

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 29: 12 - 18 July 2021

Data as reported by: 17:00; 18 July 2021



World Health
Organization

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

2

New events

118

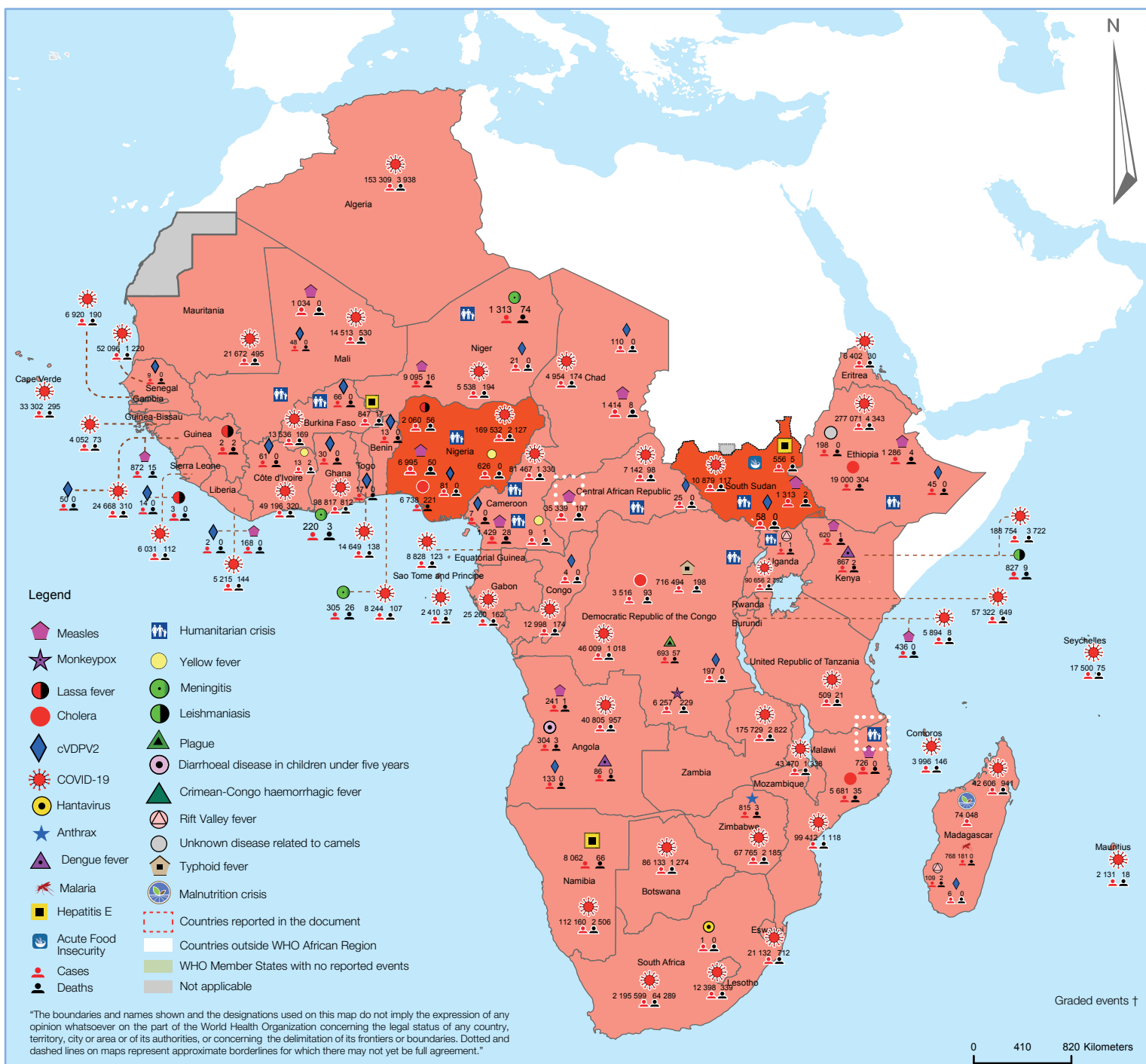
Ongoing events

107

Outbreaks

13

Humanitarian
crises



49

Grade 3 events

25

Grade 2 events

0

Grade 1 events

37

Ungraded events

3

Protracted 3 events

3

Protracted 2 events

3

Protracted 1 events

Overview

Contents

1 Overview

2 -8 Ongoing events

9 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 120 events in the region. This week's articles cover:

- COVID-19 across the WHO African region
- Measles in Central African Republic
- Humanitarian Crisis in Mozambique

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 African region has seen a decrease in COVID-19 cases after a sustained nine-week increase and peak in the previous week. A fall in the deaths was also seen. Although the region has observed a decrease in cases and deaths, the current number of cases and deaths reported during this third wave remain higher than during previous waves. This recorded decrease needs to be observed over a couple of weeks before making any inference. In addition, the decline in South Africa might be partly due to the unrest in Gauteng and KwaZulu Natal, some of the COVID-19 hotspots, limiting ability of people to be tested. The region's case fatality rate (2.4%), which is the proportion of deaths among confirmed cases, is currently higher than the global average of 2.2%. Sixteen countries are seeing a resurgence as more variants including the more transmissible, Delta variant continue to spread within the region. The combination of vaccine scarcity and treatment challenges is seriously undermining effective response to the surging pandemic. Insufficient quantity, poor maintenance of production plants as well as challenges in distribution, scarcity of cylinders, and technical skills are among the barriers to adequate medical oxygen supply in the region.
- The measles outbreak in Central African Republic continues to show a steadily declining trend after implementation of two successful vaccination campaigns, which is to be commended, particularly in the context of COVID-19 and continuing insecurity. Gaps in the investigation of suspected measles cases and in the collection of samples are observed in the health districts experiencing the outbreak and specifically in Kembé-Satema, which is facing insecurity. The development and transmission of line lists of measles cases are not done optimally, limiting the ability to track and respond to the outbreak effectively. In addition, the next round of reactive measles vaccination campaigns have been delayed and communication activities have slowed down in 2021. COVID-19 restrictions and the overstretching of the health system by this pandemic continue to compound these challenges.
- Cabo Delgado province in northeastern Mozambique continues to experience a volatile and unpredictable humanitarian crisis situation. According to the International Organization for Migration (IOM), from April 2017 to April 2021 an estimated 732 000 people have been displaced in Mozambique. The ability to provide essential health services in the Cabo Delgado province is hindered by insecurity and insurgent attacks. The threat of food insecurity is becoming a concern in both rural and urban areas and not just for displaced people but host communities too. Disease outbreaks such as cholera and plague have affected the province this year as well as the common morbidities of malaria, and diarrhoea have affected the population. The COVID-19 situation in the country has also worsened since week 20 and poses a threat to the province's health system which has surveillance challenges.

Ongoing events

Coronavirus disease 2019

African region

4 561 062 : 107 555 : 2.4%
Cases : **Deaths** : **CFR**

The number of new coronavirus (COVID-19) cases in the past seven days (12 - 18 July 2021), increased by 191 222; a 10.9% decrease was observed compared to the previous week when 214 592 new cases were reported. A total of 26 countries (56.5%) saw an increase in weekly cases in the past seven days, of which, Algeria, Chad, Eswatini, Gambia, Guinea, Guinea-Bissau, Kenya, Lesotho, Malawi, Mali, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Rwanda, Senegal, South Sudan and Togo had an increase above or equal to 20.0% compared to the previous week. At the same time, a total of 19 (41.3%) countries reported a decrease in new cases. Sixteen countries; Benin, Burkina Faso, Cameroon, Comoros, Congo, Equatorial Guinea, Eritrea, Ghana, Liberia, Namibia, Seychelles, Sierra Leone, South Africa and Uganda reported a decrease in cases above or equal to 20.0% compared to the prior week.

Case incidence remains high in the African Region with an average of 27 317 cases reported each day over the past seven days. More than half (52.0%; 99 496) of the new COVID-19 infections are from South Africa, although 44 countries reported new cases in this period. This was followed by Zimbabwe reporting 15 854 cases (8.3%), Mozambique 10 544 (6.0%), Zambia 9 920 (5.2%), and Rwanda 9 078 (4.7%).

Similar to the case trend, weekly fatalities also fell by 9.1% in the past seven days, with 4 632 new deaths noted from 38 countries. Most of these deaths were concentrated in a few countries including: South Africa, which reported the majority of deaths, (2 570, 55.5%), followed by Namibia with 442 (9.5%), Zimbabwe 437 (9.4%), Zambia 262 (5.7%), and Uganda 228 (5.0%). All these five countries accounted for 85.0% of the new deaths recorded in the past week.

Other countries reporting 20 or more new deaths in this period include: Mozambique (136), Algeria (102), Rwanda (89), Malawi (88), Kenya (53), Democratic Republic of the Congo (34), Senegal (26), Angola (22) and Botswana (21). A total of 24 countries reported fewer than 20 deaths in the past seven days.

Since the beginning of the COVID-19 pandemic in the African Region, the cumulative number of confirmed COVID-19 cases is at, 4 561 062. More than 4 million recoveries have been recorded, giving a recovery rate of 88.0%. The death count is now at 107 555.

Overall, there are 10 countries reporting an increasing trend in new cases: Algeria, Botswana, Ghana, Liberia, Malawi, Mozambique, Rwanda, Senegal, South Africa, and Zimbabwe. However, the trend is not uniform. Forty-one countries are experiencing either a plateau or a decrease in new cases. The number of cases and deaths reported during this third wave remain higher than during the second wave, however with respective trends varying across the region.

The ongoing resurgence of COVID-19 cases in the region is associated with case trends in some countries. Currently, there are 16 countries that meet the criteria for resurgence: Algeria, Democratic Republic of the Congo, Eritrea, Liberia, Kenya, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Senegal,

Sierra Leone, South Africa, Togo, Zambia and Zimbabwe. Four countries in resurgence have now seen a steady decline in new cases during the past two weeks, though case numbers remain high: Democratic Republic of the Congo, Eritrea, Kenya and Namibia. Death trends are also on the decline in Kenya and Uganda but remain stable in Eritrea. Following three weeks of a steady decline in new cases, Uganda no longer meets the criteria for resurgence.

The WHO is closely monitoring Comoros, Cote d'Ivoire, Equatorial Guinea, Eswatini, Mauritania, Niger, Nigeria, South Sudan and Togo which do not meet the criteria for resurgence, but which have seen a recent increase in new cases.

The highest COVID-19 case incidence has been recorded in South Africa with, (2 295 095 cases, 50.3%), followed by Ethiopia (277 696 cases, 6.1%), Kenya (192 758 cases, 4.2%), Zambia (185 649 cases, 4.1%) and Nigeria (169 532 cases, 3.7%), all accounting for (3 120 730, 68.4%) of all total cases. South Africa also has the highest number of deaths in the region (66 859 deaths, 62.2%). Next, is Ethiopia with 4 357, 4.1%, Algeria (3 938, 3.7%), Kenya (3 775, 3.5%), and Zambia 3 084 (3.0%). These five countries account for (82 013, 76.3%) of all deaths reported in the region.

During this reporting period, 231 new health worker infections were reported from Namibia (201), Eswatini (20), and Seychelles (10). To-date, there have been 115 116 COVID-19 infections (2.5% of all cases) among health workers, with South Africa accounting for about 49.0% (56 180) of these cases. Algeria (11 936, 10.4%), Kenya (5 777, 5.0%), Ghana (4 763, 4.1%) and Zimbabwe (4 391, 3.8%) have also recorded a high number of health worker infections. Other countries reporting health worker infections are shown in Table 1. Algeria (8.0%), Niger (6.4%), Togo (6.1%), Chad (5.9%), and Zimbabwe (5.3%) have the highest country specific proportion of health worker infections. Only Eritrea has not reported any healthcare worker infections.

Continentwide, recorded infections are at over six million, with 157 971 reported deaths (case fatality ratio 2.5%) and more than 5.4 million people have recovered. In comparison to the rest of the world, there are relatively few infections in the Africa continent, which accounts for 3.1% of global cases and 3.7% of global deaths, while the WHO African Region, which includes sub-Saharan Africa and Algeria, accounts for 2.3% of global cases and 2.5% of global deaths, making it one of the least affected regions in the world.

All countries in the African region are experiencing community transmission, of which six countries (13.0%), Botswana, Cabo Verde, Namibia, Seychelles, South Africa and Zambia have uncontrolled transmission, 12 (26.1%) have high transmission, 19 (41.3%) have moderate transmission and nine (19.6%) countries have low transmission.

The continent has vaccinated 52 million people since the start of the vaccine rollout in March 2021, accounting for just 1.6%

[Go to overview](#)

2

[Go to map of the outbreaks](#)

of the 3.5 billion people vaccinated worldwide. Only 18 million people in Africa are fully vaccinated, representing 1.5% of the continent's population compared with over 50% in some high-income countries. Burundi and Eritrea have not yet joined the COVAX facility.

SITUATION INTERPRETATION

In the past seven days, the African region saw a fall in the COVID-19 case numbers, after nine weeks of sustained increase and peak in the prior week. As a result, hospital admissions have increased rapidly and countries continue to face shortages in medical oxygen and intensive care beds. However, case numbers reported across the region remain significantly higher than reported in all earlier peaks. The high case incidence comes amid inadequate vaccine supplies, which has left governments with few options other than instituting lockdowns to try to slow the spread. The deaths count also decreased for the first time after five weeks of consistent increase.

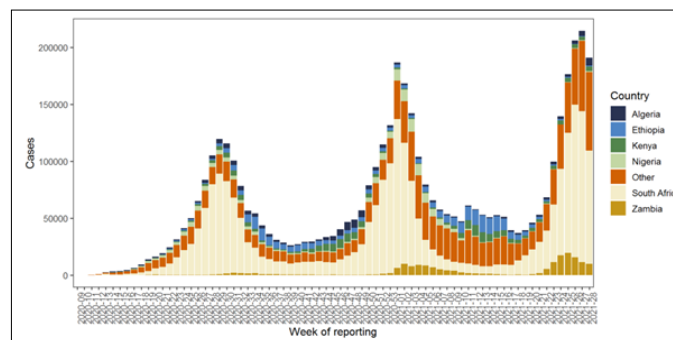
Countries from southern Africa; including South Africa, Namibia, Zambia and Zimbabwe continue to register the highest case and death counts. This surge is driven by public fatigue with non-pharmaceutical measures and an increased spread of variants. To date, the Delta variant, which is currently the most transmissible of all variants, has been detected in 21 African countries, while the Alpha variant is in 35 countries and Beta in 30.

WHO is working with countries to improve COVID-19 treatment and critical care capacities by providing guidance on clinical management and support to update protocols and train health workers. Along with partners, the organization is also delivering essential medical supplies, such as oxygen cylinders and has supported the manufacture and repair of oxygen production plants.

PROPOSED ACTIONS

- All countries in the African region that do not meet the criteria for a COVID-19 resurgence, yet with a recent increase need to be monitored closely. Member states need to maintain strong surveillance and detection systems, reassess and boost treatment capacity, and step up the supply of critical medicines, including medical oxygen for the treatment of severely ill patients. The number one priority for African countries is boosting oxygen production that is vital for critically ill patients. WHO is calling on Member States to fully vaccinate at least 10.0% of their populations by September, and 30.0% by the end of 2021.

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by reporting date, 25 February 2020 – 18 July 2021
($n = 4\,561\,062$)



Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 18 July 2021

Country	Total Cases	Total Deaths	Recovered Cases	Case Fatality Ratio (%)	Health Worker infections
South Africa	2 295 095	66 859	2 050 164	2.9	56 180
Ethiopia	277 696	4 357	262 314	1.6	3 354
Kenya	192 758	3 775	182 326	2.0	5 777
Zambia	185 649	3 084	171 699	1.7	1 121
Nigeria	169 532	2 127	164 699	1.3	3 175
Algeria	153 309	3 938	105 604	2.6	11 936
Namibia	112 824	2 532	87 778	2.2	3 844
Mozambique	99 412	1 118	76 716	1.1	3 561
Ghana	98 817	812	95 147	0.8	4 763
Uganda	90 656	2 392	68 241	2.6	1 987
Botswana	86 133	1 274	73 380	1.5	61
Zimbabwe	83 619	2 622	53 453	3.1	4 391
Cameroon	81 467	1 330	79 825	1.6	2 806
Rwanda	57 322	649	40 041	1.1	682
Senegal	52 096	1 220	43 311	2.3	419
Côte d'Ivoire	49 196	320	48 445	0.7	943
Democratic Republic of the Congo	46 009	1 018	29 205	2.2	256
Malawi	43 470	1 338	34 922	3.1	1 702
Madagascar	42 606	941	41 665	2.2	70
Angola	40 805	957	34 755	2.3	939
Cabo Verde	33 302	295	32 455	0.9	140
Gabon	25 260	162	24 973	0.6	345
Guinea	24 668	188	23 571	0.8	682
Mauritania	22 637	509	20 736	2.2	24
Eswatini	21 132	712	18 887	3.4	626
Seychelles	17 500	75	16 735	0.4	912
Togo	14 649	138	13 838	0.9	891
Mali	14 514	530	11 870	3.7	87
Burkina Faso	13 536	169	13 340	1.2	288
Congo	12 998	174	12 063	1.3	203
Lesotho	12 398	339	6 601	2.7	473
South Sudan	10 917	117	10 674	1.1	294
Equatorial Guinea	8 828	123	8 591	1.4	415
Benin	8 244	107	8 081	1.3	139
Central African Republic	7 142	98	7 044	1.4	1
Gambia	6 920	190	6 015	2.7	142
Eritrea	6 402	30	6 043	0.5	0
Sierra Leone	6 186	115	4 129	1.9	260
Burundi	5 894	8	5 722	0.1	38
Niger	5 587	194	5 277	3.5	355
Liberia	5 396	148	2 715	2.7	231
Chad	4 964	174	4 778	3.5	292
Guinea-Bissau	4 052	73	3 706	1.8	23
Comoros	4 011	147	3 837	3.7	155
Mauritius	2 535	19	1 921	0.7	30
Sao Tome and Principe	2 410	37	2 336	1.5	102
United Republic of Tanzania	509	21	180	4.1	1
Cumulative Cases (N=47)	4 561 062	107 555	4 019 808	2.4	115 116

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

EVENT DESCRIPTION

Since the beginning of 2020, the Central African Republic has been facing a resurging measles outbreaks. The ongoing measles outbreak in the Central African Republic was declared on 24 January 2020. The outbreak began early in 2019 under a context of accumulation of susceptible individuals due to low administrative vaccination coverage both from routine immunization (< 75.0% between 2015 and 2019) and from various supplementary immunization activities (SIA).

From 1 January to 22 September 2020, 28 633 cases were reported, including 137 deaths, compared to 3 388 cases registered in 2019 and 241 in 2018. However, in 2021, the number of suspected measles cases reported in the Central African Republic from week 1 to week 26 (ending 4 July 2021) remains low compared to the same period in 2020, with 26 481 cases in 2020 and 1 823 cases in 2021. Since the beginning of the outbreak in 2019 to 4 July 2021, there have been 35 339 suspected measles cases including 197 deaths (case fatality ratio 0.6%) identified through the routine surveillance system. Of the suspected measles cases recorded in 2021, 487 were confirmed and four died (case fatality ratio: 0.2%).

Of these confirmed cases, 41 tested IgM positive for measles, 148 were epidemiologically linked and 298 were compatible cases. The epidemic has affected more than half of the country's 35 health districts with a high prevalence in the capital Bangui, the west and the centre-east.

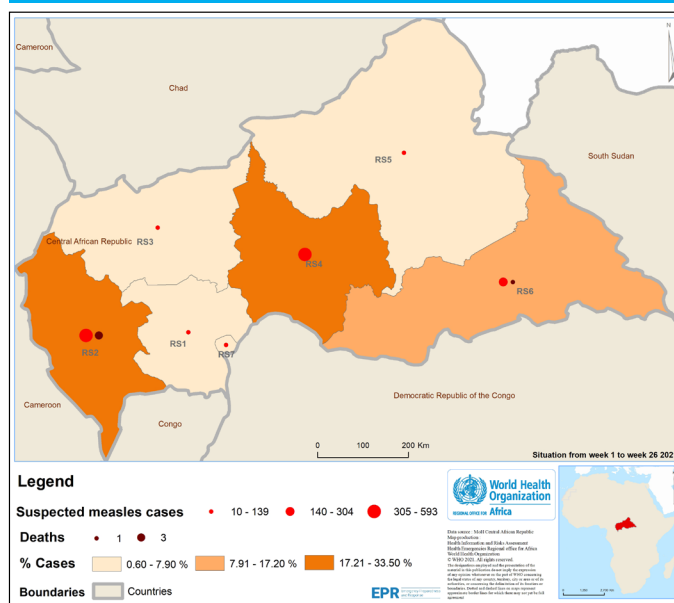
Six health districts (HD) reached the measles epidemic threshold (Sangha-Mbaéré, Berberati, Mbaïki and Nana-Grebizi, Batangafo, Nangha-Boguila) of which two were active in epi week 26. Four of these HDs, including Berberati, Nana Gribizi and Sangha-Mbaéré have organized local reactive vaccination campaigns.

A national vaccination campaign targeting children aged between 6 months and 10 years, with an emphasis on the children aged 6 months up to 5 years, given their particular vulnerability was planned in two phases in 2020. Despite this progress in immunization, 1 in 4 of the confirmed cases in 2021 are unvaccinated and the vaccination status of 45.0% is still unknown.

PUBLIC HEALTH ACTIONS

- The Ministry of Health and Population, with the technical support of its partners (WHO, UNICEF and non-governmental organizations), developed a response plan for the measles epidemic declared in 2020 and has mobilized resources for the implementation of the various response components. Holding of meetings of the Technical Support Committee for the Expanded Program on Immunization (CTAPEV) on the preparation of the measles immunization campaign in Mbaïki health district in compliance with immunization standards in the context of COVID-19.
- Development and submission of a project proposal for the

Geographic distribution of the suspected measles cases and deaths in the Central African Republic, Week 1-26, 2021



2022 measles vaccination campaign. In addition, the country is in the process of developing the national plan for the same follow-up campaign scheduled for 2022.

- Strengthening of immunization logistics in accessible health districts to improve routine immunization coverage.
- Discussions in favour of reviving measles communication in the context of COVID-19 are underway.
- Strengthening of active measles surveillance in the health districts of; Nana-Grebizi, Berberati, Bouar-Baoro, Mbaïki, Baboua-Abba, Paoua, Haute-Kotto, Bambari and Nangha Boguila is ongoing.

SITUATION INTERPRETATION

The measles outbreak in Central African Republic, which was declared on 24 January 2020, continues to show a declining trend after peaking in early March 2020. Response efforts including the intensified routine immunization and SIAs could have certainly contributed to preventing major flare-ups and thus slowing the measles outbreak. In this epidemic, 45% of confirmed cases in 2021 have an unknown vaccination status, while 25% have not been vaccinated despite the national vaccination campaign organized in 2020.

In addition, administrative vaccination coverage at the national level was 70% in the first quarter of 2021, which falls short of the 95% herd immunity threshold and does not make the districts safe from future measles outbreaks. National authorities and partners need to keep up the momentum for ongoing, regular vaccination against vaccine preventable diseases, particularly with the disruption of the COVID-19 outbreak, in order to prevent future outbreaks.

PROPOSED ACTIONS

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



EVENT DESCRIPTION

The northern province of Cabo Delgado in Mozambique continues to face violence and conflict with the situation remaining volatile and unpredictable. From 5-11 July 2021, five clashes were reported between non-state armed groups (NSAGs) and government security forces (GSF) in Palma and Macomia districts. According to IOM reports, these and other violent attacks have led to the displacement of over 732K people from April 2017-April 2021. During 7-13 July 2021, a total of 6 289 people were on the move with 6 047 (96.0%) individuals registering as internally displaced person (IDPs) arrivals, another 102 (2.0%) registered as departing and 140 (2.0%) individuals registered as transiting. The districts receiving IDPs were Montepuez with 1 298 (21.0%) arrivals, Mueda registering 1 177 (19.0%), Cidade de Pemba registering 1 125 (21.0%), Nangade registering 1 025 (17.0%), Metuge registering 392 (6.0%), Balama registering 371 (6.0%), Ibo registering 262 (4.0%), and Namuno registering 151 (2.0%) IDPs. The majority (41.0%) of IDPs in movement during the reporting period originated from Palma district, however individuals have also originated from Mueda and Montepuez districts. Half of the newly registered IDPs were recorded as having been displaced for the first time and 95.0% of respondents cited attacks or fear of an attack as their reason for displacement.

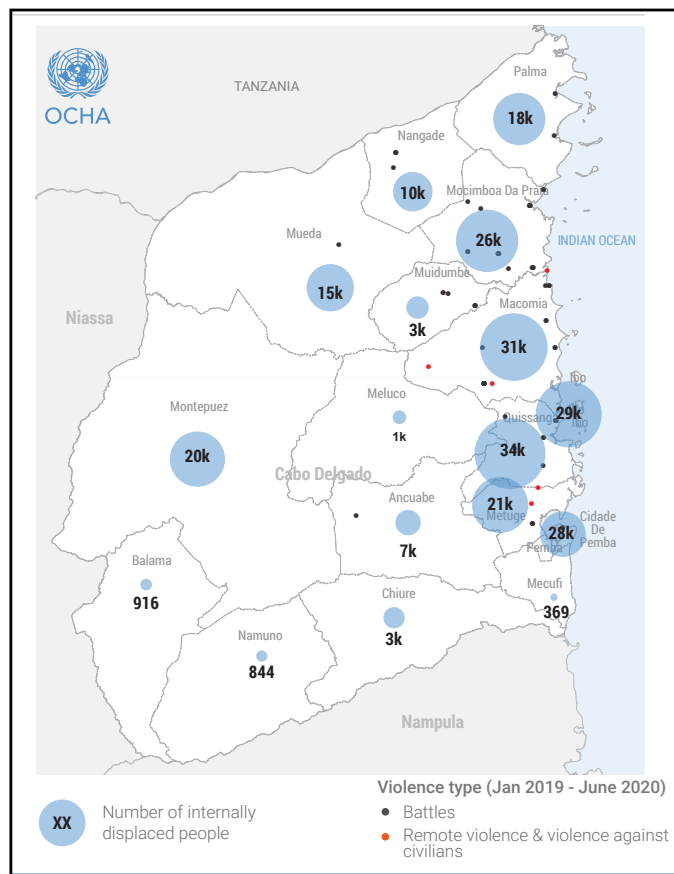
This recent wave of displacement started with the March 24th attack on Palma by Islamic militant NSAGs aiming to take over the city which the state ultimately maintained. As a result of the insurgency the city was destroyed and its main oil source of economy suspended all operations. Numerous people were expelled out of the area during the attacks, many of whom had recently sought refuge there during past attacks.

From the total number of people recorded during the reporting period, at least 29.0% of the IDPs were women while 22.0% were males and 49.0% were unknown. A total of 3 082 (49.0%) of the IDPs were children of which 58 (2.0%) were unaccompanied or separated from their families. The elderly accounted for 218 (3.0%) of all individuals on the move. Also, pregnant women accounted for 97 (2.0%) of all individuals during the reporting period.

Health care services in the province remain fragile due to the consistent attacks. Currently, 88 health facilities are functional and 43 are non-functional. The top three morbidities during the reporting period were malaria (9 940 new cases), febrile syndromes (1 796 cases), and diarrhoea (471 cases). Since the beginning of the year there have also been notable outbreaks of plague and cholera. However, the outbreak of cholera has seemed to be under control in recent weeks as there have been no reports of cholera since week 17 of 2021.

There is also an additional threat of food insecurity for an estimated 900K people in the province however, the issue does not just affect IDPs but the host communities as well. It is estimated that 40% of the population of Pemba (the capital of Cabo Delgado) is facing a terrible food crisis meeting Integrated Food Security Phase Classification Phase 3 and above.

A snapshot of the humanitarian situation in Mozambique (Cabo Delgado) showing population displacement and incidents as of July 2021



PUBLIC HEALTH ACTIONS

- Support is being provided by several implementing partners in the coordination interventions in Cabo Delgado and Nampula provinces for basic health care services to IDPs this includes cholera preventive measures, malnutrition, and other public health issues.
- Operational meetings are held regularly across three levels-national, regional and global to provide ongoing support to the humanitarian crisis.
- Active cholera surveillance is ongoing in all districts. Three districts in the province (Ancuabe, Chiure, and Metuge) were selected to administer oral cholera vaccines.
- A comprehensive needs assessment was carried out for the new resettlement area of Chiote in Chiure district.
- Preparations have been made for a potential surge of COVID-19 cases in Cabo Delgado. Mass screening kits distributed to districts that have resettlement centres, markets, educational institutions, civil services institutions, and other areas with large populations. An isolation centre (known as CICOV) was

assessed for case management readiness. Health personnel have been trained in case management procedures. Vaccine awareness communication is being circulated to the public about the status of second doses.

- Continued trainings of screening and case management for mental health and psychosocial support of IDPs in resettlement centres.
- Community-based surveillance trainings for COVID-19 and acute watery diarrhoea have been rolled out to health technicians and community health workers.
- Water, sanitation, and hygiene activities continue in Nampula province.

SITUATION INTERPRETATION

The humanitarian situation in Mozambique is deteriorating as compounded challenges have affected the province. There are now a growing number of people who have been displaced multiple times leading to distressed conditions. Without a strong health system, it will be difficult to respond to the health needs of the people in

the province. As another COVID-19 surge makes its way through the country and problems of food security present themselves, IDPs may face worsening conditions. While humanitarian actors have continued to provide much needed support, far much more assistance will be needed to control the complex situation.

PROPOSED ACTIONS

- The humanitarian crisis in Cabo Delgado has various needs of security, health, and nutrition, that need to be addressed but are inaccessible due to the unsafe security situation. A concerted effort must be made to combat the challenges of the province in a coordinated way between the relevant humanitarian actors to meet the diverse needs of IDPs and the host community population. A call to end the conflict is necessary to protect civilians from physical harm and allow the humanitarian actors to maintain operations which will help improve the lives of the affected population.



All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Angola	Dengue	Ungraded	10-Jul-21	10-Jun-21	11-Jun-21	86	38	0	
A screening activity was held at Cacuaco Municipal Hospital from 10-11 June 2021 to detect main febrile icteric syndromes. A total of 86 samples were collected from users aged 0-55 years. Of these 38 (44%) were positive for dengue. Cases exhibiting haemorrhagic features were identified by the laboratory as DENV-2 which is endemic to Luanda.									
Madagascar	Malnutrition crisis	Ungraded	10-Jul-21	1-Jan-21	31-Mar-21	74 048	74 048	-	-
A new episode of drought, more severe than the first one (which took place between November 2019 and January 2020) and the most acute of the last 40 years, once again has hit the Great South of Madagascar between October 2020 and January 2021. This new episode of drought coincided with the period of agricultural planting and the period of food lean. The consequences were significantly felt on nutritional and food security situations. The results of the mass nutritional screening in Q1-2021 conducted by the MOH and its partners in 10 southern health districts indicated a serious deterioration of the nutritional situation, which was above the emergency level (GAM > 15%). Out of 461 573 children aged 6-59 months screened, 74 048 children are malnourished, giving a Global malnutrition rate (GAM) of 16.1%, with 11 808 severely malnourished (SAM=2.6%) and 62 240 moderately malnourished (MAM=13.5%).									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	18-Jul-21	153 309	153 309	3 938	2.60%
From 25 February 2020 to 18 July 2021, a total of 153 309 confirmed cases of COVID-19 with 3 938 deaths (CFR 2.6%) have been reported from Algeria. A total of 105 604 cases have recovered.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	18-Jul-21	40 805	40 805	957	2.30%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 18 July 2021, a total of 40 805 confirmed COVID-19 cases have been reported in the country with 957 deaths and 34 755 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	7-Jul-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.									
Angola	Undiagnosed diarrhoeal disease	Ungraded	3-May-21	1-Apr-21	27-Apr-21	304	304	3	1.00%
An increased number of diarrhoeal cases have been observed in Cacuaco municipality. From 1-27 April, 304 cases have been observed in the emergency room of the municipal hospital with 3 cases dead. The country is at the end of the heavy rainy period and there have been garbage strikes in the capital which may be a contributing health risk. MOH/WCO have thus far discarded cholera and leptospirosis following case investigation studies. Most cases have been in children <5.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	12-Jul-21	8 244	8 244	107	1.30%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 12 July 2021, a total of 8 244 cases have been reported in the country with 107 deaths and 8 081 recoveries.									
Benin	Meningitis	Ungraded	1-Jun-21	1-Jan-21	1-Jun-21	305	-	26	8.50%
A total of 305 cases and 26 deaths (CFR 8.5%) resulting from meningitis were reported from Week 1 to week 21 of 2021 in Benin. Four districts are on alert and one district reported passing the epidemic threshold.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	7-Jul-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	12-Jul-21	86 133	86 133	1 274	-
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 12 July 2021, a total of 86 133 confirmed COVID-19 cases were reported in the country including 1 274 deaths and 73 380 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	4-Jun-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 1 218 754 internally displaced persons and 22 137 refugees registered as of 31 May 2021 in all 13 regions in the country. In April 2021, more than 71 000 new IDPs were registered. 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. As of May 2021, only 41.0% of health facilities were operational in the 6 regions affected by conflict. Increased displacement is expected to push people to even more remote areas with less access to health care due to flooding and armed attacks. During May 2021, 331 security incidents were reported while 1 462 total incidents have been reported from January-May 2021.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	16-Jul-21	13 536	13 536	169	1.20%
Between 9 March 2020 and 16 July 2021, a total of 13 536 confirmed cases of COVID-19 with 169 deaths and 13 340 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	7-Jul-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	17-Jul-21	5 894	5 894	8	0.10%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 17 July 2021, the total number of confirmed COVID-19 cases is 5 894, including eight deaths and 5 722 recovered.									
Burundi	Measles	Ungraded	23-Mar-20	1-Jan-21	14-Jul-21	436	386	0	0.00%
The measles epidemic has been declared since November 2019 in camps hosting Congolese refugees and then spread to other communities. 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 27 of 2021, Burundi has reported a total of 436 suspected cases, 386 reported by case-by-case surveillance, 59 confirmed by IgM+ 244 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak : Bubanza, Mpanda, Bugarama, Musingaet									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	3-Jun-21	-	-	-	-
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by the Boko Haram group resulting in significant population displacement. UNHCR protection monitoring reported the highest number of incidents in Logone and Chari departments during March. Road axes that affected continue to be affected are Route nationale 1, Limani-Magdeme, Doubé-Mora, Limani-Kourgui, Mora-Kousseri axes which are the object of attacks by NSAGs. 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. During March 2021, 3 880 Nigerian refugees were voluntarily repatriated from Minawao camp to Banki and Bama, Nigeria as part of the tripartite agreement between UNHCR, Cameroon, and Nigeria.									
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-16	27-Jun-18	2-Jul-21	-	-	-	-
Conflict and violence in the North-West and South-West regions continue to cause mass displacement in the area with more than 53K people fleeing their homes during January-May 2021. According to reports from OCHA as of 31 May 2021, there were an estimated 712.8K IDPs, 333.9K returnees, and 67.4K Cameroon refugees in Nigeria. There have continued to be reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers. In May 2021, there were 14 reported incidents of health facility attacks including kidnapping of personnel and removal of patients from facilities.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	7-Jul-21	81 467	81 467	1 330	1.60%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 7 July 2021, a total of 81 467 cases have been reported, including 1 330 deaths and 79 825 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-21	26-Jun-21	1 429	329	28	2.00%
From January to 26 June 2021, Cameroon has reported 1 429 suspected with 28 deaths (CFR 2.0%). Out of 644 investigated, 329 was positive including 151 cases were IgM+, 19 clinically compatible and 159 epidemiologically linked. 57% of the children are below 5 years of age and 35% are zero-dose. Fifteen districts with confirmed outbreak spread across 6 regions of country.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	7-Jul-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	13-Jun-21	9	9	1	11.10%
On 11 January 2021, the Centre Pasteur du Cameroon confirmed a case of yellow fever by Plaque Reduction Neutralization Test (PRNT) in the health district (HD) of Dschang. The case was a 36-year-old female resident of the Doumbouo health area, Dschang HD, whose onset of symptoms occurred on 4 January 2021 with jaundice. She died on 1 February 2021 following surgery for a gallbladder abscess. As of 13 June 2021, a total of 9 yellow fever cases confirmed by PRNT have been reported in 9 HD across 6 regions of Cameroon: Adamaoua region (Ngaoundere rural HD), Far North region (Maga, Mogode, Yagoua HD), Littoral region (Yabassi HD), North region (Guider HD), North-West region (Bamenda HD) and West region (Bafang and Dschang HD).									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	18-Jul-21	33 302	33 302	295	0.90%
The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 18 July 2021, a total of 33 302 confirmed COVID-19 cases including 295 deaths and 32 455 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	4-Jun-21	-	-	-	-
Civil unrest and food insecurity in most parts of the country, including major cities, continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country, mainly in Ndele, Birao, Batangafo and Bria. During April 2021, the prefectures of Nana-Gribizi (7 incidents), Ouham (6 incidents), and Bamingui-Bamoran (5 incidents) reported the most security incidents as well as 9 humanitarian incidents. According to OCHA figures, 2.8 million people are in need of assistance, 729K people are internally displaced as of 30 April, and 673K persons are refugees in neighbouring countries. In April 2021, 13 037 new IDPs were registered mostly Kobo and Markounda sub-prefectures (Ouham Prefecture) and in Bocaranga, Kouli and Paoua (Ouham Pendé). Also in April 2021, 22 311 people returned, mainly in Markounda, Kobo and Bossangoa sub-prefectures (Ouham), the outskirts of Bouar (Nana-Mambéré) and the capital Bangui.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	13-Jul-21	7 142	7 142	98	1.40%
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 13 July 2021, a total of 7 142 confirmed cases, 98 deaths and 7 103 recovered were reported.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	4-Jul-21	35 339		197	0.60%
From the beginning of outbreak to 04 July 2021, a total of 35 339 suspected cases have been notified and 196 deaths (CFR : 0.56%) within 22 affected districts. From 1st January 2021 up to date : 1 768 suspected cases have been reported, 487 confirmed cases (41 IgM+ cases, 148 by epidemiological link and 298 compatible cases) and 4 deaths (CFR : 0.2%). Six health districts have reached the epidemic threshold (Bérérati, Sangha-Mbaéré; Nanga-Boguila, Batangafo, Nana Gribizi and Mbaiki) 10 2021. During Epi week 26, one death has been reported in Kembé health district which reported 182 suspected cases.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	7-Jul-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	11-Jul-21	4 954	4 954	174	3.50%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 11 July 2021, a total of 4 954 confirmed COVID-19 cases were reported in the country including 174 deaths and 4 777 cases who have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-21	16-Jun-21	1 414	87	8	0.60%
In 2020, Chad reported 8 785 cases, with 363 confirmed cases and 41 deaths. Since 1 January 2021 up to Epi week 19 (June 2021), there have been 1 414 suspected cases from 80 out of 129 districts in the country (62.0% of districts), 87 of which were confirmed by IgM and 08 deaths from 4 districts (CFR 0.6%), 14 districts in epidemic, Last 4 districts entered epidemic in April (3 from block 2 and 1 from Block 1 - Ndjamena East)									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	7-Jul-21	110	110	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in this week. There were 99 cVDPV2 cases reported in 2020 from three different outbreaks. There were 11 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	11-Jul-21	3 996	3 996	146	3.70%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 18 July 2021, a total of 4 011 confirmed COVID-19 cases, including 147 deaths and 3 837 recoveries were reported in the country.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	12-Jul-21	12 998	12 998	174	1.30%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 12 July 2021, a total of 12 998 cases including 174 deaths and 12 063 recovered cases have been reported in the country.									
Congo	Poliomyelitis (cVDPV2)	Grade 2		29-Jan-21	7-Jul-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	18-Jul-21	49 196	49 196	320	0.70%
Since 11 March 2020, a total of 49 196 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 320 deaths, and a total of 48 445 recoveries.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	7-Jul-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 still 61.									
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-16	17-Apr-17	31-May-21	-	-	-	-
The city of Goma and its surroundings are experiencing a major crisis following the eruption of the Nyiragongo volcano on 22 May 2021 and its seismic tremors that have followed. As of 30 May 2021, the number of displaced people is estimated at 415 700 people in more than 10 areas of the provinces of North Kivu, South Kivu and in Rwanda where many are staying with host families, churches and other organized sites. Several districts of Goma remain without electricity and 550K people do not have access to drinking water and are at high risk of outbreaks of water-borne diseases (especially cholera). As of 30 May 2021, 34 people have died, and 24 people were burned by lava; 3 629 houses and more than 1 000 hectares of agricultural fields were destroyed. There has been prolonged movement in Ituri province of IDPs in various territories including about 3 000 new IDPs in the village of Tinda as of 15 May 2021 and 26 760 people from the Bayiba group in Singo, Songolo, Olongba and Soke. In South Kivu, recurring armed conflicts between the militias of various communities has caused the displacement of 8K households during April 2021. As of 9 May 2021, there are an estimated 5.2 million people internally displaced and 19.6 million are in need of emergency food assistance.									
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	17-Jul-21	46 009	46 008	1 018	2.20%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 46 008 confirmed cases and one probable case, including 1 018 deaths have been reported. A total of 29 205 people have recovered.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	16-May-21	6 257	39	229	3.70%
Since epidemiological week 1 up to week 19 in 2021, 1 515 cases have been reported with 49 deaths. From epidemiological week 50 to 53 of 2020, there were 269 suspect cases of monkeypox and 4 deaths registered across the country. Between epidemiological week 1 and week 53, 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 is 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	13-Jun-21	693	-	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 22 April to 13 June 2021, 37 suspected pneumonic plague cases including 12 deaths were recorded in two health areas (Bu-Kachele and Bule) of the Fataki health zone. From epidemiological week 1 to 23, 2021 (ending on 13 June), 117 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	7-Jul-21	197	197	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, 8 cases have been reported in 2021. The total number of cases for 2020, 2019, and 2018 remains at 81, 88, and 20, respectively.									
Democratic Republic of the Congo	Typhoid fever	Ungraded	1-Jul-21	1-Jan-21	3-Jul-21	716 494	1	198	0.00%
In 2021, from Epi week 1 to 23, 716 494 suspected cases of typhoid fever, including 198 deaths (CFR 0.0%), were recorded in selected health zones of the Democratic Republic of Congo. Of the 204 tests performed (191 blood cultures and 13 faecal cultures), 1 test was positive. In 2020, a total of 715 920 suspected cases of typhoid fever were reported, including 178 deaths (CFR 0.0%).									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	13-Jul-21	8 828	8 828	123	1.40%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 13 July 2021, a total of 8 828 cases have been reported in the country with 123 deaths and 8 591 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	16-Jul-21	6 402	6 402	30	0.50%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 16 July 2021, a total of 6 402 confirmed COVID-19 cases with 30 deaths were reported in the country. A total of 6 043 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	18-Jul-21	21 132	21 132	712	3.40%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 18 July 2021, a total of 21 132 cases have been reported in the country including 18 887 recoveries. A total of 712 associated deaths have been reported.									
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 3	4-Nov-20	4-Nov-20	8-Jul-21	-	-	-	-
Fighting has currently stopped in the region, however access remains a challenge. In addition to insecurity, humanitarian partners continue to flag challenges with capacity and resources to be able to scale up to the level needed to respond across Tigray.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	2-May-21	19 000	19 000	304	1.60%
Ethiopia is affected by cholera outbreak since April 2019 with over 19 000 cases reported from 11 regions with an overall CFR of 1.6%. In 2021, a total of 1 758 cases and 15 deaths (CFR 0.9%) have been reported as of 2 May 2021									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	11-Jul-21	277 071	277 071	4 343	1.60%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 277 071 cases of COVID-19 as of 11 July 2021, with 4 343 deaths and 261 989 recoveries.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-21	10-Jul-21	1 286	823	4	0.30%
In 2021, as of 10 July (week 28), a total of 1 286 cases have been reported of which 823 have been confirmed (413 epi-link, 208 IgM and 33 measles compatible) and 4 deaths recorded (CFR 0.4%). Out of the 1 286 suspected cases, 648 were under 5 years of age, 414 were between 5 and 14 years of age and 224 were over 15 years of age.									
Ethiopia	Poliomyelitis (cVDPV2)	Grade 2	24-Jun-19	20-May-19	7-Jul-21	45	45	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Six cases have been reported so far in 2021. The total number of cases for 2020 and 2019 still 26 and 13, respectively.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	16-Jul-21	25 260	25 260	162	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 16 July 2021, a total of 25 260 cases including 162 deaths and 24 973 recoveries have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	16-Jul-21	6 920	6 920	190	2.70%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 16 Jul 2021, a total of 6 920 confirmed COVID-19 cases including 190 deaths, and 6 015 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	14-Jul-21	98 817	98 817	812	0.80%
As of 14 Jul 2021, a total of 98 817 confirmed COVID-19 cases have been reported in Ghana. There have been 812 deaths and 95 147 recoveries reported.									
Ghana	Meningitis	Ungraded	1-Jan-21	1-Jan-21	4-Jul-21	220	-	3	1.40%
Since the beginning of the year 2021, 220 cases of meningitis have been reported with 3 deaths (CFR=1.4%). 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	7-Jul-21	30	30	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 18. One cVDPV2 positive environmental sample was reported in the Eastern province.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	16-Jul-21	24 668	24 668	310	1.30%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 16 July 2021, a total of 24 668 cases including 23 571 recovered cases and 310 deaths have been reported in the country.									
Guinea	Lassa Fever	Ungraded	8-May-21	8-May-21	17-Jul-21	4	4	2	50.00%
To date, there have been a total of 4 confirmed cases and 2 deaths (CFR=50%): the first case (man of 23 yrs-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 yrs-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 yrs-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 yrs-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	Measles	Ungraded	9-May-18	1-Jan-21	26-Jun-21	1 150	102	3	0.30%
In 2021, as of 26 June (Epi week 25), 1 150 suspected cases have been reported, 279 samples taken, 233 samples tested of which 102 tested positive, 120 negative and 11 undetermined; 3 deaths have been reported. In 2020 at the same period, 5 768 suspected cases, 808 cases sampled, 767 samples tested of which 510 positive, 239 negative and 44 undetermined; 15 deaths have been reported. Since 2020, a total of 6 918 suspected cases, 1 000 tests analysed, 612 confirmed cases, 18 deaths have been reported.									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-20	7-Jul-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	17-Jul-21	4 052	4 052	73	1.80%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 17 July 2021, the country has reported 4 052 confirmed cases of COVID-19 with 3 706 recoveries and 73 deaths.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	11-Jul-21	188 754	188 754	3 722	2.00%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 11 July 2021, 188 754 confirmed COVID-19 cases including 3 722 deaths and 179 520 recoveries have been reported in the country.									
Kenya	Dengue	Ungraded	27-Apr-21	1-Jan-21	25-Jun-21	867	36	2	0.20%
The outbreak has been reported in Mombasa and Mandera Counties, recording 867 cases with 36 confirmed and 2 deaths reported (CFR 0.2 percent).									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	25-Jun-21	827	827	9	1.10%
Since January 2020, a total of 827 visceral leishmaniasis confirmed cases with nine deaths (CFR 1.2 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	4-Jul-21	620	30	1	0.20%
As 04 July 2021, a total of 620 cases was reported, 30 confirmed cases with one death (CFR 0.2 %). The outbreak is active in 2 counties : West Pokot (4 sub counties affected) and Garissa (1 sub county). In West Pokot, the outbreak has been continuous from 2019. The current cases are reported from Pokot South.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	16-Jul-21	12 398	12 398	339	2.70%
Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 16 Jul 2021, a total of 12 398 cases of COVID-19 have been reported, including 6 601 recoveries and 339 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	11-Jul-21	5 215	5 215	144	2.80%
From 16 March 2020 to 11 July 2021, a total of 5 215 cases including 144 deaths and 2 606 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	Measles	Ungraded	24-Sep-17	1-Jan-19	23-May-21	168	107	0	0.00%
In week 21 (week ending 23 May 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	7-Jul-21	2	2	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The country has reported 2 cases.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	17-Jul-21	42 606	42 606	941	2.20%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 17 July 2021, a total of 42 606 cases have been reported in the country, out of which 42 147 have recovered and 941 deaths reported.									
Madagascar	Malaria	Ungraded	8-Mar-21	8-Mar-21	31-Mar-21	768 181	768 181	-	-
From January 2021 to March 2021, 768 181 cases were reported, 79 out of 114 districts (69.0%) were in outbreak (outbreak threshold: mean +2 standard deviations) and 24 districts on alert (alert threshold: median), considering data available from four previous years. Among the districts which are above the epidemic threshold in the first quarter of 2021, four (districts of Fort Dauphin, Ikongo, Marolambo and Soanieran Ivongo) present a very worrying situation with a duplication of cases compared to the same period of 2020.									
Madagascar	Poliomyelitis (cVDPV2)	Grade 2	28-Apr-21	28-Apr-21	7-Jul-21	6	6	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported this week. So far, there are four cases in 2021 and two from 2020.									
Madagascar	Rift Valley Fever	Ungraded		26-Apr-21	20-May-21	109	10	2	1.80%
On 1 April 2021, the Institut Pasteur in Madagascar confirmed Rift Valley Fever (RVF) by PCR in animals following alerts of abortion cases in ruminants. From 26 April to 20 May 2021, enhanced surveillance for haemorrhagic fevers in humans identified 109 suspected RVF cases in four regions of Madagascar (Vatovavy Fitovinany, Haute Matsiatra, Alaotra Mangoro and Analamanga), including three cases confirmed by PCR, seven by serology, one death among confirmed cases in the Vatovavy Fitovinany region, and one death among suspected cases in the Analamanga region.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	18-Jul-21	43 470	43 470	1 338	3.10%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 18 July 2021, the country has a total of 43 470 confirmed cases with 1 338 deaths and 34 922 recoveries.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	30-Jun-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. During May 2021, Mopti (47) reported the most security incidents followed by Gao (28) and Timbuktu (9). Between January and April 2021 there were 61 074 people newly displaced. According to OCHA reports, an estimated 5.9 million people need humanitarian assistance. On 30 June 2021, the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) was renewed for one year to continue operations.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	18-Jul-21	14 513	14 513	530	3.70%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 18 July 2021, a total of 14 513 confirmed COVID-19 cases have been reported in the country including 530 deaths and 11 870 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-21	4-Jul-21	1 034	476	0	0.00%
From January 2021 to date, Mali has reported a total of 1 034 suspected cases, 831 samples tested of which 476 were positive, 335 negative and 20 undetermined. There is an increase of 42.08% in confirmed cases compared to the same week last year.									
Mali	Poliomyelitis (cVDPV2)	Grade 2	18-Aug-20	18-Aug-20	7-Jul-21	48	48	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total cases reported in 2020 is 48.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	11-Jul-21	21 672	21 672	495	2.30%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 11 July 2021, a total of 21 672 cases including 495 deaths and 20 254 recovered cases have been reported in the country.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	8-Jul-21	2 131	2 131	18	0.80%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 8 July 2021, a total of 2 131 confirmed COVID-19 cases including 18 deaths and 1 758 recovered cases 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
Mozambique	Humanitarian crisis in Cabo Delgado	Grade 2	1-Jan-20	1-Jan-20	11-Jul-21	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. Five security events were reported from 5-11 July 2021 in Macomia and Palma. During 7-13 July 2021, a total of 6 289 people were on the move with 6 047 (96%) individuals registering as internally displaced person (IDPs) arrivals, another 102 (2%) registered as departing and 140 (2%) individuals registered as transiting. Districts receiving IDPs were Montepuez with 1 298 (21%) arrivals, Mueda registering 1 177 (19%), Cidade de Pemba registering 1 125 (21%), Nangade registering 1 025 (17%), Metuge registering 392 (6%), Balama registering 371 (6%), Ibo registering 262 (4%), and Namuno registering 151 (2%) IDPs. As of 11 July 2021, the nation-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 732K people displaced.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	27-Jun-21	5 681	5 681	35	0.60%
As of 27 June 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).									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	18-Jul-21	99 412	99 412	1 118	1.10%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 18 July 2021, a total of 99 412 confirmed COVID-19 cases were reported in the country including 1 118 deaths and 76 716 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-21	18-Apr-21	726	-	0	0.00%
Since the beginning of 2021, measles outbreaks are active in 11 provinces. As of week 15, there were 726 cases reported.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	17-Jul-21	112 160	112 160	2 506	0.00%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 17 July 2021, a total of 112 160 confirmed cases with 87 313 recovered and 2 506 deaths have been reported.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	16-May-21	8 062	8 062	66	0.80%
The current outbreak in Namibia started in December 2017. As of 16 May 2021, a cumulative total of 8 062 cases (2 113 laboratory-confirmed, 4 741 epidemiologically linked, and 1 208 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 4 979 (61.8%) of reported cases, followed by Erongo 1 713 (21.2%).									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	2-Jul-21	-	-	-	-
According to OCHA statistics, 3.8 million people need humanitarian assistance in 2021, 313K are IDPs, 234K are refugees, and 2 million are food insecure (with 511 332 affected by food insecurity in the Tillabéri region and 328 725 people in the Maradi region). Additionally, IOM reports that between 22-24 June 2021 there were two attacks by non-state armed groups (NSAGs) in the villages of Fantio, Dangazouni, Talbakoira and Tondikwindi (all of the Tillabéri Region) which resulted in 21 deaths and the theft of villagers' livestock. The attacks forced 2 956 people to flee their homes. Of these, 2,040 took refuge in the urban commune of Tera, and 916 in the town of Ouallam. The vast majority (88%) of the displaced populations were women (284) and children (2 310).									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	11-Jul-21	5 538	5 538	194	3.50%
From 19 March 2020 to 03 July 2021, a total of 5 506 cases with 194 deaths have been reported across the country. A total of 5 210 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-21	27-Jun-21	9 095	920	16	0.20%
From January to Epi week 25 of 2021, 9 095 suspected cases have been reported and 16 deaths. Out of suspected cases, 1 583 were investigated including 920 lab confirmed measles cases. 51 of 72 health districts have reported at least 3 confirmed cases per month. Response vaccination took place in 12 health districts (Arlit, Bilma, Dogondoutchi, Tibiri, Gazoua, Niamey 2, Niamey 3, Niamey 4, Tahoua Com, Ayerou, Balleyara, 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.									
Niger	Meningitis	Ungraded		1-Jan-21	20-Jun-21	1 313	1 303	74	5.60%
Since the beginning of the year 2021 to week 24 ending 20 June, 1 313 cases have been reported with 74 deaths (CFR 5.6%). Two districts have surpassed the epidemic threshold and five districts are on alert.									
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Oct-18	1-Oct-18	7-Jul-21	21	21	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 were 10 cVDPV2 cases reported in 2018, 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	Ungraded	12-Jan-21	12-Jan-21	31-May-21	6 738	-	221	3.30%
As of 31 May 2021, 6 738 persons, mostly children, have been affected with 221 deaths yielding a CFR of 3.3%. A total of 16 states have reported cases, however Kano, Zamfara, Bayelsa and Delta states have had the highest number of cases. Throughout the outbreak some states have contained the flare ups, however new outbreaks are regularly reported in another states.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	18-Jul-21	169 532	169 532	2 127	1.30%
The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 18 July 2021, a total of 169 532 confirmed cases with 164 699 recovered and 2 127 deaths have been reported.									
Nigeria	Lassa fever	Ungraded	1-Jan-21	1-Jan-21	4-Apr-21	2 060	272	56	2.70%
Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 18 of 2021, the number of new confirmed cases increased from 8 in week 17 to 10 cases. These were reported from 4 states - Ondo, Edo, Ebonyi, and Bauchi. Cumulatively from week 1 to week 18 of 2021, a total of 272 confirmed cases including 56 deaths have been reported with a case fatality rate of 20.6% across 14 states. This is higher 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	7-Jul-21	81	81	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, the number of cases in 2021 remains 21. There were eight cases reported in 2020. There were 8 cVDPV2 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-May-21	626	18	0	0.00%
From 1 January 2021 to 31 May 2021, there has been a cumulative total of 626 suspected cases of yellow fever in Nigeria, of which 18 cases have been confirmed, from 258 LGA across 34 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	18-Jul-21	57 322	57 322	649	1.10%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 18 July 2021, a total of 57 322 cases with 649 deaths and 40 041 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	18-Jul-21	2 410	2 410	37	1.50%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 18 July 2021, a total of 2 410 confirmed cases of COVID-19 have been reported, including 37 deaths. A total of 2 336 cases have been reported as recoveries.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	18-Jul-21	52 096	52 096	1 220	2.30%
From 2 March 2020 to 18 Jul 2021, a total of 52 096 confirmed cases of COVID-19 including 1 220 deaths and 43 311 recoveries have been reported in Senegal.									
Senegal	Poliomyelitis (cVDPV2)	Grade 2		4-Apr-21	7-Jul-21	9	9	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, the total number of 2021 cases is nine.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	18-Jul-21	17 500	17 500	75	0.40%
Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 18 Jul 2021 a total of 17 500 cases have been confirmed, including 16 735 recoveries and 75 deaths have been reported.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	11-Jul-21	6 031	6 031	112	1.90%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 11 July 2021, a total of 6 031 confirmed COVID-19 cases were reported in the country including 112 deaths and 3 963 recovered cases.									
Sierra Leone	Lassa fever	Ungraded	12-Feb-21	1-Jan-21	3-Apr-21	3	3	0	0.00%
As of 3 April 2021, 28 samples of acute viral haemorrhagic fever were identified and tested. Of those, three returned positive for Lassa fever in Kenema district. All patients who tested positive have recovered. Further epidemiological investigations are currently underway.									
Sierra Leone	Poliomyelitis (cVDPV2)	Grade 2	10-Dec-20	10-Dec-20	7-Jul-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	11-Jul-21	2 195 599	2 195 599	64 289	3.40%
Since the start of the COVID-19 pandemic in South Africa a cumulative total of 2 195 599 confirmed cases and 64 289 deaths have been reported with 1 922 601 recoveries.									
South Sudan	Acute Food Insecurity	Grade 2	18-Dec-20	5-Apr-21	2-Jul-21	-	-	-	-
People in parts of South Sudan continue to face the highest levels of food insecurity since the country declared independence 10 years ago. 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	30-Jun-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 125 000 people living in protection of civilian sites across the country. In addition, acute food insecurity is affecting an estimated 7.2 million people, thought to be (Integrated Food Security Phase Classification (IPC) 3 and above. Humanitarian staff have been the target of surge attacks during April to June 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. Additionally, rains have affected road rendering them impassable between Pibor to Gumuruk.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	4-Jul-21	10 879	10 879	117	1.10%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 4 July 2021, a total of 10 879 confirmed COVID-19 cases were reported in the country including 117 deaths and 10 639 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	3-Jan-18	15-May-21	556	556	5	0.90%
The current outbreak in Bentiu UN Protection of Civilians (POC), which started at the beginning of 2018, is ongoing. There were no new cases reported in week 19 (week ending 15 May 2021). As of the reporting date, a total of 556 cases of hepatitis E including five deaths have been reported.									
South Sudan	Measles	Ungraded	24-Nov-18	19-Sep-19	11-Jun-21	1 313	52	2	0.20%
Between week 38 of 2019 to week 21 of 2021, a total of 1 313 cases of measles were reported. Two confirmed cases of measles were reported during Epi week 21. The outbreak is controlled in 9 counties (Tonj East, Juba, Bor, Kapoeta East, Jebel Boma, Aweil East, Wau, Pibor and Ibba)									
South Sudan	Poliomyelitis (cVDPV2)	Grade 2	22-Oct-20	22-Oct-20	7-Jul-21	58	58	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are now 58 cVDPV2 cases in the country; 8 in 2021 and 50 in 2020.									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	11-Apr-21	509	509	21	4.10%
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 29 November 2020, a total of 509 cases have been reported in the country including 21 deaths. The last information on confirmed COVID-19 cases was shared by Tanzania mainland on 29 April 2020 and Zanzibar last shared information on on-going COVID-19 outbreak on 7 May 2020.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	18-Jul-21	14 649	14 649	138	0.90%
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 18 July 2021, a total of 14 649 cases including 138 deaths and 13 838 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	7-Jul-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	17-Jul-21	90 656	90 656	2 392	2.60%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 17 July 2021, a total of 90 656 confirmed COVID-19 cases, 68 241 recoveries with 2 392 deaths.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	11-Jul-21	175 729	175 729	2 822	1.60%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 11 July 2021, a total of 175 729 confirmed COVID-19 cases were reported in the country including 2 822 deaths and 160 215 recovered cases.									
Zimbabwe	Anthrax	Ungraded	6-May-19	6-May-19	30-May-21	815	0	3	0.40%
The anthrax outbreak is ongoing in Zimbabwe. From Week 1 to 21 of 2021, there were 68 cases reported and no deaths. This outbreak started in Week 36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. The cumulative figures for anthrax are 747 cases and 3 deaths in 2020.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	11-Jul-21	67 765	67 765	2 185	3.20%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 11 July 2021, a total of 67 765 confirmed COVID-19 cases were reported in the country including 2 185 deaths and 45 617 cases that recovered.									

†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.

This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:

Dr Mary Stephen

Programme Area Manager, Health Information & Risk Assessment. ai

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication 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 lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

Contributors

Dr Severin R. von Xylander (Central Africa Republic)
Dr Richard Fotsing (Central Africa Republic)
Sinesia Lucinda JOSE SITAO (Mozambique)
Israel GEBRESILLASSIE (Mozambique)

Graphic design
A. Moussongo

Editorial Team

M. Stephen
C. Okot
V. Mize
G. Williams
J. Kimenyi
E. Kibangou
O. Ogundiran
T. Lee
D. Niyukuri
J. Nguna

Production Team

A. Bukhari
T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group

Dr. Salam Gueye, *Regional Emergency Director*
M. Stephen
A. Talisuna
A. Fortin

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.