

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

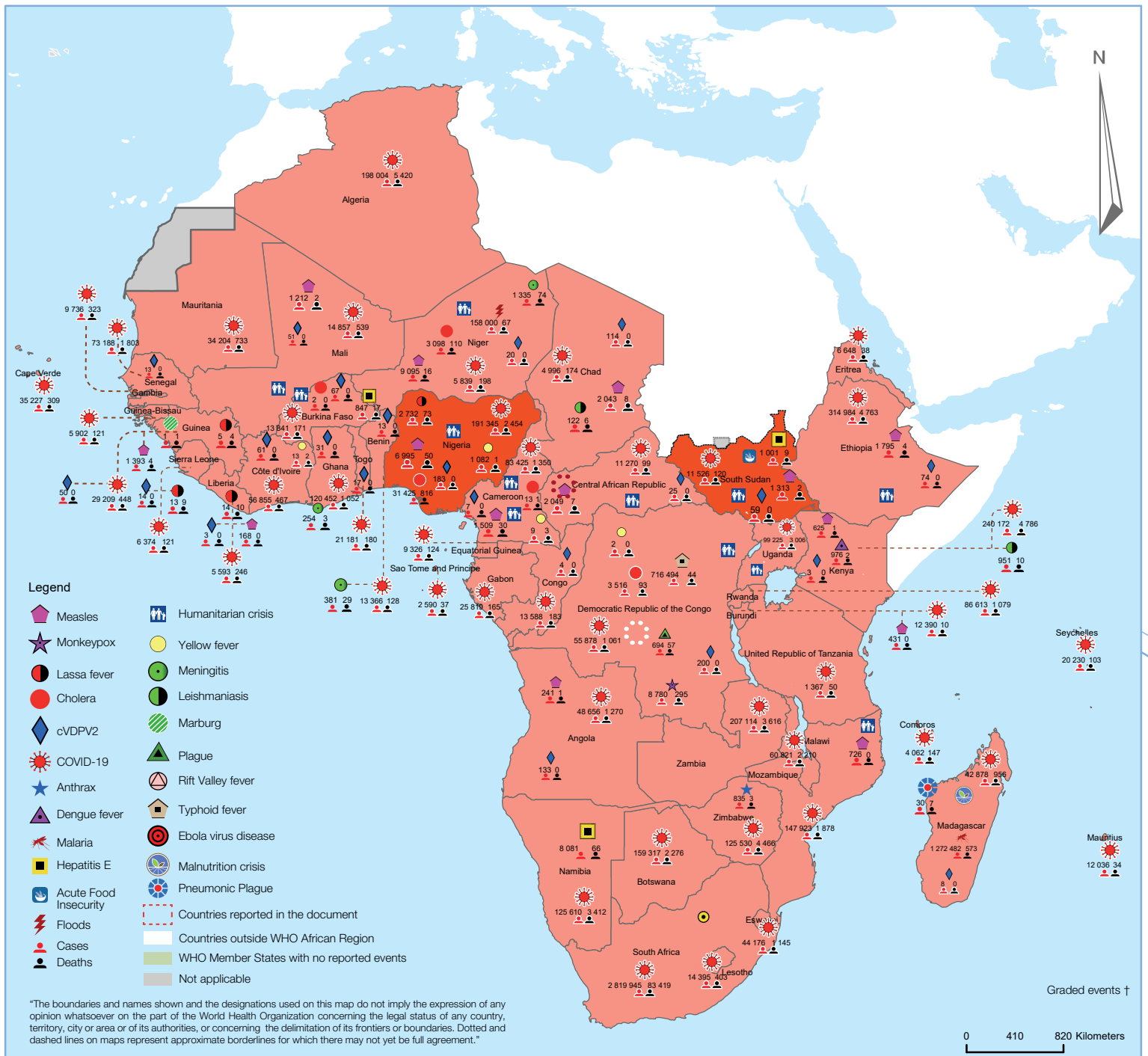
Week 36: 30 August - 5 September 2021
Data as reported by: 17:00; 5 September 2021

2
New events

122
Ongoing events

110
Outbreaks

14
Humanitarian crises



"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."

3 Grade 3 events	28 Grade 2 events	2 Grade 1 events	35 Ungraded events
3 Protracted 3 events	4 Protracted 2 events	3 Protracted 1 events	

Overview

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 124 events in the region. This week's articles cover:

- [COVID-19 across the WHO African region](#)
- [Cerebrospinal disease of unknown origin in the Democratic Republic of the Congo](#)
- [Measles in Central African Republic](#)

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:

- Although the WHO African region is seeing a decline in the number of new weekly cases, country case trends continue to vary. A fall in cases has been observed for over a month in the region, however it has been slower than in previous waves. The decline has been attributed to an increasing number of countries registering a decrease of 20% or more in the number of new cases reported compared to the previous week. South Africa continues to report more than half of all new cases in the region, followed by Ethiopia, and Kenya. The number of deaths reported across the region also declined in the past week. In Southern Africa, almost all countries are reporting a declining trend, following weeks of implementing tough public health and safety measures. As many countries begin to relax restriction measures, the risk of resurgence remains high amidst circulation of highly transmissible variants of concern in the region. At present, twenty-two countries are currently experiencing a resurgence, of which Algeria, Benin and Kenya are in a fourth wave of the pandemic. Health worker infections across the region continue to pose a challenge to health service delivery.
- An outbreak of a cerebrospinal disease of unknown origin is occurring in the Tshopo province of the Democratic Republic of the Congo. The meningitis-like illness has so far resulted in the deaths of 126 people in the Banalia Health Zone located north of Kisangani city. The case fatality ratio for the province is currently at 54%. Diagnostic capacities are lacking in the affected areas and sample transportation has been a challenge during the outbreak which is why a definitive causal agent has not been identified. Another challenge is inadequate access to the affected area due to natural boundaries and poor roads which have caused strains on the ability to respond.
- The measles outbreak in Central African Republic continues to show a steadily declining trend after implementation of two successful rounds of vaccination, which is to be commended, particularly in the context of COVID-19 and continuing insecurity. Administrative vaccination coverage at the national level by June 2021 remains suboptimal at less than 70%, leaving several persons vulnerable to further outbreaks in other health districts. Gaps in the investigation of suspected measles cases and in the collection of samples are observed in the health districts experiencing the ongoing outbreak. In addition, the next round of reactive measles vaccination campaigns has been delayed and communication activities have slowed down in 2021. COVID-19 restrictions and the overstretching of the health system by this pandemic continue to compound these challenges.

Ongoing events

Coronavirus disease 2019

African region

5 657 884 : 137 055 : 2.4%
Cases : Deaths : CFR

In the past week (30 August – 5 September 2021), the WHO African region reported a total of 98 577 new cases of coronavirus disease (COVID-19), a 30% decrease compared to the prior week when 139 855 new cases were reported. Only two (4.3%) countries saw a 20% or more increase in weekly cases compared to the previous week: Benin and Burkina Faso.

Conversely, 36 (78.3%) countries reported a decrease of 20% or more in the number of new cases reported compared to the previous week. These countries are Algeria, Botswana, Burundi, Cameroon, Central African Republic, Congo, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Togo, Uganda, Zambia and Zimbabwe.

Five countries account for the majority (75 038, 76.0%) of the cases recorded in the past week namely; South Africa (55 014 new cases; 25.6% decrease, 93.9 new cases per 100 000 population), Ethiopia (8 867 new cases; 14.0% decrease; 7.9 new cases per 100 000), Kenya (5 220 new cases; 12.2% decrease; 9.9 new cases per 100 000), Benin (3 440 new cases; 49% increase; 27.5 new cases per 100 000), and Algeria (2 497 new cases; 30.2% decrease; 5.8 new cases per 100 000).

The region recorded a 27.6% (n=2 776) decrease in the number of new deaths reported from a total of 32 countries. The highest numbers of new deaths were reported from South Africa (1 824 new deaths; 16.1% decrease; 3.1 new deaths per 100 000 population), Algeria (190 new deaths; 7.3% decrease; 0.4 new deaths per 100 000), Ethiopia (119 new deaths; 43.4% increase; 0.1 new deaths per 100 000), Kenya (76 new deaths; 64.3% decrease; 0.1 new deaths per 100 000), and Zimbabwe (65 new deaths; 57.2% decrease; 0.4 new deaths per 100 000).

The cumulative number of confirmed COVID-19 cases reported in the African region is 5 657 884. More than 5.1 million recoveries have been recorded, giving a recovery rate of 91.0%. The total number of deaths reported is now at 137 055, accounting for a case fatality ratio (CFR) of 2.4%. The WHO African Region, accounts for 2.4% of global cases and 2.7% of global deaths, making it one of the least affected regions in the world after the WHO Western Pacific Region.

In general, death trends are on the rise in seven countries, Benin, Cote d'Ivoire, Eswatini, Ethiopia, Gambia, Kenya, and Nigeria. Twelve countries have reported higher case fatality rates than the region's average of 2.5% over the past 4 weeks. A decline in new deaths recorded in Algeria, Angola, Botswana, and Zimbabwe has been observed. Five countries reported zero deaths in the past 4 weeks: Burundi, Chad, Comoros, Sao Tome and Principe, and South Sudan.

A total of 22 countries are still experiencing a resurgence of COVID-19 cases in the region namely Algeria, Benin, Botswana, Burundi, Cote d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Mauritania, Mauritius, Mozambique, Rwanda, Sao Tome and Principe, Senegal, South Africa, and

Togo. Algeria, Burundi, Democratic Republic of Congo, Gambia, Rwanda, Senegal, South Africa, and Zimbabwe are seeing a declining trend although case numbers remain very high when compared to the previous wave. Three countries, Algeria, Benin and Kenya, are experiencing a fourth wave.

Cumulatively, the highest number of COVID-19 cases in the region has been recorded in South Africa 2 819 945 cases (50.0%), followed by Ethiopia 314 984 (5.6%), Kenya 240 172 (4.2%), Zambia 207 114 (3.7%), and Algeria 197 659 (3.5%). These five countries account for 66.8% (n=3 779 874) of all cases. South Africa also has the highest number of deaths in the region (83 419 deaths, 61.0% of all deaths); followed by Algeria (5 399, 3.9%), Kenya (4 786, 3.5%), Ethiopia (4 763, 3.5%), and (Zimbabwe 4 466, 3.3%). These five countries account for 75.0% (102 833) of all deaths reported in the region.

A total of 519 new health worker infections were reported during this reporting period (30 August – 5 September 2021) from Zimbabwe (243), Kenya (174), Seychelles (33), Malawi (32), Namibia (21), Cameroon (14) and Equatorial Guinea (2). At present, there have been 121 641 COVID-19 infections (2.2% of all cases) among health workers in the region, with South Africa accounting for about 46.2% (56 180) of the total infections. Algeria (11 936, 9.8%), Kenya (7 329, 6.0%), Zimbabwe (5 366, 4.4%) and Mozambique (4 779, 4.0%) have also recorded high numbers of health worker infections. Other countries reporting health worker infections are shown in Table 1. Algeria (6.0%), Niger (6.0%), Chad (6.0%), Liberia (6.0%), and Seychelles (5.0%) have the highest proportion of health worker infections by country. Only Eritrea has not reported any healthcare worker infections.

All countries in the African region are experiencing some degree of community transmission. Nine (20.0%) countries are reporting uncontrolled incidence (Botswana, Burundi, Eswatini, Cabo Verde, Namibia, Seychelles, South Africa, Zambia and Zimbabwe), 13 (28.3%) with high incidence, 15 (33.0%) with moderate incidence and nine (20.0%) with low incidence community transmission.

The African continent has recorded about 7.9 million cases of COVID-19, with nearly 200 000 deaths (CFR 2.5%) and over 7.1 million people have recovered. The African continent accounts for 3.4% of global cases and 4.0% of global deaths.

Globally, almost 5.5 billion doses of COVID-19 vaccines have been administered, of which only 2% have been administered in Africa. This equates to a cumulative total of 68 doses per 100 people worldwide, almost 8 doses/100 in Africa and 4 doses/100 in sub-Saharan Africa. High-income countries have administered 50 times more doses per person than low-income countries.

SITUATION INTERPRETATION

- The third wave which peaked in July continues to decline, with case numbers in many countries having decreased in the past month. The weekly case numbers are however still high exceeding a daily average of 14 000 cases and

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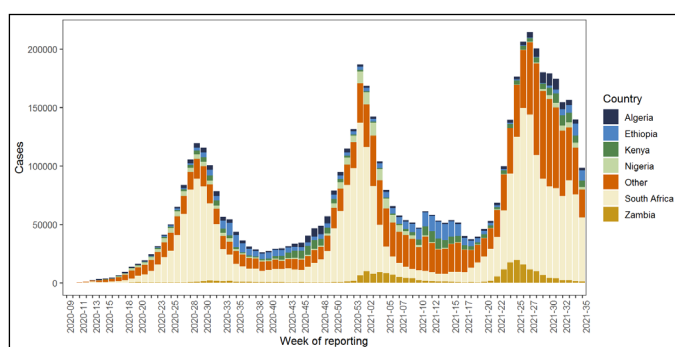
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▶ [Go to map of the outbreaks](#)

a few countries are reportedly facing a fourth wave. Even though Algeria, Ethiopia, Kenya and South Africa are among countries seeing a decline in new cases, they still account for a large proportion of the region's new cases in the last seven days. At the same time, weekly COVID-19 deaths in the region decreased in the past week with South Africa accounting for more than half of all fatalities. Though the number of cases being reported weekly remain high, the continual decline coincides with a downward phase of the third wave which began in mid-May. As the number of vaccine doses administered in sub-Saharan Africa continue to increase, countries are advised to enhance a multidimensional approach combining pharmaceutical and public health and social measures to sustain the downward trend of cases reported in the region.

Countries must continue to address operational gaps and continually improve, adapt and refine their COVID-19 vaccination campaigns. The WHO advises strict adherence to the basic precautionary and control measures including vaccination, hand hygiene, physical distancing, and wearing a face covering when physical distancing is impractical to prevent the spread of disease.

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by reporting date, 25 February 2020 – 5 September 2021 (n = 5 657 884)



PROPOSED ACTIONS

- Member states are advised to enhance their surveillance and detection systems, case management capacity and improve the supply of critical medicines. Countries should adapt vaccination strategies to accommodate for different vaccines to ensure doses are administered efficiently.



Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 5 September 2021

Country	Total Cases	Total Deaths	Recovered Cases	Case fatality Ratio (%)	Health Worker infections
South Africa	2 819 945	83 419	2 594 857	3.0	56 180
Ethiopia	314 984	4 763	283 991	1.5	3 354
Kenya	240 172	4 786	228 083	2.0	7 329
Zambia	207 114	3 616	202 203	1.7	1 121
Algeria	197 659	5 399	134 675	2.7	11 936
Nigeria	193 644	2 488	179 294	1.3	3 175
Botswana	159 317	2 276	151 895	1.4	61
Mozambique	147 785	1 872	136 629	1.3	4 779
Zimbabwe	125 530	4 466	116 401	3.6	5 366
Namibia	125 494	3 407	119 796	2.7	4 278
Ghana	120 452	1 052	112 460	0.9	4 763
Uganda	99 701	3 031	95 590	3.0	2 892
Rwanda	88 682	1 105	45 651	1.2	682
Cameroon	84 210	1 357	81 526	1.6	2 841
Senegal	73 188	1 803	63 889	2.5	419
Malawi	60 821	2 210	49 175	3.6	2 173
Côte d'Ivoire	56 855	467	54 625	0.8	1 084
Democratic Republic of the Congo	55 877	1 061	31 287	1.9	687
Angola	48 475	1 258	43 817	2.6	939
Eswatini	44 176	1 145	38 196	2.6	853
Madagascar	42 873	956	41 917	2.2	70
Cabo Verde	35 624	314	34 455	0.9	140
Mauritania	34 204	733	31 568	2.1	24
Guinea	29 605	341	27 405	1.2	682
Gabon	25 888	165	25 625	0.6	345
Togo	21 980	190	17 226	0.9	891
Seychelles	20 230	103	19 588	0.5	945
Benin	15 932	131	11 098	0.8	139
Mali	14 910	539	14 114	3.6	87
Lesotho	14 395	403	6 830	2.8	473
Burkina Faso	13 841	171	13 570	1.2	288
Congo	13 588	183	12 990	1.3	203
Burundi	13 070	10	12 310	0.1	38
Mauritius	12 036	34	8 489	0.3	30
South Sudan	11 526	120	11 195	1.0	294
Central African Republic	11 296	100	11 125	0.9	1
Gambia	9 736	323	9 345	3.3	142
Equatorial Guinea	9 477	126	8 879	1.3	418
Eritrea	6 648	38	6 601	0.6	0
Sierra Leone	6 374	121	4 364	1.9	263
Guinea-Bissau	5 890	121	4 945	2.1	23
Niger	5 882	199	5 613	3.4	355
Liberia	5 727	245	5 240	4.3	328
Chad	4 998	174	4 816	3.5	292
Comoros	4 072	147	3 901	3.6	155
Sao Tome and Principe	2 634	37	2 438	1.4	102
United Republic of Tanzania	1 367	50	180	3.7	1
Cumulative Cases (N=45)	5 657 884	137 055	5 119 867	2.4	121 641

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

EVENT DESCRIPTION

In early July 2021, Tshopo Provincial Health Division was notified of a potential outbreak following the deaths of people with symptoms of fever, headache, and neck stiffness. The progression to death was rapid occurring one to three hours after the onset of symptoms. Preliminary investigations found that the deaths began as early as June 2021 (week 23) in two mining areas along the Aruwimi River known as Carrière Wabelo and Intervention Rapide in the Panga Health Area of the Banalia Health Zone (HZ) located north of Kisangani (the provincial capital of Tshopo).

From the time of notification to provincial authorities to 29 August 2021 (weeks 27-34), 233 suspected cases have been reported with 126 deaths (case fatality ratio (CFR): 54.1%). At the moment, the causative agent of the disease has not been confirmed, however, following a preliminary investigation, the teams are working with a case definition of cerebrospinal meningitis (CSM).

One of the main challenges faced in this area is the difficulty conducting laboratory investigation for an array of suspected diseases in the hard-to-reach area. As such, the clinicians and investigation teams have had to collect blood and cerebrospinal fluid (CSF) samples from patients and transport them to the national laboratory *Institut National de Recherche Biomédicale* (INRB) for confirmation. A total of nineteen CSF samples have been collected as of 29 August 2021 from the Banalia HZ area and were transported to INRB and potentially abroad for further confirmatory testing.

In addition to CSM, laboratory investigations are also considering to rule out poisoning with toxic chemicals (heavy metals or drugs), leptospirosis, rickettsiosis, malaria, and viral haemorrhagic fevers.

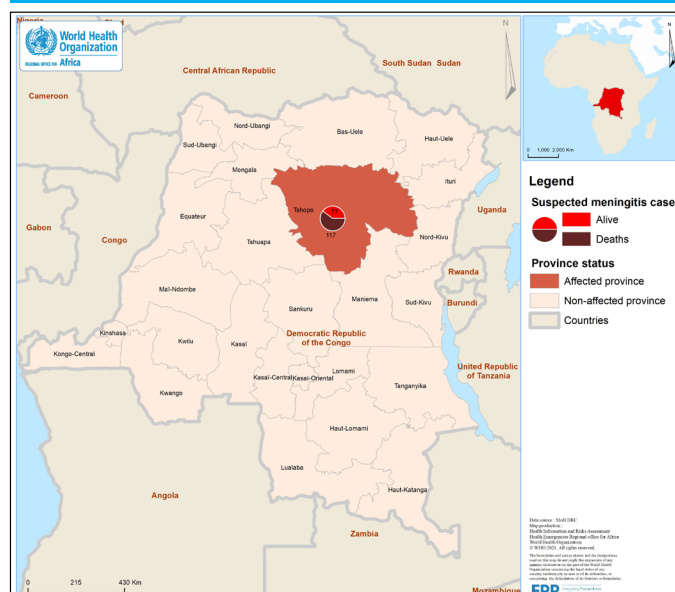
Access to the affected areas is particularly difficult due to poor roads networks and a hard-to-reach terrain. Data and information sharing is also strained due to insufficient and unstable telecommunication network coverage making it difficult to conduct real-time epidemiological trend analysis. Preliminary information received indicates that the outbreak might be limited to Banalia HZ in which the most affected villages have been Wabelo, Panga and Ditano reporting at least 90% of cases and deaths in the HZ.

Most cases (85%) are persons above the age of 15 years. Particularly worrisome is the high case fatality ratio among cases from the province which is as high as 54%.

Parts of northern Democratic Republic of the Congo are considered to be in the African Meningitis Belt, an area within sub-Saharan Africa the spanning from Senegal in West Africa to Ethiopia in East Africa that has a considerably high incidence of meningitis cases particularly caused by *Neisseria meningitidis*. This includes Tshopo province where the current outbreak of suspected meningococcal meningitis is ongoing.

The Democratic Republic of the Congo has reported suspected meningitis cases every year since 2015, ranging between 1 000 to 6 000 cases yearly. Laboratory confirmation is however extremely low as only approximately 2% of the suspected cases were confirmed. Since the beginning of the year to week 30 of 2021 (week ending 1 August 2021), the country reported a cumulative

Distribution of suspected cases of meningitis in Democratic Republic of the Congo, as of 31 August 2021.



total of 3 842 suspected meningitis cases including 189 associated deaths (CFR: 4.9%).

The province of Tshopo last experienced the meningitis epidemic in the city of Kisangani in November 2009 when 214 cases and 18 associated deaths (CFR: 8%) were reported. Since then, passive surveillance has been implemented in the province as part of the integrated disease surveillance. Tshopo has also benefited from a preventive campaign against meningitis A with MenAfriVac in May 2016 when 1 690 059 people aged 1 to 29 years had been vaccinated.

PUBLIC HEALTH ACTIONS

- Multiple epidemiological investigations have been carried out in affected villages by multidisciplinary teams to collect information, create case line lists, and collect samples from patients.
- Organization of mobile clinics and activities along the Aruwimi River and in different villages including active research, laboratory activities, and psychosocial outreach.
- Organization of free medical, nutritional and psychological treatment in identified sites of Panga, Zambeke, Mosanda and Banalia hospital centre.
- Trained staff on critical response activities such as management of cases in the sites, strengthening of surveillance, psycho-social support, risk communication and community engagement, infection prevention and control, sample collection and transportation.
- Ensured the collection and transport of samples to the public health laboratory for analysis and confirmation.
- Strengthened water, sanitation, and hygiene practice and infection prevention and control interventions (drinking water supply, sanitation of bases, disinfection and decontamination) in health facilities and the communities.

- Strengthened risk communication and community engagement through advocacy with local community leaders, on radio programs, and strengthening community awareness.

SITUATION INTERPRETATION

A cerebrospinal disease of unknown origin is currently ongoing in the Democratic Republic of the Congo. This outbreak has been challenged by inadequate diagnostic capacity in a hard-to-reach area delaying the ability to detect a causal agent and have a more targeted response to the situation. Despite these challenges, response efforts are ongoing as teams have been sent to investigate affected areas. An improved coordination mechanism would greatly help the response and could potentially lead to control as stakeholders pull resources especially for surveillance and vaccination.

PROPOSED ACTIONS

- Further efforts should be made to strengthen diagnostic capacity for Tshopo province and others that have had outbreaks in recent years. Sample collection and transportation materials could be prepositioned sub-nationally for immediate use when required. Coordination mechanisms should also be strengthened with national and international laboratories in order to facilitate sample transportation and prompt testing to reduce turnaround time for diagnostic results. It is also recommended to continue epidemiological investigations as well as collect accurate data in order to analyse the trends of the outbreak.



EVENT DESCRIPTION

The ongoing measles outbreak in the Central African Republic was declared on 24 January 2020 and by the end of the year, 28 633 suspected cases with 137 associated deaths were reported. The number of cases has however reduced as a total 3 388 cases registered in 2019 and between week 1 to week 33 of 2021 (ending 21 August 2021), 2 049 cases have been reported. Over the years, the administrative vaccination coverage both routine and supplemental immunization have been suboptimal at less than 75% between 2015 and 2019.

Epidemiological investigations conducted in two health areas of Vakaga health districts (HD) identified 31 suspected measles cases. Eleven of the samples were tested at the Institut Pasteur laboratory in Bangui were all IgM positive for measles. As of 26 August 2021, three health areas of Rédina, Sikikédé and Gordille in Vakaga HD have been affected. Four deaths have been registered in Vakaga.

Cumulatively, there have been 30 197 suspected measles cases including 197 deaths (case fatality ratio 0.7%) identified through the integrated disease surveillance and response system. Of the 2 049 suspected measles cases recorded in 2021, 230 were confirmed with four associated deaths (case fatality ratio: 0.2%). Of the 230 measles confirmed cases, 109 cases have no history of vaccination despite the national vaccination campaign organized in response to the measles outbreak in 2020.

Of these confirmed cases, 62 tested IgM positive for measles, 157 were epidemiologically linked and 11 were compatible cases. The epidemic has affected more than half of the country's 35 HDs with a high prevalence in the capital Bangui, the west and the centre-east.

Seven HDs reached the measles epidemic threshold in 2021 (Bossebélé, Berbérati, SanghaMbaéré; Nanga-Boguila, Batangafo, Mbaiki and Vakaga) of which four (Mbaïki, Sangha-Mbaéré, Bossebélé and Vakaga) were active in epi week 33. Four of these HDs (Berbérati, Nanga, Gribizi and Sangha-Mbaéré) have organized local reactive vaccination campaigns as part of outbreak response measures.

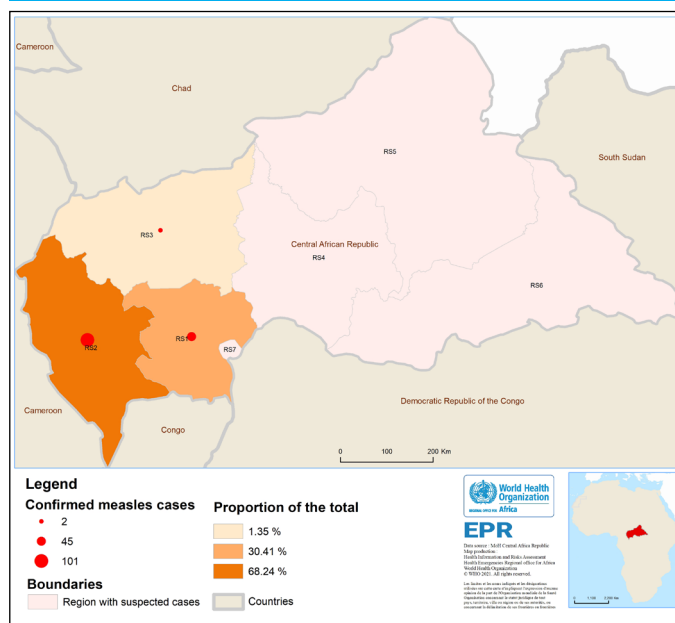
A national vaccination campaign targeting children aged between 6 months and 10 years was conducted in two phases in 2020. Nonetheless, 1 in 4 of the cases confirmed in 2021 are unvaccinated and the administrative vaccination coverage at the national level as of June 2021 remains less than 70%.

Measles surveillance performance indicators remain low amidst a slight improvement in the past 4 weeks with 66% of health districts having reported at least one suspected measles case and the annualized non-measles febrile rash illness rate of 1 at the national level.

PUBLIC HEALTH ACTIONS

- The Ministry of Health and Population, with the technical support of its partners (WHO, UNICEF and non-governmental organizations), developed a response plan for the measles outbreak and has mobilized resources for the implementation of the various response components.

Distribution of suspected cases of measles in Central African Republic, as of 26 August 2021



- Ongoing of meetings of the Technical Support Committee for the Expanded Program on Immunization (CTAPEV) on the preparation of the measles immunization campaign in Mbaïki health district.
- Development and submission of a project proposal for the 2022 measles vaccination campaign. In addition, the country is in the process of developing the national plan for the same follow-up campaign scheduled for 2022.
- Epidemiological investigation missions in the affected health areas of the Vakaga health district with the support of WHO are underway. The WHO continues to offer support for data analysis and presentation of the epidemiological situation in the country.
- Strengthening of immunization logistics in accessible health districts to improve routine immunization coverage.
- Vaccination campaign for health districts that have crossed the epidemic threshold have been organised.
- Strengthening of active measles surveillance in the health districts of; Nana-Grebizi, Berberati, Bouar-Baoro, Mbaiki, Baboua-Abba, Paoua, Haute-Kotto, Bambari and Nangha Boguila is ongoing.

SITUATION INTERPRETATION

The scale of the measles outbreak in the Central African Republic in 2021, remains low in terms of identified suspected cases compared to the year 2020. However, the situation remains concerning especially in the Vakaga health district. Since the start of 2021, seven HDs surpassed the epidemic threshold measles, and one is currently active.

Response efforts including the intensified routine and supplemental immunization could have certainly contributed to slowing the measles outbreak. Administrative vaccination coverage at the national level was 70% in the first quarter of 2021, which falls short of the 95% herd immunity threshold and does not make the districts safe from future measles outbreaks.

PROPOSED ACTIONS

- Central African Republic health authorities should continue to strengthen measles surveillance indicators and revive measles community engagement and risk communication. Further, efforts must be made to organize timely reactive immunization and to reach and maintain the coverage levels for herd protection in routine immunization for both recommended doses. The country needs to continue with vaccine campaigns for vaccine preventable diseases and reinforce the mechanisms for ensuring that these campaigns reach targeted populations in order to prevent further outbreaks of diseases such as measles.



Risk of major measles outbreaks as countries delay vaccination drive

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Madagascar	Pneumonic Plague	Grade 1	29-Aug-21	1-Sep-21	3-Sep-21	30	12	7	23.30%
On 29/08/2021, in the Itasy region, in the Arivonimamo health district, an alert was received by the health authorities regarding cases of Pulmonary Plague. As of September 3rd, a total of 30 suspected cases of pulmonary plague including 12 confirmed and 7 death cases (CFR=23%) are reported so far. Active case finding, chemo prophylaxis for high-risk contacts of alive and death cases are ongoing; regular meetings of the plague control committees at regional and health district level; mass sensitization activities; contact tracing; Ongoing investigation as well as vector and anti-reservoir control measures, are also ongoing.									
Cameroon	Cholera	Ungraded	1-Jan-21	5-Aug-21	5-Aug-21	13		1	7.70%
Since the beginning of this year, cases of Cholera, positives for Rapid Tests (RDT) have been notified in the North-West region and suspected cases of Cholera notified in the North region. As of August 15, 2021, a total of 13 cases with 1 death (CFR = 7.7%) have already been recorded. These numbers will be adjusted once new updates are received. The intensification of disease surveillance as well as the management of notified cases are ongoing									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	5-Sep-21	198 004	198 004	5 420	2.70%
From 25 February 2020 to 5th September 2021, a total of 19 004 confirmed cases of COVID-19 with 5 420 deaths (CFR 2.7%) have been reported from Algeria. A total of 134 958 cases have recovered.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	5-Sep-21	48 656	48 656	1 270	2.60%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 5th September 2021, a total of 47 168 confirmed COVID-19 cases have been reported in the country with 1 270 deaths and 43 865 recoveries.									
Angola	Measles	Ungraded	4-May-19	1-Jan-21	6-May-21	241	81	1	0.40%
In 2020, Angola reported a total of 1 220 suspected cases between January and August of which 1 008 have been confirmed, and 5 deaths (CFR 0.4%). From January to Epi week 18 2021, Angola reported 241 suspected cases have been reported in 12 health districts of which 81 were confirmed and one died (CFR 1.2%), 40.7% < 5 years, 24.6% 5- 9 years and. Five districts with confirmed measles outbreaks: Bamba, Caimbambo, Uige, Cuito Samba and Caju. 96.0% are either zero dose or with unknown vaccination status									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	3-Sep-21	133	133	0	0.00%
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	COVID-19	Grade 3	17-Mar-20	16-Mar-20	24-Aug-21	13 366	13 366	128	1.00%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 24 August 2021, a total of 13 366 cases have been reported in the country with 128 deaths and 8 854 recoveries.									
Benin	Meningitis	Ungraded	1-Jun-21	1-Jan-21	25-Jul-21	381	82	29	7.60%
A total of 381 cases and 29 deaths (CFR=7.6%) resulting from meningitis were reported from Week 1 to week 30 of 2021 in Benin. Five districts are on alert and one district reported passing the epidemic threshold.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	3-Sep-21	13	13	0	0.00%
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 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	30-Aug-21	159 317	159 317	2 276	1.40%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 30 August 2021, a total of 159 317 confirmed COVID-19 cases were reported in the country including 2 276 deaths and 151 895 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	31-Jul-21	-	-	-	-
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 a total of 1 368 164 internally displaced persons as of 31 July 2021 in all 13 regions in the country. More than 56K people became IDPs during July 2021, increasing 4.1% compared to the previous month. The regions most affected were Central North, Sahel, Eastern, and Northern. The presence of jihadist groups and self-defense units have created an increasingly volatile security situation. Attacks on the health system, intimidation and kidnapping of health workers, theft of medicines, continue to be reported. According to the World Food Programme, 3.5 million people are in need of humanitarian assistance and 2.87 million people are food insecure as of March 2021.									
Burkina Faso	Cholera	Ungraded	15-Aug-21	18-Aug-21	31-Aug-21	2	2	0	0.00%
The WHO office was informed by the Ministry of Health in the evening of 15 August 2021, of the detection on August 15, 2021, in the morning of a suspected case of cholera in the health facility of the village of Tanwalbougou, health district of Fada in the Eastern region, bordering Niger where an outbreak of cholera is ongoing. This is a 46-year-old tanker driver of Malian nationality from Niamey in Niger. The patient and his 4 contact persons have been isolated, and the patient was treated. The sample taken and sent to Ouagadougou at National Laboratory of Public Health confirmed Vibrio cholerae O1 Ogawa, the same serotype and serogroup with the one identified in Niger for the ongoing cholera outbreak. A second case of cholera confirmed by the regional laboratory on August 29, 2021: also, a tanker driver of Malian nationality, coming from Niamey in Niger after staying in Zinder and Koni / Niger. He was treated, cured, and released in isolation on August 31 08/31/2021. The first confirmed case was discharged on August 22, 2021.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	3-Sep-21	13 841	13 841	171	1.20%
Between 9 March 2020 and 4th September 2021, a total of 13 841 confirmed cases of COVID-19 with 171 deaths and 13 570 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	3-Sep-21	67	67	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There is 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	COVID-19	Grade 3	31-Mar-20	18-Mar-20	27-Aug-21	12 390	12 390	10	0.10%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 27 August 2021, the total number of confirmed COVID-19 cases is 12 390, including 10 deaths and 11 876 recovered.									
Burundi	Measles	Ungraded	23-Mar-20	1-Jan-21	15-Aug-21	431	330	0	0.00%
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 32 of 2021, Burundi has reported a total of 431 suspected cases, 330 reported by case-by-case surveillance and no death, 63 confirmed by IgM+ 261 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak : Bubanza, Mpanda, Bugarama, Muyinga, Rumonge and Cibitoke.									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	31-Jul-21	-	-	-	-
According to OCHA reports, an estimated 1.2 million people need assistance, 322 000 people are internally displaced, 67K are camp refugees, and 46K are refugees in the region not in camps. Specifically, there have been 321 886 IDPs registered in Far North as of 31 July 2021. Increased attacks from non-state armed groups (NSAGs) in the Logone and Chari, and Mayo Tsanaga divisions have led to human rights violations against civilian populations. The resulting insecurity negatively affected humanitarian access where workers have been threatened and harassed. A total of 34 security incidents were recorded during the reporting period.									
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-16	27-Jun-18	31-Jul-21	-	-	-	-
According to reports from UNHCR, 711 056 IDPs have been registered as of 31 July 2021. OCHA also reports an estimated 333.9K returnees, and 67.4K Cameroon refugees in Nigeria as of May 2021. There have continued to be reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers. An inter-agency mission in Momo Division revealed an increase in the use of improvised explosive devices (IEDs), carjacking, and clashes between security forces and NSAGs, leading to civilian population displacement. The priorities for IDPs are food, healthcare, SGBV response, shelter, and non-food items.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	18-Aug-21	83 425	83 425	1 350	1.60%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 18 August 2021, a total of 83 425 cases have been reported, including 1 350 deaths and 81 326 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-21	11-Aug-21	1 509	384	30	2.00%
From Epi week 1 to Epi week 30 of 2021, Cameroon has reported 1 509 suspected with 30 deaths (CFR 1.9%). Out of 825 investigated, 606 with blood sample, 384 was positive including 168 cases were IgM+, 77 clinically compatible and 139 epidemiologically linked; 64% of the children are below 5 years of age and only 36% known to be vaccinated with at least 1 dose of MCV. Seventeen districts with confirmed outbreak spread across 7 regions of country.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	3-Sep-21	7	7	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were seven cases reported in 2020.									
Cameroon	Yellow fever	Ungraded	7-Feb-21	4-Jan-21	9-Aug-21	9	9	3	33.30%
From 1 January to 9 August 2021, a total of nine presumptive cases of yellow fever, including three deaths (case fatality rate 33%), tested positive by plaque reduction neutralization test (PRNT) at the Centre Pasteur in Cameroon (CPC). These cases originated from six different regions with a total of nine health districts (HDs) affected: Adamaoua region (Ngaoundere rural HD), Far North region (Maga, Mogode, Yagoua HD), Littoral region (Yabassi HD), North region (Guider, Garoua 1 HDs), North-West region (Bamenda HD), and Centre region (Eséka HD).									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	29-Aug-21	35 227	35 227	309	0.90%
The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 29 August 2021, a total of 35 227 confirmed COVID-19 cases including 309 deaths and 34 114 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	26-Aug-21	-	-	-	-
According to OCHA figures, 2.8 million people are in need of assistance, 690 705 people are internally displaced as of 31 July 2021, and 699K persons are refugees in neighboring countries. In July 2021, 64 110 new IDPs were registered mostly in Basse-Kotto, Haut-Mbomou and Ouaka Prefectures. Displacements were mostly caused by clashes between the Central African Armed Forces (FACA) and their allies against armed groups (particularly in the Bouar, Bedamara and Paoua Sub-prefectures) as well as fear of abuses by armed groups. Some populations perceiving imminent fighting are moving as a precautionary measure to find refuge in safer areas. A total of 90 083 returns were reported as 31 July 2021, mainly in the Mbomou, Nana-Mambéré, Nana-Gribizi, Basse-Kotto and Bamingui-Bangoran Prefectures. The recapture of towns that had been occupied by armed groups has led to the gradual return of the population to certain localities.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	18-Aug-21	11 270	11 270	99	0.90%
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 18 August 2021, a total of 11 270 confirmed cases, 99 deaths and 11 125 recovered were reported.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-21	22-Aug-21	2 049	230	7	0.30%
From 1st January up to 22 August 2021 : 2 049 suspected cases have been reported, 170 cases with blood samples out of a total 608 investigated, 230 confirmed cases (62 IgM+ cases, 157 by epidemiological link and 11 compatible cases) and 7 deaths (CFR : 0.2%). Seven health districts (out of 35) have reached the epidemic threshold (Béberati, Sangha-Mbaéré; Nanga-Boguila, Batangafo, Mbaiki, Nana Gebrizi and Vakaga); 49% are children < 5 years; 42% not vaccinated. From the beginning of outbreak in 2019 to 19 August 2021, a total of 35 468 suspected cases have been notified and 197 deaths (CFR : 0.56%) within affected districts.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	3-Sep-21	25	25	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 4 cVDPV2 cases reported in 2020 and 21 cases in 2019 from several outbreaks.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	5-Sep-21	4 996	4 996	174	3.50%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 5th August 2021, a total of 4 996 confirmed COVID-19 cases were reported in the country including 174 deaths and 4 816 cases who have recovered.									
Chad	Leishmaniasis	Ungraded	8-Sep-20	16-Oct-20	31-May-21	122	14	6	4.90%
Since January 1, 2018, a total of 122 cases have been reported by 3 provinces (N'Djamena, Borkou and Tibesti). N'Djamena's cases are from Miski's self-referral. For the year 2020 the country registered 74 cases including 3 deaths. Since the beginning of 2021 up to 21 May 2021, 25 cases have been reported including 15 in Bardai, 7 in Faya and 3 in N'djamena. 14 cases are confirmed by PCR and rapid tests.									
Chad	Measles	Ungraded	24-May-18	1-Jan-21	11-Aug-21	2 043	200	8	0.40%
In 2020, Chad reported 8 785 cases, with 363 confirmed cases and 41 deaths. Since 1 January 2021 up to Epi week 30, there have been reported 2 043 suspected cases from 93 out of 129 districts in the country (71% of districts), 405 cases investigated with blood samples recorded, 200 of which were confirmed by IgM and 08 deaths from 4 districts (CFR 0.4%), 21 districts in epidemic in 2021.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	3-Sep-21	114	114	0	0.00%
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.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	28-Aug-21	4 062	4 062	147	3.60%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 28 August 2021, a total of 4 062 confirmed COVID-19 cases, including 147 deaths and 3 898 recoveries were reported in the country.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Aug-21	13 588	13 588	183	1.30%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 26 August 2021, a total of 13 588 cases including 183 deaths and 12 990 recovered cases have been reported in the country.									
Congo	Poliomyelitis (cVDPV2)	Grade 2		29-Jan-21	3-Sep-21	4	4	0	0.00%
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	5-Sep-21	56 855	56 855	467	0.80%
Since 11 March 2020, a total of 56 855 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 467 deaths, and a total of 54 625 recoveries.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	3-Sep-21	61	61	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The number of 2020 cases is still 61.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-16	17-Apr-17	27-Jun-21	-	-	-	-
As of 27 June 2021, there are an estimated 5.2 million people internally displaced and 19.6 million are in need of emergency food assistance in the entire country. In Ituri province alone, there were 1 375 071 internally displaced persons, however, during the past 18 months 1 097 108 people have returned to their places of origin. The situation of displaced families in Boga and Chiabi is precarious, marked by lack of food, poor housing conditions and difficulties in accessing health care. In North Kivu province more than 6 039 households have been identified in Goma and Nyiragongo in temporary regroupment sites. Another 7 500 people are with host families in Minova, Rutshuru and Kirotshe, following the Nyiragongo volcano eruption crisis of 22 May 2021. A total of 1 191 shelters were built to accommodate the victims at the temporary site in Nyiragongo territory.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	27-Jun-21	3 516	-	93	2.60%
In 2021, from epidemiological week 1 to 25 (ending 27 June 2021), 3 516 suspected cholera cases including 93 deaths (case-fatality rate 2.6%) were recorded in 76 health zones across 14 provinces of the Democratic Republic of the Congo. This is a significant decrease (70.1%) in the number of weekly cholera cases compared to the same period in 2020. 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	2-Sep-21	55 878	55 876	1 061	1.90%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 55 876 confirmed cases and two probable case, including 1 061 deaths have been reported. A total of 31 287 people have recovered.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	8-Aug-21	8 780	39	295	3.40%
Since epidemiological week 1 up to week 31 in 2021, 2 523 cases have been reported with 66 deaths. 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).									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-20	8-Aug-21	694	-	57	8.20%
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. The patients presented with headache, fever, chills, coughing sometimes with blood, dyspnoea, vomiting blood, etc. An investigation was conducted during which suspected cases were identified and samples taken to be shipped to the Institut National de Recherche Biomédicale (INRB) in Kinshasa for confirmatory testing. From epidemiological week 1 to 31, 2021 (ending on 8 August), 118 suspected plague cases including 13 deaths were reported in eight health zones in Ituri province. From January to December 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.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	3-Sep-21	200	200	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Mongala. There are 10 cases reported in 2021 so far. The total number of 2020 cases remains at 81.									
Democratic Republic of the Congo	Typhoid fever	Ungraded	1-Jul-21	1-Jan-21	31-Jul-21	716 494	883	44	0.00%
In 2021, from Epi week 1 to 30, 716 494 suspected cases of typhoid fever have been reported including 883 confirmed cases (606 in Popokabaka health zone and 277 in Mushie health zone), 44 (21 in Popokabaka health zone and 23 in Mushie health zone) deaths (CFR 0.0%). In 2020, a total of 715 920 suspected cases of typhoid fever were reported, including 178 deaths (CFR 0.0%).									
Democratic Republic of the Congo	Yellow Fever	Ungraded	21-Apr-21	21-Apr-21	18-Jul-21	2	2	0	0.00%
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. In addition, confirmatory results are pending for three other presumptive positive cases from Equateur, Kinshasa and North Ubangi provinces.									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	27-Aug-21	9 326	9 326	124	1.30%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 27 August 2021, a total of 9 326 cases have been reported in the country with 124 deaths and 8 860 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	5-Sep-21	6 648	6 648	38	0.60%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 5 September 2021, a total of 6 648 confirmed COVID-19 cases with 38 deaths were reported in the country. A total of 6 601 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	5-Sep-21	44 176	44 176	1 145	2.60%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 5 September 2021, a total of 44 176 cases have been reported in the country including 38 196 recoveries. A total of 1 145 associated deaths have been reported.									
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 3	4-Nov-20	4-Nov-20	13-Aug-21	-	-	-	-
According to reports from OCHA, an estimated 5.2 million people are in need of humanitarian assistance and more than 63K refugees have fled to Sudan since fighting began in November 2020. Conflict continues in the Tigray area with spill over from activity in neighbouring Afar and Amhara regions. An estimated 76 500 people were displaced from Afar and 200K from Amhara due to movement of Tigray forces. Despite the fighting, humanitarian access has improved with 75% of the area becoming accessible though logistical and operational problems persist with the lack of banking services, cash, fuel, electricity and telecommunications. Over 400K people are living in famine-like situations, with increasing risks of famine due to the inability of crop production over the past 9 months. Malnutrition rates are far above emergency thresholds among screened children under 5 years (25-30% or higher) and pregnant and lactating women (45-50%).									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	5-Sep-21	314 984	314 984	4 763	1.50%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 314 984 cases of COVID-19 as of 5th August 2021, with 4 763 deaths and 283 991 recoveries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-21	27-Aug-21	1 795	984	4	0.20%
In 2021, as of 20 August (Epi week 35), a total of 1 795 cases have been reported of which 984 have been confirmed (770 epi-link, 248 IgM and 41 measles compatible) and 4 deaths recorded (CFR 0.4%). Out of the 1 795 suspected cases, 920 were under 5 years of age, 595 were between 5 and 14 years of age and 280 were over 15 years of age.									
Ethiopia	Poliomyelitis (cVDPV2)	Grade 2	24-Jun-19	20-May-19	3-Sep-21	74	74	0	0.00%
Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Oromiya. 9 cases have been reported so far in 2021. The total number of cases for 2020 is 38 and 2019 is 15.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	27-Aug-21	25 819	25 819	165	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 27 August 2021, a total of 25 819 cases including 165 deaths and 25 565 recoveries have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	31-Aug-21	9 736	9 736	323	3.30%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 31 Aug 2021, a total of 9 736 confirmed COVID-19 cases including 323 deaths, and 9 345 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	30-Aug-21	120 452	120 452	1 052	0.90%
As of 30 Aug 2021, a total of 120 452 confirmed COVID-19 cases have been reported in Ghana. There have been 1052 deaths and 112 460 recoveries reported.									
Ghana	Meningitis	Ungraded	1-Jan-21	1-Jan-21	25-Jul-21	254	-	3	1.20%
Since the beginning of the year 2021, 254 cases of meningitis have been reported with 3 deaths (CFR=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.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	3-Sep-21	31	31	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) 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.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	25-Aug-21	29 209	29 209	448	1.50%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 25 August 2021, a total of 29 209 cases including 26 658 recovered cases and 448 deaths have been reported in the country.									
Guinea	Lassa Fever	Ungraded	8-May-21	8-May-21	17-Aug-21	5	5	4	80.00%
To date, there have been a total of 5 confirmed cases and 4 deaths (CFR=80%): the first case (man of 23 years old) was notified on 8 May 2021 at the Yomou prefecture hospital, a resident of Yomou prefecture. 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. On 17 June 2021, a second confirmed case (woman of 75 years old) was detected at Nzérékoré Regional Hospital, this case was from Beyla prefecture and died the same day. A listing of 111 contacts have been done for follow up. On 28 June 2021 a third case was confirmed (man of 25 years old), a resident of Nzerekore prefecture, 57 contacts listed are under follow up. On 1 Jul 2021 a fourth case was confirmed (a man of 52 years old), resident also of Nzerekore prefecture, a listing of 21 contacts was done and are being followed. However, the prefecture of Bheeta is regarded as active, with the prefectures of Yomou-Centre, Péla, Yomou and Bignamou on alert.									
Guinea	Marburg Virus Disease	Grade 2	4-Aug-21	4-Aug-21	9-Aug-21	1	1	1	100.00%
On 6 August 2021, WHO was notified by the Ministry of Health of Guinea of a confirmed case of Marburg virus disease (MVD) in Guéckédou prefecture in Nzérékoré Region of south-western Guinea. The case, a male, had onset of symptoms on 30 July 2021. On 1 August 2021 he attended a small health facility near his village of residence with symptoms of fever, headache, fatigue, abdominal pain, and gingival haemorrhage. A rapid diagnostic test performed for malaria was negative. On 2 August 2021 he died in the community and the alert was raised by the sub-prefecture public health care facility to the prefectorial department of health in Gueckedou. A post-mortem oral swab sample was collected and sent on the same day to the viral haemorrhagic fever (VHF) reference laboratory in Guéckédou. The real time PCR test result on 3 August confirmed Marburg virus disease and was negative for Ebola. On 4 August, the sample was sent the National Reference Laboratory in Conakry who provided reconfirmation by real-time PCR that the sample was positive for Marburg disease.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-21	19-Jul-21	1 393	102	4	0.30%
In 2021, as of 19 July (Epi week 27), 1 393 suspected cases have been reported, 279 samples taken, 233 samples tested of which 102 tested positive, 120 negative and 11 undetermined; four deaths have been reported. In 2020 at the same period, 5 835 suspected cases, 820 cases sampled, 805 samples tested of which 512 positive, 247 negative and 46 undetermined; 15 deaths have been reported. Since 2020, a total of 7 228 suspected cases, 1 099 tests analysed, 614 confirmed cases, 19 deaths have been reported.									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-20	3-Sep-21	50	50	0	0.00%
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	COVID-19	Grade 3	25-Mar-20	25-Mar-20	4-Sep-21	5 902	5 902	121	2.10%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 4th September 2021, the country has reported 5 902 confirmed cases of COVID-19 with 4 967 recoveries and 121 deaths.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	5-Sep-21	240 172	240 172	4 786	2.00%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 5th August 2021, 240 172 confirmed COVID-19 cases including 4 786 deaths and 228 083 recoveries have been reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Kenya	Dengue	Ungraded	27-Apr-21	1-Jan-21	26-Aug-21	976	36	2	0.20%
The outbreak has been reported in Mombasa and Mandera Counties, recording 976 cases with 36 confirmed and 2 deaths reported (CFR 0.2 percent).									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	26-Aug-21	951	951	10	1.10%
Since January 2020, a total of 951 visceral leishmaniasis confirmed cases with 10 deaths (CFR 1.1 percent), have been reported in seven counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera and Wajir. The outbreak is active in three counties, Mandera, West Pokot and Wajir.									
Kenya	Measles	Ungraded	6-May-19	20-Oct-19	20-Aug-21	625	31	1	0.20%
As 20 August 2021 (Epi week 32), a total of 625 cases was reported, 31 confirmed cases with one death (CFR 0.2 %) for 2 counties which has reported cases in 2021, West Pokot (4 sub counties affected) and Garissa (1 sub county affected). In West Pokot, the outbreak has been continuous from 2019.									
Kenya	Poliomyelitis (cVDPV2)	Grade 2	5-Feb-21	10-Feb-21	26-Aug-21	3	1	0	0.00%
No new cVDPV2 cases reported this week. There was one cVDPV2 environmental sample reported in 2020 and one in 2021. The virus is linked to the Banadir outbreak in Somalia. The environmental sample of 22 December 2020, collected from Bouralg, Garissa town, Garissa County showed a cVDPV2 with 65nt changes from Sabin. A case of circulating Vaccine Derived Polio Virus 2 (cVDPV2) has been isolated from a 11-month-old girl in Dagahaley refugee camp, Dadaab Sub County, Garissa County, in epidemiological week 5 (2021), this child was from Somalia, thus, this was an imported case. Another case from Garissa had been detected and another from Mombasa county in week 6.									
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	26-Aug-21	14 395	14 395	403	2.80%
Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 26 Aug 2021, a total of 14 395 cases of COVID-19 have been reported, including 6 830 recoveries and 403 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	26-Aug-21	5 593	5 593	246	4.40%
From 16 March 2020 to 26 August 2021, a total of 5 593 cases including 246 deaths and 5 234 recoveries have been reported from all 15 counties of Liberia. Montserrado County, which hosts the country's capital city, remains at the epicentre of the outbreak.									
Liberia	Lassa fever	Ungraded	23-Jul-21	1-Jan-21	25-Aug-21	14	14	10	71.40%
The numbers of confirmed and death cases have been reviewed. Between 1 January and 25 Aug 2021, a total of 91 suspected cases were reported, of which 14 (15.3%) were confirmed, and 10 deaths among confirmed cases (CFR=71%). Thirty-eight (38) contacts are currently under follow up. The confirmed cases originated from four counties: namely Bong (4), Grand Bassa (5), Montserrado (1) and Nimba (4). Three counties are currently in outbreak: Montserrado, Nimba and Bong County. Nimba county in 17 days' countdown to end of outbreak. Community engagement continues in affected counties, Rapid Respond Teams continue to respond in the affected counties.									
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	24-Jul-21	168	107	0	0.00%
In week 29 (week ending 24 July 2021), 6 suspected cases were reported from Montserrado (5) and Bond (1) Counties. Among the 6 suspected cases, 5 cases are <5 years (83%) and 1 case are >5 years (17%). Since the beginning of 2021, 168 total cases were reported of which 107 were confirmed (16 laboratory-confirmed, 80 clinically confirmed and 11 epi-linked), 57 negative and 2 undetermined.									
Liberia	Poliomyelitis (cVDPV2)	Grade 2	10-Dec-20	17-Dec-20	3-Sep-21	3	3	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The country has reported 3 cases.									
Madagascar	Malnutrition crisis	Grade 2	1-Jul-21	1-Jan-21	31-Jul-21	-	-	-	-
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 390K 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 Amboasary Atsimo district.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	2-Sep-21	42 878	42 878	956	2.20%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 2nd September 2021, a total of 42 878 cases have been reported in the country, out of which 42 586 have recovered and 956 deaths reported.									
Madagascar	Malaria	Ungraded	8-Mar-21	1-Jan-21	25-Jul-21	1 272 482	-	573	0.00%
From January 2021 to 25 July 2021, 1 272 482 cases were reported including 573 deaths. The number of malaria cases reported in week 29 was 6 022 cases and a decrease in the number of malaria cases has been observed from week 21.									
Madagascar	Poliomyelitis (cVDPV1)	Grade 2	28-Apr-21	28-Apr-21	3-Sep-21	8	8	0	0.00%
No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. There are six cases in 2021 and two from 2020.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	5-Sep-21	60 821	60 821	2 210	3.60%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 5 September 2021, the country has a total of 60 821 confirmed cases with 2 210 deaths and 49 175 recoveries.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	8-Aug-21	-	-	-	-
The security situation continues to gradually spread to the southern regions of the country. Issues such as inter and intra-community conflicts, activism of non-state armed groups, consequences of counter-insurgency operations, crime and banditry continue to weaken the Malian context. Natural disasters (droughts and floods) and COVID-19 compound the health and non-health impacts affecting all basic social sectors as well as the protection of household livelihoods. On 8 August NSAGs simultaneously attacked villages in of Ouatagouna causing deaths, injuries, and IDPs. There have been a total of 372 266 IDPs in the country and more than 140 000 refugees. According to OCHA reports, an estimated 5.9 million people need humanitarian assistance. During July 2021, more than 50 voluntary Ivorian refugees in Sikasso, Mali were repatriated.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	29-Aug-21	14 857	14 857	539	3.60%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 29 August 2021, a total of 14 857 confirmed COVID-19 cases have been reported in the country including 539 deaths and 14 095 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-21	22-Aug-21	1 212	608	2	0.20%
From January 2021 up to Epi week 33 (22/08/2021), Mali has reported a total of 1 212 suspected cases including two deaths, 1 042 samples tested of which 608 were positive, 407 negative and 30 undetermined. There is an increase of 70.78% in confirmed cases compared to the same week last year.									
Mali	Poliomyelitis (cVDPV2)	Grade 2	18-Aug-20	18-Aug-20	3-Sep-21	51	51	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Koulikoro. The total cases reported is 51.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	5-Sep-21	34 204	34 204	733	2.10%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 5th August 2021, a total of 33 204 cases including 733 deaths and 31 568 recovered cases have been reported in the country.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	4-Sep-21	12 036	12 036	34	0.30%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 4th August 2021, a total of 12 036 confirmed COVID-19 cases including 34 deaths and 8 489 recovered cases have been reported in the country.									
Mozambique	Humanitarian crisis in Cabo Delgado	Protracted 2	1-Jan-20	1-Jan-20	1-Aug-21	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. On 8 August 2021, Mocimboa da Praia was retaken by joint forces. During 4-10 August 2021, a total of 5 484 internally displaced person (IDPs) arrived mostly in Mueda (34% arrivals), Nangade (20% arrivals), and Montepuez (20% arrivals) districts. As of 10 August 2021, the nation-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 732K people displaced.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	4-Sep-21	147 923	147 923	1 878	1.30%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 5th September 2021, a total of 147 923 confirmed COVID-19 cases were reported in the country including 1 878 deaths and 137 334 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-21	1-Aug-21	726	84	0	0.00%
Since the beginning of 2021, measles outbreak is active in 11 provinces. As of 01 August 2021 (week 30), there were 726 cases reported including 84 confirmed cases and no death. In 2020 at the same period, there were 130 confirmed cases and no death.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	3-Sep-21	125 610	125 610	3 412	0.00%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 3 September 2021, a total of 125 610 confirmed cases with 119 870 recovered and 3 412 deaths have been reported.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	18-Jul-21	8 081	8 081	66	0.80%
The current outbreak in Namibia started in December 2017. As of 18 July 2021, a cumulative total of 8 081 cases (2 117 laboratory-confirmed, 4 741 epidemiologically linked, and 1 222 suspected cases) including 66 deaths (CFR=0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 4 996 (61.8%) of reported cases, followed by Erongo 1 716 (21.2%).									
Niger	Floods	Ungraded	15-Jul-21	2-Aug-21	30-Aug-21	158 000	-	67	0.00%
As of 30 August, heavy rains and floods due to the rising of water of the Niger river caused by the rainy season which extends from June to September each year, have affected more than 158,000 people across the country's eight regions, destroying over 10,300 houses, flooding hectares of crops and killing 67 people. The government and humanitarian partners are scaling up efforts to address the situation, including building and strengthening protective dykes. Food stock is also being prepositioned in the affected regions. Floods have been followed by outbreaks of cholera across six of the country's eight regions									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	6-Aug-21	-	-	-	-
According to OCHA statistics, 3.8 million people need humanitarian assistance in 2021, 289K are IDPs, 243K are refugees, and 1.6 million are food insecure (phase 3+ and above). The Intikane Malian refugee reception area has closed and many (66%) IDPs from there have resettled in the villages of Temcess, Tillia ville, Gawey, Assaguey in the Tillia department. In the Maradi region, insecurity, theft and looting have cause some population movement. The Maradi region also saw some voluntary returns of IDPs. In Tillaberi region the number of IDPs are expected to drop due to a new government policy of IDP returns. In Diffa region, around 30K people have already returned to their localities of origin due to this return policy.									
Niger	Cholera	Grade 1	7-Aug-21	7-Jun-21	3-Sep-21	3 098	3 098	110	3.60%
As of 3 Sept 2021, a total of 3 098 cases including 110 deaths (CFR = 3.6%) have been reported. The outbreak is linked to the epidemic which is ongoing for several months in the neighbouring regions of northern Nigeria where there is significant mixing of cross-border populations and with heavy rainfall recorded during this period in Niger. Six regions out of eight have reported cases so far (Tahoua, Niamey, Tillaberi, Dosso, Maradi and Zinder). To date 27 out of 72 Health districts have reported cases with 19 health districts currently actives.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	28-Aug-21	5 839	5 839	198	3.40%
From 19 March 2020 to 28 August 2021, a total of 5 839 cases with 198 deaths have been reported across the country. A total of 5 517 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-21	18-Jul-21	9 095	924	16	0.20%
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, Gazaoua, Niamey 2, Niamey 3, Niamey 4, Tahoua Com, Ayerou, Baileyara, 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Niger	Meningitis	Ungraded		1-Jan-21	25-Jul-21	1 335	-	74	5.50%
Since the beginning of the year 2021 to week 30 ending 25 July 2021, 1 335 cases have been reported with 75 deaths (CFR 5.5%). Two districts have surpassed the epidemic threshold and six districts are on alert.									
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Oct-18	1-Oct-18	3-Sep-21	20	20	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The total cases of 2020 still 10. There number of cVDPV2 cases reported in 2018 has been corrected to 9, and 1 in 2019.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Jul-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, Adama, and Yobe (BAY) states making the North-Eastern part of the country volatile. As of 31 July 2021, there were 2 191 193 IDPs from these states according to UNHCR. In this area, 92% of IDPs were caused by insurgency, 7% by communal clashes, and 1% by natural disaster. In the North-West part of the country, another 379 316 people have been displaced as of 31 July 2021 and in North-Central area, 316 598 have been displaced.									
Nigeria	Cholera	Grade 2	12-Jan-21	12-Jan-21	4-Aug-21	31 425	-	816	2.60%
As of 4 August 2021, 31 425 have been affected with 816 deaths yielding a CFR of 2.6%. A total of 22 states have reported cases, however, only 8 states have active outbreaks. During week 30 a total of 1 162 suspected cases with 30 deaths were reported - Bauchi (773), Kano (4), Jigawa (13), Katsina (120), FCT (64), Niger (183), Borno (4) and Adamawa (1). Of the reported cases since the beginning of the year, around 27% are aged 5 - 14 years and 51% have been reported among males. There is an ongoing cholera outbreak in 2 regions of the neighbouring country of Niger that have been epidemiologically linked to the outbreak in Nigeria.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	29-Aug-21	191 345	191 345	2 454	1.30%
The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 29 August 2021, a total of 191 345 confirmed cases with 178 283 recovered and 2 454 deaths have been reported.									
Nigeria	Lassa fever	Ungraded	1-Jan-21	1-Jan-21	6-Aug-21	2 732	354	73	2.70%
Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 32 of 2021, the number of new confirmed cases was 4. These were reported from Ondo, Edo, and Enugu States. Cumulatively from week 1 to week 32 of 2021, a total of 354 confirmed cases including 73 deaths among confirmed cases have been reported with a case fatality rate of 20.6% across 14 states. In total, 2 732 cases are suspected in 2021. This is lower than the same period reported in 2020.									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-21	20-Apr-21	6 995	-	50	0.70%
In 2020, Nigeria reported 9 316 confirmed cases, with 55 deaths, CFR 0.6%. From January 2021 to 20 April 2021 (as of epi week 15), 6 995 suspected cases have been reported in Nigeria. The most affected state is Borno with 1 992 cases including 32 deaths, 79% of the cases were below the age of five years. During week 15, 537 were reported with 3 deaths									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	3-Sep-21	183	183	0	0.00%
23 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported: five in Borno, two in Jigawa, three each in Kaduna and Kebbi, six in Kano, one each in Nasarawa, Sokoto, Taraba and Zamfara . So far, the number of cases in 2021 is 123 as of 3rd September 2021. There were eight cases reported in 2020 ; 18 cVDPV2 cases reported in 2019 and 34 in 2018.									
Nigeria	Yellow fever	Ungraded	12-Sep-17	1-Jan-21	31-Jul-21	1 082	27	1	0.10%
From 1 January 2021 to 31 July 2021, there has been a cumulative total of 1 082 suspected cases of yellow fever in Nigeria, of which 27 cases have been confirmed, from 367 Local Government Areas (LGA) across 37 states including the Federal Capital Territory (FCT). In 2020, 3 426 suspected cases of yellow fever have been recorded, including 145 confirmed cases, from 495 LGA (64%) across all states and the FCT.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	29-Aug-21	86 613	86 613	1 079	1.20%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 29 August 2021, a total of 86 613 cases with 1 079 deaths and 45 610 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	29-Aug-21	2 590	2 590	37	1.40%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 29 August 2021, a total of 2 590 confirmed cases of COVID-19 have been reported, including 37 deaths. A total of 2 424 cases have been reported as recoveries.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	5-Sep-21	73 188	73 188	1 803	2.50%
From 2 March 2020 to 5 Sept 2021, a total of 73 188 confirmed cases of COVID-19 including 1 803 deaths and 63 889 recoveries have been reported in Senegal.									
Senegal	Poliomyelitis (cVDPV2)	Grade 2		4-Apr-21	3-Sep-21	13	13	0	0.00%
One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, the total number of 2021 cases is 13.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	2-Sep-21	20 230	20 230	103	0.50%
Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 2 Sep 2021 a total of 20 230 cases have been confirmed, including 19 588 recoveries and 103 deaths have been reported.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	5-Sep-21	6 374	6 374	121	1.90%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 5th September 2021, a total of 6 374 confirmed COVID-19 cases were reported in the country including 121 deaths and 4 364 recovered cases.									
Sierra Leone	Lassa fever	Ungraded	12-Feb-21	1-Jan-21	5-Aug-21	13	13	9	69.20%
As of 5 August 2021, 13 cases of Lassa fever have been reported from Kenema (11) and Kailahun (2) districts since the beginning of 2021. Of these 9 of the cases have died yielding CFR of 69%. Lassa fever is known to be endemic in Sierra Leone and surrounding countries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Sierra Leone	Poliomyelitis (cVDPV2)	Grade 2	10-Dec-20	10-Dec-20	21-Aug-21	14	14		0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. So far, 4 cases have been reported in 2021, and the number of cases 2020 remains 10.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	5-Sep-21	2 819 945	2 819 945	83 419	3.40%
Since the start of the COVID-19 pandemic in South Africa by 5th September 2021, a cumulative total of 2 819 945 confirmed cases and 83 419 deaths have been reported with 2 594 857 recoveries.									
South Sudan	Acute Food Insecurity	Grade 2	18-Dec-20	5-Apr-21	15-Aug-21	-	-	-	-
According to the World Food Programme an estimated 7.2 million people 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 1.47 million internally displaced people. The six most affected counties are Pibor, Akobo, Aweil South, Tonj North, Tonj South and Tonj East.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Aug-21	-	-	-	-
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, 1.6 million people internally displaced and 175 000 people living in protection of civilian sites across the country. According to OCHA, 90K people have been affected by flooding from 1 January - 6 August 2021 in 11 counties including Ayod, Fangak, Renk, Guit, Gogrial West, Aweil South, Mayendit, Koch, Nhaildu Rubkona and Malakal from Fangak.									
South Sudan	COVID-19	Grade 3	5-Apr-20	5-Apr-20	5-Sep-21	11 526	11 526	120	1.00%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 5th September 2021, a total of 11 526 confirmed COVID-19 cases were reported in the country including 120 deaths and 11 195 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	3-Jan-18	25-Aug-21	1 001	1 001	9	0.90%
The current outbreak in the Bentiu IDP camp, which started at the beginning of 2018, is ongoing. As of 25 Aug 2021, a total of 1 001 cases of hepatitis E including 9 deaths (CFR: 0.9%) have been reported. Hepatitis E cases have been above the epidemic threshold since week 19 of 2021 which has been mostly attributed to declining water, sanitation and hygiene services in the camp due to reduced funding.									
South Sudan	Measles	Ungraded	24-Nov-18	19-Sep-19	18-Aug-21	1 313	54	2	0.20%
Since week 38 of 2019 to 24 July 2021 (week 30 of 2021), 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 county has reported outbreak in 2021.									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	22-Oct-20	22-Oct-20	3-Sep-21	59	59	0	0.00%
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.									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	6-Aug-21	1 367	1 367	50	3.70%
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 22 July 2021, a total of 1 367 cases have been reported in the country including 50 deaths. A new bunch of 100 COVID-19 cases was reported in Tanzania on 28 June 2021 since May 2020.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	29-Aug-21	21 181	21 181	180	0.80%
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 29 August 2021, a total of 21 181 cases including 180 deaths and 16 691 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	3-Sep-21	17	17	0	0.00%
No new case of cVDPV2 was reported during the past week. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	27-Aug-21	99 225	119 825	3 006	3.00%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 28 August 2021, a total of 119 825 confirmed COVID-19 cases, 95 507 recoveries with 3 006 deaths.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	5-Sep-21	207 114	207 114	3 616	1.70%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 5th August 2021, a total of 207 114 confirmed COVID-19 cases were reported in the country including 3 616 deaths and 202 203 recovered cases.									
Zimbabwe	Anthrax	Ungraded	6-May-19	6-May-19	25-Jul-21	835	0	3	0.40%
The anthrax outbreak is ongoing in Zimbabwe. From Week 1 to 29 of 2021, there were 88 cases reported and no 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 last five reported cases were reported in Gokwe North District in Midlands Province during Week 28 of 2021.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	5-Sep-21	125 530	125 530	4 466	3.60%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 5th September 2021, a total of 125 530 confirmed COVID-19 cases were reported in the country including 4 466 deaths and 116 401 cases that recovered.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Closed events									
Côte d'Ivoire	Ebola virus disease	Grade 3	14-Aug-21	14-Aug-21	15-Aug-21	1	1	0	0.00%
<p>On 14 August 2021, Ministry of Health and Public Hygiene of Côte d'Ivoire confirmed 1 case of Ebola virus disease in Abidjan, Cote d'Ivoire. The case is an 18-year-old female who travelled from the Labe region in Guinea (on the border with Senegal) to Abidjan. During the 5-day trip the patient had multiple transit stops including through Nzerekore, Guinea which was the site of the last Ebola outbreak declared over on 19 June 2021. The case experience symptoms of fever during the trip which subsided after consumption of paracetamol, but once she arrived in Abidjan on 12 August 2021, she began to have further symptoms of fever, headache, and gingival haemorrhage. She then presented at a clinic and was eventually referred to the national level hospital and isolation unit health facilities due to her symptoms. Blood samples were taken and diagnostic testing by the Pasteur Institute of Cote d'Ivoire confirmed EVD. The case remains hospitalized and under treatment as of 15 August 2021. A second case is currently suspected to also have the disease and is the spouse of the first case.</p>									

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

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

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