WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 35: 23 - 29 August 2021
Data as reported by: 17:00; 29 August 2021

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- COVID-19
- Anthrax
- Dengue fever
- Malaria
- Hepatitis E
- Humanitarian crisis
- Yellow fever
- Meningitis
- Leishmaniasis
- Marburg
- Plague
- Rift Valley fever
- Typhoid fever
- Ebola virus disease
- Malnutrition crisis
- Acute Food Insecurity
- Floods
- Countries reported in the document
- Countries outside WHO African Region
- WHO Member States with no reported events
- Not applicable

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 123 events in the region. This week's articles cover:

- COVID-19 across the WHO African region
- Yellow fever in Cameroon
- Hepatitis E virus in South Sudan

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

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

Major issues and challenges include:

- The third wave continues to lessen in the WHO African region with case numbers having decreased in the past month, compared with the previous four weeks. However, weekly case numbers are still high, with 132,886 reported in the past week (ending on 29 August). The recent decrease has been mostly due to a decline in the number of cases reported in at least twenty countries including Botswana, Kenya, Mozambique, Namibia, Zambia, and Zimbabwe which are among those that have reported the highest number of cumulative cases in the region. South Africa continues to report more than half of all new cases, followed by Ethiopia, and Kenya. The number of deaths reported also declined in the past week. Nonetheless, twenty-one countries are currently experiencing a resurgence, of which Algeria and Kenya are in a fourth wave. Nine out of the twenty-one countries are in West Africa. The surge in West Africa remains concerning as the sub-region is also facing concurrent outbreaks of cholera, and Ebola disease that threaten to further strain already stretched emergency response capacity. Health worker infections across the region continue to pose a challenge to health service delivery.

- Yellow fever is endemic in Cameroon. The administrative coverage for routine yellow fever vaccination is below the herd immunity target of 80% in six of the nine districts that have reported confirmed yellow fever cases. This low vaccination coverage poses a significant risk to public health in the country with a substantial number of persons susceptible to infection. Other factors that further increase the risk include frequent movement and displacement of large populations in-country and across borders with neighbouring countries, the low proportion of suspected cases that are promptly investigated, poor accessibility in some regions due to insecurity, and an underperforming disease surveillance system. In addition, Cameroon is currently facing other public health emergencies including the COVID-19 pandemic, outbreaks of measles and polio, and an ongoing humanitarian crisis due to violence, all leading to a substantial strain on the Ministry of Health’s ability to respond effectively.

- There has been an ongoing outbreak of hepatitis E virus (HEV) in South Sudan since 2015, however, since week 19 (week ending 16 May 2021) cases have been rising ever since and have increased 10-fold compared to the same period in 2019. Operational support to the affected camp has dwindled in recent months due to reduced funding to partners working within the camp and has largely affected the water, sanitation and hygiene (WASH) conditions in the camp. The main drivers for transmission identified include insufficient access to safe water, sanitation and hygiene services, and inadequate access to essential healthcare services in the camp. The additional problem of flooding increases the risk of disease spread within the country as more people become displaced due to the natural disaster. The international borders in the affected area are also porous with many people crossing daily, potentiating the threat of spread to countries in the Eastern and Central African sub-region, where an HEV outbreak among Ethiopian refugees in Sudan and other hotspots in the country have recently been reported.
In the past week (23 – 29 August 2021), the WHO African region reported a total of 132 886 new cases of coronavirus disease (COVID-19), a 15% decrease compared to the prior week when 156 426 new cases were reported. A total of 10 (22%) countries saw a 20% or more increase in weekly cases compared to the previous week: Cabo Verde, Chad, Equatorial Guinea, Ethiopia, Gabon, Liberia, Mali, Niger, Sao Tome and Principe and Sierra Leone.

Conversely, 20 (44%) countries reported a decrease of 20% or more in the number of new cases reported compared to the previous week. These countries are Botswana, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of the Congo, Eritrea, Eswatini, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Senegal, Uganda, Zambia and Zimbabwe.

Five countries account for the majority (98 126, 74.0%) of the cases recorded in the past week namely; South Africa (73 958 new cases; 13.4% decrease, 126.3 new cases per 100 000 population), Ethiopia (10 313 new cases; 58.0% increase; 9.2 new cases per 100 000), Kenya (5 943 new cases; 28.2% decrease; 11.3 new cases per 100 000), Nigeria (4 322 new cases; 4.4% decrease; 2.2 new cases per 100 000), and Rwanda (3 590 new cases; 8.4% increase; 28.4 new cases per 100 000).

The region recorded a 4.3% (n=3 695) decrease in the number of new deaths reported from a total of 33 countries. The highest numbers of new deaths were reported from South Africa (2 174 new deaths; 4.6% decrease; 4.0 new deaths per 100 000 population), Kenya (213 new deaths; 157% increase; 0.4 new deaths per 100 000), Algeria (205 new deaths; 31.0% increase; 0.5 new deaths per 100 000), Nigeria (186 new deaths; 280.0% increase; 0.1 new deaths per 100 000), and Zimbabwe (152 new deaths; 145.2% increase; 1.0 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 5 552 204. Nearly 5 million recoveries have been recorded, giving a recovery rate of 90.0%. The total number of deaths reported is now at 134 140, accounting for a case fatality ratio (CFR) of 2.4%. 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.

A total of 21 countries are still experiencing a resurgence of COVID-19 cases in the region namely Algeria, Benin, Botswana, Burundi, Cote d’Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Mauritania, Mauritius, Mozambique, Rwanda, Senegal, South Africa, Togo, and Zimbabwe. Two countries, Algeria, and Kenya, are experiencing a fourth wave.

Cumulatively, the highest number of COVID-19 cases in the region has been recorded in South Africa 2 764 931 cases (50.0%), followed by Ethiopia 306 117 (5.5%), Kenya 234 952 (4.2%), Zambia 206 051 (3.7%), and Algeria 195 162 (3.5%). These five countries account for 66.8% (n=3 707 213) of all cases. South Africa also has the highest number of deaths in the region (81 595 deaths, 61.0% of all deaths); followed by Algeria (5 209, 3.9%), Kenya (4 710, 3.5%), Ethiopia (4 644, 3.5%), and (Zimbabwe 4 401, 3.3%). These five countries account for 75.0% (100 559) of all deaths reported in the region.

A total of 409 new health worker infections were reported during this reporting period (23–29 August 2021) from Kenya (171), Eswatini (147), Malawi (61), Namibia (23) and Cameroon (7). At present, there have been 121 122 COVID-19 infections (2.2% of all cases) among health workers in the region, with South Africa accounting for about 46.4% (56 180) of the total infections. Algeria (11 936, 9.9%), Kenya (7 155, 5.9%), 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 (6.1%), Niger (6.1%), Chad (6.0%), Liberia (6.0%), and Seychelles (5.0%) have the highest proportion of health worker infections 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 7.8 million cases of COVID-19, with nearly 200 000 deaths (CFR 2.5%) and nearly 7 million people have recovered. The African continent accounts for 3.4% of global cases and 4.0% of global deaths.

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. Africa has received 129 million doses and is expecting up to 117 million doses by the end of September. Therefore, an additional 28 million doses need to be obtained and administered to reach the 10% target.

### SITUATION INTERPRETATION

- The weekly number of cases reported in the WHO African Region continues to show a sustained downward trend, with a decrease recorded in the past week. Even though South Africa and Kenya are among countries seeing a decline in new cases, they still account for a large proportion of the region’s new cases in the last seven days. At the same time, weekly COVID-19 deaths in the region decreased in the past week with South Africa accounting for more than half of all fatalities. This decrease has been attributed to a reduction in the number of cases being reported from at least 20 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 multidimensional 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, 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 29 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>134 140</strong></td>
<td><strong>4 987 547</strong></td>
<td><strong>2.4</strong></td>
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</table>

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

Since 2017, confirmed cases of yellow fever (YF) have been reported in Cameroon: seven cases in 2017; three cases in 2018; eight cases in 2019; five cases in 2020 and eleven cases in 2021. From the beginning of 2021 to week 26 (week ending 4 July 2021), 905 suspected YF cases with 13 associated deaths have been reported in the country.

On 11 January 2021, a suspected case of yellow fever from Dschang health district tested positive by seroneutralisation (SRNT) at the Centre Pasteur Cameroun (SRNT: 1/80). The case was a 36-year-old woman residing in the Doumbouo health area whose symptoms started on 4 January 2021 with jaundice. Further investigation revealed that the individual had history of YF vaccination, had severe comorbidities, and was ruled to not be YF due to previous vaccination.

An additional eleven cases tested positive by seroneutralisation, nine of whom were unvaccinated. The nine cases were all reported in 2021 and were reported from nine different health districts: Yagoua, Maga, Guider, Mogode, Yabassi, Ngaoundéré rural, Eséka, Bamenda and Garoua 1. One associated death from Garoua 1 was recorded (case fatality ratio 11%). Among the nine cases, the ages ranged from 16 to 70 years with a median of 34 years and eight (89%) of them are male. Their dates of symptom onset ranged from 21 February 2021 (case from Yagoua health district) to 6 June 2021 (case from Garoua 1 health district).

The last major reactive mass vaccination campaign was conducted in 2015. Outbreak response activities were organized in the Littoral region (13 districts) in 2013 and in seven other regions (55 districts) in 2015. The 2020 WHO/UNICEF Estimates of National Immunization Coverage show a suboptimal national immunization coverage for yellow fever vaccine of 57%. Only 35% of districts achieved 80% routine immunization coverage in 2018, 27% in 2019, and 28% in 2020. According to the national district coverage report database, only three of the 12 districts currently reporting positive cases in 2021 have achieved 80% vaccine coverage in 2020 (Garoua 1, Guider and Bamenda).

Past studies have revealed a considerable density of Aedes aegypti populations in the northern part of the country and have been detected in several other cities of the country, notably in Douala and Yaoundé. Rapid urbanization and suboptimal sanitary conditions aid the migration of the vector to many parts of the country.

PUBLIC HEALTH ACTIONS

- The Ministry of Health has developed and adapted a response plan and is now coordinating its implementation.
- Vaccination of the local population against yellow fever is ongoing.
- WHO and its partners continue to support local authorities in implementing vector control interventions to curb the current increase in YF cases.

SITUATION INTERPRETATION

Cameroon is among the countries classified as high risk for YF according to the Eliminate Yellow Fever Epidemics Global Strategy (EYE strategy) with a history of YF outbreaks (1930s-2013). Between 2017 and 2020, 25 sporadic SRNT-positive cases of YF were reported in Cameroon. The current increased number of cases confirmed for YF in a large geographic distribution is concerning and represents risk of rapid epidemic amplification, particularly if the disease is introduced into settings with many susceptible individuals.

The low vaccination coverage, a favourable environment for vector breeding, logging and mining activities, and uncontrolled urbanization also poses a risk of rapid spread of YF in Cameroon. Likewise, violence and insecurity that has led to mass population movements within and outside of Cameroon possess an added risk to sub-regional spread of the disease. Though there have been no reports of exportation of cases, the risk remains high, given the state of porous borders between the neighbouring Nigeria.
PROPOSED ACTIONS

- Supportive care to treat dehydration, respiratory failure, and fever, and antibiotic treatment of associated bacterial infections are recommended as there is no specific treatment for YF.

- Vaccination efforts against YF should be extended to all affected regions and those neighbouring since the vaccine is safe, highly effective, and provides lifelong protection.

- Targeted vector control measures are useful to interrupt transmission.

- The implementation of vaccination card checks is less effective at land borders and many informal crossings between countries and thus should be strengthened.

- WHO encourages its Member States to take all necessary measures to keep travelers well informed about the risks and preventive measures of YF, including vaccination.
**EVENT DESCRIPTION**

Cases of hepatitis E virus (HEV) in South Sudan have continued to be reported since 2015, however, from January 2019 to August 2021, Bentiu camp hosting internally displaced persons (IDPs) has reported 1,001 cases and 9 associated deaths (CFR 0.9%). A 10-fold increase in the number of cases has been observed between week 19 and 30 this year when compared to the same period in 2019 and doubled when compared to the same period in 2020. Cases have exceeded the epidemic threshold since week 19 of this year (week ending 16 May 2021). Two deaths have been reported this year with one of the deaths occurring in a 27-year-old pregnant woman. Most cases are males (52%) between the ages of 15 and 44 years.

The Bentiu IDP camp is in Rubkona county of Unity state and shares a border with Sudan to the north. As of July 2021, the camp hosted 107,130 IDPs where an estimated 52% were male and 48% are female. The camp relies heavily on resources from international and national non-governmental organizations as well as multiple United Nations agencies. However, in recent times, funding has decreased drastically. As a result, water, sanitation and hygiene (WASH) services provided by partners have largely diminished resulting in fewer hand washing stations, less frequent water distribution, and increase in open defaecation. Additionally, two primary health care clinics were closed in the camp which has resulted in a decrease of essential health care services. All five sectors in the camp have reported equally high number of HEV cases, highlighting widespread distribution of drivers of transmission in the camp. A significant proportion of cases have also been reported outside the IDP camp, suggesting that transmission of HEV is also occurring in the host communities of Bentiu town.

There is also ongoing flooding following increased rainfall in many parts of Unity state including Bentiu town. An estimated 112,000 people from 7 out of 9 counties in the state have so far been displaced. The population displacement could potentially cause a higher risk of HEV spread within and outside the state. Prior to the displacement, the population in this area has been known to be highly mobile, frequently crossing international borders for trade to Sudan. Sudan is currently experiencing an outbreak of HEV with reports of the cases among refugees from Ethiopia. This highlights the risk of sub regional spread of the diseases. The ongoing flooding continues to strain the limited resources available to partners in the affected areas as they compete to respond to the threat of spread of the disease and the worsening sanitation conditions of the IDP camp.

**SITUATION INTERPRETATION**

Though the HEV outbreak in Bentiu IDP camp has been ongoing for years, a decrease in essential services like health, water, sanitation and hygiene have led to an upsurge in cases during 2021. A significant proportion of cases have also been reported outside the IDP camp, suggesting that transmission of HEV is occurring in the host population of Bentiu town as well. It will take a recommitment to camp resources, amidst the competing flood disaster and a global pandemic, to restore partner services and get the situation under control.

**PROPOSED ACTIONS**

- Urgent resource mobilization to allow partners to ramp up interventions to address the outbreak and deplorable WASH condition in the camp.
- Special attention should be placed on IDP populations who might be fleeing floods as they need to avert risk of HEV spread including across international borders to Sudan and Ethiopia.
## Health Emergency Information and Risk Assessment

### COVID-19 cases

- **Burundi**: The first COVID-19 confirmed case was reported in Burundi on 21 March 2020. As of 29 August 2021, a total of 47,168 confirmed COVID-19 cases have been reported in the country with 1,201 deaths and 43,257 recoveries.

- **Angola**: From 25 February 2020 to 29 August 2021, a total of 195,162 confirmed cases of COVID-19 with 5,209 deaths (CFR 2.7%) have been reported from Angola. A total of 132,667 cases have recovered.

- **Benin**: From 9 March 2020 and 28 August 2021, a total of 13,762 confirmed cases of COVID-19 with 171 deaths and 13,516 recoveries have been reported from Burkina Faso.

### Poliomyelitis

- **Angola** reported a total of 123 cases in 2019 remains 130. From January 2020 to August 2021, there were 11 confirmed cases, and 0 deaths (CFR 0.0%). From January to April 2021, 21 cases were reported with 1 death (CFR 0.5%).

- **Benin** reported a total of 214 cases in 2019 remains 130. From January 2020 to August 2021, there were 11 confirmed cases, and 0 deaths (CFR 0.0%). From January to April 2021, 21 cases were reported with 1 death (CFR 0.5%).

### Meningitis

- **Benin** reported a total of 381 cases in 2019 remains 130. From January 2020 to August 2021, there were 11 confirmed cases, and 0 deaths (CFR 0.0%). From January to April 2021, 21 cases were reported with 1 death (CFR 0.5%).

### Cholera

- **Burkina Faso** reported a total of 123 cases in 2019 remains 130. From January 2020 to August 2021, there were 11 confirmed cases, and 0 deaths (CFR 0.0%). From January to April 2021, 21 cases were reported with 1 death (CFR 0.5%).

### Measles

- **Angola** reported 241 suspected cases as of March 2021.

### Polio

- **Angola** reported 66 cases as of March 2021.

### Measles

- **Angola** reported 133 cases as of March 2021.

### Polio

- **Angola** reported 13 cases as of March 2021.

### Measles

- **Angola** reported 8 cases as of March 2021.

### Polio

- **Angola** reported 1 case as of March 2021.

### Measles

- **Angola** reported 0 cases as of March 2021.

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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. Specifically, there have been 321,886 IDPs registered in Far North as of 31 July 2021. Increased attacks from non-state armed groups (NSAGs) in the Logone and Chari, and Mayo Tsanaga divisions have led to human rights violations against civilian populations. The resulting insecurity negatively affected humanitarian access where workers have been threatened and harassed. A total of 34 security incidents were recorded during the reporting period.

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, Mbanda, Bugarama, Muyinga, Rumonge and Cibitoke.

From 1 January to 9 August 2021, a total of nine presumptive 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 (HDs) affected: Adamaua region (Ngoundere rural HD), Far North region (Magha, Mogode, Yagoua HD), Littoral region (Yabassi HD), North region (Gaidu, Garoua 1 HDs), North-West region (Bamenda HD), and Centre region (Eséké HD).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were seven cases reported in 2020.

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The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 29 August 2021, a total of 35,227 COVID-19 cases including 309 deaths and 34,114 recoveries were reported in the country.

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No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were seven cases reported in 2020.
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<th>Date notified to WCO</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>21-Aug-21</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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

| Chad                    | COVID-19                  | Grade 3 | 19-Mar-20             | 19-Mar-20                 | 29-Aug-21              | 4 991       | 4 991          | 174    | 3.50% |

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 29TH August 2021, a total of 4 991 confirmed COVID-19 cases were reported in the country including 174 deaths and 4 809 cases who have recovered.

| Chad                    | Leishmaniasis             | Ungraded | 8-Sep-20             | 16-Oct-20                 | 31-May-21              | 122         | 14            | 6      | 4.90% |

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

| Chad                    | Measles                   | Ungraded | 24-May-18             | 1-Jan-21                  | 11-Aug-21              | 2 043       | 200           | 8      | 0.40% |

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 08 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                 | 28-Aug-21              | 4 062       | 4 062         | 147    | 3.60% |

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 28 August 2021, a total of 4 062 confirmed COVID-19 cases, including 147 deaths and 3 898 recovered cases were reported in the country.

| Congo                   | Ebola virus disease       | Grade 3 | 11-Mar-20             | 11-Mar-20                 | 29-Aug-21              | 15 588      | 13 588        | 183    | 1.30% |

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 26 August 2021, a total of 13 588 cases including 183 deaths and 12 990 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                 | 29-Aug-21              | 55 108      | 55 108        | 430    | 0.80% |

Since 11 March 2020, a total of 55 108 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 430 deaths, and a total of 53 397 recoveries.

| Côte d'Ivoire           | Measles                   | Ungraded | 24-May-18             | 1-Jan-21                  | 11-Aug-21              | 2 043       | 200           | 8      | 0.40% |

On 14 August 2021, Ministry of Health and Public Hygiene of Côte d’Ivoire confirmed 1 case of Ebola virus disease in Abidjan, Cote 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) reported this week. The number of 2020 cases is still 61.

| Democratic Republic of the Congo | Humanitarian crisis | Protracted 3 | 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. 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 Kirotche, 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.

| 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 4 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.
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 54 862 confirmed cases and two probable case, including 1 059 deaths have been reported. A total of 31 054 people have recovered.

Since epidemiological week 1 up to week 31 in 2021, 2 523 cases have been reported with 66 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 28 provinces in the country. During the same period in 2019, 5 288 suspected cases and 107 deaths (CFR 2.0%) were reported in 132 health zones from 18 provinces. Overall, there was 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 pneumatic 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 epidemiological week 1 to 31, 2021 (ending on 8 August), 118 suspected plague cases including 13 deaths were reported in eight health zones in Ituri province. From January to December 2020, 461 suspected plague cases of which 31 deaths were reported in eight health zones of Ituri. The health zones of Biringi, Rethy, and Aru reported the most cases.

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 Épi week 1 to 30, 716 494 suspected cases of typhoid fever, including 883 confirmed cases (606 in Popokabaka health zone and 277 in Mushie health zone) of which 4 (21 in Popokabaka health zone and 23 in Mushie health zone) deaths (CFR 0.9%). In 2020, a total of 715 920 suspected cases of typhoid fever were reported, including 178 deaths (CFR 0.0%).

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

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 27 August 2021, a total of 9 326 cases have been reported in the country including 33 549 recoveries. A total of 1 081 associated deaths have been reported.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 29 August 2021, a total of 6 640 confirmed COVID-19 cases with 37 deaths were reported in the country. A total of 6 590 patients have recovered from the disease.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 29 August 2021, a total of 42 828 cases have been reported in the country including 33 549 recoveries. A total of 1 081 associated deaths have been reported.

According to reports from OCHA, an estimated 5.2 million people are in need of humanitarian assistance and more than 63K refugees have fled to Sudan since fighting began in November 2020. Conflict continues in the Tigray area with spill over from activity in neighbouring Afar and Amhara regions. An estimated 76 500 people were displaced from Afar and 200K from Amhara due to movement of Tigray forces. Despite the fighting, humanitarian access has improved with 75% of the area becoming accessible though logistical and operational problems persist with the lack of banking services, cash, fuel, electricity and telecommunications. Over 400K people are living in famine-like situations, with increasing risks of famine due to the inability of crop production over the past 9 months. Malnutrition rates are far above emergency thresholds among screened children under 5 years (25-30% or higher) and pregnant and lactating women (45-50%).

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 306 117 cases of COVID-19 as of 29th August 2021, with 4 644 deaths and 274 577 recoveries.
On 12 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 28 August 2021, the country has reported 5 766 confirmed cases of COVID-19 with 4 780 recoveries and 117 deaths.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 28 August 2021, the country has reported 5 766 confirmed cases of COVID-19 with 4 780 recoveries and 117 deaths.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 29th August 2021, 234 952 confirmed COVID-19 cases including 4 710 deaths and 220 953 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>
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<th>Total cases</th>
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<th>Deaths</th>
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<tr>
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<td>Measles</td>
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<td>14-Jan-17</td>
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<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-20</td>
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<td>29-Aug-21</td>
<td>234 952</td>
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| Country | Event                  | Grade    | Start of reporting period | End of reporting period | Total cases | Confirmed deaths | Deaths | CFR  |
|---------|------------------------|----------|---------------------------|-------------------------|-------------|-----------------|--------|
| Kenya   | Dengue                 | Ungraded | 27-Apr-21                 | 1-Jan-21                | 17-Jul-21   | 976             | 36     | 2    | 0.20% |
| Kenya   | Leishmaniasis          | Ungraded | 31-Mar-19                 | 3-Jan-20                | 17-Jul-21   | 873             | 873    | 9    | 1.00% |
| Kenya   | Measles                | Ungraded | 6-May-19                  | 20-Oct-19               | 20-Aug-21   | 625             | 31     | 1    | 0.20% |
| Kenya   | Poliomyelitis (cVDPV2) | Grade 2  | 5-Feb-21                  | 10-Feb-21               | 21-Aug-21   | 3               | 1      | 0    | 0.00% |

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 Dapahaley 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.

Lesotho

COVID-19

Grade 3

13-May-20

13-May-20

26-Aug-21

14 395

14 395

403

2.80%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 26 Aug 2021, a total of 14 395 cases of COVID-19 have been reported, including 6 830 recoveries and 403 deaths.

Liberia

COVID-19

Grade 3

16-Mar-20

16-Mar-20

26-Aug-21

5 593

5 593

246

4.40%

From 16 March 2020 to 26 August 2021, a total of 5 593 cases including 246 deaths and 5 234 recoveries have been reported from all 15 counties of Liberia. Montserrat County, which hosts the country’s capital, remains at the epicentre of the outbreak.

Liberia

Lassa fever

Ungraded

23-Jul-21

1-Jan-21

25-Aug-21

14

14

10

71.40%

The numbers of confirmed and death cases have been reviewed. Between 1 January and 25 Aug 2021, a total of 91 suspected cases were reported, of which 14 (15.3%) were confirmed, and 10 deaths among confirmed cases (CFR=71%). Thirty-eight (38) contacts are currently under follow up . The confirmed cases originated from four counties: namely Bong (4), Grand Bassa (5), Montserrado (1) and Nimba (4). Three counties are currently in outbreak: Montserrat, Nimba and Bong County.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 26 August 2021, a total of 14 395 cases of COVID-19 have been reported, including 6 830 recoveries and 403 deaths.

Kenya

Poliomyelitis (cVDPV2)

Grade 2

10-Dec-20

17-Dec-20

21-Aug-21

3

3

0

0.00%

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

Madagascar

Malnutrition crisis

Grade 2

1-Jul-21

31-Jul-21

-  -  -

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.

Madagascar

COVID-19

Grade 3

20-Mar-20

20-Mar-20

27-Aug-21

42 862

42 862

955

2.20%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 27 August 2021, a total of 42 862 cases have been reported in the country, out of which 42 566 have recovered and 955 deaths reported.

Madagascar

Malaria

Ungraded

8-Mar-21

1-Jan-21

25-Jul-21

1 272 482

-    

573

3

0.00%

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.

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.

Mali

Humanitarian crisis

Protracted 1

n/a

n/a

8-Aug-21

-  -  -

The security situation continues to gradually spread to the southern regions of the country. Issues such as inter and intra-community conflicts, activism of non-state armed groups, consequences of counter-insurgency operations, crime and banditry continue to weaken the Malian context. Natural disasters (droughts and floods) and COVID-19 compound the health and non-health impacts affecting all basic social sectors as well as the protection of household livelihoods. On 8 August NSAGs simultaneously attacked villages in of Ouatagoua 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 29 August 2021, a total of 14 857 confirmed COVID-19 cases have been reported in the country including 539 deaths and 14 095 recoveries.

From January 2021 up to Epi week 33 (22/08/2021), Mali has reported a total of 1 212 suspected cases including two deaths. 1 042 samples tested of which 608 were positive, 407 negative and 30 undetermined. There is an increase of 70.78% in confirmed cases compared to the same week last year.

Mali Measles Ungraded 20-Feb-18 1-Jan-21 22-Aug-21 1 212 608 2 0.20%

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Mali Measles Ungraded 20-Feb-18 1-Jan-21 22-Aug-21 1 212 608 2 0.20%

The safety situation in Cabo Delgado remains unpredictable and volatile. On 8 August 2021, Mocimba da Praia was retaken by joint forces. During 4-10 August 2021, a total of 4 741 externally displaced person (IDPs) arrived mostly in Mueda (34% arrivals), Nangade (20% arrivals), and Montepuez (20% arrivals) districts. As of 15 August 2021, the nation-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 732K people displaced.

Mozambique Humanitarian crisis in Cabo Delgado Grade 2 1-Jan-20 1-Aug-21 726 84 0 0.00%

The safety situation in Cabo Delgado remains unpredictable and volatile. On 8 August 2021, Mocimba da Praia was retaken by joint forces. During 4-10 August 2021, a total of 4 741 externally displaced person (IDPs) arrived mostly in Mueda (34% arrivals), Nangade (20% arrivals), and Montepuez (20% arrivals) districts. As of 15 August 2021, the nation-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 732K people displaced.

Mozambique COVID-19 Grade 3 22-Mar-20 29-Aug-21 145 863 145 863 1 851 1.30%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 29 August 2021, a total of 145 863 confirmed COVID-19 cases were reported in the country including 1 851 deaths and 131 533 recoveries.

Mozambique Measles Ungraded 18-Aug-20 1-Aug-21 50 50 0 0.00%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 29 August 2021, a total of 145 863 confirmed COVID-19 cases were reported in the country including 1 851 deaths and 131 533 recoveries.

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%).

Namibia COVID-19 Grade 3 14-Mar-20 27-Aug-21 124 716 124 716 3 372 0.00%

As of 28 August 2021, a total of 8 081 suspected cases including 66 deaths have been reported in Khomas Region, Khomas Hochland Region and Windhoek Region.

Niger Measles Ungraded 25-Jun-20 1-Aug-21 726 84 0 0.00%

As of 28 August 2021, a total of 8 081 suspected cases including 66 deaths have been reported in Khomas Region, Khomas Hochland Region and Windhoek Region.

Niger Measles Ungraded 25-Jun-20 1-Aug-21 726 84 0 0.00%

As of 28 August 2021, a total of 8 081 suspected cases including 66 deaths have been reported in Khomas Region, Khomas Hochland Region and Windhoek Region.

Niger Measles Ungraded 25-Jun-20 1-Aug-21 726 84 0 0.00%

As of 28 August 2021, a total of 8 081 suspected cases including 66 deaths have been reported in Khomas Region, Khomas Hochland Region and Windhoek Region.

Niger Measles Ungraded 25-Jun-20 1-Aug-21 726 84 0 0.00%

As of 28 August 2021, a total of 8 081 suspected cases including 66 deaths have been reported in Khomas Region, Khomas Hochland Region and Windhoek Region.
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.

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.

<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>Nigeria</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>1-Jan-21</td>
<td>25-Jul-21</td>
<td>1 335</td>
<td>-</td>
<td>74</td>
<td>5.50%</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliovirulentis (cVDPV2) Grade 2</td>
<td>1-Oct-18</td>
<td>1-Oct-18</td>
<td>21-Aug-21</td>
<td>20</td>
<td>20</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>6-Jul-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Cholera</td>
<td>Grade 2</td>
<td>12-Jan-21</td>
<td>4-Aug-21</td>
<td>31 425</td>
<td>-</td>
<td>816</td>
<td>2.60%</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-20</td>
<td>29-Aug-21</td>
<td>191 345</td>
<td>191 345</td>
<td>2 454</td>
<td>1.30%</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>1-Jan-21</td>
<td>6-Aug-21</td>
<td>2 732</td>
<td>354</td>
<td>73</td>
<td>2.70%</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliovirulentis (cVDPV2) Grade 2</td>
<td>1-Jun-18</td>
<td>21-Aug-21</td>
<td>154</td>
<td>-</td>
<td>0</td>
<td>0.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>86 613</td>
<td>86 613</td>
<td>1 079</td>
<td>1.20%</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliovirulentis (cVDPV2) Grade 2</td>
<td>4-Apr-21</td>
<td>21-Aug-21</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Apr-20</td>
<td>29-Aug-21</td>
<td>2 590</td>
<td>2 590</td>
<td>37</td>
<td>1.40%</td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>28-Aug-21</td>
<td>19 992</td>
<td>19 992</td>
<td>102</td>
<td>0.50%</td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td>Poliovirulentis (cVDPV2) Grade 2</td>
<td>4-Apr-21</td>
<td>21-Aug-21</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>29-Aug-21</td>
<td>6 367</td>
<td>6 367</td>
<td>121</td>
<td>1.90%</td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</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>Sierra Leone</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>1-Jan-21</td>
<td>5-Aug-21</td>
<td>13</td>
<td>13</td>
<td>9</td>
<td>69.20%</td>
<td></td>
</tr>
</tbody>
</table>

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.
<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>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sierra Leone</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>10-Dec-20</td>
<td>10-Dec-20</td>
<td>21-Aug-21</td>
<td>14</td>
<td>14</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-20</td>
<td>3-Mar-20</td>
<td>29-Aug-21</td>
<td>2 764 931</td>
<td>2 764 931</td>
<td>81 595</td>
<td>3.40%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Anthrax</td>
<td>Grade 2</td>
<td>18-Dec-20</td>
<td>5-Apr-21</td>
<td>6-Aug-21</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>n/a</td>
<td>6-Aug-21</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>19-Sep-19</td>
<td>18-Aug-21</td>
<td>1 313</td>
<td>54</td>
<td>2</td>
<td>0.20%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</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>
</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>29-Aug-21</td>
<td>21 181</td>
<td>21 181</td>
<td>180</td>
<td>0.80%</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>21-Aug-21</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>27-Aug-21</td>
<td>99 225</td>
<td>119 825</td>
<td>3 006</td>
<td>3.00%</td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>29-Aug-21</td>
<td>206 051</td>
<td>206 051</td>
<td>3 596</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>25-Jul-21</td>
<td>835</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>29-Aug-21</td>
<td>124 437</td>
<td>124 437</td>
<td>4 401</td>
<td>3.50%</td>
</tr>
</tbody>
</table>

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.

Since the start of the COVID-19 pandemic in South Africa a cumulative total of 2 764 931 confirmed cases and 81 595 deaths have been reported with 2 526 199 recoveries.

No new 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.

The Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19 on 6 March 2020. As of 29 August 2021, a total of 21 181 confirmed COVID-19 cases were reported in the country including 120 deaths and 10 948 recovered cases.

The current outbreak in Bentiu UN Protection of Civilians (POC) camp, which started at the beginning of 2018, is ongoing. As of 21 August 2021, a total of 1 001 cases of hepatitis E including 9 deaths (CFR: 0.9%) have been reported. Hepatitis E cases have been above the epidemic threshold since week 19 of 2021 which has been mostly attributed to declining water, sanitation and hygiene services in the camp due to reduced funding.

Since week 38 of 2019 to 24 July 2021 (week 30 of 2021), a total of 1 313 cases of measles were reported including 52 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 Ibba). No county has reported outbreak in 2021.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 29th August 2021, a total of 11 427 confirmed COVID-19 cases were reported in the country including 120 deaths and 10 948 recovered cases.

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, 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.

The Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19 on 6 March 2020. As of 29 August 2021, a total of 21 181 confirmed COVID-19 cases were reported in the country including 120 deaths and 10 948 recovered cases.

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.

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 29th August 2021, a total of 124 437 confirmed COVID-19 cases were reported in the country including 4 401 deaths and 111 534 cases that recovered.

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, 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.

The Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19 on 6 March 2020. As of 29 August 2021, a total of 21 181 confirmed COVID-19 cases were reported in the country including 120 deaths and 10 948 recovered cases.

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.

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.

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<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>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>
</tbody>
</table>

An outbreak was detected in Oromia and Somali regions of Ethiopia related to camels. In Oromia, 158 human cases were reported and a further 40 cases were reported in Somali state of Ethiopia as of 12 June 2021. Out of 40 hospitalized cases 35 were treated and discharged. No deaths have been reported. Symptoms included diarrhoea, fever and vomiting associated with the consumption of camel meat. Samples from camels and human cases have been taken and are undergoing laboratory investigation.

- Kenya Cholera Ungraded 23-May-21 8-Aug-21 38 14 0 0.00%

From 23 May 2021, cholera outbreak has been reported from Garissa and Turkana Counties, recording 38 cases with 14 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 and the outbreak in Garissa was also controlled during the week 31.

- Mozambique Cholera Ungraded 20-Feb-20 31-Jan-20 15-Aug-21 5 681 5 681 35 0.60%

As of 15 Aug 2021, there have been a total of 5 681 cases and 35 deaths (case fatality ratio 0.6%) reported in the Cabo Delgado (4 246 cases and 31 deaths) and Nampula (1 435 cases and 4 deaths) provinces. Eight districts for Cabo Delgado province: Mocimboa da Praia (307 cases), Ibo (163 cases), Macomia (166 cases), Pemba (566 cases), Metuge (1 245 cases), Chiure (1 165 cases) and Montepuez (328 cases) and Ancuabe (306 cases). Three districts for Nampula province reported cases: Meconta (630 cases), Nampula (755 cases) and Moma (50 cases). No new case reported for more than 1 month.

†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.
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Correspondence on this publication may be directed to:
Dr Mary Stephen
Programme Area Manager, Health Information & Risk Assessment
WHO Emergency Preparedness and Response
WHO Regional Office for Africa
P O Box. 06 Cité du Djoué, Brazzaville, Congo
Email: afrooutbreak@who.int

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