

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 21: 16 – 22 May 2022
Data as reported by: 17:00; 22 May 2022

3

New events

152

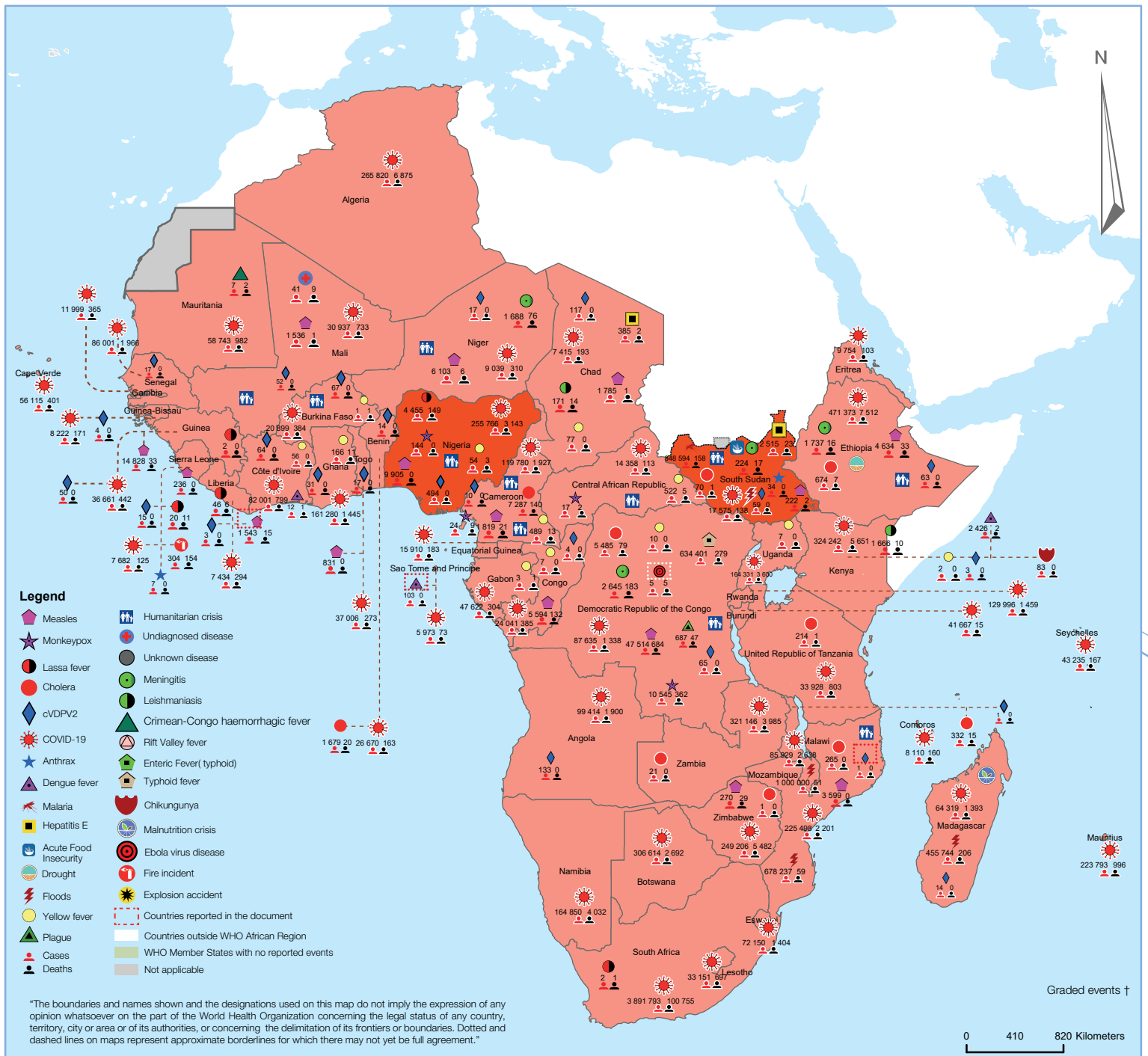
Ongoing events

135

Outbreaks

20

Humanitarian crises



3

Grade 3 events

43

Grade 2 events

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Grade 1 events

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Protracted 3 events

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Protracted 2 events

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Protracted 1 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 152 events in the region. This week's articles cover:

- ▶ Wild Poliovirus type1 in Mozambique
- ▶ Ebola Virus Disease in the Democratic Republic of the Congo
- ▶ COVID-19 across the WHO African region
- ▶ Dengue Fever in Sao Tome and Principe

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:

- ▶ Mozambique becomes the second country following Malawi to report a case of wild poliovirus type 1 in the African region following several years of no cases. Although the virus strain is not indigenous to the region and is linked to the virus circulating in Pakistan, this event highlights the potential for spread once the virus remains in circulation in other parts of the world. In the context of this new outbreak, cross-border collaboration for enhanced surveillance and high-quality public health response including vaccination will be critical to protecting countries of the sub-region and preventing a potential resurgence of the polio epidemic in Africa.
- ▶ The Ebola virus disease outbreak in the Democratic Republic of the Congo continues to unfold with two new cases not previously known as contacts reported in the past week. The detection of new cases who were not known contacts as well as the very high case fatality ratio (100%) underscores the precarious nature of the current Ebola outbreak largely challenged by community resistance despite the availability of public health tools including vaccination. There is a need for enhanced risk communication and community engagement to ensure ownership and buy-in from the communities to control this outbreak.
- ▶ The Ministry of São Tomé and Príncipe has declared its first-ever dengue fever outbreak following heavy rains and floods in the country in early 2022. These resulted to structural damage, limited water sanitation and hygiene facilities, and increased mosquito larval breeding grounds leading to the proliferation of mosquito vector transmission. Surveillance and laboratory capacity are limited, and combined with the asymptomatic nature of the disease, the extent of the dengue outbreak may be underestimated. Technical knowledge and case management skills for severe dengue are low and there is very limited intensive health care capacity.

EVENT DESCRIPTION

On 18 May 2022, the Ministry of Health of Mozambique notified the World Health Organization of a case of wild poliovirus type 1 (WPV1) in the country's north-eastern Tete province bordering Malawi, Zambia, and Zimbabwe following laboratory confirmation. The case-patient is a 12-year-old female from Changara district, Tete province with an onset of paralysis on 25 March 2022. The case-patient had no travel history outside of the country and had been previously vaccinated with three doses of bivalent oral poliovirus vaccine (bOPV).

The initial investigation commenced with two stool samples collected 24 hours apart from the case-patient on 1 and 2 April 2022. The samples were shipped to laboratories at the National Institute of Communicable Disease (NICD) in South Africa and the Centers for Disease Control and Prevention (CDC) in the United States for testing and sequencing. Test results confirm the presence of WPV1 in the stool samples. Genomic sequencing analysis of the virus also showed that the outbreak is linked to a strain that had been circulating in Pakistan in 2019, similar to the imported WPV1 case confirmed in February 2022 in Malawi, signalling that the virus strain is not indigenous. Stool samples were also collected from three contacts of the newly detected case. However, test results showed the absence of poliovirus.

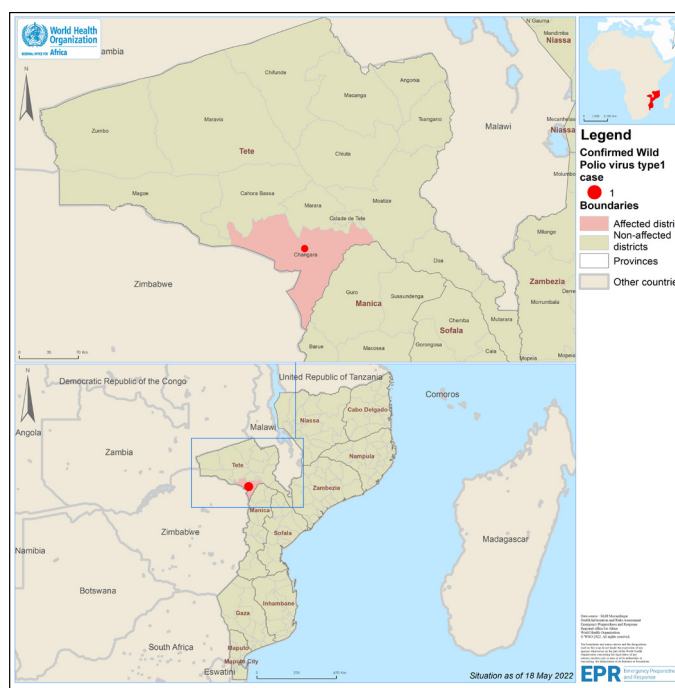
This is the first case of wild poliovirus recorded in Mozambique since 1992, although the country has more recently been affected by an outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) with three cases detected since April 2021, the most recent on 26 March 2022.

According to the latest available 2020 WHO-UNICEF national immunization coverage estimate, the oral poliovirus vaccine third dose (OPV3) and inactivated poliovirus vaccine first dose (IPV1) coverage were 73% and 78% respectively, for Mozambique. The country has also recently conducted two rounds of mass polio vaccination campaigns reaching 4.2 million children aged five years and below as part of a multi-country emergency outbreak response to the WPV1 recently detected in Malawi. Circumscribed reactive polio vaccination campaigns, which include the use of the novel oral polio vaccine type 2 (nOPV2), have also been conducted since 2021 in Mozambique in response to cases of circulating vaccine-derived poliovirus type 2 (cVDPV2).

PUBLIC HEALTH ACTIONS

- The outbreak of wild poliovirus type 1 was officially declared by the Ministry of Health of Mozambique and notified to WHO as part of the International Health Regulations 2005 requirements.
- The Ministry of Health is coordinating the response to the event with technical and operational support from partners of the Global Polio Eradication Initiative (GPEI) including the African Rapid Response Team and the Global Polio Laboratory Network (GPLN).

Location of the confirmed case of Wild Polio virus type1 in Changara district, Tete Province, Mozambique, as of 18 May 2022



- A rapid response team involving staff from the national and sub-national levels as well as GPEI experts have been deployed to conduct a detailed investigation, assess the risk associated with this event, and implement targeted response activities.
- Surveillance including active case finding is being enhanced in the affected district.
- Two rounds of bivalent OPV campaigns have already been implemented, the most recent in April, with more than 4.2 million children vaccinated in Mozambique. At the same time, the response to the cVDPV2 outbreak is also ongoing.

SITUATION INTERPRETATION

Africa's wild poliovirus-free certification is not affected by the recent detection of WPV1 cases in Mozambique and Malawi given that the virus strain is not indigenous. Only two countries, Afghanistan and Pakistan, are still endemic for the virus. However, these recent events underscored the importance of maintaining high vaccination coverage for both OPV and inactivated polio vaccine (IPV), given the potential for international spread as the wild poliovirus circulates in parts of the world. The detection of the latest case highlights the relevance of the ongoing multi-country emergency outbreak response in Malawi, Mozambique Tanzania, Zambia, and Zimbabwe in response to the earlier detection of WPV1 in Malawi. WHO advises countries to implement high-quality surveillance, routine vaccination, and response activities to prevent the potential resurgence and spread of the poliovirus.

Ongoing events

Ebola Virus Disease

Democratic Republic of the Congo

5
cases

5
Deaths

100%
CFR

EVENT DESCRIPTION

The ongoing Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) continues to evolve with two new cases (one confirmed and one probable) reported in the week ending 22 May 2022. The new cases follow almost 14 days without a reported case of EVD and brings to two the number of health zones affected in the Equateur Province.

The confirmed case is a 12-year-old male, detected on 19 May 2022 in Mama Balako Health Area, Wangata Health Zone in Mbandaka City, Equateur Province. The case was not a known contact prior to detection and had no history of vaccination against Ebola. He escaped isolation at a local health centre and returned to the community where he died on 20 May 2022. Burial of the deceased was reportedly conducted by the community members on 21 May 2022 without adherence to infection prevention and control precautions and supervision of the Ebola response team due to community resistance. Further investigation revealed that the deceased case-patient resided in the same vicinity of a nine-year-old boy who died on 6 May 2022 after presenting signs and symptoms of fever, physical asthenia, vomiting, abdominal pain, and bleeding from injection site. The nine-year-old deceased was reportedly buried on 7 May 2022 by community members after resisting investigation from the Ebola response team.

The nine-year-old boy who died in the same vicinity, Mama Balako Health Area, as the fourth confirmed case has been reclassified as a probable case after retrospective investigation revealed that he presented with signs and symptoms typical of Ebola virus disease prior to his death. The investigation also retrospectively established a link to the third confirmed case reported on 4 May 2022 from Motema Pemba Health Area.

As of 22 May 2022, a total of five cases (four confirmed and one probable) have been reported from the Democratic Republic of the Congo. Three health areas across two health zones - Libiki and Motema Pemba Health Areas in Mbandaka Health Zone and Mama Balako Health Area in Wangata Health Zone have been affected. Mbandaka Health Zone has reported three cases (60.0%) while Wangata Health Zone has reported two cases (40.0%). Among the five cases reported, four are males and one is female. All the reported cases are epidemiologically linked.

A total of 383 contacts are currently being followed and 221 alerts reported on 22 May 2022 including five community deaths. Of the 221 alerts, 34 are from active case finding, 109 from health facilities, 66 from the community, eight from points-of-entry, and 0 from contact tracing.

Of 397 samples collected and tested since the onset of the outbreak, four were confirmed positive for EVD.

PUBLIC HEALTH ACTIONS

- Public health response activities continue to be coordinated by the Provincial Health Division with technical and operational support from the national Ministry of Health, WHO, and partners.
- Surveillance activities continue with the reporting and investigation of alerts as well as tracing and follow-up of contacts of confirmed cases.
- A total of 1 073 persons have been vaccinated as of 22 May 2022. These include 702 frontline health workers. A functional ultra-cold chain is in place with 1 999 doses in stock (1 200 in Kinshasa, 799 doses in Mbandaka).
- As of 22 May 2022, three suspected patients are treated at the Ebola Treatment Center. In addition, four suspects are isolated in health facilities in Bolenge (2) and Wangata Health Zones (2).
- Infection prevention and control (IPC) activities continue to be implemented especially around the last confirmed case with decontamination of the health facility, provision of kits to health facilities, training of healthcare workers, risk assessment of frontline health workers, and IPC scorecard assessment for health facilities.
- Risk communication and community engagement activities for compliance to vaccination uptake, adherence to contact tracing measures and prevention measures continue. The Governor of Equateur province visited the family of the last confirmed case to advocate for acceptance and adherence to public health measures including uptake of vaccination. Twenty-nine high-risk contacts among the family members were vaccinated as a result of the intervention.
- Messaging on preventive measures against EVD and sexual exploitation and abuse continue to be disseminated through local community radio stations and mass sensitization in public places (churches, schools, markets, etc.). Capacity building of local organizations on integration of community-based complaint mechanism as part of prevention and response to sexual exploitation, abuse and harassment, is ongoing in Mbandaka.
- Psychosocial support continued to be offered to contacts, orphans, members of the deceased family, and suspected cases.
- Screening of travellers continued at 16 points-of-entry established in the city of Mbandaka. As of 21 May 2022, a total of 246 060 (92.0%) were screened among the 267 565 travellers who had been registered since the onset of the outbreak. In total, 136 alerts were detected among travelers. No case was confirmed among travelers.

SITUATION INTERPRETATION

Reports of new cases in a second health zone among persons not previously known as contacts underscore the precarious nature of the current Ebola virus disease outbreak in the Democratic Republic of the Congo. The extremely high case fatality ratio in this outbreak warrants concerted efforts and innovative approaches to reduce resistance from communities and ensure buy-in for compliance to public health response measures including vaccine uptake. Enhanced risk communication and community engagement will be crucial to reducing resistance among affected families and ensuring that contact tracing activities are implemented unhindered and thoroughly. National authorities and partners need to double their efforts to prevent further spread of the outbreak to new health zones.

Ebola outbreak in the northwestern province of the Democratic Republic of the Congo



EVENT DESCRIPTION

COVID-19 cases and deaths decreased in the African region following four consecutive weeks of increasing trend. In the past week (week ending 22 May 2022), a total of 42 854 new cases were reported compared to 56 601 in the preceding week (week ending 15 May 2022), marking a 24% week-on-week decrease. The majority of new cases (96%, n= 40 943) were reported from South Africa (38 079), Zimbabwe (1 471), Seychelles (524), Eswatini (445), and Ethiopia (424).

COVID-19 associated deaths also decreased by 20% over the past week in the African region with a total of 203 new deaths reported compared to 254 in the preceding week. All new deaths were reported from ten countries, namely South Africa (178), Zimbabwe (12), Ethiopia (2), Kenya (2), Malawi (2), Mozambique (2), Uganda (2), Eswatini (1), Mali (1), and Namibia (1).

Cumulatively, 8.5 million cases with 171 386 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 253 714 deaths respectively reported since the onset of the pandemic.

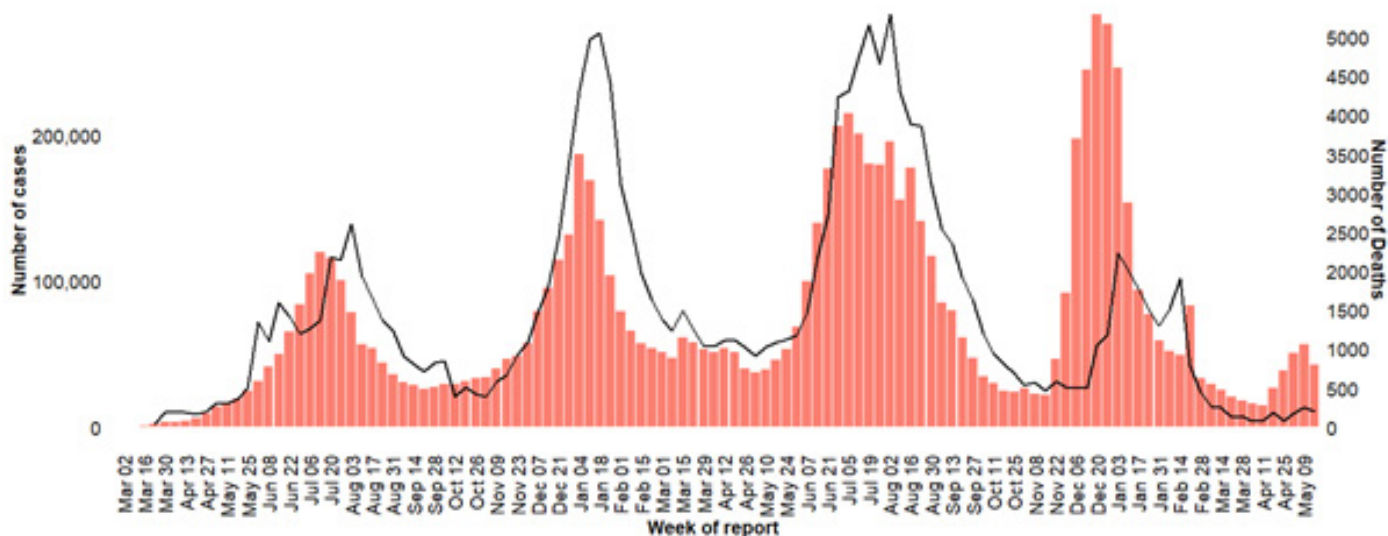
South Africa remains the only country currently in a resurgence in the African region, although the country reported its first decline in the number of new cases in the past week following a persistent four-week increase. Five countries – Eswatini, Kenya, Mauritania, Namibia, and Zimbabwe – are on high alert as they have recently experienced an uptick in the incidence of COVID-19 over the past two weeks. Seychelles and Mauritius have a very high incidence considering the number of COVID-19 cases per unit population.

The recent increase in cases largely reported from 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

It is too early to determine whether the fifth wave has peaked, however, it is anticipated the number of cases reported during the fifth wave will be far lower than those recorded during earlier waves due to high seroprevalence among the African population. Caution also needs to be exercised as ongoing transmission of the SARS-CoV-2 virus could result to emergence of new variants with characteristics that could challenge current response efforts. 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 – 22 May 2022 (n = 8 506 671)



EVENT DESCRIPTION

The Minister of Health of São Tomé and Príncipe (STP) officially declared an outbreak of dengue fever on 4 May 2022, becoming the first reported dengue fever outbreak in the country. An alert was initially notified from the clinical management team at a hospital in the capital city of São Tomé on 11 April 2022. This was after a 27-year-old male with symptoms suggestive of dengue infection presented at the facility eight days after arriving from Guadeloupe Island in the Caribbean which is endemic for dengue. He was tested but was not confirmed as an acute case of dengue but rather found positive for IgG antibodies suggesting prior infection within recent weeks.

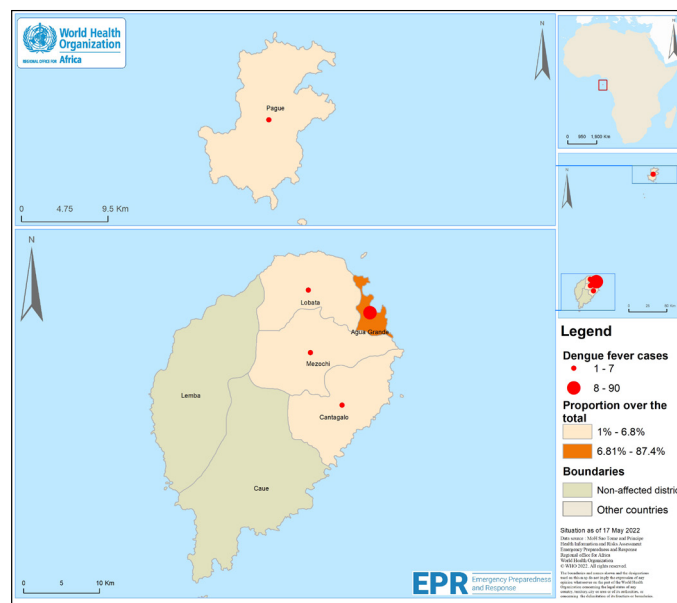
Nevertheless, the suspected case triggered the Epidemiological Surveillance Department to mobilize a multidisciplinary investigation team in collaboration with the National Endemic Center to investigate the case, personal contacts, and identify mosquito vectors and their breeding sites at the case's home.

From 18 April to 17 May 2022, 103 cases and no deaths have been confirmed via rapid diagnostic test (RDT) from five health districts including Água Grande (90, 87.4%); Mézochi (7, 6.8%); Lobata (4, 3.9%); Cantagalo (1, 1.0%); and Autonomous Region of Príncipe (RAP) (1, 1.0%). The attack rate of Água Grande is by far the largest at 10.7 cases per 10 000 inhabitants. The most affected age groups are: 10-19 years (5.9 cases per 10 000), 30-39 years (7.3 cases per 10 000), 40-49 years (5.1 cases per 10 000) and 50-59 years (6.1 cases per 10 000). The most frequent clinical signs are fever (97, 94%), headache (78, 76%) and myalgia (64, 62%).

All cases have been confirmed positive by RDT, however, a total of 30 samples were sent to the Institute of Hygiene and Tropical Medicine of the New University of Lisbon (IHMT – NOVA) in Portugal for further testing and were received on 29 April. RDT SD Biotline Dengue Duo NS1/IgM/IgG combo was used to confirm the diagnosis of dengue. Results from IHMT-NOVA revealed 20 NS1 positive samples (67% positivity rate), indicating a diagnosis of acute dengue infection. The 20 NS1 positive samples were then tested further by real time polymerase chain reaction and six samples were confirmed positive with dengue virus serotype 3 (DENV-3) as the predominant serotype. Preliminary results also suggest the possibility of other serotypes present within the batch of samples.

According to preliminary epidemiological and clinical reports, the index case was identified as having clinically compatible symptoms of dengue fever starting 11 April 2022 and had a recent history of travel to European and Asian countries though was unrelated to the initially detected case for this outbreak. The index case's infection was ultimately deemed to be an autochthonous case and the possibility of importation has been ruled out. Available information indicates that this case acquired the disease in São Tomé or in the RAP.

Distribution of Dengue fever cases in SaoTome and Principe, as of 17 May 2022



The country's rainy season generally lasts 9 months from September to May, but from December 2021 to early March 2022, the country experienced torrential rains of great intensity and long duration causing floods. Rains are expected to continue until June this year and have already accumulated stagnant water providing favourable conditions for mosquito breeding sites. Flooding has also caused issues for waste and sanitation management activities in the country and therefore conditions are prevalent for transmission of other potential diseases as well as malnutrition as a result of damaged agricultural crops causing food insecurity.

PUBLIC HEALTH ACTIONS

- Coordination meetings are held weekly by the Ministry of Health to discuss technical aspects of the outbreak;
- A national dengue response plan has been developed, validated and disseminated;
- Epidemiological investigations and active case detections have been conducted;
- Entomological investigations have been carried out to identify breeding sites and conduct fumigation and source reduction measures in limited affected localities;
- External experts to strengthen laboratory capacity will soon be deployed to STP, and potentially other experts for case management, risk communication, and entomology/vector control.

SITUATION INTERPRETATION

The first officially declared dengue fever outbreak has been reported in STP. The magnitude of the dengue outbreak in the country may be largely underestimated considering the limitations of diagnostic capacity, high asymptomatic rates, limited intensive health care resources, and an untested surveillance system for dengue outbreaks. The ongoing rainy season and recent flooding in the past few months have led to favourable environmental conditions to transmit the disease and has also weakened the country's sanitation, hygiene, and infrastructural systems which may contribute to more infectious disease and malnutrition due to the loss of agricultural crops by floods. Rains are expected to continue until June this year, and this calls for boosting of preparedness and response measures in the country.

A close-up image of the *Ae. aegypti* mosquito, the vector for the transmission of dengue fever



The *Ae. aegypti* mosquito lays its eggs in water-filled containers like these tyres in and around human dwellings



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▶ [Go to map of the outbreaks](#)

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
New Events									
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.									
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). This is a female patient (EPID number: MOZ-TET-CHA-022-003) aged 12 years old, whose paralysis started on 25/03/2022, stools were collected on 1 April and 2 April 2022, and sent to the laboratory on 4 April 2022.									
Sierra Leone	Anthrax	Ungraded	20-May-2022	20-May-2022	20-May-2022	7	3	0	0.0%
The Ministry of Health and Sanitation in Sierra Leone has declared an outbreak of human anthrax in the country after identifying 3 lab-confirmed cutaneous anthrax cases in Karene district. This is subsequent to an investigation of 7 suspected anthrax cases, all residing in Buya chiefdom, of whom 4 blood samples and swabs were collected and sent to the laboratory for confirmation. The investigation was conducted as follow up to reports of sickness and death of animals in the adjacent Port Loko district between March and April, with reported consumption of meat in surrounding communities. There was also prior confirmation of anthrax from tissues collected from some of the affected animals during epi week 19. These cases are 5 males (71%) and 2 females (29%), with a median age of 8 years (range: 4 months – 60 years). Majority of them are among the age group of 15 years and above (n=3; 43%) followed by 12-59 months (n=2; 29%), 0-11 months (n=1; 14%) and 5-15 years (n=1; 14%). Five of the cases reported symptoms onset from 11th to 27th April 2022 and the other two cases had symptoms onset on 5th May 2022.									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-2020	25-Feb-2020	15-May-2022	265 820	265 820	6 875	2.6%
From 25 February 2020 to 15 May 2022, a total of 265 820 confirmed cases of COVID-19 with 6 875 deaths (CFR 2.6%) have been reported from Algeria. A total of 178 374 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	13-Mar-22	1 679	46	20	1.2%
Since week 12 (ending 28 March 2021) of 2021, cases of cholera have been reported in Benin. As of 13 March 2022, a total of 1 679 cases with 20 deaths (CFR 1.2%) are reported. A decreasing trend for nine consecutive weeks. However, geographic extension of the outbreak to be considered, with new communities being affected. The most affected age group is 16 - 45 years (62.3%) and females (53.3%) more affected than males.									
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	19-May-2022	306 614	306 614	2 692	0.9%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 19 May 2022, a total of 306 614 confirmed COVID-19 cases were reported in the country including 2 692 deaths and 303 619 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	28-Feb-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 1 814 283 internally displaced persons as of 28 Feb 2022. There have been IDPs from all 13 regions, however, the majority have come from Centre-Nord (35.9%) and Sahel (31.7%) regions. 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	24-Apr-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.									
Burkina Faso	Yellow fever	Ungraded	21-Apr-2022	1-Feb-2022	24-Apr-2022	1	1	1	100.0%
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.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	18-May-2022	41 667	41 667	15	0.0%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 18 May 2022, the total number of confirmed COVID-19 cases is 41 667, including 15 deaths and 41 452 recovered.									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-2013	27-Jun-2017	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-2018	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	6-Apr-2022	119 780	119 780	1 927	1.6%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 6 April 2022, a total of 119 780 cases have been reported, including 1 927 deaths and 117 791 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-2019	1-Jan-22	10-Apr-2022	1 819	688	21	1.2%
From week 1 to 14, 2022 (ending 10 April), through Integrated disease surveillance and response (IDSR) reporting, a total of 1 819 measles cases with 21 deaths (CFR 1.2%) have been reported in Cameroon through IDSR database. Among 688 confirmed cases, 250 IgM+ for measles (37.8 positivity); 8 tested IgM+ for rubella out of 663 cases investigated with blood samples; 408 cases confirmed by epi linkage; and 30 compatible cases; 68% of confirmed measles are under 5 years of age (up to 89% less than 9 years); only 32% known to have received at least one dose of measles vaccine.									
Cameroon	Monkeypox	Ungraded	24-Feb-2022	15-Dec-2021	23-May-2022	24	3	9	37.5%
On 15 December 2021, a case of monkey pox from Ayos health district in the Central Region, Cameroon, was confirmed. As of 8 May 2022, 24 suspected cases including three laboratory confirmed and two deaths have been reported from four health districts across three regions of the country.									
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	14-May-2022	56 115	56 115	401	0.7%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 14 May 2022, a total of 56 115 confirmed COVID-19 cases including 401 deaths and 55 616 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	24-Apr-2022	14 358	14 358	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 24 April 2022, a total of 14 358 confirmed cases, 113 deaths and 14 210 recovered were reported.									
Central African Republic	Monkeypox	Ungraded	3-Mar-22	4-Mar-22	23-May-2022	17	8	2	11.8%
As of 19 May 2022, Central African Republic has so far recorded 17 suspected cases of monkey pox including eight confirmed cases and two deaths (CFR 11.8%), for year 2022. The confirmed cases were reported from three health districts: Mbaïki (six cases, two deaths), Alindao (one case, no death) and Bimbo (one case, no death).									
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.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	16-May-2022	7 415	7 415	193	2.6%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 16 May 2022, a total of 7 415 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	24-Apr-2022	1 785	51	1	0.1%
As of week 16 of 2022 (ending 24 April), a total of 1 785 suspected cases of measles are reported from 103 out of 139 districts; 339 investigated with blood specimen out of which 51 tested IgM+ (15% positivity); 21% of confirmed cases are children below 5 years of age and another 24% between 5-9 years; 51% of children below 5 that were investigated had received at least 1 dose of Measles vaccine; 5 districts with confirmed outbreaks, including 3 out of the 5 districts in Ndjama; 21 other districts are in suspected outbreak (more than 5 reported cases/month); challenges in laboratory investigations due to lack of test kits. A total of 128 specimens have been shipped to Centre Pasteur of Yaoundé for testing and the results are awaited; they are ongoing localized response action in the affected districts									
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	24-Apr-2022	24 041	24 041	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 24 041 cases including 385 deaths and 23 602 recovered cases have been reported in the country.									
Congo	Measles	Ungraded	14-Mar-22	1-Jan-22	17-Apr-2022	5 594	5 594	132	2.4%
As of week 15, 2022 (ending 17 April), a total of 5 594 cases have been confirmed (IgM+ and Epi-linkage) with 132 deaths (CFR 2.4%) across the country; 69.7% of the cases and 108 (82%) related deaths are from Pointe Noire; 56.6% of cases are children below 5 years of age. Only 4% of infants below 12 months are vaccinated; 83% of deaths are in children below 5 years. Very high attack rates in children below 12 months (742/100 000); 21 out of 52 health districts with confirmed outbreak									
Congo	Poliomyelitis (cVDPV2)	Grade 2		29-Jan-21	11-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	10-Apr-2022	7	6	-	-
Since 2021 to 10 April 2022, a total of seven probable cases of yellow fever including six confirmed have been reported from the Republic of Congo. The most recent case was reported from Talangai district, Brazzaville, confirmed through plaque reduction neutralization test at Institut Pasteur in Dakar. Two cases were reported from Pointe Noire. The context is concerning as preventive mass vaccination campaigns are not yet completed outside of Pointe Noire.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	15-May-2022	82 001	82 001	799	1.0%
Since 11 March 2020, a total of 82 001 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 799 deaths, and a total of 81 173 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), Adiaké (2), Daloa (1) and Youpougon-Ouest-Songon (1).									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	10-Apr-2022	56	13	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 10 April 2022, a total of 56 cases tested IgM positive of which 13 were confirmed by PRNT.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-2016	17-Apr-2017	1-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.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-22	1-May-2022	5 485	-	79	1.4%
In 2022, from epidemiological week 1 to 17 (ending 1 May 2022), 5 485 suspected cholera cases including 79 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.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	8-May-2022	87 635	87 633	1 338	1.5%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 87 633 confirmed cases and two probable case, including 1 338 deaths have been reported. A total of 82 142 people have recovered.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	22-Apr-2022	22-Apr-2022	22-May-2022	5	4	5	100.0%
The ongoing Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) has spread out to a new Health Zone with a new confirmed case reported on 19 May 2022 in Mama Balako Health Area, Wangata Health Zone in Mbandaka City, Equateur Province. Two Health Zones (Mbandaka and Wangata) and three Health areas are now affected (Libiki, Motema Pembe for Mbandaka Health Zone and Mama Balako for Wangata health Zone). As of 22 May 2022, a total of five cases including four confirmed cases and one probable case with five deaths (case fatality ratio (CFR)= 100 %) are reported. Mbandaka Health Zone has reported three cases (60.0%) while Wangata Health Zone has reported two cases (40.0%). Among cases reported, four are males and one female. All the reported cases are epidemiologically linked. The newly confirmed case is a 12-year-old male child, unknown contact and not under follow up. The case is reportedly linked to the suspicious community death of a 9-years-old male child, recorded on 6 May 2022, and buried unsafely on 7 May 2022 and now considered as probable case. This probable case was living in the same avenue with the fourth confirmed case in the Mama Balako health area and was having prolonged bleeding at the injection site with other associated signs (fever, fatigue, abdominal pain, vomiting) a clinical picture suggesting EVD, however no public actions were undertaken around this probable case due to the community resistance. This probable case was also reportedly linked to the confirmed case reported on 4 May 2022 from Motema Pembe health area, Mbandaka health Zone									
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 Lamera (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-20	1-May-2022	10 545	39	362	3.4%
During week 17 of 2022, a total of 31 cases and 2 deaths due to monkeypox were reported. Between epidemiological weeks 1-17 of 2022, 1 238 cases have been reported with 57 deaths (CFR 4.6%). Compared to weeks 1-17 in 2021, 1 376 cases were reported with 41 deaths (CFR 3.0%). During 2021, a total of 3 091 suspected cases including 83 deaths (CFR 2.7%) were reported. During 2020, a total of 6 216 suspected cases including 222 deaths (CFR 3.6%) were reported.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-20	1-May-2022	687	-	47	6.8%
Between epidemiological weeks 1-17 of 2022, 88 cases of plague have been reported with 2 deaths (2.0% CFR). Cases have been reported from three sanitation areas, however, Lokpa remains the epicentre reporting 95% of cases reported this year. 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	11-May-2022	65	65	0	0.0%
Eleven cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week; Ten in Maniema and one in Sud-Kivu. The number of 2022 cases now stands at 37. There are 28 cases from 2021									

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	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-2021	1-Jan-21	1-May-2022	634 401	-	279	0.0%
In 2022, from epidemiological week 1 to 17 (ending 1 May 2022), 634 401 suspected cases of typhoid fever including 279 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	10-Apr-2022	10	8	0	0.0%
On 18 July 2021, two yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Centre Pasteur in Cameroon (CPC). As of 10 April 2022, a total of 10 PRNT positive cases have been reported.									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	19-May-2022	15 910	15 910	183	1.2%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 19 May 2022, a total of 15 910 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	21-May-2022	9 754	9 754	103	1.1%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 21 May 2022, a total of 9 754 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 640 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	22-May-2022	72 150	72 150	1 404	-
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 22 May 2022, a total of 72 150 cases have been reported in the country including 70 299 recoveries. A total of 1 404 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	22-May-2022	471 373	471 373	7 512	1.6%
Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 471 373 cases of COVID-19 as of 22 May 2022, with 7 512 deaths and 455 810 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	12-Dec-2021	12-Apr-2022	1 737	10	16	0.9%
Between week 49 of 2021 (ending 12 December) and week 13 of 2022 (ending 3 April), a cumulative number of 1 737 suspected cases of meningitis and 16 deaths (CFR 0.9%) were reported. The following regions: Oromia, Somali, Afar, SNNP and Harari are reporting most cases. Among the 83 samples of cerebrospinal fluid (CSF) analysed at National Institute of Communicable Disease in South Africa (NICD), 2 samples were positive for human herpesvirus 7 (HH7) ,4 sample positive for Neisseria Meningitidis (Nm), 1 sample positive for haemorrhagic signs (Gingival haemorrhage, haemophilus influenzae (HI), 1 sample for Streptococcus Pneumoniae (Sp), 1 sample positive for both Nm+HHV7 and 1 sample for both Sp+Ebstein Barr virus (EBV). More CSF samples collection for investigations is ongoing. The number of deaths (123) reported on week 10 and 11 has been corrected.									
Ethiopia	Poliomyelitis (cVDPV2)	Grade 2	24-Jun-2019	20-May-2019	22-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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	10-May-2022	11 999	11 999	365	3.0%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 10 May 2022, a total of 11 999 confirmed COVID-19 cases including 365 deaths, and 11 631 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	9-May-2022	161 280	161 280	1 445	0.9%
As of 2 May 2022, a total of 161 280 confirmed COVID-19 cases have been reported in Ghana. There have been 1 445 deaths and 159 788 recoveries reported.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-2019	8-Jul-2019	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	10-Apr-2022	166	71	11	6.6%
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 10 April 2022, a total of 166 yellow fever probable cases (IgM positive) including 71 confirmed cases were reported from 13 regions in Ghana.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	8-May-2022	36 661	36 661	442	1.2%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 8 May 2022, a total of 36 661 cases including 36 138 recovered cases and 442 deaths have been reported in the country.									
Guinea	Lassa fever	Ungraded	22-Apr-2022	20-Apr-2022	24-Apr-2022	2	2	0	0.0%
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 confirmed 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	10-Apr-2022	14 828	316	33	0.2%
Since the beginning of 2022 up to week 14 (ending 10 April), a total of 14 828 measles suspected cases with 316 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-2020	22-Jul-2020	4-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	13-May-2022	8 222	8 222	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 13 May 2022, the country has reported 8 222 confirmed cases of COVID-19 with 8 010 recoveries and 171 deaths.									
Guinea-Bissau	Poliomyelitis (cVDPV2)	Grade 2	9-Nov-21	9-Nov-21	24-Apr-2022	4	4	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.									
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	22-May-2022	324 242	324 242	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 22 May 2022, 324 242 confirmed COVID-19 cases including 5 651 deaths and 318 276 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, Mandera and Garissa. The cases are spread from 2021 for Mandera and Mombasa Counties. In Mandera the reported cases are from Mandera 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, Mandera, 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	27-Apr-2022	7 434	7 434	294	4.0%
From 16 March 2020 to 27 April 2022, Liberia has recorded a total of 7 434 cases including 294 deaths and 7 106 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%
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-2021	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	64 319	64 319	1 393	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 64 319 confirmed cases including 1 393 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	21-May-2022	332	13	15	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. He had onset of symptoms on 25 February 2022 and sought medical care at Muchinga District Hospital on 28 February 2022 where he was identified, and a stool specimen was collected from him. Laboratory results by culture confirmed him positive for Cholera on 3 March 2022. Three new districts, Blantyre, Chikwawa and Neno have confirmed cholera cases. As of 21 May 2022, Malawi has reported a total of 332 cholera cases with 15 deaths.									
Malawi	COVID-19	Grade 3	2-Apr-2020	2-Apr-2020	22-May-2022	85 929	85 929	2 638	3.10%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 22 May 2022, the country has a total of 85 929 confirmed cases with 2 638 deaths and 82 799 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	8-May-2022	30 937	30 937	733	2.4%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 8 May 2022, a total of 30 937 confirmed COVID-19 cases have been reported in the country including 733 deaths and 30 025 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%
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	8-May-2022	58 743	58 743	982	1.7%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 8 May 2022, a total of 58 743 cases including 982 deaths and 57 702 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	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-2020	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	Suspected 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.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	20-May-2022	164 850	164 850	4 032	0.0%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 20 May 2022, a total of 164 850 confirmed cases with 157 815 recovered and 4 032 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	22-May-2022	9 039	9 039	310	3.4%
From 19 March 2020 to 22 May 2022, a total of 9 039 cases with 310 deaths have been reported across the country. A total of 8 691 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%
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). Neisseria meningitidis 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.									
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-21	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.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	28-Feb-2022	-	-	-	-
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.									
Nigeria	COVID-19	Grade 3	27-Feb-2020	27-Feb-2020	2-May-2022	255 766	255 766	3 143	1.2%
The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 2 May 2022, a total of 255 766 confirmed cases with 249 914 recovered and 3 143 deaths have been reported.									
Nigeria	Lassa fever	Grade 1	1-Jan-21	1-Jan-21	1-May-2022	4 455	759	149	19.6%
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.									
Nigeria	Measles	Ungraded	14-Mar-22	1-Jan-22	20-Mar-22	9 905	1 294	0	0.0%
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%).									
Nigeria	Monkeypox	Ungraded	9-Sep-21	1-Jan-21	30-Apr-2022	144	53	0	0.0%
According to the Nigeria Centre for Disease Control (NCDC), from 1 January to 30 April 2022, 46 suspected cases of monkeypox were reported, of which 15 have been confirmed from seven states namely Adamawa (3), Lagos (3), Cross River (2), the Federal Capital Territory (2), Kano (2), Delta (2) and Imo (1). No deaths have occurred among suspected or confirmed cases. In 2021, a total of 98 suspected cases were reported throughout the year. Of the suspected cases, 34 were confirmed from nine states Delta (9), Lagos (6), Bayelsa (6), Rivers (6), Edo (3), Federal Capital Territory (1), Niger (1), Ogun (1), Cross River (1) and no deaths recorded.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-2018	1-Jan-18	8-May-2022	494	423	0	0.0%
In 2022, 20 cVDPV2 cases have been reported in the country. There were 415 cVDPV2 cases and 18 environmental samples reported in 2021.									
Nigeria	Yellow fever	Grade 2	12-Sep-17	1-Jan-21	28-Feb-2022	54	54	3	5.6%
From 1 January 2021 to 28 February 2022, a total of 2 456 yellow fever (YF) suspected cases were reported from 526 Local Government Areas (LGA) in 37 states in Nigeria. Of suspected cases, 54 tested positive for YF by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Some PRNT-positive cases had a history of YF vaccination.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	22-May-2022	129 996	129 996	1 459	1.1%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 22 May 2022, a total of 129 996 cases with 1 459 deaths and 128 442 recovered cases have been reported in the country.									
Sahel region	Humanitarian crisis	Grade 2	11-Feb-2022	-	12-Apr-2022	-	-	-	-
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 13.9 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.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-2020	6-Apr-2020	15-May-2022	5 973	5 973	73	1.2%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 15 May 2022, a total of 5 973 confirmed cases of COVID-19 have been reported, including 73 deaths. A total of 5 897 cases have been reported as recoveries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Sao Tome And Principe	Dengue	Grade 2	11-Apr-2022	25-Apr-2022	17-May-2022	103	103	0	0.0%
Sao Tome and Principe is facing the first ever documented dengue outbreak. As of 17 May 2022, a total of 103 cases and no deaths have been confirmed via RDT from: Água Grande (90, 87%), Mézochi (7, 7%), Lobata (4, 4%); Cantagalo (1, 1%); and Autonomous Region of Principe (1, 1%).									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	1-May-2022	86 001	86 001	1 966	2.3%
From 2 March 2020 to 1 May 2022, a total of 86 001 confirmed cases of COVID-19 including 1 966 deaths and 84 017 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	9-May-2022	43 235	43 235	167	0.4%
Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 9 May 2022 a total of 43 235 cases have been confirmed, including 42 553 recoveries and 167 deaths have been reported.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	22-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 22 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	15-May-2022	3 891 793	3 891 793	100 755	3.4%
Since the start of the COVID-19 pandemic in South Africa through 8 May 2022, a cumulative total of 3 891 793 confirmed cases and 100 755 deaths have been reported with 3 710 696 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 was identified on 13 May 2022. This is a nurse who assisted the doctor intubating the index case.									
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-2021	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	70	8	1	1.4%
As of 14 May 2022, 70 cases and 1 death (CFR 1.4%) have been reported from Rubkona County of Warrap State, mostly (84.3%) from the Bentiu IDP camp. Twenty cases have been confirmed positive by RDT for cholera and eight tested positive by culture at the National Public Health Laboratory in Juba. Females account for 67% 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	22-May-2022	17 575	17 575	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 22 May 2022, a total of 17 575 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	08-May-2022	2 515	104	23	0.9%
The current outbreak in the Bentiu IDP camp is ongoing. As of 22 March 2022, a total of 2 515 cases of hepatitis E including 23 deaths (CFR: 0.9%) have been reported since January 2019.									
South Sudan	Malaria	Ungraded	28-Dec-2021	1-Jan-22	17-Apr-2022	848 594	848 594	158	0.0%
Between weeks 1-15 of 2022 (ending 17 April), 848 594 malaria cases including 158 deaths have been reported in South Sudan. There were 5 counties exceeding third quartile malaria trends for the past five years including Juba, Tonj north, Aweil center, Aweil south, and Rubkona. 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	17-Apr-2022	222		2	0.9%
As of week 15, 2022 (ending 17 April), five counties have confirmed measles outbreaks (Gogrial West, Raja, Torit, Maban and Tambura. A total of 222 cases with 2 deaths (CFR 0.9%) have been reported since the beginning of this year including 43 cases and 2 deaths (CFR4.7%) from Torit County, 161 cases with 0 death from Maban county, 5 cases and 0 death from Tambura County, 13 cases with 0 death from Raja and 6 cases and 0 death from Gogrial West County. Among the five counties with confirmed outbreaks, local reactive vaccination campaigns have been conducted in Maban, Torit and Tambura. In Maban county 96% of cases were residing within the Doro Refugee camp and 22 153 (89%) were vaccinated among host communities while 32 411 (98%) were vaccinated among refugees through local reactive vaccination campaign									
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	13-May-2022	224	4	17	7.6%
A total of 224 suspected cases of meningitis have been reported from all 5 counties in NBeG from week 1-18, 2022. Most cases were reported among those aged 15+ (45%). Of these suspected cases, there have been 17 deaths (CFR 7.6%) of which most have occurred in infants <1yr (25% of all deaths). A spike in suspected cases was reported in week 15 of 2022 but has been on the decline since. Aweil West reported the highest cumulative attack rates at 48.8 cases per 100 000 people.									
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	22-May-2022	164 331	164 331	3 600	2.2%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 22 May 2022, a total of 164 331 confirmed COVID-19 cases with 3 600 deaths were reported.									
Uganda	Yellow fever	Grade 2	3-Mar-21	1-Mar-22	19-May-2022	7	1	0	0.0%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Zambia	Cholera	Ungraded	13-Apr-2022	11-Apr-2022	14-May-2022	21	21	0	0.0%
A cholera outbreak was declared in Zambia on 3 May 2022. A total of 21 cases have been registered with no deaths as of 14 May 2022. Three districts are affected: Lusaka (7 cases), Chilanga (9 cases) and Nsama (5 cases).									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	22-May-2022	321 146	321 146	3 985	1.2%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 22 May 2022, a total of 321 146 confirmed COVID-19 cases were reported in the country including 3 985 deaths and 316 518 recovered cases.									
Zimbabwe	Anthrax	Ungraded	6-May-2019	1-Jan-22	20-Mar-22	22	0	0	0.0%
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.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	14-May-2022	249 206	249 206	5 482	2.2%
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.									
Zimbabwe	Measles	Ungraded	29-Apr-2022	19-May-2022	19-May-2022	270		29	10.7%
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%.									
Closed Events									
Nigeria	Cholera	Ungraded	12-Jan-21	12-Jan-21	8-Apr-2022	1 358		31	2.3%
From epidemiological weeks 1-12 2022, a cumulative number of 1 358 cases and 31 deaths have been notified (CFR 2.3%) from 15 States and 60 Local Government Areas (LGAs). Of these cases, 27% (n=367) are aged 5-14 years and 52% (n=706) are males. Specifically, during epi week 12 (ending 27 March 2022), 14 cases and two deaths were reported from two LGAs in two States; no new state has reported a case.									

†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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