WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 38: 13 - 19 September 2021
Data as reported by: 17:00; 19 September 2021

2
New events

126
Ongoing events

114
Outbreaks

14
Humanitarian crises

Legend

Measles
Monopolyx
Lassa fever
Cholera
cVDPV2
COVID-19
Anthrax
Dengue fever
Malaria
Hepatitis E
Acute Food Insecurity
Floods
Cases
Deaths

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

0 410 820 Kilometers

3
Grade 3 events

28
Grade 2 events

2
Grade 1 events

39
Ungraded events

Protracted 3 events
Protracted 2 events
Protracted 1 events

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.

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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 126 events in the region. This week’s articles cover:

- End of Marburg outbreak declaration in Guinea
- COVID-19 across the WHO African region
- Cholera in Niger

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 African region saw a marginal increase in weekly cases of COVID-19 in the past week, case trends continue to vary across countries. This minimal rise could be attributed to a significant increase in Uganda which reported a backlog of cases on a single day. South Africa continues to report more than half of all new cases in the region, followed by Ethiopia and Nigeria. Gabon and Angola have reported a steady increase in the weekly number of cases compared to the previous peak. The number of deaths reported across the region declined in the past week. At the moment, 17 countries are experiencing a resurgence, of which Algeria, Benin, Mauritius and Kenya are in their fourth wave of the pandemic. As many countries continue to relax restriction measures, the risk of resurgence remains high amidst circulation of highly transmissible variants of concern in the region. Africa faces a vaccine shortage of almost 500 million doses following the cutback in COVAX deliveries forecast for the rest of the year. As such the continent will fall short of the WHO year-end target for countries to vaccinate 40% of their populations.

- The ongoing cholera outbreak in Niger continues to deteriorate. The number of reported cases has doubled and the number of deaths has almost tripled in the past three weeks. The number of affected health districts has also increased. The rainy season is still ongoing and its resulting floods which are the main factor for the spread of this outbreak, have already affected many people and damaged thousands of houses and farms. Two neighbouring countries, Burkina Faso and Mali, are also facing cholera outbreaks linked to the ongoing outbreak in Niger. Despite efforts of the Ministry of Health and its partners to contain the outbreak, areas of response such as, risk communication and community engagement, case management, sanitation activities as well as surveillance especially at points of entries and borders to prevent trans-border transmissions, still need to be reinforced.
The Ministry of Health of Guinea declared the end of the Marburg virus disease (MVD) outbreak in Guéckédou prefecture, Nzérékoré Region on 16 September 2021. In accordance with WHO recommendations, the declaration was made 42 days after the safe and dignified burial of the only confirmed case-patient reported in this outbreak. This was the first-ever Marburg virus disease outbreak reported in Guinea.

From 3 August 2021 to the end of outbreak declaration, only one confirmed case was reported. The patient, a man, had onset of symptoms on 25 July 2021. On 1 August 2021, he presented to a small health facility near his village, with symptoms of fever, headache, fatigue, abdominal pain and gingival haemorrhage. A rapid diagnostic test for malaria returned negative, and the patient received ambulatory supportive care with rehydration and symptomatic treatment. Upon returning home, his condition worsened and he died on 2 August 2021.

An alert was subsequently raised by the sub-prefecture public health care facility to the health department of Guéckédou. The investigation team was immediately deployed to the village to conduct an in-depth investigation and collected a post-mortem oral swab sample, which was shipped on the same day to the viral haemorrhagic fever laboratory in Guéckédou city. On 3 August 2021, the sample tested positive for MVD by reverse transcriptase-polymerase chain reaction (RT-PCR) and negative for Ebola virus disease. The national Red Cross supported his safe and dignified burial processes.

On 5 August 2021, the National Reference Laboratory in Conakry provided confirmation by real-time PCR of the positive Marburg result, and on 9 August 2021, the Institut Pasteur Dakar in Senegal further confirmed the case positive for MVD and negative for Ebola virus disease.

During the outbreak, one confirmed case and 173 contacts were identified, including 14 high risk contacts based on exposure. Among them, 172 (99.4%) were followed for a period of 21 days, of which none developed symptoms. One high-risk contact was lost to follow up. No alerts were generated at the different points of entry in Guéckédou prefecture where passengers were screened.

The Ministry of Health activated the national and district emergency management committees to coordinate the response and engage with the community.

The Ministry of Health together with WHO, the United States Centers for Disease Control, the Alliance for International Medical Action, the Red Cross, UNICEF, the International Organization for Migration, and other partners, initiated measures to control the outbreak and prevent further spread including the implementation of contact tracing and active case search in health facilities and at the community level.

Appropriate infection prevention and control (IPC) measures were conducted.

- A total of 173 contacts were identified, including 14 high risk contacts based on exposure.
- The response team captured and sampled bats in the localities of Temessadou M’Boké, Baladou Pëbal and Koundou to better understand the involvement of bats in the ecology of Marburg viruses is underway.
- Support to training on community-based surveillance in Guéckédou prefecture is ongoing.
- Risk communication and community mobilization activities in Guéckédou prefecture as a component of a health emergency preparedness and response action plan.
- Sierra Leone and Liberia health authorities activated contingency plans and started public health measures at the points of entry with Guinea.

Guinea has previous experience in managing viral haemorrhagic diseases such as Ebola virus disease and Lassa fever, but this was the first time that MVD was reported. Guinea health authorities responded rapidly to the event and measures were rapidly implemented to control the outbreak. Cross-border population movement and community mixing between Guinea and neighbouring Sierra Leone and Liberia increased the risk of cross-border spread. The country has a fragile health care system due to the overburden of disease outbreaks, COVID-19 pandemic, and the recurrent threat of epidemics such as malaria, yellow fever, measles, Lassa fever, health care-associated infections, high rates of acute malnutrition, cyclical natural disasters such as floods, and socio-political unrest.
Guinea’s swift action in detecting, curbing Marburg.

PROPOSED ACTIONS

- It is crucial that Guinea builds on good practices that led to the successful management of previous viral haemorrhagic fever outbreaks and taking into consideration some key actions recommended then. Actions should include; health care workers caring for patients with suspected or confirmed MVD should apply standard and transmission-based IPC precautions to avoid any exposure to blood and/or bodily fluids, as well as unprotected contact with the possibly contaminated environment.

- Integrated disease surveillance and response activities, including community-based surveillance must continue to be strengthened within all affected health zones.

- Raising awareness of the risk factors for MVD and the protective measures individuals can take to reduce human exposure to the virus are key strategies to reduce human infections and deaths.
In the past week (13 – 19 September 2021), the WHO African region reported a total of 88 859 new cases of coronavirus disease (COVID-19), a 7.3% increase compared to the prior week when 82 787 new cases were reported. Ten (22.0%) countries saw a 20% or more increase in weekly cases compared to the previous week: Botswana, Eritrea, Ethiopia, Gabon, Mali, Mauritania, Sao Tome and Principe, Sierra Leone, South Sudan and Zimbabwe.

In the same reporting period, 22 (48.0%) countries reported a decrease of 20% or more in the number of new cases reported compared to the previous week. These countries are Algeria, Benin, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Democratic Republic of the Congo, Eswatini, Gambia, Guinea, Guinea-Bissau, Kenya, Mozambique, Namibia, Niger, Nigeria, Senegal, Seychelles, South Africa, Togo, and Zambia.

Five countries account for the majority (46 352, 52.2.0%) of the cases recorded in the past week, namely South Africa (24 435 new cases, 36.0% decrease, 41.7 new cases per 100 000 population); Ethiopia (9 857 new cases, 21.4% increase, 8.8 new cases per 100 000); Botswana (6 608 new cases, 91.0% increase, 270 new cases per 100 000); Kenya (2 805 new cases, 21.0% decrease, 5.3 new cases per 100 000); and Nigeria (2 647 new cases, 27.3% decrease, 1.3 new cases per 100 000).

The region recorded a 7.0% (n=2 279) decrease in the number of new deaths reported from 33 countries. The highest numbers of new deaths were reported from South Africa (1 297 new deaths; 11.0% decrease; 2.2 new deaths per 100 000 population), Ethiopia (201 new deaths; 21.1% increase; 0.2 new deaths per 100 000), Algeria (116 new deaths; 26.6% decrease; 0.3 new deaths per 100 000), Kenya (83 new deaths; 31.0% decrease; 0.2 new deaths per 100 000), and Nigeria (57 new deaths; 24.0% increase; 0.0 new deaths per 100 000).

The cumulative number of confirmed COVID-19 cases reported in the WHO African region is 5 844 604. More than 5.3 million recoveries have been recorded, giving a recovery rate of 92.0%. The total number of deaths reported is now at 142 031, accounting for 2.4% of global cases and 2.7% of global deaths. 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.

Seventeen countries are still experiencing a resurgence of COVID-19 cases in the region; Angola, Benin, Botswana, Burundi, Cabo Verde, Cote d’Ivoire, Central African Republic, Chad, Democratic Republic of the Congo, Eswatini, Gabon, Ghana, Kenya, Mauritius, Rwanda, Sao Tome and Principe, and Togo. Four countries, Algeria, Benin, Mauritius and Kenya are experiencing a fourth wave.

Overall, death trends are on the rise in five countries, Angola, Benin, Cote d’Ivoire, and Ethiopia. Eleven countries have reported higher case fatality rates than the region’s average of 2.4% in the past four weeks. A decline in new deaths recorded in Algeria, Angola, Botswana, and Zimbabwe has been observed. Four countries reported zero deaths in the past 4 weeks, namely Chad, Comoros, Cameroon, and South Sudan.

Cumulatively, the highest number of COVID-19 cases in the region has been recorded in South Africa with 2 882 630 cases (49.0%), followed by Ethiopia (332 961, 5.7%), Kenya (246 530, 4.2%), Zambia (208 469, 3.6%), and Nigeria (201798, 3.45%). These five countries account for 66.3% (n=3 872 388) of all cases. South Africa also has the highest number of deaths in the region (86 174 deaths, 61.0% of all deaths); followed by Algeria (5 694, 4.0%), Ethiopia (5 130, 3.6%), Kenya (4 989, 3.5%), and Zimbabwe (4 567, 3.2%), all accounting for (106 554, 75.0%) of all total deaths reported in the region.

A total of 179 new health worker infections were reported during this reporting period (13 – 19 September 2021) from Kenya (113), Guinea (22), Liberia (18), Namibia (13), Equatorial Guinea (10), Democratic Republic of the Congo (2), and Eswatini (1). Thus far, there have been 122 201 COVID-19 infections (2.1% of all cases) among health workers in the region, with South Africa accounting for about 46.0% (56 180) of the total infections. Algeria (11 936, 9.8%), Kenya (7 542, 6.2%), Zimbabwe (5 366, 4.4%) 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 (6.0%), Niger (6.0%), Chad (5.8%), Liberia (5.8%), and Seychelles (4.5%) have the highest proportion of health worker infections by country. Only Eritrea has not reported any healthcare worker infections.

Transmission classification across the African region vary, although all countries are experiencing some degree of community transmission. Nine (20.0%) countries are reporting uncontrolled incidence (Botswana, Rwanda, 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 more than 8.2 million cases of COVID-19, with more than 206 000 deaths (CFR 2.5%) and over 7.5 million people have recovered. The African continent accounts for 3.4% of global cases and 4.0% of global deaths. COVAX shipments continue with around 12.6 million doses received in the second week of September, compared to 8.6 million in the second week of August 2021. Ethiopia received 793 440 doses of Astra-Zeneca vaccine in the past week. Eleven countries in the African region have reached the 10% target of their population vaccinated by the end of September 2021: Seychelles, Mauritius, Eswatini, Cabo Verde, Botswana, Comoros, Zimbabwe, Equatorial Guinea, South Africa, Mauritania and Lesotho.

Worldwide, more than 6 billion doses have been administered, only 2.0% of which have been administered in Africa. This sums to a cumulative total of 71 doses per 100 people worldwide, over 9 doses/100 in Africa and just over 6 doses/100 in sub-Saharan Africa.

High-income countries have administered 41 times more doses per person than low-income countries. Only 21.6% of doses...
have been administered in low-income countries which represent 51.2% of the world’s population.

**SITUATION INTERPRETATION**

- After a nine-weeks sustained decrease in weekly cases, the African Region recorded an increase in new cases. This increase could be attributed to a backlog of cases recorded in Uganda. The third wave seems to be gradually falling in Africa, with some countries in resurgence beginning to see a significant declining trend in new cases. Although Algeria, Kenya, Nigeria and South Africa 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. Even with low numbers reported across the African region, the high number of cases reported globally still pose a risk for the region.

- 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. WHO is currently supporting countries in the region to conduct intra-action reviews, update their national vaccine deployment plans and develop district-level micro plans.

**PROPOSED ACTIONS**

- WHO, Africa CDC and other partners should continue working jointly across COVID-19 response areas and technical response pillars to harmonize support to countries. We encourage all countries to submit data to WHO on their operational readiness, as this helps us understand their experience better and offer the tailored and targeted support they need. Countries should adapt vaccination strategies to accommodate for different vaccines to ensure doses are administered efficiently. 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.

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<tr>
<th>Country</th>
<th>n</th>
<th>25 February 2020 – 19 September 2021</th>
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<td>Other</td>
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The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 19 September 2021 (n = 5 844 604)

*COVID-19 variants prolong Africa’s pandemic wave.*
## Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 19 September 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 Workers</th>
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**Cumulative Cases (N=47)**

| Cumulative Cases | 5 844 604 | 142 031 | 5 399 606 | 2.4 | 122 201 |

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

The cholera outbreak in Niger, which was declared on the 9 August 2021, is rapidly worsening. As of 14 September 2021, a total of 4,283 cases of cholera with 144 deaths (case fatality ratio (CFR 3.4%) have been reported. This CFR is high compared to the expected of < 1%. The outbreak is currently affecting 6 out of 8 (75%) regions of the country. A total of 29 (40%) health districts out of 72 have reported at least one case of cholera and 20 (69%) of these 29 health districts are currently active.

Among the total cases, females 55% (2,347) have been more affected than the males 45% (1,936). The most affected age group is 15 years or older with 2,822 cases (66%) followed by 5-14 years with 549 cases (13%). Majority of the deaths, 117 (81%) have been recorded among the same age group of 15 years or older. Regarding deaths, men are more affected with 77 deaths (53%) against 67 deaths among women (47%).

Since the onset of the outbreak, a total of 278 stool samples have been collected and tested, of which 156 are positive, a positivity rate of 56%. The *Vibrio cholerae* Ogawa 01 serotype has been isolated.

The Maradi region is leading in number of cases with 2,381 cases (55.6%), and is considered the epicenter of the outbreak, followed by Tahoua with 981 cases (23%), Zinder 498 (11.6%), Niamey 107 (2.5%) then Dosso 80 (1.8%). Niamey has recorded the highest CFR with 11 deaths out of 107 reported cases (CFR 10%), followed by Tahoua 6.0% (58/2,381), Zinder 4.0% (20/498), and Tillabery 3.4% (8/236).

Regarding the dynamics of the outbreak, Dosso region has not reported new cases for the last 10 days and is therefore no longer considered as a hotspot given that two incubation periods of 5 days for cholera has been reached. The 3 regions of Maradi, Tahoua and Tillabery have at least one health district that have reported case of cholera every day for the past 10 days.

The rainy season is still ongoing and its resulting floods, which are the main factor for the spread of this outbreak, have already affected nearly 195,851 people and killed 66 people as of 6 September 2021. About 12,475 houses have collapsed, 5,960 hectares of cropland buried, and more than 10,000 cattle were lost.

Imported cases of cholera from Nigeria are still reported in the affected regions mainly in Maradi region. In addition to Burkina Faso that reported 2 cases so far imported from Niger, Mali has just declared the cholera outbreak in the Gao region linked to the ongoing outbreak in Tillabery region of Niger. The strain isolated in Mali is the same as the one causing outbreak in Niger (*Vibrio cholerae* Ogawa 01).

**PUBLIC HEALTH ACTIONS**

- The national incident management coordination committee continues to meet on regular basis; weekly meetings of this committee with the national One Health committee are also taking place.
- High-level joint visit led by the Minister of Public Health, to the affected regions of Maradi and Zinder with WHO and others UN agencies has been conducted, the main objective of this mission was to assess the quality of the response activities.

**SITUATION INTERPRETATION**

The ongoing cholera outbreak in Niger seems to be more severe compared to the last major outbreak the country experienced in 2018, especially in terms of caseload and deaths counts as well as its spreading pattern. The ongoing rainy season has contributed to the dangerous situation as floods have been reported in all the regions where cases of cholera have been reported. Among some of the hypotheses for the high CFR are late visits to health care facilities, advanced age of patients and low quality of case management,
however, an in-depth assessment on the high lethality is necessary to confirm these hypotheses. Two neighboring countries (Burkina Faso and Mali) have already declared cholera outbreaks linked to the one in Niger, causing concern of further international spread throughout the region. Cases imported from Nigeria also continue to be reported. The epidemic is still active in Niamey, the capital city of the country and which has the highest population density, potentially causing risk to even more disease spread. It is therefore paramount to double efforts deployed so far to overcome this outbreak.

**PROPOSED ACTIONS**

- Multisectoral response to the cholera outbreak in Niger should be prioritized because it facilitates the harmonization of actions and promotes the effectiveness of the response. An in-depth assessment to understand the causes of the high death rates should be conducted urgently and appropriate remedies put in place. Awareness-raising activities for the population about the disease remain essential and should be intensified in the areas most affected and at risk. A reactive cholera vaccination campaign must be organized as quickly as possible targeting those at risk.

  It is also important to think for a sustainable solution since cholera is endemic in Niger. It is therefore necessary to strengthen the health system, carry out hygiene promotion activities, and all structures put in place for prevention and response to cholera outbreaks in the areas at risk. Communities should be availed with access to safe drinking water and adequate sanitation and hygiene facilities. The national action plan for long-term cholera control and elimination should be developed and must include recommendations of the global cholera control group’s roadmap.

*Children, a priority target of the cholera vaccination campaign.*
On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur Cameroun (CPC). She is reportedly not vaccinated against yellow fever. The onset of symptoms was 1 April 2021 with febrile jaundice. Her sample was sent to the CPC for quality control after it tested IgM negative at the Institut Pasteur in Bangui. A thorough investigation is ongoing. Laboratory tests are underway for two additional suspected cases.

On 13 August 2021, five yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Based on differential tests returned on 6 September 2021, the results of three cases are consistent with a recent Yellow fever infection. Two other cases had cross-reactions with other flaviviruses, one of which was more consistent with dengue and one with a flavivirus infection (PRNT positive for Yellow fever, Zika, and dengue).

### Ongoing Events

<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>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20 25-Feb-20 19-Sep-21</td>
<td>201 600 201 600 5 694</td>
<td>2.80%</td>
<td></td>
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<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20 21-Mar-20 19-Sep-21</td>
<td>52 423 52 423 1 391</td>
<td>2.70%</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Angola</td>
<td>Measles</td>
<td>Ungraded</td>
<td>4-May-19 1-Jun-21 6-May-21</td>
<td>241 81 1</td>
<td>0.40%</td>
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<tr>
<td>Angola</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-May-19 8-May-19 17-Sep-21</td>
<td>133 133 0</td>
<td>0.00%</td>
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<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20 16-Mar-20 12-Sep-21</td>
<td>21 450 21 450 146</td>
<td>0.70%</td>
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<tr>
<td>Benin</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>1-Jun-21 1-Jun-21 26-Aug-21</td>
<td>394 82 29</td>
<td>7.40%</td>
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<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20 28-Mar-20 13-Sep-21</td>
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<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>1-Jan-19 1-Jan-19 31-Jul-21</td>
<td>- - -</td>
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<tr>
<td>Burkina Faso</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>15-Aug-19 16-Aug-21 31-Aug-20</td>
<td>2 2 0</td>
<td>0.00%</td>
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</tbody>
</table>

The WHO office was informed by the Ministry of Health in the evening of 15 August 2021, of the detection on August 15, 2021, in the morning of a suspected case of cholera in the health facility of the village of Tanvalloouguou, health district of Fada in the Eastern region, bordering Niger where an outbreak of cholera is ongoing. This is a 46-year-old tanker driver of Malian nationality from Niamey in Niger. The patient and his 4 contact persons have been isolated, and the patient was treated. The sample taken and sent to Ouagadougou at National Laboratory of Public Health confirmed *Vibrio cholerae* O1 Ogawa, the same serotype and serogroup with the one identified in Niger for the ongoing cholera outbreak. A second case of cholera was confirmed by the regional laboratory on August 29, 2021; also, a tanker driver of Malian nationality, coming from Niamey in Niger after staying in Zinder and Koni / Niger. He was treated, cured, and released in isolation on August 31 08/31/2021. The first confirmed case was discharged on August 22, 2021.
<table>
<thead>
<tr>
<th>Country</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>18-Sep-21</td>
<td>14 052</td>
<td>14 052</td>
<td>172</td>
<td>1.20%</td>
</tr>
</tbody>
</table>

Between 9 March 2020 and 18 September 2021, a total of 14 052 confirmed cases of COVID-19 with 172 deaths and 13 735 recoveries have been reported from Burkina Faso.

| Burkina Faso | Poliomyelitis (cVDPV2)       | Grade 2 | 1-Jan-20               | 1-Jan-20                 | 17-Sep-21               | 67          | 67              | 0      | 0.00% |

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

| Burundi      | COVID-19                     | Grade 3 | 31-Mar-20              | 18-Mar-20                | 15-Sep-21               | 16 356      | 16 356          | 12     | 0.10% |

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 15 September 2021, the total number of confirmed COVID-19 cases is 16 356, including 12 deaths and 14 992 recovered.

| Cameroon     | Measles                      | Ungraded | 23-Mar-20             | 1-Jan-21                | 15-Aug-21               | 431         | 330             | 0      | 0.00% |

The measles epidemic has been declared since November 2019 in camps hosting Congolese refugees and then spread to other communities. In 2020, a total of 1 968 cases were reported in 46 of the country’s 47 districts throughout 2020, 1 585 confirmed, 6 deaths. As of week 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, Buparama, Mayinga, Rumonge and Cibitoke.

| Cameroon     | Humanitarian crisis (Far North, North, Adamawa & East) | Protracted 2 | 31-Dec-13             | 27-Jun-17              | 31-Jul-21           | -           | -              | -      | -    |

According to OCHA reports, an estimated 1.2 million people need assistance, 322 000 people are internally displaced, 67K are camp refugees, and 46K are refugees in the region not in camps. 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 Tsangar 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.

| Cameroon     | Humanitarian crisis (NW & SW) | Protracted 2 | 1-Oct-16              | 27-Jun-18              | 31-Jul-21           | -           | -              | -      | -    |

According to reports from UNHCR, 711 056 IDPs have been registered as of 31 July 2021. OCHA also reports an estimated 333.9K returnees, and 67.4K Cameroon refugees in Nigeria as of May 2021. There have continued to be reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers. An inter-agency mission in Momo Division revealed an increase in the use of improvised explosive devices (IEDs), carjacking, and clashes between security forces and NSAGs, leading to civilian population displacement. The priorities for IDPs are food, healthcare, SSBV response, shelter, and non-food items.

| Cameroon     | Cholera                      | Ungraded | 1-Jan-21              | 5-Aug-21                | 29-Aug-21            | 13          | 1              | 7.70%  |      |

Since the beginning of this year, cases of Cholera positives for Rapid Tests (RDT) have been notified in the North-West region and suspected cases of Cholera notified in the North region. As of August 15, 2021, a total of 13 cases with 1 death (CFR = 7.7%) have already been recorded. These numbers will be adjusted once new updates are received. The intensification of disease surveillance as well as the management of notified cases are ongoing.

| Cameroon     | COVID-19                     | Grade 3 | 6-Mar-20              | 6-Mar-20                | 18-Aug-21            | 83 425      | 83 425          | 1 350  | 1.60% |

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 18 August 2021, a total of 83 425 cases have been reported, including 1 350 deaths and 81 326 recoveries.

| Cameroon     | Measles                      | Ungraded | 2-Apr-19             | 1-Jan-21                | 8-Sep-21             | 1 181       | 422             | 38     | 3.20% |

From Epi week 1 to Epi week 34 of 2021, Cameroon has reported 1 181 suspected with 38 deaths (CFR 1.9%). Out of 825 investigated, 606 with blood samples, 422 was positive including 201 cases were IgM+, 82 clinically compatible and 139 epidemiologically linked; 65% of the children are under 5 years of age and only 33% known to be vaccinated with at least 1 dose of MCV. Twenty one districts with confirmed outbreak spread across 7 regions of country.

| Cameroon     | Poliomyelitis (cVDPV2)       | Grade 2 | 1-Jan-20              | 1-Jan-20                | 17-Sep-21            | 7           | 7              | 0      | 0.00% |

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

| Cameroon     | Yellow fever                 | Ungraded | 7-Feb-21             | 4-Jan-21                | 5-Sep-21            | 19          | 19             | 7      | 36.80% |

From 1 January to 5 September 2021, a total of 16 presumptive cases of yellow fever tested positive by plaque reduction neutralization test (PRNT) and three by PCR at the Centre Pasteur in Cameroon (CPC), of which seven deaths were recorded. These cases originated from seven different regions with a total of 15 health districts (HDs) affected: Adamawa region (N’gaoundere rural HD), Centre region (Eséka HD), Far North region (Maga, Mogode, Yagoua, Kousseri, and Goulfey HDs), Littoral region (Yaoundé, Cité des palmer HDs), North region (Guider, Garoua 1 HDs), and North-West region (Bamenda HD), and West region (Dschang, Bafang, and Malefouenou HDs).

| Cape Verde   | COVID-19                     | Grade 3 | 19-Mar-20             | 18-Mar-20               | 19-Sep-21           | 37 108      | 37 108          | 330    | 0.90% |

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 12 September 2021, a total of 37 108 confirmed COVID-19 cases including 330 deaths and 35 866 recoveries were reported in the country.
According to OCHA figures, 2.8 million people are in need of assistance, 690 705 people are internally displaced as of 31 July 2021, and 699K persons are refugees in neighboring countries. In July 2021, 64 110 new IDPs were registered mostly in Basse-Kotto, Haut-Mbomou and Ouaka Prefectures. Displacements were mostly caused by clashes between the Central African Armed Forces (FACA) and their allies against armed groups (particularly in the Bouar, Bedama and Paoua Sub-prefectures) as well as fear of abuses by armed groups. Some populations perceiving imminent fighting are moving as a precautionary measure to find refuge in safer areas. A total of 90 083 returns were reported as of 31 July 2021, mainly in the Mbomou, Nana-Mambéré, Nana-Gribizi, Basse-Kotto and Bamingui-Bangoran Prefectures. The recapture of towns that had been occupied by armed groups has led to the gradual return of the population to certain localities.

The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 14 September 2021, a total of 11 340 confirmed cases, 100 deaths and 11 125 recovered were reported.

Central African Republic
COVID-19
Grade 3
14-Mar-20
14-Mar-20
19-Sep-21
11 340
11 340
100
0.90%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 19 August 2021, a total of 5 029 confirmed COVID-19 cases were reported in the country including 174 deaths and 4 837 cases who have recovered.

Chad
COVID-19
Grade 3
19-Mar-20
19-Mar-20
19-Sep-21
5 029
5 029
174
3.50%

The recapture of towns that had been occupied by armed groups has led to the gradual return of the population to certain localities.

Central African Republic
Measles
Grade 2
15-Mar-19
15-Mar-19
30-Mar-21
2 066
243
7
0.30%

From 1 January to 8 September 2021: 2 066 suspected cases have been reported, 191 cases with blood samples out of a total 608 investigated, 243 confirmed cases (62 IgM cases, 170 by epidemiological link and 11 compatible cases) and 7 deaths (CFR: 0.2%). Seven health districts (out of 35) have reached the epidemic threshold (Berbérati, Sangha-Mbaéré, Nanga-Bouya, Batangafo, Mbaki, Nana Gribizi and Yakaga): 49% of children are less than 5 years of age; 42% were not vaccinated. From the beginning of outbreak in 2019 to 19 August 2021, a total of 35 468 suspected cases have been notified and 197 deaths (CFR of 0.56%) within affected districts.

Central African Republic
Poliomyelitis (cVDPV2)
Grade 2
24-May-19
24-May-19
17-Sep-21
25
25
0
0.00%

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

Chad
COVID-19
Grade 3
19-Mar-20
19-Mar-20
19-Sep-21
5 029
5 029
174
3.50%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 19 August 2021, a total of 5 029 confirmed COVID-19 cases were reported in the country including 174 deaths and 4 837 cases who have recovered.

Chad
Leishmaniasis
Ungraded
8-Sep-20
16-Oct-20
31-Jul-21
141
14
10
7.10%

Since January 1, 2018, a total of 141 cases have been reported by 4 provinces (N’Djamena, Borkou, Tibesti and Ouaddai). 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 31 July 2021, 34 cases have been reported including 4 deaths.

Chad
Measles
Ungraded
24-May-19
24-May-19
31-Jul-21
2 159
223
13
0.60%

Since 01 January 2021 up to Epi week 34, It has been reported 2 159 suspected cases from 97 out of 129 districts in the country (71% of districts), 459 cases investigated with blood samples recorded, 223 of which were confirmed by IgM and 13 deaths from 4 districts (CFR 0.6%), 23 districts in epidemic in 2021. In 2020, Chad reported 8 785 cases, with 363 confirmed cases and 41 deaths.

Chad
Poliomyelitis (cVDPV2)
Grade 2
18-Oct-19
9-Sep-19
17-Sep-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
19-Sep-21
4 106
4 106
147
3.60%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 19 September 2021, a total of 4 106 confirmed COVID-19 cases, including 147 deaths and 3 943 recoveries were reported in the country.

Congo
COVID-19
Grade 3
14-Mar-20
14-Mar-20
16-Sep-21
14 014
13 701
191
1.40%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 16 September 2021, a total of 14 014 cases including 191 deaths and 13 305 recovered cases have been reported in the country.

Congo
Poliomyelitis (cVDPV2)
Grade 2
29-Jan-21
17-Sep-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
19-Sep-21
59 020
59 020
566
1.00%

Since 11 March 2020, a total of 59 020 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 566 deaths, and a total of 56 688 recoveries.

Côte d’Ivoire
Poliomyelitis (cVDPV2)
Grade 2
29-Oct-19
29-Oct-19
17-Sep-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.
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 16 months 1 097 108 people have returned to their places of origin. The situation of displaced families in Boga and Chiabi is precarious, marked by lack of food, poor housing conditions and difficulties in accessing health care. In North Kivu province more than 6 039 households have been identified in Goma and Nyiragongo in temporary regroupment sites. Another 7 500 people are with host families in Minova, Rutshuru and Kirotshe, following the Nyiragongo volcano eruption crisis of 22 May 2021. A total of 1 191 shelters were built to accommodate the victims at the temporary site in Nyiragongo territory.

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 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 rate 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 56 462 confirmed cases and two probable case, including 1 068 deaths have been reported. A total of 50 506 people have recovered.

On 28 July 2021, an alert was reported in the locality of Panga, Banalia territory, in Kisenang district in DRC as a result of an illness with signs similar to those of meningitis. As of 15 September 2021, 421 cases have been reported including 157 deaths (CFR = 37%). Nine samples have been confirmed for Neisseria meningitidis serogroup W.

Since epidemiological week 1 up to week 34 in 2021, 2 592 cases have been reported with 69 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 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 pneumonic plague were recorded in the health zone of Fataki, Ituri province, Democratic Republic of the Congo. The patients presented with headache, fever, chills, coughing sometimes with blood, dyspnoea, vomiting blood, etc. An investigation was conducted during which suspected cases were identified and samples taken to be shipped to the Institut National de Recherche Biomédicale (INRB) in Kinshasa for confirmatory testing. From epidemiological week 1 to 34, 2021 (ending on 29 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 10 cases reported in 2021 so far. The total number of 2020 cases remains at 81.

In 2021, from Epi week 1 to 30, 716 494 suspected cases of typhoid fever have been reported including 883 confirmed cases (606 in Popokabaka health zone and 277 in Mushe health zone), 44 (21 in Popokabaka health zone and 23 in Mushe health zone) deaths (CFR 0.0%). In 2020, a total of 715 920 suspected cases of typhoid fever were reported, including 176 deaths (CFR 0.2%).

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 Abuizi 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. She 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 15 September 2021, a total of 11 063 cases have been reported in the country with 137 deaths and 9 490 recoveries.
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 17 September 2021, a total of 6 671 confirmed COVID-19 cases with 40 deaths were reported in the country. A total of 6 618 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 19 September 2021, a total of 45 380 cases have been reported in the country including 43 236 recoveries. A total of 1 195 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 332 961 cases of COVID-19 as of 19th August 2021, with 5 130 deaths and 300 684 recoveries.

In 2021, as of 03 September (Epi week 37), a total of 2 097 cases have been reported of which 1215 have been confirmed (892 epi-link, 282 IgM and 41 measles compatible) and 4 deaths recorded (CFR 0.2%). Out of the 2 097 suspected cases, 1023 were under 5 years of age, 681 were between 5 and 14 years of age and 393 were over 15 years of age.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. 9 cases have been reported so far in 2021. The total number of cases for 2020 is 38 and 2019 is 15 .

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 17 September 2021, a total of 27 643 cases including 175 deaths and 26 149 recoveries have been reported in the country.

The first 2021 confirmed case was reported in the Gambia on 17 March 2020. As of 16 Sep 2021, a total of 9 888 confirmed COVID-19 cases including 332 deaths, and 9 533 recoveries have been reported in the country.

As of 15 Sep 2021, a total of 125 261 confirmed COVID-19 cases have been reported in Ghana. There have been 1121 deaths and 119 859 recoveries reported.

Since the beginning of the year 2021, 279 cases of meningitis have been reported with 3 deaths (CFR of 1.1%). The Nandom district in the Upper West Region crossed the epidemic threshold and four other districts are on alert (Lawra, Lambussie, Nadowli-Kaleo, Wa Municipal). In Ghana, the Streptococcus pneumoniae is the germ mostly identified by the country laboratory.

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

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 14 September 2021, a total of 30 136 cases including 28 277 recovered cases and 492 deaths have been reported in the country.

To date, there have been a total of 8 confirmed cases and 7 deaths (CFR=87.5%): the first case (man of 23 years old) was notified on 8 May 2021 at the Yomou prefecture hospital, a resident of Yomou health district. 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 N'Zerekoré Regional Hospital, this case was from Bélya 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 N'zerekore prefecture, 57 contacts listed are under follow up. On 1 Jul 2021 a fourth case was confirmed (a man of 52 years old), resident also of Nzerekore prefecture, 111 contacts listed are under follow up. On 17 Sep 2021 a fifth case was confirmed (female 9 years old) from Faranah health district detected on 14 Sept has been confirmed on 19 Sep 2021 by the prefecture, a listing of 21 contacts was done and are being followed. However, the prefecture of Bheeta is regarded as active, with the prefectures of Yomou-Centre, Péla, Yomou and Bignamou on alert. The last case (female 9 years old) from Faranah health district detected on 14 Sept has been confirmed on 19 Sep 2021 by the Gueckertou laboratory and died the same day.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 14 September 2021, a total of 30 136 cases including 28 277 recovered cases and 492 deaths have been reported in the country.

In 2021, as of 16 September (Epi week 34), 3 248 suspected cases have been reported, 392 samples taken, 353 samples tested of which 183 tested positive, 154 negative and 16 undetermined; 5 deaths have been reported. In 2020 at the epi week 30, 5 835 suspected cases, 820 cases sampled, 805 samples tested of which 512 positive, 247 negative and 46 undetermined; 15 deaths have been reported. Since 2020, a total of 7 228 suspected cases, 1 099 tests analysed, 614 confirmed cases, 19 deaths have been reported.
## Health Emergency Information and Risk Assessment

### Lesotho COVID-19
- **Grade**: 3
- **Date notified to WCO**: 13-May-20
- **Start of reporting period**: 13-May-20
- **End of reporting period**: 26-Aug-21
- **Total cases**: 14 395
- **Cases Confirmed**: 14 395
- **Deaths**: 403
- **CFR**: 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
- **Date notified to WCO**: 13-Mar-20
- **Start of reporting period**: 13-Mar-20
- **End of reporting period**: 19-Sep-21
- **Total cases**: 246
- **Cases Confirmed**: 246
- **Deaths**: 4 989
- **CFR**: 2.00%

Since January 2020, a total of 951 visceral leishmaniasis confirmed cases with 10 deaths (CFR 1.1 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.

### Madagascar COVID-19
- **Grade**: 3
- **Date notified to WCO**: 13-Mar-20
- **Start of reporting period**: 13-Mar-20
- **End of reporting period**: 19-Sep-21
- **Total cases**: 42 894
- **Cases Confirmed**: 42 894
- **Deaths**: 958
- **CFR**: 2.20%

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 19th September 2021, the country has reported 6 080 confirmed cases of COVID-19 with 5 237 recoveries and 130 deaths.

### Guinea-Bissau COVID-19
- **Grade**: 3
- **Date notified to WCO**: 13-Mar-20
- **Start of reporting period**: 13-Mar-20
- **End of reporting period**: 19-Sep-21
- **Total cases**: 246 530
- **Cases Confirmed**: 246 530
- **Deaths**: 4 989
- **CFR**: 2.00%

The outbreak has been reported in Mombasa and Mandera Counties, recording 976 cases with 36 confirmed and 2 deaths reported (CFR 0.2 percent).

### Kenya COVID-19
- **Grade**: 3
- **Date notified to WCO**: 13-Mar-20
- **Start of reporting period**: 13-Mar-20
- **End of reporting period**: 19-Sep-21
- **Total cases**: 246 530
- **Cases Confirmed**: 246 530
- **Deaths**: 4 989
- **CFR**: 2.00%

Since January 2020, a total of 951 visceral leishmaniasis confirmed cases with 10 deaths (CFR 1.1 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.

### Lesotho Leishmaniasis
- **Grade**: Ungraded
- **Date notified to WCO**: 13-May-20
- **Start of reporting period**: 13-May-20
- **End of reporting period**: 26-Aug-21
- **Total cases**: 951
- **Cases Confirmed**: 951
- **Deaths**: 10
- **CFR**: 1.10%

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 Lassa fever
- **Grade**: Ungraded
- **Date notified to WCO**: 23-Jul-21
- **Start of reporting period**: 1-Jan-21
- **End of reporting period**: 6-Sep-21
- **Total cases**: 14
- **Cases Confirmed**: 14
- **Deaths**: 10
- **CFR**: 71.40%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were 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 Bouralgy, Garissa town, Garissa County showed a cVDPV2 with 65nt changes from Sabin.

### Liberia Measles
- **Grade**: Ungraded
- **Date notified to WCO**: 24-Sep-17
- **Start of reporting period**: 1-Jan-19
- **End of reporting period**: 24-Jul-21
- **Total cases**: 168
- **Cases Confirmed**: 168
- **Deaths**: 0
- **CFR**: 0.00%

In week 29 (week ending 24 July 2021), 6 suspected cases were reported from Montserrado (5) and Bond (1) Counties. Among the 6 suspected cases, 5 cases are <5 years (83%) and 1 case is >5 years (17%). Since the beginning of 2021, 168 total cases were reported of which 107 were confirmed (16 laboratory-confirmed, 80 clinically confirmed and 11 epi-linked), 57 negative and 2 undetermined.

### Liberia Poliomyelitis
- **Grade**: Ungraded
- **Date notified to WCO**: 20-Mar-20
- **Start of reporting period**: 20-Mar-20
- **End of reporting period**: 12-Sep-21
- **Total cases**: 42 894
- **Cases Confirmed**: 42 894
- **Deaths**: 958
- **CFR**: 2.20%

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 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.

### Madagascar Malnutrition crisis
- **Grade**: Ungraded
- **Date notified to WCO**: 8-Mar-21
- **Start of reporting period**: 1-Jan-21
- **End of reporting period**: 25-Jul-21
- **Total cases**: 1 388 136
- **Cases Confirmed**: 1 388 136
- **Deaths**: 652
- **CFR**: 0.00%

From January 2021 to 29 August 2021, 1 388 136 cases were reported including 652 deaths. The number of malaria cases reported in week 34 was 5 807 cases and a decrease in the number of malaria cases has been observed from week 21.
On 29/08/2021, in the Itasy region, in the Arivonimanona health district, an alert was received by the health authorities regarding cases of Pneumonic Plague. As of 16 Sep., a total of 38 suspected cases of pulmonary plague including 19 confirmed and 6 death cases (CFR=15.8%) are reported so far. Active case finding, chemo prophylaxis for high-risk contacts of alive and death cases are ongoing; regular meetings of the plague control committees at regional and health district level; mass sensitization activities; contact tracing; Ongoing investigation as well as vector and anti-reservoir control measures, are also ongoing.

<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>Madagascar</td>
<td>Pneumonic Plague</td>
<td>Grade 1</td>
<td>29-Aug-21</td>
<td>1-Sep-21</td>
<td>16-Sep-21</td>
<td>38</td>
<td>19</td>
<td>6</td>
<td>15.80%</td>
</tr>
</tbody>
</table>

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 Ouagouaga 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.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 19th September 2021, a total of 150 018 confirmed COVID-19 cases have been reported in the country including 1 903 deaths and 14 190 recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>19-Sep-21</td>
<td>35 462</td>
<td>35 462</td>
<td>766</td>
<td>2.20%</td>
</tr>
</tbody>
</table>

During the 36th week of 2021 (9 September), seven (07) suspected cases of cholera have been notified by the health area of Labbezanga, Ansongo health district in the Gao region. On 11 September, cholera was confirmed with the isolation of Vibrio cholerae Ogawa 01 at Institut National de Sante Publique laboratory, the same serotype causing the ongoing cholera outbreak in Niger. The probable index case had contact with a relative who visited its family for 2 days from Ayorou in Tillabery region of Niger. Tillabery region is one of the 6 regions affected by the ongoing cholera outbreak in Niger. As of 13 September, a total of 10 including 2 confirmed and 4 deaths (CFR=40%) are reported so far. Measures are being taken by the authorities to contain the outbreak at local level.

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 nation-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 732K people displaced.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
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<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>Mozambique</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>22-Mar-20</td>
<td>22-Mar-20</td>
<td>19-Sep-21</td>
<td>150 018</td>
<td>150 018</td>
<td>1 903</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 19th September 2021, a total of 150 018 confirmed COVID-19 cases were reported in the country including 1 903 deaths and 145 606 recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
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<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>Mozambique</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>16-Sep-21</td>
<td>126 811</td>
<td>126 811</td>
<td>3 469</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 16 September 2021, a total of 126 081 confirmed cases with 122 373 recovered and 3 469 deaths have been reported.

<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>Namibia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Dec-17</td>
<td>8-Sep-17</td>
<td>18-Jul-21</td>
<td>8 081</td>
<td>8 081</td>
<td>66</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

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%).

<table>
<thead>
<tr>
<th>Country</th>
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<th>Grade</th>
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<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>Protracted 1</td>
<td>18-Dec-17</td>
<td>8-Sep-17</td>
<td>18-Jul-21</td>
<td>8 081</td>
<td>8 081</td>
<td>66</td>
<td>0.80%</td>
</tr>
</tbody>
</table>
As of 6 Sep 2021, heavy rains and floods due to the rising of water of the Niger river caused by the rainy season which extends from June to September each year, have affected 195,851 people across the country's eight regions, destroying over 12,475 houses, flooding hectares of crops and killing 66 people. The government and humanitarian partners are scaling up efforts to address the situation, including building and strengthening protective dykes. Food stock is also being prepositioned in the affected regions. Floods have been followed by outbreaks of cholera across six of the country's eight regions.

According to OCHA statistics, 3.8 million people need humanitarian assistance in 2021, 269K are IDPs, 243K are refugees, and 1.6 million are food insecure (phase 3+ and above). The Intikane Malian refugee reception area has closed and many (88%) IDPs from there have resettled in the villages of Temecess, Tillia ville, Gaway, Assaguugeya 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.

As of 18 Sep 2021, a total of 4 651 cases including 149 deaths (CFR = 3.2%) have been reported. The outbreak is linked to the epidemic which is ongoing for several months in the neighbouring regions of northern Nigeria where there is significant mixing of cross-border populations and with heavy rainfall recorded during this period in Niger. Six regions out of eight have reported cases so far (Tahoua, Niamey, Tillaberi, Dosso, Maradi and Zinder). To date 30 out of 72 Health districts have reported cases with 18 health districts currently active.

From 19 March 2020 to 19 september 2021, a total of 5 962 cases with 201 deaths have been reported across the country. A total of 5 700 recoveries have been reported from the country.

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 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, Bima, Dogondoutchi, Tibiri, Gazaoua, Niamey 2, Niamey 3, Niamey 4, Tahoua Com, Ayerou, Baileyara, Tesker) across 8 regions. In 2020 2 079 cases have been suspected of which 241 lab confirmed (IgM positive) and 4 deaths in 8 regions. In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country.

In 2021, more than 8.7 million require humanitarian assistance in Borno, Adamawa, and Yobe states. Attacks in Nigeria have continued in LGAs of Borno, Adamawa, and Yobe (BAY) states making the North-Eastern part of the country volatile. As of 31 July 2021, there were 2 191 193 IDPs from these states according to UNHCR. In this area, 92% of IDPs were caused by insurgency, 7% by communal clashes, and 1% by natural disaster. In the North-West part of the country, another 379 316 people have been displaced as of 31 July 2021 and in North-Central area, 316 598 have been displaced.

As of 5 September 2021, 69 925 have been affected with 2 323 deaths yielding a CFR of 3.3%. A total of 25 states have reported cases, however, only 19 states have active outbreaks. During week 35 a total of 1 677 suspected cases with 46 deaths were reported - Bauchi (566), Katsina (282), Sokoto (258), Yobe (183), Borno (179), Niger (94), Kaduna (66), Adamawa (34), Gombe (8), Kano (4), Kebbi (2), and Nasarawa (1). People aged 5 - 14 years have been the most affected. There is an ongoing cholera outbreak in bordering regions of the neighbouring country of Niger that have been epidemiologically linked to the outbreak in Nigeria.

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 19 September 2021, a total of 201 798 confirmed cases with 193 563 recoveries, and 2 655 deaths have been reported.

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 Osobo, Edo, and Emugwu 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. The Lassa fever outbreak that started in April 2020, continued for 12 more weeks in 2021. This is lower than the same period reported in 2020.

In 2020, Nigeria reported 9 316 confirmed cases, with 55 deaths, CFR 0.6%. From January 2021 to 20 April 2021 (as of epi week 15), 6 995 suspected cases have been 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

According to the Nigeria Centre for Disease Control (NCDC), in August 2021, a total of nine suspected monkeypox cases, six confirmed cases and 0 deaths were reported from six states.In 2021, 79 suspected cases have been reported between January and August 31, 2021. Of the suspected cases, 23 were confirmed from eight states Delta (7), Lagos (4), Bayelsa (4), Rivers (4), Edo (1), FTC (1), Niger (1), Ogun (1) and, no deaths recorded from all States.

10 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported: two each in Gombe, Jigawa, Kano and Yobe and one each in Katsina and Plateau. There are now 151 cases reported in 2021. There were eight cases reported in 2020. 18 cVDPV2 cases reported in 2019 and 34 in 2018.

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>Floods</td>
<td>Ungraded</td>
<td>15-Jul-21</td>
<td>2-Aug-21</td>
<td>6-Sep-21</td>
<td>195 851</td>
<td>-</td>
<td>66</td>
<td>0.00%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>1-Feb-15</td>
<td>1-Feb-15</td>
<td>6-Aug-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>Cholera</td>
<td>Grade 1</td>
<td>7-Aug-21</td>
<td>7-Jun-21</td>
<td>18-Sep-21</td>
<td>4 651</td>
<td>4 651</td>
<td>149</td>
<td>3.20%</td>
</tr>
<tr>
<td>Niger</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>19-Sep-20</td>
<td>5 962</td>
<td>5 962</td>
<td>201</td>
<td>3.40%</td>
</tr>
<tr>
<td>Niger</td>
<td>Measles</td>
<td>Ungraded</td>
<td>10-May-19</td>
<td>1-Jan-21</td>
<td>18-Jul-21</td>
<td>9 095</td>
<td>924</td>
<td>16</td>
<td>0.20%</td>
</tr>
<tr>
<td>Niger</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>1-Jan-21</td>
<td>26-Aug-21</td>
<td>1 340</td>
<td>-</td>
<td>74</td>
<td>5.50%</td>
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<tr>
<td>Niger</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Oct-18</td>
<td>1-Oct-18</td>
<td>17-Sep-21</td>
<td>20</td>
<td>20</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>31-Jul-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>1-Jan-21</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>
</tr>
<tr>
<td>Niger</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>9-Sep-21</td>
<td>1-Jan-21</td>
<td>31-Aug-21</td>
<td>79</td>
<td>23</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Niger</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jun-18</td>
<td>1-Jan-18</td>
<td>17-Sep-21</td>
<td>211</td>
<td>211</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
Sao Tome and Principe COVID-19 Grade 3 2-Mar-20 2-Mar-20 19-Sep-21 73,645 73,645 1,845 2.50%

From 2 March 2020 to 19 September 2021, a total of 73,645 confirmed cases of COVID-19 including 1,845 deaths and 69,491 recoveries have been reported in Sao Tome and Principe.

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, the total number of cases in 2021 is 13.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 15 September 2021 a total of 22,823 confirmed cases and 23,211 recoveries and 106 deaths have been reported.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 19 September 2021, a total of 3,043 confirmed cases of COVID-19 have been reported, including 43 deaths. A total of 2,582 cases have been reported as recoveries.

South Sudan COVID-19 Grade 3 5-Apr-20 17-Sep-21 3,043 13 0 0.00%

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 19 September 2021, a total of 11,814 confirmed COVID-19 cases were reported in the country including 121 deaths and 106 recoveries.

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 and 1.47 million internally displaced people. The six most affected counties are Pibor, Akobo, Aweil South, Torng North, Tonj South and Tonj East.

Senegal Poliomyelitis (cVDPV2) Grade 2 10-Dec-20 21-Aug-21 14 14 0 0.00%

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

Since the start of the COVID-19 pandemic in South Sudan by 19 September 2021, a cumulative total of 2,882,630 confirmed cases and 86,174 deaths have been reported with 2,732,363 recoveries.

South Sudan COVID-19 Grade 3 3-18-21 15-Aug-21 - - - - -

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 19th September 2021, a total of 11,814 confirmed COVID-19 cases were reported in the country including 121 deaths and 11,956 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. According to OCHA, 90K people have been affected by flooding from 1 January - 6 August 2021 in 11 counties including Ayod, Fangak, Renk, Guit, Gogrial West, Aweil South, Mayendit, Koch, Nyalual Rubkona and Malakal from Fangak.

South Sudan Humanitarian crisis Protracted 3 15-Aug-16 - - - - -

Since the start of the COVID-19 pandemic in South Sudan by 19 September 2021, a cumulative total of 73,645 confirmed cases and 86,174 deaths have been reported.

South Sudan Humanitarian crisis Phase 3 15-Aug-21 - - - - -

The current outbreak in the Bentiu IDP camp, which started at the beginning of 2018, is ongoing. As of 5 Sep 2021, a total of 1,086 cases of hepatitis E including 9 deaths (CFR: 0.83%) 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.

South Sudan Hepatitis E Ungraded 3-Jan-18 3-Jan-18 5-Sep-21 1,086 104 9 0.80%

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South Sudan COVID-19 Grade 3 5-Apr-20 19-Sep-21 11,814 11,814 121 1.00%

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South Sudan Hepatitis E Ungraded 3-Jan-18 3-Jan-18 5-Sep-21 1,086 104 9 0.80%

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No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, the total number of cases in 2021 is 13.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 15 September 2021 a total of 22,823 confirmed cases and 23,211 recoveries and 106 deaths have been reported.

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No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, the total number of cases in 2021 is 13.
<table>
<thead>
<tr>
<th>Country, United Republic of</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>Tanzania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>6-Aug-21</td>
<td>1 367</td>
<td>1 367</td>
<td>50</td>
<td>3.70%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>19-Sep-21</td>
<td>24 599</td>
<td>24 599</td>
<td>213</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

On 6 December 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 19 September 2021, a total of 24 599 cases including 213 deaths and 20 426 recovered cases have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>17-Sep-21</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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</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>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>19-Sep-21</td>
<td>122 277</td>
<td>122 277</td>
<td>3 131</td>
<td>2.60%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 28 August 2021, a total of 122 277 confirmed COVID-19 cases, 95 889 recoveries with 3,131 deaths.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>19-Sep-21</td>
<td>208 469</td>
<td>208 469</td>
<td>3 638</td>
<td>1.70%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 19th September 2021, a total of 208 469 confirmed COVID-19 cases were reported in the country including 3 638 deaths and 204 161 recovered cases.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>19-Sep-21</td>
<td>127 938</td>
<td>127 938</td>
<td>4 567</td>
<td>3.60%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 19 September 2021, a total of 127 938 confirmed COVID-19 cases were reported in the country including 4 567 deaths and 120 946 cases that recovered.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>Marburg Virus Disease</td>
<td>Grade 2</td>
<td>4-Aug-21</td>
<td>4-Aug-21</td>
<td>16-Aug-21</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

On 8 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 Guékédou. The real time PCR test result on 3 August confirmed MVD and was negative for Ebola. On 4 August, the sample was sent to the National Reference Laboratory in Conacry who provided reconfirmation by real-time PCR that the sample was positive for Marburg disease. On 16 September 2021, the Ministry of Health of Guinea declared the end of the MVD outbreak that affected the Guéckédou prefecture in Nzérékoré Region of south-western Guinea after a 42-day countdown. The countdown started on 5 August, the day after the safe and dignified burial of the only confirmed case reported in this outbreak.

†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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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.