Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 132 events in the region. This week's articles cover:

- Ebola Virus Disease in the Democratic Republic of the Congo
- COVID-19 across the WHO African region
- Measles in Cameroon

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 detection of a new Ebola virus case (EVD) outbreak in the Democratic Republic of the Congo is concerning but not unexpected, in an area that has recently suffered from a protracted outbreak. The Ministry of Health and other national authorities, and partners have mounted a rapid response to this outbreak. According to the available information, the three suspected cases and the confirmed case were admitted in several health facilities where infection prevention and control measures might have been sub-optimal, which increases the risk of spread. The cases are from a health zone that is located within the densely populated city of Beni. A confluence of environmental and socioeconomic factors including poverty, community mistrust, weak health systems, and political instability is accelerating the rate of the emergence of EVD in the country. In consideration are the ongoing challenges in terms of access and security, disease surveillance, coupled with the ongoing COVID-19, as well as cholera, meningitis, and measles outbreaks which may jeopardize the country's ability to rapidly detect and respond to the EVD outbreak.

- New COVID-19 cases have continued to decline for the eleventh consecutive week since the third pandemic wave peaked in early July 2021. However, the observed decline has been slower than in previous waves. Most of Africa's reported cases are concentrated in just a few countries, with five countries accounting for half of all new cases in the past week: Ethiopia, South Africa, Angola, Nigeria and Gabon. Cases are currently trending downward in most countries except Angola, Cameroon, Gabon, Equatorial Guinea, and Sao Tome and Principe that reported an upward trend in the past week. In the past week, Ethiopia reported the highest number of new cases followed by South Africa which had recorded the highest number of cases and deaths for the past six months and more. Death trends are on the rise in four countries, Angola, Benin, Cote d'Ivoire and Ethiopia. Seventeen countries have reported higher case fatality rates than the African average of 2.4% over the last month. WHO advises countries on critical preparedness, readiness and response actions for COVID-19, surveillance and case investigation. Vaccine shipments to Africa continue to rise, however countries still need to double their efforts to reach the year-end target of fully vaccinating 40% of the population.

- Since the beginning of 2021, Cameroon has been experiencing a measles outbreak which has affected the seven regions of Adamaua, Centre, East, Far-North, Littoral, North-West and West. Cameroon is one of the African countries with low measles vaccination coverage rate. Only four health districts currently having an outbreak reached at least 80% of children targeted for the routine measles immunization from January to August 2021. The country is also facing a humanitarian crisis with refugees and internally displaced persons in some of the Eastern and Northern parts of the country. The overcrowding in these refugee camps remains a risk factor for rapid spread of measles. In addition, the ongoing Covid-19 pandemic has impacted the country's health systems, hence complicating the response. In-depth case investigations and reinforced measles surveillance in combination with mass vaccination remain crucial strategies to control the outbreak.
EVENT DESCRIPTION

On 8 October 2021, the Ministry of Health of the Democratic Republic of the Congo reported a new laboratory confirmed case of Ebola virus disease (EVD) in Butsili Health Area, Beni Health Zone in North Kivu Province. The index case was a 3-year-old boy who, in early October 2021, developed symptoms including physical weakness, loss of appetite, abdominal pain, breathing difficulty, dark stool and blood in their vomit and later died on 6 October 2021. Earlier this year, an EVD outbreak affected North Kivu Province which was declared over on 3 May 2021.

On 7 October 2021, samples were tested at the National Institute of Biomedical Research (INRB) laboratory in Beni for molecular analysis. These were later sent to the Rodolphe Mérieux INRB Laboratory, Goma on 8 October and EVD was confirmed by reverse transcription polymerase chain reaction (RT-PCR) on the same day. This event follows a cluster of three deaths (two children and their father) who were neighbours of the index case. These three patients died on 14, 19 and 29 September after developing symptoms consistent with Ebola, however, none were tested for the virus.

The first of these cases, a child, was taken to a local health center in Butsili for fever, physical weakness and headache between 5-7 September 2021. Her condition improved and she returned home. However, on 12 September, she was re-admitted to the same health center with diarrhoea and vomiting and tested positive for malaria by Rapid Diagnostic Test (RDT). She died on the 14 September.

The child’s father had onset of symptoms on 10 September. He consulted another health facility on 14 September and later was admitted to a hospital in Beni where he died on 19 September.

On 27 September, the child’s sister developed similar symptoms. She was taken to a local health centre and later referred to another health facility where she tested positive for malaria by RDT and was treated for severe malaria. She died on 29 September.

The Beni Health Zone was informed about these three deaths on 30 September. A joint investigation team, comprising members of the Beni Health Zone and partners was deployed to further investigate and list the contacts. Two samples were collected to test for COVID-19 but no samples were taken for EVD testing. No safe and dignified burials were conducted. Severe malaria, EVD, measles and meningitis were retrospectively listed as potential causes.

Butsili Health Area is close to Beni city, which was one of the epicentres of the 2018–2020 Ebola outbreak in the country with 736 probable and confirmed cases reported. It is about 50 km from Buteombo city, which experienced a new Ebola outbreak earlier this year. It is not unusual for sporadic cases to occur following a major outbreak, but at the moment, it is not certain whether this case is related to the previous outbreaks. The city of Beni is a commercial hub with links to the neighbouring countries of Uganda and Rwanda.

PUBLIC HEALTH ACTIONS

- The Ministry of Health, with support from partners, is investigating the most recent case and building capacity of local laboratory technicians, contact tracers, and vaccination teams.

SITUATION INTERPRETATION

The re-emergence of EVD is the fifth outbreak in less than three years. It comes five months after the last EVD outbreak in North Kivu province that was officially declared over on 3 May 2021. It is not unusual for sporadic cases to occur following a major outbreak. Although the current resurgence is undesirable, it is not unexpected given the fact that EVD is enzootic in the country and the Ebola virus is present in animal reservoirs in the region; it means that the risk of re-emergence through exposure to an animal host or body fluids of Ebola survivors cannot be excluded. Re-emergence of EVD is a major public health issue in the Democratic Republic of the Congo as there are gaps in the country’s capacity to prepare for and respond to outbreaks.

PROPOSED ACTIONS

- Reducing the risk of wildlife-to-human transmission from contact with infected fruit bats or monkeys/apes and the consumption of their raw meat. Animals should be handled with gloves and other appropriate protective clothing. Animal products (blood and meat) should be thoroughly cooked before consumption.

- Reducing the risk of human-to-human transmission from direct or close contact with people with EVD symptoms, particularly with their bodily fluids. Appropriate personal protective equipment should be worn when taking care of ill patients. Regular hand washing is required after visiting patients in a hospital, as well as after touching or coming into contact with any body fluids.
In the past seven days (4 – 10 October 2021), the WHO African region reported a total of 25,044 new cases of coronavirus disease (COVID-19), a 43.4% decrease compared to the preceding week when 44,212 new cases were reported. Only three (6.4%) countries saw a 20% or more increase in weekly cases compared to the previous week: Chad, Democratic Republic of the Congo and Mali.

In the same reporting period, 33 (70.0%) countries reported a decrease of 20% or more in the number of new cases reported compared to the previous week. These countries are Algeria, Angola, Benin, Botswana, Burundi, Cameroon, Central African Republic, Comoros, Côte d’Ivoire, Equatorial Guinea, Eritrea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.

Most of the region’s cases are concentrated in five countries which account for 67% (16,660) of the cases recorded in the past week, namely Ethiopia (5,807 new cases, 17.0% decrease, 10 new cases per 100,000); South Africa (5,723 new cases, 40.0% decrease, 5.1 new cases per 100,000 population); Angola (2,435 new cases, 36.3% decrease, 8.3 new cases per 100,000); Nigeria (1,558 new cases, 7.4% decrease, 0.8 new cases per 100,000); and Gabon (1,077 new cases, 44.3% decrease, 49.6 new cases per 100,000).

A fall in weekly deaths by 25.0% (n=218) was recorded from 32 countries against 1,629 deaths reported by 37 countries in the previous week. The highest numbers of new deaths were reported from South Africa (537 new deaths; 26.2% decrease; 1.0 new deaths per 100,000 population), Ethiopia (268 new deaths; 16.5% decrease; 0.2 new deaths per 100,000), Equatorial Guinea (104 new deaths; 261.0% increase; 7.7 new deaths per 100,000), Angola (45 new deaths; 40.8% decrease; 0.2 new deaths per 100,000), and Kenya (41 new deaths; 8.0% decrease; 0.1 new deaths per 100,000).

During the past week, the cumulative number of confirmed COVID-19 cases exceeded 6 million. More than 5.6 million recoveries have been recorded, giving a recovery rate of 94.0%. The total number of deaths reported is now at 147,749, accounting for a case fatality ratio (CFR) of 2.5%. The WHO African Region is one of the least affected regions in the world, accounting for 2.6% of global cases and 3.1% of global deaths.

Presently, there are 14 countries that meet the criteria for resurgence of COVID-19 cases in the region; Angola, Benin, Botswana, Burundi, Cameroon, Côte d’Ivoire, Equatorial Guinea, Ethiopia, Gabon, Ghana, Mauritius, Rwanda, Sao Tome and Principe, and Togo. Four countries, Algeria, Benin, Mauritius and Kenya are experiencing their fourth wave.

Overall, death trends are on the rise in four countries, Angola, Benin, Côte d’Ivoire, and Ethiopia. Sixteen countries have reported higher case fatality rates than the region’s average of 2.5% in the past four weeks.

Collectively, the highest number of COVID-19 cases in the region has been recorded in South Africa with 2,912,145 cases (49.0%), followed by Ethiopia 354,476 (5.9%), Kenya 251,152 (4.2%), Zambia 209,347 (3.5%), and Nigeria 207,696 (3.5%), accounting for (3,934,816, 65.6%) of all cases. South Africa also has the highest number of deaths in the region (88,317 deaths, 60.0% of all deaths); followed by Algeria (5,990, 4.0%), Ethiopia (5,853, 4.0%), Kenya (5,181, 3.5%) and Zimbabwe (4,637, 3.1%), all accounting for 74.5% (109,978) of all deaths reported in the region.

During this reporting period (4 – 10 October 2021), a total of 298 new health worker infections were reported from Cameroon (248), United Republic of Tanzania (35), Namibia (11), and Equatorial Guinea (4). Thus far, there have been 126,226 COVID-19 infections (2.1% of all cases) among health workers in the region, with South Africa accounting for about 45.0% (56,180) of the total infections. Algeria (11,936, 9.5%), Kenya (7,542, 6.0%), Zimbabwe (5,366, 4.3%) and Mozambique (4,779, 3.8%) have also recorded high numbers of health worker infections. Other countries reporting health worker infections are shown in Table 1. The United Republic of Tanzania (13.0%), Algeria (6.0%), Niger (6.0%), Liberia (6.0%), and Chad (5.8%) have the highest proportion of health worker infections by country. Only Eritrea has not reported any healthcare worker infections.

The African region continues to observe divergent transmission classifications. Seven (15.0%) countries are reporting uncontrolled incidence (Botswana, Cabo Verde, Eswatini, Mauritius, Sao Tome and Principe, Seychelles and South Africa, 13 (28.0%) with high incidence, 17 (36.0%) with moderate incidence and nine (20.0%) with low incidence community transmission namely; Burkina Faso, Central African Republic, Chad, Democratic Republic of the Congo, Eritrea, Liberia, Mali, Niger and Sierra Leone.

The African continent has recorded more than 8.4 million cases of COVID-19, with more than 214,480 deaths (CFR 2.5%) and over 7.7 million people have recovered. The African continent accounts for 3.6% of global cases and 4.4% of global deaths.

In the entire world, more than 6.4 billion doses of COVID-19 vaccines have been administered, only 2.5% of which have been administered in Africa. This amounts to a cumulative total of 80 doses per 100 people worldwide, over 11 doses/100 in Africa and 6.5 doses/100 in sub-Saharan Africa. High-income countries have administered 34 times more doses per person than low-income countries. Only 25.0% of doses have been administered in low-income countries which represent 51.0% of the world’s population.

WHO has worked with partners to support the training of more than 270,000 health workers. These training sessions have been on a variety of topics related to COVID-19, including infection prevention and control, treatment, logistics, laboratory testing and risk communication.

**SITUATION INTERPRETATION**

- The region has seen a decline in COVID-19 cases for three consecutive months and weekly case number are now lower than those observed in May 2021 just before the most recent
resurgence began. This sustained fall continues to be driven largely by more than half of region’s countries observing a fall in weekly cases. 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. COVID-19 vaccines shipments have risen, with around 12 million doses received in the past week. WHO is constantly analysing data and working closely with countries to use the data to help inform, initiate, and implement response actions, as well new policies and strategies at the regional and national levels.

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.

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 10 October 2021 (n = 6 009 444)
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 10 October 2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Recovered Cases</th>
<th>Case Fatality Ratio (%)</th>
<th>Health Worker Infections</th>
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<td><strong>Cumulative Cases (N=47)</strong></td>
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<td><strong>147 749</strong></td>
<td><strong>5 620 753</strong></td>
<td><strong>2.5</strong></td>
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*Total cases includes one probable case from Democratic Republic of the Congo*
A measles outbreak has been ongoing in Cameroon since the beginning of 2021. The affected health districts are from seven regions of Adamawa, Centre, East, Far-North, Littoral, Northwest and West. The regions hosting refugee camps and internally displaced persons (IDPs) have the highest number of affected health districts: eight health districts in the Far-North region; five health districts in East region and three health districts in Adamawa region.

A total of 380 measles cases including 214 confirmed positive for IgM, 158 clinically compatible and eight deaths (Case Fatality Ratio (CFR) = 2.1%) were reported from week 1 to week 38 (ending 26 September 2021). The overall attack rate is 1.4 per 100,000 population. A total of 23 health districts are currently experiencing a measles outbreak, including 21 with a confirmed outbreak and two with a suspected outbreak.

The peak of the reported cases was reached at week 12 (ending 28 March 2021). The last death among cases was registered in week 18 (ending 9 May 2021). Most of the cases, (73.4%) 279 are between 9 months and 9 years old followed by the age group under 9 months with 40 cases (10.5%). The most affected region is the East region with an attack rate of 7.3 per 100,000 population followed by the regions of Adamawa 5.3 per 100,000 population and Far-North region 1.6 per 100,000 population.

Among the affected districts, 73.9% (15/23) carried out an in-depth investigation of the notified cases. Of the 23 health districts with an ongoing outbreak, only four (17.4%) have reached at least 80% of their targeted children (9-59 months old) vaccinated against measles from January to August 2021. Eight of the 23 (34.8%) health districts with an outbreak have less than 50% of routine immunization coverage rate for measles first dose, while (69.6%) 16 out of 23 health districts in outbreak have less than 50% of routine immunization coverage rate for the measles second dose. Thus far, only five affected health districts (21.7%) have organized tangible response activities.

PUBLIC HEALTH ACTIONS
- Close follow up from the central level of the MoH for activities carried out in the affected health districts is ongoing as well as encouraging all affected health districts to carry out in-depth case investigations
- Local response carried out in five affected health districts of Bankim, Ngaoundal, Batouri, Lomié and Moloundou
- Monitoring and training of the affected health districts on outbreak reporting and microplanning for the response is ongoing
- Regular updates of the measles databases and dashboards for effective monitoring of the affected health districts continues
- The preparations for outbreak response in the affected health districts that have not yet organized any response is underway.

SITUATION INTERPRETATION
The frequent measles outbreaks in Cameroon could be attributed to the low immunization coverage against the disease. Among all the currently affected health districts, none of them has achieved the target coverage rate for complete routine immunization against measles as recommended by the national immunization program (≥ 80%). More to that, the delays in case investigations as well as response activities in the affected health districts are also affecting the overall capacity to control this outbreak. The regions hosting refugees and IDP camps have recorded higher attack rates compared to other affected regions. In addition, the Covid-19 pandemic has impacted health systems of most African countries including Cameroon.

PROPOSED ACTIONS
- Routine measles immunization for children, combined with reactive mass immunization campaigns, are key public health strategies to reduce the measles cases and deaths. It is therefore essential to improve vaccination coverage to reduce the risk of future outbreaks. The required resources and efforts should be deployed to achieve the goals of the national measles immunization program.
- Weaknesses already identified around case investigation, response and epidemiological surveillance for measles need to be addressed.
- More attention should be given to health districts hosting refugees and IDP camps the living conditions in these settings is a significant factor of the rapid spread of measles.
COVID-19 cases were reported in the country including 2,376 deaths and 176,595 recovered cases. On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 4 October 2021, a total of 180,438 confirmed cases have been reported so far. Eight cases have been confirmed by culture. Regarding one death reported previously, the post mortem results did not confirm cholera.

Since week 13 (ending 4 April 2021) of this year, cases of cholera have been confirmed in Benin. As of 3 October 2021, a total of 121 cases with zero death are reported so far. Eight cases have been confirmed by culture. Regarding one death reported previously, the post mortem results did not confirm cholera.

A total of 394 cases and 29 deaths (CFR 7.4%) resulting from meningitis were reported from Week 1 to week 34 of 2021 in Benin. Five districts are on alert and one district reported passing the epidemic threshold.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 03 October 2021, a total of 24,335 cases have been reported so far. Eight cases have been confirmed by culture. Regarding one death reported previously, the post mortem results did not confirm cholera.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Two cases have been reported so far in 2021. There were three cVDPV2 cases reported in 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 4 October 2021, a total of 180,438 confirmed COVID-19 cases were reported in the country including 2,376 deaths and 176,595 recovered cases.

### All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>Floods</td>
<td>Ungraded</td>
<td>6-Oct-21</td>
<td>26-Sep-21</td>
<td>26-Sep-21</td>
<td>255,044</td>
<td>-</td>
<td>15</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

The ongoing floods since June 2021 has affected about 255,044 people (42,531 households) in 400 villages across 8 regions of Chad (Borkou, Ennedi West, Logone Oriental, Mandoul, Moyen-Chari, Ouaddai, Sila and Tandjilé). As of 27 September 2021, a total of 15 people died, and 17 others are missing and 329 people have been injured. Authorities have appealed to partners and to people of goodwill for assistance. Priority needs identified so far are food, shelter, household supplies/kits, livelihood, twelve health facilities need support (drug and medical supplies), water points treatment (wells) and vaccination.

| Democratic Republic of the Congo | Ebola virus disease | Grade 2 | 8-Oct-21 | 8-Oct-21 | 10-Oct-21 | 1 | 1 | 1 | 100.00% |

On 8 October 2021, a case of Ebola virus disease (EVD) was confirmed by PCR in a 29-month-old male child living in the Butsili health area in the Beni health zone, North Kivu province in the Democratic Republic of Congo. The patient, treated in turn in 3 health facilities in the Beni health zone since 27 September 2021, died on 6 October 2021 in a local health facility in a hemorrhagic event. A sample was taken on 7 October 2021 by staff at the hospital where the patient died. On 8 October, the sample was sent to the laboratory of the Institut National des Recherches Biomédicales (INRB) in Goma and tested positive for Ebolavirus. This case follows three suspected clustered deaths of EVD in the same family in the Butsili health area on 14, 19 and 29 September 2021 respectively. These deaths were reported by the Beni health zone on 30 September 2021. These deceased were living in the same neighborhood as the confirmed case. These three deaths were not sampled or given a dignified and safe burial. Further investigations are underway.

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

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

Benin | Cholera | Ungraded | 1-Jan-21 | 3-Oct-21 | 121 | 8 | 0 | 0.00% |

Since week 13 (ending 4 April 2021) of this year, cases of cholera have been reported in Benin. As of 3 October 2021, a total of 121 cases with zero death are reported so far. Eight cases have been confirmed by culture. Regarding one death reported previously, the post mortem results did not confirm cholera.

Benin | Poliomyelitis (cVDPV2) | Grade 2 | 8-May-19 | 1-Jan-19 | 8-Oct-21 | 133 | 133 | 0 | 0.00% |

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases reported in 2020. The total number of cases reported in 2019 remains 130. These cases are from several outbreaks which occurred in 2019.

Benin | Poliomyelitis (cVDPV2) | Grade 2 | 8-Aug-19 | 8-Aug-19 | 8-Oct-21 | 13 | 13 | 0 | 0.00% |

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Two cases have been reported so far in 2021. There were three cVDPV2 cases reported in 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

Niger | Malaria | Ungraded | 4-Oct-21 | 1-Jan-21 | 19-Sep-21 | 2,297,488 | 2,297,488 | 2,124 | 0.10% |

Between epidemiological weeks 1 and 37, 2021 (ending 19 September 2021), 2,297,488 confirmed malaria cases including 2,124 deaths were reported through routine surveillance in Nigeria. Although the weekly attack rates follow the trends seen in the last two years, epidemic thresholds have been exceeded in several districts in the regions with increases in malaria incidence and mortality. Investigations are being planned to better understand the situation.

Ongoing Events

- **Algeria** COVID-19 Grade 3 25-Feb-20 25-Feb-20 10-Oct-21 204,597 204,597 5,853 2.90%
- **Angola** COVID-19 Grade 3 21-Mar-20 21-Mar-20 10-Oct-21 61,378 61,378 1,622 2.60%
- **Benin** Poliomyelitis (cVDPV2) Grade 2 8-May-19 1-Jan-19 8-Oct-21 133 133 0 0.00%
- **Niger** Malaria Ungraded 4-Oct-21 1-Jan-21 19-Sep-21 2,297,488 2,297,488 2,124 0.10%
- **Democratic Republic of the Congo** Ebola virus disease Grade 2 8-Oct-21 8-Oct-21 10-Oct-21 1 1 1 100.00%
- **Nigeria** Poliomyelitis (cVDPV2) Grade 2 8-May-19 1-Jan-19 8-Oct-21 133 133 0 0.00%
- **Nigeria** Poliomyelitis (cVDPV2) Grade 2 8-Aug-19 8-Aug-19 8-Oct-21 13 13 0 0.00%
- **Nigeria** Cholera Grade 3 17-Mar-20 16-Mar-20 3-Oct-21 24,335 24,335 159 0.70%
- **Nigeria** Meningitis Ungraded 1-Jan-21 1-Jan-21 26-Aug-21 394 82 29 7.40%
- **Nigeria** Malaria Ungraded 4-Oct-21 1-Jan-21 19-Sep-21 2,297,488 2,297,488 2,124 0.10%
- **Nigeria** Measles Ungraded 4-May-19 1-Jan-21 6-May-21 241 81 1 0.40%
- **Nigeria** Poliomyelitis (cVDPV2) Grade 2 8-May-19 1-Jan-19 8-Oct-21 133 133 0 0.00%
### Health Emergency Information and Risk Assessment

#### Poliomyelitis

The WHO office was informed by the Ministry of Health in the evening of 15 August 2021, of the detection on 15 August 2021, in the morning of a suspected case of cholera in the health facility of the village of Fanvalaougou, 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 01 Ogawa, the same serotype and serogroup with the one identified in Niger for the ongoing cholera outbreak. A second case of cholera confirmed by the regional laboratory on 29 August, 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. The first confirmed case was discharged on 22 August, 2021.

#### COVID-19

Between 9 March 2020 and 8 October 2021, a total of 14 495 confirmed cases of COVID-19 with 195 deaths and 14 028 recoveries have been reported from Burkina Faso.

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. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

### 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>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Measles</td>
<td>Protracted 2</td>
<td>1-Oct-16</td>
<td>27-Jun-18</td>
<td>31-Jul-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (NW &amp; SW)</td>
<td>Protracted 2</td>
<td>1-Oct-16</td>
<td>27-Jun-18</td>
<td>31-Jul-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>1-Dec-13</td>
<td>27-Jun-17</td>
<td>31-Jul-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>15-Aug-21</td>
<td>18-Aug-21</td>
<td>31-Aug-21</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>8-Oct-21</td>
<td>14 495</td>
<td>14 495</td>
<td>195</td>
<td>1.30%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>8-Oct-21</td>
<td>67</td>
<td>67</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>8-Oct-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Protracted crisis (Far North &amp; East)</td>
<td>Protracted 2</td>
<td>1-Oct-16</td>
<td>27-Jun-18</td>
<td>31-Jul-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>8-Oct-21</td>
<td>19 257</td>
<td>19 257</td>
<td>14</td>
<td>0.10%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Mar-20</td>
<td>1-Jan-21</td>
<td>12-Sep-21</td>
<td>461</td>
<td>348</td>
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<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>24-Sep-21</td>
<td>29-Sep-21</td>
<td>95 399</td>
<td>95 399</td>
<td>1 517</td>
<td>1.60%</td>
<td></td>
</tr>
</tbody>
</table>

Since the beginning of the year, 16 suspected cases of Cholera have been notified including three cases for Far-North region, one case for North region and twelve cases for Littoral region. One death is reported so far (CFR 6.3%) as of 3 October 2021. The intensification of disease surveillance as well as the management of notified cases are ongoing.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were seven cases reported in 2020.
### Health Emergency Information and Risk Assessment

**Country Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | ---
**Congo** | 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 Cameroun (CPC), of which seven deaths were recorded. These cases originated from seven different regions with a total of 15 health districts (HDs) affected: Adamaoua region (Ngoundere rural HD), Centre region (Eséka HD), Far North region (Maga, Mogodo, Yagoua, Kousseri, and Goufey HDs), Littoral region (Yaoundé, Cité des palmeris HDs), North region (Guérid, Garoua 1 HDs), and North-West region (Bamenda HD), and West region (Dschang, Bafang, and Malenouen HDs).

**Cape Verde** | COVID-19 | Grade 3 | 19-Mar-20 | 19-Mar-20 | 10-Oct-21 | 37 888 | 37 888 | 346 | 0.90%

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 10 October 2021, a total of 37 888 confirmed COVID-19 cases including 346 deaths and 37 070 recoveries were reported in the country.

**Central African Republic** | Humanitarian crisis | Protracted | 11-Dec-13 | 11-Dec-13 | 26-Aug-21 | - | - | - | -

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 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.

### Table: Poliomyelitis

<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><strong>Chad</strong></td>
<td>Measles</td>
<td>Grade 2</td>
<td>15-Mar-19</td>
<td>1-Jan-21</td>
<td>4-Sep-21</td>
<td>2 066</td>
<td>243</td>
<td>7</td>
<td>0.30%</td>
</tr>
<tr>
<td><strong>Chad</strong></td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>10-Oct-21</td>
<td>5 059</td>
<td>5 059</td>
<td>174</td>
<td>3.40%</td>
</tr>
<tr>
<td><strong>Chad</strong></td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>14-Sep-21</td>
<td>1-Apr-21</td>
<td>9-Sep-21</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

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

Since 1 January 2018, a total of 141 cases have been reported by 4 provinces (Ndjamena, Borkou, Tibesti and Ouaddai). Ndjamena’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-18 | 1-Jan-21 | 4-Sep-21 | 2 190 | 231 | 13 | 0.60% |

Since 01 January 2021 up to Epi week 36, It has been reported 2 190 suspected cases from 97 out of 129 districts in the country (71% of districts), 473 cases investigated with blood samples recorded, 231 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 | 8-Oct-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 | 9-Oct-21 | 4 165 | 4 165 | 147 | 3.50% |

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 08 October 2021, a total of 4 165 confirmed COVID-19 cases, including 147 deaths and 3 997 recoveries were reported in the country.

**Congo** | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 4-Oct-21 | 14 833 | 14 833 | 206 | 1.40% |

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 04 October 2021, a total of 14 833 cases including 206 deaths and 13 665 recovered cases have been reported in the country.

**Congo** | Poliomyelitis (cVDPV2) | Grade 2 | 29-Jan-21 | 8-Oct-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.
Since 13 March 2020, a total of 60 819 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 666 deaths, and a total of 58 893 recoveries.

Côte d’Ivoire

<table>
<thead>
<tr>
<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>COVID-19</td>
<td>Grade 3</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>10-Oct-21</td>
<td>60 819</td>
<td>60 819</td>
<td>666</td>
<td>1.10%</td>
</tr>
</tbody>
</table>

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

Côte d’Ivoire

| Event                  | Grade 2 | 29-Oct-19 | 29-Oct-19 | 8-Oct-21 | 61 | 61 | 0 | 0.00% |

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).

Democratic Republic of the Congo

| Event                  | Humanitarian crisis | Protracted 3 | 20-Dec-16 | 17-Apr-17 | 12-Sep-21 | - | - | - |

As of 12 September 2021, there are an estimated 5.26 million people internally displaced and 19.6 million are in need of emergency food assistance in the entire country. From 30 August - 5 September at least 82 people were reported killed and several others abducted in the villages of the Oicha and Kalunguata and some 3 418 newly displaced households were accommodated in Beni territory of North Kivu province. They fled incursions by armed men into localities in southern Ituri territory in Ituri, including the southern part of Beni territory. More than 90% of these IDPs live in fragile conditions with host families and present needs in all sectors. In Ituri territory of Ituri province there is population displacement from Ombaer, Ndimo etc., following the attack by alleged elements of the Allied Democratic Forces (ADF) in the Ituri territory of Ituri province (Kondea-Luna axis) who have mostly found refuge in Bunia and oulying districts. In Tokyo province, 12 050 people have been displaced from the areas of Babise, Mosanda, Banalia centre, Malila, and Bandindi due to the ongoing meningitis outbreak. In Kamako of Kasai province, an influx of 5 857 voluntary Congolese returns from the village of Mahala (Komnda-Luna axis) who have mostly found refuge in Bunia and outlying districts. In Tshopo province, 12 050 people have been displaced from territory of Ituri province there is population displacement from Otmaber, Ndimo etc., following the attack by alleged elements of the Allied Democratic Forces (ADF) in the Ituri territory of Ituri province.

Democratic Republic of the Congo

| Event                  | Grade 3 | 16-Jan-15 | 1-Jan-20 | 19-Sep-21 | 4 952 | 4 952 | 97 | 2.00% |

In 2021, from epidemiological week 1 to 37 (ending 19 September 2021), 4 952 suspected cholera cases including 97 deaths (case-fatality rate 2.0%) were recorded in 76 health zones across 14 provinces of the Democratic Republic of the Congo. Tanganyika province is reported to be experiencing an exponential increase in suspected cases over the last three weeks and has reported 86.8% (244 cases) of suspected cases in week 37. In 2020, a total of 30 304 suspected cholera cases including 514 deaths (case fatality 1.7%) were reported in 179 health zones across 23 provinces.

Democratic Republic of the Congo

| Event                  | Grade 3 | 10-Mar-20 | 10-Mar-20 | 7-Oct-21 | 57 248 | 57 246 | 1 087 | 1.90% |

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 57 246 confirmed cases and two probable case, including 1 087 deaths have been reported. A total of 50 930 people have recovered.

Democratic Republic of the Congo

| Event                  | Grade 2 | 30-Jul-21 | 1-Jun-21 | 4-Oct-21 | 1 470 | 14 | 192 | 13.10% |

On 28 July 2021, an alert was reported in the locality of Panga, Banalia territory, in Kisangani disctrict in DRC as a result of an illness with signs similar to those of meningitis. As of 04 October 2021, 1 470 cases have been reported including 192 deaths (CFR= 13.1%). Fourteen samples have been confirmed for Neisseria meningitidis serogroup W.

Democratic Republic of the Congo

| Event                  | Ungraded | n/a | 1-Jan-20 | 13-Sep-21 | 8 876 | 39 | 299 | 3.40% |

Since epidemiological week 1 up to week 36 in 2021, 2 619 cases have been reported with 70 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 vs 76 cases).

Democratic Republic of the Congo

| Event                  | Plague | Ungraded | 12-Mar-19 | 1-Jan-20 | 13-Sep-21 | 694 | - | 57 | 8.20% |

From 22 April 2021, a cluster of deaths due to suspected pneumatic plague were recorded in the health zone of Fatali, Ituri province, Democratic Republic of the Congo. The patients presented with headache, fever, chills, coughing sometimes with blood, dyspnea, 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 36, 2021 (ending on 12 September), 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.

Democratic Republic of the Congo

| Event                  | Poliomylitis (cVDPV2) | Grade 2 | 15-Feb-18 | 1-Jan-18 | 8-Oct-21 | 200 | 200 | 0 | 0.00% |

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.

Democratic Republic of the Congo

| Event                  | Typhoid fever | Ungraded | 1-Jul-21 | 1-Jan-21 | 31-Jul-21 | 716 494 | 883 | 44 | 0.00% |

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 Mushie health zone), 44 (21 in Popokabaka health zone and 23 in Mushie health zone) deaths (CFR 0.0%). 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 Abuzi health zone, North Ubangi province, Democratic Republic of the Congo whose date of symptom onset was 20 February 2021 with fever, vomiting, abdominal pain, back pain and physical asthenia. Jaundice appeared on 25 February. The second case is a 47-year-old female unvaccinated against yellow fever from Ango health zone, Bas Uele province. He first exhibited symptoms on 7 May 2021. In addition, confirmatory results are pending for three other presumptive positive cases from Equeateur, Kinsasha and North Ubangi provinces.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 06 October 2021, a total of 12 657 cases have been reported in the country with 154 deaths and 11 601 recoveries.

Equatorial Guinea COVID-19 Grade 3 14-Mar-20 14-Mar-20 6-Oct-21 12 657 12 657 154 1.20%

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

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 06 October 2021, a total of 12 657 cases have been reported in the country with 154 deaths and 11 601 recoveries.

Equatorial Guinea COVID-19 Grade 3 14-Mar-20 14-Mar-20 6-Oct-21 12 657 12 657 154 1.20%

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 but 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. Malnutrition rates are far above emergency thresholds among screened children under 5 years (25-30% or higher) and pregnant and lactating women (45-50%).

Ethiopia COVID-19 Grade 3 13-Mar-20 13-Mar-20 10-Oct-21 354 476 354 476 5 990 1.70%

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 354 476 cases of COVID-19 as of 10 October 2021, with 5 990 deaths and 323 505 recoveries.

Ethiopia Measles Ungraded 14-Jan-17 1-Jan-21 3-Oct-21 2 319 1 275 4 0.20%

In 2021, as of 03 October (Epi week 37), a total of 2 319 cases have been reported of which 1 275 have been confirmed (918 epi-link, 315 IgM and 42 measles compatible) and 4 deaths recorded (CFR 0.4%). Out of the 2 319 suspected cases, 1 153 were under 5 years of age, 751 were between 5 and 14 years of age and 415 were over 15 years of age.

Ethiopia Poliomyelitis (cVDPV2) Grade 2 24-Jun-19 20-May-19 8-Oct-21 74 74 0 0.00%

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

Gabon COVID-19 Grade 3 12-Mar-20 12-Mar-20 7-Oct-21 32 135 32 135 201 0.60%

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 07 October 2021, a total of 32 135 cases including 201 deaths and 27 333 recoveries have been reported in the country.

Gambia COVID-19 Grade 3 17-Mar-20 17-Mar-20 6-Oct-21 9 941 9 941 339 3.40%

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 6 October 2021, a total of 9 941 confirmed COVID-19 cases including 339 deaths, and 9 594 recoveries have been reported in the country.

Ghana COVID-19 Grade 3 12-Mar-20 12-Mar-20 10-Oct-21 128 368 128 368 1 158 0.90%

As of 3 October 2021, a total of 128 368 confirmed COVID-19 cases have been reported in Ghana. There have been 1158 deaths and 124 514 recoveries reported.

Ghana Meningitis Ungraded 1-Jan-21 1-Jan-21 26-Aug-21 279 - 3 1.10%

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 (Lauria, Lambussie, Nadowli-Kaleo, Wa Municipal). In Ghana, the Streptococcus pneumoniae is the germ mostly identified by the country laboratory.

Ghana Poliomyelitis (cVDPV2) Grade 2 9-Jul-19 8-Jul-19 8-Oct-21 31 31 0 0.00%

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.

Guinea COVID-19 Grade 3 13-Mar-20 13-Mar-20 5-Oct-21 30 479 30 479 505 1.70%

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 05 October 2021, a total of 30 479 cases including 29 023 recovered cases and 505 deaths have been reported in the country.

Democratic Republic of the Congo Yellow Fever Ungraded 21-Apr-21 21-Apr-21 18-Jul-21 2 2 0 0.00%
### Health Emergency Information and Risk Assessment

#### Guinea

**Event:** Measles  
**Grade:** Ungraded  
**Date notified to WCO:** 9-May-18  
**Start of reporting period:** 1-Jan-20  
**End of reporting period:** 7-Sep-21  
**Total cases:** 3,248  
**Cases confirmed:** 183  
**Deaths:** 5  
**CFR:** 0.20%

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. Out of the 183 positive persons, 11 (6%) were vaccinated. In 2020 at the same epi week, 6070 suspected cases, 570 cases sampled, 767 samples tested of which 524 positive, 269 negative and 48 undetermined; 15 deaths have been reported. Since 2020, a total of 9,318 suspected cases, 1,120 tests analysed, 707 confirmed cases, 19 deaths have been reported.

#### Guinea

**Event:** Measles  
**Grade:** Ungraded  
**Date notified to WCO:** 9-May-18  
**Start of reporting period:** 1-Jan-20  
**End of reporting period:** 7-Sep-21  
**Total cases:** 3,248  
**Cases confirmed:** 183  
**Deaths:** 5  
**CFR:** 0.20%

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. Out of the 183 positive persons, 11 (6%) were vaccinated. In 2020 at the same epi week, 6070 suspected cases, 570 cases sampled, 767 samples tested of which 524 positive, 269 negative and 48 undetermined; 15 deaths have been reported. Since 2020, a total of 9,318 suspected cases, 1,120 tests analysed, 707 confirmed cases, 19 deaths have been reported.

#### Guinea-Bissau

**Event:** COVID-19  
**Grade:** Grade 3  
**Date notified to WCO:** 25-Mar-20  
**Start of reporting period:** 25-Mar-20  
**End of reporting period:** 9-Oct-21  
**Total cases:** 6,119  
**Cases confirmed:** 6,119  
**Deaths:** 141  
**CFR:** 2.30%

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 9 October 2021, the country has reported 6,119 confirmed cases of COVID-19 with 5,362 recoveries and 141 deaths. Since January 2020, a total of 1120 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 four counties; Kitui, Tharaka Nithi, West Pokot and Wajir. 15 new cases recorded in the last week.

#### Liberia

**Event:** Lassa fever  
**Grade:** Ungraded  
**Date notified to WCO:** 26-Sep-20  
**Start of reporting period:** 1-Jan-21  
**End of reporting period:** 8-Oct-21  
**Total cases:** 3  
**Cases confirmed:** 0  
**Deaths:** 0  
**CFR:** 0.00%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, we have 6 cases in 2021. The total number of 2020 cases has been corrected to 44.

#### Lesotho

**Event:** COVID-19  
**Grade:** Grade 3  
**Date notified to WCO:** 13-May-20  
**Start of reporting period:** 13-May-20  
**End of reporting period:** 9-Oct-21  
**Total cases:** 6,119  
**Cases confirmed:** 6,119  
**Deaths:** 141  
**CFR:** 2.30%

Since January 2020, a total of 1120 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 four counties; Kitui, Tharaka Nithi, West Pokot and Wajir. 15 new cases recorded in the last week.

#### Nigeria

**Event:** Poliomyelitis  
**Grade:** Grade 2  
**Date notified to WCO:** 5-Feb-21  
**Start of reporting period:** 10-Feb-21  
**End of reporting period:** 8-Oct-21  
**Total cases:** 3  
**Cases confirmed:** 1  
**Deaths:** 0  
**CFR:** 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 Bouralgy, Garissa town, Garissa County showed a cVDPV2 with 65nt changes from Sabin.

#### Nigeria

**Event:** Poliomyelitis  
**Grade:** Grade 2  
**Date notified to WCO:** 5-Feb-21  
**Start of reporting period:** 10-Feb-21  
**End of reporting period:** 8-Oct-21  
**Total cases:** 3  
**Cases confirmed:** 1  
**Deaths:** 0  
**CFR:** 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 Bouralgy, Garissa town, Garissa County showed a cVDPV2 with 65nt changes from Sabin.

#### Nigeria

**Event:** Poliomyelitis  
**Grade:** Grade 2  
**Date notified to WCO:** 5-Feb-21  
**Start of reporting period:** 10-Feb-21  
**End of reporting period:** 8-Oct-21  
**Total cases:** 3  
**Cases confirmed:** 1  
**Deaths:** 0  
**CFR:** 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 Bouralgy, Garissa town, Garissa County showed a cVDPV2 with 65nt changes from Sabin.

#### Nigeria

**Event:** Poliomyelitis  
**Grade:** Grade 2  
**Date notified to WCO:** 5-Feb-21  
**Start of reporting period:** 10-Feb-21  
**End of reporting period:** 8-Oct-21  
**Total cases:** 3  
**Cases confirmed:** 1  
**Deaths:** 0  
**CFR:** 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 Bouralgy, Garissa town, Garissa County showed a cVDPV2 with 65nt changes from Sabin.
**Madagascar**

### Malnutrition crisis

**Grade** Grade 2

**Date notified to WCO** 1-Jul-21

**Start of reporting period** 1-Jan-21

**End of reporting period** 9-Sep-21

**Total cases** -

**Cases Confirmed** -

**Deaths** -

**CFR** -

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 asIPC 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.

### COVID-19

**Grade** Grade 3

**Date notified to WCO** 20-Mar-20

**Start of reporting period** 20-Mar-20

**End of reporting period** 1-Oct-21

**Total cases** 43 610

**Cases Confirmed** 43 610

**Deaths** 960

**CFR** 2.20%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 1 October 2021, a total of 43 610 cases have been reported in the country, out of which 42 660 have recovered and 960 deaths reported.

### Malaria

**Grade** Ungraded

**Date notified to WCO** 8-Mar-21

**Start of reporting period** 1-Jan-21

**End of reporting period** 12-Sep-21

**Total cases** 1 428 234

**Cases Confirmed** -

**Deaths** 671

**CFR** -

From January 2021 to 12 September 2021, 1 428 234 cases were reported including 671 deaths. The number of malaria cases reported in week 36 was 7 649 cases and a decrease in the number of malaria cases has been observed from week 21.

### Pneumonia Plague

**Grade** Grade 1

**Date notified to WCO** 29-Aug-21

**Start of reporting period** 1-Sep-21

**End of reporting period** 26-Sep-21

**Total cases** 40

**Cases Confirmed** 30

**Deaths** 8

**CFR** 20.00%

On 29 August 2021, in the Itasy region, in the Arivonimamo health district, an alert was received by the health authorities regarding cases of Pulmonary Plague. As of 26 September 2021, a total of 40 suspected cases of pneumonia plague including 30 confirmed and 8 death cases (CFR 20%) 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.

### Poliomyelitis (cVDPV1)

**Grade** Grade 2

**Date notified to WCO** 28-Apr-21

**Start of reporting period** 28-Apr-21

**End of reporting period** 8-Oct-21

**Total cases** 10

**Cases Confirmed** 10

**Deaths** 0

**CFR** 0.00%

Two cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported in Boeni and Menabe bringing the number of 2021 cases to eight. There were two cases reported in 2020. There were no cases from 2021.

### Malawi

### COVID-19

**Grade** Grade 3

**Date notified to WCO** 2-Apr-20

**Start of reporting period** 2-Apr-20

**End of reporting period** 19-Sep-20

**Total cases** 61 676

**Cases Confirmed** 61 676

**Deaths** 2 290

**CFR** 3.70%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 10 October 2021, the country has a total of 61 676 confirmed cases with 2 290 deaths and 56 430 recoveries.

### Humanitarian crisis

**Grade** Protracted 1

**Date notified to WCO** n/a

**Start of reporting period** n/a

**End of reporting period** 8-Aug-21

**Total cases** -

**Cases Confirmed** -

**Deaths** -

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 Ouatagouna 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.

### Cholera

**Grade** Ungraded

**Date notified to WCO** 11-Sep-21

**Start of reporting period** 12-Sep-21

**End of reporting period** 3-Oct-21

**Total cases** 11

**Cases Confirmed** 2

**Deaths** 4

**CFR** 36.40%

During the week 36 of 2021 (ending 12 September 2021), 7 suspected cases of cholera have been notified by the health area of Labbezanga, Ansongo health district in the Gao region. On 11 September 2021, cholera was confirmed with the isolation of Vibrio cholerae Ogawa 01 at National Institute of Public Health 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 26 September, a total of 11 cases including 2 confirmed and 4 deaths (CFR 36.4%) are reported so far. Measures are being taken by the authorities to contain the outbreak at local level.

### Measles

**Grade** Ungraded

**Date notified to WCO** 20-Feb-18

**Start of reporting period** 1-Jan-21

**End of reporting period** 3-Oct-21

**Total cases** 1 326

**Cases Confirmed** 693

**Deaths** 2

**CFR** 0.20%

From January 2021 up to Epi week 37 (ending the 19 September 2021), Mali has reported a total of 1 326 suspected cases including two deaths, 1 192 samples tested of which 693 were positive, 461 negative and 38 undetermined. There is an increase of 80.4% of confirmed cases compared to the same week last year.

### Poliomyelitis (cVDPV2)

**Grade** Grade 2

**Date notified to WCO** 24-May-19

**Start of reporting period** 24-May-19

**End of reporting period** 8-Oct-21

**Total cases** 25

**Cases Confirmed** 25

**Deaths** 0

**CFR** 0.00%

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

### Mauritania

### COVID-19

**Grade** Grade 3

**Date notified to WCO** 13-Mar-20

**Start of reporting period** 13-Mar-20

**End of reporting period** 10-Oct-21

**Total cases** 36 414

**Cases Confirmed** 36 414

**Deaths** 785

**CFR** 2.20%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 10 October 2021, a total of 36 414 cases including 785 deaths and 35 174 recovered cases have been reported in the country.

### Mauritius

### COVID-19

**Grade** Grade 3

**Date notified to WCO** 18-Mar-20

**Start of reporting period** 18-Mar-20

**End of reporting period** 8-Oct-21

**Total cases** 16 291

**Cases Confirmed** 16 291

**Deaths** 110

**CFR** 0.70%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 08 October 2021, a total of 16 291 confirmed COVID-19 cases including 110 deaths and 15 189 recovered cases have been reported in the country.
## Health Emergency Information and Risk Assessment

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

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 7 October 2021, a total of 128 106 confirmed cases with 123 542 recovered and 3 527 deaths have been reported.

According to OCHA statistics, 3.8 million people need humanitarian assistance in 2021. 289K are IDPs, 243K are refugees, and 1.6 million are food insecure (phase 3+ above). The Idrantek Malian refugee reception area has closed and many (66%) IDPs from there have resettled in the villages of Temcess, Tillia ville, Gawey, Assaguauey 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.

In Niger, torrential rainfall and floods affected more than 238,000 people and left 77 people dead. Since the start of the 2021 rainy season in June, torrential rainfall has led to the collapse of about 20,000 houses, the destruction of nearly 7,000 hectares of cultivable land, and the death of more than 10,000 livestock. Thousands of people have been rendered homeless and vulnerable due to the loss of their livelihoods.

Floods have been followed by outbreaks of cholera across seven of the country’s eight regions.

From 19 March 2020 to 10 October 2021, a total of 6 093 cases with 204 deaths have been reported across the country. A total of 5 790 recoveries have been reported from the country.

Since the beginning of 2021 to week 34 ending 26 August 2021, 1 340 cases have been reported with 75 deaths (CFR 5.5%). Two districts have surpassed the monthly threshold and six districts are on alert.

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 rendered homeless and vulnerable due to the loss of their livelihoods.

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 persons (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 725K people displaced.

### Table: Countries and 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>Mozambique</td>
<td>Humanitarian crisis in Cabo Delgado</td>
<td>Protracted 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>1-Aug-21</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 10 October 2021, a total of 150 985 confirmed COVID-19 cases were reported in the country including 1 922 deaths and 147 876 recoveries.

<table>
<thead>
<tr>
<th>Mozambique</th>
<th>COVID-19</th>
<th>Grade 3</th>
<th>22-Mar-20</th>
<th>22-Mar-20</th>
<th>10-Oct-21</th>
<th>150 985</th>
<th>150 985</th>
<th>1 922</th>
<th>1.30%</th>
</tr>
</thead>
</table>

As of 6 October 2021, a total of 5 281 cases including 155 deaths (CFR 2.9%) have been reported. Seven regions out of eight have reported cases so far (Tahoua, Niamey, Tillaberi, Dosso, Maradi, Zinder and Diffa). To date 33 out of 72 health districts have reported cases with 12 health districts currently active. The rainy season is still ongoing causing floods that contribute to the spread of the outbreak.

### Table: Health 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>
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<tbody>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>18-Dec-17</td>
<td>8-Sep-17</td>
<td>15-Aug-21</td>
<td>8 090</td>
<td>8 090</td>
<td>66</td>
<td>0.80%</td>
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</tbody>
</table>

As of 15 August 2021, a cumulative total of 8 090 cases (2 117 laboratory-confirmed, 4 738 epidemiologically linked, and 1 235 suspected cases) including 66 deaths (CFR=0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 5 004 (62.0%) of reported cases, followed by Erongo 1 717 (21.2%).

### Table: COVID-19 Cases

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>1-Oct-18</td>
<td>1-Oct-18</td>
<td>8-Oct-21</td>
<td>20</td>
<td>20</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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

<table>
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<th>Country</th>
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</tbody>
</table>

As of 26 September 2021, a total of 88 563 suspected cases including 3 057 deaths (CFR 3.5%) have been reported from 28 states and FCT in 2021. Of the suspected cases since the beginning of the year, the 5-14 years age group is the most affected, while males and females are equally affected. Three States of Bauchi (19 337 cases), Kano (11 952 cases) and Jigawa (10 756 cases) account for 48% of all cumulative cases. Twelve local government authorities across six states (Bauchi (4), Zamfara (3), Jigawa (2), Kano (1), Yobe (1) and Katsina (1) have reported more than 1 000 cases each this year.
Health Emergency Information and Risk Assessment

Nigeria

COVID-19 Grade 3 27-Feb-20 27-Feb-20 10-Oct-21 207 696 207 696 2 747 1.30%

First case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 10 October 2021, a total of 207 696 confirmed cases with 195 274 recovered and 2 747 deaths have been reported.

Lassa fever

Ungraded 1-Jan-21 1-Jan-21 12-Sep-21 3 006 369 76 20.60%

Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 36 of 2021, the number of new confirmed cases was 4. These were reported from Ondo, Edo, and Enugu States. Cumulatively from week 1 to week 36 of 2021, a total of 369 confirmed cases including 76 deaths among confirmed cases have been reported with a case fatality rate of 20.6% across 14 states. In total, 3 006 cases are suspected in 2021. This is lower than the same period reported in 2020. Of all confirmed cases, 84% are from Edo (45%), Ondo (34%) and Taraba (5%) States.

Measles

Ungraded 25-Sep-17 1-Jan-21 31-Aug-21 10 106 6 718 87 0.90%

In 2020, Nigeria reported 9 316 confirmed cases, with 55 deaths, CFR 0.6%. From January 2021 to 31 August 2021, 10 106 suspected cases have been reported in Nigeria including 87 deaths. Of the suspected cases reported, 6 718 (66.5%) were confirmed (1 065 lab confirmed 2 734 epi-linked and 2 919 clinically compatible), 3 272 (32.4%) were discarded and 116 (1.2%) are pending classification. The most affected state is Borno with 5 614 cases. The age group 9 - 59 months accounted for 5 048 (75.1%) of all confirmed cases. During the month of August, 189 were reported; no death was recorded among confirmed cases.

Yellow fever

Ungraded 1-Dec-20 1-Dec-20 8-Oct-21 15 15 0.00%

17 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week; four in Bauchi, two each in Borno and Gombe, three each in Jigawa and Katsina and one each in Kano, Taraba and Yobe. There are now 169 cases reported in 2021. There were eight cases reported in 2020; 18 cVDPV2 cases reported in 2019 and 24 in 2018.

Poliomyelitis

Grade 2 1-Jan-21 1-Jan-21 31-Aug-21 1 312 31 2 0.20%

From 1 January 2021 to 31 August 2021, a total of 1 312 suspect YF cases were reported in 367 Local Government Areas (LGAs) across all 37 States including the Federal Capital Territory. A total of 45 blood samples were sent to the Institut Pasteur in Dakar and 31 samples tested positive by PRNT. Twelve PRNT-positive cases had a history of YF vaccination, which may have impacted the PRNT result. There were two deaths reported among the 19 non-vaccinated PRNT positive cases (CFR 11%). The 31 YF PRNT positive cases were reported from 18 LGAs in nine states.

Measles

Ungraded 1-Dec-20 1-Dec-20 8-Oct-21 14 14 0.00%

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Kaolack bringing the number of 2021 cases to 14. Three cVDPV2 positive environmental samples were reported in Dakar.

Sao Tome and Principe

COVID-19 Grade 3 6-Apr-20 6-Apr-20 10-Oct-21 3 628 3 628 56 1.50%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 10 October 2021, a total of 3 328 confirmed cases have been reported, including 56 deaths. A total of 2 974 cases have been reported as recoveries.

Senegal

COVID-19 Grade 2 4-Apr-21 8-Oct-21 14 14 0.00%

From 2 March 2020 to 10 October 2021, a total of 73 837 confirmed cases of COVID-19 including 1 868 deaths and 71 931 recoveries have been reported in Senegal.

Poliomyelitis

Grade 2 1-Dec-20 1-Dec-20 8-Oct-21 15 15 0.00%

One of the first 15 cases reported in 2020 was confirmed with CFR 64%. Lassa fever is known to be endemic in Sierra Leone and surrounding countries.

Seychelles

COVID-19 Grade 3 14-Mar-20 14-Mar-20 8-Oct-21 21 769 21 769 112 0.50%

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 8 October 2021 a total of 21 769 cases have been confirmed, including 21 373 recoveries and 112 deaths have been reported.

South Africa

COVID-19 Grade 2 10-Dec-20 10-Dec-20 8-Oct-21 15 15 0.00%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. So far, 5 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 by 10 October 2021, a cumulative total of 2 910 681 confirmed cases and 88 236 deaths have been reported with 2 789 432 recoveries.

South Africa Poliomyelitis (cVDPV2) Grade 2 10-Dec-20 10-Dec-20 8-Oct-21 15 15 0.00%

Since the start of the COVID-19 pandemic in South Africa by 10 October 2021, a cumulative total of 2 910 681 confirmed cases and 88 236 deaths have been reported with 2 789 432 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, 108,800 are in IPC 5, 2,400 are in IPC 4, and 4,600 are in IPC 3. The total number includes 1.9 million acutely malnourished women and children suffering and 1.47 million internally displaced people. The six most affected counties are Pibor, Akobo, Aweil South, Tonj North, Tonj South and Tonj East.

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, 90,000 people have been affected by flooding from 1 January - 6 August 2021 in 11 counties including Ayod, Fangak, Renk, Guil, Gogrial West, Aweil South, Mayendit, Koch, Nhialu Rubkona and Malakal from Fangak.

On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 09 October 2021, a total of 12 111 confirmed COVID-19 cases were reported in the country including 130 deaths and 11 617 recovered cases.

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.

Since week 38 of 2019 to 08 August 2021 (week 31 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.

The anthrax outbreak is ongoing in Zimbabwe. Twelve new anthrax cases and no death were reported in week 36 of 2021. The cases were reported by Gokwe South District (3) and Gokwe North District (9) in Midlands Province. From Week 1 to 36 of 2021, the cumulative figures for anthrax are 122 cases and 0 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 first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 03 October 2021, a total of 131,705 confirmed COVID-19 cases were reported in the country including 4,634 deaths and 124,866 cases that recovered.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>South Sudan</td>
<td>Acute Food insecurity</td>
<td>Grade 2</td>
<td>18-Dec-20</td>
<td>5-Apr-20</td>
<td>15-Aug-21</td>
<td>-</td>
<td>-</td>
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<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>15-Aug-16</td>
<td>n/a</td>
<td>15-Aug-21</td>
<td>-</td>
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<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-18</td>
<td>3-Jan-18</td>
<td>5-Sep-21</td>
<td>1,086</td>
<td>104</td>
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<td>24-Nov-18</td>
<td>19-Sep-19</td>
<td>8-Aug-21</td>
<td>1,313</td>
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<td>Poliomyelitis (cVDPV2)</td>
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<td>22-Oct-20</td>
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<td>8-Oct-21</td>
<td>59</td>
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<td>16-Mar-20</td>
<td>17-Sep-20</td>
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<td>124,736</td>
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<td>869</td>
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<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>10-Oct-21</td>
<td>131,705</td>
<td>131,705</td>
<td>4,634</td>
<td>3.50%</td>
</tr>
</tbody>
</table>

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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.

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