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

- COVID-19 across the WHO African region
- Hepatitis E in Namibia
- Humanitarian Crisis in Grand Sud, Madagascar

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:**

- COVID-19 cases in the African region dropped for the third consecutive week, after a nine-week rapid increase in case incidence. Reported case numbers declined by 7.2% from 179,693 cases in the previous week to 166,790 in the past week. This decline is largely driven by a rapid fall in new weekly cases in South Africa, plus other countries in the Southern part of the region; Botswana, Namibia, Zambia and Zimbabwe. The region is still experiencing the third wave, with 19 countries still undergoing a resurgence. The number of weekly deaths also decreased by 12.0%. Cabo Verde and Seychelles have recorded high attack rates, with a high proportion of people infected. 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.

- Even when the protracted hepatitis E outbreak in Namibia has shown significant decline, the conditions for a resurgence of outbreaks of water-borne diseases persist, particularly in urban informal settlements, which suffer from inadequate supplies of safe water and poor sanitation. Authorities need to tackle these challenges and provide sustainable solutions in order to prevent recurrent outbreaks of water-borne diseases. As the Hepatitis E outbreak in Namibia wanes, this provides an opportunity for health workers to target their efforts towards the COVID-19 response.

- A prolonged three-year drought in southern Madagascar has contributed to food insecurity issues for an estimated 1.3 million people in the Grand Sud area. Other factors beyond low agricultural production include job and income losses due to COVID-19 lockdown measures especially for informal workers and food price inflation. As a result, crimes have increased in the most affected district of Amboasary Atsimo as more people engage in risky behaviours to survive. About 510,000 children are expected to have acute malnutrition in the next year if no intervention measures are taken.
In the past week (26 July – 1 August 2021), the African region recorded a total of 166 790 new cases of coronavirus disease (COVID-19), a 7.2% decrease compared to the previous week when 179 693 new cases were reported. Eighteen countries (38.3%) saw an increase in weekly cases above or equal to 20.0% compared to the previous week; Burkina Faso, Burundi, Central African Republic, Côte d’Ivoire, Eswatini, Ethiopia, Guinea, Guinea-Bissau, Kenya, Lesotho, Mali, Mauritania, Mozambique, Niger, Nigeria, Sao Tome and Principe, Sierra Leone and Togo. Another 18 (38.3%) countries reported a decrease in new cases above or equal to 20.0% compared to the prior week. These countries include: Botswana, Cameroon, Chad, Comoros, Congo, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Gambia, Ghana, Malawi, Mauritius, Namibia, Rwanda, Seychelles, South Sudan, Uganda and Zambia.

Even though the COVID-19 third wave is showing a downward trend in the African Region, case incidence remains high with an average of 23 827 cases reported each day over the past seven days. Most of these reported cases are concentrated in just a few countries, with five countries accounting for 72.0% of all new cases in the past week; South Africa (78 361; 47.0%), Mozambique (13 253, 8.0%), Zimbabwe (11 652, 7.0%), Algeria (10 409, 6.2%), and Kenya (6271, 3.8%).

Weekly fatalities fell by 12.0% in the past seven days, with 4 514 new deaths recorded from 34 countries. More than half of the new deaths were reported from South Africa (2 416, 54.0%), followed by Zimbabwe (489, 11.0%), Algeria (228, 5.1%), Namibia (186, 4.1%), and Malawi (181, 4.0%). All these five countries accounted for 76.0% of the new deaths recorded in the past week. Other countries reporting 20 or more new deaths in this period include: Mozambique (180), Zambia (134), Uganda (106), Senegal (86), Botswana (84), Kenya (81), Rwanda (79), Eswatini (46), Mauritania (32), Angola (32), Burundi (30), Guinea (26), and Ethiopia (21). Table 1 shows other 16 countries reporting fewer than 20 deaths in the past seven days.

Since 25 February 2020, when the COVID-19 pandemic was declared in the African Region, the cumulative number of confirmed COVID-19 cases is nearly 5 million. More than 4.3 million recoveries have been recorded, giving a recovery rate of 89.0%. The total number of deaths is now at 117 304.

Nineteen countries are still experiencing a resurgence of COVID-19 pandemic; Algeria, Botswana, Burundi, Democratic Republic of the Congo, Eswatini, Gambia, Guinea, Guinea-Bissau, Kenya, Malawi, Mauritania, Mauritius, Mozambique, Namibia, Rwanda, Senegal, South Africa, Zambia, and Zimbabwe. Namibia, South Africa and Zambia have now seen a stable decline in new cases during the past two weeks, though case numbers remain high. Some countries, including Eritrea, Liberia, Sierra Leone and Uganda do not meet the criteria for a resurgence after four weeks of a continuous decline in new cases.

The highest COVID-19 case incidence in the region has been recorded in South Africa (2 456 184 cases, 50.0%), followed by Ethiopia (280 565 (5.7%), Kenya 203 680 (4.1%), Zambia 196 293 (4.0%), and Nigeria 174 315 (3.5%), all accounting for (3 311 037,67.3%) of total cases. South Africa also has the highest number of deaths in the region (72 191 deaths, 62.0%); followed by Ethiopia (4 390, 4.0%), Algeria (4 291, 3.7%), Kenya (3 946, 3.4%), and Zimbabwe (3 583, 3.1%). These five countries account for 73.4% (86 082) of all deaths reported in the region. Cabo Verde and Seychelles all have high attack rates, with a high proportion of people infected.

A total of 432 new health worker infections were reported during this reporting period. Of these, Mozambique (277), reported the highest number, followed by Malawi (76), Namibia (71), and Eswatini (8). Currently, there have been 116 167 COVID-19 infections (2.4% of all cases) among health workers in the entire region, with South Africa accounting for about 48.4% (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 (7.0%), Niger (6.3%), Chad (6.0%), Togo (6.0%), and Seychelles (5.1%) 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 6.8 million cases of COVID-19, with over 171 000 deaths (case fatality ratio 2.5%) and nearly 6 million people have recovered. The African continent accounts for 3.4% of global cases and 4.0% 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.

Globally, around 4 billion doses of the COVID-19 vaccines have been administered, of which approximately 1.6% have been administered in Africa. This equates to a cumulative total of 47 doses per 100 people worldwide, 92 doses/100 in high-income countries, 4.7 doses/100 in Africa and 3 doses/100 in sub-Saharan Africa. High-income countries have administered 61 times more doses per person than low-income countries.

**Situation Interpretation**

The COVID-19 third wave continues in the African region even though there has been an observed decline in cases in the past two weeks. This decline is largely driven by a rapid fall in case incidence in countries in the southern part of the region; Botswana, Namibia, South Africa, Zambia and Zimbabwe. Nineteen countries in the region, are still undergoing a resurgence. Even with this recorded decline, case incidence remains high, and countries continue to experience an overwhelming situation on their health systems. The pandemic has been mostly concentrated in urban areas where populations are highly mobile, with high population.
densities, and large urban slums. In addition, the recorded CFR has been mostly high in rural areas probably due to inability to access optimal treatment services.

WHO is coordinating the regional response, and is constantly advising countries on critical preparedness, readiness and response actions for COVID-19, surveillance, case investigation and providing guidance on clinical management. Globally, WHO has developed 400 technical guidance documents, and the WHO Regional Office has adapted key documents to regional and country contexts.

PROPOSED ACTIONS

- The WHO advises member states to adhere to the basic precautionary measures that include; getting vaccinated, maintaining physical distancing, cleaning hands, avoiding crowded and closed spaces, and wearing a face mask to prevent the spread of disease. 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 1 August 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><strong>Cumulative Cases (N=47)</strong></td>
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<td><strong>117,304</strong></td>
<td><strong>4,351,570</strong></td>
<td><strong>2.4</strong></td>
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*Total cases includes one probable case from Democratic Republic of the Congo.*
**EVENT DESCRIPTION**

The protracted outbreak of hepatitis E Virus (HEV) in Namibia, declared on 14 December 2017 in Windhoek, Khomas region, has shown a strong declining trend in the past three months. From 5 to 18 July 2021, only one hepatitis E case was reported country-wide from Khomas region, compared to zero cases reported in the preceding two weeks (21 June to 4 July 2021). During the last eight weeks (24 May to 18 July 2021), a total of 12 HEV cases were reported in the entire country, with Khomas region reporting 9 (76.9%), of which eight were suspected, while one was epi-linked. Otjozondjupa, Erongo and Omusati regions recorded 1 (7.7%) case each. The rest of the regions did not report any case. Since the outbreak began, cases have been reported mainly from informal settlements such as Havana and Goreangab in Windhoek, DRC in Swakopmund and Kuseibmund in Walvisbay and similar settings in areas where access to potable water, sanitation and hygiene is limited.

As of 18 July 2021, a cumulative total of 8,081 cases, with 66 deaths (case fatality ratio 0.8%) have been reported. Of these, 2,117 (26.2%) are laboratory confirmed, 4,741 (58.7%) epidemiologically-linked and 1,222 (15.1%) suspected cases. Most cases were reported from Khomas Region, which accounted for 4,996 (62%) of reported cases, followed by Erongo (1,716; 21.2%), with the rest of the 13 affected regions accounting for 1,369 (17%) of the reported cases.

Most cases (5,758; 71.3%) have been reported in the age group 20-39 and most are in males (4,785; 59.2%) compared to females (3,296; 41.0%). Among the 66 deaths, 27 are maternal deaths, representing 41% of all hepatitis E deaths and 6.2% of all reported maternal cases during this period.

The number of new cases reported per week has been on a steady decline, with only sporadic cases reported since the start of 2021 compared to the previous years of the outbreak. One case was reported during the first two weeks of May compared to five cases reported in the last two weeks of April indicating a decreasing trend.

**PUBLIC HEALTH ACTIONS**

- The Namibian Ministry of Health and Social Services (MoHSS) together with the WHO country office conducted an intra action review and support supervision in six regions. This was aimed at assessing and strengthening the response activities.
- Health authorities conducted a two-day training on the use of hepatitis E rapid diagnostic test kits in the six priority regions.
- Ninety healthcare workers made up of pediatricians, medical officers, medical interns, lectures, registered nurses and midwives were enrolled on management of severe acute malnutrition.
- A cross border meeting was held between the Kavango regions in Namibia and Cuando Cubango Province in Angola to strengthen health interventions and prevention of Hepatitis E.
- Regional and district teams are conducting active surveillance to trace cases of HEV weekly.

**SITUATION INTERPRETATION**

The significant decline in new hepatitis E cases across the most affected regions in Namibia is encouraging after a prolonged increase in cases. However, the conditions that led to the outbreak are still present, with challenges around inadequate water, sanitation and hygiene interventions to improve access to safe drinking water and proper sanitation in affected urban informal settlements. Another challenge remains around, inadequate risk communication activities. In addition, the continued response to COVID-19, particularly with currently increasing case numbers, has resulted in the MoHSS and partner organizations focusing entirely on the pandemic, with fewer response activities towards the hepatitis E outbreak.
PROPOSED ACTIONS

Namibian authorities must urgently address the problems with inadequate safe water supplies and poor sanitation in informal settlements across the country in order to prevent further outbreaks of water-borne diseases. The Ministry of Health and Social Services should continue to strengthen and sustain the implementation of hepatitis E response activities to enable containment and early detection of any possible resurgence.

From left UNICEF Representative, Ms Rachel Odette, Namibia WHO Country Representative, Dr Charles Sagoe-Moses and the Minister of Health and Social Services, Dr Benhard Haufiku in Havana Settlement
The southern part of Madagascar known as Grand Sud has been greatly affected by a food crisis. As of May 2021, an estimated 1.3 million people were in need of food assistance classified as Integrated Food Security Phase Classification (IPC) Phase 3 and above. Of those, 14 000 people were classified as IPC Phase 5 or catastrophically food insecure. All 10 districts of Grand Sud have been affected with the epicentre of the crisis occurring in Amboasary Analalava district.

According to World Food Programme, Madagascar’s famine crisis has been caused mostly by the effects of climate change. The country experiences extreme weather conditions including cyclones, floods, and droughts which the latter has become the most severe in the Grand Sud area of Madagascar since 1981. For three consecutive years, the area has experienced multiple episodes of drought which has made life difficult for the agriculture-dependent citizens that live there. In addition to the lack of food production, the droughts have caused the decreased availability of agricultural jobs. People who also migrate to other urban areas for work have not been able to earn income as before due to the effects of the ongoing COVID-19 pandemic. Cases of COVID surged during April 2021 but peaked in May and have since then declined, yet problems also persist with increasing food costs during institution of lockdown measures. Sandstorms and pest infestations, namely locusts, have also contributed to the loss in food production. The crisis has also caused the displacement of people trying to reach assistance in several districts, and criminality leading people to engage in risky behaviours like cattle raiding, theft, prostitution, child labour, child marriage, etc. In addition to COVID-19, other disease outbreaks in the country exist like malaria, Rift Valley fever, polio, and acute watery diarrhoea.

The food crisis has undoubtedly caused health issues for people living in the area and is projected to cause an estimated 501 000 children aged 6-59 months to have acute malnutrition (390 000 children to have moderate acute malnutrition and 111 000 children to have severe acute malnutrition) between May 2021 and April 2022 according to IPC reports. The key drivers of acute malnutrition in Grand Sud include (1) the acute food insecurity, (2) inadequate food intake with 9 children in 10 not having access to a diet adequate for their physical growth, (3) poor access to water and sanitation (only 2.9% of the population in the 10 most affected districts have access to improved sanitation facilities while 57% do not use improved drinking water sources), and (4) delayed introduction of food supplements in only 51% of children 6 months and more in some districts.

**PUBLIC HEALTH ACTIONS**

- A Flash Appeal was launched in January 2021 to support the governmental priorities and response plan (including health sector response) providing life-saving assistance to the people in southern Madagascar via United Nations agencies, the Red Cross, and non-governmental organizations. The initial Flash Appeal ran through May 2021 and is being revised to reflect the ongoing crisis which is expected to last until at least April 2022.

- The government has set short, medium, and long-term targets for aid projects in order to meet a range of needs.

**SITUATION INTERPRETATION**

The food insecurity situation in southern Madagascar has reached extreme levels that have not been seen in many years. While the government and humanitarian actors have responded with aid since the beginning of 2021, the situation remains critical and will require more assistance. While the main contributor seems to be a prolonged drought caused by climate change, it is difficult to predict when the crisis might improve.

**PROPOSED ACTIONS**

- Immediate access to food aid should reach those who are most in need, particularly those in IPC Phase 5 (or catastrophic) classification to address issues of malnutrition among the population and risk groups. Nutritional and medical attention should be prioritized for children, pregnant women and lactating mothers. Priorities should also focus on providing water, sanitation, and hygiene services in order to mitigate outbreak scenarios of infectious disease. Furthermore, humanitarian actor security should be supported in order for them to access the populations that are most in need. While these might be some of the immediate proposed actions, further long-term solutions will be required to address the effects of climate change such as drought-tolerant farming strategies, pipeline installations, and other resilience activities.
From 25 February 2020 to 1 August 2021, a total of 172,564 confirmed cases of COVID-19 with 4,291 deaths (CFR 2.5%) have been reported from Algeria. A total of 116,009 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 1 August 2021, a total of 42,815 confirmed COVID-19 cases have been reported in the country with 1,016 deaths and 37,397 recoveries.

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.

On 31 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 26 July 2021, a total of 106,690 confirmed COVID-19 cases have been reported in the country with 1,569 deaths and 81,366 recoveries.

Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 26 July 2021, a total of 8,394 cases have been reported in the country with 108 deaths and 8,136 recoveries.

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% < 3 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.

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.

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.

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 1,312,071 internally displaced persons and 22,289 refugees registered as of 30 June 2021 in all 13 regions in the country. Over 200k people became IDPs from April-June 2021. The regions most affected were Central North, Sahel, and Eastern. 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.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 26 July 2021, a total of 8,394 cases have been reported in the country with 108 deaths and 8,136 recoveries.

Eight districts reported passing the epidemic threshold.

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.

Between 9 March 2020 and 31 July 2021, a total of 13,588 confirmed cases of COVID-19 with 169 deaths and 13,380 recoveries have been reported from Burkina Faso.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 26 July 2021, a total of 106,690 confirmed COVID-19 cases have been reported in the country with 1,569 deaths and 81,366 recoveries.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 31 July 2021, the total number of confirmed COVID-19 cases is 7,505, including nine deaths and 6,723 recovered.

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.
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. IDPs have been leaving the Mayo-Sava division during the last months due to attacks by NSAG. There have been attacks in Goudoumbou village leading 1,154 IDPs to join 1,600 others in Kouyape village as of 8 July. IDPs currently have need for water, hygiene, sanitation, food, shelter, protection, and education services.

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 20 reported incidents of health facility attacks including kidnapping of personnel and removal of patients from facilities.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 21 July 2021, a total of 82,064 cases have been reported, including 1,334 deaths and 80,588 recoveries.

On 11 January 2021, the Centre Pasteur du Cameroun 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 Domboumbou 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: Adamasoua region (Ngouendere rural HD), Far North region (Maga, Mobaye, Yagoua HD), Littoral region (Yabassi HD), North region (Guider HD), North-West region (Bamenda HD) and West region (Bafang and Dschang HD).

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 01 August 2021, a total of 33,822 confirmed COVID-19 cases including 298 deaths and 33,036 recoveries were reported in the country.

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, 29,790 new IDPs were registered mostly in Ndele, Kou, Bocaranga, Bangui, Bimbo, Zemio, Alindao and Kaga-Bandoro sub-prefectures. Also in June 2021, 39,273 people returned mainly Ipbi, Paoua, Zemio, Bangassou, Rafia, Batangaro and the Greater Bangui sub-prefectures. On 4 June 2021, IDPs were threatened by armed groups at the Elevage camp in Bambari in Ouaka Prefecture causing more than 8,500 to flee to nearby villages which are considered to be violations of international humanitarian law. Accidents involving explosive devices have been on the rise since mid-April 2021, particularly in the western region where conflict has intensified.

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 27 July 2021, a total of 7,151 confirmed cases, 98 deaths and 7,103 recovered were reported.

From 1st January up to 18 July 2021: 1,861 suspected cases have been reported, 149 cases with blood samples out of a total 587 investigated, 523 confirmed cases (45 IgM+ cases, 438 by epidemiological link and 40 compatible cases) and 4 deaths (CFR: 0.2%). Five health districts (out of 35) have reached the epidemic threshold (Berbérati, Sangha-Mbaéré; Nanga-Bangui, Batangaro and Mbaiki); 49% are children < 5 years; 42% not vaccinated. From the beginning of outbreak in 2019 to 18 July 2021, a total of 35,377 suspected cases have been notified and 197 deaths (CFR: 0.56%) within affected districts.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 1st August 2021, a total of 4,973 confirmed COVID-19 cases were reported in the country including 174 deaths and 4,793 cases who have recovered.
In 2020, Chad reported 8,785 cases, with 363 confirmed cases and 41 deaths. Since 1 January 2021 up to Epi week 28 (18 July), there have been 1,999 suspected cases from 92 out of 129 districts in the country (71% of districts), 495 cases investigated with blood samples recorded, 200 of which were confirmed by IgM and 98 deaths from 4 districts (CFR 0.4%), 21 districts in epidemic in 2021.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in this week. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks. There were 8 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 31 July 2021, a total of 4,028 confirmed COVID-19 cases, including 147 deaths and 3,869 recoveries were reported in the country.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, 2 cases have been reported in 2021. There were 106 cVDPV2 cases reported in 2020.

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

### Table of Cases

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>8-Sep-20</td>
<td>16-Oct-20</td>
<td>31-May-21</td>
<td>122</td>
<td>14</td>
<td>6</td>
<td>4.90%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-21</td>
<td>18-Jul-21</td>
<td>1,999</td>
<td>200</td>
<td>8</td>
<td>0.40%</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-20</td>
<td>27-Jun-21</td>
<td>3,516</td>
<td>-</td>
<td>93</td>
<td>2.60%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>30-Jul-21</td>
<td>49,917</td>
<td>49,916</td>
<td>1,038</td>
<td>2.10%</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-20</td>
<td>27-Jun-21</td>
<td>8,151</td>
<td>39</td>
<td>289</td>
<td>3.50%</td>
</tr>
</tbody>
</table>

Since January 1, 2018, a total of 122 cases have been reported by 3 provinces (N’Djamena, Borkou and Tibesti). N’Djamena’s cases are from Miski’s self-referral. For the year 2020, the country registered 74 cases including 3 deaths. Since the beginning of 2021 up to 21 May 2021, 25 cases have been reported including 15 in Bardai, 7 in Faya and 3 in N’Djamena. 14 cases are confirmed by PCR and rapid tests.
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<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>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>30-Jul-21</td>
<td>199</td>
<td>199</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-21</td>
<td>1-Jan-21</td>
<td>19-Aug-21</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>24-Jul-21</td>
<td>8 880</td>
<td>8 880</td>
<td>123</td>
<td>1.40%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>31-Jul-21</td>
<td>6 547</td>
<td>6 547</td>
<td>35</td>
<td>0.50%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>12-Mar-20</td>
<td>1-Aug-21</td>
<td>26 220</td>
<td>26 220</td>
<td>798</td>
<td>3.00%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 3</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>15-Jul-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>14-May-19</td>
<td>12-May-19</td>
<td>2-May-21</td>
<td>19,000</td>
<td>19,000</td>
<td>304</td>
<td>1.60%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-21</td>
<td>1-Aug-21</td>
<td>1,400</td>
<td>767</td>
<td>4</td>
<td>0.30%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>30-Jul-21</td>
<td>71</td>
<td>71</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

From 22 April 2021, a cluster of deaths due to suspected pneumonic plague were recorded in the health zone of Fatak, 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 Biomedicale (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 Fatak 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 Biringi, Rethy, and Ari reported the most cases.

In 2021, from Epi week 1 to 23, 716 494 suspected cases of typhoid fever, including 198 deaths (CFR 0.50%), 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%).

On 18 July 2021, two Yellow fever cases tested positive by Plaque Reduction Neutralization Test (PRNT) at Centre Pasteur in Cameroon (CPC). The first case is a 34-year-old male from the Abouzi health zone, North Ubangi province, Democratic Republic of the Congo whose date of symptom onset was 20 February 2021 with fever, vomiting, abdominal pain, back pain and physical asthenia. Jaundice appeared on 25 February. The second case is a 47-year-old female unvaccinated against Yellow fever from Ango health zone, Bas Uele province. He first exhibited symptoms on 7 May 2021. In addition, confirmatory results are pending for three other presumptive positive cases from Equateur, Kinshasa and North Ubangi provinces.

According to reports from OCHA, an estimated 6.2 million people are in need of humanitarian assistance and more than 63K refugees have fled to Sudan since fighting began in November 2020. 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, which was previously shut down, was allowed passage once again 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.

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, 2019, and 2018 remains at 81, 89, and 20, respectively.
The outbreak has been reported in Mombasa and Mandera Counties, recording 867 cases with 36 confirmed and 2 deaths reported (CFR 0.2 percent).

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 27 Jul 2021, a total of 7 962 confirmed COVID-19 cases including 213 deaths, and 6 848 recoveries have been reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 30 July 2021, a total of 7 962 confirmed COVID-19 cases including 213 deaths, and 6 848 recoveries have been reported in the country.

As of 27 Jul 2021, a total of 103 019 confirmed COVID-19 cases have been reported in Ghana. There have been 823 deaths and 97 213 recoveries reported.

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 (Lavra, 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 31 July 2021, a total of 25 914 cases including 24 327 recoveries and 354 deaths have been reported in the country.

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 6 May 2021 at the Yomo 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 N'Zerekoré Regional Hospital, this case was from Baya prefecure 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 52 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 were being followed. However, the prefecture of Bëëhëa is regarded as active, with the prefectures of Yomou-Centre, Pêla, Yomou and Bignamou on alert.

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.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 31 August 2021, the country has reported 4 498 confirmed cases of COVID-19 with 3 968 recoveries and 76 deaths.

From 23 May 2021, cholera outbreak has been reported from Garissa and Turkana Counties, recording 36 cases with 12 confirmed by culture and no deaths. In Garissa, the outbreak is from Dagahaley Refugee Camp, Dadaab Sub-County, while in Turkana it is reported from Kalobeyi centre, Turkana west sub-county. Turkana outbreak has been controlled, however the outbreak in Garissa is still ongoing.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 1st August 2021, 203 680 confirmed COVID-19 cases including 3 946 deaths and 189 131 recoveries have been reported in the country.

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 873 visceral leishmaniasis confirmed cases with nine deaths (CFR 1.0 percent), have been reported in seven counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera and Wajir. The outbreak is active in three counties, Mandera, West Pokot and Wajir.
As 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 environmental sample reported in 2020 and one in 2021. The virus is linked to the Banadir outbreak in Somalia. The environmental sample of 22 December 2020, collected from Bouralg, Garissa town, Garissa County showed a cVDPV2 with 65nt changes from Sabin. A case of circulating Vaccine Derived Polio Virus 2 (cVDPV2) has been isolated from a 11-month-old girl in Dagahaley refugee camp, Dadaab Sub County, Garissa County, in epidemiological week 5 (2021), this child was from Somalia, thus, this was an imported case. Another case from Garissa had been detected and another from Mombasa county in week 6.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 31 Jul 2021, a total of 13 603 cases of COVID-19 have been reported, including 6 664 recoveries and 377 deaths.

From 16 March 2020 to 17 July 2021, a total of 5 396 cases including 148 deaths and 2 715 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.

Between 1 January and 18 July 2021, a total of 71 suspected cases were reported, of which 13 (18.3%) were confirmed, and 9 deaths among confirmed cases . The confirmed cases originated from four counties: namely Bong (3), Grand Bassa (4), Montserrat (1) and Nimba (5). The Public Health Actions taken include active case finding and community engagement, air messages on prevention of Lassa fever and rodents control measures in the affected district in Grand Bassa and Nimba Counties.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The country has reported 3 cases.

A prolonged three-year drought in southern Madagascar has contributed to food insecurity issues for an estimated 1.3 million people in the Grand Sud area, of which 14K people were classified as IPC Phase 5 or catastrophically food insecure. About 390K children are expected to have moderate acute malnutrition and 111K children to have severe acute malnutrition from May 2021 to April 2022 if no intervention measures are taken. All 10 districts of Grand Sud have been affected with the epicentre of the crisis occurring in Amboasy and Atsimosato districts.

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 31 July 2021, a total of 42 735 cases have been reported in the country, out of which 42 385 have recovered and 947 deaths reported.

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.

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. One cVDPV1 positive environmental sample was reported in Boeni.

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 Fifinivany, Haute Matsiatra, Alaotra Mangoro and Analamanga), including three cases confirmed by PCR, seven by serology, one death among confirmed cases in the Vatovavy Fifinivany region, and one death among suspected cases in the Analamanga region.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 1 August 2021, the country has a total of 52 631 confirmed cases with 1 661 deaths and 38 147 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.
Mali Measles Ungraded 20-Feb-18 1-Jan-21 18-Jul-21 1 098 523 2 0.20%

From January 2021 up to Epi week 28 (ending on 18 July 2021), Mali has reported a total of 1 098 suspected cases including two deaths. 910 samples tested of which 523 were positive, 361 negative and 26 undetermined. There is an increase of 50.72% in confirmed cases compared to the same week last year.

From January 2021 up to Epi week 28 (ending on 18 July 2021), Mali has reported the first COVID-19 confirmed cases in the country. As of 01 August 2021, a total of 14 587 confirmed COVID-19 cases have been reported in the country including 1 462 deaths and 90 845 recoveries.

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 1-Aug-21 14 587 14 587 533 3.70%

Mali Measles Ungraded 20-Feb-18 1-Jan-21 18-Jul-21 1 098 523 2 0.20%

Mali Poliomyelitis (cVDPV2) Grade 2 18-Aug-20 18-Aug-20 30-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 1-Aug-21 25 973 25 973 567 2.20%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 1st August 2021, a total of 25 973 cases including 567 deaths and 22 461 recovered cases have been reported in the country.

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 1-Aug-21 4 393 4 393 20 0.50%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 1st August 2021, a total of 4 393 confirmed COVID-19 cases including 20 deaths and 2427 recovered cases have been reported in the country.

Mozambique Cholera Ungraded 20-Feb-20 31-Jan-20 27-Jun-21 5 681 5 681 35 0.60%

The safety situation in Cabo Delgado remains unpredictable and volatile. Five security events were reported from 19-25 July 2021 in Macomia, Muidumbe, Nangade, and Mocimboa da Praia. During 20-23 July 2021, a total of 1 338 internally displaced person (IDPs) arrived in Montepuez, Mueda, Metuge, and Pemba City districts. As of 11 July 2021, the national-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 723K people displaced. Malaria, febrile syndrome, and diarrhoea remained the top weekly ailments during the 19-25 July.

Mozambique Humanitarian crisis in Cabo Delgado Grade 2 1-Jan-20 1-Jan-20 25-Jul-21 - - - -

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 1 August 2021, a total of 123 541 confirmed COVID-19 cases were reported in the country including 1 462 deaths and 90 845 recoveries.

Mozambique Measles Ungraded 18-Aug-20 18-Aug-20 30-Jul-21 48 48 0 0.00%

Since the beginning of 2021, measles outbreak is active in 11 provinces. As of 18 July 2021 (week 28) , there were 726 cases reported including 77 confirmed cases and no death. In 2020 at the same period, there were 118 confirmed cases and no death.

Namibia COVID-19 Grade 3 14-Mar-20 14-Mar-20 30-Jul-21 119 285 119 285 3 057 0.00%

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 30 July 2021, a total of 119 285 confirmed cases with 95 913 recovered and 3 057 deaths have been reported.

Namibia Hepatitis E Prolonged 12-Dec-17 12-Dec-17 30-Jul-21 8 081 8 081 66 0.80%

The current outbreak in Namibia started in December 2017. As of 18 July 2021, a cumulative total of 8 081 cases (2 117 laboratory-confirmed, 4 741 epidemiologically linked, and 1 222 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 4 996 (61.8%) of reported cases, followed by Erongo 1 716 (21.2%).

Niger COVID-19 Grade 3 19-Mar-20 19-Mar-20 30-Jul-21 5 616 5 616 195 3.50%

From 19 March 2020 to 30 July 2021, a total of 5 616 cases with 195 deaths have been reported across the country. A total of 5 338 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 (Airst, Bilma, Dogondoutchi, Tibiri, Gazuoua, 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.

Niger Meningitis Ungraded 1-Jan-21 4-Jul-21 1 321 1 321 74 5.60%

Since the beginning of the year 2021 to week 24 ending 20 June, 1 321 cases have been reported with 74 deaths (CFR 5.6%). Two districts have surpassed the epidemic threshold and five districts are on alert.
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 the maintaining of the grading of protracted level 3.

As of 22 July 2021, 22 130 persons, mostly children, have been affected with 526 deaths yielding a CFR of 2.4%. A total of 19 states have reported cases, however Bauchi, Kano, Sokoto, and Zamfara 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.

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 01 August 2021, a total of 174 315 confirmed cases with 165 015 recovered and 2 149 deaths have been reported.

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.

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 recorded, including 145 confirmed cases, of which 27 cases have been confirmed, from 495 LGA (64%) across all states and the FCT.

So far, the number of cases in 2021 is 49 as of 2nd August. There were 18 cVDPV2 cases reported in 2019 and 34 in 2018. 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, of which 27 cases have been confirmed, from 495 LGA (64%) across all states and the FCT.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 01 August 2021, a total of 71 346 confirmed cases, from 495 LGA (64%) across all states and the FCT.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first confirmed case of COVID-19. As of 01 August 2021, a total of 2 454 confirmed cases of COVID-19 have been reported, including 57 deaths. A total of 2 358 cases have been reported as recoveries.

From 2 March 2020 to 1 Aug 2021, a total of 63 002 confirmed cases of COVID-19 including 1 367 deaths and 47 579 recoveries have been reported in Senegal.

One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, the total number of 2021 cases is 13.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 24 Jul 2021 a total of 18 056 cases have been confirmed, including 17 263 recoveries and 86 deaths have been reported.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The total cases of 2020 still 10. There number of cVDPV2 cases reported in 2018 has been corrected to 9, and 1 in 2019.

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.
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 1st August 2021, a total of 109,546 confirmed COVID-19 cases were reported in the country including 3,406 deaths and 188,106 recovered cases.

South Africa COVID-19 Grade 3 5-Mar-20 3-Mar-20 1-Aug-21 2,456,184 2,456,184 72,191 3.40%

Since the start of the COVID-19 pandemic in South Africa a cumulative total of 2,456,184 confirmed cases and 72,191 deaths have been reported with 2,230,871 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.

South Sudan Humanitarian crisis Protracted 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, Panyijiar, Pariang, Renk, 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 31-Jul-21 11,063 11,063 119 1.10%

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 31 July 2021, a total of 11,063 confirmed COVID-19 cases were reported in the country including 119 deaths and 10,799 recovered cases.

South Sudan 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, Waat, Pibor and Ibba). No county has reported outbreak in 2021.

South Sudan Poliomyelitis (cVDPV2) Grade 2 22-Oct-20 22-Oct-20 30-Jul-21 59 59 0 0.00%

no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 59 cVDPV2 cases in the country; 9 in 2021 and 50 in 2020.

Tanzania, United Republic of COVID-19 Grade 3 16-Mar-20 16-Mar-20 16-Jul-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 COVID-19 Grade 3 6-Mar-20 1-Mar-20 1-Aug-21 15,870 15,870 153 1.00%

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 01 August 2021, a total of 15,870 cases including 153 deaths and 14,493 recovered cases have been reported in the country.

Togo Poliomyelitis (cVDPV2) Grade 2 18-Oct-19 13-Sep-19 30-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 31-Jul-21 94,425 94,425 2,710 2.90%

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 31 July 2021, a total of 94,425 confirmed COVID-19 cases, 84,959 recoveries with 2,710 deaths.

Zambia COVID-19 Grade 3 18-Mar-20 18-Mar-20 1-Aug-21 196,293 196,293 3,406 1.70%

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 1st August 2021, a total of 196,293 confirmed COVID-19 cases were reported in the country including 3,406 deaths and 188,106 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 38, 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 1-Aug-21 109,546 109,546 3,583 3.30%

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 1st August 2021, a total of 109,546 confirmed COVID-19 cases were reported in the country including 3,583 deaths and 76,665 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.