WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 1: 27 December 2021 – 2 January 2022
Data as reported by: 17:00; 2 January 2022

2 New events

133 Ongoing events

118 Outbreaks

17 Humanitarian crises

Legend

- Humanitarian crisis
- Malaria
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- COVID-19
- Anthrax
- Dengue fever
- Malaria
- Hepatitis E
- Acute Food Insecurity
- Floods
- Cases
- Deaths

Countries outside WHO African Region
WHO Member States with no reported events
Not applicable

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

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 135 events in the region. This week's articles cover:

- COVID-19 across the WHO African region
- Yellow Fever in West and Central Africa

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:

- In the past week, the number of new COVID-19 cases in the WHO African region decreased as compared to the previous week; while the number of new deaths increased. This decrease could be partially due to a large decline in cases observed in South Africa and reporting delays in several countries during the end of year festive season. High numbers of new weekly deaths seen in South Africa, Zimbabwe and Ethiopia could explain the increase in deaths in the region. There remains a vast gap in rates of vaccination between countries. The goal in mid-2022 must be for every country to vaccinate 70% of its population. We can end the acute phase of the pandemic if we vaccinate populations, starting with those most at risk.

- Yellow fever outbreaks have been reported in several countries in the WHO African Region. In 2021, nine countries (Cameroon, Chad, Central African Republic, Côte d’Ivoire, the Democratic Republic of Congo, Ghana, Niger, Nigeria, and Republic of Congo,) reported human laboratory confirmed cases of yellow fever in areas that are at high risk for the disease and have a history of yellow fever outbreaks. The overall yellow fever vaccination coverage in these regions is not sufficient to provide herd immunity and prevent outbreaks. The situation is also concerning where cases have been confirmed in inaccessible health districts with weak yellow fever surveillance, preparedness, and response systems, and significant population displacements into neighbouring countries like Cameroon, Chad, and Central African Republic. The risk at regional level is assessed as high due to the increased population movement, including a vulnerable nomadic population that is not covered by routine immunization and undocumented border crossings with risk of spread regionally and beyond the African region.
During the week of 28 December 2021- 2 January 2022, the number of new coronavirus disease (COVID-19) cases in the WHO African region decreased by 8.4% as compared to the previous week; while the number of new deaths reported increased by 6.4% during the past week. A total of 257 695 new cases of were reported in the past seven days with 22 countries (Algeria, Angola, Cabo Verde, Congo, Côte d’Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Guinea, Guinea-Bissau, Mali, Mauritania, Mozambique, Niger, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Togo, Uganda, and Zambia) saw a 20% or more increase in weekly cases compared to the past week.

In the previous week, a total of 14 (30.0%) countries reported a decrease of 20% or more in the number of new cases. These countries are Burkina Faso, Cameroon, Democratic Republic of the Congo, Eswatini, Gambia, Ghana, Lesotho, Liberia, Madagascar, Namibia, Nigeria, South Africa, South Sudan and the United Republic of Tanzania.

Most of the new cases (58.3%) reported this week were from South Africa (58 896; 23.0%), Ethiopia (27 960; 11.0%), Zambia (26 557; 10.3%), Mozambique (20 951; 8.1%) and Kenya (15 955; 6.2%). South Africa, Ethiopia and Kenya have maintained high new daily case counts.

Eleven (24.0%) countries reported a decline in reported deaths, while 15 (33.0%) had an increase in the past seven days. Overall, 1 114 deaths, a 6.4% increase in daily deaths, reported by 32 countries, has been observed during the reporting week. South Africa reported the highest number of deaths (414, 37.2%) followed by Zimbabwe with 141 (13.0%), Ethiopia 60 (5.4%), Algeria 53 (4.6%) and Mozambique 51 (4.6%).

As of 2 January 2022, the cumulative number of confirmed COVID-19 cases is 7 275 913, with more than 6.2 million recoveries, giving a recovery rate of 88.0%. The total number of deaths now stands at 156 009, accounting for a CFR of 2.1%. The WHO African Region remains one of the least affected regions in the world, accounting for 2.5% of global cases and 2.9% of global deaths.

Since the beginning of the COVID-19 pandemic in the WHO African region, South Africa has recorded the highest number of COVID-19 cases in the region with 3 472 436 cases (48.0%), followed by Ethiopia 426 656 (6.0%), Kenya 298 509 (4.0%), Zambia 259 677 (3.6%), and Nigeria 243 450 (3.4%), accounting for 65.0% (4 700 728) of all cases.

In the same way, most reported deaths occurred in South Africa, which accounts for 58.0% (91 228) of all deaths recorded in the region. Ethiopia has the second-highest number of deaths (6 958 deaths, 4.5%) followed by Algeria (6 291, 4.0%), Kenya (5 384, 3.5%) and Zimbabwe (5 032, 3.2%), all accounting for 74.0% (114 893) of all deaths reported in the region.

A total of 705 new health worker infections were reported from Kenya (410), Malawi (172), Namibia (113), Eswatini (7), and Equatorial Guinea (3) in this reporting period. To date, there are 149 544 COVID-19 infections (2.1% of all cases) among health workers in the region, with South Africa accounting for 48.0% (71 113) of the total infections. Algeria (11 936, 8.0%), Kenya (10 934, 7.0%), Zimbabwe (6 015, 4.1%) and Namibia (5 059, 3.4%) 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 (11.4%), Liberia (6.0%), Algeria (5.6%), Chad (5.0%), 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 9.8 million cases of COVID-19, with more than 229 300 deaths (CFR 2.4%) and more than 8.7 million people have recovered. The African continent accounts for 3.3% of global cases and 4.3% of global deaths.

Five countries; including Botswana, Cabo Verde, Mauritius, Seychelles, and Rwanda reached the target of having 40% of its population vaccinated by 31 December 2021.

New cases reported in the African region fell in the past week as compared to the prior week, while the number of new deaths increased. This drop in cases should be interpreted cautiously since it might be as a result of delayed reporting by countries during the holiday season.
An overall epi-curve of confirmed cases of COVID-19 in the WHO African Region by reporting date, 25 February 2020 – 2 January 2022 ($n = 7,275,913$)
<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Recovered Cases</th>
<th>Case fatality ratio (%)</th>
<th>Health Worker infections</th>
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<td>3 472 436</td>
<td>91 228</td>
<td>3 197 017</td>
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<td>150 555</td>
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<td>6 302</td>
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<td>184</td>
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<tr>
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<td>57</td>
<td>3 678</td>
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<td><strong>Cumulative Cases (N=47)</strong></td>
<td>7 275 913</td>
<td>156 009</td>
<td>6 417 272</td>
<td>2.1</td>
<td>149 544</td>
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*Total cases includes one probable case from Democratic Republic of the Congo*
EVENT DESCRIPTION

Nine countries in the WHO African Region (Cameroon, Chad, Central African Republic, Côte d’Ivoire, the Democratic Republic of Congo, Ghana, Niger, Nigeria, and Republic of Congo, reported human laboratory confirmed cases of yellow fever (YF) in 2021. The areas reporting cases are at high risk for the disease and have a history of YF transmission. These outbreaks are growing in case numbers, necessitating an urgent response.

Since the beginning of 2021 and as of 20 December, there have been 300 probable and 88 laboratory confirmed cases of YF. Among the probable cases, there have been 66 deaths reported from six countries; Ghana (42); Cameroon (8); Chad (8); Nigeria (4); Congo (2); Democratic Republic of Congo (2), the overall case fatality ratio (CFR) among the probable cases is 22%, with a very wide variation among countries e.g Ghana (40%) and Cameroon (21%).

In October and November 2021, confirmed active YF outbreaks were reported in Ghana and Chad respectively and required support from the International Coordinating Group (ICG) for vaccine provision from the emergency global stockpile of YF vaccine.

Among the affected countries, some are classified as having a fragile, conflict-affected or vulnerable (FCV) setting, in addition to low YF population immunity. Identified gaps or delays in investigations of suspected YF cases due to insecurity (Chad, Cameroon, Central African Republic) or under-served nomadic communities (Ghana) have implications for harm to human health and risk of onward amplification and spread.

The overall YF vaccination coverage in these regions is not sufficient to provide herd immunity and prevent outbreaks. Estimates from WHO and UNICEF in 2020 on routine YF vaccination coverage was 44% in the African region, much lower than the 80% threshold required to confer herd immunity against YF. The national coverage in the countries of concern were all under 80% with the exception of Ghana (88%); Congo (69%), Cote D’Ivoire (69%), Niger (67%), Cameroon (57%), Democratic Republic of Congo (56%), Nigeria (54%), Central African Republic (41%), and Chad (35%). These low YF vaccination coverages indicate the presence of an underlying susceptible population at risk of YF and a risk of continued transmission.

The outbreaks have included areas that have previously conducted large-scale mass vaccination campaigns but with persistent and growing gaps in immunity due to lack of sustained population immunity through routine immunization and/or secondary to population movements (newcomers without history of vaccination). For example, outbreaks were identified in late 2020 in countries with a history of nationwide preventive mass vaccination campaigns (PMVCs) including an outbreak in Guinea notified in November 2020 (history of PMVCs 2005, 2010) and Senegal notified in November 2020, (history of PMVCs 2007 plus reactive campaigns in 2011, 2005, 2002). In 2021, the recently confirmed outbreak in Ghana is marked by an impact on nomadic communities, despite the country having completed the final phase of PMVC in November 2020. Outbreaks and case reports of suspected, probable and/or confirmed cases are also occurring in other settings in the region where nationwide phased PMVCs are ongoing and yet to be completed (Democratic Republic of Congo, Nigeria), or yet to be initiated (Chad, Niger), further compounding the risk of spread.

The investigation of probable cases has faced challenges in many of the reporting countries due to stretched resources, capacity, and logistical challenges. The health systems in the nine countries with confirmed YF, in addition to the COVID-19 pandemic and COVID-19 vaccine rollout, have been strained with many other competing acute public health outbreaks which has diverted attention from YF preparedness and response activities.

The numerous YF cases and outbreaks in a broad geographic scope, with upward trend of confirmed cases and outbreaks, is indication of ongoing intense YF virus transmission in an extended area in the region and represent a persistent and growing risk to all unvaccinated people living or visiting YF high-risk countries.

Probable YF cases have also been reported from Benin, Burkina Faso, Gabon, Mali, Togo, and Uganda. The most recent, with samples collected during September/October, were two cases in Port-Gentil district (Ogooué-Maritime province), Gabon and two cases in Haho (Notse city) and Ogou (Atakpame city) health districts, Plateaux region, Togo. These samples were shipped to the regional reference laboratories for confirmation and results await.

Go to overview Go to map of the outbreaks
**SITUATION INTERPRETATION**

Yellow fever outbreaks are ongoing in nine countries in the WHO African Region. These outbreaks are occurring in a large geographic area in the West and Central regions of Africa. Available information signals a resurgence and intensified transmission of the YF virus. The case count of confirmed and probable cases is rapidly evolving and has challenges to track due to the complexity of interpretation in the context of available epidemiological and clinical data, including vaccination history of the cases. In addition, there are major urban areas such as Abidjan, Cote d’Ivoire that have reported YF cases and are a high concern as they pose a significant risk of amplification. WHO and partners will continue to support local authorities to implement these interventions to control the current outbreaks.

**PROPOSED ACTIONS**

Vaccination is the primary means for prevention and control of yellow fever. In urban centres, targeted vector control measures are also helpful to interrupt transmission. WHO recommends vaccination against yellow fever for all international travellers 9 months of age or older going to yellow fever high risk countries. The affected countries also require a yellow fever vaccination certificate for travellers aged 9 months or over.

Responding to a yellow fever outbreak in Nigeria amidst a global pandemic
The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

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.

Between epidemiological weeks 1 and 51 of 2021 (ending 19 December), 3 707 252 malaria cases including 2 963 deaths were reported. Epidemic thresholds have been exceeded in several districts in the states with an upsurge occurring in Fangak County of Jonglei state.

Since Week 1 to Week 49 (ending 12 December 2021), the country has reported 13 397 cases of Shigellosis with 22 deaths (CFR 0.2%). An outbreak of Shigellosis has been declared in Bulawayo city, mostly Tshabalala suburb since 26 November 2021. As of 15 December 2021, a total of 1 111 cases and 1 death (CFR 0.1%) have been reported so far from Bulawayo city.

### New Events

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<tr>
<th>Country</th>
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<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>
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<td>28-Dec-2021</td>
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<td>19-Dec-2021</td>
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<td>28-Mar-21</td>
<td>26-Dec-2021</td>
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### Ongoing Events

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<th>Cases Confirmed</th>
<th>Deaths</th>
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<td>25-Feb-2020</td>
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<td>219 159</td>
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<td>1-Jan-19</td>
<td>8-Dec-2021</td>
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<td>-</td>
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<td>Poliomyelitis (cVDPV2)</td>
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<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-2020</td>
<td>9-Mar-2020</td>
<td>26-Dec-2021</td>
<td>17 632</td>
<td>17 632</td>
<td>318</td>
<td>1.8%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-2020</td>
<td>9-Mar-2020</td>
<td>26-Dec-2021</td>
<td>17 632</td>
<td>17 632</td>
<td>318</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

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 Foubé and Dablo in the Centre-Nord due attacks between NSAGs and the Burkina Faso Defence and Security Forces (FDS) on 21 November 2021 in Foubé. 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 850K inhabitants access to health care. About 92% of closed health facilities are due to direct attacks by unidentified armed groups on health facilities.

Since Week 1 to Week 49 (ending 12 December 2021), the country has reported 13 397 cases of Shigellosis with 22 deaths (CFR 0.2%). An outbreak of Shigellosis has been declared in Bulawayo city, mostly Tshabalala suburb since 26 November 2021. As of 15 December 2021, a total of 1 111 cases and 1 death (CFR 0.1%) have been reported so far from Bulawayo city.

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.

Between epidemiological weeks 1 and 51 of 2021 (ending 19 December), 3 707 252 malaria cases including 2 963 deaths were reported. Epidemic thresholds have been exceeded in several districts in the states with an upsurge occurring in Fangak County of Jonglei state.

Since Week 1 to Week 49 (ending 12 December 2021), the country has reported 13 397 cases of Shigellosis with 22 deaths (CFR 0.2%). An outbreak of Shigellosis has been declared in Bulawayo city, mostly Tshabalala suburb since 26 November 2021. As of 15 December 2021, a total of 1 111 cases and 1 death (CFR 0.1%) have been reported so far from Bulawayo city.
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 31 December 2021, the total number of confirmed COVID-19 cases is 31,615, including 14 deaths and 29,588 recovered.

<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>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>31-Dec-20</td>
<td>31,615</td>
<td>31,615</td>
<td>14</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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, 496 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, Mpanda, 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 the border with Nigeria, which represents a risk for civilians as well as for humanitarian workers.

From Epi week 1 to 48, 2021, Cameroon has reported 1,095 suspected cases with 8 deaths (CFR 1.9%). Of the 1,000 investigated cases, 663 were positive including 268 cases IgM+, 98 clinically compatible and 297 epidemiologically linked. 66% of the children are under 5 years of age and only 38% of suspected measles and 32% of confirmed measles are vaccinated with at least 1 dose of MCV. Twenty-five districts with confirmed outbreak spread across 7 regions of country.

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: Adamawa 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 02 January 2022, a total of 41,811 confirmed COVID-19 cases including 1,841 deaths and 106,050 recoveries.

The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 19 December 2021, a total of 12,163 confirmed cases, 101 deaths and 11,318 recovered were reported.
Since 11 March 2020, a total of 72 352 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 720 deaths, and a total of 62 517 recoveries. 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
COVID-19
Grade 3
19-Mar-20
19-Mar-20
30-Nov-21
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
4-Nov-21
1-Oct-21
30-Nov-21
385
12
2
0.5%

Hepatitis E outbreak had been declared by Chadian health authorities mid-November 2021 in Secteui health area, Lai 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-Nov-21
161
15
14
8.7%

Since 1 January 2018, a total of 161 cases have been reported by 4 provinces (N’Djamena, Borkou, Tibesti and Ouaddai) and 14 deaths (CFR 8.7%). 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%).

Chad
Measles
Ungraded
24-May-2018
1-Jan-21
15-Dec-2021
2 518
704
15
0.6%

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.

Chad
Poliomyelitis (cVDPV2)
Grade 2
18-Oct-19
9-Sep-19
28-Dec-2021
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
12-Dec-2021
45
10
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 PCR positive, six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions. As of 12 December 2021, a total of 45 yellow fever IgM positive cases were reported from seven provinces (Mandoul, Guéra, Mayo Kebbi Ouest, Moyen Chari, and le Lac), including two confirmed cases by PCR and eight by plaque reduction neutralization test (PRNT).

Comoros
COVID-19
Grade 3
30-Apr-2020
30-Apr-2020
2-Jan-22
6 907
6 907
159
2.3%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 02 January 2022, a total of 6 907 confirmed COVID-19 cases, including 159 deaths and 4 988 recoveries were reported in the country.

Congo
COVID-19
Grade 3
14-Mar-20
14-Mar-20
30-Dec-2021
21 277
21 277
369
1.7%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 30 December 2021, a total of 21 277 cases including 369 deaths and 18 825 recovered cases have been reported in the country.

Congo
Poliomyelitis (cVDPV2)
Grade 2
29-Jan-21
28-Dec-2021
4
4
0
0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, 2 cases have been reported in 2021. There were two cases reported in 2020.

Côte d’Ivoire
COVID-19
Grade 3
11-Mar-20
11-Mar-20
2-Jan-22
72 352
72 352
720
1.0%

Since 11 March 2020, a total of 72 352 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 720 deaths, and a total of 62 517 recoveries.

Côte d’Ivoire
Poliomyelitis (cVDPV2)
Grade 2
29-Oct-19
29-Oct-19
28-Dec-2021
64
64
0
0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in 2020. There are no reported cases in 2021.
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 are consistent with a recent yellow fever infection. Two other cases had cross-reactions with other flaviviruses, of which was more consistent with dengue and one with a flavivirus infection (PRNT positive for yellow fever, Zika, and dengue).

**Democratic Republic of the Congo**

Humanitarian crisis  Protracted  20-Dec-2016  17-Apr-2017  12-Dec-2021  -  -  -  -

From Jan-Nov 2021, a total of 5.7 million people have been internally displaced. Women represent 51% of this displaced population and 91% of displacements were due to armed attacks and clashes. Multiple IDPs have been affected from various territories. One of the most affected areas has been Irumu territory that experienced attacks on 15 Nov by NSAGs causing 16 162 people to become displaced, followed by Mahagi territory which had an attack by NSAGs on 29 Nov causing 10 075 displacements, and finally Mungbwalu territory experiencing an attack from 3-5 Dec and causing 9 500 displacements.

Cholera  Grade 3  16-Jan-15  1-Jan-20  12-Dec-2021  10 029  -  -  -

In 2021, from epidemiological week 1 to 49 (ending 12 December 2021), 10 029 suspected cholera cases including 179 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.

COVID-19  Grade 3  10-Mar-20  10-Mar-20  28-Dec-2021  77 120  77 118  1 225  1.6%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 77 118 confirmed cases and two probable case, including 1 225 deaths have been reported. A total of 58 036 people have recovered.

Measles  Ungraded  12-Oct-21  1-Jan-20  15-Dec-2021  -  -  825

From week 1 through week 48 of 2021 (ending 15 December) 55 940 suspected measles cases and 825 deaths (CFR 1.5%) have been reported. The outbreak has been confirmed in 93 health districts across 23 affected provinces including the capital city of Kinshasa. A total of 30 791 suspected cases was investigated, 1 271 cases are IgM+ for measles among which 64% are children under five and 29% known to be vaccinated, half of them have an unknown vaccination status, 72% of measles confirmed cases are either zero dose or unknown vaccination status. A total of 483 cases are IgM+ of rubella among which 94.2% are more than 14 years old.

Monkeypox  Ungraded  n/a  1-Jan-20  12-Dec-2021  -  -  310

Since epidemiological week 1 up to week 49 in 2021, 2 898 cases have been reported with 81 deaths (CFR 2.8%). Between epidemiological week 1 and week 53 of 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 epidemiological week 33 to 53 of 2020 (276 cases vs 76 cases).

Plague  Ungraded  12-Mar-19  1-Jan-20  12-Dec-2021  -  -  45

From 22 April 2021, a cluster of deaths due to suspected pneumonic plague were recorded in the health zone of Mabalako, Ituri province, Democratic Republic of the Congo. The investigation was conducted during which suspected cases were identified and samples taken for confirmatory testing. From epidemiological week 1 to 49, 2021 (ending on 12 Dec), 130 suspected pneumonic plague cases including 14 deaths (CFR: 10.8%) were reported in eight health zones in Ituri province. From January to December 2020, 461 suspected plague cases of which 31 deaths (CFR: 6.7%) were reported in eight health zones of Ituri. The health zones of Birungi, Rethy, and Aru reported the most cases.

Poliovirus type 2 (cVDPV2)  Grade 2  15-Feb-2018  1-Jan-18  28-Dec-2021  -  -  0

Four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week in Maniema and are part of a new emergence in the country. The new total number of 2021 cases is now 17. The total number of 2020 cases remains at 81.

Typhoid fever  Ungraded  1-Jul-2021  1-Jan-21  12-Dec-2021  -  -  502

In 2021, from epi week 1 to 49, 1 380 955 suspected cases of typhoid fever have been reported including 502 deaths (CFR 0.0%) and 30 934 confirmed cases in the epi week 49. In 2020 (epi week 49), a total of 1 456 721 suspected cases of typhoid fever were reported, including 442 deaths (CFR 0.03%).

Yellow Fever  Grade 2  21-Apr-2021  21-Apr-2021  21-Nov-21  -  -  0

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 Abubu 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.

COVID-19  Grade 3  14-Mar-20  14-Mar-20  29-Dec-2021  -  -  175

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 29 December 2021, a total of 13 710 cases have been reported in the country with 175 deaths and 13 410 recoveries.
**COVID-19**

**Grade 3**

13-Mar-20  
31-Dec-2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eritrea</td>
<td>10,170</td>
<td>343</td>
<td>3.4%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>426,656</td>
<td>6,958</td>
<td>1.6%</td>
</tr>
<tr>
<td>Gambia</td>
<td>145,052</td>
<td>1,303</td>
<td>0.9%</td>
</tr>
<tr>
<td>Ghana</td>
<td>145,052</td>
<td>1,303</td>
<td>0.9%</td>
</tr>
<tr>
<td>Gabon</td>
<td>150,052</td>
<td>1,303</td>
<td>0.9%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>66,286</td>
<td>1,310</td>
<td>2.0%</td>
</tr>
<tr>
<td>Guinea</td>
<td>32,671</td>
<td>76</td>
<td>0.9%</td>
</tr>
<tr>
<td>Eritrea</td>
<td></td>
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<td></td>
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<tr>
<td>Guinea</td>
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</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Eritrea on 17 March 2020. As of 2 January 2022, a total of 10,170 confirmed COVID-19 cases have been reported in the country, including 343 deaths. A total of 6,958 recoveries have been reported.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 426,656 cases of COVID-19, as of 2 January 2022, with 6,958 deaths and 355,507 recoveries. The first COVID-19 confirmed case was reported in Ethiopia on 13 March 2020. As of 31 December 2021, a total of 426,656 cases of COVID-19 have been confirmed and 355,507 recoveries have been reported in the country.

In 2021, as of 10 December (Epi week 50), a total of 8230 cases have been reported, of which 1,435 have been confirmed (965 epi-link, 423 IgM and 47 measles compatible) and 4 deaths recorded (CFR 0.1%). Out of the 2,725 suspected cases, 1,436 were under 5 years of age, 932 were between 5 and 14 years of age and 462 were over 15 years of age.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Ten cases have been reported so far in 2021. The total number of cases for 2020 is 38 and 2019 is 15.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 30 December 2021, a total of 41,798 cases including 288 deaths and 37,499 recoveries have been reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 26 December 2021, a total of 10,170 confirmed COVID-19 cases including 343 deaths, and 9,700 recoveries have been reported in the country.

As of 29 December 2021, a total of 145,052 confirmed COVID-19 cases have been reported in Ghana. There have been 1,303 deaths and 132,237 recoveries reported.

Since the beginning of the year 2021 until Week 47, 337 cases of meningitis have been reported with 4 deaths (CFR of 1.2%). The Nandom district in the Upper West Region crossed the epidemic threshold and four other districts are on alert (Lawra, Lambussie, Nadowli-Kaleo, Wa Municipal). In Ghana, the Streptococcus pneumoniae is the germ mostly identified by the country laboratory.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 12 cases reported in 2020, while the total number of 2019 cases remain 19. One cVDPV2 positive environmental sample was reported in the Eastern province.

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 20 December 2021, a total of 386 yellow fever suspected cases including 90 probable (IgM positive) and 21 confirmed cases were reported from eight regions in Ghana.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 31 December 2021, a total of 32,671 cases including 513 deaths have been reported in the country.

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 Bheeto is regarded as active, with the prefectures of Yomou-Centre, Péla, Yomou and Bignamou on alert. More cases have been reported with the recent case, a 9-year-old female from Faranah health district confirmed on 19 September 2021 by the Gueckedou laboratory and died the same day.

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**Gabon**

**COVID-19**

**Grade 3**

12-Mar-20  
30-Dec-2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabon</td>
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<tr>
<td>Guinea</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Gabon on 12 March 2020. As of 30 December 2021, a total of 41,798 cases including 288 deaths and 37,499 recoveries have been reported in the country.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 30 December 2021, a total of 41,798 cases including 288 deaths and 374,499 recoveries have been reported in the country.

As of 29 December 2021, a total of 145,052 confirmed COVID-19 cases have been reported in Gabon. There have been 1,303 deaths and 132,237 recoveries reported.

Since the beginning of the year 2021 until Week 47, 337 cases of meningitis have been reported with 4 deaths (CFR of 1.2%). The Nandom district in the Upper West Region crossed the epidemic threshold and four other districts are on alert (Lawra, Lambussie, Nadowli-Kaleo, Wa Municipal). In Ghana, the Streptococcus pneumoniae is the germ mostly identified by the country laboratory.
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 6 622 suspected cases, 1 141 confirmed cases, 19 deaths have been reported.

**Guinea**

<table>
<thead>
<tr>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>22-Jul-2020</th>
<th>22-Jul-2020</th>
<th>28-Dec-2021</th>
<th>50</th>
<th>50</th>
<th>0</th>
<th>0.0%</th>
</tr>
</thead>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, we have 6 cases in 2021. The total number of 2020 cases has been corrected to 44.

**Guinea-Bissau**

<table>
<thead>
<tr>
<th>COVID-19</th>
<th>Grade 3</th>
<th>25-Mar-20</th>
<th>25-Mar-20</th>
<th>30-Dec-2021</th>
<th>6 484</th>
<th>6 484</th>
<th>149</th>
<th>2.3%</th>
</tr>
</thead>
</table>

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 30 December 2021, the country has reported 6 484 confirmed cases of COVID-19 with 6 302 recoveries and 149 deaths.

**Guinea-Bissau**

<table>
<thead>
<tr>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>9-Nov-21</th>
<th>9-Nov-21</th>
<th>31-Dec-2021</th>
<th>4</th>
<th>4</th>
<th>0</th>
<th>0.0%</th>
</tr>
</thead>
</table>

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.

**Kenya**

<table>
<thead>
<tr>
<th>COVID-19</th>
<th>Grade 3</th>
<th>13-Mar-20</th>
<th>13-Mar-20</th>
<th>26-Dec-2021</th>
<th>282 554</th>
<th>282 554</th>
<th>5 361</th>
<th>1.9%</th>
</tr>
</thead>
</table>

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 26 December 2021, 282 554 confirmed COVID-19 cases including 5 361 deaths and 249 996 recoveries have been reported in the country.

**Kenya**

<table>
<thead>
<tr>
<th>Lassa fever</th>
<th>Ungraded</th>
<th>31-Mar-19</th>
<th>3-Jan-20</th>
<th>18-Dec-2021</th>
<th>1 388</th>
<th>1 388</th>
<th>10</th>
<th>0.7%</th>
</tr>
</thead>
</table>

Since January 2020, a total of 1 325 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, West Pokot, Wajir and Tharaka Nithi. Forteen (14) new cases reported in week 48.

**Kenya**

<table>
<thead>
<tr>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>5-Feb-2021</th>
<th>10-Feb-2021</th>
<th>31-Dec-2021</th>
<th>3</th>
<th>3</th>
<th>0</th>
<th>0.0%</th>
</tr>
</thead>
</table>

No cVDPV2 positive environmental sample was reported this week. There was one cVDPV2 positive environmental sample reported in 2020 and one in 2021. The virus is linked to the Banadir outbreak in Somalia.

**Lesotho**

<table>
<thead>
<tr>
<th>COVID-19</th>
<th>Grade 3</th>
<th>13-May-2020</th>
<th>13-May-2020</th>
<th>31-Dec-2021</th>
<th>29 756</th>
<th>29 756</th>
<th>671</th>
<th>2.3%</th>
</tr>
</thead>
</table>

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 31 December 2021, a total of 29 756 cases of COVID-19 have been reported, including 15 948 recoveries and 671 deaths.

**Liberia**

<table>
<thead>
<tr>
<th>COVID-19</th>
<th>Grade 3</th>
<th>16-Mar-20</th>
<th>16-Mar-20</th>
<th>24-Dec-2021</th>
<th>6 228</th>
<th>6 228</th>
<th>287</th>
<th>4.6%</th>
</tr>
</thead>
</table>

From 16 March 2020 to 24 December 2021, Liberia has recorded a total of 6 228 cases including 287 deaths and 5 599 recoveries have been reported.

**Liberia**

<table>
<thead>
<tr>
<th>Lassa fever</th>
<th>Ungraded</th>
<th>23-Jul-2021</th>
<th>1-Jan-21</th>
<th>21-Nov-21</th>
<th>24</th>
<th>24</th>
<th>15</th>
<th>62.5%</th>
</tr>
</thead>
</table>

The numbers of confirmed and death cases have been reviewed. From January 2021 to 21 November 2021, a total of 136 suspected cases were reported, of which 24 (17.6%) were confirmed, and 15 deaths (CFR 62.5%) among the confirmed cases. Three counties are currently in outbreak : Bong, Grand Bassa and Montserrado counties

**Liberia**

<table>
<thead>
<tr>
<th>Measles</th>
<th>Ungraded</th>
<th>24-Sep-17</th>
<th>1-Jan-19</th>
<th>26-Nov-2021</th>
<th>445</th>
<th>198</th>
<th>0</th>
<th>0.0%</th>
</tr>
</thead>
</table>

In week 46 (week ending 21 November 2021), 5 suspected cases were reported from Grand Gedeh (2), Grand Bassa (1), Bong (1) and Nimba (1) Counties. Among the 5 suspected cases, 3 cases are <5 years (63%) and 2 case are >5 years (17%). Since the beginning of 2021, 445 total cases were reported of which 198 were confirmed (57 laboratory-confirmed, 131 clinically confirmed and 10 epi-linked), 247 negative.

**Liberia**

<table>
<thead>
<tr>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>10-Dec-2020</th>
<th>17-Dec-2020</th>
<th>31-Dec-2021</th>
<th>3</th>
<th>3</th>
<th>0</th>
<th>0.0%</th>
</tr>
</thead>
</table>

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The country has reported 3 cases.

**Madagascar**

<table>
<thead>
<tr>
<th>Malnutrition crisis</th>
<th>Grade 2</th>
<th>1-Jul-2021</th>
<th>1-Jan-21</th>
<th>21-Dec-2021</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

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 3 or catastrophically food insecure. About 390K children are expected 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 to WCO

**Madagascar**

<table>
<thead>
<tr>
<th>Measles</th>
<th>Ungraded</th>
<th>24-Sep-17</th>
<th>1-Jan-19</th>
<th>26-Nov-2021</th>
<th>445</th>
<th>198</th>
<th>0</th>
<th>0.0%</th>
</tr>
</thead>
</table>

In week 46 (week ending 21 November 2021), 5 suspected cases were reported from Grand Gedeh (2), Grand Bassa (1), Bong (1) and Nimba (1) Counties. Among the 5 suspected cases, 3 cases are <5 years (63%) and 2 case are >5 years (17%). Since the beginning of 2021, 445 total cases were reported of which 198 were confirmed (57 laboratory-confirmed, 131 clinically confirmed and 10 epi-linked), 247 negative.

**Madagascar**

<table>
<thead>
<tr>
<th>Pneumonic Plague</th>
<th>Grade 1</th>
<th>29-Aug-2021</th>
<th>1-Sep-21</th>
<th>7-Nov-21</th>
<th>41</th>
<th>19</th>
<th>6</th>
<th>14.6%</th>
</tr>
</thead>
</table>

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.
The current outbreak in Namibia started in December 2017. As of 15 August 2021, a cumulative total of 8 090 cases (2 117 laboratory-confirmed, 4 738 epidemiologically linked, and 1 235 suspected cases) including 66 deaths (CFR=0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 5 004 (62.0%) of reported cases, followed by Erongo 1 717 (21.2%).

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 2 January 2022, the country has a total of 76 066 confirmed cases with 2 371 deaths and 60 314 recoveries.

From January 2021 up to Epi week 49 (ending the 12 December 2021), Mali has reported a total of 1 849 suspected cases including two deaths, 1 516 samples tested of which 828 were positive, 644 negative and 44 undetermined. There is an increase of 93.01 % of confirmed cases compared to the same week last year.

In Niger, torrential rainfall and floods affected more than 250,000 people and left 77 people dead. Since the start of the 2021 rainy season in June, torrential 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.

<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>Mozambique</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-2020</td>
<td>22-Mar-2020</td>
<td>2-Jan-22</td>
<td>149 478</td>
<td>149 478</td>
<td>3 655</td>
<td>0.0%</td>
</tr>
<tr>
<td>Malawi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Apr-2020</td>
<td>2-Jan-22</td>
<td>2-Jan-22</td>
<td>149 478</td>
<td>149 478</td>
<td>3 655</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>24-Mar-2020</td>
<td>14-Mar-2020</td>
<td>30-Nov-21</td>
<td>670 929</td>
<td>670 929</td>
<td>3 655</td>
<td>0.1%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>30-Nov-21</td>
<td>670 929</td>
<td>670 929</td>
<td>3 655</td>
<td>0.1%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Humanitarian crisis in Cabo Delgado</td>
<td>Protracted 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>30-Nov-21</td>
<td>670 929</td>
<td>670 929</td>
<td>3 655</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 30 Nov 2021, the nation-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 744 949 people displaced by conflict and 116 385 displaced by disaster. Of those fleeing due to conflict, most have left because of violence perpetrated by NSAGs.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 2 January 2022, a total of 192 453 confirmed COVID-19 cases were reported in the country including 668 deaths and 18 854 recoveries.
According to OCHA statistics, 3.8 million people need humanitarian assistance in 2021. As of 31 Oct 2021, 264,257 people are internally displaced. 249,916 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.

According to the Nigeria Centre for Disease Control (NCDC), in Nov 2021, five additional cases of suspected monkeypox were reported. Therefore in 2021, the total confirmed cases 84% are from Edo, 35% from Ondo and 5% are from Taraba States.

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, Adamawa, and Yobe (BAY) states making the North-Eastern part of the country volatile. As of 31 August 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 800,000 previously inaccessible individuals in need 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.

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Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 49 of 2021, the number of new confirmed cases was 10. These were reported from Ondo (9 cases) and Edo States. Cumulatively from week 1 to week 49 of 2021, a total of 444 confirmed cases including 83 deaths among confirmed cases have been reported. In 2021, 84% cases are from Edo, 35% from Ondo and 5% are from Taraba States.

According to the OECD, in 2021, five additional cases of suspected monkeypox were reported. Therefore in 2021, the total remains at 93 suspected cases reported since the beginning of the year. Of the suspected cases, 31 were confirmed from eight states Delta (8), Lagos (5), Bayelsa (6), Rivers (8), Edo (3), FCT (1), Niger (1), Ogun (1) and no deaths recorded from all states.

Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 49 of 2021, the number of new confirmed cases was 10. These were reported from Ondo (9 cases) and Edo States. Cumulatively from week 1 to week 49 of 2021, a total of 444 confirmed cases including 83 deaths among confirmed cases have been reported. In 2021, 84% cases are from Edo, 35% from Ondo and 5% are from Taraba States.

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<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>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Mar-20</td>
<td>2-Mar-20</td>
<td>2-Jan-22</td>
<td>75 671</td>
<td>75 671</td>
<td>1 890</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Dengue</td>
<td>Ungraded</td>
<td>18-Nov-21</td>
<td>18-Nov-21</td>
<td>18-Nov-21</td>
<td>86</td>
<td>86</td>
<td>25</td>
<td>0.0%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>4-Apr-2021</td>
<td>28-Dec-2021</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
<td></td>
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</tr>
<tr>
<td>Sierra Leone</td>
<td>Mass fire incident</td>
<td>Ungraded</td>
<td>5-Nov-21</td>
<td>6-Nov-21</td>
<td>6-Dec-2021</td>
<td>304</td>
<td>304</td>
<td>151</td>
<td>49.7%</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-20</td>
<td>3-Mar-20</td>
<td>26-Dec-2021</td>
<td>3 413 540</td>
<td>3 413 540</td>
<td>90 814</td>
<td>3.4%</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>South Sudan</td>
<td>Acute Food Insecurity</td>
<td>Grade 2</td>
<td>18-Dec-2020</td>
<td>5-Apr-2020</td>
<td>30-Nov-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>15-Aug-2016</td>
<td>n/a</td>
<td>30-Nov-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Health Emergency Information and Risk Assessment

From 2 March 2020 to 2 January 2022, a total of 75 671 confirmed cases of COVID-19 including 1 890 deaths and 72 748 recoveries have been reported in Senegal.

On 8 October 2021, the Dakar Pasteur institute notified to health authorities the confirmation of cases of Dengue Serotype 1 from the Richard Toll health district in the Saint-Louis health region. As of 11 November 2021, a total of 86 cases are reported from 17 health districts. The Ricard Toll health district has reported more cases with 58 cases out of 86 (67.4%). Two serotypes of the Dengue virus are reported so far: serotype 1 and 3.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week in Matam. There are 17 cases reported in 2021.

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 Gossas and Diofior, in the Fatick region.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 2 January 2022 a total of 25 251 cases have been confirmed, including 24 179 recoveries and 126 deaths have been reported.

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 recoveries have been reported.

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.

Since the start of the COVID-19 pandemic in South Africa by 28 December 2021, a cumulative total of 3 413 540 confirmed cases and 90 814 deaths have been reported with 3 111 957 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 states are North Darfur, North Kordofan, South Darfur, South Kordofan, Blue Nile, and South Sudan.

The escalating flooding began in May 2021 and has affected over 835 000 people in areas along the Nile and Lol rivers and Sudd marshlands as of 15 December 2021. Flooding has affected over 33 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 (305 000 people affected), Unity State (220 000 people affected), and Upper Nile (141 000 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 and 2 017 236 million people internally displaced as of 30 November 2021. On 1 December 2021, armed youth and men from Mayendit and Leer clashed in Leer, Unity State, with fighting continuing over several days. Health and nutrition facilities in Gandor, Guat, Lou and Padeah on Unity state were looted. Sub-national violence in Tambura County, Western Equatoria, has displaced some 80,000 people since June also impacting health services in the area. There is also sub-national violence in Tonj East and Tonj North counties of Warrap State. In Pibor and Renk, youth group violence has risen on the issue of lack of employment stopping humanitarian operations, however they have now resumed following a negotiation.

On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 2 January 2022, a total of 15 655 confirmed COVID-19 cases were reported in the country including 136 deaths and 12 934 recovered cases.
The current outbreak in the Bentiu IDP camp is ongoing. As of 19 Dec 2021, a total of 1 813 cases of hepatitis E including 12 deaths (CFR: 0.7%) have been reported since Jan 2018. Hepatitis E cases have been above the epidemic threshold since week 19 of 2019. In week 50 of 2021, 20 cases were reported.

In 2021, the Measles Outbreak has been suspected in Western Equatoria State. WES started to report cases of suspected Measles in week 2, 2021. Up to week 47 2021 a total of 151 cases have been listed. There was (2) new cases reported in week 47. No deaths were reported, 51% are female and 49% are male. Less than 5 yrs of age is 34%. Since week 38 of 2019 to 2020, a total of 1 313 cases of measles were reported including 52 confirmed cases and two deaths, the outbreak is controlled in 9 counties (Tonj East, Juba, Bor, Kapoeta East, Jebel Boma, Aweil East, Wau, Pibor and Ibba).

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 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 24 December 2021, a total of 29 306 cases have been reported in the country including 737 deaths.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 26 December 2021, a total of 29 306 cases including 4 891 deaths and 162 211 cases that recovered.

An active cholera outbreak is ongoing in Uganda since 4 November 2021. The epicentre are the villages of Nyarugugu B and C in the district of Isingiro in South-Western Uganda, but also suspected cases of cholera have been 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 first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 26 December 2021, a total of 259 677 confirmed COVID-19 cases, 98 489 recoveries and 3 306 deaths.

The first COVID-19 confirmed case was reported in Zimbabwe on 18 March 2020. As of 26 December 2021, a total of 259 677 confirmed COVID-19 cases, were reported in the country including 3 743 deaths and 226 281 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.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 26 December 2021, a total of 204 351 confirmed COVID-19 cases were reported in the country including 4 891 deaths and 162 211 cases that recovered.

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.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 26 December 2021, a total of 204 351 confirmed COVID-19 cases were reported in the country including 4 891 deaths and 162 211 cases that recovered.

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, 1 650 suspected cases were reported from Mombasa County and 66 suspected cases from Mandera County through routine surveillance.

From January 2021 to 19 September 2021, 1 439 687 cases were reported including 686 deaths. The number of malaria cases reported in week 37 was 6 951 cases. A decrease in the number of malaria cases has been observed from week 21.
Between epidemiological weeks 1 and 37 2021 (ending 19 September), 2,297,488 confirmed malaria cases including 2,124 deaths were reported through routine surveillance in Niger. Although the weekly attack rates follow the trends seen in the last two years, epidemic thresholds have been exceeded in several districts in the regions with increases in malaria incidence and mortality. Investigations are being planned to better understand the situation.

†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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