This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 140 events in the region. This week's articles cover:

- COVID-19 across the WHO African region
- Ebola Virus Disease in the Democratic Republic of the Congo
- Rift Valley Fever in Senegal
- Fire explosion incident in Sierra Leone

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:**

- COVID-19 cases in the African region have shown a sharp increase in the past week when compared to the week prior, primarily because of a rise in cases in South Africa, Zimbabwe, and Eswatini. Most of the new cases during the last four weeks have been reported from Gauteng province, which includes Johannesburg, Pretoria and other major cities. Other provinces in South Africa and neighbouring countries have also started seeing increases in the number of new cases. Even with this increase, there remains a variation in the pandemic trends across different sub regions. While investigations continue into the epidemiology of the Omicron variant, WHO recommends countries to take a risk-based and scientific approach and put in place measures which can limit its possible spread.

- The 42-day countdown to the end of the Ebola virus disease outbreak in the Democratic Republic of the Congo continued with only six days left before the declaration of the end of the outbreak. Enhanced surveillance has been sustained in Beni health zone and neighbouring areas during this period. Authorities need to maintain the highest level of vigilance to ensure that any remaining chains of transmission are rapidly identified and contained.

- Senegalese health authorities declared a Rift Valley fever outbreak on 10 November 2021. To date, cases have been reported from Gossas and Diofior health districts in Fatick medical region and Thilogne health district in the Matam medical region. Response activities towards control of this outbreak are underway. Community sensitization should be strengthened to create more awareness regarding RVF spread and prevention.

- More than one month after the tragic road accident in Freetown, Sierra Leone that killed 151 people, there are still 27 people hospitalized with injuries sustained from the explosion. In the aftermath of the incident, the health system required assistance with the multitude of victims and the complexities of their needs such as parenteral nutrition, skin grafts, and psychosocial support among others. A total of 64 patients have been discharged from health facilities some of which will require long-term care that is difficult to obtain in the country.
The WHO African region reported 184,671 new cases of coronavirus disease (COVID-19) in the past seven days (6 – 12 December 2021), accounting for a 96.0% increase compared to the previous week. A total of 18 countries (Angola, Burundi, Eswatini, Gambia, Kenya, Lesotho, Liberia, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Senegal, South Africa, Togo, Uganda, Zambia and Zimbabwe) saw a 20% or more increase in weekly cases compared to the past week, though the number of cases in many of these countries remain low compared to previous waves.

Twenty (43.0%) countries reported a decrease of 20% or more in the number of new cases compared to the previous week. These countries are Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Ghana, Guinea, Madagascar, Mauritania, Mauritius, Niger, Sao Tome and Principe, and the United Republic of Tanzania. Guinea-Bissau and Sierra Leone had no significant changes in their weekly COVID-19 cases.

Almost all the new cases reported in the past week are reported from the top five countries, with 94.0% (173,645) of the cases recorded. These countries include: South Africa (135,803 new cases, 93.2% increase, 224.9 new cases per 100,000 population); Zimbabwe (28,094 new cases, 456.0% increase, 185.1 new cases per 100,000); Eswatini (5,139 new cases, 432.0% increase, 436.0 new cases per 100,000); Nigeria (2,859 new cases, 439.4% increase, 1.3 new cases per 100,000); and Mozambique (1,750 new cases, 337.5% increase, 5.4 new cases per 100,000).

During the same reporting period, a fall in weekly COVID-19 deaths in the WHO African region was observed as 381 deaths were reported in 24 countries, a 27.0% decline compared with the previous week when 853 deaths were recorded. The highest numbers of new deaths were reported from South Africa (171 new deaths; 1.2% increase; 0.3 new deaths per 100,000 population), Algeria (42 new deaths; 6.7% decrease; 0.1 new deaths per 100,000), Mauritius (34 new deaths; 73.0% decrease; 3.0 new deaths per 100,000), Ethiopia (29 new deaths; 52.0% decrease; 0.1 new deaths per 100,000), and Zimbabwe (28 new deaths; 460.0% increase; 0.2 new deaths per 100,000).

Seven countries, namely Burkina Faso, Eritrea, Mali, Mauritius, Niger, South Africa and Zimbabwe are undergoing a COVID-19 resurgence.

The cumulative number of confirmed COVID-19 cases is 6,479,868, with more than 5.9 million recoveries, giving a recovery rate of 92.0%. The total number of deaths now stands at 153,232, accounting for a CFR of 2.4%. The WHO African Region is one of the least affected regions in the world, accounting for 2.5% of global cases and 2.9% of global deaths.

Largely, South Africa has recorded the highest number of COVID-19 cases in the region with 3,167,497 cases (49.0%), followed by Ethiopia 373,115 (6.0%), Kenya 256,335 (4.0%), Nigeria 217,481 (3.4%), and Algeria 212,848 (3.3%), accounting for 65.2% (4,227,276) of all cases. The average cumulative attack rate (number of cases per million) in the WHO African region is estimated at 5,939 per million population, ranging from 315 to 244,825 per million population.

Equally, most reported deaths occurred in South Africa, which accounts for 59.0% (90,137) of all deaths recorded in the region. Ethiopia has the second-highest number of deaths (6,829 deaths, 4.5%) followed by Algeria (6,145, 4.0%), Kenya (5,348, 3.5%) and Zimbabwe (4,738, 3.1%), all accounting for 74.0% (113,197) of all deaths reported in the region. The median number of deaths per million in the African region is estimated at 66.7/million population (range: 1.1/million –1,539/million).

In the past seven days, 125 new health worker infections were reported from Namibia (111), Kenya (9) and Cameroon (5). Moreover, 30 health worker infections were reported retrospectively from Eswatini. To date, there have been 144,898 COVID-19 infections (2.4% of all cases) among health workers in the region, with South Africa accounting for 49.0% (71,113) of the total infections. Algeria (11,936, 8.2%), Kenya (7,861, 5.4%), Zimbabwe (5,404, 3.7%) and Mozambique (4,779, 3.3%) have also recorded high numbers of health worker infections. Other countries reporting health worker infections are shown in Table 1. The United Republic of Tanzania (13.0%), Liberia (6.0%), Algeria (5.6%), Chad (5.1%), and Niger (5.0%) have the highest proportion of health worker infections by country. Only Eritrea has not reported any healthcare worker infections.

The African continent has recorded more than 9.0 million cases of COVID-19, with more than 225,400 deaths (CFR 2.5%) and more than 8.2 million people have recovered. The African continent accounts for 3.4% of global cases and 4.3% of global deaths.

As of 10 December 2021, more than 372 million doses of various COVID-19 vaccines have been received in African countries and 67% (248 million) of these doses have been administered. Around 107 million people in Africa are fully vaccinated, which sums up to 7.6% of the African population. High-income countries have administered 19 times more doses per person than low-income countries.

Vaccine uptake continues to improve each month on the African continent, however, there continues to be wide variation in vaccine uptake for individual countries. In August, countries administered 27 million doses during the four-week period, while in November the number of doses given during one month had increased to more than 45 million. Several countries are also having difficulty reaching remote areas and need to further engage with communities to communicate vaccination benefits.

The WHO African Region has observed a sustained increase of COVID-19 cases. The number of countries reporting an increase in COVID-19 cases has also increased as compared to the previous week. South Africa and Zimbabwe are now in resurgence. On the contrary, COVID-19 deaths have shown a sustained decline. Health worker infections remain of concern as the numbers continue to increase in several countries. WHO continues to monitor the new variant of concern (Omicron). There is a need to enhance surveillance.
and sequencing efforts to better understand circulating SARS-CoV-2 variants. The WHO African region also needs to step up implementation of all public health and social measures to prevent transmission of COVID-19.

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 12 December 2021 (n = 6 479 868)
<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Total Recovered</th>
<th>Case Fatality Ratio (%)</th>
<th>Health Workers</th>
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<td>South Africa</td>
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<td><strong>Cumulative Cases (N=47)</strong></td>
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<td><strong>153 232</strong></td>
<td><strong>5 949 825</strong></td>
<td><strong>2.4</strong></td>
<td><strong>144 898</strong></td>
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</tbody>
</table>

*Total cases includes one probable case from Democratic Republic of the Congo*
EVENT DESCRIPTION

No new Ebola virus disease (EVD) case was reported in Beni Health Zone (HZ) in North Kivu Province of the Democratic Republic of the Congo in past 39 days; making six days before the end of outbreak declaration.

The total number of EVD cases remains 11 as of 11 December 2021, including eight confirmed cases (with four community deaths) and three probable cases in Beni HZ.

The overall case fatality rate (CFR) is 81.8% (9/11) and 75.0% (6/8) among confirmed cases.

Two EVD survivors have been registered. Thus far, three (17.0%) out of the 18 health areas in Beni HZ have reported confirmed cases, namely, Butsili (6 cases), Bundji (1 case) and Ngilinga (1 case). Children under the age of five years account for 50.0% (4/8) of the cases.

There are currently no contacts being actively followed. All the listed contacts competed the 21-day follow-up period and were discharged from active follow-up and seven contacts remain un seen.

In Beni HZ, 295 new alerts including 9 deaths were notified on 10 December 2021, 182 (61.7%) were notified through active case search and 33 (11.2%) through community alerts. A total of 378 alerts were notified form six HZ, out of which 376 (99.5%) were investigated, 31 were validated as suspected cases of EVD and were all sampled for laboratory testing.

On 10 December 2021, 166 frontline healthcare workers were vaccinated from five operational vaccination sites (1 Butsili, 11 in Ngongolio, 29 in Mandrandele, 51 in Paida and 74 in Mabakanga) with ERVEBO vaccine. A total 1 508 persons have been vaccinated since the beginning of the vaccination activities including 656 (98 high risk contacts, 300 contacts of contacts and 258 probable contacts) with the rVSV-ZEBOV-GP vaccine and 295 frontline healthcare workers with ERVEBO vaccine.

The laboratory received and analysed 34 samples including 24 swabs on 10 December 2021 from two HZ (Beni HZ and Butembo), none tested positive for EVD. Cumulatively, a total 1 470 samples including 575 swabs have been collected of which eight were confirmed EVD cases.

PUBLIC HEALTH ACTIONS

- Alert monitoring continues using both active cases finding from health facilities visited during active case search and passive surveillance.
- Three newsletters in three languages were broadcasted on the potential risk of EVD resurgence from consumption of meat from wild animals through 3 local radio stations of Beni HZ.
- Alert monitoring continues using both active and passive surveillance in health facilities and communities.
- A total of 10 suspected cases are being treated from four isolation facilities (three in Bundji, one in Butsili, two in Malepe and four in Kanzulinzuli).
- Nine community deaths were notified on 10 December 2021. All the bodies were secured and two full dignified and safe burials conducted.

SITUATION INTERPRETATION

With six days left to the declaration of the end of the EVD outbreak in Beni HZ, North Kivu of the Democratic Republic of Congo, the country is on course to have successfully controlled its 13 EVD outbreak. There are currently no contacts under active follow-up. Contact follow-up remains of concern with many contacts lost to follow-up. In addition, response activities against EVD in Beni are currently affected by inadequate resources for the response.

PROPOSED ACTIONS

- The response teams need to strengthen community engagement to increase uptake of EVD preventive measures, especially vaccination.
- Challenges around community surveillance, contact follow-up and other response measures need urgent action.
EVENT DESCRIPTION

A Rift Valley fever (RVF) outbreak was declared by the Senegalese health authorities on 10 November 2021 after confirmation of the first case from Gossas health district in Fatick medical region. Following this confirmation, the Gossas health district team conducted an epidemiological investigation around the confirmed case on 11 November 2021.

On 12 November 2021, the Pasteur Institute of Dakar confirmed a second case of RVF from Diofior health district in Fatick medical region and this prompted a deployment of a multidisciplinary response team to the affected two health districts for an in-depth investigation.

As of 18 November 2021, three cases with no associated deaths (case fatality ratio (CFR) = 0.0%) have been reported in the affected districts that have reported at least one case of RVF so far.

The confirmed case from Gossas health district is an 18-year-old shepherd living with his family near Dekhaye village. He attended medical consultation at Ndiene Lagane health post on 2 November 2021 with symptoms of fever, headache and generalized maculopapular rash. A malaria rapid diagnostic test was performed, and the result was negative. Additional patient history revealed he had spent three months with his herd in Linguère area while drinking raw milk, consumed undercooked meat, and helped sheep to give birth without any personal protection. Furthermore, the patient reported to have slept next to his flock during these three months without a mosquito net or mosquito repellants.

This prompted health care providers to take a second blood sample, which was sent to the Pasteur Institute in Dakar the same day (2 November 2021) and RVF was confirmed on 10 November 2021 by the Enzyme Linked Immunosorbent Assay test.

The second confirmed case is from Diofior health district, a 14-year-old student, living in Ndiol Khokhane village, with no travel history for the past 15 days prior to the onset of illness on 4 November 2021. He presented with a history of sudden physical fatigue, generalized body pain and chills, and was on the next day (5 November 2021) taken to Djilass health post for medical consultation where he tested negative for malaria. The patient was transferred to the Diofior Health Center where jaundice was detected, and samples collected for further investigation. Laboratory investigations at the Pasteur Institute in Dakar confirmed him positive for Rift Valley fever on 12 November 2021.

PUBLIC HEALTH ACTIONS

- A multidisciplinary investigation team has been deployed to the affected health districts to assess the risk of spread and provide recommendations for the outbreak control.
- Blood samples continue to be taken from suspected cases and sent to the Pasteur Institute in Dakar for analysis.
- Briefing on surveillance for arboviruses including Rift Valley fever was conducted for the regional health personnel and district management teams in the affected region.

SITUATION INTERPRETATION

Senegal is one of the West African countries that have often experienced Rift Valley fever outbreaks. The disease exposure factors frequently identified include the breeder profession, the presence of suspicious animals in the vicinity of the reported cases, the poor use of mosquito nets, contact or manipulation of tissues of suspect animals and the transhumance lifestyle.

PROPOSED ACTION

- Epidemiological surveillance should be strengthened by adopting the One Health approach in order to rapidly detect cases in animals and thus prevent the occurrence of human cases.
- Healthcare providers should be briefed regularly on the case definition of Rift Valley fever and the reporting of suspected cases.
- It is paramount to strengthen the awareness of communities about the disease and the means of prevention.
**EVENT DESCRIPTION**

Nearly a month ago a petrol tanker explosion occurred in the industrial neighbourhood of Wellington in Freetown, Sierra Leone on the night of Friday, 5 November 2021 when it collided with another truck transporting granite stones. A subsequent explosion occurred due to an unknown source killing almost a hundred people immediately and injuring many more.

An analysis of 147 victims showed that most of them were male (112, 76.2%) with a mean age of 24.7 years. Reportedly, the majority of victims were commercial motorbike, taxi drivers, and their passengers. Additionally, 22 vehicles, 48 motorbikes, and 3 tricycles, property, businesses, vegetation, and surrounding neighbourhoods were destroyed disrupting the social and economic livelihood of households within a one-kilometre radius, an area housing of approximately 35 605 persons.

A total of 304 people were injured in the accident, 151 of which were reported to have died (fatality ratio of 49.7%). As of 6 December 2021, there are still 27 people on admission, four of which are still in critical condition. Another 64 patients have been discharged from the hospital but require outpatient care. One of the major challenges of the incident has been the immediate strain on the health system to handle a major accident of this magnitude with so many patients requiring highly specialized medical attention.

On 8 November 2021, a mass burial was held for 75 victims that could not be identified. Each one had tissue samples collected for DNA matching and post-mortem identification of the corpse. There have been several ongoing efforts to identify the mass victims buried for which a plan has been drafted. Hospital laboratories have been supported with new equipment and blood products for patients.

**PUBLIC HEALTH ACTIONS**

- The Public Health National Emergency Operations Centre (PHNEOC) has coordinated the public health components of the response under the leadership of the National Disaster Management Agency (NDMA) which coordinates the overall humanitarian response.
- WHO delivered 12.2 metric tonnes of emergency medical kits containing supplies to treat as many as 600 people with severe burns. The kits consist of medicines, fluid infusions, disinfectants, autoclave sterilizer, dressings for burns and gloves among others. Various multilateral and local partners have also donated medical supplies, drugs, and assisted in logistical needs.
- Foreign medical teams were deployed to support with the clinical response efforts such as Temple Medical University of the United States and an international emergency medical team from Senegal.
- A mass burial was held 8 November 2021 for 75 unrecognized bodies. Before interment, laboratory personnel collected tissue samples from each corpse to allow for DNA testing and post-mortem identification of victims.
- A toll-free line for the public and early warning messaging system for NDMA were established.
- Standard operating procedures are in development for the clinical protocols and nutritional management of severe burn patients.
- Provision of psychological first aid training has been provided to front line workers across sectors.
- A toll-free line for the public and early warning messaging system for NDMA were established. Press engagements are ongoing as well as gathering feedback from the community.

**SITUATION INTERPRETATION**

After more than a month responding to the aftermath of the fire explosion in Sierra Leone, the country has made many strides in its emergency medical preparedness situation. The victims of the accident still face challenges, but capacity to handle their care is being strengthened. It is important to note that much of the services required to adequately respond to a rare accident of this magnitude are largely lacking in countries with relatively weak health systems. While much of the capacities were not available in the country at the time of the accident, they are slowly being built.

**PROPOSED ACTIONS**

- There is a need for the continued support of technical capacities needed for burn victims such as in the areas of nutrition (i.e. parenteral nutrition), physiotherapy, anaesthesia, and other specialized burn and trauma services which are not readily available in the country.
- Burn units, which were not previously available in the country at the time of the incident, need to be improved to manage the long-term needs of the victims from the accident.
- Emergency medical service capacity needs to be built and sustained to handle future emergencies of this nature. This includes specific actions to preposition medical supply, develop operational plans, mobilize emergency personnel and financial resources, etc.
All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
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<td>25-Feb-2020</td>
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<td>12-Dec-2021</td>
<td>212 848</td>
<td>212 848</td>
<td>6 145</td>
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From 25 February 2020 to 12 December 2021, a total of 212 848 confirmed cases of COVID-19 with 6 145 deaths (CFR 2.9%) have been reported from Algeria. A total of 146 340 cases have recovered.

| Angola           | COVID-19            | Grade 3| 21-Mar-20             | 21-Mar-20                 | 12-Dec-2021             | 65 404      | 65 404          | 1 737  | 2.7% |

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 12 December 2021, a total of 65 404 confirmed COVID-19 cases have been reported in the country with 1 737 deaths and 63 425 recoveries.

| Angola           | Poliomyelitis (cVDPV2) | Grade 2| 8-May-2019            | 1-Jan-2021               | 10-Dec-2021             | 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 130. These cases are from several outbreaks which occurred in 2019.

| Benin            | Cholera             | Ungraded| 28-Mar-21             | 28-Mar-21                 | 5-Dec-2021             | 779         | 21              | 11     | 1.4% |

Since week 12 (ending 28 March 2021) of this year, cases of cholera have been reported in Benin. As of 5 December 2021, a total of 779 cases with 11 deaths (CFR 1.4%) are reported so far.

| Benin            | COVID-19            | Grade 3| 17-Mar-20             | 16-Mar-20                 | 5-Dec-2021             | 24 897      | 24 897          | 161    | 0.6% |

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 05 December 2021, a total of 24 897 cases have been reported in the country with 161 deaths and 24 700 recoveries.

| Benin            | Meningitis          | Ungraded| 1-Jun-2021            | 1-Jan-2021               | 15-Oct-2021            | 440         | 82              | 31     | 7.0% |

A total of 440 cases and 31 deaths (CFR 7.0%) resulting from meningitis were reported from Week 1 to week 41, 2021 in Benin.

| Benin            | Poliomyelitis (cVDPV2) | Grade 2| 8-Aug-2019            | 8-Aug-2019               | 10-Dec-2021            | 13          | 13              | 0      | 0.0% |

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Two cases have been reported so far in 2021. There were three cVDPV2 cases reported in 2020, and in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

| Botswana         | COVID-19            | Grade 3| 30-Mar-20             | 28-Mar-20                 | 6-Dec-2021             | 196 090     | 196 090         | 2 421  | 1.2% |

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 6 December 2021, a total of 196 090 confirmed COVID-19 cases were reported in the country including 2 421 deaths and 192 452 recovered cases.

| Burkina Faso     | Humanitarian crisis | Grade 2| 1-Jan-2019            | 1-Jan-2019               | 8-Dec-2021             | -           | -               | -      | -    |

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 mass displacement of over 1.4 million (6% of the total population) internally displaced persons as of 30 November 2021 in all 13 regions. The most affected regions were Sahel and Centre-Nord. There are also some 23K refugees in the country of which the majority are from Mali. According to OCHA, 3.5 million people are in need of humanitarian assistance and 2.87 million people are food insecure as of November 2021. The security situation in Burkina Faso remains tense with a spike in forced displacement in the Centre-Nord on 30 November 2021. More than 30K people have been newly displaced from the localities of Foumbi and Dablo in the Centre-Nord due attacks between SAGA and the Burkina Faso Defence and Security Forces (FDS) on 21 November 2021 in Foumbi. As of 31 October 2021, 395 health facilities are affected by insecurity in the 6 regions most affected by the crisis, of which 89 (24%) are completely closed, depriving more than 650K inhabitants access to health care. About 92% of closed health facilities are due to direct attacks by unidentified armed groups on health facilities.

| Burkina Faso     | COVID-19            | Grade 3| 10-Mar-20             | 9-Mar-20                  | 5-Dec-2021             | 16 334      | 16 334          | 290    | 1.8% |

Between 9 March 2020 and 5 December 2021, a total of 16 334 confirmed cases of COVID-19 with 290 deaths and 16 504 recoveries have been reported from Burkina Faso.

| Burkina Faso     | Poliomyelitis (cVDPV2) | Grade 2| 1-Jan-2020            | 1-Jan-2020               | 10-Dec-2021            | 67          | 67              | 0      | 0.0% |

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are two case reported in 2021, and in 2020, 65 were reported. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

| Burundi          | Cholera             | Ungraded| 15-Nov-20             | 7-Nov-20                  | 19-Nov-20              | 1           | 1               | 0      | 0.0% |

During week 44 (ending 7 November 2021), one confirmed case of cholera and zero death (CFR 0.0%) was reported from Cibitoke health district in Burundi. This is the first case of cholera reported from Burundi in 2021. Last year a total of 95 cholera cases and one death (CFR 1.1%) were reported in Burundi with 30 cases and zero death from Cibitoke health district. In 2019 cases were also reported from Cibitoke health district during a larger outbreak of which 1047 cases, 7 deaths (CFR 0.7%) were reported in Burundi. This large outbreak affected Bujumbura Mairie, Bujumbura Rural, Cibitoke and Bubanza health districts.

| Burundi          | COVID-19            | Grade 3| 31-Mar-20             | 18-Mar-20                 | 12-Dec-2021            | 20 886      | 20 886          | 14     | 0.1% |

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 12 December 2021, the total number of confirmed COVID-19 cases is 20 886, including 14 deaths and 20 446 recoveries.

| Burundi          | Measles             | Ungraded| 23-Mar-20             | 1-Jan-2021               | 23-Oct-2021            | 557         | 496             | 0      | 0.0% |

The measles epidemic has been declared since November 2019 in camps hosting Congolese refugees and then spread to other communities. In 2020, a total of 1 968 cases were reported in 46 of the country’s 47 districts throughout 2020. 1 585 confirmed, 6 deaths. As of week 41, 2021, Burundi has reported a total of 557 suspected cases, 436 reported by case-by-case surveillance with no death, 72 confirmed by IgM+ 274 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak mode: Bubanza, Mpondwe, Bugaruma, Muyinga, Rumonge and Cibitoke.
According to UNHCR and OCHA reports, an estimated 1.2 million people need assistance, 357,631 people are internally displaced as of 30 November 2021. A resurgence of organized crime by criminals who often loot and kidnap populations against ransom demands. Presence of improvised explosive devices (IEDs) on certain axes are also suspected particularly towards the border with Nigeria, which represents a risk for civilians as well as for humanitarian workers.

According to reports from UNHCR, an estimated 579,136 IDPs have been registered while 518,853 returnees have been reported as of 30 November 2021. There have continued to be reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers. Schools resumed session, but teachers and students faced 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. There were also 467,485 refugees as of 30 November 2021, of which more than 345,471 (73.9%) arrived from Central African Republic.

Since the beginning of this year up to 29 November 2021, 260 suspected cases of Cholera have been notified from Far-North, North, Centre, South West and Littoral regions. Seventeen deaths are reported so far (CFR 6.5%) as of 29 November 2021. The intensification of disease surveillance as well as the management of notified cases are ongoing.

From 1 January to 14 November 2021, a total of 35 presumptive cases of Yellow fever tested positive by plaque reduction neutralization test (PRNT) and three by PCR at the Centre Pasteur Cameroun, of which seven deaths were recorded. These cases originated from nine different regions with a total of 19 health districts (HDs) affected: Adamaoua region, Central region, East region, Far North region, Littoral region, North region, North-West region, South region, and West region.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in the Extreme Nord province making it the third in 2021. There were seven cases reported in 2020.

From 1 January to 14 November 2021, a total of 35 presumptive cases of Yellow fever tested positive by plaque reduction neutralization test (PRNT) and three by PCR at the Centre Pasteur Cameroun. Of which seven deaths were recorded. These cases originated from nine different regions with a total of 19 health districts (HDs) affected: Adamaoua region, Central region, East region, Far North region, Littoral region, North region, North-West region, South region, and West region. Some of the PRNT-positive cases had a history of vaccination against Yellow fever.

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 1 December, 2021, a total of 107,549 cases have been reported, including 1,823 deaths and 105,017 recoveries.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 1 December 2021, a total of 107,549 cases have been reported, including 1,823 deaths and 105,017 recoveries.

From Epi week 1 to 46, 2021, Cameroon has reported 1,037 suspected with 8 deaths (CFR 1.9%). Of the 1,000 investigated cases, 643 were positive including 250 cases IgM+, 96 clinically compatible and 297 epidemiologically linked; 86% of the children are under 10 years of age and only 33% known to be vaccinated with at least 1 dose of MCV. Twenty four districts with confirmed outbreak spread across 7 regions of country.

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 12 December 2021, a total of 38,503 confirmed COVID-19 cases including 351 deaths and 38,038 recoveries were reported in the country.
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2020, 118 cVDPV2 cases reported in 2019 and 34 in 2018. No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 289 cases reported in 2021. There were eight cases reported in 2020.

The floods since June 2021 has affected about 256 329 people (42 788 households) in 400 villages across 9 regions of Chad (Borkou, Ennedi West, Logone Oriental, Mandoul, Moyen-Chari, Ouaddai, Sila, Lake and Tandjile). As of 28 October 2021, flooding caused significant material and human damage in the Lac province, particularly on the island of Kinasserom; 23 households (115 people) were affected, including two children who drowned in Fourkoulom. As of 17 November 2021, a total of 17 people died, and 17 others are missing and 329 people have been injured. Authorities have appealed to partners and to people of goodwill for assistance. Priority needs identified so far are food, shelter, household supplies/kits, livelihood, twelve health facilities need support (drug and medical supplies), water points treatment (wells and vaccination).

Chad

COVID-19 Grade 3 19-Mar-20 19-Mar-20 5 701 5 701 181 3.2%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 30 November 2021, a total of 5 701 confirmed COVID-19 cases were reported in the country including 181 deaths and 4 874 cases who have recovered.

Chad

Hepatitis E Ungraded 25-Nov-21 1-Oct-21 9-Sep-21 73 2 0 0.0%

Hepatitis E outbreak had been declared by Chadian health authorities mid-November 2021 in Sateur health area, Laï health district in the Tandjile region. As of 30 Nov 2021, there have been 385 suspected cases and 2 deaths (CFR 0.5%) reported. Among those affected, the majority have been men with 219 cases (57%) and the most affected age group has been less than 10 years of age with 90 cases (23.4%).

Chad

Leishmaniasis Ungraded 8-Sep-20 16-Oct-20 30-Sep-20 156 15 13 8.3%

Since 1 January 2018, a total of 156 cases have been reported by 4 provinces (Ndjamena, Borkou, Tibesti and Ouaddai) and 13 deaths (CFR 8.3%). For the year 2020 the country registered 74 cases including 3 deaths. Since the beginning of 2021 up to 30 September 2021, 49 cases have been reported including 7 deaths (CFR 14.3%).

Chad

Measles Ungraded 24-May-18 1-Jan-21 7-Nov-21 2 449 704 14 0.6%

Since 01 January 2021 up to Epi week 45, It has been reported 2 449 suspected cases from 26 out of 129 districts in the country (% of districts), 964 cases investigated with blood samples recorded, 264 of which were confirmed by IgM, 36 were compatible cases and 14 deaths from 4 districts (CFR 0.6%), 26 districts with confirmed outbreaks since the start of the year. In 2020, Chad reported 8 785 cases, with 363 confirmed cases and 41 deaths.

Chad

Poliomyelitis (cVDPV2) Grade 2 18-Oct-19 9-Sep-21 10-Dec-21 114 114 0 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in this week. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks. There were 8 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

Chad

Yellow fever Grade 2 13-Nov-21 1-Nov-21 5-Dec-21 23 13 0 0.0%

On 13 November 2021, the Institut Pasteur in Dakar shared the results of 17 samples of suspected yellow fever cases from the Mandoul district. Chad, of which two tested PCR positive, six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions. As of 5 December 2021, a total of 23 yellow fever IgM positive cases were reported from 6 provinces (Mandoul, Guéra, Mayo Kebbi Ouest, Moyen Chari, and le Lac), including two positive cases by polymerase chain reaction (PCR) and 11 by plaque reduction neutralization test (PRNT).

Comoros

COVID-19 Grade 3 30-Apr-20 30-Apr-20 12-Dec-21 4 569 4 569 150 3.3%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 12 December 2021, a total of 4 569 confirmed COVID-19 cases, including 150 deaths and 4 374 recoveries were reported in the country.

Congo

COVID-19 Grade 3 14-Mar-20 14-Mar-20 3-Dec-21 19 066 19 066 359 1.9%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 03 December 2021, a total of 19 066 cases including 359 deaths and 17 167 recovered cases have been reported in the country.

Congo

Hepatitis E Grade 2 25-Nov-21 1-Oct-21 30-Nov-21 385 12 2 0.5%

Since 1 January 2018, a total of 156 cases have been reported by 4 provinces (Ndjamena, Borkou, Tibesti and Ouaddai) and 13 deaths (CFR 8.3%). For the year 2020 the country registered 74 cases including 3 deaths. Since the beginning of 2021 up to 30 September 2021, 49 cases have been reported including 7 deaths (CFR 14.3%).

Democratic Republic of the Congo

Humanitarian crisis Protracted 3 20-Dec-2016 17-Apr-2017 21-Nov-21 - - - -

On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur Cameroun (CPC). She is reportedly not vaccinated against yellow fever. The onset of symptoms was 1 April 2021 with febrile jaundice. In early December, a positive PCR result was reported in a five year old male child from the locality of Moyen Sido.
On 18 July 2021, two yellow fever cases tested positive by Plaque Reduction Neutralization Test (PRNT) at Centre Pasteur in Cameroon (CPC). The first case is a 34-year-old male from the Abuzi health zone, North Ubangi province, Democratic Republic of the Congo whose date of symptom onset was 20 February 2021 with fever, vomiting, abdominal pain, back pain and physical asthenia. Jaundice appeared on 25 February. The second case is a 47-year-old female unvaccinated against yellow fever from Ango health zone, Bas Uele province. He first exhibited symptoms on 7 May 2021. As of 21 November 2021, confirmatory results are pending for six additional presumptive positive cases.

### Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
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<td>Grade 2</td>
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</table>

In 2021, from epidemiological week 1 to 44 (ending 7 November 2021), 6 817 suspected cholera cases including 125 deaths (case-fatality rate 1.8%) were recorded in 80 health zones across 16 provinces of the Democratic Republic of the Congo. In 2020, a total of 30 304 suspected cholera cases including 514 deaths (case fatality 1.7%) were reported in 179 health zones across 23 provinces.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 59 850 confirmed cases and two probable case, including 1 118 deaths have been reported. A total of 57 447 people have recovered.

In 2020, a total of 6 257 suspected cases including 229 deaths (CFR 3.7%) were reported in 133 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 5 288 suspected cases and 107 deaths (CFR 2.0%) were reported in 132 health zones from 18 provinces. Overall, there was a regressive trend from 2019 to 2020.

During the same period in 2020, 461 suspected plague cases of which 31 deaths were reported in eight health zones of Ituri. The health zones of Biringi, Rethy, and Aru reported the most cases. From January to December 2021 (ending on 14 Nov), 123 suspected pneumonic plague cases including 13 deaths were reported in eight health zones in Ituri province. From 22 April 2021, a cluster of deaths due to suspected pneumonic plague were recorded in the health zone of Fataki, Ituri province, Democratic Republic of the Congo. An investigation was conducted during which suspected cases were identified and samples taken for confirmatory testing. From epidemiological week 1 to 46, 2021 (ending on 14 Nov), 123 suspected pneumonic plague cases including 13 deaths were reported in eight health zones in Ituri province. From January to December 2021, 461 suspected plague cases of which 51 deaths were reported in eight health zones of Ituri. The health zones of Biringi, Rethy, and Aru reported the most cases.

Since epidemiological week 1 up to week 46 in 2021, 2 807 cases have been reported with 75 deaths (CFR 2.7%). Between epidemiological week 1 and week 53 of 2020 (276 cases vs 76 cases).

On 28 July 2021, an alert was reported in the locality of Panga, Banalia territory, in Kisangani disctrict in DRC as a result of an illness with signs similar to those of meningitis. As of 31 October 2021, 2 558 cases have been reported including 202 deaths (CFR= 7.9%). Twenty nine samples have been confirmed on the 181 analysed samples including 27 for Neisseria meningitidis serogroup W, 1 Hemophilus influenzae and 1 Sp.

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On 8 October 2021, a case of Ebola virus disease (EVD) was confirmed by PCR in a 29-month-old male child living in the Butsili health area in the Beni health zone, North Kivu province in the Democratic Republic of the Congo. The patient, treated in turn in three health facilities in the Beni health zone since 27 September 2021, died on 6 October 2021 in a local health facility in a hemorrhagic event. This case follows three suspected clustered deaths of EVD in the same family in the Butsili health area on 14, 19 and 29 September 2021 respectively. These three deaths were not sampled or given a dignified and safe burial. By 6 November 2021, 11 cases, of which 8 confirmed and 3 probable, and nine deaths have been reported.

In 2021, from epidemiological week 1 to 44 (ending 7 November 2021), 6 817 suspected cholera cases including 125 deaths (case-fatality rate 1.8%) were recorded in 80 health zones across 16 provinces of the Democratic Republic of the Congo. In 2020, a total of 30 304 suspected cholera cases including 514 deaths (case fatality 1.7%) were reported in 179 health zones across 23 provinces.

In 2021, from Epi week 1 to 39, 1 121 104 suspected cases of typhoid fever were reported, including 411 deaths (CFR 0.0%) and 19 734 confirmed cases in the epi week 39. In 2020, a total of 715 920 suspected cases of typhoid fever were reported, including 178 deaths (CFR 0.0%).
### Health Emergency Information and Risk Assessment

#### Equatorial Guinea

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
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<th>CFR</th>
</tr>
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<tbody>
<tr>
<td>Equatorial Guinea</td>
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<td>9-Dec-2021</td>
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<td>13 612</td>
<td>175</td>
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</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 09 December 2021, a total of 13 312 cases have been reported in the country with 175 deaths and 13 386 recoveries.

#### Eritrea

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
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<td>12-Dec-2021</td>
<td>7 646</td>
<td>7 646</td>
<td>63</td>
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</tbody>
</table>

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 12 December 2021, a total of 7 646 confirmed COVID-19 cases with 63 deaths were reported in the country. A total of 7 428 patients have recovered from the disease.

#### Eswatini

<table>
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<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>12-Dec-2021</td>
<td>52 643</td>
<td>52 643</td>
<td>1 250</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 12 December 2021, a total of 52 643 cases have been reported in the country including 45 662 recoveries. A total of 1 250 associated deaths have been reported.

#### Ethiopia

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>12-Dec-2021</td>
<td>373 115</td>
<td>373 115</td>
<td>6 829</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 373 115 cases of COVID-19 as of 12 December 2021, with 6 829 deaths and 350 368 recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-21</td>
<td>26-Nov-21</td>
<td>2 725</td>
<td>1 426</td>
<td>4</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

In 2021, as of 26 November (Epi week 48), a total of 2 725 cases have been reported of which 1 426 have been confirmed (965 epi-link, 426 IgM and 44 measles compatible) and 4 deaths recorded (CFR 0.1%). Out of the 2 725 suspected cases, 1 380 were under 5 years of age, 896 were between 5 and 14 years of age and 449 were over 15 years of age.

#### Ghana

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>1-Dec-2021</td>
<td>131 246</td>
<td>131 246</td>
<td>1 228</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

As of 1 December 2021, a total of 131 246 confirmed COVID-19 cases have been reported in Ghana. There have been 1228 deaths and 129 326 recoveries reported.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>25-Oct-21</td>
<td>316</td>
<td>-</td>
<td>4</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

Since the beginning of the year 2021 until Week 43, 316 cases of meningitis have been reported with 4 deaths (CFR of 1.3%). The Nandom district in the Upper West Region crossed the epidemic threshold and four other districts are on alert (Lawa, Lambussie, Nadowli-Kaleo, Wa Municipal). In Ghana, the Streptococcus pneumoniae is the germ mostly identified by the country laboratory.

<table>
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<tr>
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<th>Event</th>
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<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Jul-2019</td>
<td>8-Jul-2019</td>
<td>10-Dec-2021</td>
<td>31</td>
<td>31</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Nine cases have been reported so far in 2021. The total number of cases for 2020 is 38 and 2019 is 15.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>9-Dec-2021</td>
<td>37 591</td>
<td>37 591</td>
<td>282</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 09 December 2021, a total of 37 591 cases including 282 deaths and 34 131 recoveries have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabon</td>
<td>Measles</td>
<td>Ungraded</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>7-Dec-2021</td>
<td>10 034</td>
<td>10 034</td>
<td>342</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 7 December 2021, a total of 10 034 confirmed COVID-19 cases including 342 deaths, and 9 641 recoveries have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Nov-21</td>
<td>15-Oct-21</td>
<td>3-Nov-21</td>
<td>42</td>
<td>3</td>
<td>11</td>
<td>26.2%</td>
</tr>
</tbody>
</table>

From 15 October 2021 to 3 November 2021, a total of 42 suspected cases of yellow fever were reported mostly among nomadic settlers from 14 communities in two districts (West Gonja and North Gonja) in Savannah Region, northwest Ghana (bordering Côte d’Ivoire). Eleven out of the 42 suspected cases, including all the three PCR positive cases died, case fatality rate (CFR) 36%. Three blood samples collected from suspected cases tested YF PCR positive at Noguchi Memorial Institute for Medical Research (NMIMR) and six additional samples tested YF IgM positive by ELISA at the National Public Health and Reference Laboratory.

<table>
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<th>Country</th>
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<th>Grade</th>
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<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>4-Dec-2021</td>
<td>30 798</td>
<td>30 798</td>
<td>510</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 04 December 2021, a total of 30 798 cases including 29 753 recovered cases and 510 deaths have been reported in the country.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>08-May-2021</td>
<td>6-May-2021</td>
<td>6-Dec-2021</td>
<td>321</td>
<td>5</td>
<td>5</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-2020</td>
<td>22-Jul-2020</td>
<td>10-Dec-2020</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>09-May-2018</td>
<td>1-Jan-21</td>
<td>1-Dec-2021</td>
<td>622</td>
<td>321</td>
<td>5</td>
<td>0.8%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Sep-2017</td>
<td>1-Jan-19</td>
<td>21-Nov-2021</td>
<td>445</td>
<td>198</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>10-Dec-2020</td>
<td>17-Dec-2020</td>
<td>10-Dec-2021</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

To date, there have been a total of 8 confirmed cases and 7 deaths (CFR 87.5%); the first case (23 years old man, resident of Yomou prefecture) was notified on 8 May 2021. The patient was also confirmed to be positive for COVID-19 and later died. Contact tracing of 88 people was done, and no secondary cases found. However, the prefecture of Sibete is regarded as active, with the prefectures of Yomou-Centre, Pila, Yomou and Bignanou on alert. More cases have been reported with the recent case, a 9 years old female from Faranah health district confirmed on 19 September 2021 by the Gueckedou laboratory and died the same day.

In 2021, as of Epi week 49, 622 suspected cases have been reported, 601 samples taken, 601 samples tested of which 321 tested positive; 5 deaths have been reported. Out of the 321 positive persons, 64 (12%) were vaccinated. In 2020 at the same epi week, 6070 suspected cases, 870 cases sampled, 767 samples tested of which 524 positive, 269 negative and 48 undetermined; 15 deaths have been reported. Since 2020, a total of 6623 suspected cases, 1120 tests analysed, 1141 confirmed cases, 19 deaths have been reported.

The outbreak has been reported in Mombasa and Mandera Counties, recording 976 cases with 36 confirmed and 2 deaths reported (CFR 0.2%) as of epidemiological week (EW) 34, 2021. Between EW 35 and 44, 1550 suspected cases were reported from Mombasa County and 66 suspected cases from Mandera County through routine surveillance.

Since January 2020, a total of 1329 visceral leishmaniasis confirmed cases with 10 deaths (CFR 0.9%), have been reported in eight counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir, and Tharaka Nithi. The outbreak is active in four counties; Kitui, Tharaka Nithi, West Pokot, and Wajir. 10 new cases were recorded during week 46.

Since October 2019 through 18 November 2021 (Epi week 45), a total of 693 measles cases were reported of which 30 were confirmed and one death (CFR 0.1%) were reported. Currently, the counties of Garissa and West Pokot have active outbreaks.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases in the country which are linked to the Jigawa outbreak in Nigeria.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 11 December 2021, the country has reported 6484 confirmed cases of COVID-19 with 2638 recoveries and 149 deaths.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 3 cases in the country which are linked to the Jigawa outbreak in Nigeria.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 12 December 2021, 256335 confirmed COVID-19 cases including 5348 deaths and 248515 recoveries have been reported in the country.

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Since January 2020, a total of 1329 visceral leishmaniasis confirmed cases with 10 deaths (CFR 0.9%), have been reported in eight counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir, and Tharaka Nithi. The outbreak is active in four counties; Kitui, Tharaka Nithi, West Pokot, and Wajir. 10 new cases were recorded during week 46.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases in the country which are linked to the Jigawa outbreak in Nigeria.
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 14K people were classified as IPC Phase 5 or catastrophically food insecure. About 39K children are expected to have moderate acute malnutrition and 111K children to have severe acute malnutrition from May 2021 to April 2022 if no intervention measures are taken. All 10 districts of Grand Sud have been affected with the epicentre of the crisis occurring in Amboasy or Atsimo district. An upward trend in cases of acute malnutrition has been observed since week 33 (ending 22 August 2021) in the Androy Region.

**Mozambique**

**COVID-19** Grade 3 22-Mar-20 22-Mar-20 12-Dec-2021 153 674 153 674 1 944 1.3%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 3 December 2021, a total of 44 800 cases have been reported in the country, out of which 43 119 have recovered and 972 deaths reported.

**Mauritania**

**COVID-19** Grade 3 13-Mar-20 13-Mar-20 11-Dec-2021 39 778 39 778 849 2.1%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 12 December 2021, a total of 18 591 confirmed COVID-19 cases have been reported in the country including 629 cases and 15 498 recoveries.

**Madagascar**

**COVID-19** Grade 3 20-Mar-20 20-Mar-20 12-Dec-2021 62 265 62 265 2 308 3.7%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 12 December 2021, the country has a total of 62 265 confirmed cases with 2 308 deaths and 58 855 recoveries.

**Malawi**

**COVID-19** Grade 3 25-Mar-20 25-Mar-20 12-Dec-2021 18 591 18 591 529 2.8%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 12 December 2021, a total of 18 591 confirmed COVID-19 cases have been reported in the country including 629 cases and 15 498 recoveries.

**Mali**

**COVID-19** Grade 3 23-May-20 23-May-20 12-Dec-2021 1 763 828 2 0.1%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 12 December 2021, a total of 18 591 confirmed COVID-19 cases have been reported in the country including 629 cases and 15 498 recoveries.

**Madagascar**

**COVID-19** Grade 3 28-Apr-20 28-Apr-20 10-Dec-2021 12 12 0 0.0%

No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The number of 2021 cases remains at 10. There were two cases reported in 2020. There were two cases reported in 2020.

**Madagascar**

**COVID-19** Ungraded 8-Mar-21 8-Mar-21 31-Oct-21 - - - -

On 29 August 2021, in the Itasy region, in the Arivonimamo health district, an alert was received by the health authorities regarding cases of Pulmonary Plague. As of 7 November 2021, a total of 41 suspected cases of pneumonic plague including 19 confirmed and 6 death cases (CFR 14.6%) are reported so far. The number of cases and deaths on this outbreak have been updated by the MoH.

**Mauritania**

**COVID-19** Grade 3 18-Mar-20 18-Mar-20 9-Dec-2021 62 721 62 721 686 1.1%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 11 December 2021, a total of 39 778 cases including 849 deaths and 38 347 recovered cases have been reported in the country.

**Mauritius**


The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 9 December 2021, a total of 62 721 confirmed COVID-19 cases including 686 deaths and 58 669 recovered cases have been reported in the country.

**Mozambique**

**COVID-19** Grade 3 22-Mar-20 22-Mar-20 12-Dec-2021 153 674 153 674 1 944 1.3%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 12 December 2021, a total of 153 674 confirmed COVID-19 cases were reported in the country including 1 944 deaths and 149 958 recoveries.

**Mauritania**

**COVID-19** Grade 3 13-Mar-20 13-Mar-20 11-Dec-2021 39 778 39 778 849 2.1%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 11 December 2021, a total of 39 778 cases including 849 deaths and 38 347 recovered cases have been reported in the country.

**Mauritius**

**COVID-19** Grade 3 18-Mar-20 18-Mar-20 9-Dec-2021 62 721 62 721 686 1.1%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 9 December 2021, a total of 62 721 confirmed COVID-19 cases including 686 deaths and 58 669 recovered cases have been reported in the country.

**Mozambique**

**COVID-19** Grade 3 23-May-20 23-May-20 12-Dec-2021 153 674 153 674 1 944 1.3%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 12 December 2021, a total of 153 674 confirmed COVID-19 cases were reported in the country including 1 944 deaths and 149 958 recoveries.

**Mauritius**

**COVID-19** Grade 3 25-Jun-20 25-Jun-20 10-Oct-2021 125 2 0 0.0%

Since the beginning of 2021, measles outbreak is active in 11 provinces. As of 10 October 2021 (week 40), there were 125 cases reported including 2 confirmed cases and no death. In 2020 at the same period, there were 185 confirmed cases and no death.
**Health Emergency Information and Risk Assessment**

- **Lassa fever** is an endemic disease in Nigeria which is reportable through IHR. In week 43 of 2021, the number of new confirmed cases was 2. These were reported from Ondo and Edo States.

- The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 31 December 2021, a total of 5 004 (62.0%) of reported cases, followed by Erongo 1 717 (21.2%).

- In Niger, torque rainfall and floods affected more than 250,000 people and left 77 people dead. Since the start of the 2021 rainy season in June, torque rainfall has led to the collapse of more than 21 000 houses, the destruction of more than 7 300 hectares of cultivable land, and the death of more than 10 000 livestock. Thousands of people have been rendered homeless and vulnerable due to the loss of their livelihoods. Floods have been followed by outbreaks of cholera across seven of the country's eight regions.

### Country Event Grade Date notified to WCO Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Namibia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>10-Dec-20</td>
<td>132 849</td>
<td>132 849</td>
<td>3 577</td>
<td>0.0%</td>
</tr>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>Protracted</td>
<td>18-Dec-2017</td>
<td>8-Sep-17</td>
<td>15-Aug-2021</td>
<td>8 090</td>
<td>8 090</td>
<td>66</td>
<td>0.8%</td>
</tr>
<tr>
<td>Niger</td>
<td>Floods</td>
<td>Ungraded</td>
<td>15-Jul-2021</td>
<td>2-Aug-2021</td>
<td>21-Nov-21</td>
<td>250 000</td>
<td>-</td>
<td>77</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

According to OCHA statistics, 3.6 million people need humanitarian assistance in 2021. As of 31 October 2021, 264 257 people are internally displaced, 249 816 are refugees, and 2.3 million are food insecure (phase 3+ and above). Security tensions have had a negative impact on local markets and price of food in the Tillaberi region causing concern for nutrition levels in children in the region. The trend of children admitted into national food program has increased in certain areas of the country (including Tillaberi and Maradi) between July and August 2021. According to the Humanitarian Response Plan 2021, more than 1.8 million children <5 years need nutritional assistance, including 1.6 million children between 6-59 months for management of acute malnutrition and 178 228 children between 6-23 months for preventive supplementation.

### Nigeria

- **COVID-19**
  - Grade 3
  - 19-Mar-20: 1 761 cases
  - 12-Dec-2021: 7 161 cases
  - Total: 8 922 cases
  - 2021: 7 161 cases
  - 2020: 1 761 cases

- **Cholera**
  - Grade 1
  - 7-Aug-2021: 5 587 cases
  - 7-Jun-2021: 1 94 cases
  - 28-Nov-2021: 166 cases
  - Total: 4 957 cases

- **Malaria**
  - Ungraded
  - 4-Oct-21: 2 297 488 cases
  - 19-Oct-21: 2 124 cases
  - Total: 2 309 612 cases

### Namibia

- **Hepatitis E**
  - Protracted
  - 1-Jan-2021: 8 090 cases
  - 15-Aug-2021: 8 090 cases
  - Total: 8 090 cases

### Niger

- **Meningitis**
  - Ungraded
  - 1-Jan-21: 25 cases
  - 25-Oct-21: 75 cases
  - Total: 100 cases

- **Poliomyelitis (cVDPV2)**
  - Grade 2
  - 1-Oct-18: 25 cases
  - 1-Oct-18: 0 cases
  - Total: 25 cases

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are five cVDPV2 cases in 2021 and there were 10 cases reported in 2020.

- **Humanitarian crisis**
  - Protracted
  - 10-Oct-16: n/a
  - 31-Oct-21: -

In 2021, more than 8.7 million require humanitarian assistance in Borno, Adamawa, and Yobe states. Attacks in Nigeria have continued in LGAs of Borno, Adam, and Yobe (BAY) states making the North-Eastern part of the country volatile. As of 31 August 2021, there were 3 024 199 IDPs according to UNHCR. As of 31 October 2021, there were 73 346 refugees from other countries within Nigeria with more than 68K (or 95%) coming from Cameroon. More than 2.1 million IDPs (72.5% of all IDPs in the country) are in the North-East, while the rest (27.5%) are in the North-West/North-Central part of the country. Of those in need of humanitarian assistance, many have limited access to basic health care and other essential services. Some 800K previously inaccessible individuals indeed of nutrition and health care in Borno state are now reachable due to the liberation of these areas by military insurgence. Health conditions in this area exceed emergency thresholds for mortality and acute malnutrition.

- **Cholera**
  - Grade 2
  - 12-Jan-21: 100 057 cases
  - 12-Jan-21: 100 057 cases
  - Total: 3 449 cases
  - 2021: 3 449 cases
  - 2020: 7 171 cases

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 12 December 2021, a total of 217 481 confirmed cases with 207 746 recovered and 2 981 deaths have been reported.

- **Lassa fever**
  - Ungraded
  - 1-Jan-21: 3 496 cases
  - 1-Jan-21: 403 cases
  - 31-Oct-21: 79 cases
  - Total: 19.6%
According to the Nigeria Centre for Disease Control (NCDC), in Oct 2021, two additional cases of suspected monkeypox were reported. Therefore in 2021, the total remains at 88 suspected cases reported since the beginning of the year. Of the suspected cases, 26 were confirmed from eight states Delta (7), Lagos (4), Bayelsa (5), Rivers (4), Edo (3), FCT (1), Niger (1), Osun (1), and no deaths recorded from all states.

### Nigeria

**Polio**

- **Grade:** Grade 2
- **Date notifed to WCO:** 1-Jun-2018
- **Start of reporting period:** 1-Jan-2018
- **End of reporting period:** 10-Dec-2021
- **Total cases:** 381
- **Cases Confirmed:** 381
- **Deaths:** 0
- **CFR:** 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 289 cases reported in 2021. There were eight cases reported in 2020, 118 cVDPV2 cases reported in 2019 and 34 in 2018.

### Rwanda

**COVID-19**

- **Grade:** Grade 3
- **Date notifed to WCO:** 14-Mar-2020
- **Start of reporting period:** 14-Mar-2020
- **End of reporting period:** 12-Dec-2021
- **Total cases:** 100 634
- **Cases Confirmed:** 100 634
- **Deaths:** 1 344
- **CFR:** 1.3%

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 12 December 2021, a total of 100 634 cases with 1 344 deaths and 98 978 recovered cases have been reported in the country.

### Sao Tome and Principe

**COVID-19**

- **Grade:** Grade 3
- **Date notifed to WCO:** 6-Apr-2020
- **Start of reporting period:** 6-Apr-2020
- **End of reporting period:** 12-Dec-2021
- **Total cases:** 3 733
- **Cases Confirmed:** 3 733
- **Deaths:** 56
- **CFR:** 1.5%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 12 December 2021, a total of 3 733 confirmed cases of COVID-19 have been reported, including 56 deaths. A total of 3 675 cases have been reported as recoveries.

### Senegal

**Dengue**

- **Date notifed to WCO:** 18-Nov-2021
- **Start of reporting period:** 18-Nov-2021
- **End of reporting period:** 18-Nov-2021
- **Total cases:** 86
- **Cases Confirmed:** 86
- **Deaths:** 0
- **CFR:** 0.0%

From 2 March 2020 to 12 December 2021, a total of 74 086 confirmed cases of COVID-19 including 1 886 deaths and 72 154 recoveries have been reported in Senegal.

**Polio**

- **Grade:** Grade 2
- **Date notifed to WCO:** 4-Apr-2021
- **Start of reporting period:** 4-Apr-2021
- **End of reporting period:** 10-Dec-2021
- **Total cases:** 16
- **Cases Confirmed:** 16
- **Deaths:** 0
- **CFR:** 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of 2021 cases remains at 16.

**Rift Valley Fever (RVF)**

- **Date notifed to WCO:** 25-Nov-2021
- **Start of reporting period:** 25-Nov-2021
- **End of reporting period:** 18-Nov-2021
- **Total cases:** 3
- **Cases Confirmed:** 2
- **Deaths:** 0
- **CFR:** 0.0%

An outbreak of Rift Valley Fever (RVF) is ongoing in Senegal declared by health authorities after confirmation of the first case on 10 November 2021 by the Pasteur Institute of Dakar. As of 18 November 2021, a total of 3 cases and zero death (CFR 0.0%) are reported in the health districts of Gossou and Diofoir, in the Fatick region.

**Yellow fever**

- **Date notifed to WCO:** 14-Mar-2017
- **Start of reporting period:** 1-Jan-2017
- **End of reporting period:** 30-Sep-2021
- **Total cases:** 39
- **Cases Confirmed:** 39
- **Deaths:** 2
- **CFR:** 5.1%

From 1 January 2021 to 30 September 2021, a total of 1 518 suspect Yellow fever (YF) cases were reported in 428 Local Government Areas (LGAs) across all 37 States including the Federal Capital Territory. A total of 74 blood samples (59 presumptive positive and 15 inconclusive) were sent to the Institut Pasteur in Dakar and 39 samples tested positive for YF by plaque reduction neutralization test (PRNT). Some PRNT-positive cases had a history of YF vaccination. There were two deaths reported among the PRNT positive cases. The YF PRNT positive cases were reported from 11 states (Anambra, Benue, Delta, Enugu, Imo, Kogi, Nasarawa, Niger, Ondo, Osun, and Oyo states).

### Seychelles

**COVID-19**

- **Grade:** Grade 3
- **Date notifed to WCO:** 14-Mar-2020
- **Start of reporting period:** 14-Mar-2020
- **End of reporting period:** 12-Dec-2021
- **Total cases:** 23 901
- **Cases Confirmed:** 23 901
- **Deaths:** 126
- **CFR:** 0.5%

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 12 December 2021 a total of 23 901 cases have been confirmed, including 23 482 recoveries and 126 deaths have been reported.

### Sierra Leone

**Mass fire incident**

- **Date notifed to WCO:** 5-Nov-2021
- **Start of reporting period:** 5-Nov-2021
- **End of reporting period:** 6-Dec-2021
- **Total cases:** 304
- **Cases Confirmed:** 304
- **Deaths:** 151
- **CFR:** 49.7%

On 20 November 2021, there was a Mass Fire Accident involving a fuel tank that ruptured its tanks after a collision with another vehicle. The fuel ignited and caused a mass burn affecting a number of persons with various degrees of burns including instant deaths. As of 6 December 2021, 304 victims were reported on with 151 deaths and 27 are currently in admission. So far 64 patients have been discharged and are being treated as outpatients for burns.

**Lassa fever**

- **Date notifed to WCO:** 31-Mar-2020
- **Start of reporting period:** 27-Mar-2020
- **End of reporting period:** 30-Sep-2021
- **Total cases:** 6 422
- **Cases Confirmed:** 6 422
- **Deaths:** 121
- **CFR:** 1.9%

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 11 December 2021, a total of 6 422 confirmed COVID-19 cases were reported in the country including 121 deaths and 4 399 recovered cases.

**Measles**

- **Date notifed to WCO:** 1-Nov-2021
- **Start of reporting period:** 27-Oct-2021
- **End of reporting period:** 11-Dec-2021
- **Total cases:** 6 422
- **Cases Confirmed:** 6 422
- **Deaths:** 0
- **CFR:** 0.0%

On 29 October 2021, Sierra Leone’s Ministry of Health and Sanitation declared a measles outbreak in Kambia District following the confirmation of three cases at the Central Public Health Reference Laboratory (CPHRL) in Freetown. The date of onset of symptoms for the first two cases was 11 October 2021. As of 31 October 2021, 70 cases of which 5 confirmed, 0 deaths and 70 recovered have been reported.

**Polio**

- **Grade:** Grade 2
- **Date notifed to WCO:** 10-Dec-2020
- **Start of reporting period:** 10-Dec-2020
- **End of reporting period:** 10-Dec-2021
- **Total cases:** 15
- **Cases Confirmed:** 15
- **Deaths:** 0
- **CFR:** 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, 5 cases have been reported in 2021, and the number of cases 2020 remains 10.

**COVID-19**

- **Grade:** Grade 3
- **Date notifed to WCO:** 5-Mar-2020
- **Start of reporting period:** 5-Mar-2020
- **End of reporting period:** 12-Dec-2021
- **Total cases:** 3 167 497
- **Cases Confirmed:** 3 167 497
- **Deaths:** 90 137
- **CFR:** 3.4%

Since the start of the COVID-19 pandemic in South Africa by 12 December 2021, a cumulative total of 3 167 497 confirmed cases and 90 137 deaths have been reported with 2 913 232 recoveries.
According to the World Food Programme an estimated 7.2 million people (60% of the country’s total population) faced crisis levels of food insecurity phase (IPC) 3 or worse from April to July 2021- a figure that increased by 25% compared to the previous three months. Of the total number, 108K are in IPC 5, 2.4 are in IPC 4, and 4.6 million are in IPC 3. The total number includes 1.9 million acutely malnourished women and children suffering and 1.71 million internally displaced people. The six most affected counties are Pibor, Akobo, Aweil South, Tonj North, Tonj South and Tonj East. In 2021, the World Food Programme has reached some 498 887 flood-affected people with food and nutrition assistance.

The escalating flooding began in May 2021 and has affected over 800 000 people in areas along the Nile and Lol rivers and Sudd marshlands as of 3 November 2021. Flooding has affected over 30 counties across 8 states with communities in Jonglei, Upper Nile and Unity states being the most affected. A rapidly worsening situation was noted in October 2021 with a significant increase in the number of people and locations affected by flooding in Jonglei State (267 000 people affected), Unity State (196 000 people affected), and Upper Nile (125 000 people affected).

The long-standing and complex humanitarian crisis in South Sudan continues. From the start of 2021, there is a total of 8.3 million people in need of humanitarian assistance, 1.7 million people internally displaced and 175K people living in protection of civilian sites across the country. Inter-ethnic violence in Tambura county has continued since June 2021 with the most recent incidents occurring on 14 and 19 October 2021. In Tonj East and Tonj North counties intercommunal attacks have persisted for most of 2021 hindering hospital functionality, food aid delivery, and humanitarian operations. Thirteen armed attacks have also hindered humanitarian aid delivery in Lainya, Morobo and Yei counties in 2021. A threat on humanitarian operations by youth groups on 4 October 2021 in the Greater Pibor Administrative Area has caused the relocation of 80 humanitarian staff and impacted more than 100K vulnerable people. Youth groups in the area demanded for 80% of all national employment opportunities to be reserved for locals.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 12 December 2021, a total of 12 904 confirmed COVID-19 cases were reported in the country including 133 deaths and 12 614 recovered cases.

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 3 December 2021, a total of 26 309 cases have been reported in the country including 734 deaths.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 59 cVDPV2 cases in the country; 9 in 2021 and 50 in 2020.

The Cholera outbreak was declared by health authorities on 7 November 2021. The index case was notified on 5 November 2021 by the peripheral health Unit of Agouégan in the Lacs district. This was a 15-year-old boy presenting with profuse diarrhoea with signs of severe dehydration and died later. The stool sample was taken and sent to the National Institute of Hygiene (INH) laboratory and was confirmed positive for Vibrio cholerae On 7 November 2021. The index case was living in the same area with another person who sought health care at the same health facility on 3 November 2021 having the same clinical picture made of diarrhoea and dehydration. The person was treated as an outpatient and died the following day at home. As of 3 December 2021, a total of 38 cases and 4 deaths (CFR: 10.8%) are reported.

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 12 December 2021, a total of 26 400 cases including 243 deaths and 25 945 recovered cases have been reported in the country.

An active cholera outbreak is ongoing in Uganda since 4 November 2021. The epicenter are the villages of Nyarugugu B and C in the district of Isingiro in South-Western Uganda, but also suspected cases of cholera are reported in the capital city of Kampala. As of 10 December 2021 a total of 173 cases, 7 confirmed and zero death (CFR 0.0 %), have been reported.

The escalating flooding began in May 2021 and has affected over 800 000 people in areas along the Nile and Lol rivers and Sudd marshlands as of 3 November 2021. Flooding has affected over 30 counties across 8 states with communities in Jonglei, Upper Nile and Unity states being the most affected. A rapidly worsening situation was noted in October 2021 with a significant increase in the number of people and locations affected by flooding in Jonglei State (267 000 people affected), Unity State (196 000 people affected), and Upper Nile (125 000 people affected).

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 11 December 2021, a total of 128 100 confirmed COVID-19 cases, 97 778 recoveries with 3 269 deaths.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 12 December 2021, a total of 211 077 confirmed COVID-19 cases were reported in the country including 3 670 deaths and 206 670 recovered cases.
The anthrax outbreak is ongoing in Zimbabwe. Nine new anthrax cases and no death were reported in week 44 of 2021 ending on 7 November 2021. The cases were reported by Gokwe North District (2), Gokwe South District (4) in Midlands Province, Goromonzi District (1) in Mashonaland East Province, Hurungwe District (1) and Makonde District (1) in Mashonaland West Province. From Week 1 to 44 of 2021, the cumulative figures for anthrax are 212 cases and 0 deaths. 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.

Zimbabwe COVID-19  Grade 3  20-Mar-20  20-Mar-20  12-Dec-2021  167 140  167 140  4 710  2.8%

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 12 December 2021, a total of 167 140 confirmed COVID-19 cases were reported in the country including 4 738 deaths and 129 776 cases that recovered.

Niger Measles  Ungraded  10-May-19  1-Jan-21  18-Jul-2021  9,095  924  16  0.2%

From January to 18 July 2021, 9,095 suspected cases have been reported and 16 deaths. Out of suspected cases, 1,795 were investigated including 924 lab confirmed measles cases, 55% are older than 4 years; 51 of 72 health districts have reported at least 3 confirmed cases of measles in month. Response vaccination took place in 12 health districts (Arlit, Bilma, Dogondoutchi, Tibiri, Gao, Niamey 2, Niamey 3, Niamey 4, Tahoua Com, Ayerou, Baileya, Tesker) across 8 regions. In 2020, 2,079 cases have been suspected of which 241 lab confirmed (IgM positive) and 4 deaths in 8 regions. In 2019 a total of 10,207 suspected measles cases were reported from eight regions in the country.

Nigeria Measles  Ungraded  25-Sep-17  1-Jan-21  31-Aug-2021  10,106  6,718  87  0.9%

In 2020, Nigeria reported 9,316 confirmed cases, with 55 deaths, CFR 0.6%. From January 2021 to 31 August 2021, 10,106 suspected cases have been reported in Nigeria including 87 deaths. Of the suspected cases reported, 6,718 (66.5%) were confirmed (1,065 lab confirmed 2,734 epi-linked and 2,919 clinically compatible), 3,272 (32.4%) were discarded and 116 (1.2%) are pending classification. The most affected state is Borno with 5,614 cases. The age group 9 - 59 months accounted for 5,048 (75.1%) of all confirmed cases. During the month of August, 189 were reported; no death was recorded among confirmed cases.

†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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