WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
Week 34: 16 - 22 August 2021
Data as reported by: 17:00; 22 August 2021

1 New event
125 Ongoing events
112 Outbreaks
14 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- COVID-19
- Plague
- Rift Valley fever
- Typhoid fever
- Typhus fever
- Lymphatic filariasis
- Acute Food Insecurity
- Floods
- Cases
- Deaths
- Humanitarian crisis
- Yellow fever
- Meningitis
- Leishmaniasis
- Marburg
- Ebola virus disease
- Malnutrition crisis
- Countries reported in the document
- Countries outside WHO African Region
- WHO Member States with no reported events
- Not applicable

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

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:

- Although the WHO African region saw a 3.7% decrease in number of cases reported in the past seven days, case trends continue to vary across countries. The decrease has been attributed to a decline in the number of cases reported in at least twenty-six countries including Zambia, Algeria, Botswana, Mozambique, Namibia, and Zimbabwe which are among the top ten countries that have reported the highest number of cumulative cases in the region. South Africa, after a six-week consecutive decline in the number of weekly cases, reported a 18.4% increase in the past week. The number of deaths reported also declined by 12.6% in the past week. Nine out of 22 countries currently experiencing a resurgence are in West Africa. The surge in West Africa is particularly concerning as the sub-region is also facing concurrent outbreaks of cholera, Ebola and Marburg virus disease that threaten to further strain already stretched emergency response capacity.

- Niger is experiencing a rapidly deteriorating cholera outbreak which is epidemiologically linked to the ongoing outbreak in neighbouring Nigeria. Continual cross border population movement coupled with worsening hygiene conditions due to recent floods have contributed to the rapid increase in the number of cases over the past few weeks. Targeted outbreak control measures in the many affected communities needs to be rapidly enhanced to interrupt transmission.

- The Lassa fever outbreak in Nigeria has shown a downward trend since epidemiological week 11 of 2021. Though the declining trend is encouraging, it needs to interpreted cautiously as the disease is endemic to the region with an ubiquitous vector. Edo and Ondo states remain the epicenter for the virus, accounting for 78% of total cases. Challenges to the response still exist including inadequate bed capacity at treatment centres for management of Lassa fever cases and late presentation to health facilities leading to the increasing case fatality ratio. In addition, the national health system has been overwhelmed with other ongoing outbreaks including cholera, yellow fever and the COVID-19 pandemic. Local and national authorities need to maintain the highest level of vigilance.
In the past week (16 – 22 August 2021), the WHO African region reported a total of 148 531 new cases of coronavirus disease (COVID-19), a 3.7% decrease compared to the previous week when 154 164 new cases were reported. A total of 16 (34%) countries saw a 20% or more increase in weekly cases compared to the previous week; Angola, Benin, Cabo Verde, Comoros, Congo, Côte d’Ivoire, Equatorial Guinea, Ethiopia, Gabon, Guinea-Bissau, Liberia, Mauritius, Nigeria, Seychelles, South Sudan, and Togo.

Conversely, 18 (38%) countries reported a decrease of 20% or more in the number of new cases reported compared to the previous week. These countries include Algeria, Botswana, Central African Republic, Chad, Democratic Republic of the Congo, Eritrea, Gambia, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Senegal, Sierra Leone, Uganda, Zambia and Zimbabwe.

Majority of the cases recorded in the past week have been reported in a few countries, with five countries accounting for 73.5% (109 166) of all new cases. In general, the highest number of new cases were reported from South Africa (85 387 new cases; 18.4% increase), 145.8 new cases per 100 000 population), Kenya (8 282 new cases; 6.9% decrease; 15.8 new cases per 100 000)), Ethiopia (6 530 new cases; 26.0% increase; 5.8 new cases per 100 000), and Nigeria (4 520 new cases; 10.1% decrease; 2.2 new cases per 100 000).

The region recorded a 12.6% (n=3 730) decrease in the number of new deaths reported from 10 countries. The highest numbers of new deaths were reported from South Africa (2 280 new deaths; 2.1% decrease; 4.0 new deaths per 100 000 population), Algeria (210 new deaths; 126% increase; 0.5 new deaths per 100 000), Kenya (157 new deaths; 18% decrease; 0.3 new deaths per 100 000), Zimbabwe (140 new deaths; 169% increase; 1.0 new deaths per 100 000), and Malawi (106 new deaths; 231.3% increase; 106 new deaths per 100 000).

Since the beginning of the COVID-19 outbreak in the WHO African Region, the cumulative number of confirmed COVID-19 cases reported is 5 411 063. More than 4.8 million recoveries and 130 308 have been recorded, accounting for a case fatality ratio (CFR) of 2.4%.

Twenty-two countries are still experiencing a resurgence of COVID-19 cases in the region namely Algeria, Benin, Botswana, Burundi, Côte d’Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Malawi, Mauritania, Mauritius, Mozambique, Rwanda, Senegal, South Africa, Togo, and Zimbabwe.

Cumulatively, the highest number of COVID-19 cases in the region has been recorded in South Africa (2 690 973 cases, 50.0%), followed by Ethiopia 295 804 (5.4%), Kenya 229 009 (4.2%), Zambia 204 549 (3.8%), and Algeria 191 583 (3.5%); these five countries account for 66.5% (n=3 611 918) of all cases. South Africa also has the highest number of deaths in the region (79 421 deaths, 61.0% of all deaths); followed by Algeria (5 004, 3.8%), Ethiopia (4 561, 3.5%), Kenya (4 497, 3.5%), and Zimbabwe (4 249, 3.3%). These five countries account for 75.0% (97 732) of all deaths reported in the region.

Fifty-one new health worker infections were reported during this reporting period (16–22 August 2021) from Eswatini (27) and Namibia (24). An additional 3 918 health worker infections were reported retrospectively from six countries; Kenya (1 207) reported the highest number, followed by Uganda (905), Zimbabwe (732), Mozambique (667), Democratic Republic of the Congo (266), and Côte d’Ivoire (141).

At the moment, there have been 120 548 COVID-19 infections (2.2% of all cases) among health workers in the region, with South Africa accounting for about 46.7% (56 180) of the total infections. Algeria (11 936, 9.9%), Kenya (6 984, 5.8%), Zimbabwe (5 123, 4.2%) and Mozambique (4 779, 4.0%) have also recorded high numbers of health worker infections. Other countries reporting health worker infections are shown in Table 1. Algeria (6.2%), Niger (6.2%), Chad (6.0%), Liberia (6.0%), and Seychelles (5.0%) have the highest proportion of health worker infection by country. Only Eritrea has not reported any healthcare worker infections.

All countries in the African region are experiencing some degree of community transmission. Nine (20.0%) countries are reporting 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 community transmission.

The African Continent has recorded over 7.5 million cases of COVID-19, with nearly 200 000 deaths (CFR 2.5%) and more than 6.6 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, 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.

Vaccine shipments to Africa have picked up with the COVAX facility delivering almost 10 million doses to Africa so far in August, which is nine times what was delivered in the same period in July 2021. The African Union has so far delivered 1.5 million doses to nine countries. Since June, the number of doses administered per 100 people in sub-Saharan Africa has almost tripled from 1.2 per 100 people to 3.4 per 100 people.

### Situation Interpretation

The weekly number of cases reported in the WHO African Region continues to show a sustained downward trend as the region records its sixth consecutive week of decline. This decrease has been attributed to a reduction in the number of cases being reported from at least eighteen countries reporting more than a 20% decrease in the number of cases compared to the previous week. Though the number of cases being reported weekly remain high, the continual decline coincides with a downward phase of the third wave which began in mid-May. As the number of vaccine doses administered in sub-Saharan Africa continue...
to increase, countries are advised to enhance a multifaceted approach combining pharmaceutical and public health and social measures to sustain the downward trend of cases reported in the region.

PROPOSED ACTIONS

- The WHO advises strict adherence to the basic precautionary and control measures including vaccination, maintaining physical distancing, hand hygiene, physical distancing, and wearing a face covering when physical distancing is impractical to prevent the spread of disease. Member states are advised to enhance their surveillance and detection systems, case management capacity and improve the supply of critical medicines. Countries should adapt vaccination strategies to accommodate for different vaccines to ensure doses are administered efficiently.
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 22 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>130 308</strong></td>
<td><strong>4 833 767</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**

On 9 August 2021, the Ministry of Public Health of Niger officially declared a cholera outbreak in the country. The first cases were reported in week 23 (week ending 13 June 2021) in Birni N’Konni district, Tahoua region which shares a border with Nigeria. The region also has some districts that share borders with Mali in the north but no cases have been reported thus far. During week 26 (week ending 4 July 2021), districts in the Zinder and Maradi regions reported cholera cases and subsequently Dosso region reported cases in week 30 (week ending 1 August 2021). The capital city of Niamey, which is also the most populated area in the country, has also reported at least 58 cases of cholera.

As of 20 August 2021, a total of 1 404 cases and 54 deaths (CFR 3.8%) have been reported from 22 (31%) out of 72 health districts in Niger. Currently, 17 of the 22 health districts are reporting ongoing transmission of the outbreak. Districts reporting the most cases thus far are Madarounfa (475 cases) and Maradiville (315 cases) both in Maradi region, followed by Magaria (135 cases) in Zinder region. Of the 109 samples tested, 60% of them were confirmed positive with the isolated serotype identified as Vibrion cholerae O1 Ogawa. Overall, 735 cases (52%) have been reported among females while 643 cases (45%) have been among males. Proportionally, the highest death rate has occurred among children below five years of age. Death rates have also been higher in Niamey region (Niamey Urban Community) (28% death rate) and Tahoua region (25% death rate), while the other regions’ death rates all remain lower than 6%.

The rainy season in Niger is seasonal and usually lasts between June and October. All regions reporting cholera cases have also reported floods making conditions even worse. According to the Ministry of Humanitarian Action and Disaster Management, 69,515 people from 7,812 households have been affected by the floods throughout the country facilitating the spread of cholera.

In addition, many of the affected districts share borders with other countries and outbreaks in the past have been linked to cross-border cases. Nigeria’s northern states are currently known to have active cholera outbreaks and imported cases from Katsina and Sokoto states have been detected in Tahoua and Maradi regions. There is much population movement across borders in this area which is a major threat to the spread of cholera within the West African subregion. The current outbreak in Gaya district of the Dosso region in Niger poses a major threat to Benin and other neighbouring countries considering that it is a major trade and transportation hub in the subregion.

**PUBLIC HEALTH ACTIONS**

- An incident management coordination committee was formed and meets daily
- A One Health committee is being established.
- Response teams at all levels (district, regional, and national) have been activated.
- Case investigations are being carried out in the affected regions.
- Laboratory and infection prevention control supplies have been prepositioned to all health districts.
- Contacts of cases are being traced and receiving preventative treatment.
- Cholera isolation and treatment units were established in affected health areas.
- Safe and dignified burials have been conducted for the deceased.
- Affected regions were provided with water treatment supplies for household drinking water.
- Water points were rehabilitated in villages in the Zinder region with more planned for the future.
- Risk communication and community outreach is being conducted.
- Preparations are underway for a reactive vaccination campaign.

**SITUATION INTERPRETATION**

The cholera outbreak has deteriorated rapidly in Niger. Although an outbreak has not been reported in more than a year, the country is known to be endemic for the disease. The ongoing rainy season has contributed to the precarious situation as floods have been reported in all the regions where they have been reported cases of cholera. Similar seasonal flooding is commonplace at this time of the year across the West African subregion and have been reported in neighbouring Nigeria, a country also currently experiencing a large outbreak of cholera. Furthermore, frequent population movement between nearby countries for travel and trade have in the past accounted for subregional spread of outbreaks and has the potential for much wider regional spread of the current cholera outbreak. A case has already been documented in Burkina Faso which was from Niger.

**PROPOSED ACTIONS**
Risk communication activities need to be intensified in affected and at-risk areas, this includes at borders and points of entry into countries. All countries in the region need to strengthen cross-border cooperation and implement prevention and control measures at entry points. It will be important to improve access to safe drinking water and sanitation infrastructure and improve hygiene and food security practices in affected communities in order to control the cholera situation. Timely detection, case management, and treatment of cholera should be facilitated by community teams and through the established cholera treatment units.

*Official and symbolic handing over of a sample of the drug batch to the Minister of Humanitarian Action by the WHO Representative in Niger*
**EVENT DESCRIPTION**

Lassa fever (LF) is endemic to several West African countries including Nigeria, Liberia, and Sierra Leone. LF is associated with significant morbidity and mortality. According to the Centers for Disease Control, the annual incidence of LF in this region is estimated as 100,000 to 300,000 cases with about 5,000 deaths and 58 million people at risk.

The ongoing LF outbreak in Nigeria that started in 2017 has seen a decreasing trend, with fewer cases reported since week 11 2021. In week 32 (week ending 15 August 2021), the number of new confirmed LF cases (4 cases) was similar to that reported in the previous week (week 31). These new cases came from three states: Ondo (2), Edo (1), and Enugu (1). Two new deaths from Ondo were reported in the same period. There were four case-patients admitted to treatment centres during the reporting week, and 204 contacts under follow up. No new healthcare worker infection was recorded in week 32.

The number of suspected cases has decreased compared to that reported for the same period in 2020. From weeks 1-32 of 2021, a cumulative total of 2,742 suspected Lassa fever cases has been reported, of which 354 (13.0%) were laboratory confirmed. The confirmed cases occurred across 14 states that recorded at least one confirmed case. Edo State recorded the highest number of confirmed cases at 158 (45%), followed by Ondo State with 117 (33%); the two states accounts for 78% of all confirmed cases. A total of six health workers were infected with the disease in 2021.

Cumulatively, from week 1 to week 32 2021, 73 deaths have been reported with a case fatality ratio (CFR) of 21% which is lower than the CFR for the same period in 2020 (21%).

The predominant age-group affected is 21-30 years (range: <1 to 70 years, median age 29 years). The male to female ratio for confirmed cases in 1:0.8.

**PUBLIC HEALTH ACTIONS**

- National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate the response activities at all levels
- National Rapid Response Team have been deployed from the Nigerian Centre for Disease Control (NCDC) to support response activities in Kaduna, Bauchi and Taraba states.
- Multi-sectoral Public Health Emergency Operation Centres (PHEOC) were activated in affected States
- Vector control measures in Edo and Ondo States have been implemented periodically.
- Case management and safe burial practices guidelines were reviewed and disseminated
- Mortality review of lassa fever deaths and an in-depth investigation of healthcare worker infections were conducted.
- Distributed response commodities; personal protective equipment, Ribavirin (injection and tablets), body-bags, thermometers, hypochlorite hand sanitizers to states and treatment centres.
- Surveillance activities have been enhanced in affected states, with contact tracing and active case finding underway.
- Implementation of targeted risk communication activities in most affected States, with a national Lassa fever awareness and prevention campaign planned.
- The Lassa Fever Environmental response campaign has been implemented in high burden states by the Federal Ministry of Environment.
- Implementation of Nigeria Lassa fever epidemiological study supported by Coalition for Epidemic Preparedness Innovations is ongoing.

**SITUATION INTERPRETATION**

While the Lassa fever outbreak in Nigeria appears to be declining, there is little room for complacency as the vector is endemic to the region and environmental conditions are favorable to disease spread. Active case finding and contact tracing and follow-up need to continue to prevent resurgence of the disease in this endemic region. Furthermore, the local and national authorities need to remain vigilant on this event in the wake of the shifting priorities to other health emergencies, particularly COVID-19 pandemic.

**PROPOSED ACTIONS**

- Authorities in Nigeria need to continue to employ the highest levels of surveillance and response as the Lassa fever outbreak in the country starts to show signs of decline. Affected states need to be supported to develop and implement Lassa fever response sustainability plan Focus must not be diverted from this ongoing outbreak by the requirements of response to the COVID-19 outbreak.
### Health Emergency Information and Risk Assessment

#### COVID-19 cases

The total number of confirmed COVID-19 cases is 11,333, including 10 deaths and 10,880 recovered.

- On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 21 August 2021, a total of 45,945 confirmed COVID-19 cases have been reported in the country with 1,153 deaths and 42,384 recoveries.

- The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 15 August 2021, a total of 10,183 cases have been reported in the country with 119 deaths and 8,402 recoveries.

- Between 9 March 2020 and 20 August 2021, a total of 13,713 confirmed cases of COVID-19 with 171 deaths and 13,461 recoveries have been reported from Burkina Faso.

- In 2020, Angola reported a total of 122 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.

#### Measles

- Benin 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.

#### Poliomyelitis

- 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 in 2019 remains 130. These cases are from several outbreaks which occurred in 2019.

#### Humanitarian crisis

- 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 1,368,164 internally displaced persons as of 31 July 2021 in all 13 regions in the country. More than 56,000 people became IDPs during July 2021, increasing 4.1% compared to the previous month. The regions most affected were Central North, Sahel, Eastern, and Northern. 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. According to the World Food Programme, 3.5 million people are in need of humanitarian assistance and 2.87 million people are food insecure as of March 2021.

#### Ongoing events

- **Algeria**
  - COVID-19: Grade 3 - 25-Feb-20 to 22-Aug-21 - 191,583 confirmed cases with 5,004 deaths (2.6% CFR).

- **Angola**
  - COVID-19: Grade 3 - 21-Mar-20 to 22-Aug-21 - 45,945 confirmed cases with 1,153 deaths (2.5% CFR).

- **Benin**
  - COVID-19: Grade 3 - 17-Mar-20 to 16-Aug-21 - 10,183 confirmed cases with 119 deaths (1.2% CFR).

- **Botswana**
  - COVID-19: Grade 3 - 10-Mar-20 to 20-Aug-21 - 13,713 confirmed cases with 171 deaths (1.2% CFR).

- **Burkina Faso**
  - COVID-19: Grade 3 - 10-Mar-20 to 20-Aug-21 - 13,713 confirmed cases with 171 deaths (1.2% CFR).

- **Burundi**
  - COVID-19: Grade 3 - 31-Mar-20 to 21-Aug-21 - 11,333 confirmed cases with 10 deaths (0.1% CFR).

- **Cameroon**
  - COVID-19: Grade 3 - 14-Mar-20 to 20-Aug-21 - 10,880 confirmed cases with 10 deaths (0.1% CFR).

- **Cote d’Ivoire**
  - COVID-19: Grade 3 - 12-Mar-20 to 20-Aug-21 - 10,880 confirmed cases with 10 deaths (0.1% CFR).

#### New Events

- **Burkina Faso**
  - Cholera: Ungraded - 15-Aug-21 to 18-Aug-21 - 1 confirmed case with 0 deaths (0.0% CFR).

- **Botswana**
  - COVID-19: Grade 3 - 30-Mar-20 to 16-Aug-21 - 146,461 confirmed cases with 5,004 deaths (2.6% CFR).

- **Burundi**
  - COVID-19: Grade 3 - 31-Mar-20 to 21-Aug-21 - 11,333 confirmed cases with 10 deaths (0.1% CFR).

- **Cameroon**
  - COVID-19: Grade 3 - 14-Mar-20 to 20-Aug-21 - 10,880 confirmed cases with 10 deaths (0.1% CFR).

- **Cote d’Ivoire**
  - COVID-19: Grade 3 - 12-Mar-20 to 20-Aug-21 - 10,880 confirmed cases with 10 deaths (0.1% CFR).

#### Map of the outbreaks

Go to overview Go to map of the outbreaks
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 32 of 2021, Burundi has reported a total of 431 suspected cases, 330 reported by case-by-case surveillance and no death, 63 confirmed by IgM+ 261 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak : Bubanza, Mpanda, Bugarama, Muyinga, Rumonge and Cibitoke.

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 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 Goudoumboul 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.

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 22 August 2021, a total of 34,738 confirmed COVID-19 cases including 305 deaths and 0.90% CFR were reported in the country.

By 21 August 2021, there were 14 reported incidents of health facility attacks including kidnapping 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 32 of 2021, Burundi has reported a total of 431 suspected cases, 330 reported by case-by-case surveillance and no death, 63 confirmed by IgM+ 261 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak : Bubanza, Mpanda, Bugarama, Muyinga, Rumonge and Cibitoke.

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From 1 January to 9 August 2021, Cameroon has reported 1,509 suspected cases of yellow fever, including three deaths (case fatality rate 33 %), tested positive by plaque reduction neutralization test (PRNT) at the Centre Pasteur in Cameroun (CPC). These cases originated from six different regions with a total of nine health districts affected: Adamawa region (Ngoundere rural HD), Far North region (Maga, Mogode, Yagoua HD), littoral region (Yabassi HD), North region (Guider, Garoua 1 HDs), North-West region (Bamenda HD), and Centre region (Esoka HD).

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 32 of 2021, Burundi has reported a total of 431 suspected cases, 330 reported by case-by-case surveillance and no death, 63 confirmed by IgM+ 261 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak : Bubanza, Mpanda, Bugarama, Muyinga, Rumonge and Cibitoke.

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Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 54,008 confirmed cases and one probable case, including 1,053 deaths have been reported in the country including 174 deaths and 4,805 cases who have recovered.

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 to 21 May 2021, 23 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.

In 2020, Chad reported 8,785 cases, with 363 confirmed cases and 41 deaths. Since 1 January 2021 up to Epi week 30, there have been reported 2,043 suspected cases from 93 out of 129 districts in the country (71% of districts), 405 cases investigated with blood samples recorded, 200 of which were confirmed by IgM and 86 deaths from 4 districts (CFR 0.4%), 21 districts in epidemic in 2021.

Chad Poliomyelitis (cVDPV2) Grade 2 18-Oct-19 9-Sep-19 21-Aug-21 114 114 0 0.00%

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.

Comoros COVID-19 Grade 3 30-Apr-20 30-Apr-20 5-Aug-21 4050 4050 147 3.60%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 22 August 2021, a total of 4,050 confirmed COVID-19 cases, including 147 deaths and 3,888 recoveries were reported in the country.

Congo COVID-19 Grade 3 14-Mar-20 14-Mar-20 22-Aug-21 13,493 13,493 179 1.30%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 19 August 2021, a total of 13,493 cases including 179 deaths and 12,909 recovered cases have been reported in the country.

Congo Poliomyelitis (cVDPV2) Grade 2 29-Jan-21 21-Aug-21 4 4 0 0.00%

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

Côte d’Ivoire COVID-19 Grade 3 11-Mar-20 11-Mar-20 22-Aug-21 53,645 53,645 395 0.70%

Since 11 March 2020, a total of 53,645 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 395 deaths, and a total of 52,405 recoveries.

Côte d’Ivoire Ebola virus disease Grade 3 14-Aug-21 14-Aug-21 15-Aug-21 1 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 Labe region in Guinea (on the border with Senegal) to Abidjan. During the 5-day trip the patient had multiple transit stops including through Nzerekore, 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.

Côte d’Ivoire Poliomyelitis (cVDPV2) Grade 2 29-Oct-19 29-Oct-19 21-Aug-21 61 61 0 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.

Democratic Republic of the Congo Humanitarian crisis Protracted 20-Dec-16 17-Apr-17 27-Jun-21 - - - -

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.

Democratic Republic of the Congo Cholera Grade 3 16-Jan-15 1-Jan-20 27-Jun-21 3,516 - 93 2.60%

In 2021, from epidemiological week 1 to 25 (ending 27 June 2021), 3,516 suspected cholera cases including 93 deaths (case-fatality rate 2.6%) were recorded in 76 health zones across 14 provinces of the Democratic Republic of the Congo. This is a significant decrease (70.1%) in the number of weekly cholera cases compared to the same period in 2020. In 2020, a total of 30,304 suspected cholera cases including 514 deaths (case fatality 1.7%) were reported in 179 health zones across 23 provinces.

Democratic Republic of the Congo COVID-19 Grade 3 10-Mar-20 10-Mar-20 20-Aug-21 54,009 54,008 1,053 1.90%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 54,008 confirmed cases and one probable case, including 1,053 deaths have been reported. A total of 30,858 people have recovered.
### Health Emergency Information and Risk Assessment

#### Measles

- **Country**: Democratic Republic of the Congo
- **Event**: Measles
- **Grade**: Ungraded
- **Start of reporting period**: 1-Mar-20
- **End of reporting period**: 28-Jun-21
- **Total cases**: 1425
- **Cases Confirmed**: -
- **Deaths**: 4

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 6,257 suspected cases including 229 deaths (CFR 3.7%) were reported in 133 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 5,288 suspected cases and 157 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).

#### COVID-19

- **Country**: Democratic Republic of the Congo
  - **Grade**: Grade 3
  - **Date notified to WCO**: 13-Mar-20
  - **End of reporting period**: 22-Aug-21
  - **Total cases**: 40,455
  - **Deaths**: 1,004

- **Country**: Ethiopia
  - **Grade**: Grade 3
  - **Date notified to WCO**: 13-Mar-20
  - **End of reporting period**: 22-Aug-21
  - **Total cases**: 295,804
  - **Deaths**: 4,561

- **Country**: Eritrea
  - **Grade**: Grade 3
  - **Date notified to WCO**: 21-Mar-20
  - **End of reporting period**: 20-Aug-21
  - **Total cases**: 6,623
  - **Deaths**: 37

#### Typhoid fever

- **Country**: Democratic Republic of the Congo
  - **Grade**: Ungraded
  - **Start of reporting period**: 1-Jan-20
  - **End of reporting period**: 3-Jul-21
  - **Total cases**: 716,494
  - **Deaths**: 198

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%).

#### Yellow fever

- **Country**: Democratic Republic of the Congo
  - **Grade**: Ungraded
  - **Start of reporting period**: 21-Apr-21
  - **End of reporting period**: 18-Jul-21
  - **Total cases**: 2
  - **Deaths**: 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 Abuzi health zone, North Ubangi province, Democratic Republic of the Congo whose date of symptom onset was 20 February 2021 with fever, vomiting, abdominal pain, back pain and physical asthenia. Jaundice appeared on 25 February. The second case is a 47-year-old female unvaccinated against yellow fever from Ango health zone, Bas Uele province. He first exhibited symptoms on 7 May 2021. In addition, confirmatory results are pending for three other presumptive positive cases from Equateur, Kinshasa and North Ubangi provinces.

### Table: Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<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>
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<td>289</td>
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<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>21-Aug-21</td>
<td>200</td>
<td>200</td>
<td>0</td>
<td>0.00%</td>
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<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>18-Aug-21</td>
<td>9,049</td>
<td>9,049</td>
<td>123</td>
<td>1.40%</td>
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<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>20-Aug-21</td>
<td>6,623</td>
<td>6,623</td>
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<td>0.60%</td>
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<td>Eswatini</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>22-Aug-21</td>
<td>40,455</td>
<td>40,455</td>
<td>1,004</td>
<td>-</td>
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<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>13-Aug-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-21</td>
<td>14-Aug-21</td>
<td>1,641</td>
<td>926</td>
<td>4</td>
<td>0.20%</td>
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</tbody>
</table>

**Notes:**
- **CFR**: Case Fatality Rate
- **End of reporting period** varies by event and time frame.
- **Total cases** and **Deaths** reported as of the end of the reporting period.
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. 7 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 diarrhea, 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 20 August 2021, a total of 25 667 cases including 165 deaths and 25 437 recoveries have been reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 20 Aug 2021, a total of 9 470 confirmed COVID-19 cases including 301 deaths, and 9 049 recoveries have been reported in the country.

As of 18 Aug 2021, a total of 114 584 confirmed COVID-19 cases have been reported in Ghana. There have been 968 deaths and 106 969 recoveries reported.

Since the beginning of the year 2021, 254 cases of meningitis have been reported with 3 deaths (CFR=1.2%). 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. 7 cases have been reported so far in 2021. The total number of 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 21 August 2021, a total of 28 802 cases including 26 212 recovered cases and 436 deaths have been reported in the country.

To date, there have been a total of 5 confirmed cases and 4 deaths (CFR=80%); the first case (man of 23 years old) was notified on 8 May 2021 at the Yomou prefecture hospital, a resident of Yomou prefecture. The patient was also confirmed to be positive for COVID-19 and later died. Contact tracing of 88 people was done, and no secondary cases found. On 17 June 2021, a second confirmed case (woman of 75 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, a listing of 21 contacts was done and are being followed. However, the prefecture of Sheeta is regarded as active, with the prefectures of Yomou-Centre, Péla, 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 prefectorial 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, 279 samples taken, 233 samples tested of which 102 tested positive, 120 negative and 11 unidentified; 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 unidentified; 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 21 August 2021, the country has reported 5 518 confirmed cases of COVID-19 with 4 592 recoveries and 103 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 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 22nd August 2021, 229 009 confirmed COVID-19 cases including 4 497 deaths and 212 036 recoveries have been reported in the country.

The outbreak has been reported in Mombasa and Mandera Counties, recording 976 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 in Somalia. The environmental sample of 22 December 2020, collected from Bouralg, Garissa town, Garissa County showed a cVDPV2 with 65nt changes from Sabin.

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

Malnutrition crisis

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 11K children to have severe acute malnutrition from May 2021 to April 2022 if no intervention measures are taken. All 10 districts of Grand Sud have been affected with the epicentre of the crisis occurring in Amboasary Atsimo district.

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 29 March 2020. As of 21 August 2021, a total of 42 845 cases have been reported in the country, out of which 42 545 have recovered and 954 deaths reported.

From January 2021 to 25 July 2021, 1 272 482 cases were reported including 573 deaths. The number of malaria cases reported in week 29 was 6 022 cases and a decrease in the number of malaria cases has been observed from week 21.

No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. There are six cases in 2021 and two from 2020.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 20 August 2021, the country has a total of 59 471 confirmed cases with 2 074 deaths and 45 552 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. On 8 August NSAGs simultaneously attacked villages in of Ouagadougou causing deaths, injuries, and IDPs. There have been a total of 572,266 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 Sissako, 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 22 August 2021, a total of 14,757 confirmed COVID-19 cases have been reported in the country including 536 deaths and 14,053 recoveries.

From January 2021 up to Epi week 32 (15/08/2021), Mali has reported a total of 1,185 suspected cases including two deaths. 1,032 samples tested of which 605 were positive, 406 negative and 30 undetermined. There is an increase of 79.90% 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 Sissako. The total cases reported is 50.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 22 August 2021, a total of 31,822 cases including 673 deaths and 28,167 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 22 August 2021, a total of 8,098 confirmed COVID-19 cases including 25 deaths and 4,477 recovered cases have been reported in the country.

The safety situation in Cabo Delgado remains unpredictable and volatile. On 8 August 2021, Mocimboa da Praia was retaken by joint forces. During 4-10 August 2021, a total of 5,484 internally displaced person (IDPs) arrived mostly in Mueda (34% arrivals), Nangade (20% arrivals), and Montepuez (20% arrivals) districts. As of 10 August 2021, the nationwide estimate of people in need of humanitarian assistance is 1.3 million and there are 732,000 people displaced.

As of 15 August 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), Mocamica (166 cases), Pombe (566 cases), Metuge (1,245 cases), Chilute (1,165 cases) and Montepuez (328 cases) and Ancuabe (306 cases). Three districts for Nampula province reported cases. Meconta (639 cases), Nampula (755 cases) and Moma (50 cases).

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 22 August 2021, a total of 142,784 confirmed COVID-19 cases were reported in the country including 1,800 deaths and 126,041 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 20 August 2021, a total of 123,581 confirmed cases with 118,085 recovered and 3,432 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 Nigeria, 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, 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 69,515 people as of 9 August 2021. Increased surveillance is needed.

According to OCHA statistics, 3.8 million people need humanitarian assistance in 2021, 289K are IDPs, 243K are refugees, and 1.6 million are food insecure (phase 3+ and above). The Irdiokk Malian refugee reception area has closed and many (66%) IDPs from there have resettled in the villages of Tomessah, Tillia ville, Gaway, Assaguey in the Tillia department. In the Maradi region, insecurity, theft and looting have cause some population movement. The Maradi region also saw some voluntary returns of IDPs. In Tillaberi region the number of IDPs are expected to drop due to a new government policy of IDP returns. In Diffa region, around 30K people have already returned to their localities of origin due to this return policy.
Sao Tome and Principe COVID-19 Grade 3 6-Apr-20 6-Apr-20 22-Aug-21 2,524 2,524 37 1.50%
Rwanda COVID-19 Grade 3 14-Mar-20 14-Mar-20 22-Aug-21 187,023 187,023 2,268 1.20%
Niger Cholera Grade 1 7-Aug-21 7-Jun-21 20-Aug-21 1,404 1,404 54 3.80%

As of 20 August 2021, a total of 1,404 cases including 54 deaths (CFR = 3.8%) have been reported. The outbreak is related to the epidemic which is ongoing for several months in the neighbouring regions of northern Niger where there is significant mixing of cross-border populations and with heavy rainfall recorded during this period in Niger. Six regions have reported cases so far (Tahoua, Niamey, Tillaberi, Dosso, Maradi and Zinder). These 2 regions of Maradi and Zinder have recurrently recorded cholera outbreaks, most often involving border transmission.

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 18-Jul-21 9,095 924 16 0.20%

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, Bilma, Dogondoutchi, Tibiri, Gao, Zinder, Maradi, Dosso, Tahoua, and Tillaberi) 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.

Niger meningitis Ungraded 1-Jan-21 25-Jul-21 1,335 74 5.50%

Since the beginning of the year 2021 to week 30 ending 25 July 2021, 1,335 cases have been reported with 75 deaths (CFR 5.5%). Two districts have surpassed the epidemic threshold and six districts are on alert.

Niger Poliomyelitis (cVDPV2) Grade 2 1-Oct-18 1-Oct-18 21-Aug-21 20 20 0 0.00%

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

In 2021, more than 8.7 million require humanitarian assistance in Borno, Adamawa, and Yobe states. Attacks on Nigerian Armed Forces (NAF) by non-state armed groups (NASG) have escalated in April and May 2021 leading to harming of civilians and a new wave of population displacement. IOM reports that more than 2 million people have left the affected area to neighbouring Wards and LGAs in May 2021. An estimated 8 million are at risk of displacement, poverty, and threats of violence. The overall security situation remains complex, unpredictable, and volatile as of 6 July 2021 with constrained health vulnerabilities made worse by the COVID-19 pandemic leading to maintain the grading of protracted level 3.

Niger Cholera Grade 2 12-Jan-21 12-Jan-21 4-Aug-21 31,425 - 816 2.60%

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 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 neighbouring country of Niger that have been epidemiologically linked to the outbreak in Nigeria.

Nigeria COVID-19 Grade 1 27-Feb-20 27-Feb-20 22-Aug-21 187,023 187,023 2,268 1.20%

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 22 August 2021, a total of 187,023 confirmed cases with 168,455 recovered and 2,268 deaths have been reported.

Nigeria Lassa fever Ungraded 1-Jan-21 6-Aug-21 2,732 354 73 2.70%

Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 32 of 2021, the number of new confirmed cases was 4. These were reported from Ondo, Edo, and Enugu States. Cumulatively from week 1 to week 32 of 2021, a total of 354 confirmed cases including 73 deaths among confirmed cases have been reported with a case fatality rate of 20.6% across 14 states. In total, 2,732 cases are suspected in 2021. This is lower than the same period reported in 2020.

Nigeria Measles Ungraded 25-Sep-17 1-Jan-21 20-Apr-21 6,995 - 50 0.70%

In 2020, Nigeria reported 9,316 confirmed cases, with 55 deaths, CFR 0.6%. From January 2021 to 20 April 2021 (as of epi week 15), 8,995 suspected cases have been reported in Nigeria. The most affected state is Borno with 1,992 cases including 32 deaths, 79% of the cases were below the age of five years. During week 15, 537 were reported with 3 deaths.

Niger Poliomyelitis (cVDPV2) Grade 2 1-Jun-18 1-Jan-18 21-Aug-21 154 154 0 0.00%

26 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported: 1 each in Bauchi, Gombe, Kaduna, Sokoto and Zamfara, 2 in Kano, 3 each in Borno and Yobe, and 13 in Jigawa. So far, the number of cases in 2021 is 94 as of 21st August 2021. There were eight cases reported in 2020; 2019 and 34 in 2018.

Nigeria Yellow fever Ungraded 12-Sep-17 1-Jan-21 31-Jul-21 1,082 27 1 0.10%

From 1 January 2021 to 31 July 2021, there has been a cumulative total of 1,082 suspected cases of yellow fever in Nigeria, of which 27 cases have been confirmed, from 367 Local Government Areas (LGA) across 37 states including the Federal Capital Territory (FCT). In 2020, 3,426 suspected cases of yellow fever have been recorded, including 145 confirmed cases, from 495 LGA (64%) across all states and the FCT.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 22 August 2021, a total of 83,023 cases with 959 deaths and 45,544 recovered cases have been reported in the country.

Sao Tome and Principe COVID-19 Grade 3 6-Apr-20 6-Apr-20 22-Aug-21 2,524 2,524 37 1.50%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 22 August 2021, a total of 2,524 confirmed cases of COVID-19 have been reported, including 37 deaths. A total of 2,403 cases have been reported as recoveries.
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, the total number of 2021 cases is 13.

Sierra Leone | Lassa fever | Ungraded | 12-Feb-21 | 1-Jan-21 | 5-Aug-21 | 13 | 13 | 9 | 69.20%

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.

Sierra Leone | Poliomyelitis (cVDPV2) | Grade 2 | 10-Dec-20 | 10-Dec-20 | 21-Aug-21 | 14 | 14 | - | 0.00%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. So far, 4 cases have been reported in 2021, and the number of cases 2020 remains 10.

South Africa | COVID-19 | Grade 3 | 5-Mar-20 | 5-Mar-20 | 22-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 | 6-Aug-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 | 6-Aug-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 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, Piaring, Renk, 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.

South Sudan | COVID-19 | Grade 3 | 5-Apr-20 | 5-Apr-20 | 22-Aug-21 | 11 310 | 11 310 | 120 | 1.10%

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 22nd August 2021, a total of 11 310 confirmed COVID-19 cases were reported in the country including 120 deaths and 10 948 recovered cases.

South Sudan | Hepatitis E | Ungraded | 3-Jan-18 | 3-Jan-18 | 1-Aug-21 | 905 | 905 | 5 | 0.60%

The current outbreak in Bentiu UN Protection of Civilians (POC) camp, which started at the beginning of 2018, is ongoing. There were 20 new cases reported during week 20 in 2021. As of 1 Aug 2021, a total of 905 cases of hepatitis E including five deaths (CFR: 0.6%) 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 | 1-Aug-21 | 1 313 | 54 | 2 | 0.20%

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. No case is reported in 2021. The outbreak is controlled in 9 counties (Tonj East, Juba, Bor, Kapoeta East, Jebel Boma, Aveil East, Wau, Pibor and Ibba).

South Sudan | Poliomyelitis (cVDPV2) | Grade 2 | 22-Oct-20 | 22-Oct-20 | 21-Aug-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 | 30-Jul-21 | 1 367 | 1 367 | 50 | 3.70%

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.

Togo | COVID-19 | Grade 3 | 6-Mar-20 | 1-Mar-20 | 22-Aug-21 | 19 614 | 19 614 | 172 | 0.90%

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 22 August 2021, a total of 19 614 cases including 165 deaths and 16 105 recovered cases have been reported in the country.

Togo | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 13-Sep-19 | 21-Aug-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.
<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>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
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<td>18-Mar-20</td>
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<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>25-Jul-21</td>
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<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>22-Aug-21</td>
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<td>122 652</td>
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</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 21 August 2021, a total of 118 777 confirmed COVID-19 cases, 95 375 recoveries with 2 960 deaths.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 22nd August 2021, a total of 204 549 confirmed COVID-19 cases were reported in the country including 3 574 deaths and 198 559 recovered cases.

The anthrax outbreak is ongoing in Zimbabwe. From Week 1 to 29 of 2021, there were 88 cases reported and no deaths. This outbreak started in Week 36 of 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. The last five reported cases were reported in Gokwe North District in Midlands Province during Week 28 of 2021.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 22nd August 2021, a total of 122 652 confirmed COVID-19 cases were reported in the country including 4 249 deaths and 106 810 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.