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

- Food insecurity in the Greater Horn of Africa
- COVID-19 in the African Region
- Cholera in Mozambique

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

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

**Major issues and challenges include:**

- The greater Horn of Africa is currently facing a major humanitarian crisis due to rising food insecurity driven by a toxic mix of extreme climatic shocks (drought, flooding), armed conflicts, and the socioeconomic impacts of the COVID-19 pandemic and the war in Ukraine. Although there is crucial and urgent need for important funding to support response interventions across the region, the largely limited health system human and financial resources are already overstretched while responding to multiple outbreaks including anthrax, chikungunya, cholera, COVID-19, hepatitis E, leishmaniasis, malaria, measles, meningitis and yellow fever.
The Horn of Africa is currently experiencing one of the worst drought events in the past 40 years following four consecutive failed rainy seasons since late 2020 and putting an increasing number of people into an alarming life-threatening situation. Most recent forecasts predict that the October-December season will also be below average, announcing an unprecedented fifth failed rainy season. This new climatic shock has aggravated already fragile livelihoods that are heavily reliant on livestock - most of which has died, thus deepening food insecurity and malnutrition.

**ETHIOPIA**

In Ethiopia, almost 17 million people are targeted for assistance across the drought affected areas (including Somali, Afar, Oromia, The Southern Nations, Nationalities, and Peoples’ Region (SNNPR) and South-West region) for the second half of the year, a rise from 8.1 million people targeted in the first half of 2022. In addition, it is estimated that more than 3.5 million livestock have died, while at least 25 million are at risk and are very weak and emaciated with no or little milk production, the main source of nutrition for children.

In contrast, Ethiopia is hugely affected by floods in majority of its areas, with 1.7 million people potentially affected including 407 000 people at risk of displacement due to the anticipated flooding across 11 regions of the country. Ethiopia is currently responding to multiple emergencies including an armed conflict and insecurity with movement restrictions in the Northern part of the country and outbreaks of suspected anthrax, COVID-19, dengue fever, malaria, measles and suspected meningitis.

**KENYA**

In the Arid and Semi-Arid Lands (ASAL) region of Kenya, nearly 4.2 million people are in need of humanitarian assistance. This includes 4.1 million people experiencing high acute food insecurity (IPC Phase 3 or worse) between March and June 2022. At least 1.5 million livestock had already died as a result of the drought by February 2022, and this figure is expected to increase in the months ahead. Malnutrition has risen at an alarming rate, with at least 942 000 children under age 5 and about 134 000 pregnant or lactating women in urgent need of treatment in the ASAL region from March to June 2022, including 229 000 severely acute malnourished children. Mandera County was of particular concern, with the prevalence of global acute malnutrition at 34.7% in March 2022, more than double the emergency threshold. Kenya is also engaged in responding to multiple outbreaks including suspected anthrax, chikungunya, cholera, COVID-19, leishmaniasis, measles and yellow fever.

**SOUTH SUDAN**

In South Sudan, failed rainfall has affected most of the Great Equatoria regions of the country since early 2022, with some areas receiving half of the expected rainfall by mid-May. More than 6.2 million people have been targeted for food and nutritional assistance in 2022. The country is also facing other shocks such as sub-national violence, conflicts and insecurity, economic crises, multiple infectious disease outbreaks (anthrax, cholera, COVID-19, hepatitis E, malaria and measles) and seasonal flooding with 40% of the country being flooded for the third consecutive year.

**UGANDA**

Recent data indicate that all nine districts in the Karamoja region of Uganda are classified in IPC Phase 3 (Crisis) with 520 000 people facing significant food insecurity. In response, a nutrition mass screening was conducted in Moroto and Kaabong in early June 2022, which revealed that about 1 in 5 children are malnourished. Integrated outreach efforts have been launched in these two districts and will also be used to identify necessary therapeutic care. Meanwhile, the country is grappling with multiple outbreaks including anthrax, COVID-19 and yellow fever.

**PUBLIC HEALTH ACTIONS**

WHO has established an incident management team to coordinate with partners in the health sector and beyond in the respective affected countries. The strategic objectives of the response are:

- to enhance national and subnational coordination and collaboration among partners and sectors for strategic priorities and effective operationalization;
- to increase collection and use of timely and accurate health and nutrition data for early warning, IPC classification, assessment of service delivery capacities and barriers, guidance for decision-making, prioritization, planning and enabling monitoring and evaluation of interventions;
- to assure effective prevention and control of additional and interdependent epidemics and other health emergencies, including seasonal increases in morbidity that are likely to occur during food-security crises;
- to increase and integrate availability of essential nutrition actions for effective prevention, detection, and treatment of malnutrition;
- to scale-up and adapt the capacity of priority health services to the increased health needs, risks, and access barriers to health care in food insecurity crises.

**SITUATION INTERPRETATION**

WHO is scaling up its operations in eastern Africa as the region faces acute food insecurity caused by conflict, extreme weather events – including the worst drought in 40 years – induced by climate change, rising international food and fuel prices and the impact of the pandemic. The situation is particularly urgent in the drought-affected areas of Ethiopia, Kenya and Somalia where a lack of food means that an estimated 7 million children are malnourished, including over 1.7 million who are severely malnourished. There is crucial need for joint efforts from all stakeholders including Donors and Partners to implement adequate response and life-saving interventions. It is also hoped that the reopening of ports and exportation of cereals from Ukraine might help in alleviating the worsening situation.
EVENT DESCRIPTION

The WHO African region has reported since the beginning of the pandemic a total of 8,763,459 laboratory-confirmed COVID-19 cases as of August 14, 2022, of which (16.7%) 1,466,226 have been recorded since the beginning of 2022. The Southern and East Africa sub-regions account for 82 percent (7.2 million) of all cases reported in the AFRO region.

Since the fifth wave of COVID-19 reached its peak around the mid-May 2022, the African region has observed a declining incidence to date. A total of 4,287 confirmed cases were reported in the AFRO region in past seven days (ending 14 August). Considering, the 27 countries that have complete reports for the last two epidemiological weeks (01-07 August and 08-14 August 2022), the incidence has reduced by an additional 26% following the 21% decrease from the previous 7 days (25-31 July 2022). South Africa (n=1,293, 30%), Nigeria (n=635, 15%), Algeria (n=612, 14%), Cote d’Ivoire (n=380, 9%), and Burundi (n=240, 6%), are the five countries accounting for 74% of the 4,287 new cases recorded in the last 7 days.

Since the start of the pandemic, the Central Africa sub-region has reported a total of 380,120 (4%) cases, including 59,845 since January of this year, and 261 cases in the last 7 days (08-14 August 2022). Burundi has been seeing a surge over the past weeks, but the number of new cases decreased by 84% last week compared to the previous week. Cameroon has been placed on alert status because the number of new cases each week jumped by 173% in the previous week.

Countries in the East Africa sub-region have reported 1,570,129 cases (18%) since the beginning of the pandemic, of which 368,726 cases occurred in 2022 and 565 cases were reported last week, a decrease of 87% from the previous week (4,204). Tanzania is undergoing a resurgence for the third consecutive week, despite signs of progress following a 37% decrease in weekly new cases in week that ended on 7 August 2022.

In the Northern African countries, Algeria has reported 612 news cases in the last 7 days, compared to 800 the week prior. This is a 24% decrease. Countries in the Southern African sub-region have reported 5,613,887 (64%) cases since the beginning of the pandemic, of which 879,731 were reported in the current year and 1,536 in the last week after a 34% decrease from the previous week’s number of reported cases (2,345).

West African countries account for 10.6% (930,457 cases) of all cases recorded in the Africa region; with 146,570 cases reported thus far in 2022. 1,313 cases were reported last week, a 34% decrease from the previous week. Mozambique and Niger have reported an increase in the number of weekly new COVID-19 cases.

The following countries’ situation is closely monitored: Burundi, which is still experiencing a resurgence; Tanzania, which is now out of resurgence and is now classified among the countries on ALERT with Algeria, Cameroon, Equatorial Guinea, Eritrea, Gabon, Mozambique, Nigeria, Mauritius, and Senegal.

SITUATION INTERPRETATION

The trends in COVID-19 new cases and associated deaths have been decreasing in the AFRO region with many countries reporting very low hospital admission and fatality rates and this could indicate a new phase transitioning out of the pandemic alert phase. Beside the experience and better coordination of public health emergency response interventions, potential factors influencing this transition could include the non-aggressiveness of the COVID-19 Omicron variant and hybrid immunity in the individuals two years after the pandemic started.

WHO, in collaboration with member states and other health partners are maintaining their vigilance over the COVID-19 resurgence indicators while also planning the future of COVID-19 surveillance and response using a contextualized approach that will see it integrated into existing surveillance programmes.
Trends of confirmed COVID-19 cases and deaths in the WHO African Region by week of report – 14 August 2022 (n = 8 763 459)

Comparison of yearly COVID-19 trends in the AFRO Region, as 14 August 2022
EVENT DESCRIPTION

The cholera outbreak that was declared in Mozambique on 24 May 2022, is still ongoing in eight districts in Nampula, Sofala and Zambezia provinces, however with a declining trend. Four districts are in Sofala (Caia, Maringue, Chamba, Marromeu), three districts are in Zambezia (Morrumbala, Mopeia and Quelimane) while one district is in Nampula province.

Between January and March 2022, two cyclones, ANA and Gombe made landfall in Mozambique and affected six provinces: Nampula, Zambezia, Tete, Niassa, Sofala and Manica. Both cyclones resulted in mass displacement and death of several people, destruction of infrastructures including disruption of water supply.

Consequently, there were suspect cases of Cholera reported in Caia district in Sofala province and Morrumbala districts in Zambezia province. Detailed field investigations conducted by the Ministry of Health teams confirmed the outbreak in Caia and Morrumbala districts.

From 13 January 2022 to 31 July 2022, a total of 3 415 cholera cases and 15 deaths were reported from two provinces with a case fatality rate of 0.4%.

In Sofala province, Caia district reported the highest number of cases (707 cases). This was followed by Maringue district (30), Marromeu district (258) and Chamba district with 36 cases and one death, the only death registered in the province.

In Zambezia province, Morrumbala district reported 1 333 cases with 10 deaths (CFR=0.7), Mopeia district (589 cases; 4 deaths CFR=0.7) and Quelimane City had 347 cases with no deaths reported. In Nampula province, Nampula city has reported 115 cases with no deaths in a closing setting, civil prison.

During week 30, Sofala province reported seven new cases in Marromeu district, Zambezia province reported 13 new cases in Quelimane City while Nampula City didn’t report any case in the last seven weeks.

PUBLIC HEALTH ACTIONS

In line with the national response plan, the Ministry of Health of Mozambique, with support from WHO and partners have continued to mount public health response through the implementation of targeted activities to control the outbreak:

- A coordination mechanism is still in place at the provincial and district levels.
- Surveillance activities, including case detection and investigation across the affected districts remain ongoing.
- Cholera kits have been deployed and distributed in the affected health districts and the prison in Nampula city.
- In Nampula, WHO provided Rapid Diagnostic Test kits for cholera testing.
- Prison was equipped with medication to support stabilization of patients before transfer to cholera treatment centre (CTC).

SITUATION INTERPRETATION

The current outbreak of cholera in Mozambique comes in the aftermath of two major cyclones that hit the southern African nation earlier in the year compromising access to clean water, sanitation, and hygiene. Even with the observed decreasing trend, the detection of a new cluster in a prison in Nampula city, remains of grave concern. Oral cholera vaccinations are been planned in line with the cholera elimination plan for the affected districts, however, long-term investment in sustainable access to clean water, sanitation, and hygiene for the population and strict follow up on the cholera elimination plan will be key to preventing future outbreaks.

Distribution of cases of cholera in affected Districts of Mozambique, as of 13 August 2022

- Decontamination of the prison and distribution of soap, buckets and chlorine to the prison has been done.
- Rapid diagnostic tests, including training have been provided to health workers to aid in the laboratory confirmation of cases.
- Training on infection prevention and control measures have been provided to health workers at the treatment facilities.
- Risk communication and messaging on cholera prevention ongoing, using community leaders and volunteers as well as mass media platforms to target affected communities has been conducted.
- Health education sessions have been conducted in the health facilities, CTCs and around affected communities.
Overall Epicurve for Cholera outbreak in Mozambique by epidemiological week, 1 - 30 2022
### All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
<td><strong>New Events</strong></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Gambia</td>
<td>Undiagnosed disease (acute renal failure)</td>
<td>Ungraded</td>
<td>11-Aug-22</td>
<td>4-Jul-22</td>
<td>4-Aug-22</td>
<td>19</td>
<td>17</td>
<td>89,50%</td>
<td></td>
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<tr>
<td>Guinea</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>10-Aug-22</td>
<td>10-Aug-22</td>
<td>13-Aug-22</td>
<td>12</td>
<td>6</td>
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<td>8,30%</td>
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<tr>
<td>Senegal</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>12-Aug-22</td>
<td>15-Aug-22</td>
<td>15-Aug-22</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>50,00%</td>
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<tr>
<td><strong>Ongoing Events</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>14-Aug-22</td>
<td>269 141</td>
<td>269 141</td>
<td>6 878</td>
<td>2,60%</td>
</tr>
<tr>
<td>Algeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>14-Jul-22</td>
<td>11-Apr-22</td>
<td>7-Jul-22</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Algeria</td>
<td>IHR focal point notified WHO of a confirmed case of Poliomyelitis</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>8-Aug-19</td>
<td>3-Aug-22</td>
<td>16</td>
<td>16</td>
<td>0</td>
<td>0,00%</td>
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<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>11-Aug-22</td>
<td>102 636</td>
<td>102 636</td>
<td>1 917</td>
<td>1,90%</td>
</tr>
<tr>
<td>Benin</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>14-Jun-22</td>
<td>31-Jul-22</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0,00%</td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>8-Aug-19</td>
<td>3-Aug-22</td>
<td>16</td>
<td>16</td>
<td>0</td>
<td>0,00%</td>
</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>11-Aug-22</td>
<td>325 824</td>
<td>325 824</td>
<td>2 774</td>
<td>0,90%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>20-Jul-22</td>
<td>-</td>
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</table>

As part of routine surveillance, the Gbessia clinic reported on 8 September 2022 of a situation of four (4) grouped cases working in the same clinic with similar symptoms of fever and vomiting. The epidemiological investigation conducted by the Matoto health district team for three of the four cases revealed that the patients presented with fever, general body aches, headache, nausea, vomiting, and chest pain accompanied by anorexia. Blood samples were taken from which the PCR was carried out at the Laboratory of Viral Hemorrhagic Fevers of Guinea (LFHVG) to test for various diseases of which resulted in two positive cases for Lassa fever. As of 12 August 2022, a total of 6 confirmed cases of Lassa fever and 1 probable case were reported in Conakry and Kindia. A total of 63 contacts were listed in greater Conakry.

On 12 August 2022, WHO was notified of a confirmed outbreak of CCHF ongoing in Podor District, Saint-Louis region, Senegal. The index case is a female patient aged 38 years who presented with fever, headache, myalgia, fatigue and haemorrhagic symptoms, and was detected through the VHF surveillance system. The disease started on 20 July; she consulted on 5 August, was sampled on 6 August and died on 7 August. There is an history of travel to Mauritania on 2 July. A second case who is a contact of the index case has been confirmed positive on 14 August 2022.

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.

Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. On 15 July, two bridges leading to Dori and Djibo towns (Sahel region) were destroyed in attacks by non-state armed groups. Some convoys transporting food supplies have no access to these towns, which limits access to food. Access to health services remains 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.
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.

Between 9 March 2020 and 10 July 2022, a total of 21 150 confirmed cases of COVID-19 with 387 deaths and 20 745 recoveries have been reported from Burkina Faso.

By 3 August 2022, 120 967 cases have been notified in South-West. Of which 27 remain active. South-West (6 010 cases) and Littoral (3 581 cases) Regions have reported majority of cases. Of note, it has been 18 days without a case in the North-West (271 cases) and Far North (445 cases) Regions. As of 30 June 2022, 15 000 people have returned to their homes following the intercommunal conflict that occurred in the Logone-Birni department on December 2021. Moreover, nearly 640 households have been affected by torrential rains in Mayo-Danay and Logone & Chari since mid-April 2022.

Burkina Faso

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>10-Jul-22</td>
<td>21 150</td>
<td>21 150</td>
<td>387</td>
<td>1,60%</td>
</tr>
</tbody>
</table>

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 13 August 2022, the total number of confirmed COVID-19 cases is 48 002, including 15 deaths and 45 547 recovered.

Burundi

<table>
<thead>
<tr>
<th>Event</th>
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<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>13-Aug-22</td>
<td>48 002</td>
<td>48 002</td>
<td>15</td>
<td>0,00%</td>
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</tbody>
</table>

The security situation remains unstable, characterized by incursions and attacks in the departments of Mayo-Sava, Mayo-Tsanaga and Logone & Chari bordering Nigeria. At least 23 incidents involving armed men have been recorded, with 13 civilians killed including 2 children and 1 woman, as well as 12 people injured and 10 others abducted. The incursions of NSAGs are accompanied by looting of property and livestock, and sometimes burning of houses. Around 7 653 people have been displaced in June 2022, majority of which occurred in the Mokolo Subdivision following two NSAG attacks. As of 30 June 2022, 15 000 people have returned to their homes following the intercommunal conflict that occurred in the Logone-Birni department on December 2021. Moreover, nearly 640 households have been affected by torrential rains in Mayo-Danay and Logone & Chari since mid-April 2022.

Cameroon

<table>
<thead>
<tr>
<th>Event</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles (Sahel Region)</td>
<td>Grade 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>1-Aug-22</td>
<td>-</td>
<td>-</td>
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</table>

Multiple incidents involving NSAGs have been registered in localities neighbouring Nigeria. Military operations are still ongoing on both sides of the border with Nigeria and in the Lake Chad area, direly limiting movements and activities of humanitarian actors. Many humanitarian missions have been cancelled due to recurrence of clashes between security forces and NSAGs. The crisis has left 1.2M people needing humanitarian assistance, of whom 764k are targeted for interventions, with 378k IDPs, 119k refugees and 131k returnees.

Cameroon

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<th>Event</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>6-Mar-20</td>
<td>3-Aug-22</td>
<td>120 967</td>
<td>120 967</td>
<td>1 933</td>
<td>1,60%</td>
</tr>
</tbody>
</table>

As at week 28 of 2022 (ending 17 July), 1 668 cases of measles have been confirmed including 450 IgM+ (out of 1,113 investigated cases with blood samples); 49 clinical compatible and 1 169 epi-linked cases. About 90% of measles confirmed cases are less than 10 years, only 29% known to be vaccinated. A total of 49 districts have confirmed outbreak.

Cameroon

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</tr>
</thead>
<tbody>
<tr>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>24-Feb-22</td>
<td>1-Jan-22</td>
<td>5-Aug-22</td>
<td>34</td>
<td>7</td>
<td>2</td>
<td>5,90%</td>
</tr>
</tbody>
</table>

As of 5 August 2022, Monkeypox has notified 34 suspected cases of monkeypox from six districts across three regions, since the beginning of 2022, including two deaths (CFR 5.9%). Thirteen human samples have been collected and seven cases have been laboratory-confirmed from Ayo 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).

Cameroon

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<thead>
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<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
<tr>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>7-Feb-21</td>
<td>4-Jan-21</td>
<td>9-Aug-22</td>
<td>2 477</td>
<td>34</td>
<td>0</td>
<td>0,00%</td>
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</table>

As of 9 August 2022, a total of 2 477 suspected cases of YF have been reported since the beginning of the outbreak in 2021, including 10 probable and 34 laboratory-confirmed cases. A total of 49 suspected cases of YF have been reported during epi week 30, 2022. Eight confirmed cases have been reported since January 2022, from eight Districts; five of them started the disease between April-May. Cumulatively, all ten Regions and 32 Districts have been affected since the beginning of the outbreak in 2021.

Cape Verde

<table>
<thead>
<tr>
<th>Event</th>
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<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>18-Mar-20</td>
<td>12-Aug-22</td>
<td>62 253</td>
<td>62 253</td>
<td>410</td>
<td>0,70%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 12 August 2022, a total of 62 253 confirmed COVID-19 cases including 410 deaths and 61 742 recoveries were reported in the country.
### Central African Republic

#### Health Emergency Information and Risk Assessment

- **Humanitarian crisis**: Protracted 2 (11-Dec-13 - 11-Dec-13) - 8-Aug-22

  - 14,802 confirmed cases, 113 deaths and 14,520 recovered were reported.

- **COVID-19**: Grade 3 (14-Mar-20 - 14-Mar-20) - 7-Aug-22

  - 1,402 confirmed cases, 113 deaths and 1,402 recovered were reported.

- **Measles**: Ungraded (13-Mar-22 - 1-Jan-22) - 31-Jul-22

  - 5 confirmed cases, 3 deaths and 2 recovered were reported.

  - 2,446 measles suspected cases were reported, 109 measles cases IgM positive.

- **Yellow fever**: Grade 2 (14-Sep-21 - 1-Apr-21) - 9-Aug-22

  - 604 confirmed cases, 20 deaths and 4 recovered were reported.

- **Polio**: Ungraded (14-Mar-20 - 14-Mar-20) - 11-Aug-22

  - 1,627 confirmed cases, 7 deaths and 1,627 recoveries were reported in the country.

- **Leishmaniasis**: Ungraded (8-Sep-20 - 1-Jan-18) - 31-May-22

  - 197 confirmed cases, 13 deaths and 16 recoveries were reported.

- **Yellow fever**: Grade 2 (24-May-18 - 1-Jan-18) - 24-Jun-22

  - 2,446 confirmed cases, 109 deaths and 16 recoveries were reported.

- **Polio**: Ungraded (14-Mar-18 - 14-Mar-18) - 9-Aug-22

  - 1,627 confirmed cases, 7 deaths and 1,627 recoveries were reported in the country.

- **COVID-19**: Grade 3 (19-Mar-20 - 19-Mar-20) - 8-Aug-22

  - 7,442 confirmed cases, 193 deaths and 7,442 recoveries were reported in the country.

- **Measles**: Ungraded (24-May-18 - 14-May-22) - 31-Jul-22

  - 2446 confirmed cases, 109 deaths and 16 recoveries were reported.

- **Yellow fever**: Grade 2 (18-Oct-19 - 9-Sep-19) - 31-Jul-22

  - 122 confirmed cases, 122 deaths and 0 recoveries were reported.

- **COVID-19**: Grade 3 (30-Apr-20 - 30-Apr-20) - 11-Aug-22

  - 8351 confirmed cases, 386 deaths and 8351 recoveries were reported.

- **Measles**: Ungraded (14-Mar-20 - 14-Mar-20) - 12-Jun-22

  - 6386 confirmed cases, 132 deaths and 6386 recoveries were reported in the country.

### Chad

- **Humanitarian crisis (Sahel region)**: Grade 2 (11-Feb-22 - 1-Mar-16) - 15-Jul-22

  - 2,446 confirmed cases, 109 deaths and 2,446 recoveries were reported.

  - 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.

- **COVID-19**: Grade 3 (19-Mar-20 - 19-Mar-20) - 8-Aug-22

  - 7,442 confirmed cases, 193 deaths and 7,442 recoveries were reported in the country including 193 deaths.

- **Measles**: Ungraded (24-May-18 - 24-May-22) - 19-Jun-22

  - 2,446 confirmed cases, 109 deaths and 16 recoveries were reported.

- **COVID-19**: Grade 3 (19-Mar-20 - 19-Mar-20) - 8-Aug-22

  - 7,442 confirmed cases, 193 deaths and 7,442 recoveries were reported in the country.

- **Measles**: Ungraded (24-May-18 - 24-May-22) - 19-Jun-22

  - 2,446 confirmed cases, 109 deaths and 16 recoveries were reported.

- **COVID-19**: Grade 3 (19-Mar-20 - 19-Mar-20) - 8-Aug-22

  - 7,442 confirmed cases, 193 deaths and 7,442 recoveries were reported in the country.

- **Measles**: Ungraded (24-May-18 - 24-May-22) - 19-Jun-22

  - 2,446 confirmed cases, 109 deaths and 16 recoveries were reported.

- **COVID-19**: Grade 3 (19-Mar-20 - 19-Mar-20) - 8-Aug-22

  - 7,442 confirmed cases, 193 deaths and 7,442 recoveries were reported in the country.

- **Measles**: Ungraded (24-May-18 - 24-May-22) - 19-Jun-22

  - 2,446 confirmed cases, 109 deaths and 16 recoveries were reported.

- **COVID-19**: Grade 3 (19-Mar-20 - 19-Mar-20) - 8-Aug-22

  - 7,442 confirmed cases, 193 deaths and 7,442 recoveries were reported in the country.

- **Measles**: Ungraded (24-May-18 - 24-May-22) - 19-Jun-22

  - 2,446 confirmed cases, 109 deaths and 16 recoveries were reported.

### Comoros

- **COVID-19**: Grade 3 (30-Apr-20 - 30-Apr-20) - 11-Aug-22

  - 8351 confirmed cases, 386 deaths and 8351 recoveries were reported.

  - The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 11 August 2022, a total of 8 351 confirmed COVID-19 cases, including 161 deaths and 8 157 recoveries were reported in the country.

- **COVID-19**: Grade 3 (30-Apr-20 - 30-Apr-20) - 11-Aug-22

  - 8351 confirmed cases, 386 deaths and 8351 recoveries were reported.

  - The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 11 August 2022, a total of 8 351 confirmed COVID-19 cases, including 161 deaths and 8 157 recoveries were reported in the country.

### Congo

- **COVID-19**: Grade 3 (14-Mar-20 - 14-Mar-20) - 11-Aug-22

  - 24 837 confirmed cases, 23 644 recovered cases were reported.

  - 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 7 August 2022, a total of 24 837 cases including 386 deaths and 23 644 recovered cases were reported in the country.
Since the beginning of 2022, eight cases including three laboratory-confirmed and five probable cases 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 (7) and from Ouoessou in the Sangha Department (1). Three of these cases have died (CFR 37.5%). Samples from two cases sent to the National Institute of Biomedical Research Laboratory in Kinshasa on 12 April 2022 returned positive to monkeypox. In addition, the only case from Ouoessou was sampled and tested positive at the National Public Health Laboratory of Brazzaville.

As of 12 July 2022, a total of 20 probable cases of yellow fever and four confirmed and zero deaths have been reported. The integrated campaign for yellow fever and measles is planned for 4 August 2022.

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.

In the DRC, humanitarian partners reported at least 126 incidents affecting humanitarian access between January and March 2022, including 28 (30%) in North Kivu province, 32 (25%) in Tanganyika, 24 (19%) in South Kivu province, 19 (15%) in Ituri. In June 2022, 14 new security incidents directly affecting humanitarian personnel or goods were recorded. Two aid workers were kidnapped and 3 were injured. Humanitarian agencies continue to face administrative constraints involving the administrative, technical and financial facilities necessary for the smooth running of humanitarian interventions. Beyond these constraints, humanitarian partners also reported access incidents related to ongoing hostilities and military operations; interference in the implementation of humanitarian activities in the eastern provinces of the country; physical access constraints and movement restrictions.

From epidemiological week 1 to 29 (ending 24 July 2022), 7 806 suspected cholera cases including 118 deaths (CFR: 1.5%) were recorded in 59 health zones across the country; physical access constraints and movement restrictions.

As of 11 March 2020, a total of 86 151 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 815 deaths, and a total of 85 127 recoveries.

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As of 12 July 2022, a total of 20 probable cases of yellow fever and four confirmed and zero deaths have been reported. The integrated campaign for yellow fever and measles is planned for 4 August 2022.

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<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>Congo</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>23-May-22</td>
<td>1-Jan-22</td>
<td>31-Jul-22</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>37.50%</td>
</tr>
</tbody>
</table>

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 92 456 confirmed cases and two probable case, including 1 391 deaths have been reported. A total of 83 236 people have recovered.

As of Epi-Week 28 of 2022 (ending 17 July), 82 632 suspected cases and 1 120 measles related deaths have been reported . A total of 3 857 cases investigated through the case-based surveillance system; 1 603 tested IgM+ for Measles; 61% of lab confirmed measles cases have less than 5 years old, and only 31% with history of vaccination. A total of 129 health zones have confirmed measles outbreak at some point since the start of this year

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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>31-Mar-22</td>
<td>12-Jul-22</td>
<td>20</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>14-Aug-22</td>
<td>86 151</td>
<td>86 151</td>
<td>815</td>
<td>0.90%</td>
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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>3-Jan-22</td>
<td>24-Jul-22</td>
<td>7 806</td>
<td>477</td>
<td>118</td>
<td>1.50%</td>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>24-Jul-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>31-Jul-22</td>
<td>92 458</td>
<td>92 456</td>
<td>1 391</td>
<td>1.50%</td>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>17-Jul-22</td>
<td>82 632</td>
<td>4 735</td>
<td>1 120</td>
<td>1.40%</td>
<td></td>
</tr>
</tbody>
</table>

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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>30-Mar-19</td>
<td>28-Jul-22</td>
<td>2 380</td>
<td>163</td>
<td>0</td>
<td>0.00%</td>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>24-Jul-22</td>
<td>513</td>
<td>-</td>
<td>7</td>
<td>1.40%</td>
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</table>

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<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>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-21</td>
<td>26-Jul-22</td>
<td>92</td>
<td>92</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Country</th>
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<th>Date notified to WCO</th>
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<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>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-21</td>
<td>24-Jul-22</td>
<td>1 093 531</td>
<td>-</td>
<td>498</td>
<td>0.00%</td>
<td></td>
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</tbody>
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<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>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>26-Feb-21</td>
<td>26-Jul-22</td>
<td>92</td>
<td>92</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

In 2022, from epidemiological week 1 to 29 (ending 24 July 2022), 1 093 531 suspected cases of typhoid fever including 498 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%).
As of 27 July 2022, 12 probable cases and four confirmed yellow fever cases have been reported in the country. The figures of probable and confirmed cases have been revised following data cleaning.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Yellow Fever</td>
<td>Grade 2</td>
<td>21-Apr-21</td>
<td>21-Apr-21</td>
<td>1-Jan-22</td>
<td>27-Jul-22</td>
<td>12</td>
<td>4</td>
<td>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>11-Aug-22</td>
<td>16 801</td>
<td>16 801</td>
<td>183</td>
<td>1,10%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>14-Aug-22</td>
<td>10 136</td>
<td>10 136</td>
<td>103</td>
<td>1,00%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>2-Jun-22</td>
<td>2-Jun-22</td>
<td>7-Jun-22</td>
<td>31-Jul-22</td>
<td>2</td>
<td>2</td>
<td>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>3-Aug-22</td>
<td>48 592</td>
<td>48 592</td>
<td>306</td>
<td>0,60%</td>
</tr>
<tr>
<td>Gabon</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>12-Feb-22</td>
<td>17-Sep-21</td>
<td>9-Aug-22</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>33,30%</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>6-Aug-22</td>
<td>12 238</td>
<td>12 238</td>
<td>368</td>
<td>3,00%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Marburg virus disease</td>
<td>Grade 2</td>
<td>6-Jul-22</td>
<td>6-Jul-22</td>
<td>25-Jul-22</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>75,00%</td>
</tr>
</tbody>
</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 11 August 2022, a total of 16 801 cases have been reported in the country with 183 deaths and 16 534 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 14 August 2022, a total of 10 136 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 959 patients have recovered from the disease.

As of week 30, a case of cVDPV2 was reported from Eritrea since the beginning of 2022. Another case has been detected on 3 September 2021 and later confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.

As of 14 August 2022, a total of 73 327 cases have been reported in the country including 71 875 recoveries. A total of 1 419 associated deaths have been reported.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 14 August 2022, a total of 73 327 cases have been reported in the country including 71 875 recoveries. A total of 1 419 associated deaths have been reported.

The situation in northern Ethiopia remains generally calm but unpredictable, impacting humanitarian operations. In Tigray, some locations in the northern parts of the region and Western Zone continue to be inaccessible due to insecurity. In Amhara, some areas in Wag Himra zone administration continued to be hard to reach during the reporting period. In Afar, the road from Megale to Abala and zone 2 has access constraints due to security concerns. Almost 9.2M people are estimated in need of humanitarian assistance including 2.5M people internally displaced and 7M people facing acute food insecurity in northern Ethiopia. In April 2022, the Ethiopian government and Tigrayan regional forces have agreed to a humanitarian ceasefire to negotiate standing peace.

The severity of food insecurity in Ethiopia is among the worst globally, with record-breaking food assistance needs driven by the impacts of prolonged drought and ongoing insecurity. Emergency (IPC Phase 4) and Crisis (IPC Phase 3) outcomes will likely be widespread in northern, central, southern, and southeastern Ethiopia through at least January 2023. Multiple areas of the country face the potential for more extreme outcomes associated with high levels of acute malnutrition and hunger-related mortality. Tigray is expected to remain the area of highest concern. Emergency (IPC Phase 4) is also expected to be widespread in southern and southeastern pastoral areas.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 492 753 cases of COVID-19 as of 14 August 2022, with 7 571 deaths and 471 016 recoveries.

The Ministry of Health in Ghana notified two suspected cases of Marburg Virus Disease (MVD) on 7 July 2022 in the Ashanti region of Ghana, two more cases have been confirmed in the Savannah region as of 25 July 2022. The two cases are related to the first confirmed case. The first 118 contacts identified have completed the 21-day follow-up. Currently, a total of 40 are being followed.
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-29 July 2022, there have been 220 suspected cases including 34 confirmed and one death 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.

On 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.

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.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 24 July 2022, a total of 37 429 cases including 36 753 recovered cases and 445 deaths have been reported in the country.

Guinea COVID-19 Grade 3 25-Mar-20 25-Mar-20 15-Jun-22 128 60 21 16,40%

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.

Kenya COVID-19 Grade 3 13-Mar-20 13-Mar-20 24-Jul-22 37 429 37 429 445 1,20%

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.

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The 2022 March to June rainy season has been extremely poor, with rainfall levels across much of the Horn of Africa region being among the lowest in the past 70 years. It has been an historic fourth consecutive failed rainy season. The severe drought crippling northeastern Kenya has driven the number of children facing acute malnutrition up by 25% so far this year to nearly one million with fears this will rise further if forecasts for another failed rainy season prove to be accurate, leading to an unprecedented catastrophe.

Guinea Measles Ungraded 9-May-18 1-Jan-22 27-May-22 21 914 397 33 0,20%

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.

Kenya Anthrax Suspected Ungraded 15-Jul-22 30-Jun-22 30-Jun-22 8 0 0,00%

Eight suspected cases of anthrax were recorded in Ikolomani sub-county, Kakamega county in Kenya between 30 May and 20 June 2022. All reported suspected cases were exposed by either handling carcasses from the animals that died of suspected anthrax or eating suspected meat. All had fever, and 87.5% (7/8) of them had skin lesions. A total of five samples have been collected and being analysed at Kenya Medical Research Institute (KEMRI).

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 14 August 2022, 337 950 confirmed COVID-19 cases including 5 673 deaths and 332 098 recoveries have been reported in the country.

Kenya Drought/food insecurity Grade 3 17-Feb-22 1-Jan-22 5-Aug-22 - - - -

The 2022 March to June rainy season has been extremely poor, with rainfall levels across much of the Horn of Africa region being among the lowest in the past 70 years. It has been an historic fourth consecutive failed rainy season. The severe drought crippling northeastern Kenya has driven the number of children facing acute malnutrition up by 25% so far this year to nearly one million with fears this will rise further if forecasts for another failed rainy season prove to be accurate, leading to an unprecedented catastrophe.

Kenya Chikungunya Ungraded 3-Mar-22 13-Feb-22 30-Jul-22 189 5 1 0,50%

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%).

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 14 August 2022, 337 950 confirmed COVID-19 cases including 5 673 deaths and 332 098 recoveries have been reported in the country.

Kenya Cholera Ungraded 30-May-22 3-May-22 19-Jun-22 319 2 2 0,60%

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 Yellow fever Grade 2 3-Mar-22 12-Jan-22 27-Jul-22 117 3 11 9,40%

From 12 Jan to 23 Jul 2022, there were a total of 117 suspected cases of yellow fever including 11 deaths (CFR 9.4%) reported from 10 counties in Kenya. An outbreak was reported officially in Isiolo and Garissa counties. Of the suspected cases, only three were confirmed by PCR at the Kenya Medical Research Institute and 12 were classified as probable cases.

Kenya Measles Ungraded 29-Jun-22 28-Jun-22 30-Jul-22 19 8 0 0,00%

The outbreak has been reported from Marsabit and Wajir Counties. A total of nineteen (19) cases with eight (8) confirmed cases have been reported no death reported.

Kenya Leishmaniasis Ungraded 31-Mar-19 3-Jan-20 30-Jul-22 1 813 1 632 10 0,60%

Since January 2020, a total of 1 813 visceral leishmaniasis confirmed ( 1 632 cases) and suspected ( 181 cases) cases with ten deaths (CFR 0.6%), have been reported in eight counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir and Tharaka Nithi. The outbreak is active in two counties, Kitui and West Pokot.

Kenya Measles Ungraded 29-Jun-22 28-Jun-22 30-Jul-22 19 8 0 0,00%

The outbreak has been reported from Marsabit and Wajir Counties. A total of nineteen (19) cases with eight (8) confirmed cases have been reported no death reported.

Kenya COVID-19 Grade 3 13-Mar-20 13-Mar-20 14-Aug-22 337 950 337 950 5 673 1,70%

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Lesotho COVID-19 Grade 3 13-May-20 13-May-20 11-Aug-22 34 206 34 206 704 2,10%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 11 August 2022, a total of 34 206 cases of COVID-19 have been reported, including33 502 recoveries and 704 deaths.

Liberia COVID-19 Grade 3 16-Mar-20 16-Mar-20 2-Aug-22 7 578 7 578 294 3,90%

From 16 March 2020 to 2 August 2022, Liberia has recorded a total of 7 578 cases including 294 deaths and 7 222 recoveries have been reported.

Liberia Lassa Fever Ungraded 3-Mar-22 6-Jan-22 27-Jul-22 30 8 26,70%

Since the beginning of 2022 up to 27 July 2022, a total of 89 suspected cases of Lassa fever including 30 confirmed and 8 deaths (CFR 26.7%) have been reported in Liberia. Two Counties are currently in an outbreak: Grand Bassa and Bong Counties.
Phase 3. Food insecurity and malnutrition improved in the first quarter of 2022 following a large scale-up in humanitarian assistance. 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 5, 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 by the end of 2022. MADAGASCAR

As of 8 August 2022, two confirmed cases of monkeypox and 0 deaths were reported. Extensive 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. A food insecurity crisis is affecting children, and an estimated 90,000 people are facing an acute food insecure situation. An estimated 1.8 million people (37% of the total population) are facing food insecurity risk with 4 contacts being line-listed. As of 7 August 2022, a total of 2 confirmed cases of monkeypox and 0 deaths were reported.

Liberia confirmed a case of Monkeypox on 23 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 Pênsba Health Centre in Maryland County, Liberia where he was detected and isolated with 4 contacts being line-listed. As of 8 August 2022, two confirmed cases of monkeypox and 0 deaths were reported.

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 14 August 2022, a total of 66,599 confirmed cases including 1,410 deaths have been reported in the country.

Madagascar Malnutrition Ungraded 30-Jun-22 30-Jun-22 543,994 543,994 68 0,00%

During epi week 22 (ending on 5 June 2022), Madagascar registered 15,576 cases of malaria, including three deaths (CFR 0.2%). 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: Ambohidratarimo and Antananarivo Rennivohitra in Analamanga region; Taolagnaro in Anosy region; Fianarantsoa in Atsinanana region; Sambirano in Betsiboka region; Tamatave in Ihorombe region; Nyammenty Ambony and Vohibao in Haute Matsiatra region; Melaky in Ihorombe region; and Toamasina in Ihorombe region.

Madagascar COVID-19 Grade 3 20-Mar-20 20-Mar-20 14-Aug-22 66,599 66,599 1,410 2,20%

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Madagascar Malnutrition crisis Protracted 2 1-Jul-21 1-Jul-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. A food insecurity crisis is affecting children, and an estimated 90,000 people are facing an acute food insecure situation. An estimated 1.8 million people (37% of the total population) are facing food insecurity risk with 4 contacts being line-listed. As of 7 August 2022, a total of 2 confirmed cases of monkeypox and 0 deaths were reported.

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Madagascar Malnutrition crisis Protracted 2 1-Jul-21 1-Jul-21 8-Jun-22 - - - -

As of 7 August 2022, a total of 2 confirmed cases of monkeypox and 0 deaths were reported.
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 53 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.

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

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 8 August 2022, a total of 3,415 cases and 15 deaths (CFR 0.4%) have been reported. In Sofala province, cases have been reported from Caia (707, 21.7%), Maringue (30, 0.9%), Chamba (36, 1.1%), and Marruomeu districts (193, 5.9%). In Zambezia province, cases have been reported from Morrumbala (1,333, 40.9%), Mopeia (589, 18.0%), and Quelimane City (253, 7.9%) 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.

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 10 August, there are four cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country.

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 than 17,000 people also have fled Mali to settle in Niger’s Tillaberi and Tahoua regions. As of 30 June 2022, a total of 291,629 refugees and asylum seekers, with 69% coming from Nigeria, 21% from Mali, 5% from Burkina Fasso and 5% from other countries were reported.

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 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 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 10 August, there are four cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country.

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No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are eight cases in 2022. 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 12 August 2022, a total of 262,520 confirmed cases with 256,145 recovered and 3,147 deaths have been reported.

From week 1 to 31 of 2022 (ending 7 August), a total of 917 Lassa fever cases including 880 confirmed, 37 probable and 165 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18.8% across 25 States. In total, 6,126 cases are suspected in 2022. Of all confirmed cases, 70% are from Ondo (31%), Edo (26%), and Bauchi (13%) States.

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From 1 January to 7 August 2022, Nigeria has reported 473 monkeypox suspected cases. Of these, 172 cases were laboratory confirmed from 27 States: Lagos (20), Ondo (16), Adamawa (13), Rivers (13), Delta (12), Bayelsa (12), Edo (9), Nasarawa (9), Anambra (7), FCT (7), Imo (7), Plateau (6), Taraba (5), Kwarar (5), Kano (5), Abia (4), Cross River (3), Borno (3), Oyo (3), Gombe (3), Katsina (2), Kogi (2), Ogun (2), Niger (1), Bauchi (1), Akwa Ibom (1) and Edo (1). Four deaths were recorded among confirmed cases from Delta, Lagos, Ondo and Akwa Ibom 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 are 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 2022. Later (between 2nd June and 12th July 2022), 8 more cases were reported among students of the school. The school is about 20m away from a gas refilling station, separated by a fence and 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 15 July 2022, only one death has been reported among the cases (the patient died when undergoing Magnetic Resonance Imaging (MRI) investigation on 15 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 13 August 2022, a total of 132,355 cases with 1,466 deaths and 130,811 recovered cases have been reported in the country. The cumulative number of confirmed cases has been corrected.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 7 August 2022, a total of 6,120 confirmed cases of COVID-19 have been reported, including 76 deaths. A total of 6,040 cases have been reported as recoveries.

Sao Tome and Principe is experiencing its first ever documented dengue outbreak. From 15 April-7 August 2022, a total of 931 cases and 2 deaths (CFR 0.2%) have been confirmed via RDT from: Água Grande (655, 70.4%), Mézôchi (125, 13.4%), Lobata (78, 8.4%), Cantagalo (38, 4.1%), Lembá (14, 1.5%), Caué (9, 1.0%), and Rap (12, 1.3%). During week 31 (ending 7 August), there were 24 new cases registered in the country. Água Grande’s attack rate is by far the highest (77.7 per 10,000 inhabitants). Those aged 50–59 years are experiencing the highest attack rate at 59.1 cases per 10,000. The 3 main clinical signs are fever (852, 92%), headache (689, 74%) and myalgia (300, 32%).

From 2 March 2020 to 12 August 2022, a total of 87,752 confirmed cases of COVID-19 including 1,968 deaths and 85,574 recoveries have been reported in Senegal.

From epidemic week 1 to 31 of 2022 (ending 7 August), 296 confirmed cases of measles were reported from 44 districts of Senegal, with 23 districts having crossed the epidemic threshold. Of the reported cases, 158 (53.4%) are females; the most affected age group is 1-5 years with 151 cases (51.0%) of which 89.4% were not vaccinated against measles.

<table>
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<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>
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<td>Poliomyelitis (cVDPV2)</td>
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<td>1-Jan-20</td>
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<td>6-Apr-20</td>
<td>6-Apr-20</td>
<td>7-Aug-22</td>
<td>6,120</td>
<td>6,120</td>
<td>76</td>
<td>1.20%</td>
</tr>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Mar-20</td>
<td>2-Mar-20</td>
<td>12-Aug-22</td>
<td>87,752</td>
<td>87,752</td>
<td>1,968</td>
<td>2.20%</td>
</tr>
</tbody>
</table>
Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 8 August 2022, a total of 45 692 cases have been confirmed, including 45 347 recoveries and 168 deaths have been reported.

Sierra Leone: Anthrax
- Date notified to WCO: 20 May 2022
- Start of reporting period: 20 May 2022
- End of reporting period: 17 June 2022
- Total cases: 6
- Cases confirmed: 5
- Deaths: 0
- CFR: 0.00%

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 Karene 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 15–29 years age group and above (43%), followed by 0–9 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 7 September 2022, a total of 7 737 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 861 recovered cases.

South Africa: Monkeypox
- Date notified to WCO: 28 July 2022
- Start of reporting period: 28 July 2022
- End of reporting period: 28 July 2022
- Total cases: 84
- Cases confirmed: 84
- Deaths: 1
- CFR: 1.20%

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 Gauteng province is an imported case involving a tourist from Switzerland who arrived in South Africa on 20 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.

South Sudan: Humanitarian crisis
- Date notified to WCO: 15 August 2022
- Start of reporting period: 15 August 2022
- End of reporting period: 30 June 2022
- Total cases: 8 700
- Cases confirmed: 8 700
- Deaths: 5
- CFR: 0.06%

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 2.22 million people internally displaced people as of 30 June 2022. Floods in early 2022 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
- Date notified to WCO: 24 February 2022
- Start of reporting period: 24 February 2022
- End of reporting period: 24 February 2022
- Total cases: 87
- Cases confirmed: 87
- Deaths: 5
- CFR: 5.70%

A total of 87 suspected cases and 5 deaths (CFR 5.7%) 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 - 19 June 2022 from registered hospital patients where the majority of cases have been female (66%).

South Sudan: COVID-19
- Date notified to WCO: 5 April 2020
- Start of reporting period: 5 April 2020
- End of reporting period: 13 August 2022
- Total cases: 17 848
- Cases confirmed: 17 848
- Deaths: 138
- CFR: 0.80%

On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 13 August 2022, a total of 17 848 confirmed COVID-19 cases were reported in the country including 138 deaths and 17 513 recovered cases.

South Sudan: Hepatitis E
- Date notified to WCO: 3 January 2019
- Start of reporting period: 3 January 2019
- End of reporting period: 19 June 2022
- Total cases: 2 804
- Cases confirmed: 2 804
- Deaths: 24
- CFR: 0.90%

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.

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.

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 5 August 2022, a total of 38,205 confirmed cases have been reported in Tanzania Mainland including 841 deaths.

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 7 August 2022, 20 cases with three deaths were reported. No new cases have been reported since 15 July. Fifteen of the 18 human samples 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.

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.

The latest data from the Integrated Food Security Phase Classification (IPC) indicates that all nine districts in the Karamoja region are classified in IPC Phase 3 (Crisis) with some 1 in 5 children are malnourished.

There have been 376 suspected cases reported of yellow fever during 2 January-9 July 2022 in Uganda with no deaths. 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.

A cholera outbreak was declared in Zambia on 3 May 2022. A total of 160 cases have been registered with no deaths as of 24 July 2022. Three districts are affected: Lusaka, Chilanga and Nsama.

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 24 July 2022, 438 measles cases and 3 suspected deaths have been reported. WHO is supporting the Ministry of Health investigating other cases with similar symptoms.

<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>South Sudan</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>28-Dec-21</td>
<td>1-Jan-22</td>
<td>22-May-22</td>
<td>1,117,138</td>
<td>1,117,138</td>
<td>232</td>
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</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Feb-22</td>
<td>1-Jan-22</td>
<td>12-Jun-22</td>
<td>535</td>
<td>68</td>
<td>2</td>
<td>0.40%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>5-Aug-22</td>
<td>38,205</td>
<td>38,205</td>
<td>841</td>
<td>2.20%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Leptospirosis</td>
<td>Grade 1</td>
<td>14-Jul-22</td>
<td>5-Jul-22</td>
<td>7-Aug-22</td>
<td>20</td>
<td>15</td>
<td>3</td>
<td>15.00%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>1-Jan-22</td>
<td>29-Jul-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uganda</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>26-May-22</td>
<td>16-May-22</td>
<td>19-Jul-22</td>
<td>50</td>
<td>2</td>
<td>4.00%</td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>13-Apr-22</td>
<td>11-Apr-22</td>
<td>24-Jul-22</td>
<td>160</td>
<td>12</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>14-Aug-22</td>
<td>331,925</td>
<td>331,925</td>
<td>4,016</td>
<td>1.20%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Jun-22</td>
<td>24-Jul-22</td>
<td>438</td>
<td>101</td>
<td>3</td>
<td>0.70%</td>
<td></td>
</tr>
<tr>
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<td>Ungraded</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
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<td>3</td>
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<td>Grade 1</td>
<td>14-Jul-22</td>
<td>5-Jul-22</td>
<td>7-Aug-22</td>
<td>20</td>
<td>15</td>
<td>3</td>
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</tr>
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<td>Uganda</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>1-Jan-22</td>
<td>29-Jul-22</td>
<td>-</td>
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<tr>
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<td>4.00%</td>
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<td>Uganda</td>
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<td>12</td>
<td>0</td>
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</tr>
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<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
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</tr>
<tr>
<td>Zambia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Jun-22</td>
<td>24-Jul-22</td>
<td>438</td>
<td>101</td>
<td>3</td>
<td>0.70%</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Event</td>
<td>Grade</td>
<td>Date notified to WCO</td>
<td>Start of reporting period</td>
<td>End of reporting period</td>
<td>Total cases</td>
<td>Cases Confirmed</td>
<td>Deaths</td>
<td>CFR</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Zambia</td>
<td>Undiagnosed disease (movement disorder condition)</td>
<td>Ungraded</td>
<td></td>
<td>5-Jul-22</td>
<td></td>
<td>95</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

| Zimbabwe           | Anthrax                                                              | Ungraded | 6-May-19 | 1-Jan-22 | 22-May-22 | 61          | 0              | 0      | 0.00% |

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.

| Zimbabwe           | COVID-19                                                             | Grade 3 | 20-Mar-20 | 20-Mar-20 | 21-Jul-22 | 256 217    | 256 217      | 5 570  | 2.10% |

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.

| Zimbabwe           | Measles                                                             | Ungraded | 29-Apr-22 | 19-May-22 | 19-Jul-22 | 421         | 38            | 9.00%  |

A measles outbreak has been ongoing in Mutasa district, Zimbabwe since 10 April 2022. 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.

### Closed Events

| Angola             | Poliomyelitis (cVDPV2)                                             | Grade 2 | 8-May-19 | 1-Jan-19 | 24-Apr-22 | 133         | 133           | 0      | 0.00% |

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.

| Democratic Republic of the Congo | Suspected Meningitis (Gombiri health Zone) | Ungraded | 31-May-22 | 20-May-22 | 27-Jul-22 | 173         | 1             | 21     | 12.10% |

From 20 May 2022 (week 20) to 27 July 2022 (week 31), a total of 173 cases and 21 deaths (CFR 12.1%) have been reported. Among the 81 CSF samples tested only one tested positive for Neisseria Meningitidis. No death registered since week 23 (ending 12 June) and since week 29 (ending 24 July) no health area crossed the epidemic threshold in the Gombiri health zone. The meningitis technical team suggested to close this event.

| Madagascar         | Floods                                                              | Ungraded | 19-Jan-22 | 16-Jan-22 | 8-Jun-22 | 571 000     | 214           | 0.00%  |

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.

| Tanzania, United Republic of | Cholera                                                            | Ungraded | 25-Apr-22 | 14-Apr-22 | 7-Aug-22 | 341         | 40            | 6      | 1.80% |

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 7 August 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 2.8%) 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 59 days with no new case from Katavi. About 24.7% of cases reported are aged between 21-30 years.

†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/](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.
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.