WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 47: 15 – 21 November 2021
Data as reported by: 17:00; 21 November 2021

3
New events
137
Ongoing events
123
Outbreaks
17
Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Typhoid fever
- Malaria
- Hepatitis E
- Acute Food Insecurity
- Floods
- Countries reported in the document
- Countries outside WHO African Region
- WHO Member States with no reported events
- Fire incident
- Not applicable

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

3
Grade 3 events
3
Protracted 3 events

30
Grade 2 events
4
Protracted 2 events

2
Grade 1 events
3
Protracted 1 events

49
Ungraded events

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

- Ebola Virus Disease in the Democratic Republic of the Congo
- COVID-19 across the WHO African region
- Yellow fever in Ghana
- Cholera in Uganda

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:**

- There was no new confirmed Ebola virus disease case in the Democratic Republic of the Congo during the reporting period, making 21 days since the last confirmed case was reported. All response activities continue as we continue to closely monitor the evolution of the outbreak.

- COVID-19 cases continue to decline across the WHO African region, with infections having fallen for more than four straight months. The high increase in COVID-19 cases observed in Algeria and South Africa is concerning. Eight countries meet the criteria for resurgence: among which, Burkina Faso, Guinea-Bissau, and Mali are experiencing an upward trend or a high plateau. As the holiday season nears, the WHO advises on doubling efforts to implement public health and safety measures like mask-wearing and hand washing to keep everyone safe.

- Yellow fever has once again appeared in Ghana since reporting cases in 2019 and achieving high vaccination coverage. Cases have been confirmed among nomadic communities living on the edge of one of the country’s largest national parks. Coupled with living in a high-risk setting, these communities have questionable vaccination status increasing their vulnerability to yellow fever infection.

- A cholera outbreak is ongoing in Uganda in the villages of Nyarugugu B and C in Isingiro district in South-Western Uganda. Preliminary investigations conducted have identified limited access to safe water both in terms of quantity and time allocated for rationing water to the households and the community members as a potential risk factor. Water purifications tablets and laboratory supplies for sample collection and transport are insufficient. Although the number of new cases in Isingiro district seems declining, the risk of the cholera outbreak worsening in the capital city of Kampala where suspected cases have been reported is high given its high population density.
There has been no new confirmed Ebola virus disease (EVD) case in Beni Health Zone (HZ) in North Kivu Province of the Democratic Republic of the Congo in the past 21 days. The last known confirmed case was reported on the 30 October 2021, with the case discharged on 4 November 2021 after testing negative for EVD.

The total number of EVD cases remains 11 as of 21 November 2021, including eight confirmed cases (with four community deaths) and three probable cases in Beni HZ. Two EVD survivors have been registered.

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

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

On 20 November 2021, no new contacts were listed, however 117 contacts were discharged after completing 21 days of follow-up. The total number of contacts under follow is now 110 from six HAs; five contacts had never been seen in the past 21 days, while six are lost to follow-up.

On 20 November 2021, a total of 206 new alerts were notified including five deaths from Beni HZ. Of these, 152 (73.8%) were identified through active case search, 41 (19.9%) from health facilities, 11 (5.3%) from community and two from points of entry. In total 295 contacts were listed from six HZs, of these 290 (98.0%) were investigated, 26 (9.0%) were validated as suspected cases of EVD.

On 19 November 2021, 11 persons were vaccinated from three sites including five contacts of contact (2 in Butsili and 3 in Mabalakanga) and six probable contacts (2 in Mabalakanga and 4 in Paida). The total number vaccinated since the beginning of the vaccination activities is 656, including 98 high risk contacts, 300 contacts of contacts and 258 probable contacts. Furthermore 81 frontline health care workers were vaccinated, including 11 high risk contacts, 18 contacts of contacts and 52 probable contacts.

On 20 November 2021, 31 samples including 14 swabs from three HZs (Beni 27, Butembo 3 and Mabalako 1) were received and analysed at the laboratory, and none tested positive for EVD. Cumulatively, a total 1 007 samples including 377 swabs have been collected, of which eight were confirmed EVD cases.

**PUBLIC HEALTH ACTIONS**

- The Chief Health Officer of Beni presided over a zonal coordination committee meeting, during which the official delivery of a nursery at Beni EVD treatment centre was made.
- Community sensitization was conducted at a school for the deaf where 42 persons participated from Ndindi area of Kanzulinzuli HA.
- In Butsili HA, 24 individuals were counselled on adherence to the 21-day follow-up period. More so, four exit counselling were conducted for the non-cases discharged from the Beni EVD treatment Centre.

**SITUATION INTERPRETATION**

In the past 21 days, no new confirmed case of EVD has been notified in the Democratic Republic of Congo. However, inadequate EVD surveillance in communities poses risk for further spread. Furthermore, the response activities against EVD in Beni is currently affected by inadequate resources for the response, and lack of efficient standardized isolation centres in some areas.

**EVENT DESCRIPTION**

A total of 11 059 home visits were conducted and 35 313 persons were sensitized on EVD prevention on 20 November 2021; 240 alerts including five deaths were notified.

Alert monitoring continues using both active and passive surveillance in health facilities and communities. The response team visited 186 health facilities for active case finding and 186 alerts were listed. A total of 185 (99.4%) alerts were investigated and of these, five (2%) were validated as suspected cases of EVD and samples were collected.

Infection prevention and control (IPC) monitoring and education continues. A total of 214 health care workers from 40 health facilities were sensitized on IPC standard practices. IPC and WASH kits were distributed to Kasabingole, Rwangoma and Butsili health facilities.

A total of seven community deaths were notified and two safe and dignified burials were conducted.

Among the 93 150 people who went through the different points of control, 91 309 (98.0%) travellers were screened. Nine alerts were notified from travellers at the points of entry and two were validated as suspected cases of EVD and one was isolated.

Capacity building in risk communication techniques was conducted for 24 people from different youths and women associations. EVD sensitisation was also conducted at Kisungu Institute on EVD awareness and preventive measures.

Psychological support services continue to be offered to families of the 23 suspected cases under investigation, four children and 11 discharged non-cases. In the community 256 persons participated in 30 psychosocial sessions on different aspects of the EVD response.
PROPOSED ACTIONS

- The response teams need to strengthen community engagement to increase uptake of EVD preventive measures especially vaccination.
- More resources need to be mobilized to strengthen response activities.
- Challenges around community surveillance, contact follow-up and other response measures need urgent action.
- Accelerate the operationalisation of standardised isolation centres/sites in health areas.
The WHO African region reported a total of 10 678 new cases of coronavirus disease (COVID-19) in the past seven days (15 – 21 November 2021), reflecting an 8.0% decrease compared to the previous week. Five countries (Algeria, Lesotho, Mauritania, South Africa, and Togo) saw a 20% or more increase in weekly cases compared to the preceding week.

A total of 26 (55.3%) countries reported a decrease of 20% or more in the number of new cases compared to the previous week. These countries are Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Comoros, Congo, Democratic Republic of the Congo, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Malawi, Mauritius, Namibia, Niger, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Uganda, and the United Republic of Tanzania.

The top five countries account for 68.0% (7 239) of the cases recorded in the past week; namely South Africa (3 923 new cases, 98.0% increase, 7.0 new cases per 100 000 population); Ethiopia (1 378 new cases, 15.0% decrease, 1.2 new cases per 100 000); Algeria (982 new cases, 21.0% increase, 2.3 new cases per 100 000); Mauritania (514 new cases, 20.0% increase, 11.4 new cases per 100 000); and Nigeria (442 new cases, 2.0% increase, 0.2 new cases per 100 000).

During the same reporting period, a drop in weekly COVID-19 deaths in the African region was observed as 298 deaths were reported in 26 countries, a 44% decline compared with the previous week. The highest numbers of new deaths were reported from South Africa (90 new deaths; 41.0% decrease; 0.2 new deaths per 100 000 population), Ethiopia (59 new deaths; 27.2% decrease; 0.1 new deaths per 100 000), Algeria (37 new deaths; 5.0% decrease; 0.1 new deaths per 100 000), Uganda (16 new deaths; 36.0% increase; 0.0 new deaths per 100 000) and Kenya (12 new deaths; 200.0% increase; 0.0 new deaths per 100 000).

Eight countries are undergoing a COVID-19 resurgence: Burkina Faso, Cameroon, Republic of Congo, Guinea-Bissau, Gabon, Mali, Mauritius, and Niger. Among these countries, Burkina Faso, Guinea-Bissau, and Mali are experiencing an upward trend or a high plateau.

Since the beginning of the COVID-19 pandemic in the African region, the cumulative number of confirmed COVID-19 cases is 6 122 054, with more than 5.7 million recoveries, giving a recovery rate of 94.4%. The total number of deaths now stands at 151 545, accounting for a CFR of 2.5%. The WHO African Region remains one of the least affected regions in the world, accounting for 2.5% of global cases and 3.0% of global deaths.

Overall, South Africa has recorded the highest number of COVID-19 cases in the region with 2 929 862 cases (48.0%), followed by Ethiopia 370 200 (6.0%), Kenya 254 710 (4.2%), Nigeria 213 589 (3.5%), and Zambia 210 070 (3.4%), accounting for 7 239 (635 million) are the five countries with the highest number of COVID-19 cases in the region. The median number of deaths per million in the African region is estimated at 0.11/million (range: 0.01/million – 11.23/million) with an average cumulative death rate (per million) in the African region estimated at 0.11/million population.

Similarly, most reported deaths occurred in South Africa, which accounts for 59.0% (89 574) of all deaths. Ethiopia has the second-highest number of deaths (6 682 deaths, 4.4%) followed by Algeria (6 021, 4.0%), Kenya (5 328, 3.5%) and Zimbabwe (4 699, 3.1%), all accounting for 74.0% (112 304) of all deaths reported in the region. The median number of deaths per million in the African region is estimated at 0.11/million population (range: 0.01/million – 11.23/million) with an average cumulative death rate (per million) in the African region estimated at 0.11/million population, Namibia (1 431/million), Seychelles (1 250/million), Equatorial Guinea (1 087 million), Botswana (986 million) and Cabo Verde (635 million) are the five countries with the highest number of COVID-19 related deaths per million population.

In the past seven days, 57 new health worker infections were reported from Cameroon (23), Malawi (18), Kenya (10), Equatorial Guinea (4) and Namibia (2). Thus far, there have been 144 646 COVID-19 infections (2.4% of all cases) among health workers in the region, with South Africa accounting for 49.0% (71 113) of the total infections. Algeria (11 936, 8.3%), Kenya (7 840, 5.4%), Zimbabwe (5 404, 3.7%) and Mozambique (4 779, 3.3%) have also recorded high numbers of health worker infections. Other countries reporting health worker infections are shown in Table 1. The United Republic of Tanzania (13.0%), Liberia (6.0%), Algeria (5.7%), Chad (5.7%), and Niger (5.2%) have the highest proportion of health worker infections by country. Only Eritrea has not reported any healthcare worker infections.

The African continent has recorded more than 8.6 million cases of COVID-19, with more than 222 100 deaths (CFR 2.5%) and more than 8.0 million people have recovered. The African continent accounts for 3.4% of global cases and 4.3% of global deaths.

More than 318 million COVID-19 doses have been received in African countries and 66% of these (211 million) of these doses have been administered. Around 91 million people in Africa are fully vaccinated. This equates to 6.6% of the African population. In comparison, 67% of people in the United Kingdom have been fully vaccinated; 57% in the United States; and 65% in the European Union. To increase COVID-19 vaccination coverage on the continent, WHO is providing targeted support to countries with low vaccine uptake to identify and resolve gaps hampering their COVID-19 vaccine rollout.

Through the global UN supply platform, WHO and our partners have shipped 63.6 million laboratory tests to member states. WHO has delivered 5 123 oxygen concentrators, whilst 683 are
in pipeline. More than 103 million personal protective equipment components have also been shipped. Additional items have been shipped through the UN supply platform by partner organizations. The total value of supplies shipped amounts to US$ 502.9 million.

Oxygen plant installation, procurement, and delivery are ongoing in the Democratic Republic of the Congo, Chad, Guinea-Bissau, Liberia, and Cameroon to boost treatment capacity.

**SITUATION INTERPRETATION**

New COVID-19 cases and deaths reported in the past week continued to decline for more than four consecutive months. It is important to note that the two top countries, South Africa and Algeria, recorded a very high increase in the past week. At the same time, Algeria, Burkina Faso, Cameroon, Congo, Gabon, and Mauritius have recorded recent increase in COVID-19 deaths.
<table>
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<tr>
<th>Country</th>
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<th>Total Deaths</th>
<th>Recovered Cases</th>
<th>Case Fatality Ratio (%)</th>
<th>Health Worker Infections</th>
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*Cumulative Cases (N=47) 6 122 054 151 545 5 781 812 2.5 144 646

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

From 15 October to 9 November 2021 (weeks 41-45), a total of 89 suspected cases and 16 (CFR 18.0%) deaths due to yellow fever (YF) have been notified among the nomadic population from 14 communities in the Savannah Region in Northwest Ghana. The cases presented with symptoms of body pains, fever, abdominal pain, vomiting, jaundice, and bleeding from the gums. The age of the cases ranged from 8 months to 44 years and females accounted for 58.4% (52) of the cases.

The affected communities are located in the North Gonja and West Gonja districts of the Savannah region which borders Côte d’Ivoire and hosts Mole National Park, Ghana’s largest wildlife sanctuary that is frequented by tourists. The community is made up of a predominantly mobile population that migrated from Nigeria in 2019 and currently live at the base of the park. The area is also home to a variety of animals including non-human primates (wild host) and species of the Aedes mosquito (vector) which play a part in YF virus transmission.

Yellow fever is endemic in Ghana and falls within the Yellow Fever Belt of Africa, however no cases have been reported since 2019. The country is also classified as high-risk in the “Eliminate Yellow Fever Epidemics” (EYE) Strategy. Since 1992, the government of Ghana introduced the yellow fever vaccine into the routine immunization programme for children at nine months. The last nation-wide campaign was completed in 2020 and national vaccination rates are currently high at 88.0%. Despite high national rates of vaccine coverage, it is difficult to know the coverage among the mobile population who are among the most affected in this outbreak so far. Therefore, pockets of the population may still be left unvaccinated and vulnerable to infection.

PUBLIC HEALTH ACTIONS

- A multidisciplinary investigation team was deployed to the affected region to conduct an assessment alongside the regional team.
- Village leaders have been engaged to coordinate and support response activities.
- Active case search is ongoing in the affected areas.
- Lower-level surveillance systems and laboratory capacity has been assessed for proper capture of cases.
- Case management capacity in local health facilities has been assessed.
- Risk communication knowledge, attitudes, and practice studies were conducted as part of the risk assessment. Community engagement efforts have been strengthened to inform the public about yellow fever transmission and prevention through various platforms including town crier, mobile van, recognized community members, church and mosque announcements.
- Vaccination coverage in affected areas was reviewed and a new campaign strategy was developed and launched. The campaign began on 6 November 2021 and targets 54,964 people aged six months to 60 years in over 80 communities in the affected districts. A wider-scale campaign is also in development with support from the International Coordinating Group on Vaccine Provision for Yellow Fever Control.
- Entomological studies are ongoing to provide an entomological risk assessment and to recommend vector control measures.

SITUATION INTERPRETATION

Despite Ghana achieving high vaccination coverage for yellow fever in recent years, the risk of infection remains among nomadic settlements who have registered sub-optimal vaccination rates. Vaccination efforts have most likely led to an almost two-year period of no yellow fever cases reported. The current outbreak has affected a mobile and potentially unvaccinated population living near forest areas, suggesting that vaccination efforts are still needed in the country as sub-populations may remain at risk of YF outbreaks.

PROPOSED ACTION

- Intensify efforts to reach mobile populations with the yellow fever vaccine in high-risk areas such as the forest areas affected. WHO recommends vaccination against yellow fever for all international travellers nine months of age or older going to Ghana.
- Engage with local community leaders to reach the affected communities with risk communication activities and to mitigate any stigmatisation that might be felt by surveillance investigations.
EVENT DESCRIPTION

Ugandan health authorities confirmed and declared a cholera outbreak on 4 November 2021 following laboratory assessment of 14 stool samples collected from suspected cases in the villages of Nyarugugu B and C, in Isingiro district. Seven samples (50%) were confirmed having vibrio cholera. The index case was a 35-year-old female from Nyarugugu C village admitted in Nakivale health center on 4 November 2021 with a history of sudden onset loose watery motions with associated severe abdominal pain and multiple episodes of non-projectile watery vomitus. A diagnosis of suspected cholera was made, and treatment was initiated after sample collection.

In the morning of the same day (4 November 2021), the community health workers and the public health team undertook households visits in the Nyarugugu villages for active case finding. The investigation team detected two other suspected cases from the household of the index case and these were taken to the health facility. The second household visited was having four individuals and one of them was a cholera suspected case. In the third household visited, one person out of three had developed cholera symptoms. The remaining five households visited the same day had one cholera suspected case each.

As of 17 November, 163 suspected cases, seven confirmed and zero death, have been reported including 152 cases from Isingiro district and 11 from the capital city of Kampala. In Isingiro district, seven villages have reported cases of cholera so far. Nyarugugu C village has reported most cases 89 (58.5%) cases, followed by Nyarugugu B with 55 (36.2%) cases, then Sanagano with 3 (1.9%) cases, and Kashojwa B with 2 (1.3%) cases. Base camp, Kabazana and New Congo villages have reported one case of cholera each. Ten cases are on admission and 574 contacts have been listed and under follow up.

A cumulative of 78 stool samples have been collected in Isingiro district, of which cholera has been confirmed in 7 (9% of positivity rate) samples. Investigation is still ongoing for suspected cases reported in Kampala capital city.

PUBLIC HEALTH ACTIONS

- Rapid response teams are currently conducting cholera epidemiological investigation in areas reporting cases.
- District response teams are conducting contact tracing and active case search of suspected cases within the community
- Suspected cases are being managed at the cholera treatment unit, sample collection, while visits to homes of the discharged cases are also ongoing
- Door to door home visits and sensitization of households where cases have been registered have been conducted
- Non-food items have been distributed to enhance personal hygiene to households in the affected villages
- Monitoring of residual chlorine is currently done at water fetching points
- Water reservoirs are being installed in all water points to continue serving the community in case there is a delay or shortage in piped water supply

Risk communication activities to the general population is ongoing in the entire Isingiro district.

SITUATION INTERPRETATION

The main factor behind the current cholera outbreak points to insufficient clean water in the affected areas. The water scarcity situation has forced the population to adopt risky behaviors in order to meet their needs, including consumption of unsafe water from Nyarugugu Lake, along which majority of the cases are concentrated. Lack of cholera response supplies like water purification tablets may affect the quality of the ongoing outbreak response.

PROPOSED ACTIONS

- Efforts should be made to ensure that the community has access to adequate water supply.
- All required supplies for the ongoing outbreak response should be provided as quick as possible in order to contain this outbreak.
- Risk communication activities should continue in all the affected areas
- In the capital city of Kampala where suspected cases have been reported, the contingency plan for cholera response should be activated.
### Health Emergency Information and Risk Assessment

**COVID-19 cases** is 20,349, including 14 deaths and 20,255 recovered. On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 21 November 2021, the total number of confirmed cases are 20,349, including 14 deaths and 20,255 recovered. This large outbreak affected Bujumbura Mairie, Bujumbura Rural, Cibitoke and Bubanza health districts.

The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Two cases have been reported so far in 2021. There were three cases reported in 2020. The total number of cases reported in 2019 remains 130. These cases are from several outbreaks which occurred in 2019.

### Ongoing Events

#### Algeria
- **COVID-19** Grade 3
  - From 25 February 2020 to 21 November 2021, a total of 208,952 confirmed cases of COVID-19 with 6,021 deaths (CFR 2.9%) have been reported from Algeria. A total of 143,305 cases have recovered.

#### Angola
- **COVID-19** Grade 3
  - The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 20 November 2021, a total of 65,011 confirmed COVID-19 cases have been reported in the country with 1,730 deaths and 63,053 recoveries.

- **Poliomyelitis (cVDPV2)** Grade 2
  - 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
  - The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 24 October 2021, a total of 24,749 cases have been reported in the country with 161 deaths and 24,346 recoveries.

- **Cholera** Ungraded
  - Since week 12 (ending 28 March 2021) of this year, cases of cholera have been reported in Benin. As of 8 November 2021, a total of 259 cases with nine deaths (CFR 3.5%) are reported so far.

- **Poliomyelitis (cVDPV2)** Grade 2
  - No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. 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
  - On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 15 November 2021, a total of 194,445 confirmed COVID-19 cases were reported in the country including 2,416 deaths and 191,345 recovered cases.

#### Burkina Faso
- **Humanitarian crisis** Grade 2
  - Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement of over 1,467,685 million internally displaced persons as of 30 September 2021 in all 13 regions. The most affected regions were Sahel (493,708, 35.1%) and Centre-Nord (466,314, 33.1%). There are also some 23,610 refugees in the country of which the majority (23,173, 98.1%) are from Mali. 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 September 2021.

- **COVID-19** Grade 3
  - Between 9 March 2020 and 14 November 2021, a total of 15,514 confirmed cases of COVID-19 with 265 deaths and 15,009 recoveries have been reported from Burkina Faso.

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

#### Burundi
- **COVID-19** Grade 3
  - On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 21 November 2021, the total number of confirmed COVID-19 cases is 20,349, including 14 deaths and 20,255 recovered.

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### All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
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<td>15-Nov-21</td>
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Go to overview 9  Go to map of the outbreaks
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<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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The measles epidemic has been declared since November 2019 in camps hosting Congolese refugees and then spread to other communities. In 2020, a total of 1,968 cases were reported in 46 of the country’s 47 districts throughout 2020, 1,585 confirmed, 6 deaths. As of week 41, 2021, Burundi has reported a total of 557 suspected cases, 496 reported by case-by-case surveillance with no death, 72 confirmed by IgM+ 274 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak mode: Bubanza, Mbanda, Sugarama, Myinga, Rumonge and Cibitoke.

According to UNHCR and OCHA reports, an estimated 1.2 million people need assistance, 341,535 people are internally displaced as of 31 October 2021. IDPs have been leaving the Mayo-Sava division during the last months due to attacks by NSAG where improvised explosive devices have been identified and were attempted to be deactivated.

According to reports from UNHCR, an estimated 711,056 IDPs have been registered while 466,578 returnees have been reported as of 31 October 2021. There have continued to be reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers. Schools resumed session, but teachers and students faced attacks. There has been an increase in the use of improvised explosive devices (IEDs), carjacking, and clashes between security forces and NSAGs, leading to civilian population displacement. There were also 454,854 refugees as of 31 October 2021, of which more than 333,000 (73.3%) arrived from Central African Republic.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 10 October 2021, a total of 106,190 cases have been reported, including 1,770 deaths and 102,716 recoveries.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were seven cases reported in 2020.

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

Since the beginning of this year, 104 suspected cases of Cholera have been notified from Far-North, North, Centre, South West and Littoral regions. Seven deaths are reported so far (CFR 6.7%) as of 7 November 2021. The intensification of disease surveillance as well as the management of notified cases are ongoing.

According to OCHA figures, 3.1 million people are in need of assistance, 722,101 people are internally displaced as of 31 September 2021, and 733,000 persons are refugees in neighboring countries. In September 2021, 23,482 new IDPs were registered mainly from the sub-prefectures of Kabo, Bosoum, Bocaranga, Ouanda-Djallé, Bangui, Bria, Paoua, Abba and Alindao. Displacements were mostly caused by clashes between the Central African Armed Forces (FACA) and their allies against armed groups, fear of abuses by armed groups, and flooding as well. Food insecurity has also increased to an estimated 2.6 million people at risk (57% of the population).

From 1 January to 19 September 2021: 2,263 suspected cases have been reported, 210 cases with blood samples out of a total 608 investigated, 246 confirmed cases (65 IgM+ cases, 170 by epidemiological link and 11 compatible cases) and 9 deaths (CFR 0.42%). Eight health districts (out of 35) have reached the epidemic threshold (Bossebélé, Berbérat, Sangha-Mbaéré, Nanga-Bougolo, Batangafo, Mbaiki, Nana-Gebrizi and vakaga). 49% of children are less than 5 years of age; 42% were 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.
On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur Cameroun (CPC). She is reportedly not vaccinated against yellow fever. The onset of symptoms was 1 April 2021 with febrile jaundice. Her sample was sent to the CPC for quality control after it tested IgM negative at the Institut Pasteur in Bangui. A thorough investigation is ongoing. Laboratory tests are underway for two additional suspected cases.

The floods since June 2021 have affected about 256,214 people (42,765 households) in 400 villages across 8 regions of Chad (Borkou, Ennedi West, Logone Oriental, Mandoul, Moyen-Chari, Ouaddai, Sila and Tandjile). As of 31 October 2021, a total of 15 people died, and 17 others are missing and 329 people have been injured. Authorities have appealed to partners and to people of goodwill for assistance. Priority needs identified so far are food, shelter, household supplies/kits, livelihood, twelve health facilities need support (drug and medical supplies), water points treatment (wells) and vaccination.

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

Since 01 January 2021 up to Epi week 42, It has been reported 2,334 suspected cases from 97 out of 129 districts in the country (71% of districts). 527 cases investigated with blood samples recorded, 254 of which were confirmed by IgM, 36 were compatible cases and 13 deaths from 4 districts (CFR 0.6%), 26 districts with confirmed outbreaks since the start of the year. In 2020, reported 8,785 cases, with 363 confirmed cases and 41 deaths.

Since 11 March 2020, a total of 61,591 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 702 deaths, and a total of 60,558 recoveries. In 2020, the country registered 7,765 cases including 3 deaths. Since the beginning of 2021 up to 30 September 2021, 4,874 cases who have recovered.

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.

Since 14 March 2020, a total of 4,450 confirmed COVID-19 cases were reported in the country, including 150 deaths and 4,230 recoveries were reported in the country.

The first case of COVID-19 was notified on 30 April 2020 in Comoros. As of 20 November 2021, a total of 18,717 confirmed COVID-19 cases, including 150 deaths and 15,712 recovered cases have been reported in the country.

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.

Since 11 March 2020, a total of 61,591 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 702 deaths, and a total of 60,558 recoveries.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of 2020 cases remains at 63.

On 13 August 2021, five Yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Based on differential tests returned on 6 September 2021, the results of three cases are consistent with a recent Yellow fever infection. Two other cases had cross-reactions with other flaviviruses, of which one was more consistent with dengue and one with a flavivirus infection (PRNT positive for Yellow fever, Zika, and dengue).

In Mambasa territory, at least 6,365 IDPs have taken refuge in villages on the Mambasa-Biakato-Makeke axes. Nearly 20K inhabitants of villages Gina, Lopa, Tsalka, Malabo, Dhevi, moved to Iga-Barrière (territory of Djou) on October 20. Displacement is linked to fighting between Congolese military and militiamen. From 20-31 October 2021, at least 25 civilians living in the localities of Nzi, Jina and Malabo were reportedly killed and dozens of villages were set on fire by the attackers. IDPs are accommodated in host families and in collective sites (churches, schools, etc.) in precarious conditions. About 10K people from several localities of the Lita sanitation zone fled attacks on 20 October 2021 by the alleged CODECO. In Kasai Province 30,800 people returned to Mweka and Demba territories following a calm period which is about 80% of those who were originally displaced in March/April 2021.
In 2021, from epidemiological week 1 to 41 (ending 17 October 2021), 5 950 suspected cholera cases including 117 deaths (case-fatality rate 1.9%) were recorded in 79 health zones across 15 provinces of the Democratic Republic of the Congo. Tanganyika province reported most cases in week 41 (285 out of 298 cases, 95.6%). In 2020, a total of 30 304 suspected cholera cases including 514 deaths (case fatality 1.7%) were reported in 179 health zones across 23 provinces.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 57 976 confirmed cases and two probable case, including 1 04 deaths have been reported. A total of 51 119 people have recovered.

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

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

Since epidemiological week 1 up to week 43 in 2021, 2 780 cases have been reported with 72 deaths (CFR 2.6%). 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 2019 to 2020.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 11 cases reported in 2021 so far. The total number of 2020 cases remains at 81.

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

On 18 July 2021, two yellow fever cases tested positive by Plaque Reduction Neutralization Test (PRNT) at Centre Pasteur in Camerooon (CPC). The first case is a 34-year-old male from the Abou 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.

<table>
<thead>
<tr>
<th>Country Event</th>
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<th>End of reporting period</th>
<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
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<td>Democratic Republic of the Congo Yellow Fever</td>
<td>Grade 3</td>
<td>12-Mar-19</td>
<td>1-Jan-20</td>
<td>31-Oct-21</td>
<td>581</td>
<td>-</td>
<td>44</td>
<td>7.6%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Typhoid fever</td>
<td>Grade 3</td>
<td>15-Feb-2018</td>
<td>1-Jan-18</td>
<td>19-Nov-21</td>
<td>201</td>
<td>201</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Poliomyelitis</td>
<td>Grade 2</td>
<td>15-Sept-18</td>
<td>1-Jan-18</td>
<td>19-Nov-21</td>
<td>201</td>
<td>201</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Measles</td>
<td>Ungraded</td>
<td>12-Oct-21</td>
<td>1-Jun-2021</td>
<td>17-Oct-21</td>
<td>47 844</td>
<td>1 193</td>
<td>694</td>
<td>1.5%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Meningitis</td>
<td>Grade 2</td>
<td>30-Jul-2021</td>
<td>1-Jun-2021</td>
<td>31-Oct-21</td>
<td>2 558</td>
<td>29</td>
<td>202</td>
<td>7.9%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-20</td>
<td>31-Oct-21</td>
<td>9 037</td>
<td>39</td>
<td>301</td>
<td>3.3%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-2018</td>
<td>1-Jan-18</td>
<td>19-Nov-21</td>
<td>201</td>
<td>201</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>1-Jan-20</td>
<td>31-Oct-21</td>
<td>581</td>
<td>-</td>
<td>44</td>
<td>7.6%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Ebola virus disease</td>
<td>Grade 2</td>
<td>8-Oct-21</td>
<td>8-Oct-21</td>
<td>6-Nov-21</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>81.8%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>18-Nov-21</td>
<td>57 978</td>
<td>57 976</td>
<td>1 104</td>
<td>1.9%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-20</td>
<td>31-Oct-21</td>
<td>9 037</td>
<td>39</td>
<td>301</td>
<td>3.3%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Plague</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-20</td>
<td>31-Oct-21</td>
<td>9 037</td>
<td>39</td>
<td>301</td>
<td>3.3%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Yellow Fever</td>
<td>Ungraded</td>
<td>21-Apr-2021</td>
<td>21-Apr-2021</td>
<td>18-Jul-2021</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Country Event Grade Date notified to WCO Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>19-Nov-21</td>
<td>13 538</td>
<td>13 538</td>
<td>170</td>
<td>1.3%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>21-Nov-21</td>
<td>7 175</td>
<td>7 175</td>
<td>54</td>
<td>0.8%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>4-Nov-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>16-Nov-21</td>
<td>9 988</td>
<td>9 988</td>
<td>342</td>
<td>3.4%</td>
</tr>
<tr>
<td>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>13-Nov-21</td>
<td>130 744</td>
<td>130 744</td>
<td>1 208</td>
<td>0.9%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>1-Jan-17</td>
<td>1-Jan-21</td>
<td>19-Nov-21</td>
<td>74</td>
<td>74</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>18-Nov-21</td>
<td>37 045</td>
<td>37 045</td>
<td>273</td>
<td>0.7%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>28-Aug-2011</td>
<td>279</td>
<td>-</td>
<td>3</td>
<td>1.1%</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Jul-2019</td>
<td>8-Jul-2019</td>
<td>19-Nov-21</td>
<td>31</td>
<td>31</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>8-May-2021</td>
<td>8-May-2021</td>
<td>21-Oct-2011</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>87.5%</td>
</tr>
</tbody>
</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 19 November 2021, a total of 13 538 cases have been reported in the country with 170 deaths and 13 274 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 21 November 2021, a total of 7 175 confirmed COVID-19 cases with 54 deaths were reported in the country. A total of 6 962 patients have recovered from the disease.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 21 November 2021, a total of 46 487 cases have been reported in the country including 45 218 recoveries. A total of 1 248 associated deaths have been reported.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 370 200 COVID-19 cases with 6 682 deaths and 346 877 recoveries.

In 2021, as of 19 November (Epi week 47), a total of 2 703 cases have been reported of which 1 418 have been confirmed (965 epi-link, 408 IgM and 45 measles compatible) and 4 deaths recorded (CFR 0.1%). Out of the 2 703 suspected cases, 1 365 were under 5 years of age, 888 were between 5 and 14 years of age and 449 were over 15 years of age.

Since the beginning of the year 2021, 279 cases of meningitis have been reported with 3 deaths (CFR of 1.1%). 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.

Since 13 November 2021, a total of 134 744 COVID-19 cases have been reported in Ghana. There have been 1 208 deaths and 128 717 recoveries reported.

The conflict in the Tigray area has reached the 1 year mark and violence continues. The country declared a state of emergency on 2 November 2021 amid concerns that the Tigray People’s Liberation Front soldiers would take on Addis Ababa. On 28 October 2021, air strikes were carried out in Mekelle killing 6 people and injuring 24 others. No humanitarian supplies have been able to enter Tigray since 18 October 2021. The security situation in Northern Gonder, Wag Hemra, North and South Wello zones causing massive displacement of people who are living among the host community and others living in crowded centers, including schools. Humanitarian assistance has also been restricted in Amhara and Afar regions. Food assistance is likely to increase in Amhara due to continued disruption of livelihoods, displacements and increased food prices.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 10 November 2021, a total of 31 705 confirmed cases including 29 650 recoveries and 509 deaths have been reported in the country.

To date, there have been a total of 8 confirmed cases and 7 deaths (CFR 87.5%): the first case (23 years old man, resident of Yomou prefecture) was notified on 8 May 2020. The patient was also confirmed to be positive for COVID-19 and later died. Contact tracing of 88 people was done, and no secondary cases found. However, the prefecture of Siniongol is regarded as active, with the prefectures of Yomou-Centre, Péla, Yomou and Bignamou on alert. More cases have been reported with the recent case, a 9 years old female from Faranah health district confirmed on 19 September 2021 by the Gueckerou laboratory and died the same day.
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

Poliomyelitis (cVDPV2) Grade 2 22-Jul-2020 22-Jul-2020 20-Nov-21 50 50 0 0.0%

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

Kenya

COVID-19 Grade 3 13-Mar-20 13-Mar-20 21-Nov-21 254 688 254688 5 328 2.1%

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 21 November 2021, 254 688 confirmed COVID-19 cases including 5 328 deaths and 247 919 recoveries have been reported in the country.

Kenya

Leishmaniasis Ungraded 31-Mar-19 3-Jan-20 11-Nov-21 1 298 1 120 10 0.8%

Since January 2020, a total of 1 298 visceral leishmaniasis confirmed cases with 10 deaths (CFR 0.9%), have been reported in eight counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir, and Tharaka Nithi. The outbreak is active in four counties; Kitui, Tharaka Nithi, West Pokot, and Wajir. 15 new cases were recorded during week 43.

Kenya

Poliomyelitis (cVDPV2) Grade 2 6-Feb-2021 10-Feb-2021 19-Nov-21 3 3 0 0.0%

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

Lesotho

COVID-19 Grade 3 13-May-2020 13-May-2020 20-Nov-21 21 729 21 729 661 3.0%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 20 November 2021, a total of 21 729 cases of COVID-19 have been reported, including 13 600 recoveries and 661 deaths.

Liberia

COVID-19 Grade 3 16-Mar-20 16-Mar-20 18-Nov-21 5 819 5 819 287 4.9%

From 16 March 2020 to 18 November 2021, Liberia has recorded a total of 5 819 cases including 287 deaths and 5 530 recoveries have been reported.

Liberia

Lassa fever Ungraded 23-Jul-2021 1-Jan-21 14-Nov-21 21 21 13 61.9%

The numbers of confirmed and death cases have been reviewed. From January 2021 to 14 November 2021, a total of 125 suspected cases were reported, of which 21 (16.8%) were confirmed, and 13 deaths (CFR 61.9%) among the confirmed cases. Three counties are currently in outbreak: Bong, Grand Bassa and Montserrado counties.

Liberia

Poliomyelitis (cVDPV2) Grade 2 10-Dec-2020 17-Dec-2020 19-Nov-21 3 3 0 0.0%

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-Jan-21 1-Jan-21 9-Sep-21 43 672 43 672 964 2.2%

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 5-Nov-21 43 672 43 672 964 2.2%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 5 November 2021, a total of 43 672 cases have been reported in the country, out of which 42 708 have recovered and 964 deaths reported.

Madagascar

Malaria Ungraded 8-Mar-21 1-Jan-21 19-Sep-21 1 439 687 686 0.0%

From January 2021 to 19 September 2021, 1 439 687 cases were reported including 686 deaths. The number of malaria cases reported in week 37 was 6 951 cases. A decrease in the number of malaria cases has been observed from week 21.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>09-May-2018</td>
<td>1-Jan-21</td>
<td>20-Oct-21</td>
<td>3 248</td>
<td>234</td>
<td>5</td>
<td>0.2%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-2020</td>
<td>22-Jul-2020</td>
<td>20-Nov-21</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Kenya</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>21-Nov-21</td>
<td>254 688</td>
<td>254688</td>
<td>5 328</td>
<td>2.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>3-Jan-20</td>
<td>11-Nov-21</td>
<td>1 298</td>
<td>1 120</td>
<td>10</td>
<td>0.8%</td>
</tr>
<tr>
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<td>Grade 2</td>
<td>6-Feb-2021</td>
<td>10-Feb-2021</td>
<td>19-Nov-21</td>
<td>3</td>
<td>3</td>
<td>0</td>
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<tr>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>13-May-2020</td>
<td>13-May-2020</td>
<td>20-Nov-21</td>
<td>21 729</td>
<td>21 729</td>
<td>661</td>
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</tr>
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<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>18-Nov-21</td>
<td>5 819</td>
<td>5 819</td>
<td>287</td>
<td>4.9%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jul-2021</td>
<td>1-Jan-21</td>
<td>14-Nov-21</td>
<td>21</td>
<td>21</td>
<td>13</td>
<td>61.9%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Malnutrition crisis</td>
<td>Grade 2</td>
<td>1-Jul-21</td>
<td>1-Jan-21</td>
<td>9-Sep-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Madagascar</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>5-Nov-21</td>
<td>43 672</td>
<td>43 672</td>
<td>964</td>
<td>2.2%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>8-Mar-21</td>
<td>1-Jan-21</td>
<td>19-Sep-21</td>
<td>1 439 687</td>
<td>686</td>
<td>-</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
### Health Emergency Information and Risk Assessment

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

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 21 November 2021, a total of 151,488 confirmed COVID-19 cases were reported in the country including 19,465 deaths and 17,465 recovered cases.

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

Malawi COVID-19 Grade 3 2-Apr-2020 2-Apr-2020 21-Nov-2021 61,863 61,863 2,304 3.7%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 21 November 2021, the country has a total of 61,863 confirmed cases with 2,304 deaths and 58,755 recoveries.

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

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 21-Nov-2021 16,946 16,946 592 3.5%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 21 November 2021, a total of 16,946 confirmed COVID-19 cases have been reported in the country including 592 deaths and 15,000 recoveries.

Mali Measles Ungraded 20-Feb-2018 1-Jan-2019 7-Nov-2021 1,466 792 2 0.1%

From January 2021 up to Epi week 44 (ending the 07 November 2021), Mali has reported a total of 1,466 suspected cases including two deaths. 1,322 samples tested of which 792 were positive, 491 negative and 39 undetermined. There is an increase of 100 % of confirmed cases compared to the same week last year.

Mali Poliomyelitis (cVDPV1) Grade 2 18-Aug-2020 18-Aug-2020 19-Nov-2021 52 52 0 0.0%

No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The total number of cases since 2020 to 52.

Mauritania COVID-19 Grade 3 13-Mar-2020 13-Mar-2020 21-Nov-2021 38,647 38,647 818 2.1%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 21 November 2021, a total of 38,647 cases including 818 deaths and 36,952 recovered cases have been reported in the country.

Mauritius COVID-19 Grade 3 18-Mar-2020 18-Mar-2020 8-Nov-2021 18,979 18,970 240 1.3%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 08 November 2021, a total of 18,979 confirmed COVID-19 cases including 240 deaths and 17,465 recovered cases have been reported in the country.

Mozambique Humanitarian crisis Protracted 2 1-Jan-2020 1-Jan-2020 10-Oct-2021 - - -

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 October 2021, security incidents occurred in Palma, Mueda, and Meluco districts as well as the death of an insurgent leader at the end of Sep 2021. From 29 Sep – 5 Oct 2021, a total of 1,912 internally displaced person (IDPs) arrived mostly in Metuge, Nangade, and Cidade de Pemba districts. As of 10 Oct 2021, the national-estimate of people in need of humanitarian assistance is 1.3 million and there are 744K people displaced.

Mozambique Cholera Ungraded 28-Sep-2021 21-Jul-2021 19-Oct-2021 191 8 0 0.0%

On 28 September 2021, the WHO was notified about a Cholera outbreak in some communities of Caia District. By 19 October 2021, 191 cases were recorded with no deaths. Eight cases were confirmed (7 by RDT and 1 by culture).

Mozambique COVID-19 Grade 3 22-Mar-2020 22-Mar-2020 21-Nov-2021 151,488 151,488 1,938 1.3%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 21 November 2021, a total of 151,488 confirmed COVID-19 cases were reported in the country including 1,938 deaths and 149,437 recoveries.

Mozambique Measles Ungraded 25-Jun-2020 1-Jan-2021 10-Oct-2021 125 2 0 0.0%

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

Namibia COVID-19 Grade 3 14-Mar-2020 14-Mar-2020 18-Nov-2021 129,091 129,091 3,569 0.0%

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 18 November 2021, a total of 129,091 confirmed cases with 125,450 recovered and 3,569 deaths have been reported.

Namibia Hepatitis E Protracted 1 18-Dec-2017 8-Sep-2017 15-Aug-2021 8,090 8,090 66 0.8%

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

Niger Floods Ungraded 15-Jul-2021 2-Jul-2021 31-Oct-2021 250,000 - 77 0.0%

In Niger, torrential rainfall and floods affected more than 250,000 people and left 77 people dead. Since the start of the 2021 rainy season in June, torrential rainfall has led to the collapse of more than 21,000 houses, the destruction of more than 7,300 hectares of cultivable land, and the death of more than 10,000 livestock. Thousands of people have been rendered homeless and vulnerable due to the loss of their livelihoods. Floods have been followed by outbreaks of cholera across seven of the country’s eight regions.
According to OCHA statistics, 3.8 million people need humanitarian assistance in 2021, 313 are internally displaced. 234K are refugees, and 2 million are food insecure (phase 3+ and above) as of 1 October 2021 in Niger. Security tensions has had a negative impact on local markets and price of food in the Tillaberi region causing concern for nutrition levels in children in the region. The trend of children admitted into national food program has increased in certain areas of the country (including Tillaberi and Maradi) between July and August 2021. According to the Humanitarian Response Plan 2021, more than 1.8 million children <5 years need nutritional assistance, including 1.6 million children between 6-59 months for management of acute malnutrition and 172,288 children between 6-23 months for preventive supplementation.

### Niger

**Country:** Nigeria  
**Event:** Humanitarian crisis  
**Grade:** Protracted 1  
**Date notified to WCO:** 1-Feb-2015  
**Start of reporting period:** 1-Feb-2015  
**End of reporting period:** 1-Oct-21  
**Total cases:** -  
**Cases Confirmed:** -  
**Deaths:** -  
**CFR:** -

As of 25 October 2021, a total of 5,522 cases including 159 deaths (CFR 2.9%) have been reported. Seven regions out of eight have reported cases so far (Tahoua, Niamey, Tillaberi, Dosso, Maradi, Zinder and Diffa). To date 35 out of 72 health districts have reported cases with 9 health districts currently active. The rainy season is still ongoing causing floods that contribute to the spread of the outbreak.

**Country:** Nigeria  
**Event:** COVID-19  
**Grade:** Grade 3  
**Date notified to WCO:** 9-Sep-21  
**Start of reporting period:** 1-Jan-21  
**End of reporting period:** 30-Sep-21  
**Total cases:** 79  
**Cases Confirmed:** 23  
**Deaths:** 0  
**CFR:** 0.0%

From 19 March 2020 to 21 November 2021, a total of 6,836 cases with 242 deaths have been reported across the country. A total of 6,407 recoveries have been reported from the country.

Between epidemiological weeks 1 and 37 2021 (ending 19 September), 2,297,488 confirmed malaria cases including 2,124 deaths were reported through routine surveillance in Niger. Although the weekly attack rates follow the trends seen in the last two years, epidemic thresholds have been exceeded in several districts in the region with increases in malaria incidence and mortality. Investigations are being planned to better understand the situation.

**Country:** Nigeria  
**Event:** Measles  
**Grade:** Ungraded  
**Date notified to WCO:** 1-Dec-2020  
**Start of reporting period:** 1-Dec-2020  
**End of reporting period:** 7-Nov-21  
**Total cases:** 2,974  
**Cases Confirmed:** 1,795  
**Deaths:** 124  
**CFR:** 4.1%

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 (Arist, Blima, Dogondoutchi, Tihir, Gazona, Niamey 2, Niamey 3, Niamey 4, Tahoua Com, Ayerou, Bayalaye, 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:** Nigeria  
**Event:** Poliomyelitis  
**Grade:** Ungraded  
**Date notified to WCO:** 10-May-2019  
**Start of reporting period:** 10-May-2019  
**End of reporting period:** 18-Jul-21  
**Total cases:** 9,095  
**Cases Confirmed:** 924  
**Deaths:** 16  
**CFR:** 0.2%

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

In 2021, more than 8.7 million require humanitarian assistance in Borno, Adamawa, and Yobe states. Attacks in Nigeria have continued in LGAs of Borno, Adamawa, and Yobe (BAY) states making the North-Eastern part of the country volatile. As of 31 August 2021, there are 3,024,199 IDPs according to UNHCR and 72,531 refugees (phase 3+ and above) as of 1 October 2021 in Niger. Security tensions has had a negative impact on local markets and price of food in the Tillaberi region causing concern for nutrition levels in children in the region. The trend of children admitted into national food program has increased in certain areas of the country (including Tillaberi and Maradi) between July and August 2021. According to the Humanitarian Response Plan 2021, more than 1.8 million children <5 years need nutritional assistance, including 1.6 million children between 6-59 months for management of acute malnutrition and 172,288 children between 6-23 months for preventive supplementation.

Hierarchical table:

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>1-Feb-2015</td>
<td>1-Feb-2015</td>
<td>1-Oct-21</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>9-Sep-2020</td>
<td>1-Jan-21</td>
<td>30-Sep-21</td>
<td>79</td>
<td>23</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>10-May-2019</td>
<td>1-Dec-2020</td>
<td>7-Nov-21</td>
<td>2,974</td>
<td>1,795</td>
<td>124</td>
<td>4.1%</td>
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<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Oct-2020</td>
<td>1-Oct-2020</td>
<td>19-Nov-2021</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.0%</td>
</tr>
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<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-2020</td>
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<td>30-Sep-2021</td>
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<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Nigeria</td>
<td>Cholera</td>
<td>Grade 2</td>
<td>12-Jan-21</td>
<td>12-Jan-21</td>
<td>7-Nov-21</td>
<td>100,057</td>
<td>100,057</td>
<td>3,449</td>
<td>3.4%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>31-Oct-21</td>
<td>3,496</td>
<td>403</td>
<td>79</td>
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<tr>
<td>Nigeria</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>25-Sep-2020</td>
<td>1-Jan-21</td>
<td>31-Aug-2021</td>
<td>10,106</td>
<td>6,718</td>
<td>87</td>
<td>0.9%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>9-Sep-2020</td>
<td>9-Sep-2020</td>
<td>30-Sep-2021</td>
<td>79</td>
<td>23</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

In 2020, Nigeria reported 9,316 confirmed cases, with 55 deaths, CFR 0.6%. From January 2021 to 31 August 2021, 10,106 suspected cases have been reported in Nigeria including 87 deaths. Of the suspected cases reported, 6,718 (66.5%) were confirmed (1,065 lab confirmed 2,734 epi-linked and 2,919 clinically compatible), 3,272 (32.4%) were discarded and 116 (1.2%) are pending classification. The most affected state is Borno with 5,614 cases. The age group 9 - 59 months accounted for 44% are from Edo, 35% from Ondo and 5% are from Taraba States.

According to the Nigeria Centre for Disease Control (NCDC), in September 2021, no additional cases of suspected monkeypox were reported. Therefore in 2021, the total remains at 79 suspected cases reported since the beginning of the year. Of the suspected cases, 23 were confirmed from eight states Delta (7), Lagos (4), Bayelsa (4), Rivers (4), Edo (1), FCT (1), Niger (1), Ogun (1) and, no deaths recorded from all States.
Sao Tome and Principe COVID-19 Grade 3 6-Apr-2020 6-Apr-2020 21-Nov-21 3 731 3 731 56 1.5%

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

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

Sierra Leone Measles Ungraded 1-Jan-21 30-Sep-21 25 3 0 0.0%

On 29 October 2021, Sierra Leone’s Ministry of Health and Sanitation declared a measles outbreak in Kambia District following the confirmation of three cases at the Central Public Health Reference Laboratory (CPHRL) in Freetown. The date of onset of symptoms for the first two cases was 11 October 2021. As of 31 October 2021, 25 cases of which 3 confirmed, 0 deaths and 2 recoveries were reported.

Sierra Leone Poliomyelitis (cVDPV2) Grade 2 10-Dec-2020 10-Dec-2020 19-Nov-21 15 15 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. So far, 5 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 21-Nov-21 2 929 862 2 929 862 89 574 3.4%

Since the start of the COVID-19 pandemic in South Africa by 21 November 2021, a cumulative total of 2 929 862 confirmed cases and 89 574 deaths have been reported with 2 821 141 recoveries.

South Sudan Acute Food Insecurity Grade 2 18-Dec-2020 5-Apr-2021 17-Oct-21 - - - -

According to the World Food Programme an estimated 7.2 million people (60% of the country’s total population) faced crisis levels of food insecurity phase (IPC) 3 or worse from April to July 2021 - a figure that increased by 25% compared to the previous three months. Of the total number, 108K are in IPC 5, 2.4 are in IPC 4, and 4.6 million are in IPC 3. The total number includes 1.9 million acutely malnourished women and children suffering and 1.47 million internally displaced people. The six most affected counties are Pibor, Akobo, Awil South, Tonj North, Tonj South and Tonj East.

South Sudan Floods Ungraded 15-Jul-2021 1-May-2021 3-Nov-21 - - - -

The escalating flooding began in May 2021 and has affected over 800 000 people in areas along the Nile and Lop rivers and Sudd marshlands as of 3 November 2021. Flooding has affected over 30 counties across 8 states with communities in Jonglei, Upper Nile and Unity states being the most affected. A rapidly worsening situation was noted in October 2021 with a significant increase in the number of people and locations affected by flooding in Jonglei State (257 000 people affected), Unity State (196 000 people affected), and Upper Nile (125,000 people affected).
### Health Emergency Information and Risk Assessment

**Zimbabwe Anthrax**

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<td>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>15-Aug-2016</td>
<td>n/a</td>
<td>7-Oct-21</td>
<td>-</td>
<td>-</td>
<td>133</td>
<td>1.0%</td>
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</tbody>
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On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 21 November 2021, a total of 12 680 confirmed COVID-19 cases were reported in the country including 133 deaths and 12 168 recovered cases.

### Health Emergency Information and Risk Assessment

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1Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: [https://www.who.int/hac/about/erf/en/](https://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.

Health Emergency Information and Risk Assessment