This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 125 events in the region. This week’s articles cover:

- COVID-19 across the WHO African region
- Marburg Virus Disease in Guinea
- Ebola Virus Disease in Cote d’Ivoire

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:**

- After nine weeks of steady increase, the African region observed a reduction in COVID-19 cases for the fifth consecutive week, however with a plateau observed in the previous two weeks. Reported case numbers declined by 18%. This decline continues to be largely driven by a rapid fall in new weekly cases in South Africa, plus other countries in the southern part of the region. A 13.0% decrease in weekly deaths was also recorded. The region is still experiencing the third wave, with 20 countries still undergoing a resurgence. Eritrea, Liberia, Namibia, Sierra Leone, Uganda and Zambia no longer meet the criteria for a resurgence after four weeks of a continuous decline in new cases. COVID-19 fatigue coupled with vaccine shortage and treatment challenges is extremely undermining effective response to the pandemic.

- There was no new Marburg virus disease case identified in Guinea in the past week. Response efforts including contact tracing and other preparedness in neighbouring countries continue. However, challenges around infection prevention and control measures in health facilities and a missing high risk contact suggest that there are shortfalls in response capacity that need urgent attention. In addition, the source of infection of the index case in Koundou remains unknown. Nzérékoré region borders Sierra Leone, and Liberia, thus frequent cross-border movements of people could result in further disease spread to neighbouring countries.

- The first case of Ebola Virus Disease in more than 25 years was reported in Cote d’Ivoire. The case occurred in a traveller originating from Labe city, Guinea to Abidjan, the capital city of Cote d’Ivoire by road. She travelled during 5 days with multiple transit points including through Nzerekore region, Guinea where the last Ebola outbreak was declared over almost two months ago and was the site of the detected Marburg virus disease case less than two weeks prior. Thus far, preliminary sequencing results have shown that the current EVD strain is close to the one of the 2014-2016 outbreak. Preliminary family, health care workers and about 70 contacts who travelled with her from the border to Abidjan have been listed and are being be monitored. A second case, a family contact, is currently suspected to also have the virus. One of the challenges remain around porousness of the borders, thus the detection and potential exposure in a densely populated urban area. In addition, the appearance of symptoms during transit possibly infecting other passengers means that the spread of viral haemorrhagic febrile illnesses remains a major threat to the country and region.
A total of 144,891 new cases of coronavirus disease (COVID-19) were recorded in the African region in the past seven days (9–15 August 2021), a 18.0% decrease compared to the previous week when 176,023 new cases were reported. A total of 11 countries (24.0%) saw an increase in weekly cases above or equal to 20.0% compared to the previous week; Benin, Burkina Faso, Cabo Verde, Comoros, Congo, Ethiopia, Gabon, Lesotho, Liberia, Mauritius and South Sudan.

Another 21 (46.0%) countries reported a decrease in new cases above or equal to 20.0% compared to the prior week. These countries include; Algeria, Botswana, Burundi, Cameroon Central African Republic, Chad, Côte d’Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Ghana, Guinea, Madagascar, Malawi, Mozambique, Namibia, Niger, Rwanda, Senegal, Uganda, Zambia and Zimbabwe.

Most of the cases recorded in the past week have been reported in a few countries, with five countries accounting for 69.0% (99,185) of all new cases. In general, the highest number of new cases were reported from South Africa (72,120 new cases; 6.7% decrease, 123.2 new cases per 100,000 population), Kenya (8,899 new cases; 9.2% increase; 17.0 new cases per 100,000), Mozambique (6,297 new cases; 29.3% decrease; 20.7 new cases per 100,000), Botswana (5,987 new cases; 62% decrease; 244.4 new cases per 100,000), and Algeria (5,882 new cases; 6% decrease; 13.7 new cases per 100,000). We noted a 13.0% (n=4,131) decrease in the number of new deaths reported from 33 countries compared to last epidemiological week. The highest numbers of new deaths were reported from South Africa (7,238 new deaths; 11.2% decrease; 40.0 new deaths per 100,000 population), Algeria (244 new deaths; 6% decrease; 0.6 new deaths per 100,000), Zimbabwe (209 new deaths; 34% decrease; 14 new deaths per 100,000), Kenya (191 new deaths; 6% decrease; 3.6 new deaths per 100,000) and Botswana (141 new deaths; 21% decrease; 6 new deaths per 100,000). All these five countries recorded a decrease in weekly deaths and accounted for 76.0% (n=3,131) of the new deaths recorded in the past week.

Since the beginning of the COVID-19 outbreak in the African Region, the cumulative number of confirmed COVID-19 cases is now at 5,252,914. More than 4.6 million recoveries have been recorded, giving a recovery rate of 89.0% and the total number of deaths is now at 126,407, a case fatality ratio (CFR) of 2.4%.

Twenty countries are still experiencing a resurgence of COVID-19 pandemic; Algeria, Botswana, Burundi, Côte d’Ivoire, Democratic Republic of the Congo, Eswatini, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Malawi, Mauritania, Mauritius, Mozambique, Rwanda, Senegal, South Africa, Togo, and Zimbabwe. Malawi, Rwanda, Senegal, South Africa and Zimbabwe have now seen a decline during recent weeks; with new reported cases above 30% of new cases recorded during the peak of the current wave. Some countries, including Eritrea, Liberia, Namibia, Sierra Leone, Uganda and Zambia do not meet the criteria for a resurgence; as cases have been declining for at least four consecutive weeks and with new cases reported in the past week, below 20% of the peak of the ongoing wave. Cumulatively, the highest number of COVID-19 cases in the region has been recorded in South Africa (2,605,586 cases, 50.0%), followed by Ethiopia 289,274 (5.5%), Kenya 220,727 (4.2%), Zambia 202,261 (3.9%), and Algeria 187,258 (3.6%); these five countries account for (3,505,106, 66.7%) of all cases. South Africa also has the highest number of deaths in the region (77,141 deaths, 61.0% of all deaths); followed by Algeria 4,794,3.8%), Ethiopia (4,478, 3.5%), Kenya (4,340, 3.4%), and (Zimbabwe 4,109, 3.3%). These five countries account for 75.0% (94,862) of all deaths reported in the region.

A total of 284 new health worker infections were recorded during this reporting period (9–15 August 2021). Of these, Namibia (57), reported the highest number, followed by Malawi (42), Eswatini (18), Sierra Leone (3) and Cameroon (2). A total 732 health worker infections were also reported retrospectively from Zimbabwe. Presently, there have been 117,211 COVID-19 infections (2.2% of all cases) among health workers in the entire region, with South Africa accounting for 48.0% (56,180) of the total infections. Algeria (11,936, 10.2%), Kenya (5,777, 5.0%), Zimbabwe (5,123, 4.4%) and Ghana (4,763, 4.1%) have also recorded high numbers of health worker infections. Other countries reporting health worker infections are shown in Table 1. Algeria (6.4%), Niger (6.2%), Chad (6.0%), Liberia (6.0%), and Togo (5.0%) have the highest country specific percentage of all health worker infections. Only Eritrea has not reported any healthcare worker infections.

All countries in the African region are experiencing community transmission, of which nine (20.0%) with uncontrolled incidence (Botswana, Burundi, Eswatini, Cabo Verde, Namibia, Seychelles, South Africa, Zambia and Zimbabwe), 13 (28.3%) with high incidence, 15 (33.0%) with moderate incidence and nine (20.0%) with low incidence.

The African Continent has recorded over 7.2 million cases of COVID-19, with over 184,000 deaths (CFR 2.5%) and more than 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.

Worldwide, around 5 billion doses of the COVID-19 vaccines have been administered, of which approximately 2% have been administered in Africa.

SITUATION INTERPRETATION

This week, the African Region reported an increase of 18% in new cases as compared to the previous week. A decline of 13% in new weekly deaths was also observed. After cases peaked in June 2021, the Region has experienced a decrease in weekly reported cases since the middle of July, largely driven by declines observed in Southern Africa. However, over the past two weeks the rate of decline has slowed. Some countries including; Malawi, Rwanda, Senegal, South Africa and Zimbabwe that were formerly recording very high case counts have now seen a stable decline
in new cases during recent weeks, though case numbers remain high compared to the previous wave peak. Eritrea, Liberia, Namibia, Sierra Leone, Uganda and Zambia no longer meet the criteria for a resurgence after four weeks of a continuous decline in new cases. A total of 21 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.

WHO and other partners are supporting governments to implement measures that will maximize the impact of COVID-19 vaccination, including simplifying the rollout at local levels as well as minimizing wastage. 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.

**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 enhance their surveillance and detection systems, review and increase treatment capacity, and step up the supply of critical medicines. As countries will receive multiple vaccine types, it is important that they set up strategies that will ensure doses are efficiently administered. Rollout plans should aim for a high uptake in priority population groups and provide equitable access to achieve significant vaccination coverage.
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 15 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>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>2 605 586</td>
<td>77 141</td>
<td>2 375 633</td>
<td>3.0</td>
<td>56 180</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>289 274</td>
<td>4 478</td>
<td>265 371</td>
<td>1.5</td>
<td>3 354</td>
</tr>
<tr>
<td>Kenya</td>
<td>220 727</td>
<td>4 340</td>
<td>203 922</td>
<td>2.0</td>
<td>5 777</td>
</tr>
<tr>
<td>Zambia</td>
<td>202 261</td>
<td>3 529</td>
<td>195 877</td>
<td>1.7</td>
<td>1 121</td>
</tr>
<tr>
<td>Algeria</td>
<td>187 258</td>
<td>4 794</td>
<td>126 026</td>
<td>2.6</td>
<td>11 936</td>
</tr>
<tr>
<td>Nigeria</td>
<td>182 503</td>
<td>2 219</td>
<td>167 132</td>
<td>1.2</td>
<td>3 175</td>
</tr>
<tr>
<td>Mozambique</td>
<td>138 749</td>
<td>1 716</td>
<td>118 450</td>
<td>1.2</td>
<td>4 112</td>
</tr>
<tr>
<td>Botswana</td>
<td>136 758</td>
<td>1 973</td>
<td>121 987</td>
<td>1.4</td>
<td>61</td>
</tr>
<tr>
<td>Namibia</td>
<td>122 469</td>
<td>3 277</td>
<td>115 387</td>
<td>2.7</td>
<td>4 210</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>120 088</td>
<td>4 109</td>
<td>97 323</td>
<td>3.4</td>
<td>5 123</td>
</tr>
<tr>
<td>Ghana</td>
<td>111 232</td>
<td>930</td>
<td>104 298</td>
<td>0.8</td>
<td>4 763</td>
</tr>
<tr>
<td>Uganda</td>
<td>96 987</td>
<td>2 882</td>
<td>94 105</td>
<td>3.0</td>
<td>1 987</td>
</tr>
<tr>
<td>Cameroon</td>
<td>82 454</td>
<td>1 338</td>
<td>80 920</td>
<td>1.6</td>
<td>2 820</td>
</tr>
<tr>
<td>Rwanda</td>
<td>79 712</td>
<td>959</td>
<td>45 413</td>
<td>1.2</td>
<td>682</td>
</tr>
<tr>
<td>Senegal</td>
<td>70 679</td>
<td>1 600</td>
<td>53 877</td>
<td>2.3</td>
<td>419</td>
</tr>
<tr>
<td>Malawi</td>
<td>58 083</td>
<td>1 968</td>
<td>43 020</td>
<td>3.4</td>
<td>2 080</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>53 254</td>
<td>1 050</td>
<td>30 380</td>
<td>2.0</td>
<td>256</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>52 202</td>
<td>359</td>
<td>50 972</td>
<td>0.7</td>
<td>943</td>
</tr>
<tr>
<td>Angola</td>
<td>44 617</td>
<td>1 100</td>
<td>41 482</td>
<td>2.5</td>
<td>939</td>
</tr>
<tr>
<td>Madagascar</td>
<td>42 811</td>
<td>952</td>
<td>41 859</td>
<td>2.2</td>
<td>70</td>
</tr>
<tr>
<td>Eswatini</td>
<td>36 008</td>
<td>934</td>
<td>26 423</td>
<td>2.6</td>
<td>679</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>34 397</td>
<td>300</td>
<td>33 494</td>
<td>0.9</td>
<td>140</td>
</tr>
<tr>
<td>Mauritania</td>
<td>30 121</td>
<td>640</td>
<td>25 986</td>
<td>2.1</td>
<td>24</td>
</tr>
<tr>
<td>Guinea</td>
<td>27 837</td>
<td>279</td>
<td>25 184</td>
<td>1.0</td>
<td>682</td>
</tr>
<tr>
<td>Gabon</td>
<td>25 564</td>
<td>165</td>
<td>25 343</td>
<td>0.6</td>
<td>345</td>
</tr>
<tr>
<td>Seychelles</td>
<td>19 199</td>
<td>98</td>
<td>16 642</td>
<td>0.5</td>
<td>912</td>
</tr>
<tr>
<td>Togo</td>
<td>18 000</td>
<td>165</td>
<td>15 474</td>
<td>0.9</td>
<td>891</td>
</tr>
<tr>
<td>Mali</td>
<td>14 696</td>
<td>535</td>
<td>14 016</td>
<td>3.6</td>
<td>87</td>
</tr>
<tr>
<td>Lesotho</td>
<td>14 243</td>
<td>397</td>
<td>6 711</td>
<td>2.8</td>
<td>473</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>13 675</td>
<td>170</td>
<td>13 411</td>
<td>1.2</td>
<td>288</td>
</tr>
<tr>
<td>Congo</td>
<td>13 398</td>
<td>179</td>
<td>12 796</td>
<td>1.3</td>
<td>203</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>11 251</td>
<td>99</td>
<td>7 103</td>
<td>0.9</td>
<td>1</td>
</tr>
<tr>
<td>South Sudan</td>
<td>11 195</td>
<td>120</td>
<td>10 948</td>
<td>1.1</td>
<td>294</td>
</tr>
<tr>
<td>Burundi</td>
<td>10 103</td>
<td>10</td>
<td>9 898</td>
<td>0.1</td>
<td>38</td>
</tr>
<tr>
<td>Gambia</td>
<td>9 195</td>
<td>271</td>
<td>8 301</td>
<td>2.9</td>
<td>142</td>
</tr>
<tr>
<td>Benin</td>
<td>9 065</td>
<td>113</td>
<td>8 230</td>
<td>1.2</td>
<td>139</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>8 972</td>
<td>123</td>
<td>8 768</td>
<td>1.4</td>
<td>416</td>
</tr>
<tr>
<td>Eritrea</td>
<td>6 601</td>
<td>37</td>
<td>6 536</td>
<td>0.6</td>
<td>0</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>6 342</td>
<td>121</td>
<td>4 328</td>
<td>1.9</td>
<td>263</td>
</tr>
<tr>
<td>Mauritius</td>
<td>6 122</td>
<td>22</td>
<td>3 976</td>
<td>0.4</td>
<td>30</td>
</tr>
<tr>
<td>Niger</td>
<td>5 724</td>
<td>196</td>
<td>5 445</td>
<td>3.4</td>
<td>355</td>
</tr>
<tr>
<td>Liberia</td>
<td>5 504</td>
<td>221</td>
<td>5 228</td>
<td>4.0</td>
<td>328</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>5 123</td>
<td>90</td>
<td>4 399</td>
<td>1.8</td>
<td>23</td>
</tr>
<tr>
<td>Chad</td>
<td>4 982</td>
<td>174</td>
<td>4 802</td>
<td>3.5</td>
<td>292</td>
</tr>
<tr>
<td>Comoros</td>
<td>4 038</td>
<td>147</td>
<td>3 882</td>
<td>3.6</td>
<td>155</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>2 488</td>
<td>37</td>
<td>2 385</td>
<td>1.5</td>
<td>102</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>1 367</td>
<td>50</td>
<td>180</td>
<td>3.7</td>
<td>1</td>
</tr>
<tr>
<td><strong>Cumulative Cases (N=47)</strong></td>
<td><strong>5 252 914</strong></td>
<td><strong>126 407</strong></td>
<td><strong>4 685 325</strong></td>
<td><strong>2.4</strong></td>
<td><strong>117 311</strong></td>
</tr>
</tbody>
</table>

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

The first confirmed case of Marburg virus disease in Guinea and in West Africa was declared 9 August 2021. The case was a 46 years old male farmer, resident of Temessadou M’Boké village, who died within the community on 3 August. The deceased patient was safely buried on 4 August 2021. His onset of symptoms began on 25 July. The farmer visited a small healthcare center in Koundou, in the Guéckédou prefecture, on 1 August presenting with symptoms of fever, headache, fatigue, abdominal pain, and gingival haemorrhage.

Test results from the Viral Haemorrhagic Fevers laboratory in Guéckédou on 3 August confirmed MVD by real-time reverse transcription polymerase chain reaction (RT-PCR) and was negative for Ebola virus disease. The sample was also sent to the national reference laboratory for Viral Hemorrhagic Fevers (LFHG) in Conakry on 4 August and the Institut Pasteur in Dakar for re-confirmation. Further analysis by the Institut Pasteur in Senegal confirmed the case positive for Marburg.

As of 15 August 2021, one case has been reported, with one death (case fatality ratio 100%).

Three samples have been tested in the laboratories of Gueckedou and Conakry, where results returned all negative for MVD. A total of 173 contacts have been listed, of whom 172 (99%) have been followed-up and one high risk contact (wife to the confirmed case) has not been found yet. There were no suspected cases notified among the contacts under followed up. Active case finding is also ongoing in Temessadou M’Boket, Koundou. A total of seven alerts including one death have been notified to the health authorities, of which three including one deaths have been validated with three samples collected for laboratory testing.

**PUBLIC HEALTH ACTIONS**

- The Ministry of Health (MoH) together with WHO, USCDC, Alima, Red Cross, UNICEF, FAO and other partners, have initiated measures to control the outbreak and prevent further spread.
- The incident management system at the MoH has been activated with intersectoral coordination through the One Health platform planned. An emergency response plan for the outbreak is also in place.
- The MoH has activated the national and district emergency management committees to coordinate the response and engage with community.
- Fifteen health workers at the Koundou health center were briefed on specific precautions for Marburg; case definition and management of infectious waste in 6 health facilities of AGBEF Clinic, Phie Bilima, Camp Infirmary and Diarra Clinic and 2 health offices in the Koundou RC.
- A total of 140 travellers, including 76 women, and 64 men were screened at the various entry points in Gueckedou, and no suspected case was detected.
- Hand washing devices and cleaning products have been provided to 8 health facilities, including Koundou Health Center and the 7 health posts in Koundou. Rehabilitation of the Koundou Health Center borehole with the installation of a solar pumping system is underway.
- Continued investigation, contact tracing and active case finding in the localities of Temessadou M’Boket, Koundou and strengthening of surveillance in all districts given the declaration of Ebola case in Cote d’Ivoire.
- Sierra Leone and Liberia health authorities have activated the contingency plan and have started public health measures at the point of entry with Guinea.
- A total of 24 religious leaders including 18 women from the Protestant Church of Temessadou M‘boket, were sensitized on the preventive measures against MVD and solicitation of their involvement and commitment in the response to MVD, and the preparations for the community dialogue scheduled for August 16-21 2021.
- A total of 50 youth association leaders in Guéckédou, including 15 women, were briefed on the mode of transmission, symptoms, and preventive measures against MVD. Two religious leaders were also briefed on the preventive measures against MVD and solicitation of their involvement and commitment in the response.

**SITUATION INTERPRETATION**

The confirmation of a Marburg virus disease outbreak in Guinea is of serious concern. Health teams in Guinea are acting rapidly to trace the path of the virus and curb further infections. However, challenges remain around a missing high risk contact and inadequate infection prevention and control measures. In addition, the area is already dealing with multiple outbreaks, for example COVID-19, yellow fever, measles and vaccine-derived polio. While the country has overtime gained some experience and capacity to respond to viral haemorrhagic fever outbreaks, this event still calls for concerted efforts of all stakeholders.
PROPOSED ACTIONS

Authorities and partners in Guinea need to continue with the response activities and also: strengthen community engagement to foster the implementation of public health interventions; conduct assessment of screening, triage, isolation and care capacity within health facilities within the hotspot and at the CT-EPI of Koundo; and support preparedness and investigation efforts in neighbouring countries including cross border surveillance.

West Africa’s first-ever case of Marburg virus disease confirmed in Guinea © WHO
EVENT DESCRIPTION

On 14 August 2021, the Ministry of Health and Public Hygiene (MSHP) of Cote d’Ivoire confirmed a case of Ebola Virus Disease (EVD) at Abidjan Hospital on 12 August 2021, with signs and symptoms of fever, headache, and bleeding from her gums and genitals which led attending clinicians to suspect viral hemorrhagic fever infection.

On 13 August 2021, the National Institute of Hygiene of Cote d’Ivoire was alerted, and a blood sample was collected and subsequently sent to Institut Pasteur de Côte d’Ivoire (IPCI) for testing. Preliminary laboratory test results on 14 August 2021 indicated Ebola virus disease but confirmation of by IPCI is still pending. As of 15 August 2021, the patient was admitted to the Cocody university hospital in Abidjan and undergoing supportive treatment.

Initial investigation revealed that the suspected case commenced travel from Labé, Guinea on 8 August 2021 and arrived in Abidjan, Cote d’Ivoire on 12 August 2021 by public transport. She reportedly transited through Nzérékoré in Guinea, a region recently affected by an outbreak of Ebola virus disease, where she boarded another public transport headed for Ouaininou, Cote d’Ivoire. She arrived at Ouaininou bus station on 12 August 2021, where she changed the bus again and headed to her final destination in Abidjan on the same day.

She reportedly developed signs and symptoms of fever while on route and self-medicated with paracetamol. The patient initially sought treatment at one local clinic on 12 August 2021, however her condition worsened, and she was transferred to the Cocody university hospital hospital in Abijan on the same day. A total of nine contacts have so far been identified among family members and hospital staff in Abidjan.

Efforts are underway to identify additional contacts including about 70 co-passengers that travelled on the same vehicle.

Currently, a second suspected case is being investigated, though confirmatory details are still pending. Preliminary information suggests it is a family member of the first case and a known contact.

National infection prevention and control teams were also deployed to disinfect health facilities attended by the patient as well as provide advice and instruction to health care workers on use of personal protective equipment.

Confirmation of this EVD case marks the first in Cote d’Ivoire since 1994 when a single, and thus far only human case was reported of the especially rare Tai Forest strain of EVD which was contracted by a scientist. Since that initial case, no other case of EVD had been reported in Cote d’Ivoire until now despite various outbreaks in surrounding countries throughout the years.

PUBLIC HEALTH ACTIONS

- Multidisciplinary rapid response teams have been deployed to key areas and will focus on infection prevention and control measures, laboratory diagnostics, surveillance interventions, and risk communication among others.

- Contact tracing has been conducted with the patient’s close contacts including health care workers and identification of additional contacts is ongoing following further epidemiological investigation.

- National infection prevention and control teams have disinfected health facilities visited by the patient.

- Health care workers have been oriented on safety precautions to take including the systematic use of personal protective equipment and hygiene.

- Epidemiological surveillance has been enhanced at health structures and the border points.

- Ebola vaccines (5,000 doses) are being secured to vaccinate those at high risk of infection to include health care workers, first responders, and contacts.

SITUATION INTERPRETATION

Cote d’Ivoire reacted swiftly to the outbreak with the necessary public health measures such as isolation, detection, and containment for the first EVD case in the country after more than 25 years. Detailed investigations of the second suspect case are also underway. While this demonstrates commendable surveillance capacity, cross-border threats still remain a problem especially given the recent outbreak of Marburg virus disease in Guinea. The frequent international movement of people needs to be monitored with even higher vigilance and especially while there are active outbreaks of viral haemorrhagic febrile illnesses in bordering regions. Given that the case was detected in a densely populated capital city (one of the largest metropolises on the African continent) and had recently travelled, there are likely to be very many contacts across both Guinea and Cote d’Ivoire. Since the patient experienced symptoms during her journey this could also suggest that infection occurred prior to the case’s departure or during her trip which was in an area currently unknown to be affected by EVD. Thus, it is possible that undetected transmission chains remain in these areas.
**PROPOSED ACTIONS**

The response team should fully implement plans of the EVD epidemic and trigger partner involvement where indicated. Immediate capacity and logistical needs should be met as rapidly as possible. Surveillance should be further strengthened for viral haemorrhagic fever symptoms especially in bordering regions of affected areas. Health workers and communities should be trained and retrained on the early detection, isolation, and treatment of EVD patients as well as practices for safe and dignified burials of the deceased. Additional epidemiological investigations need to be improved and further efforts need to be taken to find contacts considering the length of the journey of a symptomatic patient with multiple transit points. Bilateral efforts need to be strengthened among countries to have more collaborative vigilance and information exchange. Continue to conduct risk communication about EVD among the general population, but also specialize precautions for health workers.

*Ebola: Training of frontline health workers*
On 14 August 2021, Ministry of Health and Public Hygiene of Côte d’Ivoire confirmed 1 case of Ebola virus disease in Abidjan, Côte d’Ivoire. The case is an 18-year-old female who travelled from the Labé region in Guinea (on the border with Senegal) to Abidjan. During the 5-day trip the patient had multiple transit stops including through Nzonkore, Guinea which was the site of the last Ebola outbreak declared over on 19 June 2021. The case experience symptoms of fever during the trip which subsided after consumption of paracetamol, but once she arrived in Abidjan on 12 August 2021, she began to have further symptoms of fever, headache, and gingival haemorrhage. She then presented at a clinic and was eventually referred to the national level hospital and isolation unit health facilities due to her symptoms. Blood samples were taken and diagnostic testing by the Pasteur Institute of Côte d’Ivoire confirmed EVD. The case remains hospitalized and under treatment as of 15 August 2021. A second case is currently suspected to also have the disease and is the spouse of the first case.

In 2020, Angola reported a total of 1 220 suspected cases between January and August of which 1 008 have been confirmed, and 5 deaths (CFR 0.4%). From January to Epi week 18 2021, Angola reported 241 suspected cases have been reported in 12 health districts of which 81 were confirmed and one died (CFR 1.2%), 40.7% < 5 years, 24.6% 5-9 years and. Five districts with confirmed measles outbreaks: Banga, Caimbambo, Uige, Cuito Samba and Caju. 96.0% are either zero dose or with unknown vaccination status.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 09 August 2021, a total of 9 065 cases have been reported in the country with 1 100 deaths and 41 482 recoveries.

Botswana COVID-19 Grade 3 30-Mar-20 28-Mar-20 10-Aug-21 136 758 136 758 1 973 1.40%

On 30 March 2020, the Ministry of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 10 August 2021, a total of 136 758 confirmed COVID-19 cases were reported in the country including 1 973 deaths and 121 987 recovered cases.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 09 August 2021, a total of 9 065 cases have been reported in the country including 1 13 deaths and 8 230 recoveries.

Benin COVID-19 Grade 3 17-Mar-20 16-Mar-20 9-Aug-21 9 065 9 065 113 1.20%

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 09 August 2021, a total of 9 065 cases have been reported in the country with 113 deaths and 8 230 recoveries.

Benin Measles Ungraded 4-May-19 1-Jan-21 6-May-21 241 81 1 0.40%

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.

Côte d’Ivoire Ebola Grade 3 14-Aug-21 14-Aug-21 15-Aug-21 2 1 0 0.00%

On 14 August 2021, Ministry of Health and Public Hygiene of Côte d’Ivoire confirmed 1 case of Ebola virus disease in Abidjan, Côte d’Ivoire. The case is an 18-year-old female who travelled from the Labé region in Guinea (on the border with Senegal) to Abidjan. During the 5-day trip the patient had multiple transit stops including through Nzonkore, Guinea which was the site of the last Ebola outbreak declared over on 19 June 2021. The case experience symptoms of fever during the trip which subsided after consumption of paracetamol, but once she arrived in Abidjan on 12 August 2021, she began to have further symptoms of fever, headache, and gingival haemorrhage. She then presented at a clinic and was eventually referred to the national level hospital and isolation unit health facilities due to her symptoms. Blood samples were taken and diagnostic testing by the Pasteur Institute of Côte d’Ivoire confirmed EVD. The case remains hospitalized and under treatment as of 15 August 2021. A second case is currently suspected to also have the disease and is the spouse of the first case.

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.

Angola COVID-19 Grade 3 21-Mar-20 21-Mar-20 15-Aug-21 44 617 44 617 1 100 2.50%

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 15 August 2021, a total of 44 617 confirmed COVID-19 cases have been reported in the country with 1 100 deaths and 41 482 recoveries.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 15 August 2021, a total of 44 617 confirmed COVID-19 cases have been reported in the country with 1 100 deaths and 41 482 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 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 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.

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 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.

Algeria COVID-19 Grade 3 25-Feb-20 25-Feb-20 15-Aug-21 187 258 187 258 4 794 2.60%

From 25 February 2020 to 15 August 2021, a total of 187 258 confirmed cases of COVID-19 with 4 794 deaths (CFR 2.6%) have been reported from Algeria. A total of 126 026 cases have recovered.

Benin COVID-19 Grade 3 16-Mar-20 16-Mar-20 9-Aug-21 9 065 9 065 113 1.20%

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 09 August 2021, a total of 9 065 cases have been reported in the country with 113 deaths and 8 230 recoveries.
According to OCHA reports, an estimated 1.2 million people need assistance, 322,000 people are internally displaced, 67,000 are camp refugees, and 46,000 are refugees in neighboring countries. In June 2021, 28,790 new IDPs were registered mostly in Ndele, Koui, Bocaranga, Bangui, Bimbo, Zemio, Alindao and Kaga-Bandoro sub-prefectures. Also in June 2021, 39,273 people returned mainly to IPPY, Paoua, Zemio, Bangassou, Ratapi, Batongavo 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 currently in outbreak: Bubanza, Mpanda, Bugarama, Muyinga.

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

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 30 of 2021, Burundi has reported a total of 420 suspected cases, 329 reported by case-by-case surveillance and no death, 62 confirmed by IgM+ 261 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak: Bubanza, Mpanda, Bugarama, Muyinga.

Conflict and violence in the North-West and South-West regions continue to cause mass displacement in the area with more than 53,000 people fleeing their homes during January-May 2021. According to reports from OCHA as of 31 May 2021, there were an estimated 712,600 IDPs, 333,900 returnees, and 67,400 Cameroonian refugees in Nigeria. There have continued to be reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers. In May 2021, there were 14 reported incidents of health facility attacks including kidnaping of personnel and removal of patients from facilities.

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 30 of 2021, Burundi has reported a total of 420 suspected cases, 329 reported by case-by-case surveillance and no death, 62 confirmed by IgM+ 261 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak: Bubanza, Mpanda, Bugarama, Muyinga.

According to OCHA reports, an estimated 1.2 million people need assistance, 322,000 people are internally displaced, 67,000 are camp refugees, and 46,000 are refugees in neighboring countries. In June 2021, 28,790 new IDPs were registered mostly in Ndele, Koui, Bocaranga, Bangui, Bimbo, Zemio, Alindao and Kaga-Bandoro sub-prefectures. Also in June 2021, 39,273 people returned mainly to IPPY, Paoua, Zemio, Bangassou, Ratapi, Batongavo 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 currently in outbreak: Bubanza, Mpanda, Bugarama, Muyinga.

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

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 30 of 2021, Burundi has reported a total of 420 suspected cases, 329 reported by case-by-case surveillance and no death, 62 confirmed by IgM+ 261 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak: Bubanza, Mpanda, Bugarama, Muyinga.
**Central African Republic**

- **Measles**
  - Grade: 2
  - Date notified to WCO: 15-Mar-19
  - Start of reporting period: 1-Jan-21
  - End of reporting period: 11-Aug-21
  - Total cases: 1 948
  - Confirmed cases: 207
  - Deaths: 4
  - CFR: 0.20%

  From 1st January up to 11 August 2021, 1 948 suspected cases have been reported, 170 cases with blood samples out of a total 608 investigated, 207 confirmed cases (51 IgM cases, 148 by epidemiological link and 8 compatible cases) and 4 deaths (CFR: 0.2%). Six health districts (out of 35) have reached the epidemic threshold (Berbérati, Sangha-Mbaéré, Nanga-Bouïla, Batangafo, Mbaiki and Nana Gebrizi); 49% are children < 5 years; 42% not vaccinated. From the beginning of outbreak in 2019 to 11 August 2021, a total of 35 415 suspected cases have been notified and 197 deaths (CFR: 0.56%) within affected districts.

**Chad**

- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 19-Mar-20
  - Start of reporting period: 15-Aug-21
  - End of reporting period: 11-Aug-21
  - Total cases: 4 982
  - Confirmed cases: 4 982
  - Deaths: 174
  - CFR: 3.50%

  The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 15th August 2021, a total of 4 982 confirmed COVID-19 cases were reported in the country including 174 deaths and 4 802 cases who have recovered.

- **Poliomyelitis (cVDPV2)**
  - Grade: 2
  - Date notified to WCO: 24-May-19
  - Start of reporting period: 24-May-19
  - End of reporting period: 13-Aug-21
  - Total cases: 25
  - Confirmed cases: 25
  - Deaths: 0
  - CFR: 0.00%

  No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 4 cVDPV2 cases reported in 2020 and 21 cases in 2019 from several outbreaks.

**Comoros**

- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 30-Apr-20
  - Start of reporting period: 30-Apr-20
  - End of reporting period: 12-Aug-21
  - Total cases: 13 398
  - Confirmed cases: 13 398
  - Deaths: 179
  - CFR: 1.30%

  The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 13 August 2021, a total of 13 398 confirmed COVID-19 cases, including 147 deaths and 3 882 recoveries were reported in the country.

**Congo**

- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 14-Mar-20
  - Start of reporting period: 12-Aug-21
  - End of reporting period: 12-Aug-21
  - Total cases: 13 398
  - Confirmed cases: 13 398
  - Deaths: 179
  - CFR: 1.30%

  The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 12 August 2021, a total of 13 398 confirmed COVID-19 cases, including 179 deaths and 12 796 recovered cases have been reported in the country.

- **Poliomyelitis (cVDPV2)**
  - Grade: 2
  - Date notified to WCO: 18-Oct-19
  - Start of reporting period: 13-Aug-21
  - End of reporting period: 13-Aug-21
  - Total cases: 114
  - Confirmed cases: 114
  - Deaths: 0
  - CFR: 0.00%

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

**Democratic Republic of the Congo**

- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 11-Mar-20
  - Start of reporting period: 11-Aug-21
  - End of reporting period: 11-Aug-21
  - Total cases: 52 202
  - Confirmed cases: 52 202
  - Deaths: 359
  - CFR: 0.70%

  Since 11 March 2020, a total of 52 202 confirmed cases of COVID-19 have been reported from Democratic Republic of Congo, including 179 deaths and 12 796 recovered cases have been reported in the country.

- **Poliomyelitis (cVDPV2)**
  - Grade: 2
  - Date notified to WCO: 29-Oct-19
  - Start of reporting period: 29-Oct-19
  - End of reporting period: 13-Aug-21
  - Total cases: 61
  - Confirmed cases: 61
  - Deaths: 0
  - CFR: 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.

- **Cholera**
  - Grade: 3
  - Date notified to WCO: 29-Jan-21
  - Start of reporting period: 29-Jan-21
  - End of reporting period: 29-Jan-21
  - Total cases: 4
  - Confirmed cases: 4
  - Deaths: 0
  - CFR: 0.00%

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

- **Humanitarian crisis**
  - Grade: 3
  - Date notified to WCO: 20-Dec-16
  - Start of reporting period: 20-Dec-16
  - End of reporting period: 17-Apr-17
  - Total cases: 3 516
  - Confirmed cases: 93
  - Deaths: 93
  - CFR: 2.60%

  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 Kirotchs, following the Nyiragongo volcano eruption crisis of 22 May 2021. A total of 1 191 shelters were built to accommodate the victims at the temporary site in Nyiragongo territory.

- **Cholera**
  - Grade: 3
  - Date notified to WCO: 10-Mar-20
  - Start of reporting period: 10-Mar-20
  - End of reporting period: 14-Aug-21
  - Total cases: 3 516
  - Confirmed cases: 93
  - Deaths: 93
  - CFR: 2.60%

  Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 53 253 confirmed cases and one probable case, including 1 050 deaths have been reported. A total of 30 380 people have recovered.
Since epidemiological week 1 up to week 25 in 2021, 1,894 cases have been reported with 60 deaths. Between epidemiological week 1 and week 53 of 2020, a total of 6257 suspected cases including 229 deaths (CFR 3.7%) were reported in 133 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 5,298 suspected cases and 107 deaths (CFR 2.0%) were reported in 132 health zones from 18 provinces. Overall, there is a regressive trend from epidemiological week 33 to 53 of 2020 (276 cases vs 76 cases).

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, Rethy, and Aru reported the most cases.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Mongala. There are 10 cases reported in 2021 so far. The total number of 2020 cases remains at 81.

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%).

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, Rethy, and Aru reported the most cases.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Mongala. There are 10 cases reported in 2021 so far. The total number of 2020 cases remains at 81.

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%).

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%).
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.

An outbreak was detected in Oromia and Somali regions of Ethiopia related to camels. In Oromia, 158 human cases were reported and a further 40 cases were reported in Somali state of Ethiopia as of 12 June 2021. Out of 40 hospitalized cases 25 were treated and discharged. No deaths have been reported. Symptoms included diarrhoea, fever and vomiting associated with the consumption of camel meat. Samples from camels and human cases have been taken and are undergoing laboratory investigation.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 13 August 2021, a total of 25 564 cases including 165 deaths and 25 343 recoveries have been reported in the country.

As of 12 Aug 2021, a total of 111 232 confirmed COVID-19 cases have been reported in Ghana. There have been 930 deaths and 104 298 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 (Lauria, 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 first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 12 Aug 2021, a total of 9 195 confirmed COVID-19 cases including 271 deaths, and 8 301 recoveries have been reported in the country.

As of 12 Aug 2021, a total of 111 232 confirmed COVID-19 cases have been reported in Ghana. There have been 930 deaths and 104 298 recoveries reported.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 of 13 March 2020. As of 12 August 2021, a total of 27 837 cases including 401 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 years old) was notified on 3 May 2021 at the Yomou prefecture hospital, a resident of Yomou prefecture. The patient was also confirmed to be positive for COVID-19 and later died. Contact tracing of 88 people was done, and no secondary cases found. On 17 June 2021, a second confirmed case (woman of 75 years old) was detected at Nzérékoré Regional Hospital, this case was from Beyla prefecture and died the same day. A listing of 111 contacts have been done for follow up. On 28 June 2021 a third case was confirmed (man of 25 years old), a resident of Nzerekore prefecture, 57 contacts listed are under follow up. On 1 Jul 2021 a fourth case was confirmed (a man of 52 years old), resident also of Nzerekore prefecture, a listing of 21 contacts was done and are being followed. However, the prefecture of Bheeta is regarded as active, with the prefectures of Yomou-Centre, Pélà, Yomou and Bignamou on alert.

On 6 August 2021, WHO was notified by the Ministry of Health of Guinea of a confirmed case of Marburg virus disease (MVD) in Guéckédou prefecture in Nzérékoré Region of south-western Guinea. The case, a male, had onset of symptoms on 30 July 2021. On 1 August 2021 he attended a small health facility near his village of residence with symptoms of fever, headache, fatigue, abdominal pain, and gingival haemorrhage. A rapid diagnostic test performed for malaria was negative. On 2 August 2021 he died in the community and the alert was raised by the sub-prefecture public health care facility to the prefectoral department of health in Guéckédou. A post-mortem oral swab sample was collected and sent on the same day to the Viral Haemorrhagic Fever (VHF) reference laboratory in Guéckédou. The real time PCR test result on 3 August confirmed Marburg virus disease and was negative for Ebola. On 4 August, the sample was sent the National Reference Laboratory in Conakry who provided reconfirmation by real-time PCR that the sample was positive for Marburg disease.

In 2021, as of 19 July (Epi week 27), 1 393 suspected cases have been reported, 278 samples taken, 233 samples tested of which 102 tested positive, 120 negative and 11 undetermined; four deaths have been reported. In 2020 at the same period, 5 835 suspected cases, 820 cases sampled, 805 samples tested of which 512 positive, 247 negative and 46 undetermined; 15 deaths have been reported. Since 2020, a total of 7 228 suspected cases, 1 099 tests analysed, 614 confirmed cases, 19 deaths have been reported.

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 14 August 2021, the country has reported 1 123 confirmed cases of COVID-19 with 4 399 recoveries and 90 deaths.

<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>Ethiopia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>13-Aug-21</td>
<td>72</td>
<td>72</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Unknown disease related to camels</td>
<td>Ungraded</td>
<td>12-Jun-21</td>
<td>8-May-21</td>
<td>12-Jun-21</td>
<td>198</td>
<td>-</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>13-Aug-21</td>
<td>25 564</td>
<td>25 564</td>
<td>165</td>
<td>0.60%</td>
</tr>
<tr>
<td>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>12-Aug-21</td>
<td>9 195</td>
<td>9 195</td>
<td>271</td>
<td>2.90%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>12-Aug-21</td>
<td>27 837</td>
<td>27 837</td>
<td>930</td>
<td>0.80%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>8-May-21</td>
<td>8-May-21</td>
<td>9-Aug-21</td>
<td>4</td>
<td>2</td>
<td>50.00%</td>
<td></td>
</tr>
<tr>
<td>Guinea</td>
<td>Marburg Virus Disease</td>
<td>Grade 2</td>
<td>4-Aug-21</td>
<td>4-Aug-21</td>
<td>9-Aug-21</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-21</td>
<td>19-Jul-21</td>
<td>1 393</td>
<td>102</td>
<td>4</td>
<td>0.30%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-20</td>
<td>22-Jul-20</td>
<td>13-Aug-21</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Guinea Bissau</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-20</td>
<td>25-Mar-20</td>
<td>14-Aug-21</td>
<td>5 123</td>
<td>5 123</td>
<td>90</td>
<td>1.80%</td>
</tr>
</tbody>
</table>
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 Dagaahaley Refugee Camp, Dadaab Sub-County, while in Turkana it is reported from Kalobeyei 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 15th August 2021, 220 727 confirmed COVID-19 cases including 4 340 deaths and 203 922 recoveries have been reported in the country.

<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>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>23-May-21</td>
<td>17-Jul-21</td>
<td>36</td>
<td>12</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>15-Aug-21</td>
<td>220 727</td>
<td>220 727</td>
<td>4 340</td>
<td>2.00%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>27-Apr-21</td>
<td>1-Jan-21</td>
<td>25-Jun-21</td>
<td>867</td>
<td>36</td>
<td>2</td>
<td>0.20%</td>
</tr>
</tbody>
</table>

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 Dagaahaley 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 12 Aug 2021, a total of 14 243 cases of COVID-19 have been reported, including 6 711 recoveries and 397 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 3 Aug 2021, a total of 81 suspected cases were reported, of which 15 (18.5%) were confirmed, and 10 deaths among confirmed cases (CFR 12%). The confirmed cases originated from four counties: namely Bong (3), Grand Bassa (5), Montserrado (2) 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.

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 3 Aug 2021, a total of 81 suspected cases were reported, of which 15 (18.5%) were confirmed, and 10 deaths among confirmed cases (CFR 12%). The confirmed cases originated from four counties: namely Bong (3), Grand Bassa (5), Montserrado (2) 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.

In week 29 (week ending 24 July 2021), 6 suspected cases were reported from Montserrat 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.

No new cVDPV2 cases 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 Amboasary Atsimo district.

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

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

A prolonged three-year drought in southern Madagascar has contributed to food insecurity issues for an estimated 1.3 million people in the Grand Sud area, of which 14K people were classified as IPC Phase 5 or catastrophically food insecure. About 390K children are expected to have moderate acute malnutrition and 111K children to have severe acute malnutrition from May 2021 to April 2022 if no intervention measures are taken. All 10 districts of Grand Sud have been affected with the epicentre of the crisis occurring in Amboasary Atsimo district.
The security situation continues to gradually spread to the southern regions of the country. Issues such as inter and intra-community conflicts, activism of non-state armed groups, consequences of counter-insurgency operations, crime and banditry continue to weaken the Malian context. Natural disasters (droughts and floods) and COVID-19 compound the health and non-health impacts affecting all basic social sectors as well as the protection of household livelihoods. On 8 August NSAGs simultaneously attacked villages in Ouagadougou causing deaths, injuries, and IDPs. There have been a total of 372 266 IDPs in the country and more than 140 000 refugees. According to OCHA reports, an estimated 5.9 million people need humanitarian assistance. During July 2021, more than 50 voluntary Ivorian refugees in Sikasso, Mali were repatriated.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 15 August 2021, a total of 14 695 confirmed COVID-19 cases have been reported in the country including 353 deaths and 14 016 recoveries.

From January 2021 up to week 31 (08/08/2021), Mali has reported a total of 1 155 suspected cases including two deaths, 984 samples tested of which 578 were positive, 376 negative and 30 undetermined. There is an increase of 62.27% in confirmed cases compared to the same week last year.

Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Mopti and Sikasso. The total cases reported is 50.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 15th August 2021, a total of 30 121 cases including 640 deaths and 25 988 recovered cases have been reported in the country.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 15th August 2021, a total of 6 122 confirmed COVID-19 cases including 22 deaths and 3 976 recovered cases have been reported in the country.

The safety situation in Cabo Delgado remains unpredictable and volatile. Seven security events were reported from 2-8 August 2021 mostly between national, Rwandan, and South African Development Community forces and NSAG attacks in Macomia, Namibe, and Mocimboa da Praia. On 8 August 2021, Mocimboa da Praia was retaken by joint forces. During 28 July - 3 August 2021, a total of 9 016 internally displaced person (IDPs) arrived in 14 districts. As of 11 July 2021, the nation-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 729 000 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 Nampula (1 435 cases and 4 deaths) provinces. Eight districts for Cabo Delgado province : Mocimboa da Praia (307 cases), Ibo (163 cases), Macomia (166 cases), Pemba (566 cases), Metuge (1 245 cases), Chililué (1 165 cases) and Montepuez (328 cases) and Ancuane (306 cases). Three districts for Nampula province reported cases : Metonota (630 cases), Nampula (755 cases) and Moma (50 cases).

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 15 August 2021, a total of 138 749 confirmed COVID-19 cases were reported in the country including 1 716 deaths and 118 450 recoveries.

Since the beginning of 2021, measles outbreak is active in 11 provinces. As of 01 August 2021 (week 30), there were 726 cases reported including 84 confirmed cases and no death. In 2020 at the same period, there were 130 confirmed cases and no death.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 13 August 2021, a total of 122 469 confirmed COVID-19 cases with 115 387 recovered and 3 277 deaths have been reported.

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%).

In Niger, the rising of water of the Niger river caused by the rainy season which extends from June to September each year, is often marked by flooding. The poorest rural populations are more exposed. These floods have serious economic, social and health consequences because they have a negative impact on agricultural production and they provide favourable conditions for the outbreak of water-borne diseases, and/or epidemic diseases. The current floods, while considered as relatively stable so far compared to the alert threshold according to the authorities, they are taking place in a context where cases of cholera have been confirmed in the regions of Zinder, Maradi, Dosso and Tahoua. They have already caused the death of 19 people and affect 46 230 people as of 2 August 2021. Increased surveillance is needed.

According to OCHA statistics, 3.8 million people need humanitarian assistance in 2021, 313 000 are IDPs, 234 000 are refugees, and 2 million are food insecure (with 511 332 affected by food insecurity in the Tillabéri region and 328 725 people in the Maradi region). Additionally, IOM reports that between 22-24 June 2021 there were two attacks by non-state armed groups (NSAGs) in the villages of Fantio, Dangazouni, Talbakoira and Tondikwindi (all of the Tillabéri Region) which resulted in 21 deaths and the theft of villagers’ livestock. The attacks forced 2 956 people to flee their homes. Of these, 2 040 took refuge in the urban commune of Tera, and 916 in the town of Guialam. The vast majority (86%) of the displaced populations were women (284) and children (2 310).
From January to 18 July 2021, 9,095 suspected cases have been reported and 16 deaths. Out of suspected cases, 1,795 were investigated including 924 lab confirmed measles cases, 55% are older than 4 years; 51 of 72 health districts have reported at least 3 confirmed cases of measles in month. Response vaccination took place in 12 health districts (Arlit, Blima, Dogondoutchi, Tibiri, Gazoua, Niamey 2, Niamey 3, Niamey 4, Tahoua Com, Ayerou, Balelaya, 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 cases were reported from eight regions in the country. From 25 September 2017 to 1 January 2021, a cumulative total of 858 suspected cases of yellow fever in Nigeria, of which 27 cases have been confirmed, 7% of the cases were below the age of five years. During week 16, 602 suspected cases were reported with 32 deaths (CFR 5.3%). Two districts have surpassed the epidemic threshold and five districts are on alert.

As of 8 August 2021, a total of 248 cases including 12 deaths (CFR = 4.8%) have been reported. The outbreak is related to the epidemic which is ongoing for several months in the neighbouring regions of northern Nigeria where there is significant mixing of cross-border populations and with heavy rainfall recorded during this period in Nigeria. Four regions have reported cases so far (Tahoua, Dosso, Maradi and Zinder). These 2 regions of Maradi and Zinder have recurrently recorded cholera outbreaks, most often involving border transmission.

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 maintenance of protracted level 3.

As of 4 August 2021, 31,425 have been affected with 816 deaths yielding a CFR of 2.6%. A total of 22 states have reported cases, however, only 8 states have active outbreaks. During week 30, a cumulative total of 1,162 suspected cases with 30 deaths were reported - Bauchi (773), Kano (4), Jigawa (13), Katsina (120), FCT (64), Niger (183), Borno (4) and Adamawa (1). Of the reported cases since the beginning of the year, around 27% are aged 5 - 14 years and 51% have been reported among males. There is an ongoing cholera outbreak in 2 regions of the neighboring country of Nigeria that have been epidemiologically linked to the outbreak in Nigeria.

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 maintenance of protracted level 3.

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 15 August 2021, a total of 182,503 confirmed cases with 167,132 recovered and 2,219 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 5, there were 200 confirmed cases including 56 deaths have been reported with a case fatality rate of 26.6%. This is higher than the same period reported in 2020.

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 maintenance of protracted level 3.

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 maintenance of protracted level 3.

As of 4 August 2021, 31,425 have been affected with 816 deaths yielding a CFR of 2.6%. A total of 22 states have reported cases, however, only 8 states have active outbreaks. During week 30, a cumulative total of 1,162 suspected cases with 30 deaths were reported - Bauchi (773), Kano (4), Jigawa (13), Katsina (120), FCT (64), Niger (183), Borno (4) and Adamawa (1). Of the reported cases since the beginning of the year, around 27% are aged 5 - 14 years and 51% have been reported among males. There is an ongoing cholera outbreak in 2 regions of the neighboring country of Nigeria that have been epidemiologically linked to the outbreak in Nigeria.

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 maintenance of protracted level 3.

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 maintenance of protracted level 3.

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 maintenance of protracted level 3.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 15 August 2021, a total of 79,712 cases with 959 deaths and 2,385 cases have been reported as recoveries.
<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>Senegal</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>4-Apr-21</td>
<td>13-Aug-21</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>15-Aug-21</td>
<td>19 199</td>
<td>19 199</td>
<td>98</td>
<td>0.50%</td>
<td></td>
</tr>
<tr>
<td>Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 15 Aug 2021 a total of 19 199 cases have been confirmed, including 18 642 recoveries and 98 deaths have been reported.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>15-Aug-21</td>
<td>6 342</td>
<td>6 342</td>
<td>121</td>
<td>1.90%</td>
<td></td>
</tr>
<tr>
<td>On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 8th August 2021, a total of 3 342 confirmed COVID-19 cases were reported in the country including 121 deaths and 4 328 recovered cases.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>12-Feb-21</td>
<td>5-Aug-21</td>
<td>13</td>
<td>13</td>
<td>9</td>
<td>69.20%</td>
<td></td>
</tr>
<tr>
<td>As of 5 August 2021, 13 cases of Lassa fever have been reported from Kenema (11) and Kailahun (2) districts since the beginning of 2021. Of these 9 of the cases have died yielding CFR of 69%. Lassa fever is known to be endemic in Sierra Leone and surrounding countries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>10-Dec-20</td>
<td>30-Jul-21</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-20</td>
<td>1-Aug-21</td>
<td>2 456 184</td>
<td>2 456 184</td>
<td>72 191</td>
<td>3.40%</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Acute Food Insecurity</td>
<td>Grade 2</td>
<td>18-Dec-20</td>
<td>6-Aug-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>15-Aug-16</td>
<td>6-Aug-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>The long-standing and complex humanitarian crisis in South Sudan continues. From the start of 2021, there is a total of 8.3 million people in need of humanitarian assistance, 1.6 million people internally displaced and 175 000 people living in protection of civilian sites across the country. Humanitarian staff have been the target of surge attacks during April to July 2021 with 4 aid workers killed and at least 95 relocated from sites in Fangak, Magwi, Panyijiar, Pariang, Riek, Torit, and Uror. Roads have also become frequent to ambushes for aid workers and civilians. According to OCHA, 90K people have been affected by flooding from 1 January - 6 August 2021. The following states have been affected by flooding: Jonglei, Northern Bahr el Ghazal, Unity, Upper Nile and Warrap.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-20</td>
<td>15-Aug-21</td>
<td>11 195</td>
<td>11 195</td>
<td>120</td>
<td>1.10%</td>
<td></td>
</tr>
<tr>
<td>On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 15th August 2021, a total of 11 195 confirmed COVID-19 cases were reported in the country including 120 deaths and 10 948 recovered cases.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-18</td>
<td>25-Jul-21</td>
<td>801</td>
<td>801</td>
<td>5</td>
<td>0.60%</td>
<td></td>
</tr>
<tr>
<td>The current outbreak in Bentiu UN Protection of Civilians (POC) camp, which started at the beginning of 2018, is ongoing. There were 22 new cases reported during week 29 in 2021. As of 25 July, a total of 801 cases of hepatitis E including five deaths (CFR: 0.62%) 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Nov-18</td>
<td>25-Jul-21</td>
<td>1 313</td>
<td>54</td>
<td>2</td>
<td>0.20%</td>
<td></td>
</tr>
<tr>
<td>Since week 38 of 2019 to week 29 of 2021 (week ending 25 July 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 lbb).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Oct-20</td>
<td>13-Aug-21</td>
<td>59</td>
<td>59</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>30-Jul-21</td>
<td>1 367</td>
<td>1 367</td>
<td>50</td>
<td>3.70%</td>
<td></td>
</tr>
<tr>
<td>The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Tanzania reported the country’s first case of COVID-19 on 16 March 2020. As of 22 July 2021, a total of 1 367 cases have been reported in the country including 50 deaths. A new bunch of 100 COVID-19 cases was reported in Tanzania on 28 June 2021 since May 2020.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>15-Aug-21</td>
<td>18 000</td>
<td>18 000</td>
<td>165</td>
<td>0.90%</td>
<td></td>
</tr>
<tr>
<td>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 15 August 2021, a total of 18 000 cases including 165 deaths and 15 474 recovered cases have been reported in the country.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>13-Aug-21</td>
<td>96 987</td>
<td>96 987</td>
<td>2 882</td>
<td>3.00%</td>
<td></td>
</tr>
<tr>
<td>The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 13 August 2021, a total of 96 987 confirmed COVID-19 cases, 94 906 recoveries with 2 882 deaths.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 15th August 2021, a total of 202 261 confirmed COVID-19 cases were reported in the country including 3 529 deaths and 195 877 recovered cases.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 15th August 2021, a total of 120 088 confirmed COVID-19 cases were reported in the country including 4 109 deaths and 97 323 cases that recovered.

<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>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>15-Aug-21</td>
<td>202 261</td>
<td>202 261</td>
<td>3 529</td>
<td>1.70%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>30-May-21</td>
<td>815</td>
<td>0</td>
<td>3</td>
<td>0.40%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>15-Aug-21</td>
<td>120 088</td>
<td>120 088</td>
<td>4 109</td>
<td>3.40%</td>
</tr>
</tbody>
</table>

†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.