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
- Cholera in Benin

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:**

- There are new cases and deaths in the Ebola virus disease outbreak reported in Butsili health area, Beni health zone in the Democratic Republic of the Congo, however with no spread to new health areas and zones. Challenges remain around weak community surveillance, poor communication and inadequate logistics, all of which require urgent intervention. In addition, the ongoing COVID-19, as well as cholera, meningitis, and measles outbreaks may jeopardize the country’s ability to rapidly detect and respond to the EVD outbreak.

- COVID-19 cases continue to decline in the African region, with infections having fallen thus far for 13 consecutive weeks. Most of the COVID-19 cases are from a few countries, with five countries accounting for majority of all new cases in the past week: Ethiopia, South Africa, Nigeria, Angola, and Ghana. Ethiopia reported the highest number of new cases for the second week running, surpassing South Africa which had recorded the highest number of cases and deaths for the past six months and more. 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.

- Sporadic cases of cholera have continued to occur in Benin since mid-March 2021. The case reporting trend is intermittent with active periods followed by long silent periods without any cases reported. This intermittent evolution of the outbreak could probably reflect a weakness in case detection and the surveillance. Of the twelve departments of Benin, five are affected (Atlantic, Littoral, Alibori, Mono and Ouémé). The Atlantic is the most affected, followed by the Littoral, both of which are located in the southern part of the country along the Atlantic Ocean. To date, there is no epidemiological link with other ongoing cholera outbreaks in neighboring countries (Nigeria, Niger and Burkina Faso), however, the risk of cross-border transmission remains high given the volume of trade and population movements between Benin and neighboring countries.
The Ebola virus disease (EVD) which was declared on 8 October 2021 in Butsili Health Area (HA), Beni Health Zone (HZ) in North Kivu Province of the Democratic Republic of the Congo continues with four new confirmed cases reported in the past week. The four cases were all identified in Butsili HA in Beni HZ and these include; two cases and two deaths, of which one was a community death. Three of these cases (including one community deaths) were confirmed on the 16 October 2021, while the other was a 40-year-old woman who was admitted at Beni referral hospital and died on the 13 October 2021. She was a resident of Beni HA in North Kivu Province and a contact to a known probable case (a 3-year-old girl who died on the 29 September 2021).

As of 16 October 2021, a total of five confirmed cases of EVD have been reported in Beni HZ in the Democratic Republic of the Congo, with three deaths (case fatality ratio 60.0%). All the five confirmed cases of EVD have been reported from Butsili HA.

Since the confirmation of the EVD outbreak in Beni HZ, a total of 365 contacts have been listed, of which 318 (87.0%) are under follow up, 44 (12.0%) contacts had never been seen, and two (1.0%) contacts are lost to follow-up. Of the contacts under follow up, seven became suspects including five in Butsili HA, one in Mabakanga HA and one in Ngongolio HA. All the suspect cases are currently under isolation at Beni Hospital. The contacts have so far been identified in 90% (16/19) HAs in Beni HZ.

Since the start of vaccination on 13 October 2021, 96 people (including 24 primary care providers) have been vaccinated including 43 contacts of contacts, 35 probable contacts and 18 high risk contacts.

On 16 October 2021, 26 laboratory samples including 12 swabs were analyzed among which three returned positive for EVD. Since the start of the response, a total of 105 samples have been taken and analysed, of which five returned positive for the EVD.

The Beni Ebola Treatment Centre which was operational in 2018-20 remains non-operational at this time. However, seven temporary isolation units have been set up in different health centres in the Beni HZ and at the General Referal Hospital in Beni with a 41-bed capacity for suspected cases;

A swab sample of the known index case was sequenced and initial findings indicate that this outbreak likely represents a new flare-up of the 2018-2020 Nord Kivu/Ituri EVD outbreak, initiated by transmission from a persistently infected survivor or a survivor who experienced relapse. Further epidemiologic investigations are ongoing to determine the source.

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.

About 1000 doses of the rVSV-ZEBOV Ebola vaccine and other medical supplies were delivered from the capital Kinshasa to Goma city in North Kivu and around 200 doses were sent onward to Beni city, which is near the Butsili HA where the confirmed case was detected. Vaccination against EVD started on the 13 October 2021 and five sites in Ngongolio, Paida, Mandraidele, Bustili and Mabakanga are now conducting vaccination. Vaccinators are using the “ring vaccination” approach, where contacts and contacts of contacts are vaccinated.

Different community groups have been reached and engaged to raise Ebola awareness in response interventions, as well as in establishing an Ebola survivor care programme.

On 16 October 2021, seven suspected cases were admitted including four at Beni treatment centre and three at Kanzulunzuli health centre. The total number of patients treated is nine suspected cases.

Training and re-training of the health workforce for early detection, isolation, treatment of EVD cases as well as safe and dignified burials and the IPC ring approach is underway.

Community dialogue was held with 32 leaders of different youth associations in the city of Beni to solicit their involvement in sensitizing the community in the fight against EVD; awareness was conducted in an Adventist church on prevention measures for EVD.

Alert monitoring continues using both active cases finding from health facilities visited during active case search and passive surveillance.

A total of 31 352 (95.6%) travelers were screened among the 32 771 people who went through the different points of control (PoCs); a new alert was intercepted at Pasisi PoC in Beni HZ. It was a community death that was investigated and validated as a suspected case.

Management of suspected EVD cases is underway at a provisional EVD treated center.

Laboratory analysis of samples from suspected EVD cases is also ongoing.

Psychosocial care is being offered to the affected families and suspected cases.
SITUATION INTERPRETATION

The EVD outbreak in Beni HHZ continues to evolve with four new confirmed cases identified in the past week. A total of five confirmed cases has been recorded with three deaths. Only Butsili health area is affected to date. There are challenges around weak reporting of alerts by health zones, limited human resources for contact follow-up, and other public health actions; insufficient tools for surveillance including personal protective equipment in health facilities in the health zone. National and regional authorities, and partners need urgently to strengthen surveillance in health zones and ensure that the treatment centres in Beni are operational for both suspected and confirmed cases.

PROPOSED ACTIONS

1. 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.

2. 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.

New Ebola case in North Kivu in the Democratic Republic of the Congo
In the past seven days (11 – 17 October 2021), the WHO African region reported a total of 21 704 new cases of coronavirus disease (COVID-19), a 29.0% decrease compared to the preceding week when 30 642 new cases were reported. Three (13.0%) countries saw a 20% or more increase in weekly cases compared to the previous week: Comoros, Eritrea, Guinea-Bissau, Liberia, Mauritius and South Sudan.

In the same reporting period, 30 (64.0%) countries reported a decrease of 20% or more in the number of new cases reported compared to the previous week. These countries are Angola, Benin, Botswana, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Côte d’Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Gabon, Gambia, Guinea, Lesotho, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Rwanda, Sao Tome and Principe, Senegal, Seychelles, South Africa, Togo, Uganda, and the United Republic of Tanzania.

Most of the region’s cases are concentrated in five countries which account for 62% (13 358) of the cases recorded in the past week, namely Ethiopia (4 771 new cases, 17.8% decrease, 19.4 new cases per 100 000); South Africa (4 448 new cases, 22.3% decrease, 37.1 new cases per 100 000 population); Nigeria (1 603 new cases, 3.0% increase, 10.8 new cases per 100 000); Angola (1 464 new cases, 40.0% decrease, 74.2 new cases per 100 000) and Ghana (1 072 new cases, 2.4% decrease, 71.4 new cases per 100 000).

A fall in weekly deaths by 27.0% (n=876) was recorded from 32 countries against 1 192 deaths reported by 37 countries in the previous week. The highest numbers of new deaths were reported from South Africa (295 new deaths; 45.0% decrease; 1.0 new deaths per 100 000 population), Ethiopia (227 new deaths; 15.3% decrease; 0.2 new deaths per 100 000), Nigeria (90 new deaths; 275.0% increase; 0.1 new deaths per 100 000), Angola (42 new deaths; 6.7% decrease; 0.1 new deaths per 100 000), and Kenya (42 new deaths; 2.4% increase; 0.0 new deaths per 100 000).

Currently, the cumulative number of confirmed COVID-19 cases is at 6 036 746. 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 148 599, 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 11 countries that meet the criteria for resurgence of COVID-19 cases in the region; Angola, Benin, Burundi, Republic of Congo, Cameroon, Equatorial Guinea, Ethiopia, Gabon, Ghana, Mauritius, and Sao Tome and Principe. Four countries, Algeria, Benin, Mauritius and Kenya are experiencing their fourth wave. Collectively, the highest number of COVID-19 cases in the region has been recorded in South Africa with 2 916 593 cases (48.0%), followed by Ethiopia 359 247 (6.0%), Kenya 252 033 (4.2%), Zambia 209 521 (3.5%), and Nigeria 209 298 (3.5%), accounting for (3 946 692, 65.4%) of all cases. South Africa also has the highest number of deaths in the region (88 61 deaths, 60.0% of all deaths); followed by Ethiopia, 6 217, 4.2%), Algeria (5 872, 4.0), Kenya (5 223, 3.5) and Zimbabwe (4 658, 3.1), all accounting for 74.4% (110 582) of all deaths reported in the region.

In the past seven days, a total of 27 new health worker infections were reported from Namibia (19), Eswatini (5), and Malawi (3). An additional, 1 983 new health worker infections were reported retrospectively from Botswana. Thus far, there have been 128 164 COVID-19 infections (2.1% of all cases) among health workers in the region, with South Africa accounting for about 44.0% (56 180) of the total infections. Algeria (11 936, 9.3%), Kenya (7 542, 6.0%), Zimbabwe (5 366, 4.2%) and Mozambique (4 779, 3.7%) 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 WHO African region has continued to see a decline in COVID-19 cases for three consecutive months and weekly case number are now lower than those observed just before the prior two waves began. This sustained fall continues to be driven largely by more than half of region’s countries observing a fall in weekly cases. Weekly COVID-19 deaths in the region decreased in the past week, with South Africa and Ethiopia contributing to majority of the deaths. WHO is constantly analysing data and working closely with countries to use the data to help inform, initiate, and implement response actions, as well as formulate new policies and strategies at the regional and national levels. 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. Seventeen countries have reported higher case fatality rates than the African average of 2.4% over the last month.

**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.
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 17 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>
<td><strong>6,036,746</strong></td>
<td><strong>148,599</strong></td>
<td><strong>5,662,388</strong></td>
<td><strong>2.5</strong></td>
<td><strong>128,164</strong></td>
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*Total cases includes one probable case from Democratic Republic of the Congo*
**EVENT DESCRIPTION**

Benin has been reporting suspected cases of cholera since week 12 (ending 28 March 2021). The first suspected cases were reported from week 12 to week 14 (ending 11 April) with 103 cases recorded, followed by an eight-weeks lull. Subsequently, notification of more suspected cholera cases began at week 23 (ending June 13) through to week 25 (ending June 27) with three cases reported.

The current episode started during week 31 (ending 8 August) with notification of 21 suspected cases. As of week 40 (ending 10 October 2021), a total of 127 suspected cases with 10 confirmed cases have been reported. No deaths have been recorded thus far.

Five (42.0%) departments (Atlantic, Littoral, Alibori, Mono and Ouémé) are currently affected in the country. Most of the cases, 81.8% (104), have been reported from the Atlantic department followed by the Littoral department with 17 cases (13.4%). These two departments are in the south of the country along the Atlantic Ocean. The departments of Alibori, Borgou, Collines, Plateau, and Atakora bordering countries that are having cholera outbreaks (Niger, Nigeria, and Burkina-Faso) have not recorded any confirmed case of cholera so far.

Out of the 127 cases reported, *Vibrio Cholerae* Ogawa 01 was isolated in 10 patients (7.8%); four confirmed cases from Cotonou IV health zone, three confirmed cases are from Sô-Ava health zone, two confirmed cases are from Cotonou V health zone and one confirmed case from Cotonou VI health zone. Females (60%) are more affected than the males (40%). The age range is 10 to 34 years. There is no epidemiological link established to date between cholera cases reported in Benin with the others ongoing cholera outbreaks in the neighbouring countries.

Among risk factors identified for this outbreak are the existence of poorly maintained inhabited lake areas with stilt houses and toilets, and open defecation into the water. The consumption of unsafe drinking water, the unprotected food sold in the streets and overcrowding living conditions of the population have also been identified as risk factors.

**PUBLIC HEALTH ACTIONS**

- Active case finding in the community as well as case investigation through the review of the health care registers in the health facilities is ongoing as the ministry of health strengthens passive and community surveillance
- Disinfection of the homes of identified cases, distribution and demonstration on the use of Aquatab for the treatment of drinking water in the community
- The treatment of wells in the lake areas continue
- Community sensitization on hygiene measures is ongoing, including hand washing, protection of food against flies and the preparation of drinking water in households.

**SITUATION INTERPRETATION**

Cholera is endemic in Benin and the identified risk factors for outbreaks are often linked to poor basic hygiene conditions with lack of drinking water, unsanitary environmental conditions, and the risky behaviors of the population. All areas currently affected are known hot spots for cholera in Benin as per the national map of cholera. The departments of Atlantic, Littoral, Alibori, Mono and Ouémé are the most affected. The unsafe behavior of the population living in the lake areas and the lack of drinking water are contributing to the spread of the current cholera outbreak. Although there is not yet an epidemiological link between the current outbreak and those ongoing in neighboring countries, the risk of cross-border transmission in both directions should be considered.

**PROPOSED ACTIONS**

- It is important to continue with the implementation of the current response measures which have helped so far to maintain a case fatality ratio at zero percent, effort should be maintained to ensure early case detection and proper case management of any suspected cases notified, surveillance should be also strengthened to capture all suspected cases within the community.
Robust public awareness activities must continue to further reduce population’s unsafe practices that can promote the spread of cholera during this outbreak period.

Cross-border collaboration between Benin, Burkina-Faso, Niger, and Nigeria particularly in the border departments, should be reinforced to avoid any trans-border transmission.

At the same time, in all areas at risk already known as per the national cholera map, preparedness and response plans must be developed and implemented.

Sustainable programs for access to drinking water, sanitation and hygiene should remain a priority as well as a proper environmental management policy especially in the lake areas.
Between 9 March 2020 and 15 October 2021, a total of 14 734 confirmed cases of COVID-19 with 203 deaths and 14 164 recoveries have been reported from Burkina Faso.

Between 9 March 2020 and 15 October 2021, a total of 205 286 confirmed cases of COVID-19 with 5 872 deaths (CFR 2.9%) have been reported from Algeria. A total of 140 758 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 17 October 2021, a total of 62 842 confirmed COVID-19 cases have been reported in the country with 1 664 deaths and 50 626 recoveries.

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

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.

Since week 12 (ending 28 March 2021) of this year, cases of cholera have been reported in Benin. As of 16 October 2021, a total of 127 cases with zero death are reported so far. Ten cases have been confirmed by culture. Regarding one death reported previously, the post mortem results did not confirm cholera.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 10 October 2021, a total of 24 560 confirmed cases have been reported in the country with 161 deaths and 24 660 recoveries.

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.

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 11 October 2021, a total of 181 856 confirmed COVID-19 cases have been reported in the country including 2 386 deaths and 178 124 recovered cases.

Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement of a total of 1.4 million internally displaced persons as of 31 August 2021 in all 13 regions in the country. The regions most affected were Central North and Sahel. The displacement has had a strong impact on natural resources which in turn is affecting the IDP and host community populations causing social distress between the groups. According to the World Food Programme, 3.5 million people are in need of humanitarian assistance and 2.87 million people are food insecure as of September 2021.

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 Tanwalbougou, 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 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 Kuni / Niger. He was treated, cured, and released in isolation on August 31. The first confirmed case was discharged on 22 August, 2021.

Between 9 March 2020 and 15 October 2021, a total of 14 734 confirmed cases of COVID-19 with 203 deaths and 14 164 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.

Burundi COVID-19 Grade 3 31-Mar-20 18-Mar-20 16-Oct-21 19 730 19 730 14 0.10%

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 16 October 2021, the total number of confirmed COVID-19 cases is 19,730, including 14 deaths and 19,450 recovered.

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 37 of 2021, Burundi has reported a total of 461 suspected cases, 348 reported by case-by-case surveillance and no death, 68 confirmed by IgM+ 274 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak : Bubanza, Mbanda, Bugaruma, Muinyba, Ramonge and Cibitoke.

Cameroon Humanitarian crisis (Far North, North, Adamawa & East) Protracted 2 31-Dec-13 27-Jun-17 31-Jul-21 461 348 0 0.00%

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 321,866 IDPs registered in Far North as of 31 July 2021. Increased attacks from non-state armed groups (NSAGs) in the Logone and Chari, and Mayo Tsanaga divisions has 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, SGBV response, shelter, and non-food items.

Cameroon Cholera Ungraded 1-Jan-21 5-Aug-21 3-Oct-21 16 1 6.30%

Since the beginning of this 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.

Cameroon COVID-19 Grade 3 6-Mar-20 6-Mar-20 6-Oct-21 98 402 98 402 1 550 1.60%

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 6 October 2021, a total of 98,402 cases have been reported, including 1,550 deaths and 91,336 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 cases of measles, including 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 15-Oct-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-20 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: Adamawa region (Njauendere rural HD), Centre region (Eséka HD), Far North region (Maga, Mogode, Yagoua, Kousseri, and Goiffe HDs). Littoral region (Yabassi, Cité des palmiers HDs), North region (Guider, Garoua 1 HDs), and North-West region (Bamenda HD), and West region (Dschang, Bafang, and Malentouen HDs).

Cape Verde COVID-19 Grade 3 19-Mar-20 18-Mar-20 17-Oct-21 38 040 38 040 347 0.90%

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 17 October 2021, a total of 38,040 confirmed COVID-19 cases including 347 deaths and 37,281 recoveries were reported in the country.

Central African Republic Humanitarian crisis Protracted 2 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 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, Bedamarra 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 January 2021, mainly in the Mbomou, Nana-Mambéré, Nana-Grébizi, 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.
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.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 15 October 2021, a total of 5 067 confirmed COVID-19 cases were reported in the country including 74 deaths and 4 874 cases who have recovered.

Since 01 January 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.

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

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in this week. There were 61 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.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Chad. Since 24-May-18 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.
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 Kalunguta 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 province 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 and Ituri territory of Ituri province there is population displacement from Otmober, Ndimo etc., following the attack by alleged elements of the Allied Democratic Forces (ADF) in 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 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 returnees previously settled in Angola have thus far been reported by UNHCR following a call for their removal by Angolan authorities. There have been reports of physical violence, injury, and extortion of property among this population.

### Table: Health Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>57 339</td>
<td>57 337</td>
<td>1 091</td>
<td>1.90%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Ebola virus disease</td>
<td>Grade 2</td>
<td>8-Oct-21</td>
<td>16-Oct-21</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>60.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Meningitis</td>
<td>Grade 2</td>
<td>30-Jul-21</td>
<td>11-Oct-21</td>
<td>1 859</td>
<td>14</td>
<td>197</td>
<td>10.60%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-3-Sep-21</td>
<td>8 876</td>
<td>39</td>
<td>299</td>
<td>3.40%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>13-Sep-21</td>
<td>694</td>
<td>-</td>
<td>57</td>
<td>8.20%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>15-Oct-21</td>
<td>200</td>
<td>200</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-21</td>
<td>31-Jul-21</td>
<td>716 494</td>
<td>883</td>
<td>44</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

In 2021, from epidemiological week 1 to 36 (ending 26 September 2021), 5 222 suspected cholera cases including 100 deaths (case-fatality rate 1.9%) were recorded in 74 health zones across 14 provinces of the Democratic Republic of the Congo. Tanganyika and South Kivu provinces reported nearly all cases in week 38 (269 out of 270 cases) and Tanganyika alone reported almost 9 out of 10 suspected cholera cases (237 cases or 87.8%). 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.

## Typhoid Fever

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
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<tbody>
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<td>1-Jul-21</td>
<td>31-Jul-21</td>
<td>716 494</td>
<td>883</td>
<td>44</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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%).
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 12 October 2021, a total of 12,840 cases have been reported in the country with 156 deaths and 12,263 recoveries.

Eritrea COVID-19 Grade 3 12-Mar-20 12-Mar-20 14-Oct-21 30,572 30,572 507 1.70%

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 13 March 2020. As of 12 October 2021, a total of 359,247 cases have been confirmed in the country with 6,217 deaths and 328,962 recoveries.

Eswatini COVID-19 Grade 3 13-Mar-20 13-Mar-20 14-Oct-21 12,840 12,840 156 1.20%

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 17 October 2021, a total of 46,363 cases have been reported in the country with 1,233 associated deaths have been reported.

Gabon COVID-19 Grade 3 12-Mar-20 12-Mar-20 14-Oct-21 12,840 12,840 156 1.20%

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

Guinea COVID-19 Grade 3 13-Mar-20 13-Mar-20 14-Oct-21 30,572 30,572 507 1.70%

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 14 October 2021, a total of 30,572 cases including 29,233 recovered cases and 507 deaths have been reported in the country.

Humanitarian crisis (Conflict in Tigray)

According to reports from OCHA, an estimated 5.2 million people are in need of humanitarian assistance and more than 630,000 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 200,000 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 400,000 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%) and pregnant and lactating women (45-50%).

Yellow Fever

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 Abou health zone, North Ubangi province, Democratic Republic of the Congo whose date of symptom onset was 20 February 2021 with fever, vomiting, abdominal pain, back pain and physical asthenia. Jaundice appeared on 25 February. The second case is a 47-year-old female unvaccinated against yellow fever from Ango health zone, Bas Uele province. He first exhibited symptoms on 7 May 2021. In addition, confirmatory results are pending for three other presumptive positive cases from Equateur, Kinshasa and North Ubangi provinces.

Measles

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 0.2%). 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.

Poliomyelitis

According to the country laboratory, 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.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 359,247 cases of COVID-19 as of 17 October 2021, with 6,217 deaths and 329,962 recoveries.

Since the first COVID-19 confirmed case was reported in Ghana on 12 March 2020, a total of 129,440 cases have been reported in the country including 27,879 recoveries. A total of 1,243 associated deaths have been reported.

The first COVID-19 confirmed case was reported in the country on 12 March 2020. As of 14 October 2021, a total of 9,946 cases have been reported in the country including 213 deaths and 27,879 recoveries have been reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 12 October 2021, a total of 9,946 confirmed COVID-19 cases including 339 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 prefecture. The patient was also confirmed to be positive for COVID-19 and later died. Contact tracing of 68 people was done, and no secondary cases found. On 17 June 2021, a second confirmed case (woman of 75 years old) was detected at Nzerekore Regional Hospital, this case was from Beyla prefecture and died the same day. A listing of 111 contacts have been done for follow up. On 28 June 2021 a third case was confirmed (man of 25 years old), a resident of Nzerekore prefecture, 57 contacts listed are under follow up. On 1 Jul 2021 a fourth case was confirmed (a man of 52 years old), resident also of Nzerekore prefecture, a listing of 21 contacts was done and are being followed. However, the prefecture of Bheeta is regarded as active, with the prefectures of Yomou-Centre, Pêla, Yomou and Bignamou on alert. The last case (female 9 years old) from Faranah health district detected on 14 September 2021 has been confirmed on 19 September 2021 by the Gueckedou laboratory and died the same day.

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 unidentified; 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 unidentified; 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.

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

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 16 October 2021, the country has reported 6,130 confirmed cases of COVID-19 with 5,396 recoveries and 141 deaths.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 17 October 2021, 252,033 confirmed COVID-19 cases including 5,223 deaths and 245,254 recoveries have been reported in the country.

Since January 2020, a total of 1,120 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.

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

<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>Malnutrition crisis</td>
<td>Grade 2</td>
<td>1-Jul-21</td>
<td>1-Jan-21</td>
<td>9-Sep-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Madagascar</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>8-Oct-21</td>
<td>43 616</td>
<td>43 616</td>
<td>960</td>
<td>2.20%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 8 October 2021, a total of 43 616 cases have been reported in the country, out of which 42 673 have recovered and 960 deaths reported.</td>
<td></td>
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</tr>
<tr>
<td>Madagascar</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>8-Mar-21</td>
<td>1-Jan-21</td>
<td>19-Sep-21</td>
<td>1 439 687</td>
<td>-</td>
<td>686</td>
<td>0.00%</td>
</tr>
<tr>
<td>From January 2021 to 19 September 2021, 1 439 687 cases were reported including 686 deaths. The number of malaria cases reported in week 37 was 6 951 cases. A decrease in the number of malaria cases has been observed from week 21.</td>
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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 pneumonic 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.

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<tr>
<td>Madagascar</td>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>28-Apr-21</td>
<td>28-Apr-21</td>
<td>15-Oct-21</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The number of 2021 cases remains at nine. There were two cases reported in 2020. There were two cases from 2020.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 17 October 2021, the country has a total of 61 716 confirmed cases with 2 292 deaths and 56 525 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>Malawi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Apr-20</td>
<td>2-Apr-20</td>
<td>17-Oct-21</td>
<td>61 716</td>
<td>61 716</td>
<td>2 292</td>
<td>3.70%</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 Ouatagouma 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<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>Mali</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>11-Sep-21</td>
<td>12-Sep-21</td>
<td>10-Oct-21</td>
<td>40</td>
<td>40</td>
<td>2</td>
<td>5.00%</td>
</tr>
</tbody>
</table>

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 10 October, 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.

<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>Mali</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-20</td>
<td>25-Mar-20</td>
<td>17-Oct-21</td>
<td>15 619</td>
<td>15 619</td>
<td>557</td>
<td>3.60%</td>
</tr>
</tbody>
</table>

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 17 October 2021, a total of 15 619 confirmed COVID-19 cases have been reported in the country including 557 deaths and 14 478 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>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>1-Jan-21</td>
<td>3-Oct-21</td>
<td>1 326</td>
<td>693</td>
<td>2</td>
<td>0.20%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>15-Oct-21</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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

<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>Mali</td>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>18-Aug-20</td>
<td>18-Aug-20</td>
<td>15-Oct-21</td>
<td>52</td>
<td>52</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported this week. The total number of cases since 2020 to 52.

<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>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>17-Oct-21</td>
<td>36 667</td>
<td>36 667</td>
<td>788</td>
<td>2.10%</td>
</tr>
</tbody>
</table>

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 17 October 2021, a total of cases including 788 deaths and 35 446 recovered cases have been reported in the country.

<table>
<thead>
<tr>
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<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>Mauritius</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>15-Oct-21</td>
<td>16 669</td>
<td>16 669</td>
<td>134</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 15 October 2021, a total of 16 669 confirmed COVID-19 cases including 134 deaths and 15 955 recovered cases have been reported in the country.
The safety situation in Cabo Delgado remains unpredictable and volatile. On 8 August 2021, Mocimboa da Praia was retaken by joint forces. During 4-10 August 2021, a total of 5,484 internally displaced person (IDPs) arrived mostly in Mueda (34% arrivals), Namibe (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 732,000 people displaced.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 17 October 2021, a total of 151,102 confirmed COVID-19 cases were reported in the country including 15,268 deaths and 148,176 recoveries.

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

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 15 October 2021, a total of 128,328 confirmed cases with 123,880 recovered and 3,538 deaths have been reported.

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.

According to OCHA statistics, 3.8 million people need humanitarian assistance in 2021, 289,000 are IDPs, 243,000 are refugees, and 1.6 million are food insecure (phase 3+ and above). The Intikane Malian refugee reception area has closed and many (66%) IDPs from there have resettled in the villages of Temess, Tillia ville, Gawey, Assaguegey 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 30,000 people have already returned to their localities of origin due to this return policy.

As of 14 October 2021, a total of 5,383 cases including 156 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 34 out of 72 health districts have reported cases with 10 health districts currently active. The rainy season is still ongoing causing floods that contribute to the spread of the outbreak.

From 19 March 2020 to 17 October 2021, a total of 6,170 cases with 204 deaths have been reported across the country. A total of 5,858 recoveries have been reported from the country.

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 Niger. 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.

Since the beginning of the year 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 epidemic threshold and six districts are on alert.

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

In 2021, more than 8.7 million require humanitarian assistance in Borno, Adamawa, and Yobe states. Attacks 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.
Health Emergency Information and Risk Assessment

Health Emergency Information and Risk Assessment

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 (10 758 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.

**Nigeria COVID-19**
Grade 3 27-Feb-20 27-Feb-20 17-Oct-21 209 298 209 298 2 837 1.40%

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 17 October 2021, a total of 209 298 confirmed cases with 197 143 recovered and 2 837 deaths have been reported.

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. A case fatality rate of 20.6% across 14 states. In total, 3 006 186 recoveries have been reported. 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 (32.2%) 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 5 449 (75.1%) of all confirmed cases. During the month of August, 189 were reported; no death was reported among confirmed cases.

**Nigeria 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. A case fatality rate of 20.6% across 14 states. In total, 3 006 186 recoveries have been reported. 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 (32.2%) 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 5 449 (75.1%) of all confirmed cases. During the month of August, 189 were reported; no death was reported among confirmed cases.

**Nigeria Measles**
Grade 2 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 (32.2%) 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 5 449 (75.1%) of all confirmed cases. During the month of August, 189 were reported; no death was reported among confirmed cases.

**Nigeria Monkeypox**
Ungraded 9-Sep-21 1-Jan-21 30-Sep-21 79 23 0 0.00%

According to the Nigeria Centre for Disease Control (NCDC), in September 2021, no additional cases of suspected monkeypox were reported. Therefore in 2021, the total remains at 79 suspected cases reported since the beginning of the year. The suspected cases, 23 were confirmed from eight states Delta (7), Lagos (4), Bayelsa (4), Rivers (4), Edo (1), FCT (1), Niger (1), Dgim (1) and, no deaths recorded from all States.

**Nigeria Poliomyelitis (cVDPV2)**
Grade 2 1-Jun-18 1-Jan-18 15-Oct-21 287 287 0 0.00%

18 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported, one each in Adamawa, Gombe, Katsina and Taraba, two in Borno and six each in Jigawa and Kano. There are now 187 cases reported in 2021. There were eight cases reported in 2020; 18 cVDPV2 cases reported in 2019 and 34 in 2018.

**Nigeria Yellow fever**
Ungraded 12-Sep-17 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.

**Senegal COVID-19**
Grade 3 4-Apr-21 15-Oct-21 14 14 0 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.

**Senegal Poliomyelitis (cVDPV2)**
Grade 2 10-Dec-20 10-Dec-20 15-Oct-21 15 15 0 0.00%

Since the first 2019 confirmed cases were reported in Seychelles 14 March 2020, as of 15 October 2021 a total of 21 947 cases have been confirmed, including 21 555 recoveries and 114 deaths have been reported.

**Seychelles COVID-19**
Grade 3 14-Mar-20 14-Mar-20 15-Oct-21 21 947 21 947 114 0.50%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 17 October 2021, a total of 3 677 confirmed cases of COVID-19 have been reported, including 56 deaths. A total of 3 112 cases have been reported as recoveries.

**Sierra Leone COVID-19**
Grade 3 27-Mar-20 27-Mar-20 15-Oct-21 6 397 6 397 121 1.90%

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 15 October 2021, a total of 6 397 confirmed COVID-19 cases were reported in the country including 121 deaths and 4 394 recovered cases.

**Sierra Leone Lassa fever**
Ungraded 12-Feb-21 1-Jan-21 30-Sep-21 14 14 9 64.30%

As of 30 September 2021, 14 cases of Lassa fever have been reported from Kenema (12) and Kailahun (2) districts since the beginning of 2021. Of these 9 of the cases have died yielding CFR of 64%. Lassa fever is known to be endemic in Sierra Leone and surrounding countries.

**South Africa COVID-19**
Grade 3 5-Mar-20 3-Mar-20 17-Oct-21 2 916 593 2 916 593 88 612 3.40%

Since the start of the COVID-19 pandemic in South Africa by 17 October 2021, a cumulative total of 2 916 593 confirmed cases and 88 612 deaths have been reported with 2 805 186 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 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 DCHA, 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, Nhialdu Rubkona and Malakal from Fangak.

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 16 October 2021, a total of 26 034 confirmed COVID-19 cases have been reported in the country including 724 deaths.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported during the past week. There are 59 cVDPV2 cases in the country; 9 in 2021 and 50 in 2020.

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.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 16 October 2021, a total of 209 521 confirmed COVID-19 cases were reported in the country including 3 658 deaths and 205 667 recovered cases.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 17 October 2021, a total of 132 368 confirmed COVID-19 cases were reported in the country including 4 658 deaths and 126 308 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.
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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.