

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 22 : 23 - 29 May 2022

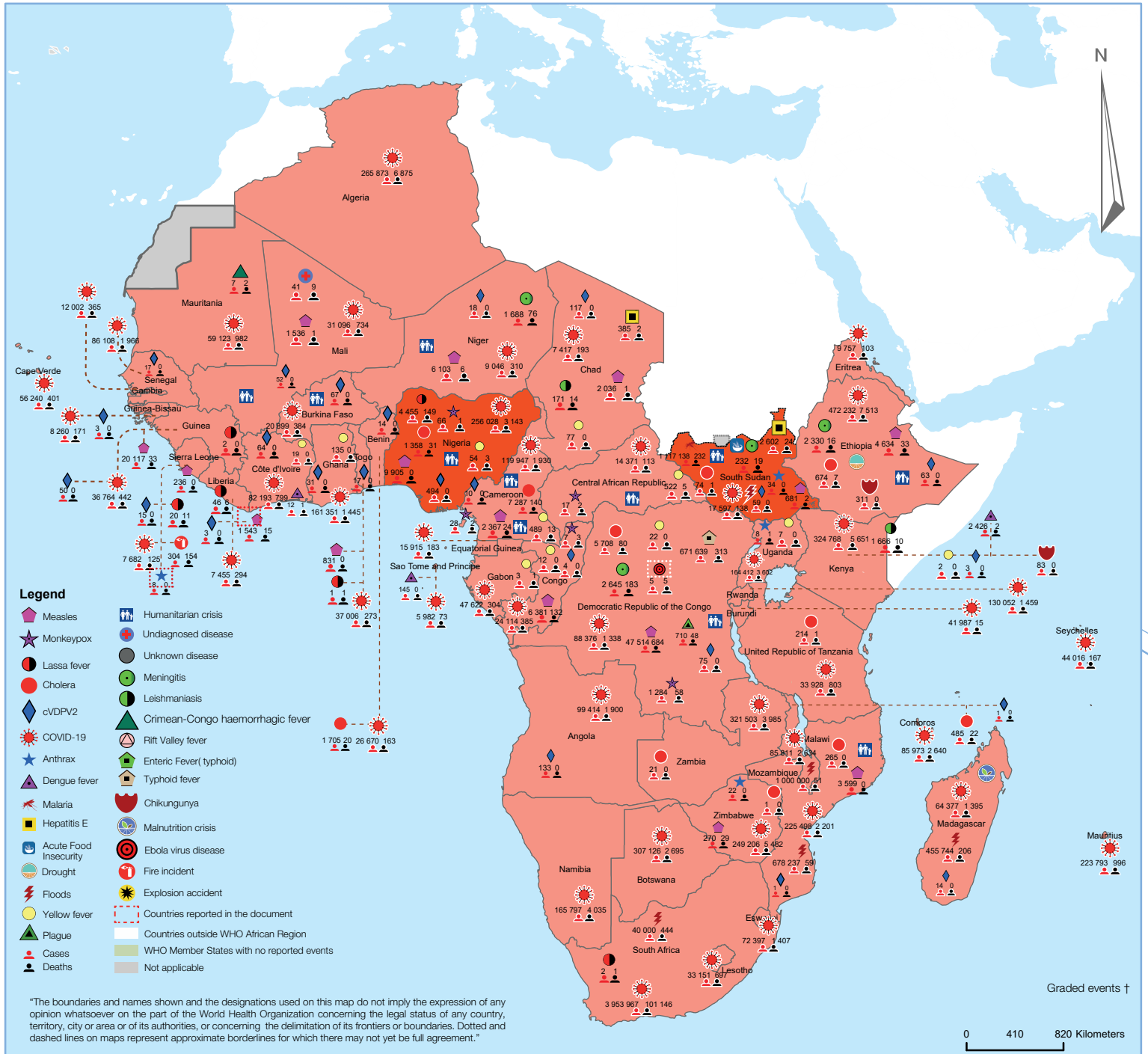
Data as reported by: 17:00; 29 May 2022

**2**  
New events

**154**  
Ongoing events

**136**  
Outbreaks

**20**  
Humanitarian crises



**4**  
Grade 3 events

**3**  
Protracted 3 events

**42**  
Grade 2 events

**4**  
Protracted 2 events

**2**  
Grade 1 events

**2**  
Protracted 1 events

**52**  
Ungraded events

# Overview

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2 - 6 Ongoing events

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 156 events in the region. This week's articles cover:

- ▶ [Monkeypox in the WHO African Region](#)
- ▶ [Cutaneous Anthrax in Sierra Leone](#)
- ▶ [Ebola Virus Disease in the Democratic Republic of the Congo](#)
- ▶ [COVID-19 across the WHO 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:

- ▶ Cases of monkeypox among humans have been reported in the African region since it was first recognized as a human pathogen in 1970. The increasing trend and geographic areas reporting cases in recent years come amidst expanding human encroachment into environments harbouring the virus reservoir. Surveillance and diagnostic capacities are sub-optimal and need to be strengthened using the one-health approach. Sensitization of local communities will also be crucial to controlling outbreaks of monkeypox.
- ▶ The response to the outbreak of Ebola virus disease in the Democratic Republic of the Congo has been challenged by strike actions from health workers in the area. This comes amidst ongoing challenges to address to community resistance. Although no new cases have been reported since 19 May 2022, resolution of the current crisis is critical to ensure that response efforts are back on course and no hidden chains of transmission goes undetected.

### EVENT DESCRIPTION

Human monkeypox cases continue to be reported across the African region since the beginning of the year. As of 26 May 2022, there have been 1 408 suspected cases with 66 deaths (case fatality ratio 4.7%) reported from seven countries across the African region: Cameroon (28 cases with two deaths), Central African Republic (17 cases with two deaths), Congo (seven cases with three deaths), Democratic Republic of the Congo (1 284 cases with 58 deaths), Liberia (four cases with zero deaths), Nigeria (66 cases with one death), and Sierra Leone (two cases with zero deaths).

A total of 44 cases have been confirmed for monkeypox virus infection across five countries, namely, Cameroon (three), Central African Republic (eight), Congo (two), Democratic Republic of the Congo (10), and Nigeria (21).

Since its first detection in the region in 1970 in the Democratic Republic of the Congo, cases of human monkeypox were reported sporadically until 2017. Cases spiked in 2017, with a total of 2 828 suspected cases with 69 deaths reported from five countries and continue to increase annually with a peak of 6 368 suspected cases with 231 deaths reported from seven countries in 2020. The reasons for these spikes are not fully known but may be due to deforestation and the encroachment of people into the habitats of monkeypox animal hosts. Cases dropped by 49% (n= 3 240) in 2021 compared to the previous year.

Since 2017, a cumulative total of 23 428 suspected cases with 589 deaths (CFR 2.5%) have been reported from seven countries across the region. Of these, 409 were laboratory-confirmed for monkeypox virus infection. The Democratic Republic of the Congo accounts for the highest burden, reporting 96% (n=22 379) of the cumulative suspected cases since 2017.

Suspected cases of human monkeypox in the Democratic Republic of the Congo have been reported from 87 health zones across 18 provinces since the beginning of 2022.

From 1 January – 8 May 2022, a total of 1 284 suspected cases with 58 deaths (CFR 4.5%) were reported. The most affected provinces accounting for 71% of the total cases reported in 2022 are Sankuru (n=468, 36.4%), Tshopo (n=169, 13.2%), Equateur (n=168, 13.1%), and Tshuapa (n=108, 8.4%). A total of 10 cases out of 19 sampled were confirmed positive for monkeypox virus infection.

In Nigeria, 66 suspected cases with one death have been reported from nine states. Of these, 21 cases were laboratory-confirmed from the following states: Adamawa (5), Bayelsa (2), Cross River (2), Delta (2), Federal Capital Territory (2), Imo (1), Kano (2), Lagos (4), and River (1). One death was recorded in a 40-year-old male with renal co-morbidity.

See the dashboard below for other countries reporting outbreaks of monkeypox in the African region.

Most outbreaks across affected countries have occurred in hard-to-reach forest communities. An increase in the number of districts reporting cases since 2017 has been observed, indicating a geographic spread of the disease.

Results of genomic analysis showed two clades, West and Central Africa, of the monkeypox virus across the African region. While the Central African clade has been exclusively found in countries of the Central African belt, the West African clade has been identified in West Africa and parts of Cameroon. The Central African clade has been associated with higher virulence than the West African clade.

The ongoing outbreaks in Congo, Cameroon, Central African Republic, Democratic Republic of the Congo, and Nigeria are unrelated to the events of monkeypox reported from 23 countries across the European, American, Eastern Mediterranean, and Western Pacific Regions. Although epidemiological investigations are ongoing, no travel or exposure links to areas reporting monkeypox cases in Africa have so far been established for the majority of cases reported outside of the African region. The sudden and unexpected appearance of monkeypox simultaneously in several countries outside of the African region suggests that there may have been undetected transmission for possibly an extended period of time.

### PUBLIC HEALTH ACTIONS

- All affected countries have established One-Health committees to coordinate partners and multi-sectoral response to the monkeypox outbreaks.
- In Nigeria, the National Multisectoral Emergency Operations Centre has been activated at level 2 to coordinate response to the outbreak.
- As part of the Integrated Disease Surveillance and Response (IDSR) strategy, all affected countries have included monkeypox among the list of priority diseases for immediate notification.
- Surveillance for improved case detection is being strengthened through training of health workers. In Nigeria, enhanced surveillance for monkeypox is being conducted in high burden states such as Delta, Bayelsa, and River states.
- Capacity of diagnostic tests are available at national reference laboratories in Cameroon, Central African Republic, Democratic Republic of Congo, and Nigeria.
- Rapid response teams are being mobilized in Cameroon, Democratic Republic of Congo, and Nigeria to conduct detailed epidemiological investigation of monkeypox outbreak events.
- Identified cases are being provided clinical care. In the Central African Republic, a treatment centre in Mbaïki district, one of the hotspot areas for monkeypox, has been setup to provide clinical care for cases.

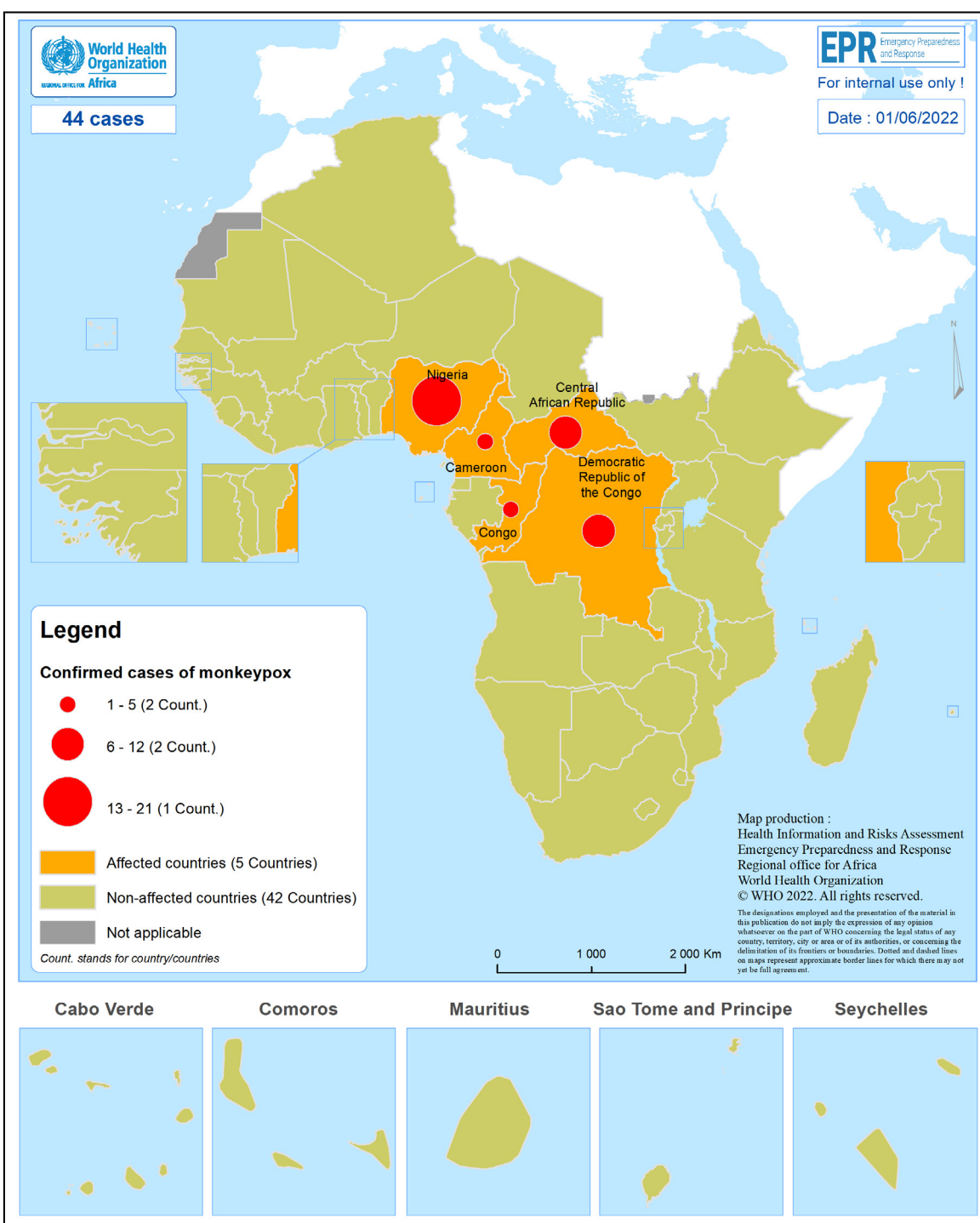
- Specific communication plans have been developed in some countries and targeted risk communication activities are being implemented.

perception among communities and a low index of suspicion among health workers. The rural nature of most outbreaks, particularly occurring in hard-to-reach forest communities in some countries, has challenged response efforts, including detailed outbreak investigation. Only a fraction of suspected cases has been sampled and tested, highlighting the need to strengthen surveillance and diagnostic capacities in countries. Further research efforts are required in the areas of therapeutic and vaccines as well as to enhance understanding of the virus evolution, reservoirs, modes of transmission mechanism, and post-infection immune competence.

### SITUATION INTERPRETATION

Monkeypox remains a public health risk in the African region and the increase in cases in recent years with geographical spread is concerning. However, surveillance and response to monkeypox events remain suboptimal in part due to low-risk

Confirmed human cases of monkeypox in the African region, 1 January – 26 May 2022



## EVENT DESCRIPTION

The Ministry of Health of Sierra Leone officially notified the World Health Organization of a confirmed outbreak of cutaneous anthrax in Karene District, North-West Province of the country on 16 May 2022, following laboratory confirmation.

On 14 May 2022, the Karene District health authority was alerted of patients presenting at a local health facility with signs and symptoms typical of anthrax. An investigation by the district health rapid response team from 14 to 16 May 2022 identified eight suspected human cases of anthrax in Karene District. Five of the cases reported onset of symptoms between 11 and 27 April 2022, while three had onset of symptoms on 5 May 2022.

Swab and blood specimens were collected from four of the suspected cases and sent to the 34 Infectious Diseases Laboratory for testing. Culture analysis of the samples from three of the suspected cases returned positive on 16 May 2022, confirming *Bacillus anthracis* infection. The sample from the other suspected case was not analyzed due to insufficiency. All four cases sampled are stable and undergoing treatment on an outpatient basis at the Karene District Hospital. The other four cases fled the area and have not yet been located by the health team.

Of seven cases with available data, five are females and two are males. Age group distribution of the cases showed the following: less than one-year-old (1), 1 to 5 years old (2), 5 – 15 years old (1), and above 15 years old (3).

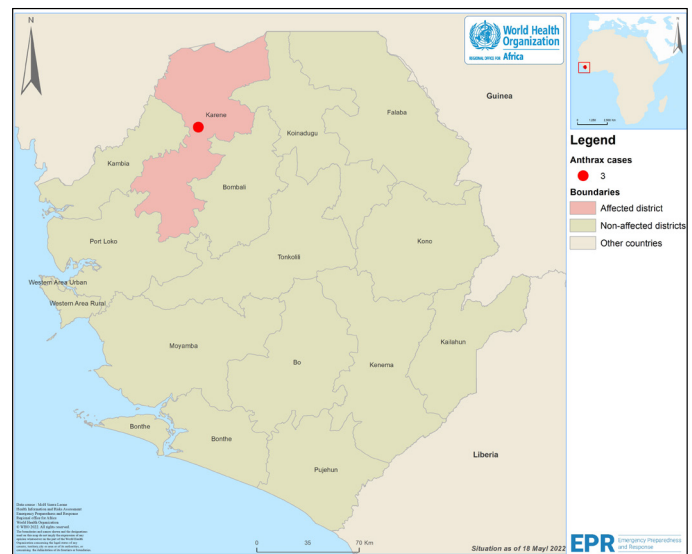
The declaration of a human anthrax outbreak in Sierra Leone followed the declaration of an outbreak of anthrax among animals by the Ministry of Agriculture on 15 May 2022 in the same North-West Province. The animal anthrax outbreak was detected in Tambkeberreh village, Port Loko District following laboratory confirmation of *Bacillus anthracis* in one sample out of 54 specimens from dead cattle tested at the Central Veterinary Laboratory (CVL) on 11 May 2022. In total, 304 suspected cases among dead cattle have been identified in two districts – Port Loko district (204) and Karene district (100). One case has been confirmed among dead cattle in the Port Loko district.

## PUBLIC HEALTH ACTIONS

- The Emergency Operation Centre (EOC) has been activated to level two to coordinate national and district level response to the anthrax outbreak.
- The Ministry of Health and Sanitation and the Ministry of Agriculture have officially notified WHO and the Food and Agriculture Organization respectively, of the outbreak of anthrax among humans and animals in Sierra Leone.
- The One Health anthrax outbreak response plan is being developed.
- The process for further testing of animal sample overseas is underway.
- Anthrax fact sheet is being developed and translated into

[Go to overview](#) ◀

## Distribution of Cutaneous Anthrax cases in Karene District, as of 18 May 2022



local languages by the One Health communication team.

- The human cases are receiving outpatient treatment at the Karene District Hospital and are in a stable condition.
- Identification and quantification of IPC supplies for both human and animal health is ongoing.
- The case management leads for both human and animal health have been identified and are developing case management protocols.
- Protocol for burial of carcasses and animal vaccination is under development.
- Active case finding for additional cases is ongoing in all of the northern districts.
- Suspected case definition for human anthrax has been developed and shared with the districts.
- Plans are underway to orient the districts and community animal and human health workers.
- A ban on inter-district movement of cattle has been instituted.

## SITUATION INTERPRETATION

This is the first outbreak of anthrax among humans detected and officially notified by Sierra Leone to WHO since 1994. All human cases identified in the current outbreak are of the cutaneous form, a less deadly form of anthrax, and follows handling of carcasses of infected cattle. Concerted efforts using the one-health approach involving the human-animal-environment interface will be critical to containing this outbreak. Enhanced risk communication and community engagement will be needed to create awareness on the risk of infection among local population. In the health care settings, samples must be collected carefully to avoid contamination of the environment and to prevent human exposure to the bacteria.

▶ [Go to map of the outbreaks](#)

## EVENT DESCRIPTION

No new case of Ebola virus disease (EVD) has been reported in the Democratic Republic of the Congo since the last reported confirmed case on 19 May 2022. As of 25 May 2022, a cumulative of five cases (four confirmed and one probable) have been recorded, with a case fatality ratio of 100%. The outbreak remains confined to the Equateur province of the country, with three affected health areas, Libiki and Motema Pembe Health Areas in Mbandaka Health Zone and Mama Balako Health Area in Wangata Health Zone.

As of 29 May 2022, a total of 638 contacts have been identified and listed since the onset of the outbreak. Of these, 67 have been dropped after completing 21 days of follow-up while 571 remain under follow-up. Detailed investigations are still ongoing to determine the source of the outbreak as well as to identify exposure history of cases and contacts.

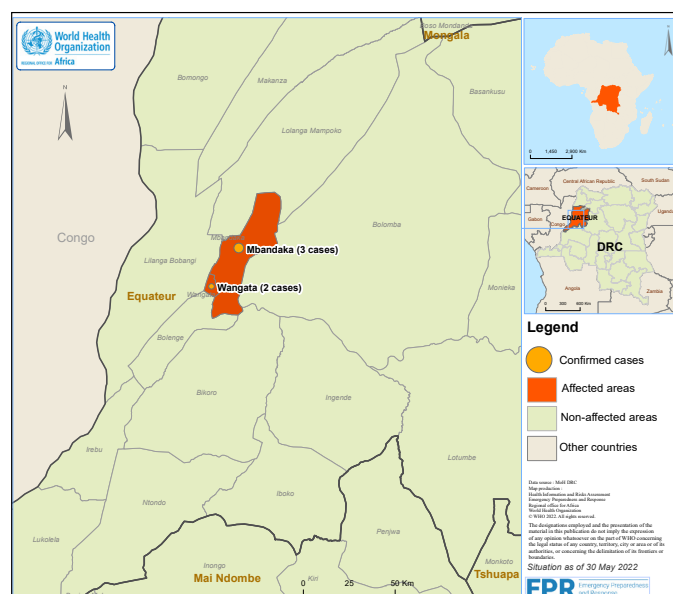
The investigation of alerts as well as active case finding to quickly detect any new suspected cases remains ongoing. On 27 May 2022, 62 new alerts including one community death were identified and investigated. None were confirmed for Ebola virus disease. Cumulatively, 532 samples have been tested since the onset of the outbreak with four confirmed positive for Ebola virus disease.

In recent weeks, the outbreak response has been challenged by strike actions of health workers, thus hampering surveillance and other response activities.

## PUBLIC HEALTH ACTIONS

- Response activities at the field level continue to be coordinated by the Provincial Health Division with technical and operational support from the national Ministry of Health, WHO, and other partners.
- Albeit the strike actions from health workers, some public health response activities are ongoing.
- Of 7 649 travellers registered at the 16 points of entry on 26 May 2022, a total of 7 304 (92.1%) were screened for EVD. In total, 298 954 (91.9%) of 32 335 travellers registered at the points of entry since the onset of the outbreak have been screened for EVD. A total of 79 were suspected of EVD and tested. None were positive.
- Contact tracing activities continued with 42 new contacts being listed on 26 May 2022 from two health zones - Wangata (26) and Bolenge (16). In total, 638 contacts have been identified and listed since the onset of the outbreak, of which 571 remain under follow-up. Ten contacts have been lost to follow-up and efforts are underway to locate these contacts.
- A total of 1 520 persons in the affected health zones have been vaccinated against EVD using the ring strategy targeting contacts and contacts-of-contact. A total of 295 are contacts and 1 225 are contacts-of-contacts. There are 760 frontline health workers among those vaccinated.

## Location of confirmed cases of Ebola virus disease in Equateur Province, Democratic Republic of the Congo, as of 29 May 2022



- The laboratory continues to analyze samples with a cumulative total of 532 tested as of 29 May 2022. A total of 264 GeneXpert cartridges remain in stock across the country with 83 available at the laboratory in Mbandaka City.
- Other activities are also ongoing, including IPC interventions in health care facilities and the community, psycho-social support and RCCE actions to boost contact tracing and vaccination activities.

## SITUATION INTERPRETATION

The report of the health workers' strike is worrying and comes at a critical time of response to the outbreak when concerted efforts are needed to prevent new flare-ups and address community resistance. Continuation of the strike actions could have potential implications for timely detection of new cases leading to new chains of transmission, contact tracing, vaccination, infection prevention and control, and other response activities. It is, therefore, urgent to resolve whatever grievances that exist and put the response to the outbreak back on course. Enhanced surveillance and response in the coming weeks will be needed to ensure that there are no new hidden chains of transmission.

**EVENT DESCRIPTION**

COVID-19 cases decreased in the African region for the second week following four consecutive weeks of increasing trend. In the past week (week ending 29 May 2022), a total of 29 755 new cases were reported compared to 46 908 in the preceding week (week ending 22 May 2022), marking a 37% week-on-week decrease. The majority of new cases (96%, n= 40 943) were reported from South Africa (24 095), Zimbabwe (1 257), Ethiopia (973), Namibia (775), and Kenya (526).

COVID-19 associated deaths increased by 10% over the past week in the African region with a total of 230 new deaths reported compared to 209 in the preceding week. All new deaths were reported from seven countries, namely South Africa (213), Zimbabwe (5), Eswatini (5), Madagascar (2), Malawi (2), Namibia (2), and Ethiopia (1).

Cumulatively, 8.5 million cases with 171 623 deaths (case fatality ratio 2.0%) have been recorded in the WHO African region since the onset of the pandemic. The WHO African region which includes Sub-Saharan Africa and Algeria accounts for 71.9% and 67.6% of the African continent's cumulative 11.83 million cases and 253 980 deaths respectively reported since the onset of the pandemic.

South Africa has moved out of the resurgence phase, with cases decreasing for the past two consecutive weeks. Six countries

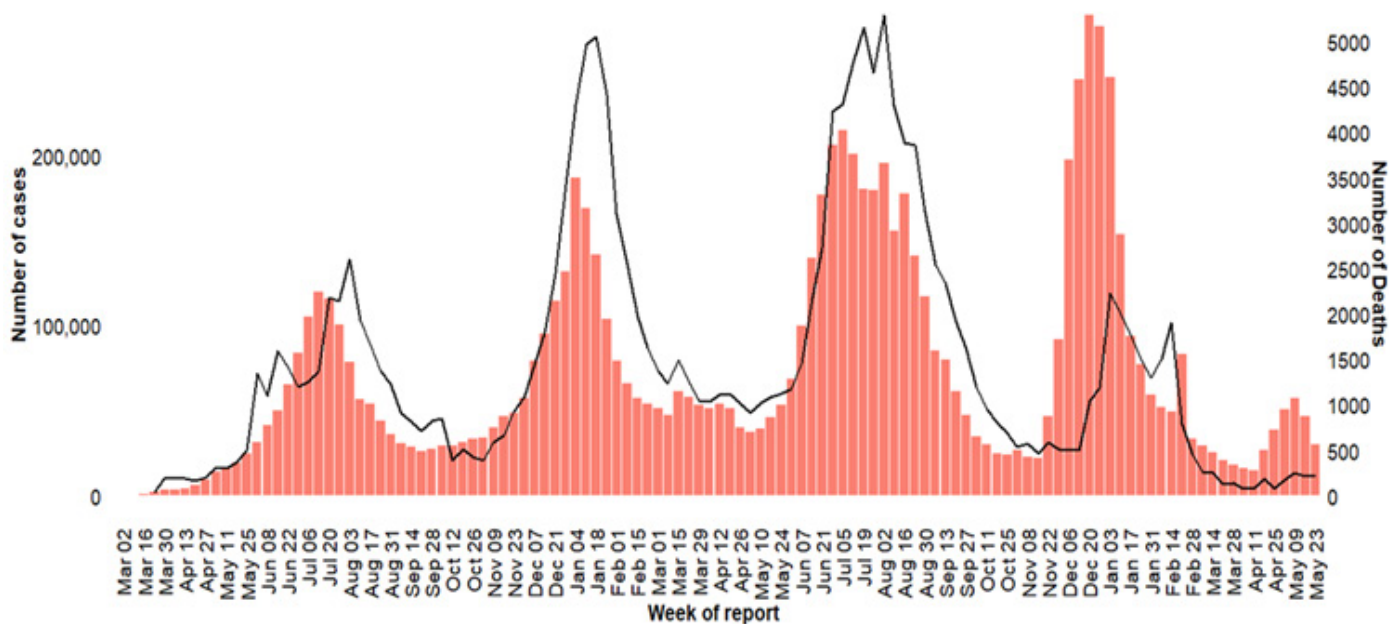
– Angola, Cape Verde, Cote d'Ivoire, Ethiopia, Eswatini, and Namibia - have recently experienced an uptick in the incidence of COVID-19 over the past two weeks. Namibia is undergoing a resurgence of the pandemic which is largely driven by SARS-CoV-2 Omicron variant.

The recent increase in cases in some countries in the Southern African countries has been linked to the continued circulation of the highly transmissible BA.4 and BA.5 sub-lineages of the SARS-CoV-2 Omicron variant.

**SITUATION INTERPRETATION**

The fifth wave seems to have peaked following decrease in cases in South Africa. However, the situation across the African region remains variable, with some countries experiencing a recent uptick in cases. The recent slight increase in deaths is anticipated as COVID-19 deaths normally lag behind cases by a few weeks. Recent projections showed that deaths in 2022 is expected to be far lower than the previous years. However, caution must be exercised as new or emerging variants of the SARS-CoV-2 virus could alter the current trajectory of the pandemic. All countries in the region are advised to enhance pandemic response measures, including early warning surveillance, risk communication and community engagement, and vaccination of vulnerable populations.

Trends of confirmed COVID-19 cases and deaths in the WHO African Region by week of report, 25 February 2020 – 29 May 2022 (n = 8 541 238)



# All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<b>New Events</b>									
Congo	Monkeypox	Ungraded	23-May-2022	1 May 2022	30-May-2022	7	2	3	42.9%
Since the beginning of 2022, seven suspected cases with three deaths have been reported from Impfondo District in the country's northern department of Likouala on the border with the Democratic Republic of Congo and Central Africa. Samples from two cases sent to the National Institute of Biomedical Research (INRB) Laboratory in Kinshasa on 12 April 2022 were laboratory-confirmed.									
Uganda	Anthrax	Ungraded	26-May-2022	16-May-2022	16-May-2022	8	7	1	12.5%
An anthrax outbreak has been confirmed in Buduba District, Uganda. Eight suspected human cases were reported and clinically evaluated in four villages. Of these, seven were sampled and one died on 16 May without being sampled. The date of onset of symptoms was between 2 and 12 May 2022. The district performed a preliminary test using Gram stain which was positive for <i>Bacillus anthracis</i> .									
<b>Ongoing Events</b>									
Algeria	COVID-19	Grade 3	25-Feb-2020	25-Feb-2020	29-May-2022	265 873	265 873	6 875	2.6%
From 25 February 2020 to 29 May 2022, a total of 265 873 confirmed cases of COVID-19 with 6 875 deaths (CFR 2.6%) have been reported from Algeria. A total of 178 408 cases have recovered.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	8-May-2022	99 414	99 414	1 900	1.9%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 8 May 2022, a total of 99 414 confirmed COVID-19 cases have been reported in the country with 1 900 deaths and 97 441 recoveries.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-2019	1-Jan-19	24-Apr-2022	133	133	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases reported in 2020. The total number of cases reported in 2019 remains 138. These cases are from several outbreaks which occurred in 2019.									
Benin	Cholera	Grade 1	28-Mar-21	28-Mar-21	24-Apr-2022	1 705	55	20	1.2%
Since week 12 (ending 28 March 2021) of 2021, cases of cholera have been reported in Benin. As of 24 April 2022, a total of 1 705 cases with 20 deaths (CFR 1.2%) are reported. A decreasing trend for more than nine consecutive weeks. The most affected age group is 16 - 45 years (62.3%) and males (55 %) more affected than females.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	17-May-2022	26 670	26 670	163	0.6%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 15 May 2022, a total of 26 670 cases have been reported in the country with 163 deaths and 26 456 recoveries.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-2019	8-Aug-2019	24-Apr-2022	14	14	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Three cases were reported in 2021 and 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	26-May-2022	307 126	307 126	2 695	0.9%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 26 May 2022, a total of 307 126 confirmed COVID-19 cases were reported in the country including 2 695 deaths and 303 845 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	30-Apr-2022	-	-	-	-
Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in a current mass displacement of 1 850 293 internally displaced persons as of 30 April 2022. There have been IDPs from all 13 regions, however, the majority have come from Centre-Nord (35.9%) and Sahel (31.7%) regions. In April 2022, there were an increased use of improvised explosive devices (IEDs) along the main access routes in North centre and the encirclement of Djibo, the second largest city in the Sahel region. A total of 240 security incidents were reported in April, of which 108 targeted civilians. According to OCHA, 3.5 million Burkinabe will need humanitarian aid in 2022, including 2.6 million severely food insecure during the 2022 lean season, with over 436 000 in the pre-famine phase. Access to health services remain a challenge for the population in affected areas. There is a total of 179 non functional health facilities and 353 facilities that function at a minimum level of their capacity.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	1-May-2022	20 899	20 899	384	1.8%
Between 9 March 2020 and 1 May 2022, a total of 20 899 confirmed cases of COVID-19 with 384 deaths and 20 497 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	27-May-2022	67	67	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 were reported this week. There were two cases reported in 2021, and 65 in 2020. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	25-May-2022	41 987	41 987	15	0.0%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 25 May 2022, the total number of confirmed COVID-19 cases is 41 987, including 15 deaths and 41 876 recovered.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-2013	27-Jun-17	11-May-2022	-	-	-	-
According to UNHCR and OCHA reports, an estimated 1 942 054 people need assistance, 357 631 people are internally displaced and 135 257 people are returnees, as of 30 April 2022.									
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-16	27-Jun-18	11-May-2022	-	-	-	-
According to UNHCR reports, an estimated 579 136 Internally Displaced People (IDPs) have been registered as of 30 April 2022. Targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers are still being reported. Schools resumed session, but teachers and students are still facing attacks. There has been an increase in the use of improvised explosive devices (IEDs), carjacking, and clashes between security forces and NSAGs, leading to civilian population displacement. In addition, there are 478 066 refugees, of whom nearly 345 622 (72.3%) arrived from Central African Republic.									
Cameroon	Cholera	Grade 2	1-Jan-21	25-Oct-21	23-May-2022	7 287	413	140	1.9%
From 25 Oct 2021 to 13 May 2022, a total of 7 287 suspected cases of cholera including 413 confirmed by culture and 140 deaths (CFR 1.9%) have been reported in Cameroon, from South-West (4 979 cases, 80 deaths; CFR 1.6%), Littoral (1 967 cases, 53 deaths; CFR 2.7%), South (182 cases, two deaths; CFR 1.1%), Centre (125 cases, four deaths; CFR 3.2%), Far-North (8 cases, no death), and North (26 cases, one death; CFR 3.8%) regions. The outbreak is currently active in three regions (Littoral, North and South-West) and 11 districts, out of the 30 that have already reported a suspected cholera case since October 2021.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	11-May-2022	119 947	119 947	1 930	1.6%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 11 May 2022, a total of 119 947 cases have been reported, including 1 930 deaths and 117 980 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-2019	1-Jan-22	8-May-2022	2 367	1 170	24	1.0%
From week 1 to week 18, 2022 (ending 8 May), through Integrated disease surveillance and response (IDSR) reporting, a total of 2 367 measles cases and 1 170 confirmed (49.4%) with 24 deaths (CFR 1.0%) have been reported in Cameroon. Of the total reported cases, 1 686 were investigated (71.2%). The following are the regions and health districts where measles outbreak has been declared in 2022 : Adamaoua (Ngaoundal, Tibati); Centre (Akonolinga, Biyem Assi, Djoungolo, Mbalmayo, Mfou, Nkoindongo, Yokou); East (Belabo, Bertoua); Far-North (Mada, Makary, Roua, Hina); Littoral (Bangue, Boko, Cité des Palmiers, Deido, Edea, Logbaba, New Bell, Nylon, Bonas Sama); North (Gashiga, Guider, Pitoa, Poli); North-West (Ako); West (Bangourain, Massangam); South (Ebolowa, Lolodorf, Sangmelima, Olamze,)									
Cameroon	Monkeypox	Ungraded	24-Feb-2022	1-Jan-22	23-May-2022	28	3	2	7.1%
Cameroon has reported 28 suspected cases with two deaths from four districts across three regions since the beginning of 2022. Three cases have been laboratory-confirmed from Kumba Health District in the South-West (2) and Ayos Health District in the Centre Region (1).									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	23-May-2022	10	10	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during epi week 18, 2022. There are three cases reported in 2021 and seven cases in 2020. No case has yet been reported for 2022									
Cameroon	Yellow fever	Grade 2	7-Feb-2021	4-Jan-21	23-May-2022	489	3	13	2.7%
From 1 January 2021 to 8 May 2022, a total of 489 suspected cases of yellow fever were investigated including 21 tested IgM positive and three positive cases by plaque reduction neutralization test. Thirteen deaths were recorded, giving a CFR of 2.7%. All ten regions of the country notified suspected cases, and the 3 confirmed cases through sero-neutralisation were from Adamawa (Ngaoundere Urbain health district) and West (Foumbot and Malantouen health districts) regions of the country.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	25-May-2022	56 240	56 240	401	0.7%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 25 May 2022, a total of 56 240 confirmed COVID-19 cases including 401 deaths and 55 711 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-2013	11-Dec-2013	5-May-2022	-	-	-	-
According to OCHA figures, 3.1 million people (63% of the total population) are in need of assistance and protection in 2022. There are 649 794 people that are internally displaced as of 31 Mar 2022 mostly hosted in Ouaka, Ouham-Pende, Basse-Kotto, and Ouham Prefectures. There are also 738K persons who are refugees in neighbouring countries. Civilians are still the main victims of violence. Food insecurity is also estimated to affect 2.2 million (45% of the total population) people in 2022.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	16-May-2022	14 371	14 371	113	0.8%
The Ministry of Health and population announced the confirmation of the first COVID-19 case in Central African Republic on 14 March 2020. As of 16 May 2022, a total of 14 371 confirmed cases, 113 deaths and 14 210 recovered were reported.									
Central African Republic	Monkeypox	Ungraded	3-Mar-22	1-Jan-22	23-May-2022	17	8	2	11.8%
Since the beginning of 2022, the Central African Republic has reported 17 suspected cases with two deaths from three prefectures. Eight cases have been laboratory-confirmed with six from Mbaïki District in Lobaye Prefecture. The other districts with confirmed cases are Alidaou in Basse-Kotto Prefecture and Bimbo in Ombella-M'poko Prefecture.									
Central African Republic	Yellow fever	Grade 2	14-Sep-21	1-Apr-2021	23-May-2022	522	23	5	1.0%
On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test (PRNT) at the Centre Pasteur of Cameroun. As of 8 May 2022, a total of 522 suspected cases of yellow fever have been reported from three regions and six health districts of the country, including five deaths (CFR 1.0%). Of the 391 suspected cases investigated, 23 tested positive to yellow fever by PRNT and 1 tested positive by PCR. A reactive campaign is planned on 8-12 June 2022.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	23-May-2022	7 417	7 417	193	2.6%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 23 May 2022, a total of 7 417 confirmed COVID-19 cases were reported in the country including 193 deaths.									
Chad	Leishmaniasis	Ungraded	8-Sep-20	16-Oct-20	31-Jan-22	171	15	14	8.2%
Since 1 January 2018, a total of 171 cases have been reported by 4 provinces (N'Djamena, Borkou, Tibesti and Ouaddai) and 14 deaths (CFR 8.2%). For the year 2020 the country registered 74 cases including 4 deaths. Since the beginning of 2021 up to 30 November 2021, 54 cases have been reported including 8 deaths (CFR 14.8%). From 1 December 2021 to 31 January 2022, 10 new cases have been reported with no death.									
Chad	Measles	Ungraded	24-May-2018	1-Jan-22	8-May-2022	2 036	51	1	0.0%
From week 1 to week 18, 2022(ending 8 May), a total of 2 036 suspected cases of measles, 51 confirmed and one death (0.05%) reported from 110 out of 139 districts. A total of 22 other districts are suspected in outbreak (more than five reported cases/month); Due to lack of test kits in country, a total of 250 specimens were shipped to Cameroon (Centre Pasteur Yaoundé) for testing and the results are awaited.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	23-May-2022	117	117	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported during epi week 18, 2022. Two cases have already been reported since the beginning of 2022. No cases were however reported in 2021. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks. There were 9 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high. The number of cases reported in 2019 has been revised from 8 to 9.									
Chad	Yellow fever	Grade 2	13-Nov-21	1-Nov-21	10-Apr-2022	77	35	0	0.0%
On 13 November 2021, the Institut Pasteur in Dakar shared the results of 17 samples of yellow fever cases from the Mandoul district, Chad, of which two tested positive by polymerase chain reaction (PCR), six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions. As of 10 April 2022, a total of 77 yellow fever IgM positive cases were reported from seven provinces (Mandoul, Guéra, Mayo Kebbi Ouest, Moyen Chari, and le Lac), including nine confirmed cases by PCR and 26 by plaque reduction neutralization test.									
Comoros	COVID-19	Grade 3	30-Apr-2020	30-Apr-2020	14-May-2022	8 110	8 110	160	2.0%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 14 May 2022, a total of 8 110 confirmed COVID-19 cases, including 160 deaths and 7 948 recoveries were reported in the country.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-May-2022	24 114	24 114	385	-
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 24 April 2022, a total of 24 114 cases including 385 deaths and 23 602 recovered cases have been reported in the country.									
Congo	Measles	Ungraded	14-Mar-22	1-Jan-22	1-May-2022	6 381	6 381	132	2.1%
From week 1 to week 17, 2022(ending 1 May), a total of 6 381 cases have been confirmed (IgM+ and Epi-linkage) with 132 deaths (CFR 2.1%) across the country. A total of 19 out of 52 health districts with confirmed outbreaks in 2022.									
Congo	Poliomyelitis (cVDPV2)	Grade 2		29-Jan-21	25-May-2022	4	4	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Two cases were reported in 2020 as well as in 2021.									
Congo	Yellow fever	Ungraded	31-Mar-22	31-Mar-22	19-May-2022	12	2	-	-
In Congo, since 2021 to 19 May 2022, a total of 12 probable cases of yellow fever including two confirmed have been reported. The figures have been reviewed following final cases classification. The two confirmed cases are the most recently reported from Pointe Noir department in Loandjili and Mvoumvou districts. The cases were not vaccinated during the 2018 preventive mass vaccination campaign (PMVC) that was conducted in Pointe Noir. Active case search in 61 neighboring households did not report any suspect case. Rapid vaccine coverage assessments for 286 sampled in both districts were around 70%. Preventive mass vaccination campaign (PMVC) for Pointe Noir is scheduled from 28 May to 2 June 2022									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	29-May-2022	82 193	82 193	799	1.0%
Since 11 March 2020, a total of 82 193 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 799 deaths, and a total of 81 313 recoveries.									
Côte d'Ivoire	Dengue	Ungraded	22-Mar-22	10-Jan-22	20-Mar-22	12	12	1	8.3%
On 23 March 2022, the Ministry of Health of Côte d'Ivoire notified WHO of confirmed dengue cases. Between Epi week 2 and Epi week 11, 2022, 12 confirmed cases were recorded, including 1 death. These cases were reported from the districts of Cocody Bingerville (8), Adiake (2), Daloa (1) and Youpougon-Ouest-Songon (1).									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	4-May-2022	64	64	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are no reported cases in 2021. There are 64 cases reported in 2020.									
Côte d'Ivoire	Yellow fever	Grade 2	14-Sep-21	13-Aug-2021	19-May-2022	19	7	0	0.0%
On 13 August 2021, five yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Based on differential tests returned on 6 September 2021, the results of three cases were consistent with a recent yellow fever infection. As of 19 May 2022, a total of 12 probable and 9 confirmed cases were recorded.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-2016	17-Apr-2017	9-May-2022	-	-	-	-
Since the beginning of 2022, 69 security incidents directly affecting humanitarian workers or their property have been recorded in 7 provinces of the DRC: Tanganyika (21), South Kivu (20), North Kivu (14), Maniema (6), Ituri (5), Haut-Katanga (2), Kasai-Central (1). Four aid workers were killed, 10 abducted and one injured. Reported security incidents include acts of violence committed by armed groups and those of a criminal nature. Also, since the beginning of 2022, more than 355 000 people have been internally displaced with a total of nearly 5.97 million in the country. Women make up 51% of IDPs. The largest number of them is recorded in Ituri (1.9 million), North Kivu (1.9 million) and South Kivu (1.4 million) provinces. Nearly 5.2 million (87%) displacements are due to attacks and armed clashes. From May 1 to 9, 2022, three attacks took place on the axis between Komanda and Mambasa. These attacks make the security situation uncertain, preventing humanitarian organizations from reaching IDPs from Toly-toly to Mambasa, where the presence of nearly 87 500 new IDPs have been confirmed.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-22	8-May-2022	5 708	-	80	1.4%
In 2022, from epidemiological week 1 to 18 (ending 8 May 2022), 5 708 suspected cholera cases including 80 deaths (CFR: 1.4%) were recorded in 54 health zones across 11 provinces of the Democratic Republic of the Congo. Response measures are being implemented in the main active hot spots including a vaccination campaign.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	22-May-2022	88 376	88 374	1 338	1.5%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 88 374 confirmed cases and two probable case, including 1 338 deaths have been reported. A total of 82 161 people have recovered.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	22-Apr-2022	22-Apr-2022	29-May-2022	5	4	5	100.0%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Ungraded	12-Oct-21	1-Jan-22	1-May-2022	47 514	1 126	684	1.4%
From 1 January to 1 May 2022, 47 514 suspected measles cases and 684 deaths (CFR 1.4%) were reported in 349 health zones in 26 provinces. Health zones of Katakombé (5 338 cases) and Dikungu (1 521 cases) in Sankuru province, Manono (4 854 cases) in Tanganyika province, Mulongo (3 060 cases) in Haut-Lomami, Budjala (2 405 cases) in Sud-Ubangi, Kambove (1 560 cases) in Haut-Katanga, Fizi (1 482 cases) and Lemera (1 082 cases) in Sud-Kivu and Lusangi (1 353 cases) in Maniema reported about a half of all suspected measles cases reported countrywide (22 655 cases or 47.7%).									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-22	8-May-2022	1 284	10	58	4.5%
From 1 January – 8 May 2022, the Democratic Republic of the Congo has reported 1 284 suspected cases with 58 deaths (CFR 4.5%) from 87 health zones across 18 provinces. The most affected provinces account for 71% of the total cases reported in 2022: Sankuru (n=468, 36.4%), Tshopo (169; 13.2%), Ecuador (168; 13.1%), and Tshuapa (108; 8.4%). Ten of the 19 cases sampled were confirmed positive for monkeypox virus infection.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-20	8-May-2022	710	-	48	6.8%
Between epidemiological weeks 1-18 of 2022, 111 cases of plague have been reported with 3 deaths (2.7% CFR). Lokpa has reported the majority of cases in 2022. During 2021, a total of 138 suspected cases including 14 deaths (CFR 10.1%) were reported. During 2020, a total of 461 suspected cases including 31 deaths (CFR 6.7%) were reported.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	26-Feb-2021	1-Jan-21	25-May-2022	75	75	0	0.0%
For this week, 10 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported ; eight in Maniema and one each in Nord-Kivu and Tanganyika. The number of 2022 cases now stands at 47. There were 28 cases in 2021.									
Democratic Republic of the Congo	Suspicion of Meningitis outbreak	Ungraded	28-Mar-22	1-Jan-22	1-May-2022	2 645	3	183	6.9%
From week 1 to 18, 2022 (ending 1 May), a total of 2 645 suspected cases of meningitis and 183 deaths (CFR 6.9%) have been reported in the country through Integrated Disease Surveillance and Response system. Data are being revised for an update of the list of Health zones in alert or outbreak									
Democratic Republic of the Congo	Typhoid fever	Ungraded	1-Jul-21	1-Jan-22	8-May-2022	671 639	-	313	0.0%
In 2022, from epidemiological week 1 to 18 (ending 8 May 2022), 671 639 suspected cases of typhoid fever including 313 deaths were recorded in the Democratic Republic of the Congo. In 2021, from Epi week 1 to 49, 1 380 955 suspected cases of typhoid fever have been reported including 502 deaths (CFR 0.03%).									
Democratic Republic of the Congo	Yellow Fever	Grade 2	21-Apr-2021	21-Apr-2021	19-May-2022	22	10	0	0.0%
Since 2021 to 19 May 2022, Democratic Republic of the Congo (DRC) has reported a total of 22 probable cases of yellow fever with 10 confirmed									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-May-2022	15 915	15 915	183	1.1%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 26 May 2022, a total of 15 915 cases have been reported in the country with 183 deaths and 15 704 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	27-May-2022	9 757	9 757	103	1.1%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 27 May 2022, a total of 9 757 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 647 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	29-May-2022	72 397	72 397	1 407	-

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 29 May 2022, a total of 72 397 cases have been reported in the country including 70 740 recoveries. A total of 1 407 associated deaths have been reported.									
Ethiopia	Drought/food insecurity	Grade 2	17-Feb-2022	1-Jan-22	11-May-2022	-	-	-	-
Ethiopia is experiencing a prolonged drought after three consecutive failed rainy seasons since late 2020 affecting nearly 8 million people living in Oromia, SNNP (Southern Nations, Nationalities, and Peoples), Southwest and Somali: several areas in southern and southeastern Ethiopia, including in the regions of Somali (10 zones), Oromia (8 zones), Southwest (1 zone) and SNNP (7 zones). More than 286,000 people have been displaced in search of water, pasture or assistance, fleeing their homes to survive as crops, livestock and livelihoods are wiped out. The number of livestock deaths has reached a staggering 1.46 million (67% in Somali, 31% in Oromia, and 7% in Southwest and SNNP regions) and is still increasing.									
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 3	4-Nov-20	4-Nov-20	23-May-2022	-	-	-	-
The humanitarian situation in Northern Ethiopia remain fragile and unpredictable, affecting civilians and limiting humanitarian aid deliverance. More than 3.9 million people are in need and 2.4 million people are displaced as of 1 Apr 2022. In Afar, 22 districts are affected by the ongoing active conflict with more than more than 300K newly displaced. The corridor for cargo by land has been opened and more than 20 trucks have delivered and food and nutrition supplies. The worsening malnutrition situation in Tigray region and parts of Afar and Amhara continue to be of concern.									
Ethiopia	Cholera	Grade 2	31-Aug-2021	31-Aug-2021	23-May-2022	674		7	1.0%
The cholera outbreak has been ongoing in Oromia and Somali regions of Ethiopia. The first case was reported on 31 August 2021. As of 23 May 2022, a total of 674 cases with 7 associated death (CFR 1.0%) have so far been reported. A declining trend has been reported in past few weeks, with no cases reported since 15 January 2022.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	28-May-2022	472 232	472 232	7 513	1.6%
Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 472 232 cases of COVID-19 as of 28 May 2022, with 7 513 deaths and 455 935 recoveries.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-22	15-May-2022	4 634	2 897	33	0.7%
As of week 19, 2022 ( ending 15 May ), seven districts ( E Gojjam, N Shewa, S Omo, Afder, Fafan, Jarar, and Liben ) from three regions ( Amhara, SNNPR and Somali ) are experiencing an active measles outbreak. From week 1 to 19 of 2022 , a total of 4 634 suspected cases with 2 987 confirmed and 33 deaths ( CFR 0.7% ) have been reported in Ethiopia									
Ethiopia	Meningitis	Ungraded	17-Feb-2022	1-Jan-22	15-May-2022	2 330	12	16	0.7%
From week 1 to week 19 ( ending 15 May ) , a total of 2 330 suspected meningitis cases and 16 deaths (CFR 0.7%) were reported with a total of 52 woredas reported at least one suspected meningitis case. In general, these five (Oromia, Somali, Amhara, SNNPR & Harari) regions accounted 87.4% among total suspected meningitis cases reported; 69 Cerebrospinal fluid (CSF) samples (32 from health facilities and 37 from sentinel sites) were collected and are being processed, and 12 samples tested positive for meningococcus, additional testing is being made.									
Ethiopia	Poliomyelitis (cVDPV2)	Grade 2	24-Jun-19	20-May-2019	27-May-2022	63	63	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Ten cases were reported in 2021. The total number of cases for 2020 is 38 and 2019 is 15.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	19-May-2022	47 622	47 622	304	0.6%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 19 May 2022, a total of 47 622 cases including 304 deaths and 47 303 recoveries have been reported in the country.									
Gabon	Yellow fever	Ungraded	12-Feb-2022	17-Sep-21	23-May-2022	3	1	1	33.3%
On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogooué-Maritime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. Two other probable cases have been recorded, as of 7 May 2022.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	19-May-2022	12 002	12 002	365	3.0%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 19 May 2022, a total of 12 002 confirmed COVID-19 cases including 365 deaths, and 11 634 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	19-May-2022	161 351	161 351	1 445	0.9%
As of 19 May 2022, a total of 161 351 confirmed COVID-19 cases have been reported in Ghana. There have been 1 445 deaths and 159 865 recoveries reported.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	24-Apr-2022	31	31	0	0.0%
No cases have been reported in 2022 nor 2021, 12 cases were reported in 2020, and 19 were reported in 2019.									
Ghana	Yellow fever	Grade 2	3-Nov-21	15-Oct-21	19-May-2022	135	83	-	-
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 19 May 2022, a total of 52 yellow fever probable and 83 confirmed cases were reported from 13 regions in Ghana.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	22-May-2022	36 764	36 764	442	1.2%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 22 May 2022, a total of 36 764 cases including 36 182 recovered cases and 442 deaths have been reported in the country.									
Guinea	Lassa fever	Ungraded	22-Apr-2022	20-Apr-2022	23-May-2022	2	2	0	0.0%

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
On 22 April 2022, the Ministry of Health of Guinea declared an outbreak of Lassa fever after a case was confirmed by PCR at the Gueckedou haemorrhagic fever laboratory. The case is a 17-year-old girl from the sub-prefecture of Kassandou located 65 kilometers from the capital of the prefecture of Guéckédou. An additional confirmed Lassa fever case without any known epidemiological link with the first case was notified on 28 April in Tekoulo sub-province, Gueckedou province.									
Guinea	Measles	Ungraded	09-May-2018	1-Jan-22	30-Apr-2022	20 117	388	33	0.2%
Since the beginning of 2022 up to week 18 (ending 30 April), a total of 20 117 measles suspected cases with 388 confirmed and 33 death (CFR 0.2 %) have been reported in Guinea from 29 health districts including the capital city Conakry through Integrated disease surveillance and response (IDSR)									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-20	28-May-2022	50	50	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, we have 6 cases reported in 2021. The total number of 2020 cases has been corrected to 44.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	25-May-2022	8 260	8 260	171	2.1%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 25 May 2022, the country has reported 8 260 confirmed cases of COVID-19 with 8 033 recoveries and 171 deaths.									
Guinea-Bissau	Poliomyelitis (cVDPV2)	Grade 2	9-Nov-21	9-Nov-21	24-Apr-2022	3	3	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Three cases were reported in 2021 which were linked to the Jigawa outbreak in Nigeria.									
Horn of Africa	Drought/food insecurity	Grade 3	20-May-2022	20-May-2022	20-May-2022				
The Horn of Africa is experiencing one of the harshest droughts in living memory, with more than 15 million people facing high levels of acute food insecurity and severe water shortages across the region. The number could reach 20 million if the current below-average rains fail. The crisis threatens not only lives but people's way of life. About 5.7 million children are acutely malnourished, while over three million livestock -- which pastoralist families rely on for sustenance and livelihoods -- have died.									
Kenya	Chikungunya	Ungraded	3-Mar-22	13-Feb-2022	28-Apr-2022	83	5	0	0.0%
Chikungunya outbreak has been reported in Wajir County, Tarbaj sub county in Kutulo village. A total of forty-four (83) cases have been reported with two (5) confirmed cases. Case search in all health facilities, health education to the health care workers and the community is ongoing in the sub county.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	29-May-2022	324 768	324 768	5 651	1.7%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 29 May 2022, 324 768 confirmed COVID-19 cases including 5 651 deaths and 318 461 recoveries have been reported in the country.									
Kenya	Dengue	Ungraded	3-Mar-22	1-Jan-21	28-Apr-2022	2 426	68	2	0.1%
The outbreak has been reported in two Counties, Mombasa, Mander and Garissa. The cases are spread from 2021 for Mander and Mombasa Counties. In Mander the reported cases are from Mander east sub county while in Mombasa, six-subcounties (Nyali, Mvita, Kisauni, Nyali, Liikoni and Jomvu) have been affected. Garissa County has reported the latest outbreak from Fafi sub county, Hagadera camp. A total of 2 426 cases (68 confirmed through Polymerase Chain Reaction and 2 358 Probable cases ) with two deaths (CFR 0.1%) have been reported.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	7-May-2022	1 666	1 481	10	0.6%
Since January 2020 through 7 May 2022, a total of 1 666 visceral leishmaniasis ( 185 suspected and 1 481 confirmed) cases have been reported in Marsabit, Garissa, Kitui, Baringo, West Pokot, Mander, and Wajir Counties with a total of 10 deaths reported (CFR 0.6%). The outbreak is active in three counties. West Pokot County in Pokot North, Pokot south and West Pokot Sub Counties, Wajir County in Wajir North, Eldas and Wajir West Sub – Counties and Kitui county from Mwingi North and Mwingi Central Sub-counties									
Kenya	Yellow fever	Grade 2	3-Mar-22	12-Jan-22	19-May-2022	2	2	0	0.0%
On 4 March 2022, Kenya declared an outbreak of yellow fever in Isiolo County. As of 10 March 2022, there are a total of 15 suspect cases of yellow fever including four deaths reported from 12 January to 23 February 2022 in eight villages within three sub county of Isiolo county. Of the suspected cases, two were confirmed by PCR at the Kenya Medical Research Institute (KEMRI). Epidemiological and additional laboratory investigations are ongoing.									
Lesotho	COVID-19	Grade 3	13-May-2020	13-May-2020	3-May-2022	33 151	33 151	697	2.1%
Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 3 May 2022, a total of 33 151 cases of COVID-19 have been reported, including 24 653 recoveries and 697 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	18-May-2022	7 455	7 455	294	3.9%
From 16 March 2020 to 18 May 2022, Liberia has recorded a total of 7 455 cases including 294 deaths and 7 151 recoveries have been reported.									
Liberia	Lassa Fever	Ungraded	3-Mar-22	6-Jan-22	4-Apr-2022	46	19	6	13.0%
Since the beginning of 2022 up to 4 April 2022, a total of 46 suspected cases of Lassa fever including 19 confirmed and 6 deaths (CFR 13%) have been reported in Liberia. Three Counties are currently in an outbreak: Grand Bassa, Nimba, and Bong.									
Liberia	Measles	Ungraded	3-Feb-2022	1-Jan-22	11-Apr-2022	1 543	1 435	15	1.0%
As of 11 April 2022, 1 543 suspected cases, including 1435 confirmed and 15 deaths (CFR: 1 %) were reported from 33 health districts in 12 counties. Of the total confirmed cases, 13.7 % (197 cases) were laboratory confirmed, 26% (374 cases) was clinically confirmed, and 60 % (861 cases) by epidemiological link. Montserrado county is the most affected with 55% (843 suspected cases) of all suspected cases and 73.3% (11 deaths) of all deaths reported. The median age of the affected population is 6 years (range: 3 month-67 years). Measles vaccination coverage in confirmed cases is 39.5% and the vaccination status of 14.5 % of confirmed is unknown.									
Liberia	Poliomyelitis (cVDPV2)	Grade 2	10-Dec-2020	17-Dec-2020	24-Apr-2022	3	3	0	0.0%

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The country reported 3 cases in 2021.									
Madagascar	Floods	Grade 2	19-Jan-22	16-Jan-22	27-Apr-2022	455 744		206	0.0%
Heavy rains in Madagascar from multiple weather systems (Tropical Storm (TS) Ana, Cyclone Batsirai, TS Dumako, Cyclone Emnati, TS Gombe, and TS Jasmine) have flooded parts of the country. The TS Ana weather system affected the country during week 3 of 2022, Cyclone Batsirai occurred in week 5, TS Dumako in week 7, Cyclone Emnati in week 8, TS Gombe in week 10, and TS Jasmine in week 16. As of 19 Feb 2022, there have been 131 549 victims affected including 55 deaths by the TS Ana weather system in 12 regions though Analamanga area was most affected. Damages from Cyclone Batsirai affected 143 718 people causing 121 deaths in 10 region but mostly in the areas of Atsimo Atsinanana, Vatovavy and Fitovinany. A total of 61 489 people had been displaced by the effects of Cyclone Batsirai. Damages by TS Dumako have affected approximately 9 959 people including 14 deaths. A total of 4 323 people have been displaced from 7 regions but mostly affecting Atsinanana and Analanjirofo. Cyclone Emnati affected 169 583 people causing 14 deaths. A total of 86 995 people were displaced in 12 regions but mostly from Atsimo Atsinanana, Fitovinany, and Ihorombe. TS Gombe affected 935 people causing one death in 3 regions but mostly affecting Analanjirofo, Sava, and Sofia. Finally, TS Jasmine affected the country last week causing at least 1 death as of 27 April 2022.									
Madagascar	Malnutrition crisis	Grade 2	1-Jul-21	1-Jan-21	11-Mar-22	-	-	-	-
A prolonged three-year drought in southern Madagascar has contributed to food insecurity issues for an estimated 1.3 million people in the Grand Sud area, of which 14 000 people were classified as IPC Phase 5 or catastrophically food insecure. The Integrated food security Phase Classification (IPC) analysis for January 2022 has classified 405 000 people in emergency (phase 4). About 309 000 children are projected to suffer from moderate acute malnutrition and 60 000 children aged of 6-59 months are projected to suffer from severe acute malnutrition. There are at least 470 000 people in urgent need of food assistance in Vatovavy, Fitovinany, and Atsimo Atsinanana regions according to the latest estimate established by the authorities after the passage of Cyclones Batsirai and Emnati.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	22-May-2022	64 377	64 377	1 395	2.2%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 22 May 2022, a total of 64 377 confirmed cases including 1 395 deaths have been reported in the country.									
Madagascar	Poliomyelitis (cVDPV1)	Grade 2	28-Apr-2021	28-Apr-2021	4-May-2022	14	14	0	0.0%
No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The number of 2021 cases remains 13. There is one case in 2022.									
Malawi	Floods	Grade 2	26-Jan-22	26-Jan-22	18-Mar-22	1 000 000		51	0.0%
Malawi is currently responding to the aftermath of the cyclone Ana and Gombe that occurred on 28 January 2022 and 13 March 2022 respectively. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people have been affected, death toll stands at 51 (46 due to tropical storm Ana, 5 due to cyclone Gombe).									
Malawi	Cholera	Ungraded	3-Mar-22	3-Mar-22	29-May-2022	485	13	22	4.5%
The Malawian Ministry of Health declared a cholera outbreak on 3 March 2022. This was after a case was identified in a 53-years old businessman, resident of Balaka district. Laboratory results by culture confirmed him positive for Cholera on 3 March 2022. The seven districts affected include Nsanje (186 cases, nine deaths), Neno (88 cases, one death), Blantyre (153 cases, with 10 deaths, Machinga (9 cases, 1 death), Chikwawa (40 cases), Mulanje (1 case) and Balaka (8 cases, one death). As of 29 May 2022, Malawi has reported a total of 485 cholera cases with 22 deaths.									
Malawi	COVID-19	Grade 3	2-Apr-2020	2-Apr-2020	29-May-2022	85 973	85 973	2 640	3.10%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 29 May 2022, the country has a total of 85 973 confirmed cases with 2 640 deaths and 82 860 recoveries.									
Malawi	Poliomyelitis	Ungraded	31-Jan-22	1-Feb-2022	1-May-2022	1	1	0	0.0%
One positive case of wild WPV1 was detected in Lilongwe from a patient with the date of onset of paralysis on 19 November 2021 confirmed by the National Institute for Communicable Diseases (NICD) reference laboratory. No other cases have been reported this week.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	31-Mar-22	-	-	-	-
Mali is facing a humanitarian crisis since 2012 which is affecting three regions of the country namely the North, centre and one part of the Soth region. The situation in northern and central regions of the country remains unstable, marked by an increase in direct or indirect attacks against national and international armed forces and the civilian population. Issues such as inter and intra-community conflicts, activism of non-state armed groups, consequences of counter-insurgency operations, crime and banditry continue to weaken the Malian context. According to UNHCR there were 350 110 IDPs in the country and 56 212 refugees as of 31 March 2022. However, 659 005 returnees have come back to the country.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	29-May-2022	31 096	31 096	734	2.4%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 29 May 2022, a total of 31 096 confirmed COVID-19 cases have been reported in the country including 734 deaths and 30 207 recoveries.									
Mali	Measles	Ungraded	20-Feb-2018	1-Jan-22	24-Apr-2022	1 536	421	1	0.1%
As of week 16, (ending 24 April) of 2022, a total of 1 536 suspected cases of measles and 421 confirmed and 1 death (CFR 0.1) have been reported in Mali through integrated disease surveillance and response (IDSR) system. A total of 37 out of 75 health districts have confirmed measles outbreak, of which 13 health districts have received vaccines for response. The most affected age group is from 0 to 59 months.									
Mali	Poliomyelitis (cVDPV2)	Grade 2	18-Aug-2020	18-Aug-2020	16-Mar-22	52	52	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. No cases have been reported in 2021. The total number of cases since 2020 are 52.									
Mali	Undiagnosed disease	Ungraded	14-Mar-22	1-Nov-21	11-May-2022	41		9	22.0%

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
In Farabougou village, Segou region of Mali, a disease of unknown cause has been reported. The first investigation on this disease was conducted since November last year. In 2022, the first alert about this disease was voiced on 23 February. A total of 41 cases with 9 deaths (CFR 22.0%) have been reported. From 12 to 13 April, the Regional Ministry of Health conducted a mission to the affected area, according to the preliminary information, among cases reported 3 have oedema, 12 have non-specified chronic diseases and 26 had malnutrition. No further details provided so far. The investigation report including laboratory analysis are still awaited. The affected area is highly insecure therefore difficult for access.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	22-May-2022	59 123	59 123	982	1.7%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 29 May 2022, a total of 59 123 cases including 982 deaths and 57 890 recovered cases have been reported in the country.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	8-Feb-2022	8-Feb-2022	27-Apr-2022	7	7	2	28.6%
On 4 February 2022, a case of Crimean-Congo haemorrhagic fever (CCHF) was confirmed by polymerase chain reaction (PCR) at the Institut National de Recherche en Santé Publique in Nouakchott, Mauritania. The patient is a 52-year-old male farmer living in the department (moughataa) of Koubeni in the region (wilaya) of Hodh Elgharbi. He presented with epistaxis and hematemesis for which he consulted five health facilities in Kubeni and Nouakchott between 27 January and 4 February 2022. As of 27 April 2022, a total of seven confirmed cases including two deaths were reported. The last confirmed case was reported 46 days after the sixth.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	5/8/2022	223 793	223 793	996	0.4%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 8 May 2022, a total of 223 793 confirmed COVID-19 cases including 996 deaths have been reported in the country.									
Mozambique	Floods	Grade 2	24-Jan-22	26-Jan-22	12-Mar-22	678 237		59	0.0%
On 11 March 2022, a severe tropical cyclone Gombe made landfall over the coastal area of central Nampula province, with maximum sustained winds up to 190km/h. Figures on people affected and damage following the passage of Cyclone Gombe continues to rise. According to the latest information released by the National Institute for Disaster Management and Risk Reduction (INGD), to date Gombe has affected 478 237 people (93 497 families), caused 59 deaths, and injured 82 people. These figures on the impact are expected to rise as widespread damage has occurred though in-depth assessments have not yet taken place. This cyclone Gombe follows tropical storm Ana which hit the country in January, and tropical depression Dumako which struck in February. Together, these previous storms have already affected more than 200 000 people in Nampula, Zambezia and Tete provinces.									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	1-Jan-20	31-Mar-22	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. As of 31 Mar 2022, the nationwide estimate of people in need of humanitarian assistance is 622 108 and 266 246 people are displaced by conflict.									
Mozambique	Cholera	Ungraded	23-Mar-22	13-Jan-22	18-Mar-22	265	0	0	0.0%
Cholera outbreak has been reported from Sofala province, central region, Mozambique, on 13 January 2022. From 13 January 2022 as of 18 March 2022, 265 cases were reported with no deaths in Caia district. Of the eight samples collected, three tested positive for cholera by rapid diagnostic test (RDT) and five turned negative by culture. Response activities are ongoing.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	15-May-2022	225 498	225 498	2 201	1.0%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 15 May 2022, a total of 225 498 confirmed COVID-19 cases were reported in the country including 2 201 deaths and 223 190 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-21	17-Apr-2022	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-2022	18-May-2022	18-May-2022	1	1	0	0.0%
A wild poliovirus type 1 (WPV1) was detected in Mozambique from samples collected in late March 2022 from Changara district in Tete province. This new WPV1 is an orphan virus and is linked to the virus detected in Malawi (for which outbreak response vaccinations are ongoing in Malawi and neighbouring countries). The patient, a 12-year old female, had onset of paralysis on 25 March 2022. Her stool samples were collected on 1 April and 2 April 2022, and sent to the laboratory on 4 April 2022.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	27-May-2022	165 797	165 797	4 035	0.0%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 27 May 2022, a total of 165 797 confirmed cases with 158 765 recovered and 4 035 deaths have been reported.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-2015	1-Feb-2015	7-Mar-22	-	-	-	-
According to OCHA statistics, 3.7 million people need humanitarian assistance in 2022. As of 07 March 2022, 276 000 people are internally displaced, 250 000 are refugees, and 3.6 million are food insecure (phase 3+ and above). Diffa and Tillaberi regions are the most affected by food insecurity with 24% and 29% of the population affected respectively.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	29-May-2022	9 046	9 046	310	3.4%
From 19 March 2020 to 29 May 2022, a total of 9 046 cases with 310 deaths have been reported across the country. A total of 8 712 recoveries have been reported from the country.									
Niger	Measles	Ungraded	5-Apr-2022	1-Jan-22	17-Apr-2022	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 8 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) and Zinder (44.2 cases /100 000). Risk assessment found: 17 districts out of 72 for the country are at very high risk while 21 districts are at high risk. The response plan is being finalized in order to vaccinate in the 38 high risk and very high-risk districts as well as 11 districts in outbreak but not yet reflected in the risk profile									
Niger	Meningitis	Ungraded		1-Jan-21	20-Mar-22	1 688	-	76	4.5%

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<p>Since the beginning of the year 2021 to week 2 of 2022 ending 16 January 2022, 1 688 cases have been reported with 76 deaths (CFR 4.5%). Two health districts in Zinder region crossed the alert threshold: Dungass with an attack rate (AR) of 4.5 cases per 100 000 inhabitants and Magaria with an attack rate (AR) of 4.8 cases per 100 000 inhabitants. An analysis of data by sub-districts indicates that some health areas crossed the epidemic threshold on week 49 of 2021 (ending 12 December). <i>Neisseria meningitidis</i> serogroup C (NmC) is the predominant germ identified in the 2 health districts. A request to the International Coordinating Group (ICG) for vaccine provision is underway for a vaccine campaign response.</p>									
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-21	4-May-2022	18	18	0	0.0%
<p>One case of circulating vaccine-derived poliovirus type 2(cVDPV2) was reported in Tillaberi making it the second in 2022. In addition one cVDPV2 positive environmental sample was reported in Niamey. There are 17 cases reported in 2021.</p>									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	28-Feb-2022	-	-	-	-
<p>Attacks in Nigeria have continued in Local Government Agencies of Borno, Adama, and Yobe (BAY) states making the North-Eastern part of the country volatile. As of 28 Feb 2022, there were 80 691 refugees from other countries within Nigeria with almost 76 339 (or 95%) coming from Cameroon. More than 2.2 million IDPs (98.6% of all IDPs in the country) are in the North-East, while the rest (0.4%) are in the North-West/North-Central part of the country.</p>									
Nigeria	COVID-19	Grade 3	27-Feb-2020	27-Feb-2020	27-May-2022	256 028	256 028	3 143	1.2%
<p>The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 27 May 2022, a total of 256 028 confirmed cases with 250 036 recovered and 3 143 deaths have been reported.</p>									
Nigeria	Lassa fever	Grade 1	1-Jan-21	1-Jan-21	1-May-2022	4 455	759	149	19.6%
<p>Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 17 of 2022 (ending 1 May), the number of new confirmed cases decreased from 18 in week 16 to eight cases, with three deaths. These were reported from Edo, Ondo, Gombe and Kogi States. Cumulatively from week 1 to 17 of 2022, a total of 759 confirmed cases including 149 deaths among confirmed cases have been reported with a case fatality rate (CFR) of 19.6% across 23 states. This is lower than the CFR for the same period in 2021 (21.0%). In total, 4 455 cases are suspected in 2022. Of all confirmed cases, 68% are from Ondo (28%), Edo (25%) and Bauchi (15%) States.</p>									
Nigeria	Measles	Ungraded	14-Mar-22	1-Jan-22	20-Mar-22	9 905	1 294	0	0.0%
<p>As of week 11, 2022 (ending 20 March), a total of 9 905 suspected measles cases were reported from all states across 516 (67%) LGAs. A total of 161 LGAs across 33 states have experienced an outbreak this year 2022. Ongoing outbreak in 134 new LGAs across 30 states with new outbreak in 31 new LGAs across 10 states. A total of 4 447 samples were collected and 1 294 were IgM+ (29%).</p>									
Nigeria	Monkeypox	Ungraded	9-Sep-21	1-Jan-22	29-May-2022	66	21	1	1.5%
<p>From 1 January to 29 May 2022, Nigeria has reported 66 suspected cases with one death from nine states across the country. Of these, 21 cases were laboratory-confirmed from the following states: Adamawa (5), Bayelsa (2), Cross River (2), Delta (2), Federal Capital Territory (2), Imo (1), Kano (2), Lagos (4), and River (1). One death was recorded in a 40-year-old male with renal co-morbidity.</p>									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	8-May-2022	494	423	0	0.0%
<p>In 2022, 20 cVDPV2 cases have been reported in the country. There were 415 cVDPV2 cases and 18 environmental samples reported in 2021.</p>									
Nigeria	Yellow fever	Grade 2	12-Sep-17	1-Jan-21	30-Apr-2022	54	54	3	5.6%
<p>From 1 January 2021 to 30 April 2022, a total of 54 yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Some of these cases had a history of YF vaccination.</p>									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	29-May-2022	130 052	130 052	1 459	1.1%
<p>The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 29 May 2022, a total of 130 052 cases with 1 459 deaths and 128 529 recovered cases have been reported in the country.</p>									
Sahel region	Humanitarian crisis	Grade 2	11-Feb-2022	-	20-May-2022	-	-	-	-
<p>The humanitarian situation has further deteriorated in six countries of the Sahel: Burkina Faso, Cameroon, Chad, Mali, Niger, and Nigeria. The total amount of people in need of humanitarian assistance is 30 million. Additionally, more than 7 million people are internally displaced, and 0.89 million refugees have been registered. Problems such as violence, poverty, climate change, food insecurity, disease outbreaks, and military coups have persisted in the area for over a decade, however, incidents have been on the rise in recent months. The humanitarian situation causes additional challenges for the health of the population who are faced with weakened health systems among a context of food insecurity due to climate change.</p>									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-2020	6-Apr-2020	22-May-2022	5 982	5 982	73	1.2%
<p>On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 22 May 2022, a total of 5 982 confirmed cases of COVID-19 have been reported, including 73 deaths. A total of 5 900 cases have been reported as recoveries.</p>									
Sao Tome And Principe	Dengue	Grade 2	11-Apr-2022	25-Apr-2022	25-May-2022	145	42	0	0.0%
<p>Sao Tome and Principe is facing the first ever documented dengue outbreak. As of 25 May 2022, a total of 145 cases and no deaths have been confirmed via RDT from: Águia Grande (125, 86.2%); Mézochi (12, 8.2%); Lobata (6, 4.1%); Cantagalo (1, 0.7%); and RAP (1, 0.7%). During week 20 (ending 25 May), there were 42 new cases registered in the country. Águia Grande's attack rate is by far the highest (14.9 per 10 000 inhabitants). The most vulnerable age groups according to attack rate are: 10-19 years (7.8), 20-29 years old (7.9), 30-39 years old (8.6), 40-49 years old (6.1) and 50-59 years old (9.2). The 3 main clinical signs are fever (138, 95%), headache (108, 75%) and myalgia (79, 54%).</p>									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	29-May-2022	86 108	86 108	1 966	2.3%
From 2 March 2020 to 29 May 2022, a total of 86 108 confirmed cases of COVID-19 including 1 966 deaths and 84 120 recoveries have been reported in Senegal.									
Senegal	Poliomyelitis (cVDPV2)	Grade 2		4-Apr-2021	4-May-2022	17	17	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 17 cases reported in 2021.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	29-May-2022	44 016	44 016	167	0.4%
Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020 as of 29 May 2022, a total of 44 016 cases have been confirmed, including 43 583 recoveries and 167 deaths have been reported.									
Sierra Leone	Anthrax	Ungraded	20-May-2022	20-May-2022	23-May-2022	8	3	0	0.0%
Detailed update given above.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	29-May-2022	7 682	7 682	125	1.6%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 29 May 2022, a total 7 682 confirmed COVID-19 cases were reported in the country including 125 deaths and 4 819 recovered cases.									
Sierra Leone	Lassa fever	Ungraded	12-Feb-2021	1-Jan-21	20-Mar-22	20	20	11	55.0%
From the beginning of 2021 to 20 March 2022, a total of 20 cases and 11 deaths (55% CFR) have been reported due to Lassa fever in Sierra Leone. Cases were reported from Kenema (15), Kailahun (3), and Tonkolili (2) districts since the beginning of 2021. From these cases, 65% were females and 35% were <5 years old. Lassa fever is known to be endemic in Sierra Leone and surrounding countries. From 2016-2020 Sierra Leone experienced gradually declining trends in annual Lassa fever case totals, however, in 2021, cases doubled compared to 2020 (from 8 total reported in 2020 to 16 total in 2021).									
Sierra Leone	Measles	Ungraded	1-Nov-21	1-Jan-22	20-Mar-22	236	225	0	0.0%
By 17 March 2022 (Week 11), 11 out of 16 districts reported 225 confirmed measles cases (58 lab confirmed and 167 epi linked; 66% (149) of these cases are below five years, 19.1% (43) above five years and 14.6%, (33) age missing. Seven districts have at least three lab confirmed cases (Outbreak threshold): Kambia, Kono, Falaba, Port Loko, Western Rural, Kenema and Koinadugu Districts. The Ministry of Health concluded budget for WHO's support to conduct more ring vaccinations and other support									
Sierra Leone	Poliomyelitis (cVDPV2)	Grade 2	10-Dec-2020	10-Dec-2020	24-Apr-2022	15	15		0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. Five cases were reported in 2021, and 10 were reported in 2020.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	29-May-2022	3 953 967	3 953 967	101 146	3.4%
Since the start of the COVID-19 pandemic in South Africa through 29 May 2022, a cumulative total of 3 953 967 confirmed cases and 101 146 deaths have been reported with 3 803 725 recoveries.									
South Africa	Lassa fever	Ungraded	13-May-2022	14-May-2022	14-May-2022	2	1	1	50.0%
The Government of South Africa notified AFRO IHR of an imported case of Lassa fever from Nigeria to South Africa. The case had travel history to Nigeria during the six months preceding illness. He entered RSA on 25 April 2022 and was hospitalized on 1 May 2022 and died on 6 May 2022. The case was tested positive for Lassa fever RT PCR at the National Institute for Communicable Diseases. One suspected secondary case, a nurse who assisted the doctor intubating the index case was identified on 13 May 2022.									
South Sudan	Acute Food Insecurity	Grade 2	18-Dec-2020	5-Apr-2021	15-May-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. Food insecurity in South Sudan is driven by climatic shocks (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, the effects of COVID-19, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households' coping capacities, and the loss of livelihoods.									
South Sudan	Floods	Grade 2	15-Jul-21	1-May-2021	15-May-2022	-	-	-	-
Rains in South Sudan are projected to cause a fourth year of flooding in areas where large swathes of land are still inundated from last rainy season. Unity State is expected have displacement of more than 320 000 people who could experience loss of livelihoods, disease outbreaks and food insecurity. In 2021 the flooding began in May and affected over 835K people in 33 counties. A rapidly worsening situation was noted in October 2021. Measures are being taken to avert humanitarian crises by reinforcing peoples' homes and key infrastructure such as latrines and water wells.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-2016	n/a	30-Apr-2022	-	-	-	-
The long-standing and complex humanitarian crisis in South Sudan continues. In 2022, there is a total of 8.9 million people in need of humanitarian assistance and 2.02 million people internally displaced people as of 30 April 2022. In March 2022, inter-communal tensions in the Abyei Administrative Area led to displacement of more than 100 000 people who fled to Abyei town and neighbouring counties to Twic, Warrap, and Northern Bahr el Ghazal state in various displacement sites. At least 60 people died. In Upper Nile state, fighting between factions in the area cause 14 000 people to flee to Ethiopia. In Eastern Equatoria State there have been sporadic clashes between farming communities and herders in Magwi causing some 19 350 people to take shelter in Magwi Town and Juba IDP site. Juba County also experienced attacks by cattle farmers causing the displacement of 28 000 people in the county.									
South Sudan	Anthrax	Ungraded	25-Apr-2022	13-Mar-22	29-Apr-2022	34	8	0	0.0%
A total of 34 suspected cases have been reported from Kuajok in Warrap state. A rapid response team investigation sampled 18 individuals of which 8 (44%) returned positive for bacillus anthracis bacteria. Cases were reported from 13 March - 11 April 2022 from registered hospital patients where the majority of cases have been female (71%). Twenty-two cases (65%) are children under 10 years old.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	Cholera	Ungraded	21-Apr-2022	21-Mar-22	23-May-2022	74	11	1	1.4%
As of 23 May 2022, 74 cases and 1 death (CFR 1.4%) have been reported from Rubkona County of Warrap State, mostly (85.1%) from the Bentiu IDP camp. Twenty-two cases have been confirmed positive by RDT for cholera and 11 tested positive by culture at the National Public Health Laboratory in Juba. Females account for 67.6% of all cases. The age group between 0-4 years accounted for 35.7% of all cases, followed by age group ≥20 years with 28.6%, age group 10-14 years accounted for 12.9%. Rubkona county experienced unprecedented floods in 2021 with flood waters persisting up to the end of the current dry season and the flood surface water is often used for bathing and playing.									
South Sudan	COVID-19	Grade 3	5-Apr-2020	5-Apr-2020	27-May-2022	17 597	17 597	138	0.8%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 27 May 2022, a total of 17 597 confirmed COVID-19 cases were reported in the country including 138 deaths and 13 514 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	1-Jan-19	22-May-2022	2 602	104	24	0.9%
The current outbreak in the Bentiu IDP camp is ongoing. As of 22 May 2022, a total of 2 602 cases of hepatitis E including 24 deaths (CFR: 0.92%) have been reported since January 2019. Approximately 52% of cases are male.									
South Sudan	Malaria	Ungraded	28-Dec-2021	1-Jan-22	22-May-2022	1 117 138	1 117 138	232	0.0%
Between weeks 1-20 of 2022 (ending 22 May), 1 117 138 malaria cases including 232 deaths (CFR 0.02%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3 749 210 malaria cases including 2 963 deaths were reported. Several upsurges occurred in the country in 2021 including the counties of Fangak.									
South Sudan	Measles	Ungraded	23-Feb-2022	1-Jan-22	15-May-2022	681	421	2	0.3%
A measles outbreak was declared by health authorities of South Sudan on 23 February 2022 in two counties, Torit and Maban. As of week 19, 2022 (ending 15 May), eight counties (of 79 counties nationally) have now confirmed measles outbreaks (Aweil Centre, Aweil East, Aweil West, Gogrial West, Maban, Raja, Tambura, and Torit). Overall, 681 suspected measles cases and two deaths (CFR 0.3%) have been reported using the early warning alert and response system (EWARS) and investigated countrywide as part of integrated disease surveillance and response (IDSR) since the beginning of 2022. Among those 681, 421 have been reported from the eight counties with confirmed outbreaks. Most cases are children under five years old (59%) and 53% of cases are male.									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	22-Oct-20	22-Oct-20	22-May-2022	59	59	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 9 cVDPV2 cases reported in 2021 and 50 in 2020.									
South Sudan	Suspected Meningitis	Ungraded	25-Apr-2022	1-Jan-22	22-May-2022	232	4	19	8.2%
A total of 232 suspected cases of meningitis have been reported from all 5 counties in NBeG from week 1-20, 2022. Most cases were reported among those aged 15+ (44%). Of these suspected cases, there have been 19 deaths (CFR 8.2%) of which most have occurred in infants <1yr (58% of all deaths). Aweil Centre and Aweil West reported the highest cumulative attack rates.									
Tanzania, United Republic of	Cholera	Ungraded	25-Apr-2022	14-Apr-2022	23-May-2022	214	24	1	0.5%
The Ministry of Health of The United Republic of Tanzania notified WHO on 25 April 2022 of an outbreak of cholera in Kigoma and Katavi Regions. From 14 Apr to 12 May 2022, 214 cumulative cases and 1 death (CFR 0.5%) have been reported from the Districts of Tanganyika in Katavi Region (88, 41.1%) and Uvinza in Kigoma Region (126, 58.8%). A total of 24 cases have been confirmed positive for Vibrio cholerae. About 37% of cases have been reported among children 3-10 years.									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	6-May-2022	33 928	33 928	803	2.4%
The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Tanzania reported the country's first case of COVID-19 on 16 March 2020. As of 6 May 2022, a total of 33 928 confirmed cases have been reported in Tanzania Mainland including 803 deaths.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	8-May-2022	37 006	37 006	273	0.7%
On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 8 May 2022, a total of 37 006 cases including 273 deaths and 36 713 recovered cases have been reported in the country.									
Togo	Measles	Ungraded	2-Feb-2022	25-Nov-21	20-Mar-22	831	134	0	0.0%
A measles outbreak has been declared by the Togolese health authorities on 9 February 2022 after confirmation at National Referral Laboratory for Epidemic prone Diseases. As of 20 March, a total of 831 cases and 0 death, have been reported through Integrated Disease Surveillance and Response (IDSR). The outbreak started in November 2021 in the Zio district.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	16-Mar-22	17	17	0	0.0%
No new case of cVDPV2 was reported during the past week. No cases have been reported in 2021. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	24-May-2022	164 412	164 412	3 602	2.2%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 24 May 2022, a total of 164 412 confirmed COVID-19 cases with 3 602 deaths were reported.									
Uganda	Yellow fever	Grade 2	3-Mar-21	1-Mar-22	19-May-2022	7	1	0	0.0%

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<p>On 6 March 2022, the Uganda Ministry of Health notified WHO of four suspected yellow fever cases, with specimens collected between 2 January and 18 February 2022, that tested positive for yellow fever by Enzyme-linked immunosorbent assay (ELISA) and by plaque reduction neutralization test (PRNT), at the Uganda Virus Research Institute (UVRI). As of 25 March 2022, three additional samples tested positive by PRNT at the UVRI. Cases presented with fever, vomiting, nausea, diarrhoea, intense fatigue, anorexia, abdominal pain, chest pain, muscle pain, headache, and sore throat. Only one case from Wakiso District was classified as confirmed after thorough investigation.</p>									
Zambia	Cholera	Ungraded	13-Apr-2022	11-Apr-2022	21-May-2022	21	21	0	0.0%
<p>A cholera outbreak was declared in Zambia on 3 May 2022. A total of 21 cases have been registered with no deaths as of 21 May 2022. Three districts are affected: Lusaka (7 cases), Chilanga (9 cases) and Nsama (5 cases).</p>									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	29-May-2022	321 503	321 503	3 985	1.2%
<p>The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 29 May 2022, a total of 321 503 confirmed COVID-19 cases were reported in the country including 3 985 deaths and 316 872 recovered cases.</p>									
Zimbabwe	Anthrax	Ungraded	6-May-2019	1-Jan-22	20-Mar-22	22	0	0	0.0%
<p>The anthrax outbreak is ongoing in Zimbabwe. Six new cases were reported in Week 3 of 2022 with the cumulative for the year being 22. The cases were reported by Gokwe North District and Gokwe South District in Midlands Province. This outbreak started in Week 36 of 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. The cumulative figures for anthrax are 747 cases and 3 deaths in 2020 and 306 cases and 0 deaths in 2021.</p>									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	14-May-2022	249 206	249 206	5 482	2.2%
<p>The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 14 May 2022, a total of 249 206 confirmed COVID-19 cases were reported in the country including 5 482 deaths and 242 417 cases that recovered.</p>									
Zimbabwe	Measles	Ungraded	29-Apr-2022	19-May-2022	19-May-2022	270		29	10.7%
<p>A total of 270 cases have so far been identified since the first rumours surfaced on 10 April 2022 in Mutasa District. 31 are vaccinated, 171 are not vaccinated and 28 have unknown vaccination status. 29 deaths have so far been recorded with a fatality rate of 12.6%. Of the 29 deaths, 20 were unvaccinated and 9 vaccination status is unknown. Zindi clinic has reported 179 cases so far contributing 66.3%.</p>									
<b>Closed Events</b>									
Burkina Faso	Yellow fever	Ungraded	21-Apr-2022	1-Feb-2022	24-Apr-2022	1	0	1	100.0%
<p>As of 3 April 2022, 105 samples from Burkina Faso have been collected and tested for yellow fever at the national laboratory (Centre Muraz). One case tested positive for yellow fever by plaque reduction neutralization test (PRNT) of the two IgM positive samples shipped to Institut Pasteur in Dakar on 29 March 2022. The PRNT positive case is a 45-year-old male from Bagayiri village, Boussé district, Plateau Central Region, with history of yellow fever vaccination. The onset of symptoms was in early February and the patient died on 20 March 2022, following a treatment received in Ouagadougou.</p>									

†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.

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Correspondence on this publication may be directed to:

Dr Etien Luc Koua

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

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

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

Email: afrooutbreak@who.int

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#### Contributors

Robert Musoke (Sierra Leone)  
Gervais Leon FOLEFACK TENGOMO  
(Democratic Republic of the Congo)

A. Moussongo

#### Editorial Team

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

#### Production Team

T. Mlanda  
R. Ngom  
F. Moussana

#### Editorial Advisory Group

Dr. Salam Gueye, *Regional Emergency  
Director*  
E. Koua  
D. Chamla  
F. Braka

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