Overview

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
- Flooding in West and Central Africa
- 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:

- The Ebola virus disease outbreak recently declared by the Democratic Republic of the Congo health authorities on 21 August 2022 in Beni health zone, continues with no new confirmed case reported. Responses activities have been triggered including investigation of the source of contamination for the index case, identification of contacts and management of suspects, infection prevention and control and vaccination among others. Insufficient resources mobilisation to implement the response plan as well as strengthening risk communication activities to overcome resistance of the population to public health response activities, are among the main challenges faced while responding to this outbreak.

- Eleven countries have confirmed monkeypox outbreaks in Africa from January to August 2022. Majority of cases have been reported in countries that previously notified monkeypox cases. WHO continues to provide necessary support to improve surveillance and laboratory capacity, including genomic surveillance in affected countries.

- Heavy rains and floods continue to pose significant threats to human lives, livelihoods, properties, lands and livestock in West and Central Africa where there is already a complex mixture of crises including conflicts, instability, violence, food insecurity, malnutrition, outbreaks, and the socio-economic impacts of COVID-19 and war in Ukraine. Available funds are therefore insufficient to respond to these multiple emergencies. Moreover, these flooding events have severely disrupted already limited basic social services including health care and hygiene, as well as supply chains, and increased the risk of water- and vector-borne disease outbreaks.
EVENT DESCRIPTION

Following the declaration of the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo, laboratory results genetically linked the confirmed case to the 2018-2020 outbreak in North Kivu and Ituri provinces.

As of 26 August 2022, one confirmed case, a 46-year-old woman, who died on 15 August has been reported giving a case fatality ratio (CFR) of 100%. No new confirmed case was reported in the past week. Only one health zone (Beni) and one health area, (Butanuka) have been affected at the moment.

About 177 contacts have been listed since the onset of the outbreak, among them two were found already deceased in the community on 24 and 25 August respectively. Laboratory samples collected on the dead bodies tested negative for Ebola. Of the total contacts listed, four became suspected cases and samples were collected for laboratory analysis. Among the 22 health areas of the Beni health zone, 21 have at least one listed contact, with Kanzulinzuli 55 (31.1%) and Butanuka 33 (18.6%) health areas leading in number of contacts.

Regarding alerts, a total of 176 alerts including three deaths were reported as of 27 August 2022, 175 alerts (98.9%) were investigated, of which 10 (5.7%) were validated as suspected cases of Ebola and samples collected from all of them. Out of the 176 alerts reported, 129 (73.3%) are from active case search, 41 (23.3%) from healthcare facilities and six (3.4%) from the community.

From 15 to 27 August 2022, a total of 122 samples (73 swabs) were collected and analyzed, of which one sample (1 swab) tested positive for the Ebola virus.

Vaccination activities of contacts and contacts of contacts were launched on 25 August 2022 targeting firstly the contacts and contacts of contacts. A total of 77 contacts have been vaccinated so far, including 44 frontline health workers as of 28 August 2022.

SITUATION INTERPRETATION

This new EVD outbreak occurs in an ongoing complex security and humanitarian contexts in the eastern part of DRC. The population’s distrust toward the security measures put in place by the authorities and could impact the implementation of control measures. Gaps in resource mobilization for full implementation of the response plan should be filled as soon as possible. It is essential that all contacts are identified and followed up on a regular basis, the current contact follow-up performance must be improved to reach the target of 100% of contact follow-up in the last 24 hours.

PUBLIC HEALTH ACTIONS

- On 21 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.
EVENT DESCRIPTION

The African continent continues to respond to the Monkeypox pandemic, however, with an increasing trend observed since April 2022. As of August 28 2022, there have been 449 confirmed cases of Monkeypox reported in 11 African countries: Democratic Republic of the Congo (DRC) (195), Nigeria (172), Ghana (56), Cameroon (7), South Africa (5), Benin Republic (3), Central Africa Republic (CAR) (3), Congo (3), Liberia (2), Sudan (2), and Morocco (1).

In addition, nine deaths have been reported from Nigeria (4), Ghana (3), and CAR (2). The number of Monkeypox cases and deaths in Africa represents 1.0% and 60.0% of global cases and fatalities, respectively.

The top three countries reporting the highest number of confirmed cases include; DRC 195 (43.6%), Nigeria 172 (38.5%), and Ghana 56 (12.5%), accounting for 94.6% (n = 423) of all confirmed cases. An average age of 21 years has been noted among all Monkeypox cases reported. Males (59%) have been more affected than females.

Between 18 and 28 August 2022, 34 new confirmed cases were reported from three countries in the African region; DRC (32), South Sudan (1) and South Africa (1). No new country has reported a monkeypox case in the previous week.

Between 1 January and 28 August 2022, 47 652 laboratory-confirmed Monkeypox cases were reported globally. Similarly, 15 deaths were reported from Brazil (1), Cuba (1), Ecuador (1), India (1), CAR (2), Spain (2), Ghana (3), and Nigeria (4) across all six WHO regions. Between 20 and 26 August 2022, there was an increase of 15% in the number of cases reported globally. During the period, 23% increase was reported in the WHO Region of the Americas, 13% in the WHO Western Pacific Region; 8% in the WHO South-East Asia Region; 7% in the WHO European Region; and 3% in the WHO Eastern Mediterranean Region.

SITUATION INTERPRETATION

No new country reported a Monkeypox case in Africa in the past seven days. DRC, Nigeria and Ghana continue to report the highest burden of disease. New weekly cases were reported from three countries in the AFRO region, including the Democratic Republic of Congo, South Sudan and South Africa. More than half of the confirmed monkeypox cases are males. Improved case investigations and testing of suspected cases are required. WHO AFRO is providing necessary support to improve surveillance and laboratory capacity, including genomic surveillance in affected countries.

PUBLIC HEALTH ACTIONS

- Surveillance technical guidelines and reporting tools have been developed and disseminated to all countries to facilitate case detection, reporting, case investigations, contact tracing and follow-up.
- A system for proactive information and data gathering using the Epidemic Intelligence from Open Sources platform was established to improve signal detection and verification with the national authorities.
- An epidemiology analytics cell has been established at AFRO to improve data capture, management, analysis, interpretation and use of the resulting information for decision-making.
- A monkeypox vaccination strategy has been developed to guide the identification of high-risk and priority groups for vaccination.
Distribution of cases of Monkeypox in the WHO African Region, as of 28 August 2022
EVENT DESCRIPTION

Since the beginning of 2022, seasonal rains and floods have severely impacted 17 countries of Western and Central Africa including Burkina Faso, Cameroon, Central African Republic (CAR), Chad, Congo, Cote d’Ivoire, Democratic Republic of Congo (DRC), Gambia, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, and Senegal.

As of 16 August 2022, nearly 731,000 people have been affected including 250 deaths and 749 injuries. The large majority of these affected populations were recorded in Congo (163,000), Chad (111,000), Liberia (89,000), Nigeria (79,000), Niger (66,000), DRC (61,000), Gambia (44,000), Mauritania (34,000) and CAR (26,000). Approximately, 35,000 houses have been damaged or completely destroyed by waters and/or landslides in 13 countries, including 2,455 internally displaced people (IDP) shelters in Burkina Faso, Chad and Nigeria. Of all the affected persons, a total of 126,000 people have been internally displaced across 11 countries.

Although many of the affected regions and countries were already grappling with high levels of insecurity and violence, instability, food insecurity, and malnutrition, the flooding events have increased populations’ vulnerabilities, leaving thousands into crisis.

Floods have affected already limited access to basic social services including health care, education, and water, sanitation and hygiene. Livelihoods have been disrupted, roads have collapsed and markets have been overflooded, aggravating living conditions and access to food and non-food items. Water sources such as wells have been contaminated, with an increased incidence of water- and vector-borne disease outbreaks. Displacements have also increased, especially in already overcrowded settlement camps where diseases spread easily.

According to the rainfall forecast for July-October 2022, countries with the highest risks of floodings include Chad, Cote d’Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Mali, Niger, Nigeria, Senegal, and Sierra Leone. These hotspots countries have a significant number of people residing in areas with high floods exposure and are thus expected to receive “normal to above average rainfall” or “above average rainfall” during the 2022 rainy season.

SITUATION INTERPRETATION

The effects of climatic shocks including flooding events continue to affect Africa, especially in its Central and Western parts. In 2021 for instance, flooding affected 1.4 million people in 15 countries in West and Central Africa, which is currently tending towards a similar trend in 2022. However, majority of these countries have neither developed nor strengthened emergency preparedness plans including plans to respond to floods, as well as flood risks maps, nor built water diversions to prevent recurrent floods. Humanitarian and development organizations should develop and implement emergency preparedness and contingency plans, and donors should increase funding for disaster and emergency preparedness and contingency planning, in order to maximize the potential of response funds to meet humanitarian needs in a more timely, appropriate, and effective manner.

PUBLIC HEALTH ACTIONS

- National and local authorities are leading the response, including Civil Protection and Disaster Management Agencies, national Red Cross societies and non-governmental organizations, as well as community-based organizations.
- Humanitarian agencies are responding to the acute needs of the most vulnerable and displaced people to help communities to recover rapidly.
- Surveillance activities have been reinforced to timely detect and adequately respond to any emerging outbreak.
**EVENT DESCRIPTION**

A total of 4,218 new COVID-19 infections were reported in the African region in the week ending August 28, showing a 13% decline (from 4,853 to 4,218 new cases) as compared to data from the previous week (ending August 21) for the 25 countries with available complete data and reports.

Eight countries have reported an increase in the number of weekly new cases compared to the previous week, including Zambia (5%), Togo (17%), Kenya (18%), Nigeria (26%), Uganda (31%), Niger (97%), Chad (136%), and Mali (333%). South Africa 35% (1,480) Nigeria 12% (495), Algeria 9% (389), Zambia 6% (263), and Cote d’Ivoire 4% (186) accounted for the majority (67%) of the 4,218 new cases recorded this week.

The weekly number of COVID-19-related deaths continues to fall, with 26 fatalities recorded in the last seven days, down from 98 in the preceding seven days. South Africa recorded 18 deaths and this was followed by Eswatini (3), Kenya (1), Mozambique (1), Nigeria (1), Uganda (1), and Zimbabwe (1). In the week ending August 21, 2022, Zimbabwe in the Southern Africa subregion had a two-weeks lag CFR of 3.5%, while the subregional average was below 1.0%.

As of 28 August 2022, there have been more than 8,781,856 laboratory-confirmed cases of COVID-19 recorded in the WHO AFRO region since the pandemic began in 2020, with at least 173,244 deaths, yielding a case fatality ratio of 2%.

Since the start of the epidemic, the following five nations have reported the highest number of deaths attributable to COVID-19: South Africa accounted for 102,084 fatalities (59%) while Ethiopia accounted for 7,571 (4%), Algeria for 6,878 (4%), Kenya for 5,674 (3%) and Zimbabwe for 5,593 (3%).

**SITUATION INTERPRETATION**

Since the fifth wave’s peak in May 2022, incidence and death attributable to new COVID-19 cases have continued to drop throughout the African region. The current number of weekly reported new cases is the lowest of the previous four waves and is comparable to the number of cases reported in April 2020, at the start of the epidemic.

No country in the region is experiencing a resurgence, although caution is still essential since the aggregated national COVID-19 figures may not necessarily reflect the classification situation at sub-national levels, where a resurgence of new cases may occur. Several countries, including Cameroon, Chad, Ghana, Mali, and Niger, require close monitoring and investigation since the weekly incidence of COVID-19 has increased for four consecutive weeks. In the region, eight countries are now listed to be in the ALERT mode: Algeria, Burundi, Cameroon, Gambia, Liberia, Niger, Seychelles, and Tanzania.

WHO encourages its Member States to keep a careful check on any indicators of a resurgence of COVID-19, while also integrating COVID-19 surveillance into the standard national surveillance system for diseases with epidemic and pandemic potential.
### Table 1: Weekly Lab confirmed COVID-19 new cases and change over the last 7 days

<table>
<thead>
<tr>
<th>Country</th>
<th>01-07 August</th>
<th>08-14 August</th>
<th>15-21 August</th>
<th>22-28 August</th>
<th>Weekly change</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>1 747</td>
<td>1 461</td>
<td>1 545</td>
<td>1 480</td>
<td>-4%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>908</td>
<td>635</td>
<td>392</td>
<td>495</td>
<td>26%</td>
</tr>
<tr>
<td>Algeria</td>
<td>800</td>
<td>887</td>
<td>664</td>
<td>389</td>
<td>-41%</td>
</tr>
<tr>
<td>Zambia</td>
<td>1 026</td>
<td>1 505</td>
<td>250</td>
<td>263</td>
<td>5%</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>406</td>
<td>439</td>
<td>303</td>
<td>186</td>
<td>-39%</td>
</tr>
<tr>
<td>Benin</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>174</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>254</td>
<td>262</td>
<td>215</td>
<td>164</td>
<td>-24%</td>
</tr>
<tr>
<td>Burundi</td>
<td>1 487</td>
<td>786</td>
<td>515</td>
<td>149</td>
<td>-71%</td>
</tr>
<tr>
<td>Niger</td>
<td>10</td>
<td>14</td>
<td>64</td>
<td>126</td>
<td>97%</td>
</tr>
<tr>
<td>Uganda</td>
<td>142</td>
<td>180</td>
<td>91</td>
<td>119</td>
<td>31%</td>
</tr>
<tr>
<td>Kenya</td>
<td>231</td>
<td>97</td>
<td>97</td>
<td>114</td>
<td>18%</td>
</tr>
<tr>
<td>Senegal</td>
<td>229</td>
<td>137</td>
<td>208</td>
<td>108</td>
<td>-48%</td>
</tr>
<tr>
<td>Togo</td>
<td>109</td>
<td>94</td>
<td>72</td>
<td>84</td>
<td>17%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>105</td>
<td>52</td>
<td>89</td>
<td>76</td>
<td>-15%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>116</td>
<td>191</td>
<td>114</td>
<td>67</td>
<td>-41%</td>
</tr>
<tr>
<td>Mali</td>
<td>8</td>
<td>9</td>
<td>15</td>
<td>65</td>
<td>333%</td>
</tr>
<tr>
<td>Chad</td>
<td>5</td>
<td>5</td>
<td>14</td>
<td>33</td>
<td>136%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>49</td>
<td>32</td>
<td>31</td>
<td>27</td>
<td>-13%</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>51</td>
<td>40</td>
<td>35</td>
<td>20</td>
<td>-43%</td>
</tr>
<tr>
<td>Comoros</td>
<td>23</td>
<td>53</td>
<td>20</td>
<td>20</td>
<td>0%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>107</td>
<td>51</td>
<td>31</td>
<td>17</td>
<td>-45%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>25</td>
<td>22</td>
<td>17</td>
<td>14</td>
<td>-18%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>66</td>
<td>42</td>
<td>16</td>
<td>11</td>
<td>-31%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>44</td>
<td>16</td>
<td>39</td>
<td>9</td>
<td>-77%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>73</td>
<td>18</td>
<td>13</td>
<td>5</td>
<td>-62%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td>Mauritius</td>
<td>3 026</td>
<td>2 347</td>
<td>307</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td>340</td>
<td>249</td>
<td>258</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td>62</td>
<td>89</td>
<td>108</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Liberia</td>
<td>105</td>
<td>79</td>
<td>103</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>86</td>
<td>45</td>
<td>46</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Central African Republic</td>
<td>21</td>
<td>33</td>
<td>26</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>5</td>
<td>NR</td>
<td>16</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>100</td>
<td>26</td>
<td>14</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>30</td>
<td>NR</td>
<td>9</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>252</td>
<td>94</td>
<td>7</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Cameroon</td>
<td>443</td>
<td>685</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Seychelles</td>
<td>152</td>
<td>160</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Gambia</td>
<td>89</td>
<td>73</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Gabon</td>
<td>81</td>
<td>43</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Namibia</td>
<td>34</td>
<td>23</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td>66</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Congo (Republic of)</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Guinea</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12 916</strong></td>
<td><strong>1 0978</strong></td>
<td><strong>5 747</strong></td>
<td><strong>4 218</strong></td>
<td><strong>-27%</strong></td>
</tr>
</tbody>
</table>

*NR: Not reported*
Health Emergency Information and Risk Assessment

**Kenya**

**Influenza A (H1N1)**

An outbreak of influenza A (H1N1) has been reported in Gilgil sub county in Nakuru County. A total of 175 cases with five confirmed and one death (CFR 0.6%) have been reported from 19 Jul to 25 Aug 2022. A total of 28 new cases were reported in week 33 (ending 25 August 2022).

**Tanzania, United Republic of**

**Measles**

A measles outbreak is ongoing in Tanzania since June 2022. As of 23 August 2022, a cumulative total of 223 suspected measles cases, with two IgM positive cases were reported since the onset of the outbreak in June 2022. A total of 88 cases were admitted to the local hospitals. About 48% (108 cases) of the suspected cases were children under five years of age. The majority of cases are reported from Magharibi B, Magharibi A and Wete districts. The Ministry of health is working on strengthening surveillance and routine vaccination activities as well as the planning for a mass measles vaccination outbreak response.

**West and Central Africa**

**Floods**

Since the beginning of 2022, seasonal rains and floods have severely impacted 17 countries of Western and Central Africa including Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Cote d’Ivoire, Democratic Republic of the Congo, Gambia, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, and Senegal. As of 16 August 2022, nearly 731 000 people have been affected including 250 deaths and 749 injuries. Some 35 000 houses have been damaged or completely destroyed by waters and/or landslides in 13 countries, including 2 455 IDP shelters in Burkina Faso, Chad and Nigeria, and a total of 126 000 people have been internally displaced across 11 countries.

**Botswana**

**COVID-19**

From 25 February 2020 to 28 August 2022, a total of 270 194 confirmed cases of COVID-19 with 6 878 deaths have been reported from Algeria, with 181 829 recovered.

**Benin**

**COVID-19**

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 11 August 2022, a total of 102 636 confirmed COVID-19 cases have been reported in the country, with 163 deaths and 27 217 recoveries.

**Burundi**

**COVID-19**

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 27 August 2022, the total number of confirmed COVID-19 cases is 49 212, including 15 deaths and 47 677 recovered.

**Algeria**

**COVID-19**

From 25 February 2020 to 28 August 2022, a total of 270 194 confirmed cases of COVID-19 with 6 878 deaths have been reported from Algeria, with 181 829 recovered.

**Benin**

**Monkeypox**

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.

**Benin**

**Poliomyelitis (cVDPV2)**

Two cases of Circulating Vaccine-derived poliovirus type 2 (cVDPV2) were reported, one each in Atlantique and Oueme making them the first cases in 2022. Six cases were reported in 2021 and 2020, and 8 in 2019. No new case of Circulating Vaccine-derived poliovirus type 2 (cVDPV2) was reported this week.

**Botswana**

**COVID-19**

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 25 August 2022, a total of 325 864 confirmed COVID-19 cases were reported in the country including 2 778 deaths.

**Burkina Faso**

**Humanitarian crisis (Sahel Region)**

Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated due to attacks by armed groups. A total of 30 000 people from Sebbah to face a deteriorating food security situation after a month of blockade by armed groups preventing food supplies. Access to health services remains a challenge for the population in affected areas. There are 192 non-functional health facilities and 353 facilities that function at a minimum level of their capacity.

**Burkina Faso**

**COVID-19**

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.

**Central African Republic**

**Floods**

Since the beginning of 2022, seasonal rains and floods have severely impacted 17 countries of Western and Central Africa including Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Cote d’Ivoire, Democratic Republic of the Congo, Gambia, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, and Senegal. As of 16 August 2022, nearly 731 000 people have been affected including 250 deaths and 749 injuries. Some 35 000 houses have been damaged or completely destroyed by waters and/or landslides in 13 countries, including 2 455 IDP shelters in Burkina Faso, Chad and Nigeria, and a total of 126 000 people have been internally displaced across 11 countries.

**China**

**COVID-19**

Two cases of Circulating Vaccine-derived poliovirus type 2 (cVDPV2) were reported, one each in Atlantique and Oueme making them the first cases in 2022. Six cases were reported in 2021 and 2020, and 8 in 2019. No new case of Circulating Vaccine-derived poliovirus type 2 (cVDPV2) was reported this week.

**DRC**

**COVID-19**

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 25 August 2022, a total of 325 864 confirmed COVID-19 cases were reported in the country including 2 778 deaths.

**Eswatini**

**COVID-19**

On 30 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 27 August 2022, the total number of confirmed COVID-19 cases is 49 212, including 15 deaths and 47 677 recovered.
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.

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 Ballin 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.

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.

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 25 July 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 notified in South-West.

Between 1 and 31 July 2022, 478 confirmed cases are lab confirmed, 1 398 epi linked and 49 clinical compatible.

As of 5 August 2022, Cameroon 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 Ayos Health District (4) in the Centre Region, Kumba Health District (2) in the South-West Region and Benakuma Health District in the North-West Region (1). Males and females are equally affected and the median age is 17.3 years (range 1-36 years).

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. 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. Of the 461.3M USD required for 2022 HRP, 221.4M have already been received as of 8 August 2022, representing 48% of expectations.

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 17 August 2022, a total of 14 861 confirmed cases, 113 deaths and 14 520 recovered were reported.

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 19, Kouango-Grimi at week 11, Alindao at week 14 and Haute-Kotto at week 20. )
Central African Republic

**Monkeypox**

- **Grade:** Grade 3
- **Date notified to WCO:** 3-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: Mbaiki, Alindao and Bimbo.

**Yellow fever**

- **Grade:** Grade 2
- **Date notified to WCO:** 14-Sep-21
- **Start of reporting period:** 1-Apr-2021
- **End of reporting period:** 9-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 Cameroun. 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:** Grade 2
- **Date notified to WCO:** 11-Feb-22
- **Start of reporting period:** 01-Mar-16
- **End of reporting period:** 8-Aug-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 experienced flooding due to heavy rains starting from April 2022, and affected more than 340 000 people across 11 regions. The Capital, N’Djamena and the Southern region (Logone oriental and Occidental, Mayo Kebbi Est, Mayo Kebbi Ouest, Salamat and Sila) are the most affected. The affected population urgently needs food, NFIs, shelter and healthcare assistance.

**COVID-19**

- **Grade:** Grade 3
- **Date notified to WCO:** 19-Mar-20
- **Start of reporting period:** 19-Mar-20
- **End of reporting period:** 22-Aug-22
- **Total cases:** 7 489
- **Cases Confirmed:** 7 489
- **Deaths:** 193
- **CFR:** 2.6%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 22 August 2022, a total of 7 489 confirmed COVID-19 cases were reported in the country including 193 deaths.

**Leishmaniases**

- **Grade:** Ungraded
- **Date notified to WCO:** 8-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 five under five years old patients are 74 (38.0%). In 2022, 30 cases and two deaths have been reported.

**Measles**

- **Grade:** Ungraded
- **Date notified to WCO:** 24-May-18
- **Start of reporting period:** 01-Jan-22
- **End of reporting period:** 14-Aug-22
- **Total cases:** 2 640
- **Cases Confirmed:** 109
- **Deaths:** 1
- **CFR:** 0.0%

As of week 32 of 2022 (ending 14 August), Chad reported a total of 2 640 suspected measles cases through the aggregate reporting system; Eight districts have had lab confirmed measles outbreaks at some point since January 2022: N’Djamena Sud, Bongor, N’Djamena Centre, N’Djamena 9ème, Oum Hadjer, N’Djamena Est, Abougoudam and Bousso.

**Polioviruses (cVDPV2)**

- **Grade:** Grade 2
- **Date notified to WCO:** 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.

**Yellow fever**

- **Grade:** Grade 2
- **Date notified to WCO:** 13-Nov-21
- **Start of reporting period:** 01-Nov-21
- **End of reporting period:** 9-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 have been 1 627 suspected cases of yellow fever 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 Lake Chad subregion.

**Comoros**

- **COVID-19**
  - **Grade:** Grade 3
  - **Date notified to WCO:** 30-Apr-20
  - **Start of reporting period:** 30-Apr-20
  - **End of reporting period:** 24-Aug-22
  - **Total cases:** 8 445
  - **Cases Confirmed:** 8 445
  - **Deaths:** 161
  - **CFR:** 1.9%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 24 August 2022, a total of 8 445 confirmed COVID-19 cases, including 161 deaths and 8 259 recoveries were reported in the country.

**Measles**

- **Grade:** Ungraded
- **Date notified to WCO:** 14-Mar-20
- **Start of reporting period:** 14-Mar-20
- **End of reporting period:** 14-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.

**Polioviruses (cVDPV2)**

- **Grade:** Grade 3
- **Date notified to WCO:** 14-Mar-20
- **Start of reporting period:** 14-Mar-20
- **End of reporting period:** 11-Aug-22
- **Total cases:** 8 640
- **Cases Confirmed:** 8 640
- **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.

**Monkeypox**

- **Grade:** Grade 3
- **Date notified to WCO:** 23-May-22
- **Start of reporting period:** 01-Jan-22
- **End of reporting period:** 31-Jul-22
- **Total cases:** 8
- **Cases Confirmed:** 3
- **Deaths:** 3
- **CFR:** 37.5%

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 Oueissou 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 Oueissou was sampled and tested positive at the National Public Health Laboratory of Brazzaville.

**Yellow fever**

- **Grade:** Grade 2
- **Date notified to WCO:** 31-Mar-22
- **Start of reporting period:** 31-Mar-22
- **End of reporting period:** 22-Aug-22
- **Total cases:** 30
- **Cases Confirmed:** 30
- **Deaths:** 0
- **CFR:** 0.0%

In Congo, as of 22 August 2022, a total of 30 probable cases of yellow fever and four confirmed and zero deaths have been reported.

**COVID-19**

- **Grade:** Grade 3
- **Date notified to WCO:** 11-Feb-22
- **Start of reporting period:** 13-Aug-2021
- **End of reporting period:** 12-Aug-22
- **Total cases:** 55
- **Cases Confirmed:** 7
- **Deaths:** 0
- **CFR:** 0.0%

From 13 August 2021 to 21 August 2022, a total of 48 probable and seven confirmed cases of yellow fever were recorded in Côte d'Ivoire, with no deaths.
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. The provinces of North Kivu and Ituri have received the largest number of returnees over the past 3 months. A new attack by armed men was reported on 7 August 2022 in the locality of Madombo (Bakonde health area, Kilo health zone), about 10 km west of Kilo Center which led to the displacement of at least 639 people towards Kilo center and the destruction of the Bakonde health center depriving approximately 3 099 people of access to health care. 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 31 (ending 7 August 2022), 8 068 suspected cholera cases including 122 deaths (CFR: 1.5%) were recorded in 61 health zones across 11 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (2 958), Haut-Lomami (1 674), Tanganyika (1 576), and North Kivu (1 470). The overall national incidence is 13 cases per 100 000 inhabitants. From a total of 3 185 samples analysed since the beginning of the year through week 31, 865 returned positive for Vibrio cholerae yielding a positivity rate of 27.2%. As of week 31, a new epidemic was confirmed in Lusambo health zone of Sankuru province and response interventions are underway with the support of partners to quickly contain the outbreak.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 82 633 confirmed cases and two probable case, including 1 400 deaths have been reported. A total of 83 504 people have recovered.

The new Ebola virus disease outbreak recently declared by the Democratic Republic of the Congo health authorities on 21 August 2022 in the North-Kivu province is now at its thirteenth day as of 28 August 2022, with no new confirmed case reported since the first confirmed case was reported on 15 August 2022, a 46-year-old woman, who dead on 15 August after 23 days of admission at General Referral Hospital of Beni and unsafely buried on 16 August 2022 by her family, with a case fatality ratio (CFR) of 100%. Only one Health zone (Beni) and one health area, (Butansuka)are affected by this outbreak at the moment.

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.

From 1 January – 8 August 2022, the Democratic Republic of the Congo reported 2 660 suspected including 195 confirmed cases from 134 health zones across 22 provinces. The most affected provinces in 2022 are Sankuru (1 169), Tshopo (400), Maniema (197), and Tshuapa (181). At least 195 of the cases sampled were confirmed positive for monkeypox virus infection.

Between epidemiological weeks 1-31 of 2022, 559 cases of suspected bubonic plague have been reported with 9 deaths (CFR 1.6%). All cases have been reported from the Rutshy health zone in Ituri Province. Lopka health area has reported the majority of suspected cases (433, 77.5%) 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%).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of cases in 2022 remains 73. There were 28 cases in 2021.

In 2022, from epidemiological week 1 to 31 (ending 7 August 2022), 1 161 365 suspected cases of typhoid fever including 520 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.
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 25 August 2022, a total of 16 849 cases have been reported in the country with 183 deaths and 16 601 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 28 August 2022, a total of 10 154 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 10 046 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.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 28 August 2022, a total of 73 358 cases have been reported with 1 422 associated deaths.

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 493 144 cases of COVID-19 as of 28 August 2022, with 7 571 deaths and 471 532 recoveries.

From week 1 to 31 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.

On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogooué-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021.

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 168 565 confirmed COVID-19 cases have been reported in Ghana. There have been 1 459 deaths and 167 020 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 confirmation of this case of MVD, 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. All contacts identified have completed the 21-day follow-up.

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-28 August 2022, there have been 373 suspected cases, including 56 confirmed and three deaths reported from nine of the 16 administrative regions. Most of the positive cases were reported from the Greater Accra region. Of the confirmed cases, 33 (58.9%) are males; 23 are females (41.1%). The age of confirmed cases ranges from 4 months to 67 Years (min-max).

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 12 August 2022, a total of 68 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.

As part of routine surveillance, the Gbessia clinic reported on 8 September 2022 of a situation of seven (7) grouped cases working in the same clinic with similar symptoms of fever and vomiting. The epidemiological investigation 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 (LHVG) to test for various diseases of which resulted in two positive cases for Lassa fever. As of 28 August 2022, eighteen confirmed, one probable and two deaths cases of Lassa fever were reported in Conakry and Kindia.

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 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 21 July 2022, the country has reported 8 491 confirmed cases of COVID-19 with 8 300 recoveries and 175 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.

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.

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. Since January 2020, 2 056 cases including 5 674 deaths and 332 337 recoveries have been reported in the country.

Between 30 May and 7 August 2022, 11 suspected Anthrax cases and one confirmed have been reported in Kenya. No death reported so far, cases are reported from different counties including Kakamega. Among the five samples collected, one tested positive for Anthrax.

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.

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%).

Chikungunya outbreak has been reported in Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir and Tharaka Nithi. The outbreak is active in two counties, Kitui and West Pokot.

From 12 Jan to 25 Aug 2022, there were a total of 123 suspected cases of yellow fever including 11 deaths (CFR 8.9%) 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.

### Table

<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>Ghana</td>
<td>Marburg virus</td>
<td>Grade 2</td>
<td>6-Jul-22</td>
<td>6-Jul-2022</td>
<td>25-Jul-22</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>75.0%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>8-Jun-22</td>
<td>24-May-2022</td>
<td>23-Aug-22</td>
<td>373</td>
<td>56</td>
<td>3</td>
<td>0.8%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Nov-21</td>
<td>15-Oct-21</td>
<td>12-Aug-22</td>
<td>129</td>
<td>61</td>
<td>21</td>
<td>16.3%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>24-Jul-22</td>
<td>37 429</td>
<td>37 429</td>
<td>445</td>
<td>1.2%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>10-Aug-22</td>
<td>10-Aug-2022</td>
<td>13-Aug-22</td>
<td>18</td>
<td>6</td>
<td>2</td>
<td>11.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>15-Jul-22</td>
<td>30-Jun-22</td>
<td>7-Aug-22</td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>3-Mar-22</td>
<td>13-Feb-2022</td>
<td>30-Jul-22</td>
<td>189</td>
<td>5</td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>30-May-22</td>
<td>3-May-2022</td>
<td>19-Jun-22</td>
<td>319</td>
<td>2</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>03-Jan-20</td>
<td>30-Jul-22</td>
<td>1 813</td>
<td>1 632</td>
<td>10</td>
<td>0.6%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-22</td>
<td>12-Jan-22</td>
<td>25-Aug-22</td>
<td>123</td>
<td>3</td>
<td>11</td>
<td>8.9%</td>
</tr>
</tbody>
</table>
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.

From 16 March 2020 to 21 August 2022, Liberia has recorded a total of 7,835 cases including 294 deaths and 7,260 recoveries have been reported.

As of 20 July 2022, 5,923 suspected cases, including 5,526 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).

As of 28 July 2022, a total of 66,628 confirmed cases including 1,410 deaths have been reported in the country.

Epidemiological surveillance and response (IDSR) system. A total of 37 out of 75 health districts have confirmed measles outbreak, of which 13 health districts have received vaccines for response.

The 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.

The median age of the affected population is 6 years (range: 1 month-67 years).

As of 3 July 2022, a total of 2,017 suspected cases of measles and 626 confirmed and one death (CFR 0.1%) have been reported in Mali through integrated disease surveillance and response (IDSR) system. A total of 37 out of 75 health districts have confirmed measles outbreak, of which 13 health districts have received vaccines for response. The most affected age group is from 0 to 59 months.
<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>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>28-Aug-22</td>
<td>62 761</td>
<td>62 761</td>
<td>992</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 28 August 2022, a total of 62 761 cases including 992 deaths and 61 723 recovered have been reported in the country.

| Mauritius   | COVID-19               | Grade 3 | 18-Mar-20            | 18-Mar-20                | 15-Aug-22              | 254 400     | 248 720         | 1 020  | 0.4%  |

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 15 August 2022, a total of 254 400 confirmed COVID-19 cases including 1020 deaths have been reported in the country.

| Mozambique  | Humanitarian crisis in Cabo Delgado | Protracted 2 | 1-Jan-20 | 01-Jan-20 | 31-Mar-22 | - | - | - | - |

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

| Mozambique  | Cholera                | Ungraded | 23-Mar-22 | 13-Jan-22 | 23-Aug-22 | 3 470 | 16 | 15 | 0.4% |

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 23 August 2022, a total of 3 470 cases and 15 deaths (CFR 0.4%) have been reported. In Sofala province, cases have been reported from Caia (707, 21.7%), Maríque (30, 0.9%), Chémbe (36, 1.1%), and Marromeu districts (274, 8.1%). In Zambezia province, cases have been reported from Morrumbala (1 333, 40.9%), Moqueá (589, 18.0%), and Quelimane City (386, 5.9%) districts. A total of 63 samples have been tested, of which 41 have returned positive for cholera by rapid diagnostic test (RDT) and 16 turned positive by culture. Response activities are ongoing.

| Mozambique  | COVID-19               | Grade 3 | 22-Mar-20 | 22-Mar-20 | 24-Aug-22 | 230 019 | 230 019 | 2 219 | 1.0% |

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 24 August 2022, a total of 230 019 confirmed COVID-19 cases were reported in the country including 2 219 deaths and 227 376 recoveries.

| Mozambique  | Measles                | Ungraded | 29-Jun-20 | 01-Jan-21 | 17-Apr-22 | 3 599 | 903 | 0 | 0.0% |

From week 1 to week 15, 2022 (ending 17 April), a total of 582 suspected cases of measles and zero death have been reported through IDSR (Integrated Disease Surveillance and Response). The cumulative number of the reported cases since January 2021 is now 3 599.

| Mozambique  | Poliomyelitis (WPV1)  | Ungraded | 17-May-22 | 18-May-2022 | 24-Aug-22 | 4 | 4 | 0 | 0.0% |

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 24 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.

| Namibia     | COVID-19               | Grade 3 | 14-Mar-20 | 14-Mar-20 | 24-Aug-22 | 166 645 | 166 645 | 4 077 | 2.4% |

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 24 August 2022, a total of 166 645 confirmed cases with 4 077 deaths have been reported.

| Namibia     | Measles                | Ungraded | 2-Jun-2022 | 6-Jun-2022 | 6-Jun-2022 | 23 | 5 | 0 | 0.0% |

On 2 June 2022, the Ministry of Health and Social Services of Namibia notified WHO about a confirmed outbreak of measles in Omusati region, Otapi district. A total of 23 cases are suspected in the region which shares a border with Angola. The majority of suspected cases (14, 61% of total) have been reported from a school in Otapi District, however, Tsandi (8 cases) and Okahao (1 case) Districts have also reported suspected cases. Among the cases, five had positive IgM results for measles. All confirmed/compatible cases are <15 years of age, ranging between 5 months-12 years. Four of the confirmed/compatible cases are females and two are males.

| Niger       | Humanitarian crisis (Sahel region) | Grade 2 | 1-Feb-15 | 1-Feb-2015 | 31-Jul-22 | - | - | - | - |

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 Tillabéri and Tahoua regions. As of 31 July 2022, a total of 293 256 refugees and asylum seekers, with 69% coming from Nigeria, 21% from Mali, 5% from Burkina Fasso and 5% from other countries, were reported. Furthermore, there are more than 347 648 Internally Displaced Persons and Nigeriens returnees.

| Niger       | COVID-19               | Grade 3 | 19-Mar-20 | 19-Mar-20 | 28-Aug-22 | 9 329 | 9 329 | 312 | 3.3% |

From 19 March 2020 to 28 August 2022, a total of 9 329 cases with 312 deaths have been reported across the country. A total of 8 863 recoveries have been reported from the country.

| Niger       | Measles                | Ungraded | 5-Apr-22 | 01-Jan-21 | 17-Apr-22 | 6 103 | 323 | 6 | 0.1% |

From week 1 to week 15 (ending 17 April) of 2022, a total of 6 103 cases and 6 deaths (CFR 0.1%) have been reported. Among the eight regions for the country, Agadez has the highest attack rate (59.8 cases per 100 000 inhabitants), followed by Niamey (46.7 cases /100 000). Risk assessment found: 17 districts of 72 for the country at very high risk while 21 districts are at high risk. The response plan is being finalized in order to vaccinate in the 38 high risk and very high-risk districts as well as 11 districts in outbreak but not yet reflected in the risk profile.

| Niger       | Poliomyelitis (cVDPV2) | Grade 2 | 1-Jan-20 | 01-Jan-21 | 3-Aug-22 | 26 | 26 | 0 | 0.0% |

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.

Since early 2021 to week 2, 2022 (ending 16 January 2022), 1 688 cases have been reported with 76 deaths (CFR 4.5%). Two health districts in Zinder region crossed the alert threshold: 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.
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 21.2 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.

From week 1 to 33 of 2022 (ending 21 August), a total of 931 Lassa fever cases including 894 confirmed, 37 probable and 168 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 18.8% across 25 States. In week 33, five new confirmed cases were reported from Ondo and Edo States. In total, 6,392 cases have been confirmed via RDT from: Água Grande (675, 69.4%), Mézôchi (135, 13.9%), Lobata (85, 8.7%), Cantagalo (40, 4.1%), Lembà (16, 1.6%), Caué (9, 0.9%), and Rams (2, 0.2%). During week 33 (ending 21 August), there were 28 new cases registered in the country. Água Grande’s attack rate is by far the highest (80.1 per 10,000 inhabitants). Those aged 50-59 years are experiencing the highest attack rate at 61.1 cases per 10,000. The 3 main clinical signs are fever (890, 92%), headache (726, 75%) and myalgia (310, 32%).

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 30 June 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.

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 2 March 2020 to 28 August 2022, a total of 88,068 confirmed cases of COVID-19 including 1,968 deaths and 85,950 recoveries have been reported in Senegal. On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 21 August 2022, a total of 6,136 confirmed cases with 1,468 deaths have been reported.
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.

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 15 August 2022, a total of 45 852 cases have been confirmed, including 45 516 recoveries and 168 deaths have been reported.

The Ministry of Health and Sanitation in Sierra Leone declared an outbreak of human anthrax in the country after identifying three lab confirmed cutaneous anthrax cases in 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%).

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

By 9 August 2022 (Week 31), 14 out of 16 districts reported 407 confirmed measles cases (134 lab-confirmed and 273 epi linked; 55 % (224) of these cases are below five years, 26 % (106) above five years and 18.7% (77) age missing. Currently, only one (Western Urban) district continues to report measles cases. Surveillance and immunisation activities have been intensified in all districts.

Since the start of the COVID-19 pandemic in South Africa through 28 August 2022, a cumulative total of 4 011 357 confirmed cases and 102 084 deaths have been reported.

From 22 June 2022 to 17 August, there have been five unlinkable laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 2), Limpopo (n = 1) and Johannesburg (n = 1) provinces.

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, Caral/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.

A total of 108 suspected cases and 5 deaths (CFR 4.6%) 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 - 6 August 2022 from registered hospital patients where the majority of cases have been female (61%).

From 19 March to 14 August 2022, 316 cases and 1 death (CFR 0.3%) 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 28 August 2022, a total of 17 973 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 6 August 2022, a total of 3 046 cases of hepatitis E including 25 deaths (CFR 0.8%) have been reported since January 2019. During week 30 (ending 30 July), a total of 43 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 on 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 19 August 2022, a total of 38 712 confirmed COVID-19 cases with 841 deaths.

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 28 August 2022, a total of 38 451 cases, including 282 deaths and 38 031 recovered cases, have been reported in the country.

No cVDPV2 positive environmental sample reported this week. One sample was reported last week, which is the first one in the Country. No cases have been reported in 2021. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.

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 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.

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.

There have been 376 suspected cases reported of yellow fever during 2 January-9 July 2022 in Uganda with no deaths reported. Only one case from Wakiso District was classified as a confirmed case after thorough investigation and assessment of laboratory results. The case was confirmed on 18 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.
A cholera outbreak was declared in Zambia on 3 May 2022. A total of 160 cases have been registered with no deaths as of 31 July 2022. Three districts are affected: Lusaka, Chilanga and Nsama. The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 28 August 2022, a total of 332,710 confirmed COVID-19 cases were reported in the country including 4,016 deaths.

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

On 27 May 2022, a 13-year-old pupil presented with signs and symptoms of difficulty in walking, weakness, and painful knees and ankles. The case was immediately isolated at the school sickbay and later referred to Kafua General Hospital for further management. On 4 June 2022, the school recorded four more new cases presenting with similar signs and symptoms from another grade 8 dorm. By 8 June 2022, the school had a cumulative of nine pupils isolated in the sickbay. There has been a total number of 95 suspected conditions of which 15 stool samples were collected to rule out AFP since 10 June 2022, with a cumulative of 95 recoveries as of 5 July 2022.

The anthrax outbreak is ongoing in Zimbabwe. 1 new case was reported in Week 31 of 2022 with the cumulative for the year being 62. 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.

A measles outbreak has been ongoing in Mutasa district, Zimbabwe since 10 April 2022. As of 19 July, a total of 421 cases with 38 deaths have been recorded in the country including 5,593 deaths and 250,921 cases that recovered.

On 11 March 2022, a severe tropical cyclone Gombe made landfall over the coastal area of central Nampula province, with maximum sustained winds up to 190km/h. According to the latest information released by the National Institute for Disaster Management and Risk Reduction, to date Gombe has affected 478,237 people (93,497 families), caused 59 deaths, and injured 82 people. These figures on the impact are expected to rise as widespread damage has occurred though in-depth assessments have not yet taken place. This cyclone Gombe follows tropical storm Ana which hit the country in January, and tropical depression Dumako which struck in February. Together, these previous storms have already affected more than 200,000 people in Nampula, Zambezia and Tete provinces. As of 14th August 2022, all the established 32 accommodation centres to house the 23,994 IDPs displaced by Cyclone Gombe have been closed, and with the support of the Government 17,537 have returned to their place of origin, though 6,457 IDPs are staying in host communities. The governments of Mossuril and Monapo districts have started minimal works to replace the roofs of 6 health facilities damaged (3 in each district).

Between 18-31 July 2022, a total of 231 villages/neighbourhoods from six regions (Diffa, Dosso, Maradi, Tahoua, Tillaberi and Zinder) have been affected by heavy rains in Niger. A total of 50,127 people were displaced from 5,625 houses and 801 collapsed huts. There have also been 22 deaths reported from drownings (10) and injuries sustained by debris (12). The regions that have had the most population displacement have been Zinder (28,750 people affected, 57.4% of total displaced), followed by Diffa (7,902, 15.8%), Maradi (5,890, 11.8%), Tillaberi (3,405, 6.8%), Tahoua (2,324, 4.6%) and Dosso (1,856, 3.7%).

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

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