WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 30: 19 - 25 July 2021
Data as reported by: 17:00; 25 July 2021

1 New event

121 Ongoing events

109 Outbreaks

13 Humanitarian crises

Legend

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

Malaria
Yellow fever
Plague
Typhoid fever
Dengue fever
Hepatitis E
Acute Food Insecurity
Deaths

Protracted 3 events
Protracted 2 events
Protracted 1 events

Grade 3 events
Grade 2 events
Grade 1 events
Ungraded events

Health Emergency Information and Risk Assessment

"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."
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 122 events in the region. This week’s articles cover:

- COVID-19 across the WHO African region
- Lassa Fever in Liberia
- Humanitarian Crisis in Tigray, Ethiopia

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and closed.

Major issues and challenges include:

- In the past week, 169,935 new COVID-19 cases were reported in the African Region, a 15% decrease compared to the previous week. This decline observed in the last two consecutive weeks comes after a nine-week rapid increase in case incidence. This fall in cases is largely driven by a sharp drop in South Africa, which accounts for more than half of the region’s reported cases. The decline in South Africa might be partly due to the unrest in some of the COVID-19 hotspots, limiting ability of people to be tested. The just concluded Eid celebrations in the past week may also result in a rise in cases in the future. The number of weekly deaths showed a marginal increase of 3.4%. The region’s case fatality rate of 2.4%, which is the proportion of deaths among confirmed cases, is currently higher than the global average of 2.2%. Health worker infections continue to be of grave concern across the region. Furthermore, the combination of vaccine scarcity and treatment challenges is seriously undermining effective response to the pandemic.

- Liberia is one of the West African countries where Lassa fever is endemic, with recurrent outbreaks. The current Lassa fever outbreak is faced with acute shortfall in medicines and medical supplies to adequately address the increasing number of cases and limited number of trained clinical staff for improved case detection, management and reinforcing infection prevention and control measures. Laboratory sample collection also remains a challenge which may lead to an underestimation of the extent of the outbreak. Furthermore, enhanced investigation, contact tracing, active case finding, and risk communication and community engagement are limited by inadequate logistics.

- Eight months after violence in the Tigray area of Ethiopia began, the humanitarian situation has become increasingly dire. Though a recent ceasefire seemed to have calmed the situation, the conditions on the ground remain unpredictable, with hardly any improvement. The health system has been devastated by the conflict rendering many health facilities non-functional. Health workers have difficulties providing services in looted facilities and without pay. Challenges to accessing social services such as water and sanitation, electricity, banking, fuel, and communication lines have troubled the area. Additionally, all roads except one have been closed making access difficult.
The African region recorded a total of 169,993 new cases of coronavirus (COVID-19) in the past seven days (19 - 25 July 2021), a 15% decrease compared to the previous week when 200,240 new cases were reported. A total of 17 countries (37.0%) saw an increase in weekly cases in the past seven days, with Algeria, Benin, Burundi, Côte d’Ivoire, Eswatini, Ethiopia, Guinea-Bissau, Malawi, Mauritius, Nigeria, South Sudan and Togo recording an increase above or equal to 20.0% compared to the previous week. At the same time, a total of 29 (63.0%) countries reported a decrease in new cases, of which Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Comoros, Equatorial Guinea, Eritrea, Ghana, Gabon, Gambia, Guinea, Liberia, Madagascar, Mali, Namibia, Niger, Rwanda, Sao Tome and Principe, Seychelles, Sierra Leone, Uganda and Zambia reported a decrease in cases above or equal to 20.0% compared to the prior week.

As the COVID-19 third wave starts to trend downwards in the African Region, case incidence remains high with an average of 24,276 cases reported each day over the past seven days. Most (82,728; 48.7%) of the new COVID-19 infections are from South Africa, although 46 countries reported new cases in this period. This is followed by Zimbabwe reporting 14,275 cases (8.4%), Mozambique 10,876 (6.4%), Algeria 8,846 (5.2%), and Zambia 6,422 (3.8%).

During this reporting period, weekly fatalities rose by 3.4% in the past seven days, with 4,917 new deaths reported from 35 countries. More than half of the new deaths were reported from South Africa (2,916, 59.3%), followed by Zimbabwe (472, 9.6%), Namibia (277, 5.6%), Zambia (188, 3.8%), and Mozambique (164, 3.3%). All these five countries accounted for 82.0% of the new deaths reported in the past week. Other countries reporting 20 or more new deaths in this period include: Uganda (145), Malawi (125), Algeria (93), Kenya (90), Senegal (61), Botswana (47), Eswatini (40), Angola (27), Mauritania (26) and Lesotho (24). Nineteen countries reported fewer than 20 deaths in the past seven days (Table 1).

Since the beginning of the COVID-19 pandemic in the African Region, the cumulative number of confirmed COVID-19 cases is 4,740,115. More than 4.2 million recoveries have been recorded, giving a recovery rate of 89.0%. The death toll is now at 112,594. The ongoing resurgence of COVID-19 cases in the region is linked to case trends in some countries including: Algeria, Botswana, Democratic Republic of the Congo, Eswatini, Gambia, Guinea, Kenya, Malawi, Mauritania, Mauritius, Mozambique, Namibia, Rwanda, Senegal, South Africa, Zambia and Zimbabwe. Four countries in resurgence have now seen a stable decline in new cases during the past two weeks, though case numbers remain high: Democratic Republic of the Congo, Namibia, South Africa and Zambia. After four weeks of a fall in new cases, Eritrea, Liberia, Sierra Leone and Uganda do not meet the criteria for a resurgence.

The highest COVID-19 case incidence has been recorded in South Africa (2,377,823 cases, 50.2%), followed by Ethiopia (278,543 cases, 6.0%), Kenya (197,409 cases, 4.2%), Zambia (192,071 cases, 4.1%) and Nigeria (171,111 cases, 3.6%), all accounting for 68.0% (3,216,957) of all total cases. South Africa also has the highest number of deaths in the region (69,775 deaths, 62.0%); followed by Ethiopia (4,369, 4.0%), Algeria (4,063, 3.6%), Kenya (3,865, 3.4%), and Zambia (3,272, 3.0%). These five countries account for 76.0% (85,344) of all deaths reported in the region. Cabo Verde and Seychelles all have high attack rates, with a high proportion of people infected.

During this reporting period, 324 new health worker infections were reported. Of these, Malawi (199) reported the highest number, followed by Namibia (100), Eswatini (24), and Equatorial Guinea (1). Currently, there have been 115,734 COVID-19 infections (2.4% of all cases) among health workers in the entire region, with South Africa accounting for about 49.0% (56,180) of the total cases. Algeria (11,936, 10.3%), Kenya (5,777, 5.0%), Ghana (4,763, 4.1%) and Zimbabwe (4,391, 3.8%) have also recorded high numbers of health worker infections. Other countries reporting health worker infections are shown in Table 1. Algeria (7.4%), Niger (6.3%), Togo (6.0%), Chad (5.9%), and Seychelles (5.2%) have the highest country specific proportion of health worker infections. Only Eritrea has not reported any healthcare worker infections.

The African Continent has recorded over 6.4 million cases of COVID-19, with 164,372 deaths (case fatality ratio 2.5%) and more than 5.6 million people have recovered. The African continent accounts for 3.3% of global cases and 3.9% of global deaths, while the WHO African Region, which includes sub-Saharan Africa and Algeria, accounts for 2.4% of global cases and 2.7% of global deaths, making it one of the least affected regions in the world after the WHO Western Pacific Region.

All countries in the African region are experiencing community transmission, of which nine countries (20.0%) including: Botswana, Burundi, Eswatini, Cabo Verde, Namibia, Seychelles, South Africa, Zambia and Zimbabwe have uncontrolled transmission, 13 (28.3%) have high transmission, 15 (33.0%) have moderate transmission and nine (20.0%) countries have low transmission.
amid inadequate vaccine supplies, which has left governments with few options other than instituting lockdowns as a measure of slowing spread.

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.

**PROPOSED ACTIONS**

- All countries in the African region that do not meet the criteria for a COVID-19 resurgence, yet with a recent increase of cases 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. WHO is calling on the global community and key stakeholders to ensure that all Member States fully vaccinate at least 10.0% of their vulnerable populations by September, and 30.0% by the end of 2021.
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 25 July 2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Recovered Cases</th>
<th>Case Fatality Ratio (%)</th>
<th>Health Worker Infections</th>
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<td>Sao Tome and Principe</td>
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<td>United Republic of Tanzania</td>
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<td>21</td>
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<td>3.4</td>
<td>1</td>
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<td><strong>Cumulative Cases (N=47)</strong></td>
<td><strong>4,740,115</strong></td>
<td><strong>112,594</strong></td>
<td><strong>4,207,358</strong></td>
<td><strong>2.4</strong></td>
<td><strong>115,734</strong></td>
</tr>
</tbody>
</table>

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

Confirmed cases of Lassa fever have previously been reported in Liberia for more than five years. Between 2016 and 2020, a total of 168 confirmed cases including 70 deaths were reported (case fatality rate 42.0%) in 7 out of the 15 counties in Liberia. During the same period, the number of cases per year ranged from 14 in 2016 to 52 in 2020.

The first confirmed case in 2021 was reported in week 3 (ending January 24) in a 39-year-old male, resident of Phebe Airstrip, Bong County, who had symptom onset of illness on 10 January 2021. The case was admitted at Phebe Hospital on 11 January 2021, where a specimen was collected and sent to the National Public Health Reference Laboratory (NPHRL) on the same day. The case died on 12 January 2021 and a safe burial was conducted. Laboratory result confirmed him positive for Lassa virus on 17 January 2021. From this case, 21 contacts including 18 health workers were identified, line-listed and followed up.

The second confirmed case was a 38-year-old female resident of MIE Field, who presented with red eyes, general body weakness, poor appetite, sore throat, vomiting, and coughing on 1 March 2021 and was unresponsive to treatment. Based on the suspicion for Lassa fever, the case patient was admitted and isolated at Liberia Agricultural Company hospital in Grand Bassa County on 4 March 2021. A specimen was collected on 6 March 2021 and tested positive on 8 March 2021 following her death on 7 March.

The recent confirmed case was reported on 5 July 2021 from Nimba County in a 27-year-old female who first exhibited symptoms on 3 July 2021. She sought medical treatment at Ganta United Methodist Hospital on the same day, where she was isolated with complaints of high fever, stomach pains, red eyes, joint pains nausea and vomiting. The case died on 9 July 2021 and a safe and dignified burial was conducted by the district health team. Laboratory results were positive on July 12, 2021. A total of 60 contacts are currently under follow-up (20 from Bong County and 40 from Nimba County. Of the forty contacts from Nimba County, 11 are from the current case and twenty-nine from previous case).

Confirmed cases reported between 1 January and 18 July 2021 are associated with higher CFR compared to the previous five years. Within this period, a total of 71 suspected cases were reported, of which 13 (18.3%) were confirmed, and 9 deaths among confirmed cases (CFR: 69%). The confirmed cases originated from four counties; namely Bong (3), Grand Bassa (4), Montserrado (1) and Nimba (5). Females account for the highest number of the confirmed cases (7 cases, 54%) compared with males (6 cases, 46%). Of the 13 confirmed cases, 3 (23.1%) were within the age range of 0-15 years, 5 (38.5%) cases within 16-30 years, 3 (23.1%) cases within 31-45 years, and 2 (15.4%) cases 46 years and older.

PUBLIC HEALTH ACTIONS

- Upon confirmation of one case, incident management and emergency operations centres have been activated in all response counties.
- The National Lassa Fever Action Plan (multiple Counties affected), and national level incident management is being activated.
- Inter-county surveillance meetings with neighbouring counties are planned by the county health teams.
- A total of 60 contacts are currently under follow-up (20 from Bong County and 40 from Nimba County. Of the forty contacts from Nimba County, 11 are from the current case and twenty-nine from previous case).
- Conducting Infection Prevention and Control (IPC) measures and also creating line list of high and low contacts including health workers for follow up.
- Specimen collection kits deployed to affected counties and Samples are safely transported by Riders for Health to the National Reference laboratory
- Intensified active case search using outbreak case definition continues in all health facilities and communities in affected counties
- Drugs and medical supplies deployed to counties and replenished rapidly as needed
- Health workers are being sensitized and mentored on Lassa fever prevention including the use of appropriate personal protective equipment during treatment of viral haemorrhagic fever cases. Clinical staff were trained on case management and additional IPC measures
- Safe and dignified burial team members have been trained in preparedness for the burial of highly suspicious unexplained...
Community engagement activity is ongoing in the affected communities with rapid response teams visiting the affected households and families and providing information on environmental cleanliness.

Plans are underway to support affected communities to mount clean-up campaigns.

**SITUATION INTERPRETATION**

Liberia is one of the West African countries where Lassa fever is endemic along with Sierra Leone, Guinea, and Nigeria. A total of 13 cases have been confirmed in the recent outbreak, with 9 deaths recorded. However, the current case fatality ratio (69%) is greater than that recorded in the past five years. Response activities, with the support of the NPHRL, the minister of health and partners, continue in the affected counties albeit with challenges in all pillars of the response.

**PROPOSED ACTIONS**

The Ministry of Health and its partners should develop and implement strategies to strengthen all pillars of the response to the Lassa fever outbreak, including surveillance, communication, and case management. Given that Lassa fever is usually transmitted to humans by rodents, good “community hygiene” should be promoted by conducting community engagements on the prevention of Lassa fever, rodent control measures and hygiene promotion as well as environmental scanning.
Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities include water quality testing in IDP sites; finalization of the WASH plan as part of the micro plan for the upcoming oral cholera vaccination/WASH campaign; and finalization of the training of training schedule for health workers for the upcoming vaccination campaign.

The Regional Health Board is being supported in overall coordination of the response through an emergency operations centre, with multisectoral coordination led by the regional Disaster Risk Management Commission, through the emergency coordination centre.

A joint health needs assessment was conducted in North-Western and Central Tigray with participation from the health cluster, United Nations Children’s Fund, and WHO.

Regional Health Boards and Health Cluster partners were supported in operating 58 mobile health and nutrition teams in 57 woredas.

The health system in Tigray should be strengthened to be able to meet the needs of IDPs and refugees who desperately require health services. Therefore, health facilities need to be made functional by providing equipment, essential medicines, and vaccines in priority areas in the region. Capacity for preparedness; detection and response actions need to be strengthened for diseases of epidemic potential (cholera, measles, malaria, COVID-19) with a focus on displaced populations. Since the problems are varied, it is important to strengthen collaboration and synergies with other sectors (water and sanitation, nutrition, food, agriculture, protection, and education clusters).

A first round of oral cholera vaccinations has been administered to 2.1 million people with plans for a second campaign. A bigger health campaign is being planned to include measles vaccinations, nutrition screenings, and vitamin A distribution.

Inter-agency emergency health kits were provided to health partners including various medications.

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

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There is one case reported in 2021, and in 2020, 65 were reported.

Between 9 March 2020 and 23 July 2021, a total of 13,541 confirmed cases of COVID-19 with 169 deaths and 13,355 recoveries have been reported from Burkina Faso.

flooding and armed attacks. During May 2021, 331 security incidents were reported while 1,462 total incidents have been reported from January-May 2021.

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 121,784 internally displaced persons and 22,137 refugees registered as of 31 May 2021 in all 13 regions of 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.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are one case reported in 2021, and in 2020, 65 were reported.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 22 July 2021, a total of 8,324 cases have been reported in the country with 107 deaths and 8,125 recoveries.

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.

A total of 364 cases and 28 deaths (CFR=7.7%) resulting from meningitis were reported from Week 1 to week 26 of 2021 in Benin. Four districts are on alert and one district reported passing the epidemic threshold.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 25 July 2021, a total of 41,780 confirmed COVID-19 cases have been reported in the country with 984 deaths and 35,474 recoveries.

On 25 February 2020 to 25 July 2021, a total of 162,155 confirmed cases of COVID-19 with 4,063 deaths (CFR 2.5%) have been reported from Algeria. A total of 110,577 cases have recovered.

From 25 February 2020 to 25 July 2021, a total of 162,155 confirmed cases of COVID-19 with 4,063 deaths (CFR 2.5%) have been reported from Algeria. A total of 110,577 cases have recovered.

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, Caïmbambo, Uige, Cuito Samba and Caju. 96.0% are either zero dose or with unknown vaccination status

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.

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, Caïmbambo, Uige, Cuito Samba and Caju. 96.0% are either zero dose or with unknown vaccination status

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.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were 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.
Burundi COVID-19 Grade 3 31-Mar-20 18-Mar-20 24-Jul-21 6 573 6 573 8 0.10%

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 24 July 2021, the total number of confirmed COVID-19 cases is 6 573, including eight deaths and 6 002 recovered.

Burundi Measles Ungraded 23-Mar-20 1-Jan-21 24-Jul-21 437 393 0 0.00%

The measles epidemic has been declared since November 2019 in camps hosting Congolese refugees and then spread to other communities. In 2020, a total of 1 968 cases were reported in 46 of the country’s 47 districts throughout 2020, 1 585 confirmed, 6 deaths. As of week 28 of 2021, Burundi has reported a total of 437 suspected cases, 393 reported by case-by-case surveillance and no death, 60 confirmed by IgM+ 244 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak: Bubanza, Mbanda, Bugarama, Muyingaet.

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 by conflict. Access to basic services remain difficult. As of 24 July 2021, there was a total of 1 194 confirmed cases 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).

Cameroon Measles Ungraded 2-Oct-16 27-Jun-18 2-Jul-21 - - - -

From January to 26 June 2021, Cameroon has reported 1 429 suspected cases with 28 deaths (CFR 2.0%). Out of 644 investigated, 329 was positive including 151 cases were IgM+, 19 clinically confirmed 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 23-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 Droumbou 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: Adamawa region (Ngoundouere 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 25-Jul-21 33 577 33 577 298 0.90%

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 25 July 2021, a total of 33 577 confirmed COVID-19 cases including 298 deaths and 32 739 recoveries were reported in the country.

Central African Republic Humanitarian crisis Protracted 2 11-Dec-13 11-Dec-13 21-Jul-21 - - - -

According to OCHA figures, 2.8 million people are in need of assistance. 717K people are internally displaced as of 30 June, and 701K persons are refugees in neighboring countries. In June 2021, 28 790 new IDPs were registered mostly in Ndele, Kouci, Bocaranga, Bangui, Bimbo, Zemio, Alindao and Kaga-Bandoro sub-prefectures. Also in June 2021, 39 273 people returned mainly Ippy, Paoua, Zemio, Bangassou, Rafai, Batangafo and the Greater Bangui sub-prefectures. On 4 June 2021, IDPs were threatened by armed groups at the Elevage camp in Bambiri in Ouaka Prefecture. More than 5 800 people fled to nearby villages which are considered to be violations of international humanitarian law. Accidents involving explosive devices have been on the rise since mid-April 2021, particularly in the western region where conflict has intensified.

Central African Republic COVID-19 Grade 3 14-Mar-20 14-Mar-20 21-Jul-21 7 148 7 148 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 21 July 2021, a total of 7 148 confirmed cases, 98 deaths and 7 103 recovered were reported.

Central African Republic Measles Grade 2 15-Mar-19 1-Jan-21 11-Jul-21 1 835 491 4 0.20%

From 1st January to 11 July 2021, 1 835 suspected cases have been reported, 491 confirmed cases (45 IgM+ cases, 148 by epidemiological link and 298 compatible cases) and 4 deaths (CFR: 0.2%). Five health districts have reached the epidemic threshold (Berberati, Sangha-Mbaïré; Nanga-Bouliga, Batangafo and Mbam). From the beginning of outbreak in 2019 up to date, a total of 35 351 suspected cases have been notified and 197 deaths (CFR: 0.56%) within affected districts.
As of 27 June 2021, there are an estimated 5.2 million people internally displaced and 19.6 million are in need of emergency food assistance in the entire country. In the temporary site in Nyiragongo territory, in Minova, Rutshuru and Kirotshe, following the Nyiragongo volcano eruption crisis of 22 May 2021. A total of 1,191 shelters were built to accommodate the victims. More than 6,039 households have been identified in Goma and Nyiragongo in temporary regroupment sites. Another 7,500 people are with host families.

The situation of displaced families in Boga and Chiabi is precarious, marked by lack of food, poor housing conditions and difficulties in accessing health care. In North Ituri province alone, there were 1,375,071 internally displaced persons, however, during the past 18 months 1,097,108 people have returned to their places of origin.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The number of 2020 cases is still 61.

Since January 1, 2018, a total of 122 cases have been reported from 3 provinces (Ndjamena, Borkou and Tibesti). Ndjamena’s cases are from Miski’s self-referral. For the year 2020 the country registered 74 cases including 3 deaths. Since the beginning of 2021 up to 21 May 2021, 25 cases have been reported including 15 in Bardai, 7 in Faya and 3 in Ndjamena. 14 cases are confirmed by PCR and rapid tests.

In 2020, Chad reported 8,785 cases, with 363 confirmed cases and 41 deaths. Since 1 January 2021 up to Epw 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
Polio
Grade 2
29-Jan-21
23-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.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Since 11 March 2020, a total of 4,021 confirmed COVID-19 cases, including 147 deaths and 3,862 recoveries were reported in the country.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The number of 2020 cases is still 61.

As of 27 June 2021, there are an estimated 5.2 million people internally displaced and 19.6 million are in need of emergency food assistance in the entire country. In Ituri province alone, there were 1,375,071 internally displaced persons, however, during the past 18 months 1,097,108 people have returned to their places of origin. The situation of displaced families in Boga and Chiabi is precarious, marked by lack of food, poor housing conditions and difficulties in accessing health care. In North Kivu province more than 6,039 households have been identified in Goma and Nyiragongo in temporary regroupment sites. Another 7,500 people are with host families in Minova, Rutshuru and Kirotshe, following the Nyiragongo volcano eruption crisis of 22 May 2021. A total of 1,191 shelters were built to accommodate the victims at Kivu province more than 6,039 households have been identified in Goma and Nyiragongo in temporary regroupment sites. Another 7,500 people are with host families.

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Chad
Polio
Grade 2
29-Jan-21
23-Jul-21
4
4
0
0.00%

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Chad
Polio
Grade 2
29-Jan-21
23-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.

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Chad
Polio
Grade 2
29-Jan-21
23-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.

Since January 1, 2018, a total of 122 cases have been reported from 3 provinces (Ndjamena, Borkou and Tibesti). Ndjamena’s cases are from Miski’s self-referral. For the year 2020 the country registered 74 cases including 3 deaths. Since the beginning of 2021 up to 21 May 2021, 25 cases have been reported including 15 in Bardai, 7 in Faya and 3 in Ndjamena. 14 cases are confirmed by PCR and rapid tests.

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Chad
Polio
Grade 2
29-Jan-21
23-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.
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 27 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 25, 2021 (ending on 27 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 Birungi, Retby, and Ari reported the most cases.

**Democratic Republic of the Congo**

<table>
<thead>
<tr>
<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>Typhoid fever</td>
<td>Ungraded</td>
<td>1-11-19</td>
<td>1-11-19</td>
<td>11-11-19</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>23-Jul-21</td>
<td>199</td>
<td>199</td>
<td>0</td>
<td>8.20%</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jan-18</td>
<td>1-Jan-18</td>
<td>3-Jul-21</td>
<td>716 494</td>
<td>716 494</td>
<td>198</td>
<td>0.27%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, 9 cases have been reported in 2021. The total number of cases for 2020, 2019, and 2018 remains at 81, 89, and 20, respectively.

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**

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
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<th>Start of reporting period</th>
<th>End of reporting period</th>
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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>21-Jul-21</td>
<td>8 863</td>
<td>8 863</td>
<td>123</td>
<td>1.40%</td>
</tr>
</tbody>
</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 21 July 2021, a total of 8 863 cases have been reported in the country with 123 deaths and 8 637 recoveries.

**Eritrea**

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified</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>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>21-Jul-21</td>
<td>8 863</td>
<td>8 863</td>
<td>123</td>
<td>1.40%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Ethiopia on 13 March 2020. As of 24 July 2021, a total of 6 495 confirmed COVID-19 cases with 33 deaths were reported in the country. A total of 6 282 patients have recovered from the disease.

**Eswatini**

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified</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>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>25-Jul-21</td>
<td>23 005</td>
<td>23 005</td>
<td>752</td>
<td>-</td>
</tr>
</tbody>
</table>

The first case of COVID-19 was confirmed in the Kingdom of Eswatini on 13 March 2020. As of 25 July 2021, a total of 23 005 cases have been reported in the country including 19 962 recoveries. A total of 752 associated deaths have been reported.

**Ethiopia**

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>1-Jan-20</td>
<td>27-Jun-21</td>
<td>693</td>
<td>-</td>
<td>57</td>
<td>8.20%</td>
</tr>
</tbody>
</table>

According to reports from OCHA, an estimated 5.2 million people are in need of humanitarian assistance and more than 63k refugees have fled to Sudan since fighting began in November 2020. Currently, the fighting has reached a ceasefire, however access remains a challenge since roads have been curtailed over the last weeks. About 75% of the population is in zones where humanitarians can access compared to 30% in May 2021. The UN Humanitarian Air Service (UNHAS) which was previously shut down was allowed passage once again to the Tigray area as of 5 July 2021 to transport goods and humanitarian aid workers. In addition to insecurity, partners continue to flag challenges with the lack of banking systems, fuel availability, electricity, and communication lines to respond across Tigray.

**Ethiopia**

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<tr>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Ungraded</td>
<td>14-May-19</td>
<td>14-May-19</td>
<td>2-May-21</td>
<td>19 000</td>
<td>19 000</td>
<td>304</td>
<td>1.60%</td>
</tr>
</tbody>
</table>

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 11 July 2021 to transport goods and humanitarian aid workers. In addition to insecurity, partners continue to flag challenges with the lack of banking systems, fuel availability, electricity, and communication lines to respond across Tigray.

**Ethiopia**

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<tr>
<th>Event</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-21</td>
<td>25-Jul-21</td>
<td>1 348</td>
<td>741</td>
<td>4</td>
<td>0.30%</td>
</tr>
</tbody>
</table>

In 2021, as of 25 July (week 30), a total of 1 348 cases have been reported of which 741 have been confirmed (497 epi-link, 211 IgM and 33 measles compatible) and 4 deaths recorded (CFR 0.4%). Out of the 1 348 suspected cases, 681 were under 5 years of age, 426 were between 5 and 14 years of age and 231 were over 15 years of age.

**Ethiopia**

<table>
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<tr>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>23-Jul-21</td>
<td>71</td>
<td>71</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. 18 cases have been reported so far in 2021. The total number of cases for 2020 is 38 and 2019 is 15.

**Gabon**

<table>
<thead>
<tr>
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<th>Grade</th>
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<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>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>21-Jul-21</td>
<td>25 005</td>
<td>25 005</td>
<td>163</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 21 July 2021, a total of 25 005 cases including 163 deaths and 25 005 recoveries have been reported in the country.
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 21 July 2021, a total of 7 333 confirmed COVID-19 cases including 208 deaths, and 6 205 recoveries have been reported in the country.

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.

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

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 25 July 2021, a total of 25 054 cases including 23 843 recovered cases and 324 deaths have been reported in the country.

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.

The outbreak has been reported in Mombasa and Mandera Counties, recording 867 cases with 36 confirmed and 2 deaths reported (CFR 0.2 percent).

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.

Since 17 July 2021 (Epi week 27), a total of 625 cases was reported, 30 confirmed cases with one death (CFR 0.2 %) for 2 counties which has reported cases in 2021, West Pokot (4 sub counties affected) and Garissa (1 sub county affected). In West Pokot, the outbreak has been continuous from 2019.

No new cVDPV2 cases reported this week. There was one cVDPV2 positive environmental sample was reported in the Eastern province.
### Madagascar

**COVID-19**
- **Grade**: 3
- **Date notified to WHO**: 25-Mar-20
- **Start of reporting period**: 20-Mar-20
- **End of reporting period**: 24-Jul-21
- **Total cases**: 42 669
- **Confirmed deaths**: 943
- **Case fatality rate**: 2.20%

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.

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.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 25 July 2021, the country has a total of 48 637 confirmed cases including 495 deaths and 20 254 recovered cases have been reported in the country.

### Liberia

**COVID-19**
- **Grade**: 3
- **Date notified to WHO**: 14-Mar-20
- **Start of reporting period**: 13-Mar-20
- **End of reporting period**: 25-Jul-21
- **Total cases**: 5 215
- **Confirmed deaths**: 144
- **Case fatality rate**: 2.80%

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 82 240 moderately malnourished (MAM=13.5%). This region is reporting as well an increasing number of Malaria diahrrea cases. The WASH condition remains one of the critical conditions that need to be addressed.

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.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 25 July 2021, the country has a total of 14 542 confirmed cases including 330 deaths and 13 924 recoveries.

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On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 25 July 2021, the country has a total of 48 637 confirmed cases with 1 480 deaths and 36 419 recoveries.

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.
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 registered as internally displaced person (IDP) arrivals, another 102 (2%) registered as departing and 140 (2%) individuals registered as transiting. Districts receiving IDPs were Montepuez with 1,298 (21%) arrivals, Mubea registering 1,177 (19%), Cidade de Pemba registering 1,125 (21%), Nangade registering 1,025 (17%), Metuge registering 592 (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 732,000 people displaced.

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 Namapula (1,435 cases and 4 deaths) provinces. Eight districts for Cabo Delgado province: Moçimboa da Praia (307 cases), Ibo (163 cases), Macomia (166 cases), Pemba (565 cases), Metuge (1,245 cases), Chiure (1,165 cases) and Montepuez (328 cases) and Ancuabe (306 cases). Three districts for Namapula province reported cases: Meconta (630 cases), Namapula (755 cases) and Moma (50 cases).

The first COVID-19 confirmed case was detected in Namibia on the 14 March 2020. As of 24 July 2021, a total of 116,603 cases were reported including 92,879 recoveries and 2,811 deaths have been reported.

From 2020 to 2021, a total of 5,056 cases with 194 deaths have been reported across the country. A total of 5,210 recoveries have been reported.

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 (Arilit, Bilma, Dogondoutchi, Tibiri, Gazoua, Niamey 2, Niamey 3, Niamey 4, Tahoua Com, Ayerou, Baileyara, Tesker) across 8 regions. In 2020, 2,079 cases have been suspected of which 241 lab confirmed (IgM positive) and 4 deaths in 8 regions. In 2019 a total of 10,207 suspected measles cases were reported from eight regions in the country.
### Country Event Grade Date notified to WHO Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

<table>
<thead>
<tr>
<th>Nigeria</th>
<th>Cholera</th>
<th>Ungraded</th>
<th>12-Jan-21</th>
<th>12-Jan-21</th>
<th>31-May-21</th>
<th>6 738</th>
<th>-</th>
<th>221</th>
<th>3.30%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-20</td>
<td>27-Feb-20</td>
<td>25-Jul-21</td>
<td>171 111</td>
<td>171 111</td>
<td>2 132</td>
<td>1.20%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>9-May-21</td>
<td>275</td>
<td>272</td>
<td>56</td>
<td>20.40%</td>
</tr>
</tbody>
</table>

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 other states.

### Nigeria COVID-19

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 25 July 2021, a total of 171 111 confirmed cases with 164 799 recovered and 2 132 deaths have been reported.

| Nigeria | Lassa fever | Ungraded | 1-Jan-21 | 1-Jan-21 | 9-May-21 | 275 | 272 | 56 | 20.40% |

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 or 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 with 3 deaths.

| Nigeria | Poliomyelitis (cVDPV2) | Grade 2 | 1-Jun-18 | 1-Jan-18 | 23-Jul-21 | 99 | 99 | 0 | 0.00% |

So far, the number of cases in 2021 is 39 as of 23rd July. There were eight cases reported in 2020; 18 cVDPV2 cases reported in 2019 and 34 in 2018.

| Nigeria | Yellow fever | Ungraded | 12-Sep-17 | 1-Jan-21 | 30-Jun-21 | 858 | 27 | 1 | 0.10% |

From 1 January 2021 to 30 June 2021, there has been a cumulative total of 858 suspected cases of yellow fever in Nigeria, of which 27 cases have been confirmed, from 312 LGA across 37 states including the Federal Capital Territory (FCT). In 2020, 3 426 suspected cases of yellow fever have been recorded, including 145 confirmed cases, from 495 LGA (64%) across all states and the FCT.

| Rwanda | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 25-Jul-21 | 62 946 | 62 946 | 742 | 1.20% |

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 25 July 2021, a total of 62 946 cases with 742 deaths and 44 753 recovered cases have been reported in the country.

| Sao Tome and Principe | COVID-19 | Grade 3 | 6-Apr-20 | 6-Apr-20 | 25-Jul-21 | 2 424 | 2 424 | 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 25 July 2021, a total of 2 424 confirmed cases of COVID-19 have been reported, including 37 deaths. A total of 2 348 cases have been reported as recoveries.

| Senegal | COVID-19 | Grade 3 | 2-Mar-20 | 2-Mar-20 | 25-Jul-21 | 57 263 | 57 263 | 1 281 | 2.20% |

From 2 March 2020 to 25 July 2021, a total of 57 263 confirmed cases of COVID-19 including 1 281 deaths and 45 170 recoveries have been reported in Senegal.

| Senegal | Poliomyelitis (cVDPV2) | Grade 2 | 4-Apr-21 | 25-Jul-21 | 12 | 12 | 0 | 0.00% |

One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, the total number of 2021 cases is 12.

| Seychelles | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 19-Jul-21 | 17 541 | 17 541 | 79 | 0.50% |

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 19 Jul 2021 a total of 17 541 cases have been confirmed, including 16 821 recoveries and 79 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 | 23-Jul-21 | 14 | 14 | - | 0.00% |

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were 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 | - | - | - | - |

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.
### Health Emergency Information and Risk Assessment

**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
**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. 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, Torit, and Uror. Roads have also become frequent to ambushes for aid workers and civilians. Additionally, there has been increased violence in the Greater Pibor area following the killing of over 14 civilians in age-set violence in Kongor village on 29 June 2021. There have been security incidents in Greater Tonj including the looting of a humanitarian warehouse and the killing of civilians in Tonj North on 19 June and 2 July 2021, respectively. Killings of civilians also occurred in Tonj South on 27 June 2021.

**South Sudan** | COVID-19 | Grade 3 | 5-Apr-20 | 5-Apr-20 | 25-Jul-21 | 11 014 | 11 014 | 118 | 1.10%

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 25 July 2021, a total of 11 014 confirmed COVID-19 cases were reported in the country including 118 deaths and 10 751 recovered cases.

**Zimbabwe** | Hepatitis E | Ungraded | 3-Jan-18 | 3-Jan-18 | 27-Jun-21 | 684 | 684 | 5 | 0.70%

The current outbreak in Bentiu UN Protection of Civilians (POC) camp, which started at the beginning of 2018, is ongoing. There were 19 new cases reported during week 25 in 2021. As of 27 June, a total of 684 cases of hepatitis E including five deaths have been reported. There has been an upsurge of HEV cases since the beginning of 2021 which has been mostly attributed to declining water, sanitation and hygiene services in the camp due to reduced funding.

**South Sudan** | Measles | Ungraded | 24-Nov-18 | 19-Sep-19 | 30-Jun-21 | 1 313 | 54 | 2 | 0.20%

Since week 38 of 2019 to 30 June 2021 (week 26 of 2021), a total of 1 313 cases of measles were reported including 54 confirmed cases and two deaths. The outbreak is controlled in 9 counties (Tonj East, Juba, Bor, Kapoeta East, Jebel Boma, Aweil East, Wau, Pibor and Ibb). No county has reported outbreak in 2021.

**South Sudan** | Poliomyelitis (cVDPV2) | Grade 2 | 22-Oct-20 | 22-Oct-20 | 25-Jul-21 | 59 | 59 | 0 | 0.00%

One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are now 59 cVDPV2 cases in the country; 9 in 2021 and 50 in 2020.

**Tanzania, United Republic of** | COVID-19 | Grade 3 | 16-Mar-20 | 16-Mar-20 | 11-Apr-21 | 609 | 609 | 21 | 3.40%

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 28 June 2021, a total of 609 cases have been reported in the country including 21 deaths. A new bunch of 100 COVID-19 cases was reported in Tanzania on 28 June 2021 since May 2020.

**Togo** | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 13-Sep-19 | 23-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 | 23-Jul-21 | 92 490 | 92 490 | 2 557 | 2.80%

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 23 July 2021, a total of 92 490 confirmed COVID-19 cases, 75 790 recoveries with 2 557 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.
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.