

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 35: 23 - 29 August 2021

Data as reported by: 17:00; 29 August 2021



World Health  
Organization

REGIONAL OFFICE FOR **Africa**  
WHO Health Emergencies Programme

**1**

New event

**122**

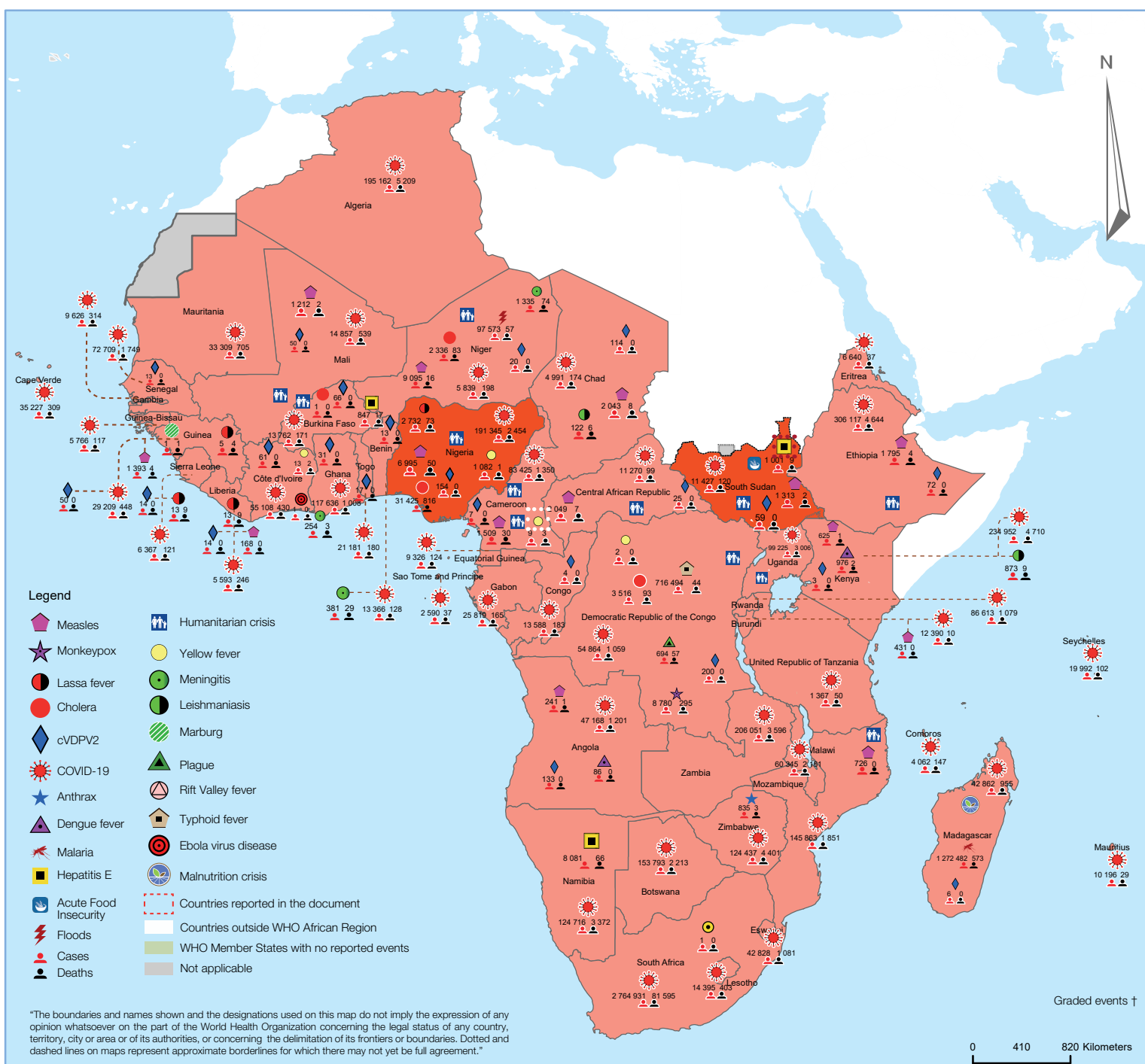
Ongoing events

**109**

Outbreaks

**14**

Humanitarian  
crises



**4**

Grade 3 events

**3**

Protracted 3 events

**29**

Grade 2 events

**3**

Protracted 2 events

**1**

Grade 1 events

**3**

Protracted 1 events

**34**

Ungraded 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 123 events in the region. This week's articles cover:

- COVID-19 across the WHO African region
- Yellow fever in Cameroon
- Hepatitis E virus in South Sudan

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:

- The third wave continues to lessen in the WHO African region with case numbers having decreased in the past month, compared with the previous four weeks. However, weekly case numbers are still high, with 132 886 reported in the past week (ending on 29 August). The recent decrease has been mostly due to a decline in the number of cases reported in at least twenty countries including Botswana, Kenya, Mozambique, Namibia, Zambia, and Zimbabwe which are among those that have reported the highest number of cumulative cases in the region. South Africa continues to report more than half of all new cases, followed by Ethiopia, and Kenya. The number of deaths reported also declined in the past week. Nonetheless, twenty-one countries are currently experiencing a resurgence, of which Algeria and Kenya are in a fourth wave. Nine out of the twenty-one countries are in West Africa. The surge in West Africa remains concerning as the sub-region is also facing concurrent outbreaks of cholera, and Ebola disease that threaten to further strain already stretched emergency response capacity. Health worker infections across the region continue to pose a challenge to health service delivery.
- Yellow fever is endemic in Cameroon. The administrative coverage for routine yellow fever vaccination is below the herd immunity target of 80% in six of the nine districts that have reported confirmed yellow fever cases. This low vaccination coverage poses a significant risk to public health in the country with a substantial number of persons susceptible to infection. Other factors that further increase the risk include frequent movement and displacement of large populations in-country and across borders with neighbouring countries, the low proportion of suspected cases that are promptly investigated, poor accessibility in some regions due to insecurity, and an underperforming disease surveillance system. In addition, Cameroon is currently facing other public health emergencies including the COVID-19 pandemic, outbreaks of measles and polio, and an ongoing humanitarian crisis due to violence, all leading to a substantial strain on the Ministry of Health's ability to respond effectively.
- There has been an ongoing outbreak of hepatitis E virus (HEV) in South Sudan since 2015, however, since week 19 (week ending 16 May 2021) cases have been rising ever since and have increased 10-fold compared to the same period in 2019. Operational support to the affected camp has dwindled in recent months due to reduced funding to partners working within the camp and has largely affected the water, sanitation and hygiene (WASH) conditions in the camp. The main drivers for transmission identified include insufficient access to safe water, sanitation and hygiene services, and inadequate access to essential healthcare services in the camp. The additional problem of flooding increases the risk of disease spread within the country as more people become displaced due to the natural disaster. The international borders in the affected area are also porous with many people crossing daily, potentiating the threat of spread to countries in the Eastern and Central African sub-region, where an HEV outbreak among Ethiopian refugees in Sudan and other hotspots in the country have recently been reported.

# Ongoing events

## Coronavirus disease 2019

## African region

5 552 204 : 134 140 : 2.4%  
**Cases** : **Deaths** : **CFR**

In the past week (23 – 29 August 2021), the WHO African region reported a total of 132 886 new cases of coronavirus disease (COVID-19), a 15% decrease compared to the prior week when 156 426 new cases were reported. A total of 10 (22%) countries saw a 20% or more increase in weekly cases compared to the previous week: Cabo Verde, Chad, Equatorial Guinea, Ethiopia, Gabon, Liberia, Mali, Niger, Sao Tome and Principe and Sierra Leone.

Conversely, 20 (44%) countries reported a decrease of 20% or more in the number of new cases reported compared to the previous week. These countries are Botswana, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of the Congo, Eritrea, Eswatini, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Senegal, Uganda, Zambia and Zimbabwe.

Five countries account for the majority (98 126, 74.0%) of the cases recorded in the past week namely; South Africa (73 958 new cases; 13.4% decrease, 126.3 new cases per 100 000 population), Ethiopia (10 313 new cases; 58.0% increase; 9.2 new cases per 100 000), Kenya (5 943 new cases; 28.2% decrease; 11.3 new cases per 100 000), Nigeria (4 322 new cases; 4.4% decrease; 2.2 new cases per 100 000), and Rwanda (3 590 new cases; 8.4% increase; 28.4 new cases per 100 000).

The region recorded a 4.3% (n=3 695) decrease in the number of new deaths reported from a total of 33 countries. The highest numbers of new deaths were reported from South Africa (2 174 new deaths; 4.6% decrease; 4.0 new deaths per 100 000 population), Kenya (213 new deaths; 157% increase; 0.4 new deaths per 100 000), Algeria (205 new deaths; 31.0% increase; 0.5 new deaths per 100 000), Nigeria (186 new deaths; 280.0% increase; 0.1 new deaths per 100 000), and Zimbabwe (152 new deaths; 145.2% increase; 1.0 new deaths per 100 000).

Since the beginning of the COVID-19 outbreak in the WHO African Region, the cumulative number of confirmed COVID-19 cases reported is 5 552 204. Nearly 5 million recoveries have been recorded, giving a recovery rate of 90.0%. The total number of deaths reported is now at 134 140, 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.

A total of 21 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, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Mauritania, Mauritius, Mozambique, Rwanda, Senegal, South Africa, Togo, and Zimbabwe. Two countries, Algeria, and Kenya, are experiencing a fourth wave.

Cumulatively, the highest number of COVID-19 cases in the region has been recorded in South Africa 2 764 931 cases (50.0%), followed by Ethiopia 306 117 (5.5%), Kenya 234 952 (4.2%), Zambia 206 051 (3.7%), and Algeria 195 162 (3.5%). These five countries account for 66.8% (n=3 707 213) of all

cases. South Africa also has the highest number of deaths in the region (81 595 deaths, 61.0% of all deaths); followed by Algeria (5 209, 3.9%), Kenya (4 710, 3.5%), Ethiopia (4 644, 3.5%), and (Zimbabwe 4 401, 3.3%). These five countries account for 75.0% (100 559) of all deaths reported in the region.

A total of 409 new health worker infections were reported during this reporting period (23–29 August 2021) from Kenya (171), Eswatini (147), Malawi (61), Namibia (23) and Cameroon (7). At present, there have been 121 122 COVID-19 infections (2.2% of all cases) among health workers in the region, with South Africa accounting for about 46.4% (56 180) of the total infections. Algeria (11 936, 9.9%), Kenya (7 155, 5.9%), Zimbabwe (5 123, 4.2%) 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 (6.1%), Niger (6.1%), 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 over 7.8 million cases of COVID-19, with nearly 200 000 deaths (CFR 2.5%) and nearly 7 million people have recovered. The African continent accounts for 3.4% of global cases and 4.0% of global deaths.

Vaccine shipments to Africa have picked up with the COVAX facility delivering almost 10 million doses to Africa so far in August, which is nine times what was delivered in the same period in July 2021. The African Union has so far delivered 1.5 million doses to nine countries. Since June, the number of doses administered per 100 people in sub-Saharan Africa has almost tripled from 1.2 per 100 people to 3.4 per 100 people. Africa has received 129 million doses and is expecting up to 117 million doses by the end of September. Therefore, an additional 28 million doses need to be obtained and administered to reach the 10% target.

## SITUATION INTERPRETATION

- The weekly number of cases reported in the WHO African Region continues to show a sustained downward trend, with a decrease recorded in the past week. Even though South Africa and Kenya 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. This decrease has been attributed to a reduction in the number of cases being reported from at least 20 countries reporting more than a 20% decrease in the number of cases compared to the previous week.

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[Go to map of the outbreaks](#)

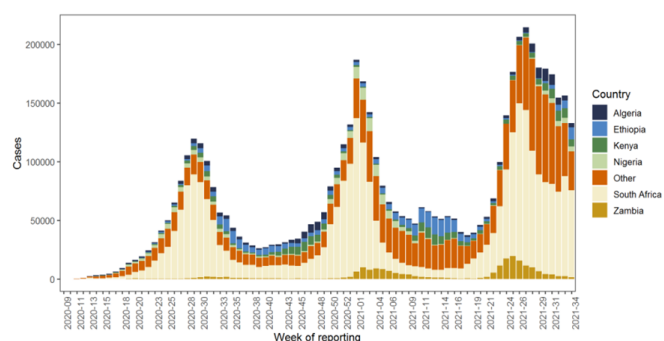


Though the number of cases being reported weekly remain high, the continual decline coincides with a downward phase of the third wave which began in mid-May. As the number of vaccine doses administered in sub-Saharan Africa continue to increase, countries are advised to enhance a multidimensional approach combining pharmaceutical and public health and social measures to sustain the downward trend of cases reported in the region.

## PROPOSED ACTIONS

- 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. 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.

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by reporting date, 25 February 2020 – 29 August 2021  
( $n = 5\,552\,204$ )



Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 29 August 2021

Country	Total Cases	Total Deaths	Recovered Cases	Case Fatality Ratio (%)	Health Worker infections
South Africa	2 764 931	81 595	2 526 199	3.0	56 180
Ethiopia	306 117	4 644	274 577	1.5	3 354
Kenya	234 952	4 710	220 953	2.0	7 155
Zambia	206 051	3 596	200 662	1.7	1 121
Algeria	195 162	5 209	132 667	2.7	11 936
Nigeria	191 345	2 454	178 283	1.3	3 175
Botswana	153 793	2 213	144 254	1.4	61
Mozambique	145 863	1 851	131 533	1.3	4 779
Namibia	124 618	3 370	118 763	2.7	4 257
Zimbabwe	124 437	4 401	111 534	3.5	5 123
Ghana	117 636	1 008	109 612	0.9	4 763
Uganda	99 225	2 991	95 476	3.0	2 892
Rwanda	86 613	1 079	45 610	1.2	682
Cameroon	83 425	1 350	81 326	1.6	2 827
Senegal	72 709	1 749	61 007	2.4	419
Malawi	60 345	2 161	47 251	3.6	2 141
Côte d'Ivoire	55 108	430	53 397	0.8	1 084
Democratic Republic of the Congo	54 863	1 059	31 054	1.9	687
Angola	47 168	1 201	43 257	2.5	939
Madagascar	42 862	955	41 907	2.2	70
Eswatini	42 828	1081	33 549	2.5	853
Cabo Verde	35 227	309	34 114	0.9	140
Mauritania	33 309	705	29 987	2.1	24
Guinea	29 209	326	26 658	1.1	682
Gabon	25 819	165	25 565	0.6	345
Togo	21 181	180	16 691	0.8	891
Seychelles	19 992	102	19 310	0.5	912
Mali	14 858	539	14 095	3.6	87
Lesotho	14 395	403	6 830	2.8	473
Burkina Faso	13 762	171	13 516	1.2	288
Congo	13 588	183	12 990	1.3	203
Benin	13 366	128	8 854	1.0	139
Burundi	12 390	10	11 876	0.1	38
South Sudan	11 427	120	10 948	1.1	294
Central African Republic	11 270	99	11 125	0.9	1
Mauritius	10 196	29	6 269	0.3	30
Gambia	9 626	314	9 194	3.3	142
Equatorial Guinea	9 326	124	8 860	1.3	416
Eritrea	6 640	37	6 590	0.6	0
Sierra Leone	6 367	121	4 358	1.9	263
Niger	5 833	198	5 515	3.4	355
Guinea-Bissau	5 766	117	4 780	2.0	23
Liberia	5 594	245	5 240	4.4	328
Chad	4 993	174	4 809	3.5	292
Comoros	4 062	147	3 898	3.6	155
Sao Tome and Principe	2 590	37	2 424	1.4	102
United Republic of Tanzania	1 367	50	180	3.7	1
<b>Cumulative Cases (N=47)</b>	<b>5 552 204</b>	<b>134 140</b>	<b>4 987 547</b>	<b>2.4</b>	<b>121 122</b>

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

## EVENT DESCRIPTION

Since 2017, confirmed cases of yellow fever (YF) have been reported in Cameroon: seven cases in 2017; three cases in 2018; eight cases in 2019; five cases in 2020 and eleven cases in 2021. From the beginning of 2021 to week 26 (week ending 4 July 2021), 905 suspected YF cases with 13 associated deaths have been reported in the country.

On 11 January 2021, a suspected case of yellow fever from Dschang health district tested positive by seroneutralisation (SRNT) at the Centre Pasteur Cameroun (SRNT: 1/80). The case was a 36-year-old woman residing in the Doumbouo health area whose symptoms started on 4 January 2021 with jaundice. Further investigation revealed that the individual had history of YF vaccination, had severe comorbidities, and was ruled to not be YF due to previous vaccination.

An additional eleven cases tested positive by seroneutralisation, nine of whom were unvaccinated. The nine cases were all reported in 2021 and were reported from nine different health districts: Yagoua, Maga, Guider, Mogode, Yabassi, Ngaoundéré rural, Eséka, Bamenda and Garoua 1. One associated death from Garoua 1 was recorded (case fatality ratio 11%). Among the nine cases, the ages ranged from 16 to 70 years with a median of 34 years and eight (89%) of them are male. Their dates of symptom onset ranged from 21 February 2021 (case from Yagoua health district) to 6 June 2021 (case from Garoua 1 health district).

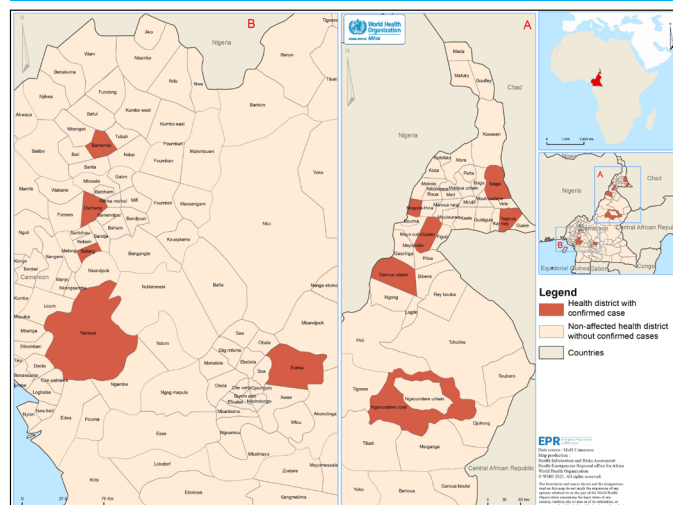
The last major reactive mass vaccination campaign was conducted in 2015. Outbreak response activities were organized in the Littoral region (13 districts) in 2013 and in seven other regions (55 districts) in 2015. The 2020 WHO/UNICEF Estimates of National Immunization Coverage show a suboptimal national immunization coverage for yellow fever vaccine of 57%. Only 35% of districts achieved 80% routine immunization coverage in 2018, 27% in 2019, and 28% in 2020. According to the national district coverage report database, only three of the 12 districts currently reporting positive cases in 2021 have achieved 80% vaccine coverage in 2020 (Garoua 1, Guider and Bamenda).

Past studies have revealed a considerable density of *Aedes aegypti* populations in the northern part of the country and have been detected in several other cities of the country, notably in Douala and Yaoundé. Rapid urbanization and suboptimal sanitary conditions aid the migration of the vector to many parts of the country.

## PUBLIC HEALTH ACTIONS

- The Ministry of Health has developed and adapted a response plan and is now coordinating its implementation.
- Vaccination of the local population against yellow fever is ongoing.
- WHO and its partners continue to support local authorities in implementing vector control interventions to curb the current increase in YF cases.

Location of confirmed cases of yellow fever in Cameroon, as of 4 July 2021.



- Enhanced surveillance and epidemiological investigations in the affected districts are ongoing.
- Risk Communication and Community Engagement activities are ongoing to sensitize the public about YF cases, symptoms and identification of suspect cases, and to generate demand for vaccination.
- Strengthening of laboratory surveillance at local and sub-regional level is underway.
- Vaccination card checks are consistent at air borders for incoming travellers.

## SITUATION INTERPRETATION

Cameroon is among the countries classified as high risk for YF according to the Eliminate Yellow Fever Epidemics Global Strategy (EYE strategy) with a history of YF outbreaks (1930s-2013). Between 2017 and 2020, 25 sporadic SRNT-positive cases of YF were reported in Cameroon. The current increased number of cases confirmed for YF in a large geographic distribution is concerning and represents risk of rapid epidemic amplification, particularly if the disease is introduced into settings with many susceptible individuals.

The low vaccination coverage, a favourable environment for vector breeding, logging and mining activities, and uncontrolled urbanization also poses a risk of rapid spread of YF in Cameroon. Likewise, violence and insecurity that has led to mass population movements within and outside of Cameroon possess an added risk to sub-regional spread of the disease. Though there have been no reports of exportation of cases, the risk remains high, given the state of porous borders between the neighbouring Nigeria.



## PROPOSED ACTIONS

- Supportive care to treat dehydration, respiratory failure, and fever, and antibiotic treatment of associated bacterial infections are recommended as there is no specific treatment for YF.
- Vaccination efforts against YF should be extended to all affected regions and those neighbouring since the vaccine is safe, highly effective, and provides lifelong protection.
- Targeted vector control measures are useful to interrupt transmission.
- The implementation of vaccination card checks is less effective at land borders and many informal crossings between countries and thus should be strengthened.
- WHO encourages its Member States to take all necessary measures to keep travelers well informed about the risks and preventive measures of YF, including vaccination.



*Vaccination campaigns against yellow fever*

## EVENT DESCRIPTION

Cases of hepatitis E virus (HEV) in South Sudan have continued to be reported since 2015, however, from January 2019 to August 2021, Bentiu camp hosting internally displaced persons (IDPs) has reported 1 001 cases and 9 associated deaths (CFR 0.9%). A 10-fold increase in the number of cases has been observed between week 19 and 30 this year when compared to the same period in 2019 and doubled when compared to the same period in 2020. Cases have exceeded the epidemic threshold since week 19 of this year (week ending 16 May 2021). Two deaths have been reported this year with one of the deaths occurring in a 27-year-old pregnant woman. Most cases are males (52%) between the ages of 15 and 44 years.

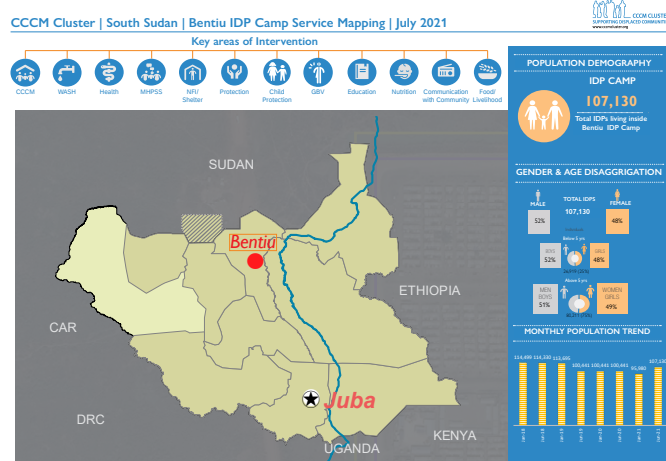
The Bentiu IDP camp is in Rubkona county of Unity state and shares a border with Sudan to the north. As of July 2021, the camp hosted 107 130 IDPs where an estimated 52% were male and 48% are female. The camp relies heavily on resources from international and national non-governmental organizations as well as multiple United Nations agencies. However, in recent times, funding has decreased drastically. As a result, water, sanitation and hygiene (WASH) services provided by partners have largely diminished resulting in fewer hand washing stations, less frequent water distribution, and increase in open defaecation. Additionally, two primary health care clinics were closed in the camp which has resulted in a decrease of essential health care services. All five sectors in the camp have reported equally high number of HEV cases, highlighting widespread distribution of drivers of transmission in the camp. A significant proportion of cases have also been reported outside the IDP camp, suggesting that transmission of HEV is also occurring in the host communities of Bentiu town.

There is also ongoing flooding following increased rainfall in many parts of Unity state including Bentiu town. An estimated 112 000 people from 7 out of 9 counties in the state have so far been displaced. The population displacement could potentially cause a higher risk of HEV spread within and outside the state. Prior to the displacement, the population in this area has been known to be highly mobile, frequently crossing international borders for trade to Sudan. Sudan is currently experiencing an outbreak of HEV with reports of the cases among refugees from Ethiopia. This highlights the risk of sub regional spread of the diseases. The ongoing flooding continues to strain the limited resources available to partners in the affected areas as they compete to respond to the threat of spread of the disease and the worsening sanitation conditions of the IDP camp.

## PUBLIC HEALTH ACTIONS

- MOH has activated the state HEV taskforce that includes members of the government and partners from the health and WASH clusters which convenes weekly meetings to review the health and sanitary conditions and ongoing outbreak and humanitarian response.
- A Joint Assessment Team (JAT) review is underway to assess the health and WASH needs targeting hygiene promotion at the household level.

## A snapshot of service mapping in Bentiu IDP camp, South Sudan as of July 2021



- A funding appeal is being finalized with the goal of securing USD\$3.3 million to support the implementation of the HEV response strategy.
- The Ministry of Health continues to monitor the HEV surveillance situation through Integrated Disease Surveillance and Response for ongoing trends and to inform the outbreak response
- Case identification and referrals is coordinated with implementing partners and supported by primary care clinics.
- Partners are supporting case management at health facilities.
- Consultations are underway on feasibility of vaccinating women of childbearing age against HEV.

## SITUATION INTERPRETATION

Though the HEV outbreak in Bentiu IDP camp has been ongoing for years, a decrease in essential services like health, water, sanitation and hygiene have led to an upsurge in cases during 2021. A significant proportion of cases have also been reported to originate from outside the IDP settlement thus suggesting that transmission of HEV is occurring in the host population of Bentiu town as well. It will take a recommitment to camp resources, amidst the competing flood disaster and a global pandemic, to restore partner services and get the situation under control.

## PROPOSED ACTIONS

- Urgent resource mobilization to allow partners to ramp up interventions to address the outbreak and deplorable WASH condition in the camp.
- Special attention should be placed on IDP populations who might be fleeing floods as they need to avert risk of HEV spread including across international borders to Sudan and Ethiopia.



# All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<b>New Events</b>									
Burkina Faso	Cholera	Ungraded	15-Aug-21	18-Aug-21	18-Aug-21	1	1	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, who was taken to the health facility for loss of consciousness and hypovolemic shock following watery diarrhoea. The patient and his 4 contact persons have been isolated, and the patient is being treated. Hygiene measures have been ensured and are continuing and the preparation of a micro response plan is ongoing. Sample taken and sent to Ouagadougou at National Laboratory of Public Health confirmed <i>Vibrio cholerae</i> O1 Ogawa, the same serotype and serogroup with the one identified in Niger for the ongoing cholera outbreak.									
<b>Ongoing Events</b>									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	29-Aug-21	195 162	195 162	5 209	2.70%
From 25 February 2020 to 29 August 2021, a total of 195 162 confirmed cases of COVID-19 with 5 209 deaths (CFR 2.7%) have been reported from Algeria. A total of 132 667 cases have recovered.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	29-Aug-21	47 168	47 168	1 201	2.50%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 29 August 2021, a total of 47 168 confirmed COVID-19 cases have been reported in the country with 1 201 deaths and 43 257 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 : Banga, 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	21-Aug-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	21-Aug-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	23-Aug-21	153 793	153 793	2 213	1.40%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 23 August 2021, a total of 153 793 confirmed COVID-19 cases were reported in the country including 2 213 deaths and 144 254 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	COVID-19	Grade 3	10-Mar-20	9-Mar-20	28-Aug-21	13 762	13 762	171	1.20%
Between 9 March 2020 and 28 August 2021, a total of 13 762 confirmed cases of COVID-19 with 171 deaths and 13 516 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	21-Aug-21	66	66	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There is one 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	21-Aug-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	21-Jul-21	-	-	-	-
According to OCHA figures, 2.8 million people are in need of assistance, 717K people are internally displaced as of 30 June, and 701K persons are refugees in neighbouring countries. In June 2021, 28 790 new IDPs were registered mostly in Ndele, Kouli, Bocaranga, Bangui, Bimbo, Zemio, Alindao and Kaga-Bandoro sub-prefectures. Also in June 2021, 39 273 people returned mainly Ippy, Paoua, Zemio, Bangassou, Rafai, Batongabo and the Greater Bangui sub-prefectures. On 4 June 2021, IDPs were threatened by armed groups at the Elevage camp in Bambari in Ouaka Prefecture causing more than 8 500 to flee to nearby villages which are considered to be violations of international humanitarian law. Accidents involving explosive devices have been on the rise since mid-April 2021, particularly in the western region where conflict has intensified.									
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 (Berbérati, 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	21-Aug-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	29-Aug-21	4 991	4 991	174	3.50%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 29TH August 2021, a total of 4 991 confirmed COVID-19 cases were reported in the country including 174 deaths and 4 809 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	21-Aug-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	21-Aug-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	29-Aug-21	55 108	55 108	430	0.80%
Since 11 March 2020, a total of 55 108 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 430 deaths, and a total of 53 397 recoveries.									
Côte d'Ivoire	Ebola virus disease	Grade 3	14-Aug-21	14-Aug-21	15-Aug-21	1	1	0	0.00%
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.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	21-Aug-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	26-Aug-21	54 864	54 862	1 059	1.90%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 54 862 confirmed cases and two probable case, including 1 059 deaths have been reported. A total of 31 054 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	21-Aug-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, 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	29-Aug-21	6 640	6 640	37	0.60%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 29 August 2021, a total of 6 640 confirmed COVID-19 cases with 37 deaths were reported in the country. A total of 6 590 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	29-Aug-21	42 828	42 828	1 081	2.50%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 29 August 2021, a total of 42 828 cases have been reported in the country including 33 549 recoveries. A total of 1 081 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	29-Aug-21	306 117	306 117	4 644	1.50%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 306 117 cases of COVID-19 as of 29th August 2021, with 4 644 deaths and 274 577 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	21-Aug-21	72	72	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. 7 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	25-Aug-21	9 626	9 626	314	3.30%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 25 Aug 2021, a total of 9 626 confirmed COVID-19 cases including 314 deaths, and 9 194 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	24-Aug-21	117 636	117 636	1 008	0.90%
As of 24 Aug 2021, a total of 117 636 confirmed COVID-19 cases have been reported in Ghana. There have been 1008 deaths and 109 612 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	21-Aug-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	21-Aug-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	28-Aug-21	5 766	5 766	117	2.00%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 28 August 2021, the country has reported 5 766 confirmed cases of COVID-19 with 4 780 recoveries and 117 deaths.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	29-Aug-21	234 952	234 952	4 710	2.00%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 29th August 2021, 234 952 confirmed COVID-19 cases including 4 710 deaths and 220 953 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	17-Jul-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	17-Jul-21	873	873	9	1.00%
Since January 2020, a total of 873 visceral leishmaniasis confirmed cases with nine deaths (CFR 1.0 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	21-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	21-Aug-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	27-Aug-21	42 862	42 862	955	2.20%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 27 August 2021, a total of 42 862 cases have been reported in the country, out of which 42 566 have recovered and 955 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	21-Aug-21	6	6	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	29-Aug-21	60 345	60 345	2 161	3.60%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 29 August 2021, the country has a total of 60 345 confirmed cases with 2 161 deaths and 47 251 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	21-Aug-21	50	50	0	0.00%
Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Mopti and Sikasso. . The total cases reported is 50.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	29-Aug-21	33 309	33 309	705	2.10%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 29th August 2021, a total of 33 309 cases including 705 deaths and 29 987 recovered cases have been reported in the country.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	28-Aug-21	10 196	10 196	29	0.30%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 28th August 2021, a total of 10 196 confirmed COVID-19 cases including 29 deaths and 6 269 recovered cases have been reported in the country.									
Mozambique	Humanitarian crisis in Cabo Delgado	Grade 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	29-Aug-21	145 863	145 863	1 851	1.30%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 29 August 2021, a total of 145 863 confirmed COVID-19 cases were reported in the country including 1 851 deaths and 131 533 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	27-Aug-21	124 716	124 716	3 372	0.00%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 27 August 2021, a total of 124 716 confirmed cases with 118 813 recovered and 3 372 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	16-Aug-21	97 573	-	57	0.10%
In Niger, the rising of water of the Niger river caused by the rainy season which extends from June to September each year, is often marked by flooding. The poorest rural populations are more exposed. These floods have serious economic, social and health consequences because they have a negative impact on agricultural production and they provide favourable conditions for the outbreak of water-borne diseases, and or epidemic diseases. The current floods, while considered as relatively stable so far compared to the alert threshold according to the authorities, they are taking place in a context where cases of cholera have been confirmed in the regions of Zinder, Maradi , Dosso and Tahoua. They have already caused the death of 57 people and affect 97 573 people as of 16 August 2021. Increased surveillance is needed.									
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	28-Aug-21	2 336	2 336	83	3.60%
As of 28 August 2021, a total of 2 336 cases including 83 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 24 out of 72 Health districts have reported cases with 18 health districts currently active.									
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	21-Aug-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	6-Jul-21	-	-	-	-
In 2021, more than 8.7 million require humanitarian assistance in Borno, Adamawa, and Yobe states. Attacks on Nigerian Armed Forces (NAF) by non-state armed groups (NASG) have escalated in April and May 2021 leading to harming of civilians and a new wave of population displacement. IOM reports that more than 2 million people have left the affected area to neighbouring Wards and LGAs in May 2021. An estimated 8 million are at risk of displacement, poverty, and threats of violence. The overall security situation remains complex, unpredictable, and volatile as of 6 July 2021 with constrained health vulnerabilities made worse by the COVID-19 pandemic leading to maintain the grading of protracted level 3.									
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	21-Aug-21	154	154	0	0.00%
26 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported: 1 each in Bauchi, Gombe, Kaduna, Sokoto and Zamfara, 2 in Kano, 3 each in Borno and Yobe, and 13 in Jigawa. So far, the number of cases in 2021 is 94 as of 21st August 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	29-Aug-21	72 709	72 709	1 749	2.40%
From 2 March 2020 to 29 Aug 2021, a total of 72 709 confirmed cases of COVID-19 including 1 749 deaths and 61 007 recoveries have been reported in Senegal.									
Senegal	Poliomyelitis (cVDPV2)	Grade 2		4-Apr-21	21-Aug-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	28-Aug-21	19 992	19 992	102	0.50%
Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 28 Aug 2021 a total of 19 992 cases have been confirmed, including 19 310 recoveries and 102 deaths have been reported.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	29-Aug-21	6 367	6 367	121	1.90%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 29th August 2021, a total of 6 367 confirmed COVID-19 cases were reported in the country including 121 deaths and 4 358 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	29-Aug-21	2 764 931	2 764 931	81 595	3.40%
Since the start of the COVID-19 pandemic in South Africa a cumulative total of 2 764 931 confirmed cases and 81 595 deaths have been reported with 2 526 199 recoveries.									
South Sudan	Acute Food Insecurity	Grade 2	18-Dec-20	5-Apr-21	6-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.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	6-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. Humanitarian staff have been the target of surge attacks during April to July 2021 with 4 aid workers killed and at least 95 relocated from sites in Fangak, Magwi, Panyijar, Pariang, Renk, Torit, and Uror. Roads have also become frequent to ambushes for aid workers and civilians. According to OCHA, 90K people have been affected by flooding from 1 January - 6 August 2021. The following states have been affected by flooding: Jonglei, Northern Bahr el Ghazal, Unity, Upper Nile and Warrap.									
South Sudan	COVID-19	Grade 3	5-Apr-20	5-Apr-20	29-Aug-21	11 427	11 427	120	1.10%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 29th August 2021, a total of 11 427 confirmed COVID-19 cases were reported in the country including 120 deaths and 10 948 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 Bentiu UN Protection of Civilians (POC) camp, which started at the beginning of 2018, is ongoing. As of 21 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	21-Aug-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	30-Jul-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	21-Aug-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	29-Aug-21	206 051	206 051	3 596	1.70%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 29th August 2021, a total of 206 051 confirmed COVID-19 cases were reported in the country including 3 596 deaths and 200 662 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	29-Aug-21	124 437	124 437	4 401	3.50%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 29th August 2021, a total of 124 437 confirmed COVID-19 cases were reported in the country including 4 401 deaths and 111 534 cases that recovered.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<b>Closed Events</b>									
Ethiopia	Unknown disease related to camels	Ungraded	12-Jun-21	8-May-21	12-Jun-21	198	-	0	0.00%
An outbreak was detected in Oromia and Somali regions of Ethiopia related to camels. In Oromia, 158 human cases were reported and a further 40 cases were reported in Somali state of Ethiopia as of 12 June 2021. Out of 40 hospitalized cases 35 were treated and discharged. No deaths have been reported. Symptoms included diarrhoea, fever and vomiting associated with the consumption of camel meat. Samples from camels and human cases have been taken and are undergoing laboratory investigation.									
Kenya	Cholera	Ungraded		23-May-21	8-Aug-21	38	14	0	0.00%
From 23 May 2021, cholera outbreak has been reported from Garissa and Turkana Counties, recording 38 cases with 14 confirmed by culture and no deaths. In Garissa, the outbreak is from Dagahaley Refugee Camp, Dadaab Sub-County, while in Turkana it is reported from Kalobeyei centre, Turkana west sub-county. Turkana outbreak has been controlled and the outbreak in Garissa was also controlled during the week 31.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	15-Aug-21	5 681	5 681	35	0.60%
As of 15 Aug 2021, there have been a total of 5 681 cases and 35 deaths (case fatality ratio 0.6%) reported in the Cabo Delgado (4 246 cases and 31 deaths) and Nampula (1 435 cases and 4 deaths ) provinces. Eight districts for Cabo Delgado province: Mocimboa da Praia (307 cases), Ibo (163 cases), Macomia (166 cases), Pemba (566 cases), Metuge (1 245 cases), Chiure (1 165 cases) and Montepuez (328 cases) and Ancuabe (306 cases). Three districts for Nampula province reported cases: Meconta (630 cases), Nampula (755 cases) and Moma (50 cases ). No new case reported for more than 1 month.									

†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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#### Data sources

Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.