689), Haut-Lomami (1,631), Tanganyika (1,486), and North Kivu (1,406). The overall national incidence is 12 cases per 100,000 inhabitants. Response measures continue to be strengthened in the main active hot spots.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 92 173 confirmed cases and two probable case, including 1 390 deaths have been reported. A total of 83 079 people have recovered.

From week 1 to week 24 of 2022 (ending 19 June), 71 327 suspected cases and 1,001 measles related deaths (1.4%) were reported in the Democratic Republic of the Congo. A total of 71 327 and 1 001 measles cases were confirmed 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. The number of total suspected cases and confirmed cases have been revised following data cleaning process (from 73 152 and 4 890 to 71 327 and 4 735 respectively).

Between epidemiological weeks 1-27 of 2022, 480 cases of suspected bubonic plague have been reported with 7 deaths (CFR 1.5%). All cases have been reported from the Rethy health zone in Ituri Province. Lokpa health area has reported the majority of suspected cases (368, 76.7%) in 2022. Cases are up by more than 100% from the same period in 2021, when a total of 117 were suspected including 13 deaths (CFR 11.1%).

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Nord Kivu bringing the number of cases in 2022 to 64. There were 28 cases in 2021.

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 four 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.

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 four 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.

The Republic of Congo. In 2021, from Epi week 1 to 49, 1,380,955 suspected cases of typhoid fever have been reported including 502 deaths (CFR 0.3%). In 2022, from epidemiological week 1 to 27 (ending 10 July 2022), 1,021,535 suspected cases of typhoid fever including 471 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 0.3%).

Equatorial Guinea COVID-19 Grade 3 14-Mar-20 14-Mar-20 27-Jul-22 16 723 16 723 183 -

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 27 July 2022, a total of 16 723 cases have been reported in the country with 183 deaths and 16 388 recoveries.

Eritrea Drought/food insecurity Grade 3 17-Feb-22 01-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. 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 and Southern Red Sea areas. Eritrea is among the countries at high risk of inflation due to the Ukraine war.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>03-Jan-22</td>
<td>10-Jul-22</td>
<td>7 585</td>
<td>404</td>
<td>116</td>
<td>1.5%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>17-Jul-22</td>
<td>92 175</td>
<td>92 173</td>
<td>1 390</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>01-Jan-22</td>
<td>19-Jun-22</td>
<td>71 327</td>
<td>4 735</td>
<td>1 001</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>30-Mar-19</td>
<td>01-Jan-22</td>
<td>28-Jul-22</td>
<td>2 266</td>
<td>163</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>01-Jan-22</td>
<td>10-Jul-22</td>
<td>480</td>
<td>-</td>
<td>7</td>
<td>1.5%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-21</td>
<td>01-Jan-21</td>
<td>26-Jul-22</td>
<td>92</td>
<td>92</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Suspected Meningitis (Gombari health Zone)</td>
<td>Ungraded</td>
<td>31-May-22</td>
<td>31-May-2022</td>
<td>18-Jul-22</td>
<td>163</td>
<td>1</td>
<td>21</td>
<td>12.9%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>01-Jul-21</td>
<td>01-Jan-22</td>
<td>10-Jul-22</td>
<td>1 021 535</td>
<td>-</td>
<td>471</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>21-Apr-21</td>
<td>21-Apr-2021</td>
<td>13-Jun-22</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>27-Jul-22</td>
<td>16 723</td>
<td>16 723</td>
<td>183</td>
<td>-</td>
</tr>
</tbody>
</table>

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. 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 and Southern Red Sea areas. Eritrea is among the countries at high risk of inflation due to the Ukraine war.
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 31 July 2022, a total of 10,045 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9,804 patients have recovered from the disease.

An AFP case was reported from Barentu, Eritrea on 3 September 2021 of a 3 years old female child. A sample was confirmed on 02/06/2022 to be Poliovirus type 2 (PV2) by Ethiopian National Polio laboratory. 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).

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 31 July 2022, a total of 73 cases have been reported in the country including 71 830 recoveries. A total of 1,417 associated deaths have been reported.

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), SNPP (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.

The humanitarian situation in Northern Ethiopia remain fragile and unpredictable, affecting civilians and limiting humanitarian aid deliverance. More than 3.9 million people are in need and 2.4 million people are displaced as of 1 Apr 2022. In Afar, 22 districts are affected by the ongoing active conflict with more than 300K people are in need and 2.4 million people are displaced as of 1 Apr 2022.

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.

The humanitarian situation in Northern Ethiopia remain fragile and unpredictable, affecting civilians and limiting humanitarian aid deliverance. More than 3.9 million people are in need and 2.4 million people are displaced as of 1 Apr 2022. In Afar, 22 districts are affected by the ongoing active conflict with more than 300K people are in need and 2.4 million people are displaced as of 1 Apr 2022.

The Ministry of Health in Ghana notified two suspected cases of Marburg Virus Disease (MVD) on 7 July 2022 in the Ashanti region. The two cases came from two different locations in the Ashanti Region. One of the two patients treated at the University of Ghana Hospital, Accra has died on 12 July 2022. The other patient remains in critical condition at the government hospital in the Ashanti Region. The Ministry of Health and the World Health Organization are working closely to ensure that all necessary Public Health measures are put in place to prevent the spread of this deadly disease.

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-20 July 2022, there have been 220 suspected cases including 34 confirmed and no deaths reported from seven of the 16 administrative regions. Sixty-one per cent of the positive cases were reported from the Greater Accra region. The Ashanti region reported seventeen per cent of confirmed cases while the upper west region reported 5.8% of all confirmed cases.

16.4% 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 14 July 2022, a total of 67 probable and 61 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>31-Jul-22</td>
<td>10 045</td>
<td>10 045</td>
<td>103</td>
<td>-</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>02-Jun-22</td>
<td>7-Jun-2022</td>
<td>19-Jun-22</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>01-Jan-22</td>
<td>03-Jun-22</td>
<td>8 000 000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>04-Nov-20</td>
<td>04-Nov-20</td>
<td>23-May-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gabon</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>12-Feb-22</td>
<td>17-Sep-21</td>
<td>26-Jul-22</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>33.3%</td>
</tr>
<tr>
<td>Gabon</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>01-Jan-22</td>
<td>26-Jun-2022</td>
<td>6 542</td>
<td>3 852</td>
<td>48</td>
<td>-</td>
</tr>
<tr>
<td>Gambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>26-Jul-2022</td>
<td>12 115</td>
<td>12 115</td>
<td>368</td>
<td>3.0%</td>
</tr>
<tr>
<td>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>28-Jul-2022</td>
<td>168 127</td>
<td>168 127</td>
<td>1 457</td>
<td>0.9%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Marburg virus disease</td>
<td>Grade 2</td>
<td>06-Jul-2022</td>
<td>6-Jul-2022</td>
<td>25-Jul-2022</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>75.0%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>08-Jun-2022</td>
<td>24-May-2022</td>
<td>20-Jul-2022</td>
<td>220</td>
<td>34</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>03-Nov-2021</td>
<td>15-Oct-2021</td>
<td>15-Jun-2022</td>
<td>128</td>
<td>60</td>
<td>21</td>
<td>16.4%</td>
</tr>
</tbody>
</table>
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.

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

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 7 July 2022, the country has reported 8,400 confirmed cases of COVID-19 with 8,151 recoveries and 171 deaths.

In Kenya, 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 and another 713,000 will have moderate acute malnutrition. 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 further by 20 million by September 2022. At least 7 million livestock—which pastoralist families rely upon for sustenance and livelihoods—have died. So far, 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).

On 25 March 2020, the Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 17 July 2022, a total of 37,408 cases including 36,772 recovered cases and 445 deaths have been reported in the country.

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.

Liberia COVID-19 Grade 3 16-Mar-20 13-Mar-20 27-Jul-22 16-Mar-20 17-Jul-22 37,408 37,408 445 -

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 17 July 2022, a total of 37,408 cases including 36,772 recovered cases and 445 deaths have been reported in the country.
As of 20 July 2022, 5,923 suspected cases, including 5,528 confirmed and 71 deaths (CFR: 1%) were reported from 61 health districts in 15 counties. Of the confirmed cases, 6.7% (369 cases) were laboratory confirmed, 9.1% (503 cases) were clinically confirmed, and 84.0% (4,657 cases) by epidemiological link. The median age of the affected population is 6 years (range: 1 month-67 years).

Liberia confirmed a case of Monkeypox on 23rd July 2022 through the National Public Health Reference Laboratory in the country. The case is a 43-year-old male who resides and works in Ebokayville, La Côte D'Ivoire but sought treatment at the Pleahe Health centre in Maryland County, Liberia where he was detected and isolated with 4 contacts being line-listed. The Minister of Health of Liberia held a press conference today and declared an outbreak of Monkeypox.

Heavy rains in Madagascar from multiple weather systems (Tropical Storm (TS) Ana, Cyclone Batsirai, TS Dumako, Cyclone Emnati, TS Gombe, and TS Jasmine) caused floods in 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 in 18 regions though Analamanga area was most affected. 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.

Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

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. 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 30 July 2022, Malawi has reported a total of 999 cholera cases with 40 deaths from 10 districts.

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 30 July 2022, Malawi has reported a total of 999 cholera cases with 40 deaths from 10 districts.

During epi week 22 (ending on 5 June 2022), Madagascar 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; Ambatoloaka in Antananarivo region; Chembe in Antsirabe region; Morondava in Menabe region; Antanifotsy in Vakinankaratra, and Ifanadiana in Vatovavy region.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 31 July 2022, the country has a total of 87,410 confirmed cases with 2,665 deaths and 83,869 recoveries.

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.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 24 July 2022, a total of 31,216 confirmed COVID-19 cases have been reported in the country including 737 deaths and 30,389 recoveries.

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

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 31 July 2022, a total of 62,572 cases including 992 deaths and 60,980 recovered have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>03-Feb-22</td>
<td>01-Jan-22</td>
<td>20-Jul-22</td>
<td>5,923</td>
<td>5,528</td>
<td>71</td>
<td>1.2%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>21-Jul-22</td>
<td>23-Jul-22</td>
<td>25-Jul-22</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Floods</td>
<td>Grade 2</td>
<td>19-Jan-22</td>
<td>16-Jan-22</td>
<td>08-Jun-22</td>
<td>571,000</td>
<td></td>
<td>214</td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td>Malnutrition crisis</td>
<td>Grade 2</td>
<td>01-Jul-21</td>
<td>01-Jan-21</td>
<td>08-Jun-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>30-Jun-2022</td>
<td>30-Jun-2022</td>
<td>543,994</td>
<td>543,994</td>
<td>68</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>Floods</td>
<td>Grade 2</td>
<td>26-Jan-22</td>
<td>26-Jan-22</td>
<td>05-Jun-22</td>
<td>1,000,000</td>
<td></td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>03-Mar-22</td>
<td>03-Mar-22</td>
<td>30-Jul-22</td>
<td>999</td>
<td>13</td>
<td>40</td>
<td>4.0%</td>
</tr>
<tr>
<td>Malawi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>02-Apr-20</td>
<td>2-Apr-2019</td>
<td>31-Jul-22</td>
<td>87,410</td>
<td>87,410</td>
<td>2,665</td>
<td>3.10%</td>
</tr>
<tr>
<td>Malawi</td>
<td>Poliomyelitis</td>
<td>Ungraded</td>
<td>31-Jan-22</td>
<td>1-Feb-2022</td>
<td>26-Jul-22</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>n/a</td>
<td>n/a</td>
<td>31-May-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-2020</td>
<td>25-Mar-2020</td>
<td>24-Jul-22</td>
<td>31,216</td>
<td>31,216</td>
<td>737</td>
<td>2.4%</td>
</tr>
<tr>
<td>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>01-Jan-22</td>
<td>05-Jun-22</td>
<td>1,536</td>
<td>563</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

As of 20 July 2022, 5,923 suspected cases, including 5,528 confirmed and 71 deaths (CFR: 1%) were reported from 61 health districts in 15 counties. Of the confirmed cases, 6.7% (369 cases) were laboratory confirmed, 9.1% (503 cases) were clinically confirmed, and 84.0% (4,657 cases) by epidemiological link. The median age of the affected population is 6 years (range: 1 month-67 years).
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritius</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>10-Jul-22</td>
<td>224 289</td>
<td>224 289</td>
<td>1 008</td>
<td>0.4%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Flooding</td>
<td>Grade 2</td>
<td>24-Jan-22</td>
<td>26-Jan-22</td>
<td>12-Mar-22</td>
<td>678 237</td>
<td>59</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Namibia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Mar-22</td>
<td>13-Jan-22</td>
<td>17-Jul-22</td>
<td>3 301</td>
<td>0</td>
<td>15</td>
<td>-</td>
</tr>
<tr>
<td>Namibia</td>
<td>Poliomyelitis (WPV1)</td>
<td>Ungraded</td>
<td>17-May-22</td>
<td>18-May-2022</td>
<td>26-Jul-22</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>01-Feb-15</td>
<td>1-Feb-2015</td>
<td>23-Jun-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>27-Jul-22</td>
<td>166 467</td>
<td>166 467</td>
<td>4 072</td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>Measles</td>
<td>Ungraded</td>
<td>02-Jun-22</td>
<td>06-Jun-2022</td>
<td>06-Jun-22</td>
<td>23</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Niger</td>
<td>Measles</td>
<td>Ungraded</td>
<td>05-Apr-22</td>
<td>01-Jan-22</td>
<td>17-Apr-22</td>
<td>6 103</td>
<td>323</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>01-Jan-21</td>
<td>22-May-22</td>
<td>1 688</td>
<td>76</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 10 July 2022, a total of 224 289 confirmed COVID-19 cases including 1 008 deaths have been reported in the country.

On 11 March 2022, a severe tropical cyclone Gombe made landfall over the coastal area of central Nampula province, with maximum sustained winds up to 190km/h. According to the latest information released by the National Institute for Disaster Management and Risk Reduction, 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.

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.

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 17 July 2022, a total of 3 301 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%), Chema (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.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 14 July 2022, a total of 228 887 confirmed COVID-19 cases were reported in the country including 2 215 deaths and 226 271 recoveries.

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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

Three new wild poliovirus type 1 (WPV1) cases are reported this week from Tete Province, including one case from a district bordering Zimbabwe. As of 27 July, there are four cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 26 July 2022, a total of 166 467 confirmed cases with 165 326 recovered and 4 072 deaths have been reported.

On 2 June 2022, the Ministry of Health and Social Services of Namibia notified WHO about a confirmed outbreak of measles in Omusati region, Ondangwa. 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 Ondangwa 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.

There is an increasing number of security incidents reported in the first five months of the year. Since the beginning of May 2022, a total of 16 193 people have been forced to move to the communes of Torodi and Makalondi. More that 17 000 people also have fled Mali to settle in Niger's Tillaberi and Tahoua regions. As of 30 June 2022, a total 264 257 Internally Displaced Persons were registerd. Diffa and Tillaberi regions are the most affected by food insecurity with 24% and 29% of the population affected respectively.

From 19 March 2020 to 1 July 2022, a total of 9 115 cases with 311 deaths have been reported across the country. A total of 8 779 recoveries have been reported from the country.

From week 1 to week 15 (ending 17 April) of 2022, a total of 6 103 cases and 6 deaths (CFR: 0.1%) have been reported. Among the 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 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

Since early 2021 to week 2, 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: Dangass with an attack rate of 4.5 cases per 100 000 inhabitants and Magaria with an attack rate 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 is the predominant germ identified in the 2 health districts. A request to the International Coordinating Group for vaccine provision is underway for a vaccine campaign response.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis</td>
<td>Grade 2</td>
<td>01-Jan-20</td>
<td>01-Jan-21</td>
<td>26-Jul-22</td>
<td>26</td>
<td>26</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>01-Apr-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Grade 3</td>
<td>27-Feb-20</td>
<td>27-Feb-2020</td>
<td>27-Jul-22</td>
<td>260 977</td>
<td>260 977</td>
<td>3 147</td>
<td>1.2%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Monkeys, avian</td>
<td>Grade 3</td>
<td>31-Jan-22</td>
<td>01-Jan-22</td>
<td>24-Jul-22</td>
<td>133</td>
<td>133</td>
<td>3</td>
<td>2.3%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Grade 1</td>
<td>01-Jan-21</td>
<td>01-Jan-21</td>
<td>24-Jul-22</td>
<td>501</td>
<td>501</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis</td>
<td>Grade 2</td>
<td>01-Jun-18</td>
<td>01-Jan-18</td>
<td>15-Jul-22</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>10.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>12-Sep-17</td>
<td>01-Jan-21</td>
<td>14-Jul-22</td>
<td>25</td>
<td>22</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Grade 2</td>
<td>12-Sep-17</td>
<td>01-Jan-21</td>
<td>14-Jul-22</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>10.0%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>30-Jul-22</td>
<td>132 627</td>
<td>132 627</td>
<td>1 466</td>
<td>-</td>
</tr>
<tr>
<td>Sao Tome and</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>06-Apr-20</td>
<td>06-Apr-2020</td>
<td>24-Jul-22</td>
<td>6 100</td>
<td>6 100</td>
<td>74</td>
<td>-</td>
</tr>
<tr>
<td>Principipe</td>
<td>Dengue</td>
<td>Grade 2</td>
<td>11-Apr-22</td>
<td>15-Apr-2022</td>
<td>24-Jul-22</td>
<td>891</td>
<td>891</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>02-Mar-20</td>
<td>02-Mar-20</td>
<td>31-Jul-22</td>
<td>87 386</td>
<td>87 386</td>
<td>1 968</td>
<td>2.3%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Measles</td>
<td>Ungraded</td>
<td>04-Jul-21</td>
<td>01-Jan-22</td>
<td>10-Jul-22</td>
<td>260</td>
<td>260</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week; one in Maradi and three in Tillaberi bringing the number of cases in 2022 to eight. There were 18 cases reported in 2021.

In north-eastern Nigeria, humanitarian needs remain high, with 8.4 million people, including 58% children (4.9 million), requiring humanitarian assistance in 2022. A total of 2.1 million internally displaced persons (IDPs) remain displaced in the three north-eastern states of Borno, Adamawa, and Yobe due to the ongoing conflict. 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.

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 27 July 2022, a total of 260,977 confirmed cases with 253,690 recovered and 3,147 deaths have been reported.

In wek 29 of 2022 (ending 24 July), 10 new confirmed cases of Lassa fever with two deaths were reported from Edo and Ondo States. Cumulatively from week 1 to 29 of 2022, a total of 894 cases including 857 confirmed, 37 probable and 164 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 19.1% across 24 States. In total, 5,890 cases are suspected in 2022. Of all confirmed cases, 69% are from Ondo (30%), Edo (25%), and Bauchi (14%) States.

From 1 January to 24 July 2022, Nigeria has reported 357 monkeypox suspected cases. Of these, 133 cases were laboratory confirmed from 26 States: Lagos (17), Adamawa (11), Delta (11), Rivers (10), Bayelsa (10), Ondo (9), Edo (8), Nasarawa (7), Plateau (6), FCT (5), Anambra (5), Taraba (5), Imo (4), Cross River (3), Kwara (3), Borno (3), Oyo (3), Kano (2), Katsina (2), Gombe (2), Kogi (2), Niger (1), Ogun (1), Bauchi (1), Akwa Ibom (1) and Abia (1). Three deaths were recorded among confirmed cases from Delta, Lagos and Ondo states.

In 2022, 34 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria, including one in week 26 from Taraba State. The date of onset of symptoms of the last reported case was 13 May 2022. There were 410 cVDPV2 cases reported in 2021.

An Increase in the report of seizure disorder was noticed among secondary school students of Marymount College Boji-Boji Owa in Ika North East Local Government Area of Delta State and escalated to the State Ministry of Health and World Health Organization on 14 July 2022. The first case of this seizure disorder was noticed among a student of the school in December 2021 and the second on 2 June and 22 June 2022. Later (between 2nd June and 12th July 2022), 8 more cases were reported among students of the school. The school is about 20 metres away from a gas refilling station, separated by a fence and an about 4m width road. The State rapid response team has activated officers from the Ministry of Oil and Gas to commence an investigation and assessment of the gas refilling station. Plans are ongoing to commence the collection of water samples from the source of drinking water and food samples from the kitchen for investigation. As of 15th July 2022, only one death has been reported among the cases (The patient died when undergoing Magnetic Resonance Imaging (MRI) investigation on 15th June 2022)

From January to December 2021, a total of 25 yellow fever cases including 22 confirmed and 3 probable cases were reported in Nigeria. From 1 January to 31 May 2022, a total of 814 suspected cases have been reported from 36 states in 345 Local Government Areas. Of these suspected cases reported in 2022, none have been confirmed.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 30 July 2022, a total of 132 267 cases with 1 466 deaths and 130 403 recovered cases have been reported in the country.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 24 July 2022, a total of 6 100 confirmed cases of COVID-19 have been reported, including 74 deaths. A total of 6 010 cases have been reported as recoveries.

Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April-25 July 2022, a total of 891 cases and 2 deaths (CFR 0.2%) have been confirmed via RDT from: Água Grande (640, 71.8%), Mézôchi (111, 12.4%), Lobata (74, 8.3%), Cantagalo (37, 4.2%), Lemba (14, 1.6%), Caué (9, 1.0%), and São Filipe (6, 0.7%). During week 29 (ending 24 July), there were 24 new cases registered in the country. Água Grande's attack rate is by far the highest (75.9 per 10 000 inhabitants). Those aged 30-39 years are experiencing the highest attack rate at 55.9 cases per 10 000. The 3 main clinical signs are fever (812, 91%), headache (654, 73%) and myalgia (275, 31%).

From 2 March 2020 to 31 July 2022, a total of 87 386 confirmed cases of COVID-19 including 1 968 deaths and 85 129 recoveries have been reported in Senegal.

From epidemic week 1 to 27 of 2022 (ending 10 July), 260 confirmed cases of measles were reported from 43 districts of Senegal, with 19 districts having crossed the epidemic threshold. Of the reported cases, 138 (53.1%) are females; the most affected age group is 1-5 years with 133 cases (51.2%) of which 88.7% were not vaccinated against measles.
Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 27 July 2022, a total of 45 429 cases have been confirmed, including 45 110 recoveries and 168 deaths have been reported.

The Ministry of Health and Sanitation in Sierra Leone declared an outbreak of human anthrax in the country after identifying three lab confirmed cutaneous anthrax cases in Kaire district. Investigation result, reported consumption of dead 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 15-year old age group and above (43%) followed by 12-59 months (29%), 0-11 months (14%) and 5-15 years (14%).

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 31 July 2022, a total 7 734 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 859 recovered cases.

From early 2021 to 20 March 2022, a total of 20 cases and 11 deaths (CFR 55%) 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. 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 18 total in 2021).

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% (108) above five years and 18.7% (71) age missing. Currently, three districts (Western Rural, Western Urban and Port Loko District) are experiencing measles outbreaks. Surveillance and investigation activities have been intensified in all districts.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in 2022. Five cases were reported in 2021, and 10 were reported in 2020.

Since the start of the COVID-19 pandemic in South Africa through 29 July 2022, a cumulative total of 4 004 555 confirmed cases and 101 982 deaths have been reported.

From 22 June 2022 to date (14 July), there have been three unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 1) and Limpopo (n = 1) provinces and are males aged 30, 32 and 42 years, respectively. The third confirmed case reported on 10 July 2022 in Limpopo province is an imported case involving a tourist from Switzerland who arrived in South Africa on 02 July 2022. However, he has a history of being in close contact with a suspected/confirmed case of monkeypox on 28 June 2022 in Switzerland and developed signs and symptoms of monkeypox on 02 July 2022 before travelling to South Africa. He developed the mild disease, not requiring hospital treatment and has since returned to Switzerland on 10 July 2022.

From April to July 2022 an estimated 7.74 million people (63% of total population) faced crisis levels of food insecurity phase (IPC) 3 or worse. Of the total number, 87 000 are in IPC 5, 2.89 million are in IPC 4, and 4.77 million are in IPC 3. Counties expected to be in IPC phase 5 are Fangak, Canal/Pigi and Ayod counties in Jonglei State; Pibor County in Greater Pibor Administrative Area; Cueibet and Rumbek North counties in Lakes State; and Leer and Mayendit counties in Unity State.

Food insecurity in South Sudan is driven by climatic shocks (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, the effects of COVID-19, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households’ coping capacities, and the loss of livelihoods.

From 19 March to 17 July 2022, 266 cases and 1 death (CFR 0.37%) have been reported from Unity State and Ruweng Administrative Area, however most cases have been reported from the Bentiu IDP camp (253 cases, 87.7% of cumulative total). A total of 43 cases have been confirmed positive by RDT for cholera and 29 tested positive for Vibrio cholerae by culture at the National Public Health Laboratory in Juba. Females account for 62% of all cases and children ages 0-4 years have been the most affected age group accounting for 37.3% of all cases. Rubkona county experienced unprecedented floods in 2021 with flood waters persisting up to the end of the current dry season and the flood surface water is often used for bathing and playing.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 29 July 2022, a total of 17 792 confirmed COVID-19 cases were reported in the country including 138 deaths and 17 335 recovered cases.

The current outbreak in the Bentiu IDP camp is ongoing. As of 19 June 2022, a total of 2 804 cases of hepatitis E including 24 deaths (CFR 0.9%) have been reported since January 2019. During week 24 (ending 19 June), a total of 53 cases were reported. Approximately 54% of cases are male.
Between weeks 1-20 of 2022 (ending 22 May), 1,117,138 malaria cases including 232 deaths (CFR 0.02%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3,749,210 malaria cases including 2,963 deaths were reported. Several upsurges occurred in the country in 2021 including the county of Fangak.

South Sudan Measles Ungraded 23-Feb-22 01-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.

Tanzania, United Republic of Cholera Ungraded 25-Apr-22 14-Apr-2022 30-Jun-22 341 40 6 1.8%

On 25 April 2022, the Ministry of Health notified WHO of an outbreak of cholera in Kigoma and Katavi Regions. The last case was reported in Kigoma Region on 22 May 2022. The outbreak is currently confined to Tanganyika District in Katavi Region. From 14 April to 30 June 2022, 341 cumulative cases and six deaths (CFR 1.8%) have been reported from the Districts of Tanganyika in Katavi Region (215 cases, six deaths, CFR 2.6%) and Uvinza in Kigoma Region (126 cases and zero death). In Katavi Region, a total of 78 samples were tested among which 40 were confirmed positive for Vibrio cholerae. It is now over 21 days with no new case from Katavi. 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 22-Jul-22 37,329 37,329 841 -

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 22 July 2022, a total of 37,329 confirmed cases have been reported in Tanzania in mainland including 841 deaths. The cumulative number of confirmed cases has been revised.

Tanzania, United Republic of Leptospirosis Grade 1 14-Jul-22 5-Jul-2022 25-Jul-22 20 15 3 15.0%

On 14 July 2022, the Ministry of Health of Tanzania notified WHO of cases of an unknown disease in Ruangwa District, Lindi Region. On 5 and 7 July 2022, two cases of fever, nose bleeding, headache, and general body weakness were reported. As of 25 July, 20 cases with three deaths were reported. No new cases have been reported since 15 July. Fifteen of the 18 human samples collected returned positive for Leptospirosis. All samples were negative for Ebola virus disease, Marburg virus disease, Influenza, Crimean-Congo haemorrhagic fever, Yellow fever, Chikungunya, West Nile virus and Rift Valley fever.

Togo COVID-19 Grade 3 06-Mar-20 01-Mar-20 31-Jul-22 38,092 38,092 280 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 31 July 2022, a total of 38,092 confirmed cases including 280 deaths and 37,672 recovered cases have been reported in the country.

Togo Poliomyelitis (cVDPV2) Grade 2 18-Oct-19 13-Sep-19 26-Jul-22 17 17 0 0.0%

No cVDPV2 positive environmental sample reported this week. One sample was reported last week, which is the first one in the country. 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 01-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. Structural poverty, low value livelihood options, poor hygiene and sanitation, and morbidity.

Uganda Anthrax Ungraded 26-May-22 16-May-2022 19-Jul-22 50 2 4.0%

An anthrax outbreak has been confirmed in Bududa District, Uganda, in early May 2022. As of 19 July 2022, a total of 50 suspected cases have been reported including two deaths (CFR 4%). Two Districts have so far reported human cases: Kween (31 cases and one death) and Bududa (19 cases and one death). Of note, 55 animals have suddenly died in Bududa (30), Namisindava (9), Manafwa (8), Kween (6) & Mbale City (2) Districts.

Uganda COVID-19 Grade 3 21-Mar-20 21-Mar-20 27-Jul-22 169,230 169,230 3,628 -

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 15 July 2022, a total of 169,230 confirmed COVID-19 cases with 3,628 deaths were reported. The cumulative number has been revised.

Uganda Yellow fever Grade 2 03-Mar-21 02-Jan-22 09-Jul-22 376 1 0 0.0%

There have been 376 suspected cases reported of yellow fever during 2 January-9 July 2022 in Uganda with no deaths reported. Only one case from Wakiso District was classified as a confirmed case after thorough investigation and assessment of laboratory results. The case was confirmed on 18 February 2022 and occurred in an unvaccinated female 49-years-old who has since recovered from the disease. Rapid Response Team was activated and deployed in March 2022 to conduct additional investigations in the districts.

Zambia Cholera Ungraded 13-Apr-22 11-Apr-2022 30-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 30 June 2022. Three districts are affected: Lusaka, Chilanga and Nsama.

Zambia COVID-19 Grade 3 18-Mar-20 18-Mar-20 31-Jul-22 329,483 329,483 4,015 -

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 31 July 2022, a total of 329,483 confirmed COVID-19 cases were reported in the country including 4,015 deaths and 324,033 recovered cases.
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.

On 27 May 2022, a 13-year-old 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.

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 three deaths in 2020 and 306 cases and 0 deaths in 2021.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 21 July 2022, a total of 256 217 confirmed COVID-19 cases were reported in the country including 5 570 deaths and 250 112 cases that recovered.

A measles outbreak has been ongoing in Mutasa district, Zimbabwe since 10 April 2022. As of 19 July, a total of 421 cases with 38 deaths have been recorded in Mutasa District; 55 (13.0%) are vaccinated against measles, 330 (78.4%) are not vaccinated and 36 (8.6%) have unknown vaccination status.

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.

Cumulatively, 3 460 samples have been tested with 773 confirmed as Influenza A(H3N2) 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.

No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The number of 2021 cases remains 13. There are five cases in 2022 as of 19 July 2022.

†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)
Israel GEBRESILLASSIE (Mozambique)
Claudette Yawa AMUZU (Sierra Leone)
Robert MUSOKE (Sierra Leone)

A. Moussongo

Editorial Team
G. Sie Williams
J. Nguna
J. Kimenyi
O. Ogundiran
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R. Mangosa Zaza
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R. Ngom
F. Moussana

Editorial Advisory Group
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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.