**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES**

Week 34: 15 - 21 August 2022  
Data as reported by: 17:00; 21 August 2022

**Legend**
- Measles
- Monkeypox
- Marburg
- Lassa fever
- Chickenpox
- Typhoid fever
- COVID-19
- Anthrax
- Dengue fever
- Ebola
- Yellow fever
- Cholera
- Typhus
- Dengue hemorrhagic fever
- Chikungunya
- Marburg
- Malaria
- Leprosy
- Rift Valley fever
- Yellow fever
- Countries reported in the document
- Countries outside WHO African Region
- WHO Member States with no reported events
- Not applicable

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**New events**  
2

**Ongoing events**  
151

**Outbreaks**  
132

**Humanitarian crises**  
21

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**Protracted 3 events**  
5

**Protracted 2 events**  
24

**Protracted 1 events**  
2

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**Ungraded events**  
53

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

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Health Emergency Information and Risk Assessment
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African region. This week’s articles cover:

- Ebola Virus Disease in the Democratic Republic of the Congo
- Monkeypox in the WHO African Region
- COVID-19 in the African Region

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

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

**Major issues and challenges include:**

- Health authorities in the Democratic Republic of the Congo have declared a new Ebola virus disease outbreak, weeks after declaration of the end of EVD outbreak in Equateur province. With the information available, the risk is considered high due to the delay in detection of the EVD case who spent 23 days in hospital with suboptimal infection prevention and control measures. This case is detected in the city of Beni, a crossroads commercial with air and road links with other parts of the province and the rest of the country. Beni is also plagued by the insecurity of armed groups, which further increases the risk of contamination and spread of the disease. The ongoing epidemics in the country as well as the protracted humanitarian situation in the province of North Kivu, continue putting pressure on the health system and the available resources.

- Multiple countries in the WHO African region continue to report cases of monkeypox, with a high proportion of these cases from countries without previously documented monkeypox transmission immediate epidemiological links to West or Central Africa areas. Detailed epidemiological investigations and ecological studies to identify risk factors and the potential sources of infections are important to guide interventions. Leveraging on existing networks and resources is needed to improve diagnosis and genome sequencing capacity across the region.
EVENT DESCRIPTION

Health authorities in the Democratic Republic of the Congo declared an outbreak of Ebola on 21 August 2022 after a case was confirmed in Butanuka health area in the city of Beni, in the province of North Kivu.

At the moment, one deceased case has been confirmed. The case-patient, a 46-year-old woman from Kalongo district died on 15 August at a hospital in Beni, where she had been hospitalised from 23 July. The case received medical care, initially for other ailments including cough, flu and tuberculosis, but subsequently, exhibited symptoms consistent with Ebola virus disease.

A sample of oropharyngeal secretions was taken from the body on August 15 2022 and tested positive by RT-PCR (Ebola Xpert) at the Institute National Biomedical Research (INRB) - Beni. Further testing at the Rodolphe Mérieux INRB-Goma Laboratory confirmed the results. The body was returned to the family before the laboratory results were available, and buried in an unsecured manner. There is currently no information on the Ebola vaccination status for the deceased case. No secondary cases have been reported so far.

About 134 contacts from the general hospital, including – 74 co-patients and 60 health personnel have already been identified; vaccination status of 70 (95%) among them is not known.

Laboratory testing showed the case was genetically linked to the 2018-2020 outbreak in North Kivu and Ituri provinces.

SITUATION INTERPRETATION

This just declared EVD outbreak is the seventh that the Democratic Republic of the Congo has experienced since 2018. The last is that of Mbandaka, Province of Equateur, declared on April 23 2022 with five cases; all deceased and which ended at the beginning of July 2022. The last EVD outbreak in the Beni health zone was declared on October 8 2021 and was declared over in December 2021 with 11 cases, eight confirmed and nine deaths. This long hospital stay of the identified case increases the risk of contamination, and the unsafe handling of the body by the family exposes not only family members but also the community. This current epidemic occurs in a complex epidemiological and humanitarian context; the country is facing several epidemics including COVID-19, cholera, measles, etc. In addition, the country is going through a long-lasting economic and political crisis, therefore the country’s resources and capacity to respond effectively to the current epidemic are therefore limited. The strengthening of response activities must be done quickly despite the complex context and the various challenges identified.

PUBLIC HEALTH ACTIONS

- On 22 August 2022, the national Minister of Health declared an outbreak of Ebola virus disease in the Equateur Province, Democratic Republic of the Congo.
- WHO experts based in the Democratic Republic of the Congo are supporting the national authorities to ramp up key outbreak response areas including testing, contact tracing, infection prevention and control, treatment as well as working with communities to support the public health measures to prevent infections.
- Rapid response teams have been deployed to conduct detailed investigation in the community to identify the source of contamination, contacts, define the risks of exposure in the various departments of the hospital and to strengthen the prevention and control of infections.
- A total of 134 contacts have been listed, and are under close monitoring.
- The health facility where the patient received care has been decontaminated.
Following the second sitting of the International Health Regulations (IHR) emergency committee, the Director General of WHO declared the multi-country Monkeypox outbreak a public health event of international concern (PHEIC). This was based mainly on the fact that the outbreak was spreading rapidly through new modes of transmission, about which too little is understood and meets the criteria in the IHR 2005.

The multi-country monkeypox outbreak continues to evolve insidiously in the Africa continent. Between 8 and 17 August 2022, 28 new confirmed cases were reported from three countries in AFRO region; Nigeria (15), Ghana (12) and South Africa (1), with no new death reported during the same period. There are eight countries which have not reported new cases for over 21 days, the maximum incubation period of the disease.

As of 17 August 2022, there have been 406 confirmed cases of monkeypox reported in 11 African countries; Nigeria (172), Democratic Republic of the Congo (163), Ghana (47), Cameroon (7), South Africa (4), Benin (3), Central Africa Republic (3), Congo (3), Liberia (2), Morocco (1), Sudan (1), with seven deaths. These represent 1.0% and 58.0% of global cases and deaths respectively. The top reporting countries; Nigeria (172 cases) and Democratic Republic of the Congo (163 cases) account for 83.0% of all confirmed cases in Africa.

Based on 291 confirmed cases with available information on age and gender, 59% of the confirmed cases are males. The most affected age groups were between 9 and 32 years, with a median age of 20 years. While children have also been affected, the analysis shows that Africa’s young and most active age group is the most exposed.

Currently, there are two distinct patterns of transmission in Africa: the first one involves the sporadic transmission of monkeypox cases in remote rural communities, mainly in Central Africa around the Congo Basin; and a second insidious sustained person-to-person transmission in rural-peri-urban-urban communities, mainly in West Africa (Nigeria and Ghana).

Between 1 January and 17 August 2022, a total of 37 736 laboratory-confirmed cases and 179 probable cases, including 12 deaths, have been reported to WHO from 93 Member States across all six WHO regions.

The number of weekly reported new cases globally has increased by 20.3% in week 32 (08 Aug - 14 Aug) (7 477 cases) compared to week 31 (01 Aug - 07 Aug) (6 217 cases). The 10 most affected countries globally are: United States of America (11 915), Spain (5 792), Germany (3 187), The United Kingdom (3 055), Brazil (2 985), France (2 749), Canada (1 059), Netherlands (1 029), Peru (834), and Portugal (770). Together, these countries account for 88.4% of the cases reported globally.
Bolstering monkeypox laboratory testing in Africa
Distribution of cases of Monkeypox in the WHO African Region, as of 17 August 2022

406 cases
28 new cases
7 deaths

Legend

- Cases
- Deaths

Status of countries
- Affected
- Not-affected
- Not applicable

Map production:
Health Information and Risks Assessment
Emergency Preparedness and Response
Regional office for Africa
World Health Organization
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This presentation contains world provincial boundaries and may not reflect the current political situation. The boundaries do not imply any assumptions as to the legal status of any country, territory, city or area or of their authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and shaded lines on the map represent approximate frontiers between states.
EVENT DESCRIPTION

In the last 7 days (ending 21 August 2022), 4,728 new laboratory confirmed COVID-19 cases and 92 related deaths were reported in the WHO African region, raising the total number of confirmed cases to 8,775,416 and fatalities to 173,202, with a case fatality ratio (CFR) remaining at 2.0%. Of the 92 deaths reported during the week ending on 21 August 2022, South Africa accounts for 84%, some of which were reported as a backlog for the last two weeks. The rest of the COVID-19 associated deaths reported in the last 7 days occurred in Zimbabwe (4), Cote d’Ivoire (2), Niger (1), and Togo (1).

The numbers of confirmed COVID-19 cases and related deaths reported continue to decline weekly in all the sub-regions. The decline in incidence of lab-confirmed cases was greatest in the East Africa sub-region (80%) and Central Africa (48%).

SITUATION INTERPRETATION

Except for a few countries that reported an increase, weekly new cases declined by more than 50% in the past seven days. Despite the backlog of fatalities reported by South Africa, the AFRO region continues to see falling trends in COVID-19 new cases and related deaths. Comorbidities and old age remain the major contributors to hospital admissions and mortality.

However, there are certain limits in interpreting the given COVID-19 estimates for the last 7 days because several countries update their data progressively. Another factor to consider is the shift in COVID-19 screening and testing procedures as many people become asymptomatic and hence go undetected since the prevalent and highly transmissible Omicron variant has emerged. The World Health Organization continues to assist Member States in keeping a close watch on the COVID-19 resurgence indicators and recommends the establishment of Public Health Emergencies Operation Centres at the sub-national level.

Table 1: Distribution of weekly lab-confirmed COVID-19 cases by WHO sub-region (August 2022)

<table>
<thead>
<tr>
<th>Sub-region</th>
<th>01-07 August 2022</th>
<th>08-14 August 2022</th>
<th>15-21 August 2022</th>
<th>change in last 7 days</th>
<th>Change in previous 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Africa</td>
<td>2172</td>
<td>895</td>
<td>466</td>
<td>-48%</td>
<td>-59%</td>
</tr>
<tr>
<td>East Africa</td>
<td>4356</td>
<td>3411</td>
<td>679</td>
<td>-80%</td>
<td>-22%</td>
</tr>
<tr>
<td>North Africa</td>
<td>800</td>
<td>887</td>
<td>664</td>
<td>-25%</td>
<td>11%</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>3371</td>
<td>3348</td>
<td>1871</td>
<td>-44%</td>
<td>-1%</td>
</tr>
<tr>
<td>West Africa</td>
<td>2117</td>
<td>1588</td>
<td>1048</td>
<td>-34%</td>
<td>-25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12816</strong></td>
<td><strong>10129</strong></td>
<td><strong>4728</strong></td>
<td><strong>-53%</strong></td>
<td><strong>-21%</strong></td>
</tr>
</tbody>
</table>

Epi curve of lab-confirmed COVID-19 cases in the WHO African sub-regions, as of 21 August 2022 (n = 8,775,416)
A 46-year-old woman, living in the Kalongo area, in Butanuka health area of Beni health zone, province of North Kivu in the Democratic Republic of Congo (DRC), was hospitalized and treated at the General Refereral hospital (HGR) of Beni from 23 July to 15 August 2022 and died in the same hospital on 15 August 2022. The sample analysis at the IRNB-Beni laboratory and the Rodolphe Mérieux INRB-Goma Laboratory confirmed Ebola Virus Disease (EVD) on Tuesday 16 August 2022. Response activities have been initiated. Health authorities have declared officially the outbreak on 21 August. The sequencing showed that this case is linked to a virus strain of the 10th outbreak that occurred in the country in 2018.

On 18 August 2022, the Uganda IHR-NFP notified WHO of two confirmed cases of Rift Valley Fever (RVF) reported on 27 July and 2 August, respectively, in Rubanda and Isingiro districts both located in the south western regions of the country. The index case from Rubanda is a female patient aged 39 years who presented at the Kabale Regional Referral Hospital on 23 June 2022 with fever, loss of appetite, joint pains and headache. The index case in Isingiro is a 27-year old farmer whose disease started on 24 July 2022 with fever, vomiting, diarrhoea, fatigue, abdominal pain, joint pains, difficulties in breathing and swallowing, and unexplained bleeding from the nose. He was admitted at the Mbarara Regional Referral Hospital where he died on 29 July 2022. Both cases were sampled and results from the Uganda Virus Research Institute returned positive for RVF.

From 25 February 2020 to 21 August 2022, a total of 269 805 confirmed cases of COVID-19 with 6 878 deaths have been reported from Algeria, with 181 408 recovered.

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.

Burundi

COVID-19

Grade 3

31-Mar-20

18-Mar-20

18-Aug-22

48,808

48,808

15

0.0%

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 18 August 2022, the total number of confirmed COVID-19 cases is 48,808, including 15 deaths and 47,044 recovered.

Cameroon

Humanitarian crisis (North, Adamawa & East)

Protracted 2

31-Dec-13

27-Jun-2017

01-Aug-22

- - -

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 December 2021, majority of which occurred in the Mokolo Subdivision following two NSAG attacks. As of 30 June 2022, 15,001 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-Dany and Logone & Chari since mid-April 2022.

Cameroon

Humanitarian crisis (NW & SW)

Protracted 2

01-Oct-16

27-Jun-2018

01-Aug-22

- - -

The security context in the North-West and South-West (SW) regions remains volatile, marked by continuous violence, abductions, kidnappings, killings, unlawful arrests, and destruction of property. This is aggravating humanitarian needs, as affected people continue to flee their homes, seeking safety in the bushes and neighbouring communities. On 26 June 2022, intercommunal clashes in the Akwaya subdivision (SW) resulted in more than 30 civilian casualties. The Mamfe District Hospital and the Baïngi Integrated Health Centre in the Manyu division (SW) were destroyed by fire in two different incidents. At least five humanitarian workers were abducted in two separate incidents in the SW. Multiple cases of interference by State security forces on NGO movements were reported in the SW.

Cameroon

Humanitarian crisis (Sahel Region)

Grade 2

31-Dec-13

27-Jun-2017

01-Aug-22

- - -

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

Cholera

Grade 2

01-Jan-21

25-Oct-21

03-Aug-22

10,348

904

200

1.9%

Between 25 July and 3 August, 172 new suspected cases of cholera including three deaths have been reported from four active Regions (Centre, East, Littoral and West). As of 3 August 2022, 10,348 suspected cases including 200 deaths (CFR 1.9%) have been reported since October 2021, from eight Regions and 48 Districts 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 reported, including 1,933 deaths and 118,459 recoveries.

Cameroon

COVID-19

Grade 3

06-Mar-20

06-Mar-20

03-Aug-22

120,967

120,967

1,933

1.6%

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 3 August 2022, a total of 120,967 cases have been reported, including 1,933 deaths and 118,459 recoveries.

Cameroon

Measles

Ungraded

02-Apr-19

01-Jan-22

17-Jul-22

3,702

1,668

31

0.8%

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

Yellow fever

Grade 2

07-Feb-21

04-Jan-21

09-Aug-22

2,477

34

0

0.0%

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

COVID-19

Grade 3

19-Mar-20

18-Mar-20

18-Aug-22

62,282

62,282

410

0.7%

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 18 August 2022, a total of 62,282 confirmed COVID-19 cases including 410 deaths and 61,786 recoveries were reported in the country.

Central African Republic

Humanitarian crisis

Protracted 2

11-Dec-13

11-Dec-2013

08-Aug-22

- - -

Health Emergency Information and Risk Assessment
With 50% the population not eating enough, CAR has one of the highest proportions of critically food-insecure people in the world, around 2.2M. In total, nearly 3.1M people have been estimated in need of humanitarian assistance including 610k IDPs and 737k refugees. Thousands of Central Africans have recently been affected by torrential rains. In the half of 2022, the CAR Humanitarian Fund allocated 9.6M USD to 17 projects, supporting 187 307 people with urgent needs in conflict-affected areas.

- **Central African Republic** COVID-19
  - Grade: 3
  - Date notified to WHO: 14-Mar-20
  - Start of reporting period: 14-Mar-20
  - End of reporting period: 07-Aug-22
  - Total cases: 14 803
  - Cases confirmed: 14 803
  - Deaths: 113
  - CFR: 0.8%

The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 7 August 2022, a total of 14 803 confirmed cases, 113 deaths and 14 520 recovered were reported.

- **Central African Republic** Measles
  - Grade: Ungraded
  - Date notified to WHO: 13-Mar-22
  - Start of reporting period: 01-Jan-22
  - End of reporting period: 24-Jul-22
  - Total cases: 1 122
  - Cases confirmed: 99
  - Deaths: 1
  - CFR: 0.1%

From week 1 to week 29, 2022 (ending 24 July), a total 1 122 suspected cases of measles including one death (CFR 0.1%) have been reported through IDSR system. Four districts are in confirmed measles outbreak (Bimbo confirmation at week 10, Kouango-Grimari at week 11, Alindao at week 14 and Haute-Kotto at week 20).

- **Central African Republic** Monkeypox
  - Grade: 3
  - Date notified to WHO: 03-Mar-22
  - Start of reporting period: 04-Mar-22
  - End of reporting period: 31-Jul-22
  - Total cases: 5
  - Cases confirmed: 3
  - Deaths: 2
  - CFR: 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.

- **Central African Republic** Yellow Fever
  - Grade: 2
  - Date notified to WHO: 14-Sep-21
  - Start of reporting period: 1-Apr-2021
  - End of reporting period: 09-Aug-22
  - Total cases: 604
  - Cases confirmed: 20
  - Deaths: 4
  - CFR: 0.7%

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 9 August 2022, a total of 604 suspected cases of YF have been reported including four probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.7%). There remains a relative increase in the number of weekly reported suspected cases in 2022 compared to 2021. Three regions remain affected (RS3, 4 & 6), with 70% of confirmed cases being reported in RS3.

- **Chad** Humanitarian crisis (Sahel region)
  - Grade: 2
  - Date notified to WHO: 11-Feb-22
  - Start of reporting period: 01-Mar-16
  - End of reporting period: 15-Jul-22
  - Total cases: -
  - Cases confirmed: -
  - Deaths: -
  - CFR: -

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.

- **Chad** COVID-19
  - Grade: 3
  - Date notified to WHO: 19-Mar-20
  - Start of reporting period: 19-Mar-20
  - End of reporting period: 15-Aug-22
  - Total cases: 7 456
  - Cases confirmed: 7 456
  - Deaths: 193
  - CFR: 2.6%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 15 August 2022, a total of 7 456 confirmed COVID-19 cases were reported in the country including 193 deaths.

- **Chad** Leishmaniasis
  - Grade: Ungraded
  - Date notified to WHO: 08-Sep-20
  - Start of reporting period: 01-Jan-18
  - End of reporting period: 31-May-22
  - Total cases: 197
  - Cases confirmed: 13
  - Deaths: 16
  - CFR: 8.1%

Since 1 January 2018 to 31 May 2022, a total of 197 cases and 16 deaths (CFR 8.1%) have been reported from four provinces (N'Djamena, Borkou, Tibesti and Ouaddai). The majority of cases are male (70.1%). The under five years old patients are 74 (38.0%). In 2022, 30 cases and two deaths have been reported.

- **Chad** Measles
  - Grade: Ungraded
  - Date notified to WHO: 24-May-18
  - Start of reporting period: 01-Jan-22
  - End of reporting period: 19-Jun-22
  - Total cases: 2 446
  - Cases confirmed: 109
  - Deaths: 1
  - CFR: 0.0%

A total of 2 446 measles suspected cases reported since the start of 2022, across 119 out of 139 districts for the country; among the 109 measles cases IgM positive reported, 46 confirmed measles cases are children under five years old; 20 cases aged 5 – 9 years old.

- **Chad** Poliomyelitis (cVDPV2)
  - Grade: 2
  - Date notified to WHO: 18-Oct-19
  - Start of reporting period: 09-Sep-19
  - End of reporting period: 31-Jul-22
  - Total cases: 122
  - Cases confirmed: 122
  - Deaths: 0
  - CFR: 0.0%

As of epi week 30 (ending on 31 July 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.

- **Chad** Yellow fever
  - Grade: 2
  - Date notified to WHO: 13-Nov-21
  - Start of reporting period: 01-Nov-21
  - End of reporting period: 09-Aug-22
  - Total cases: 1 627
  - Cases confirmed: 24
  - Deaths: 7
  - CFR: 0.4%

On 13 November 2021, the Institut Pasteur in Dakar confirmed two samples from Mandoul district, Chad, positive for yellow fever. As of 9 August 2022, there has been 1 627 suspected cases of yellow fever reported, including 30 probable and 24 lab-confirmed cases with seven deaths (CFR 0.4%). Twenty-one new suspected cases were reported during epi week 30, and 39 samples were received at the national laboratory. The majority of suspected and confirmed cases were reported in the last quarter of 2021, mostly in the southern part of the country; the last confirmed case was reported on week 4 of 2022. Mandoul and Moyen Chari provinces remain the current hotspots, with 45% and 32% of confirmed cases, respectively. A total of 19/126 districts in 7/23 provinces have been affected since the beginning of the outbreak.

- **Comoros** COVID-19
  - Grade: 3
  - Date notified to WHO: 30-Apr-20
  - Start of reporting period: 30-Apr-2020
  - End of reporting period: 20-Aug-22
  - Total cases: 8 425
  - Cases confirmed: 8 425
  - Deaths: 161
  - CFR: 1.9%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 20 August 2022, a total of 8 425 confirmed COVID-19 cases, including 161 deaths and 8 229 recoveries were reported in the country.

- **Congo** COVID-19
  - Grade: 3
  - Date notified to WHO: 14-Mar-20
  - Start of reporting period: 14-Mar-20
  - End of reporting period: 11-Aug-22
  - Total cases: 24 837
  - Cases confirmed: 24 837
  - Deaths: 386
  - CFR: 1.6%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 7 August 2022, a total of 24 837 cases including 386 deaths and 23 644 recovered cases have been reported in the country.

- **Congo** Measles
  - Grade: Ungraded
  - Date notified to WHO: 14-Mar-22
  - Start of reporting period: 01-Jan-22
  - End of reporting period: 12-Jun-22
  - Total cases: 6 528
  - Cases confirmed: 6 528
  - Deaths: 132
  - CFR: 2.0%

From week 1 to week 23, 2022 (ending 12 June), a total of 214 lab confirmed measles cases and 6 314 epidemiologically linked cases and 132 deaths (CFR 2%) have been reported in Congo; 23 out of 52 districts for the country (44%) are in outbreak mode. Nationwide multi-intervention campaigns including measles outbreak response vaccination, Vitamin A supplementation and deworming are planned.
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 Ouezzo District 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 Ouezzo 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.

Côte d’Ivoire COVID-19 Grade 3 14-Sep-21 13-Aug-2021 14-Jul-22 38 7 1 2.6%

Since 11 March 2020, a total of 88 460 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 817 deaths, and a total of 85 465 recoveries.

Côte d’Ivoire Yellow fever Grade 2 14-Sep-21 13-Aug-2021 14-Jul-22 38 7 1 2.6%

From 13 August 2021 to 15 June 2022, a total of 38 probable and seven confirmed cases of yellow fever were recorded in Côte d’Ivoire, including one death among probable cases.

Democratic Republic of the Congo Humanitarian crisis Protracted 3 20-Dec-16 17-Apr-2017 31-Jul-22 - - - -

Since the beginning of 2022 more than 877K people have been in a situation of internal displacement. Total IDPs in the DRC is nearly 4.86 million. The main causes of displacement are armed attacks and clashes (4.1 million or 83.3% of all displacements), land and inter-community conflicts (609K or 12.5% of all displacements) and natural disasters (182K or 3.7% of all displacements). About 90.0% (4.4 million) of IDPs are hosted with host families and the remaining 10.0% (490K) are in sites.

Democratic Republic of the Congo Measles Ungraded 12-Oct-21 01-Jan-22 17-Jul-22 82 323 4 735 1 120 1.4%

As of 12 July 2022, the overall national incidence is 13 cases per 100 000 inhabitants. Response measures continue to be strengthened in the main active hot spots.

Democratic Republic of the Congo Measles Ungraded 12-Oct-21 01-Jan-22 17-Jul-22 82 323 4 735 1 120 1.4%

Democratic Republic of the Congo COVID-19 Grade 3 10-Mar-20 10-Mar-20 14-Aug-22 92 587 92 587 1 396 1.5%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 92 587 confirmed cases and two probable case, including 1 396 deaths have been reported. A total of 83 960 people have been recovered.

Democratic Republic of the Congo Measles Ungraded 12-Oct-21 01-Jan-22 17-Jul-22 82 323 4 735 1 120 1.4%

As of 10 March 2020, a total of 92 587 confirmed cases and two probable case, including 1 396 deaths have been reported. A total of 83 960 people have been recovered.

Democratic Republic of the Congo Monkeypox Grade 3 30-Mar-19 01-Jan-22 28-Jul-22 2 380 163 0 0.0%

From 1 January – 28 July 2022, the Democratic Republic of the Congo reported 2 380 suspected including 163 confirmed cases from 128 health zones across 21 provinces. The most affected provinces in 2022 are Sankuru (1 053), Tshopo (328), Maniema (197), and Tshuapa (172). At least 163 of the cases sampled were confirmed positive for monkeypox virus infection.

Democratic Republic of the Congo Plague Ungraded 12-Mar-19 01-Jan-22 31-Jul-22 537 - 7 1.3%

Between epidemiological weeks 1-30 of 2022, 537 cases of suspected bubonic plague have been reported with 7 deaths (CFR 1.3%). All cases have been reported from the Rethy health zone in Ituri Province. Lokpa health area has reported the majority of suspected cases (420, 78.2%) in 2022. Cases are up by more than 100% from the same period in 2021, when a total of 118 were suspected including 13 deaths (CFR 11.1%).

Democratic Republic of the Congo Poliomyelitis (cVDPV2) Grade 2 26-Feb-21 01-Jan-21 26-Jul-22 92 92 0 0.0%

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.

Democratic Republic of the Congo Typhoid fever Ungraded 01-Jul-21 01-Jan-22 24-Jul-22 1 093 531 - 498 0.0%

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>23-May-22</td>
<td>01-Jan-22</td>
<td>31-Jul-22</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>Congo</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>31-Mar-22</td>
<td>31-Mar-22</td>
<td>12-Jul-22</td>
<td>20</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>21-Aug-22</td>
<td>86 440</td>
<td>86 440</td>
<td>817</td>
<td>0.9%</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>14-Sep-21</td>
<td>13-Aug-2021</td>
<td>14-Jul-22</td>
<td>38</td>
<td>7</td>
<td>1</td>
<td>2.6%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>20-Dec-16</td>
<td>17-Apr-2017</td>
<td>31-Jul-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<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>31-Jul-22</td>
<td>7 912</td>
<td>477</td>
<td>121</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>14-Aug-22</td>
<td>92 587</td>
<td>92 587</td>
<td>1 396</td>
<td>1.5%</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>17-Jul-22</td>
<td>82 323</td>
<td>4 735</td>
<td>1 120</td>
<td>1.4%</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>2 380</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>31-Jul-22</td>
<td>537</td>
<td>-</td>
<td>7</td>
<td>1.3%</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>Typhoid fever</td>
<td>Ungraded</td>
<td>01-Jul-21</td>
<td>01-Jan-22</td>
<td>24-Jul-22</td>
<td>1 093 531</td>
<td>-</td>
<td>498</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
In 2022, from epidemiological week 1 to 29 (ending 24 July 2022), 1,093,955 suspected cases of typhoid fever including 502 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%).

<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>Yellow Fever</td>
<td>Grade 2</td>
<td>21-Apr-21</td>
<td>01-Jan-22</td>
<td>27-Jul-22</td>
<td>12</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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>COVID-19</th>
<th>Grade 3</th>
<th>14-Mar-20</th>
<th>14-Mar-20</th>
<th>17-Aug-22</th>
<th>16,820</th>
<th>16,820</th>
<th>183</th>
<th>1.1%</th>
</tr>
</thead>
</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 17 August 2022, a total of 16,820 cases have been reported in the country with 183 deaths and 16,571 recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>COVID-19</th>
<th>Grade 3</th>
<th>21-Mar-20</th>
<th>21-Mar-20</th>
<th>19-Aug-22</th>
<th>10,149</th>
<th>10,149</th>
<th>103</th>
<th>1.0%</th>
</tr>
</thead>
</table>

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 19 August 2022, a total of 10,149 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 1,017 patients have recovered from the disease.

<table>
<thead>
<tr>
<th>Country</th>
<th>Poliomyelitis (cVDPV2)</th>
<th>Ungraded</th>
<th>02-Jun-22</th>
<th>7-Jun-2022</th>
<th>31-Jul-22</th>
<th>2</th>
<th>2</th>
<th>0</th>
<th>0.0%</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>COVID-19</th>
<th>Grade 3</th>
<th>13-Mar-20</th>
<th>13-Mar-20</th>
<th>21-Aug-22</th>
<th>73,344</th>
<th>73,344</th>
<th>1,419</th>
<th>1.9%</th>
</tr>
</thead>
</table>

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 21 August 2022, a total of 73,344 cases have been reported with 1,419 associated deaths.

<table>
<thead>
<tr>
<th>Country</th>
<th>Drought/flood insecurity</th>
<th>Grade 3</th>
<th>17-Feb-22</th>
<th>01-Jan-22</th>
<th>05-Aug-22</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Humanitarian crisis (Conflict in Tigray)</th>
<th>Grade 3</th>
<th>04-Nov-20</th>
<th>04-Nov-20</th>
<th>31-Jul-22</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>COVID-19</th>
<th>Grade 3</th>
<th>13-Mar-20</th>
<th>13-Mar-20</th>
<th>21-Aug-22</th>
<th>492,968</th>
<th>492,968</th>
<th>7,571</th>
<th>1.5%</th>
</tr>
</thead>
</table>

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 492,968 cases of COVID-19 as of 21 August 2022, with 7,571 deaths and 471,293 recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Measles</th>
<th>Ungraded</th>
<th>14-Jan-17</th>
<th>01-Jan-22</th>
<th>07-Aug-22</th>
<th>7,519</th>
<th>4,284</th>
<th>52</th>
<th>0.7%</th>
</tr>
</thead>
</table>

From week 1 to 30 of 2022 (ending 7 August), a total of 7,519 suspected cases with 4,284 confirmed and 52 deaths (CFR 0.7%) have been reported in Ethiopia. A total of ten districts are currently experiencing confirmed measles outbreak.

<table>
<thead>
<tr>
<th>Country</th>
<th>COVID-19</th>
<th>Grade 3</th>
<th>12-Mar-20</th>
<th>12-Mar-20</th>
<th>03-Aug-22</th>
<th>48,592</th>
<th>48,592</th>
<th>306</th>
<th>0.8%</th>
</tr>
</thead>
</table>

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 3 August 2022, a total of 48,592 cases including 306 deaths and 47,803 recoveries have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Yellow fever</th>
<th>Grade 2</th>
<th>12-Feb-22</th>
<th>17-Sep-21</th>
<th>09-Aug-22</th>
<th>3</th>
<th>1</th>
<th>1</th>
<th>33.3%</th>
</tr>
</thead>
</table>

On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogoué-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. No other confirmed cases have been reported so far.

<table>
<thead>
<tr>
<th>Country</th>
<th>COVID-19</th>
<th>Grade 3</th>
<th>17-Mar-20</th>
<th>17-Mar-20</th>
<th>06-Aug-22</th>
<th>12,238</th>
<th>12,238</th>
<th>368</th>
<th>3.0%</th>
</tr>
</thead>
</table>

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 6 August 2022, a total of 12,238 confirmed COVID-19 cases including 368 deaths, and 11,745 recoveries have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Undiagnosed disease (acute renal failure)</th>
<th>Ungraded</th>
<th>11-Aug-22</th>
<th>4-Jul-2022</th>
<th>04-Aug-22</th>
<th>19</th>
<th>17</th>
<th>89.5%</th>
</tr>
</thead>
</table>

On 1 August 2022, the Epidemic and Disease Control Unit of the Ministry of Health in Gambia reported an unusual event detected at the Edward Francis Small Teaching Hospital, the main tertiary hospital in the country. Nineteen cases with 17 deaths have been reported. The median age is 17 years old and range from five to 46 months. The index case was traced to 4 July. Patients presented with symptoms such as inability to urinate (100% of cases), fever (100% of cases), vomiting (91%), and diarrhoea (55%). All children had an acute onset of symptoms, and clinical progression was rapid. Preliminary investigation was conducted to identify contacts of the cases. No similar illness among other siblings of similar age or other household members was detected. Further investigation is ongoing.
As of 16 August 2022, a total of 168 496 confirmed COVID-19 cases have been reported in Ghana. There have been 1 459 deaths and 166 952 recoveries reported.

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 and no epidemiological link was established during the preliminary epidemiological investigation. Preliminary laboratory results from the Noguchi Memorial Institute for Medical Research suggest that the infection is due to Marburg Virus. Of the two samples collected and sent to the Institute Pasteur in Dakar for confirmation, one turned positive for MVD. Following the initial confirmation of two cases of MVD 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-20 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.

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.

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 and 21 contacts were identified in Kouroussa.

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.

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.

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.

Chikungunya outbreak 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%).

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

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.

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, including 33 502 recoveries and 704 deaths.

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.

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 Une, La Côte D’Ivoire but sought treatment at the Pleabo 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.

Liberia confirmed a case of cholera on 2 July 2022. As of 4 August 2022, there have been 102 cases of cholera confirmed and 1 death (CFR 1%).

Liberia has a confirmed case of typhoid fever with one death reported (CFR 1%).

Liberia's Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 21 August 2022, a total of 66 615 confirmed cases including 1 410 deaths have been reported in the country.

Liberia has reported a total of 7 656 cases including 294 deaths and 7 243 recoveries have been reported.

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).

Since the beginning of 2022 up to 27 July 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.

Lesotho COVID-19 Grade 3 13-May-2020 13-May-2020 11-Aug-22 34 206 34 206 704 2.1%

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, including 33 502 recoveries and 704 deaths.

Lesotho has reported a total of 7 656 cases including 294 deaths and 7 243 recoveries have been reported.

Liberia has 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 Une, La Côte D’Ivoire but sought treatment at the Pleabo 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.

Liberia has reported a total of 7 656 cases including 294 deaths and 7 243 recoveries have been reported.

Malawi COVID-19 Grade 3 02-Apr-20 2-Apr-20 21-Aug-22 87 783 87 783 2 626 3.0%

Malawi has reported a total of 1 448 cholera cases with 57 deaths from 12 districts.

Malawi's Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 21 August 2022, a total of 87 783 confirmed cases including 2 676 deaths have been reported in the country.

One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 18 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

The humanitarian situation in Mali has deteriorated significantly in the first half of 2022 due to the intensification of the conflict and intercommunity clashes. The level of need is the highest it has been since the crisis began in 2012. Currently, 7.5 million people, or one in three Malians, are in need of humanitarian assistance, up from 3.8 million in 2017. In addition, 1.8 million people need food aid, a 50% increase from last year.
COVID-19 cases have been reported in the country including 739 deaths and 30 436 recoveries. On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 21 August 2022, a total of 31 260 confirmed COVID-19 cases have been reported in the country including 739 deaths and 30 436 recoveries.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 11 August 2022, a total of 248 720 confirmed COVID-19 cases including 1014 deaths have been reported in the country.

Niger COVID-19 Grade 3 21-Aug-22 21-Aug-22 2 0 227 227 0.0%

On 2 June 2022, the Ministry of Health and Social Services of Namibia notified WHO about a confirmed outbreak of measles in Omusati region, Outapi district. A total of 23 cases have been reported in the region including 0 deaths and 16 confirmed cases. 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.
### Health Emergency Information and Risk Assessment

**Lassa fever**

From 1 January 2021 to 7 August 2022, a total of 9125 cases with 311 deaths have been reported across the country. A total of 8779 recoveries have been reported from the country.

**COVID-19**

From week 1 to week 15 (ending 17 April) of 2022, a total of 6103 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.

**Measles**

Since early 2021 to week 2, 2022 (ending 16 January 2022), 1688 cases have been reported with 76 deaths (CFR 4.5%). Two health districts in Zinder region crossed the alert threshold: Dungass with an attack rate 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.

**Meningitis**

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 19 August 2022, a total of 262,912 confirmed cases with 256,609 recovered and 3,147 deaths have been reported.

**Polio**

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.

**Monkeypox**

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), Kwara (5), Kano (5), Kebbi (4), Cross River (3), Born (3), Oyo (3), Gombe (3), Katsina (2), Kogi (2), Ogun (2), Niger (1), Bauchi (1), Akwa Ibom (1) and Ebonyi (1). Four deaths were recorded among confirmed cases from Delta, Lagos, Ondo and Akwa Ibom States.

<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>
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</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>01-Feb-15</td>
<td>1-Feb-2015</td>
<td>30-Jun-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Niger</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>07-Aug-22</td>
<td>9125</td>
<td>9125</td>
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<td>Measles</td>
<td>Ungraded</td>
<td>05-Apr-22</td>
<td>01-Jan-22</td>
<td>17-Apr-22</td>
<td>6103</td>
<td>323</td>
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<td>Meningitis</td>
<td>Ungraded</td>
<td>01-Jan-21</td>
<td>22-May-22</td>
<td>1688</td>
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<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jan-20</td>
<td>01-Jan-21</td>
<td>03-Aug-22</td>
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<tr>
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<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>10-Oct-16</td>
<td>10-Oct-16</td>
<td>01-Apr-22</td>
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<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>01-Jan-21</td>
<td>01-Jan-21</td>
<td>07-Aug-22</td>
<td>917</td>
<td>880</td>
<td>165</td>
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<tr>
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<td>Lassa fever</td>
<td>Grade 1</td>
<td>01-Jan-21</td>
<td>01-Jan-21</td>
<td>07-Aug-22</td>
<td>917</td>
<td>880</td>
<td>165</td>
<td>18.8%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>31-Jan-22</td>
<td>01-Jan-22</td>
<td>07-Aug-22</td>
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<td>Grade 2</td>
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<td>01-Jan-18</td>
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<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jun-18</td>
<td>01-Jan-18</td>
<td>15-Jul-22</td>
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<td>0</td>
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<tr>
<td>Nigeria</td>
<td>Undiagnosed disease (movement disorder condition)</td>
<td>Ungraded</td>
<td>21-Jul-22</td>
<td>2-Jun-2022</td>
<td>15-Jul-22</td>
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<td>Nigeria</td>
<td>Yellow fever</td>
<td>Grade 2</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>
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</tr>
</tbody>
</table>

**Country Event Grade Start of period End of period**

- **Nigeria:** Humanitarian crisis (Sahel region) Grade 2 01-Feb-15 30-Jun-22
- **Niger:** COVID-19 Grade 3 19-Mar-20 07-Aug-22
- **Nigeria:** Poliomyelitis (cVDPV2) Grade 2 01-Jan-20 01-Apr-22
- **Nigeria:** Poliomyelitis (cVDPV2) Grade 2 10-Oct-16 10-Oct-16
- **Nigeria:** Measles Ungraded 05-Apr-22 01-Jan-22
- **Nigeria:** Lassa fever Grade 1 01-Jan-21 07-Aug-22
- **Nigeria:** Monkeypox Grade 3 31-Jan-22 01-Jan-22
- **Nigeria:** Poliomyelitis (cVDPV2) Grade 2 01-Jun-18 01-Jan-18
- **Nigeria:** Poliomyelitis (cVDPV2) Grade 2 01-Jun-18 01-Jan-18
- **Nigeria:** Undiagnosed disease (movement disorder condition) Ungraded 21-Jul-22 2-Jun-2022
- **Nigeria:** Yellow fever Grade 2 12-Sep-17 01-Jan-21

**Note:** Since 19 March 2020 to 7 August 2022, a total of 925 cases with 311 deaths have been reported across the country. A total of 8779 recoveries have been reported from the country.
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 18 August 2022, a total of 132 377 cases with 1 466 deaths and 130 860 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 18 August 2022, a total of 6 123 confirmed cases of COVID-19 have been reported, including 76 deaths. A total of 6 043 cases have been reported as recoveries.

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.

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-year old age group and above (43%) followed by 12-59 months (29%), 0-11 months (14%) and 5-15 years (14%).

Since the start of the COVID-19 pandemic in South Africa through 21 August 2022, a cumulative total of 4 009 730 confirmed cases and 102 066 deaths have been reported.

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 confirmed cases of COVID-19 including 1 968 deaths and 85 753 recoveries have been reported in Senegal.

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 16 total in 2021).

Tragedy befell some graduation/birthday party attendants on 28 July 2022 at Momoh Thorley Street in Kenema, 84 people (Males-26, females-55) went unconscious after eating jollof rice, birthday cakes, and drinking ginger. One death, a 1-year old child was registered. Health authorities continue to monitor the situation.

By 11 May 2022 (Week 19), 12 out of 16 districts reported 379 confirmed measles cases (106 lab confirmed and 273 epi linked) 64% (208) of these cases are below five years, 26.4 % (100) above five years and 18.7%, (71) age missing. Currently, three districts (Western Rural, Western Urban and Port Loko District ) are experiencing measles outbreak. Surveillance and immunization activities have been intensified in all districts.

Since the start of the COVID-19 pandemic in South Africa through 21 August 2022, a cumulative total of 4 009 730 confirmed cases and 102 066 deaths have been reported.
From 22 June 2022 to date (16 August), there have been four unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 2), and Limpopo (n = 1) provinces and are males aged 30, 32, 42, and 48 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 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. An estimated 1.3 million children under five years and 676K pregnant/lactating women are expected to suffer acute malnutrition in 2022. In June 2022, malnutrition cases peaked with a 26% increase in admissions as compared to previous years. 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.

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. Over the past three years, seasonal floods have caused thousands of people to be displaced as well as caused problems for water, sanitation, and hygiene conditions in formal camps and informal settlements. Waters have not receded and are expected to worsen by the forthcoming rainy season. In Leer, Mayendit, and Twic counties floods have already been reported in August of 2022 of which the later has reported nearly 2,400 displacements. Additionally, Abyei Administrative Area, Unity, and Eastearn Equatoria States have experienced >100K displacements due to armed conflict as of 18 August 2022.

From 19 March to 14 August 2022, 316 cases and 1 death (CFR 0.33%) have been reported from Unity State and Ruweng Administrative Area, however most cases have been reported from the Bentiu IDP camp (279 cases, 89% of cumulative total). A total of 56 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 61% of all cases and children ages 0-4 years have been the most affected age group accounting for 35.7% 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. More than 1 million doses of cholera vaccine doses have been administered in 2022 and more vaccination campaigns are being planned.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 18 August 2022, a total of 17,867 confirmed COVID-19 cases were reported in the country including 138 deaths and 17,867 recovered cases.

The current outbreak in the Bentiu IDP camp is ongoing. As of 19 June 2022, a total of 2,048 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 12 August 2022, a total of 38,454 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 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.

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 cases including 280 deaths and 37,672 recovered cases have been reported in the country.
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 Buduba (19 cases and one death). Of note, 55 animals have suddenly died in Bududa (30), Namisindwa (9), Manafwa (8), Kween (6) & Mbale City (2) Districts.

The latest data from the Integrated Food Security Phase Classification (IPC) indicates that all nine districts in the Karimoja region are classified in IPC Phase 3 (Crisis) with 520,000 facing significant food insecurity. In response, UNICEF completed a nutrition mass screening in Moroto and Kaabong in early June 2022, which found that some 1 in 5 children are malnourished.

There have been 376 suspected cases reported of yellow fever during 1 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 Feb 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.

On 31 July 2022, floods from Nabayonya river affected Nabuti and Nkibiso, Namata and Nkoma affecting many people. Affected persons have presented with severe and minor injuries. Eight deaths have been reported.

A cholera outbreak was declared in Zambia on 3 May 2022. A total of 160 cases have been registered with no deaths reported as of 31 July 2022. Three districts are affected: Lusaka, Chilanga and Nsama.

A measles outbreak has been ongoing in Mutasa district, Zimbabwe since 10 April 2022. As of 19 July, a total of 421 confirmed cases with 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.
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.