Health Emergency Information and Risk Assessment

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
- Meningitis in the Democratic Republic of the Congo
- Humanitarian Crisis in South Sudan

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

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

Major issues and challenges include:

- There was one new confirmed case of Ebola virus disease outbreak reported in Beni health zone in the Democratic Republic of the Congo. Challenges continue 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.

- Most countries in the African region continue to see a decrease in COVID-19 case numbers and deaths. However, six countries still observed increases in new daily cases. With several countries still experiencing community transmission, the region needs to remain vigilant and continue with active surveillance and all response measures. Burundi started vaccinations against COVID-19 in the past week, leaving only one African country (Eritrea) yet to start a COVID-19 vaccination campaign. With Africa’s low vaccination level, hundreds of millions of people remain vulnerable to severe COVID-19 illness and death. We must maintain vigilance and adhere to public health measures to prevent the spread of infection.

- The ongoing meningitis outbreak in Tshopo Province in the Democratic Republic of the Congo, continues to evolve since its official declaration in early September 2021 by the country’s health authorities. Since week 37 (ending 19 September 2021), more than a hundred cases have been reported each week. However, there has been significant decrease in the case fatality ratio since the onset of the outbreak due to improvement in case management. The outbreak remains limited in Banalia health district where all the health areas have reported at least one suspected case of meningitis. Implementation of the reactive vaccination against meningitis that started on 9 October 2021 is still ongoing. Resources for deployment of the investigation teams and medical equipment in the affected areas, strengthening of risk communication and community engagement activities, as well as capacity building for data management, are among the main needs identified in the recent weeks.

- South Sudan continues to face multiple challenges including violence, food insecurity, flooding, and disease threats which have contributed to the complex humanitarian crisis. The security situation in Tambura county has worsened resulting in an estimated 80,000 persons displacements. Food insecurity is expected to affect some 7.2 million people in the country. From May-September 2021, 21 counties in six states have been affected by flooding resulting in several people relocating. Disease threats such as malaria, hepatitis E and the ongoing COVID-19 pandemic have also contributed to the deteriorating situation in the country.
EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in Butsili Health Area (HA), Beni Health Zone (HZ) continues with one new confirmed case reported in the past week. The case is a 24 years-old male from Butsili Health Area and a known contact under follow-up.

As of 23 October 2021, a total of six confirmed cases of EVD have been reported in Beni HZ in the Democratic Republic of the Congo, with three deaths (case fatality ratio 50.0%), including two community deaths. Among the confirmed cases, 33.3% (2/6) are children under five-years of age. All the six confirmed cases have been reported from Butsili HA.

Since the confirmation of the EVD outbreak in Beni HZ, a total of 544 contacts have been listed, of which 478 (87.9.0%) are under follow up, 54 (9.9%) contacts had never been seen, and one contact is 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.

As of 23 October 2021, a total 225 alerts including eight deaths were notified; of these 222 (99.0%) were investigated, 19 (8.4%) were validated as suspected cases of EVD and samples were collected from 10 suspected cases. Samples were not collected from the other nine suspected cases who declined.

Since the start of vaccination on 13 October 2021, 229 people (including 59 primary care providers) have been vaccinated: 84 contacts of contacts, 96 probable contacts and 49 high risk contacts.

On 23 October 2021, 30 laboratory samples were analyzed among which no sample returned positive for EVD. Since the start of the response, a total of 265 samples have been taken and analysed, of which six returned positive for EVD.

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.

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.
- Vaccination activities against EVD continues in five sites; Ngongolio, Paida, Mandrandele, Bustili and Mabakanga. 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 awareness on Ebola response interventions, as well as in establishing an Ebola survivor care programme.
- The household of the last confirmed case and health facilities where he was treated have been decontaminated.
- Hand washing kits were availed to 15 health centres and the community.

SITUATION INTERPRETATION

The EVD outbreak in Beni HZ continues to evolve with one new confirmed case identified in the past week. A total of six 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 to urgently strengthen surveillance in health zones and ensure that the treatment centres in Beni are operational for both suspected and confirmed cases.
PROPOSED ACTIONS

- 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 (18 – 24 October 2021), the WHO African region reported a total of 15 913 new cases of coronavirus disease (COVID-19), a 39.0% decrease compared to the prior week when 26 101 new cases were reported. However, six (13.0%) countries saw a 20% or more increase in weekly cases compared to the previous week: Central African Republic, Congo, Mali, Mauritius, Namibia and Niger. Important to note is that Namibia reported a backlog on 343 cases in the past week and this could have led to the observed increase in weekly cases.

In the same reporting period, 32 (68.0%) countries reported a decrease of 20% or more in the number of new cases compared to the previous week. These countries are Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Chad, Comoros, Côte d’Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Gabon, Gambia, Guinea, Lesotho, Madagascar, Malawi, Mali, Mozambique, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea-Bissau, Kenya, Liberia, Madagascar, Nigeria, Rwanda, Sao Tome and Principe, Sierra Leone, South Africa, South Sudan, Togo, Zambia, and Zimbabwe.

More than half of the region’s cases are concentrated in five countries which account for 57% (9 048) of the cases recorded in the past week, namely Ethiopia (3 088 new cases, 35.3% decrease, 2.8 new cases per 100 000); South Africa (3 039 new cases, 32.0% decrease, 5.2 new cases per 100 000 population); Angola (1 019 new cases, 30.0% decrease, 3.5 new cases per 100 000); Nigeria (997 new cases, 38.0% decrease, 0.5 new cases per 100 000); and Republic of Congo (906 new cases, 28.0% increase, 16.8 new cases per 100 000).

Weekly COVID-19 deaths in Africa decreased in the week ending 25 October as 701 deaths were recorded in 31 countries, a 26% decline compared with the previous week, with South Africa accounting for 45% of the fatalities. The highest numbers of new deaths were reported from South Africa (313 new deaths; 6.0% increase; 1.0 new deaths per 100 000 population); Ethiopia (141 new deaths; 38.0% decrease; 0.1 new deaths per 100 000), Kenya (99 new deaths, 38.0% decrease, 0.5 new deaths per 100 000); and Republic of Congo (90 new deaths, 28.0% decrease, 16.8 new deaths per 100 000).

The cumulative number of confirmed COVID-19 cases is 6 057 855, with more than 5.6 million recoveries, giving a recovery rate of 94.0%. The total number of deaths reported is now at 149 375, accounting for a case fatality rate (CFR) of 2.5%. The WHO African Region is one of the least affected regions in the world, accounting for 2.5% of global cases and 3.0% of global deaths.

Presently, there are 10 countries in the region that are experiencing a resurgence of COVID-19 cases; Angola, Benin, Burundi, Republic of Congo, Cameroon, Equatorial Guinea, Ethiopia, Gabon, Mauritius, and Sao Tome and Principe.

Collectively, South Africa has recorded the highest number of COVID-19 cases in the region with 2 919 632 cases (48.0%), followed by Ethiopia 362 335 (6.0%), Kenya 252 672 (4.2%), Nigeria 210 295 (3.5%), and Zambia 209 634 (3.5%), accounting for (3 954 568, 65.4%) of all cases. Similarly, most reported deaths occurred in South Africa, which accounts for 60% (88 925) of all deaths. Ethiopia has the second-highest number of deaths (6 358 deaths, 4.3%) followed by Algeria (5 890, 4.0%), Kenya (5 257, 3.5%) and Zimbabwe (4 669, 3.1%), all accounting for 74.3% (111 099) of all deaths reported in the region.

A total of 51 new health worker infections were reported from Zimbabwe (36), Kenya (12), Namibia (1), Equatorial Guinea (1), and Eswatini (1) in the past seven days. An additional, 277 health worker infections were reported retrospectively from Kenya (216), and Cameroon (61). At the moment, there have been 128 489 COVID-19 infections (2.1% of all cases) among health workers in the region, with South Africa accounting for 44.0% (56 180) of the total infections. Algeria (11 936, 9.3%), Kenya (7 770, 6.0%), Zimbabwe (5 402, 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%), Liberia (6.0%), Chad (5.8%), and Niger (5.7%) have the highest proportion of health worker infections by country. Only Eritrea has not reported any health worker infections.

The African region continues to observe divergent transmission classifications. Four (9.0%) countries are reporting uncontrolled incidence (Botswana, Gabon, Sao Tome and Principe, and Seychelles, 15 (32.0%) with high incidence, 18 (38.3%) with moderate incidence and 10 (21.3%) 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 8.5 million cases of COVID-19, with more than 217 000 deaths (CFR 2.5%) and over 7.8 million people have recovered. The African continent accounts for 3.6% of global cases and 4.4% of global deaths.

Burundi received a bilateral donation of 500 000 Sinopharm doses from China and began its vaccine rollout on 18 October 2021. This leaves Eritrea as the only African country still to administer COVID-19 vaccines. In the entire world, more than 8.8 billion doses of COVID-19 vaccines have been administered, only 2.7% of which have been administered in Africa. This amounts to a cumulative total of 82 doses per 100 people worldwide, over 13 doses/100 in Africa and 8 doses/100 in sub-Saharan Africa. High-income countries have administered 32 times more doses per person than low-income countries.

Almost 74 million people in Africa are fully vaccinated, nearly 5.4% of the African population. In comparison, 67% of people in the United Kingdom have been fully vaccinated; 56% in the United States; and 64% in the European Union. WHO is supporting countries to conduct intra-action reviews, which will help inform response in the event of a resurgence of cases. The reviews are a collective learning exercise in which responders can share experiences and identify challenges and bottlenecks, actions that are working, as well as gaps, and propose practical steps for immediate corrective action. This information is used to update COVID-19 national preparedness and response plans and strengthen response structures.
The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 24 October 2021 ($n = 6,057,855$)

**SITUATION INTERPRETATION**

- The COVID-19 trajectory continues to fall in the WHO African region. However, ten countries are still in a resurgence of COVID-19. Even when weekly cases are currently trending downward in most countries, Burkina Faso and Republic of Congo are seeing an increasing trend. Weekly COVID-19 deaths in the region decreased in the past week, with South Africa and Ethiopia contributing to majority of the deaths. WHO advises countries on critical preparedness, readiness and response actions for COVID-19, surveillance and case investigation.

**PROPOSED ACTIONS**

- It is important that countries continue to strengthen capacities for critical control measures, including testing of all suspected cases and isolating and treating cases.
- Intense communication campaigns and community engagement are still required to increase awareness around physical distancing, avoiding crowded places and hand washing.
- Countries should adapt vaccination strategies to accommodate for different vaccines to ensure doses are administered efficiently.
<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>6,057,855</strong></td>
<td><strong>149,375</strong></td>
<td><strong>5,693,742</strong></td>
<td><strong>2.5</strong></td>
<td><strong>128,489</strong></td>
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*Total cases includes one probable case from Democratic Republic of the Congo*
On 7 September 2021, the Democratic Republic of the Congo declared a meningitis outbreak following laboratory confirmation by the Pasteur Institute of Paris in France. Preliminary investigations started after suspected cases and deaths of a meningococcal illness were reported in two mining areas along the Aruwimi River known as Carrière Wabelo and Intervention Rapide in the Panga health area of Banalia health district located at north of Kisangani, the capital of Tshopo province.

As of 23 October 2021, a total of 2,395 suspected meningitis cases, including 14 confirmed and 200 deaths (case fatality ratio = 8.4%), have been reported in Banalia health district. Among these cases, 32.0% (764/2,395) are aged between 15 - 45 years. The case fatality ratio has decreased significantly from 100% at the onset of the outbreak (week 20 ending 23 May 2021) to 8.4% at week 42 (ending 24 October 2021). This decrease would be a result of intensified community sensitization for early health seeking behavior by suspected cases and the improvement of case management practices. Out of the suspected 2,395 cases, 313 (13.0%) reported history of vaccination during the preventive vaccination campaign against meningitis serotype A with MenAfriVac vaccine that took place in the Tshopo province in May 2016.

There are currently 35 patients under medical care in five health centers, while 70 patients are undergoing outpatient treatment in Banalia health district. Psychosocial support has been provided to five admitted patients and their relatives at the Banalia referral hospital.

Since the onset of the outbreak, 175 laboratory samples have been collected for investigation from suspected cases, including 145 patients for cerebrospinal fluid (CSF) and blood samples, 11 patients for CSF only, and 19 patients for blood only. A total of 67 CSF samples were analyzed and confirmed 14 positives: 13 for Neisseria meningitidis serotype W (six samples by culture, seven samples by real time polymerase chain reaction (RT-PCR)) and one for Haemophilus influenza (by culture), giving a positivity rate of 21%.

The outbreak remains limited in the Banalia health district and all the 20 health areas have notified at least one suspected case of meningitis. A total of 16 health areas out of 20 (80%) are still active and four health areas of Akuma, Aolo, Babise and Zambeke were in alert by week 41 (ending 17 October 2021).

Reactive vaccination campaign started on 9 October 2021 and a total of 153,052 people were vaccinated so far, giving a coverage of 104.1% of the targeted population in the entire Banalia health district. This vaccination coverage is not uniform for all health areas of the Banalia health district and ranges from 79.5% to 172.4%, due to the fact that the vaccination campaign did not start at the same date in all health areas.

**PUBLIC HEALTH ACTIONS**

- A reactive vaccination campaign against meningitis, with vaccine containing meningococcal W antigen, is ongoing.
- The local committee for the management of health emergencies is conducting regular meetings to coordinate response at the province as well as in Banalia health zone.
- The local committee is conducting regular meetings to coordinate response at the province as well as in other at-risk neighboring health districts including Bengamisa and Tshopo health districts.
- Active search for contacts and suspected cases in the mining quarries and in the community is ongoing.
- Provincial rapid response teams have been deployed to conduct investigations and organise mobile clinics to conduct case management, sample collection and infection prevention and control (IPC) measures in the affected areas.
- Enhanced case management activities including supplying of additional 5,000 doses of Ceftriaxone by the International Coordination Group (ICG) to reinforce the antibiotic stock has been done.
- Implementation of risk communication activities is ongoing.
- Laboratory capacities at the Tshopo province have been enhanced with ability to perform RT-PCR testing.

**SITUATION INTERPRETATION**

A meningitis outbreak is currently ongoing in the Democratic Republic of the Congo. Efforts have been made to significantly reduce the CFR through improved case management, but the delay in confirming the outbreak affected the rapid implementation of control measures. Difficult access to the affected areas remains one of the major challenges for the management of this outbreak. An improved coordination mechanism would greatly help the response and could potentially lead to control as stakeholders pull resources especially for surveillance and vaccination.
South Sudan is facing a deteriorating humanitarian situation due to various issues related to conflict, food insecurity, flooding and communicable disease outbreaks like hepatitis virus E in refugee camp settings. An estimated 8.3 million people are in need of humanitarian assistance, 1.71 million people are internally displaced, 34,000 people are living in protection of civilian sites across the country, 623,000 people have been affected by flooding, and 7.2 million are estimated to be in Integrated Food Security Phase Classification (IPC) phase 3 and above as of 30 September 2021.

Inter-ethnic violence in Tambura county of Western Equatoria State has escalated since it began in late June 2021. The fighting has been among informal armed groups and the government forces.

As of 14 September 2021, an estimated 80,000 people have been displaced. More than half (45,000) of these individuals have fled to Ezo county, while thousands of others have fled to Yambio town, Nagera, Namutinza, Nara and Moso in surrounding states and additional reports have even been heard of people fleeing as far as Central African Republic.

Aid workers in the area are few and face challenges in accessing the internally displaced persons (IDP) due to the ongoing insecurity, rains and deteriorating road conditions. The sanitation and hygiene conditions are concerning considering IDPs have been moving during the height of the rainy season and there are reports of armed groups looting medical supplies in Tambura town. There has also been fighting elsewhere in the country including Yei county in Central Equatoria State where people have fled to the bush and to the Democratic Republic of the Congo, as well as Pibor, Akobo and Nyiro counties in Jonglei State, and Tonj North in Warrap State.

Food insecurity remains a major issue where 7.2 million people (60% of the total population) were projected to be classified as IPC phase 3 or above during April-July 2021. A multisectoral response has been deployed since December 2020 focusing on six priority counties (Akobo, Pibor, Aweil South, Tonj North, Tonj East, and Tonj South) which contain the highest at-risk population. The response includes access to food, health, nutrition, protection, water and sanitation hygiene services.

Specifically, access to health and nutrition services has been addressed by deployment of mobile teams where people have been provided consultations on primary health and nutrition with support from emergency and development partners. Mobile medical teams have thus far conducted more than 534,115 consultations in IPC phase 5 locations as of week 39 (week ending 3 October 2021) and there are plans to continue operations in Pibor, Akobo, and Duk in the future.

Since May 2021, floods have affected an estimated 623,000 people in 27 counties and eight states as of 7 October 2021. The states most affected are Jonglei and Unity, accounting for 58% of those affected but also Northern Bahr el Ghazal, Upper Nile and Warrap states. Preparedness measures including the improvement of dykes in Pibor and Bor South counties helped to mitigate damage, however, communities have still been forced to relocate. More than two thirds of the counties affected by flooding are also facing high level of food insecurity and are difficult to reach due to the inability of access. At least 50 health facilities have been damaged by floods and 19 more are at risk, partners have also reported medical supplies shortages essential to primary health care services. The country also experienced significant flooding situations in 2019 and 2020.

Disease outbreaks remain a threat to the vulnerable communities where malaria is the top cause of morbidity in the country accounting for 62.9% of all outpatient visits at health care facilities during week 40 (ending 10 October 2021). An ongoing outbreak of hepatitis E virus (HEV) has been affecting IDPs living in the Bentiu camp, and cases have been increasing since week 19 (ending 16 May 2021). The persistent transmission is attributed to insufficient access to safe water, sanitation and hygiene services, and inadequate access to essential healthcare services in the camp. There is a risk of disease spread to the communities outside the camp because of population movement and displacement due to flooding. A multisectoral response strategy has been finalized to respond to the situation including deployment of HEV vaccines targeting 27,000 individuals. Other ongoing outbreaks include rubella, polio, and COVID-19 for which the last two have ongoing vaccination campaigns.

Humanitarian actors in Tambura conducted rapid needs assessments and reached some 7,800 IDPs and 6,000 people in Ezo with food assistance, nutrition, health and other services.

Health cluster partners supported rapid needs assessments in flood-affected counties to establish critical health needs and gaps.

Community-based surveillance training has reached 120 participants overall in Tonj North, Tonj South and Aweil South while 78 participants received refresher training in Pibor and Akobo East counties. Damaged dykes in Bor South and Twic East counties were rehabilitated and maintenance was performed.

Community-led flood committees were activated to inform about potential flooding hazards and to discuss flood mitigation measures.
More than 30 emergency health kits containing medical supplies have been distributed to support service provisions for the flood-affected populations of Bentiu, Ayod, and Fangak in Unity and Jonglei states.

In the six-priority food insecure counties, nutrition and basic health services have been scaled-up by the health cluster partners to enhance disease surveillance capacity, respond to disease outbreaks, and build resilience of the health system.

Food insecure priority areas have also ramped up preparedness for outbreaks and have prepositioned emergency health kits for pneumonia, severe acute malnutrition, and cholera.

A total of 63 health workers were trained on management of severe acute malnutrition with medical complications in nutrition sites in the affected counties of Pibor, Tonj North, Tonj East, Tonj South and Aweil South counties.

A multisectoral response strategy, costed at USD 3.3 million, has been finalized for resource mobilization regarding the HEV outbreak in Bentiu IDP camp. Partners are supporting case management, surveillance and referral of suspected cases. Water Sanitation and Hygiene (WASH) partners are scaling up hygiene and health promotion, water quality surveillance and solid waste management. Microplanning is underway to conduct hepatitis E vaccination for 27 000 individuals 16-40 years hopefully this year and within the first half of 2022.

**SITUATION INTERPRETATION**

The complex humanitarian crisis in South Sudan continues to be affected by inter-ethnic violence, food insecurity, increased flooding, and disease outbreaks. Threats of attacks are causing blockages of aid delivery for victims of violence and flooding. Diseases such as HEV and malaria are exacerbating the already deteriorating situation in the country.

**PROPOSED ACTIONS**

- Violence in various areas of the country is inhibiting access to humanitarian aid, such as in Tambura to help IDPs and in Warrap State where violence along roads prevents reaching flood affected areas. Therefore, safe humanitarian corridors need to be established to facilitate aid to the people that need it.

- Long-term strategies have been attempted to control the water levels in flood-prone areas with the reparations and maintenance of dykes, however, further measures need to be considered. The area seems to be facing annual floods where residual water does not allow for subsistence farming like it used to in certain areas. Some of the areas affected by flooding are part of the targeted counties for food assistance but are not able to be reached because of the climatic conditions.
COVID-19 cases in Burundi is 19,945, including 14 deaths and 19,799 recovered. On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 23 October 2021, a total of 63,861 confirmed COVID-19 cases have been reported in the country with 1,697 deaths and 52,516 recoveries.

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

Between 9 March 2020 and 18 October 2021, a total of 14,793 confirmed cases of COVID-19 with 214 deaths and 14,287 recoveries have been reported from Burkina Faso. 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 country with 1,697 deaths and 52,516 recoveries.

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.

Since week 12 (ending 28 March 2021) of this year, cases of cholera have been reported in Benin. As of 17 October 2021, a total of 133 cases with zero death are reported so far. Sixteen cases have been confirmed by culture. Regarding one death reported previously, the post mortem results did not confirm cholera.

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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).

On 13 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur Cameroun (CPC). She is reportedly not vaccinated against yellow fever. The onset of symptoms was 1 April 2021 with febrile jaundice. Her sample was sent to the CPC for quality control after it tested IgM negative at the Institut Pasteur in Bangui. A thorough investigation is ongoing. Laboratory tests are underway for two additional suspected cases.

The floods since June 2021 has affected about 256 214 people (42 765 households) in 400 villages across 8 regions of Chad (Borkou, Ennedi West, Logone Oriental, Mandoul, Moyen-Chari, Ouaddai, Sila and Tandjile). As of 6 October 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.

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 174 deaths and 4 874 cases who have recovered.

Since 1 January 2018, a total of 156 cases have been reported by 4 provinces (N’Djamena, Borkou, Tibesti and Ouaddai) and 13 deaths (CFR 8.3%). For the year 2020 the country registered 74 cases including 3 deaths. Since the beginning of 2021 up to 30 September 2021, 49 cases have been reported including 7 deaths (CFR 14.3%).

Since 01 January 2021 up to Epi week 40, It has been reported 2 269 suspected cases from 97 out of 129 districts in the country (71% of districts), 526 cases investigated with blood samples recorded, 253 of which were confirmed by IgM, 36 were compatible cases and 13 deaths from 4 districts (CFR 0.6%), 26 districts with outbreaks. There were 8 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 23 October 2021, a total of 4 205 confirmed COVID-19 cases, including 147 deaths and 4 037 recoveries were reported in the country.

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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, Mpanda, Bugarama, Muyinga, Rumonge and Cibitoke.

According to OCHA reports, an estimated 1.2 million people need assistance, 341K people are internally displaced, 68K are camp refugees, and 49K are refugees in the region not in camps as of 31 August 2021. Increased attacks from non-state armed groups (NSAGs) resulting from intercommunal conflict in the Logone and Chari, and Mayo Tsanaga divisions have led to human rights violations against civilian populations. The resulting insecurity negatively affected humanitarian access where workers have been threatened and harassed.

According to reports from OCHA, an estimated 712 800 IDPs have been registered while 333.9K returnees, and 67.5K Cameroon refugees in Nigeria have been reported as of 31 August 2021. There have continued to be reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers. There has been an increase in the use of improvised explosive devices (IEDs), carjacking, and clashes between security forces and NSAGs, leading to civilian population displacement. Due to roadblocks, over 40K people were denied food assistance in the NW and SW regions where 1.1 million people are severely food insecure.

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.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 13 October 2021, a total of 100 289 cases have been reported, including 1 600 deaths and 94 781 recoveries.

From Epi week 1 to Epi week 40 of 2021, Cameroon has reported 1 415 suspected with 38 deaths (CFR 1.9%). Out of investigated cases, 1 000 with blood samples, 445 was positive including 224 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.

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

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 (Ngaoundere rural HD), Centre region (Eséka HD), Far North region (Maga, Mogode, Yagoua, Kousseri, and Gouffey 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 Malen tous HDs).

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 24 October 2021, a total of 38 140 confirmed COVID-19 cases including 349 deaths and 37 452 recoveries were reported in the country.

According to OCHA figures, 2.8 million people are in need of assistance, 690 705 people are internally displaced as of 31 July 2021, and 699K persons are refugees in neighboring countries. In July 2021, 64 110 new IDPs were registered mostly in Basse-Kotto, Haut-Mbomou and Ouaka Prefectures. Displacements were mostly caused by clashes between the Central African Armed Forces (FACA) and their allies against armed groups (particularly in the Bouar, Bedamara 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.

The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 20 October 2021, a total of 11 518 confirmed cases, 100 deaths and 11 125 recovered were reported.
Rethy, and Aru reported the most cases. From January to December 2020, 461 suspected plague cases of which 31 deaths were reported in eight health zones of Ituri province. 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. An investigation was conducted during 22 April 2021, a cluster of deaths due to suspected pneumonic plague were recorded in the health zone of Fataki, Ituri province, Democratic Republic of Congo. Since epidemiological week 1 up to week 39 in 2021, 2 703 cases have been reported with 71 deaths. 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. In 2020, a total of 5 424 suspected cholera cases including 105 deaths (case-fatality rate 1.9%) were recorded in 74 health zones across 14 provinces of the Democratic Republic of the Congo. Tanganjika and South Kivu provinces reported nearly all cases in week 39 (199 out of 200 cases). 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.

<table>
<thead>
<tr>
<th>Country Event Grade</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>Democratic Republic of the Congo Poliomyelitis (cVDPV2) Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>200</td>
<td>200</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Monkeypox Ungraded</td>
<td>n/a</td>
<td>1-Jan-20</td>
<td>8 960</td>
<td>39</td>
<td>300</td>
<td>3.30%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Meningitis Grade 2</td>
<td>30-Jul-21</td>
<td>22-Oct-21</td>
<td>2 357</td>
<td>14</td>
<td>200</td>
<td>8.50%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Measles Ungraded</td>
<td>12-Oct-21</td>
<td>10-Oct-21</td>
<td>43 277</td>
<td>1 113</td>
<td>665</td>
<td>1.50%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Ebola virus disease Grade 2</td>
<td>8-Oct-21</td>
<td>23-Oct-21</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>50.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Cholera Grade 3</td>
<td>16-Jan-15</td>
<td>3-Oct-21</td>
<td>5 424</td>
<td>-</td>
<td>105</td>
<td>1.90%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2) Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>22-Oct-21</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera Grade 3</td>
<td>10-Mar-20</td>
<td>21-Oct-21</td>
<td>57 454</td>
<td>57 452</td>
<td>1 091</td>
</tr>
<tr>
<td>Democratic Republic of the Congo COVID-19 Grade 3</td>
<td>10-Mar-20</td>
<td>21-Oct-21</td>
<td>588</td>
<td>-</td>
<td>105</td>
<td>1.90%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Poliomyelitis (cVDPV2) Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>22-Oct-21</td>
<td>200</td>
<td>200</td>
<td>0</td>
</tr>
</tbody>
</table>

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 57 452 confirmed cases and two probable case, including 1 091 deaths have been reported. A total of 50 971 people have recovered.

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.
**Health Emergency Information and Risk Assessment**

- **Democratic Republic of the Congo**
  - Typhoid fever: Ungraded, 123 confirmed cases reported in 2021, including 1 death (CFR 0.8%).

- **Equatorial Guinea**
  - COVID-19: Grade 3, 14 confirmed cases in March 2020, 13 deaths, and 103 recoveries reported in the country.

- **Gambia**
  - COVID-19: Grade 3, 9956 confirmed cases in 2020, including 339 deaths.

- **Gabon**
  - COVID-19: Grade 3, 34601 confirmed cases in 2020, including 224 deaths and 28310 recoveries reported in the country.

- **Ghana**
  - Poliomyelitis (cVDPV2): Grade 2, 34 deaths reported (CFR 0.4%).

- **Guinea**
  - COVID-19: Grade 3, 13 confirmed cases in March 2021, 30 deaths and 507 recoveries in the country.

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**Table:**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Typhoid fever</td>
<td>Ungraded</td>
<td>1-Jul-21</td>
<td>1-Jan-21</td>
<td>3-Oct-21</td>
<td>1 121 104</td>
<td>19 734</td>
<td>411</td>
<td>0.00%</td>
</tr>
<tr>
<td>Guine</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>21-Oct-21</td>
<td>13 166</td>
<td>13 166</td>
<td>163</td>
<td>1.20%</td>
</tr>
</tbody>
</table>

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**Additional Information:**

- **Guinea:** The Ministry of Health announced the first confirmed COVID-19 case on 14 March 2020. As of 21 October 2021, a total of 13 166 confirmed cases have been reported in the country with 163 deaths and 12 537 recoveries.

- **Eritrea:** The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 23 October 2021, a total of 6 792 confirmed COVID-19 cases with 45 deaths were reported in the country.

- **Ethiopia:** Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 362 335 cases of COVID-19 as of 24 October 2021, with 6 358 deaths and 335 416 recoveries.

- **Gambia:** On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 21 October 2021, a total of 34 601 cases including 224 deaths and 28 310 recoveries have been reported in the country.

- **Ghana:** The first COVID-19 confirmed case was reported in Ghana on 17 March 2020. As of 19 October 2021, a total of 9 956 confirmed COVID-19 cases including 339 deaths, and 9 603 recoveries have been reported in the country.

- **Guinea:** The first COVID-19 confirmed case was reported in Guinea on 13 March 2020. As of 21 October 2021, a total of 30 626 cases including 29 407 recovered cases and 507 deaths have been reported in the country.
### Health Emergency Information and Risk Assessment

#### Guinea

<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>8-May-21</td>
<td>8-May-21</td>
<td>21-Oct-21</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>87.50%</td>
</tr>
</tbody>
</table>

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 88 people was done, and no secondary cases found. On 17 June 2021, a second confirmed case (woman of 75 years old) was detected at N’zerekoré Regional Hospital, this case was from 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 N’zerekoré prefecture. 57 contacts listed are under follow up. On 1 July 2021 a fourth case was confirmed (a man of 52 years old), resident also of N’zerekoré 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, Pélá, 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 Guекerou laboratory and died the same day.

#### Guinea

| Measles                | Ungraded | 9-May-18 | 1-Jan-21 | 20-Oct-21 | 3 248 | 234 | 5 | 0.20% |

In 2021, as of 20 October, 3 248 suspected cases have been reported, 392 samples taken, 353 samples tested of which 234 tested positive; 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, 870 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

| Poliomyelitis (cVDPV2) | Grade 2 | 22-Jul-20 | 22-Jul-20 | 22-Oct-21 | 50 | 50 | 0 | 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.

#### Kenya

| COVID-19               | Grade 3 | 25-Mar-20 | 25-Mar-20 | 23-Oct-21 | 6 131 | 6 131 | 141 | 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 23 October 2021, the country has reported 6 131 confirmed cases of COVID-19 with 5 460 recoveries and 141 deaths.

#### Kenya

| Measles                | Ungraded | 27-Apr-21 | 1-Jan-21 | 26-Aug-21 | 976 | 36 | 2 | 0.20% |

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

#### Kenya

| Leishmaniasis          | Ungraded | 31-Mar-19 | 3-Jan-20 | 7-Sep-21 | 1 120 | 1 120 | 10 | 0.90% |

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.

#### Kenya

| Dengue                 | Ungraded | 6-May-20 | 20-Oct-21 | 28-Sep-21 | 625 | 31 | 1 | 0.20% |

A prolonged three-year drought in southern Madagascar has contributed to food insecurity issues for an estimated 1.3 million people in the Grand Sud area, of which 14,000 people were classified as IPC Phase 5 or catastrophically food insecure. About 390K children are expected to have severe acute malnutrition and 11K children to have severe acute malnutrition from May 2021 to April 2022 if no intervention measures are taken. All 10 districts of Grand Sud have been affected with the epicentre of the crisis occurring in Amboasary Asitro district.

#### Kenya

| Poliomyelitis (cVDPV2) | Grade 2 | 5-Feb-21 | 10-Feb-21 | 22-Oct-21 | 3 | 1 | 0 | 0.00% |

No new cVDPV2 cases reported this week. There was one cVDPV2 environmental sample reported in 2020 and one in 2021. The virus is linked to the Banadir outbreak in Somalia. The environmental sample of 22 December 2020, collected from Bouralgy, Garissa town, Garissa County showed a cVDPV2 with 65nt changes from Sabin. A case of circulating Vaccine Derived Polio Virus 2 (cVDPV2) has been isolated from a 11-month-old girl in Dagaahaley refugee camp, Dadaab Sub County, Garissa County, in epidemiological week 5 (2021), this child was from Somalia, thus, this was an imported case. Another case from Garissa had been detected and another from Mombasa county in week 8.

#### Lesotho

| COVID-19               | Grade 3 | 13-May-20 | 13-May-20 | 23-Oct-21 | 21 587 | 21 587 | 656 | 3.00% |

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 23 October 2021, a total of 21 587 cases of COVID-19 have been reported, including 12 189 recoveries and 656 deaths.

#### Liberia

| COVID-19               | Grade 3 | 16-Mar-20 | 16-Mar-20 | 19-Oct-21 | 5 811 | 5 811 | 287 | 4.90% |

From 16 March 2020 to 19 October 2021, Liberia has recorded a total of 5 811 cases including 287 deaths and 5 518 recoveries have been reported.

#### Liberia

| Lassa fever           | Ungraded | 23-Jul-21 | 1-Jan-21 | 6-Sep-21 | 14 | 14 | 10 | 71.40% |

The numbers of confirmed and death cases have been reviewed. From January 2021 to date, a total of 91 suspected cases were reported, of which 14 (15.3%) were confirmed, and 10 deaths among confirmed cases (CFR 71%). The confirmed cases originated from four counties: namely Bong (4), Grand Bassa (5), Montserrado (1) and Nimba (4). No new confirmed case reported since Epi-Week 30. All 226 contacts have completed 21 days of monitoring. Two counties (Bongo and Montserrado) currently in countdown to end of outbreak; Nimba county outbreak declared over on 5 September 2021

#### Liberia

| Measles                | Ungraded | 24-Sep-17 | 1-Jan-19 | 24-Jul-21 | 168 | 107 | 0 | 0.00% |

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

#### Liberia

| Poliomyelitis (cVDPV2) | Grade 2 | 10-Dec-20 | 17-Dec-20 | 22-Oct-21 | 3 | 3 | 0 | 0.00% |

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

### Madagascar COVID-19

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>15-Oct-21</td>
<td>43 622</td>
<td>43 622</td>
<td>960</td>
<td>2.20%</td>
</tr>
</tbody>
</table>

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 15 October 2021, a total of 43 622 cases have been reported in the country, out of which 42 687 have recovered and 960 deaths reported.

### Madagascar Malnutrition crisis

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tbody>
</table>

A number of malnutrition cases have been reported with a peak of 1.3 million cases in August 2021. The number of cases has since decreased to 1.2 million in March 2022. The epicentre of the crisis occurs in Amboasoary Atsimo district.

### Madagascar Humanitarian crisis

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protracted 1</td>
<td>n/a</td>
<td>n/a</td>
<td>8-Aug-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The security situation continues to gradually spread to the southern regions of the country. Issues such as inter and intra-community conflicts, activism of non-state armed groups, consequences of counter-insurgency operations, crime and banditry continue to weaken the Malian context. Natural disasters (droughts and floods) and COVID-19 compound the health and non-health impacts affecting all basic social sectors as well as the protection of household livelihoods. On 8 August NSAGs simultaneously attacked villages in of Ouagoua causing deaths, injuries, and IDPs. There have been a total of 372 996 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.

### Madagascar Pneumonic Plague

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>28-Apr-21</td>
<td>28-Apr-21</td>
<td>22-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.

### Madagascar Poliomyelitis (cVDPV2)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>18-Aug-20</td>
<td>18-Aug-20</td>
<td>22-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.

### Madagascar Malaria

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 3</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>
</tbody>
</table>

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.

### Mozambique COVID-19

<table>
<thead>
<tr>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>22-Oct-21</td>
<td>17 143</td>
<td>17 143</td>
<td>153</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

The safety situation in Cabo Delgado remains unpredictable and volatile. On 8 August 2021, Mocimboa da Praia was retaken by joint forces. During 4-10 August 2021, a total of 5 484 internally displaced person (IDPs) arrived mostly in Mueda (34% arrivals), Nangade (20% arrivals), and Montepuez (20% arrivals) districts. As of 10 August 2021, the nation-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 732K people displaced.
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 24 October 2021, a total of 151 225 confirmed COVID-19 cases were reported in the country including 1 928 deaths and 148 660 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 22 October 2021, a total of 128 824 confirmed cases with 124 382 recovered and 3 550 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.

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 24 October 2021, a total of 6 236 cases with 206 deaths have been reported across the country. A total of 5 913 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.

From January to 18 July 2021, 9 095 suspected cases have been reported and 16 deaths. Out of suspected cases, 1 795 were investigated including 924 lab confirmed measles cases, 55% are older than 4 years; 51 of 72 health districts have reported at least 3 confirmed cases of measles in month. Response vaccination took place in

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

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.

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

As of 10 October 2021, a total of 90 890 suspected cases including 3 208 deaths (CFR 3.5%) have been reported from 31 states and FCT in 2021. Of the suspected cases since the beginning of the year, the 5-14years age group is the most affected, while males and females are equally affected. Three States of Bauchi (19 452 cases), Kano (12 116 cases) and Jigawa (10 763 cases) have the majority of cases. Twelve local government authorities across six states (Bauchi (4), Zamfara (4), Jigawa (2), Kano (1), Yobe (1) and Katsina (1) have reported more than 1 000 cases each this year.

Since 19 March 2020 to 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.
The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 24 October 2021, a total of 210 460 confirmed cases with 202 379 recovered and 2 882 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 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.

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.

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. Of the suspected cases, 23 were confirmed from eight states Delta (7), Lagos (4), Bayelsa (4), Rivers (4), Edo (1), FCT (1), Niger (1), Ogun (1) and, no deaths from all States.

37 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; 14 in Kebbi, five in Nasarawa, three each in Kaduna, Jigawa and Kano, two in Borno, and one each in Bauchi, Katsina, Kwara, Sokoto, Taraba and Zamfara. There are now 224 cases reported in 2021. There were eight cases reported in 2020. 19 cVDPV2 positive environmental samples were reported; five in Borno, five in Kano, two each in Bauchi, Gombe, Jigawa and Yobe, and one in Nasarawa. There are now 224 cases reported in 2021. There were eight cases reported in 2020 ; 18 cVDPV2 cases were reported in 2019 and 34 in 2018.

From 1 January 2021 to 30 September 2021, a total of 1 518 suspect Yellow fever (YF) cases were reported in 428 Local Government Areas (LGAs) across all 37 States including the Federal Capital Territory. A total of 74 blood samples (59 presumptive positive and 15 inconclusive) were sent to the Institut Pasteur in Dakar and 39 samples tested positive for YF by plaque reduction neutralization test (PRNT). Some PRNT-positive cases had a history of YF vaccination. There were two deaths reported among the PRNT positive cases. The YF PRNT positive cases were reported from 11 states (Anambra, Benue, Delta, Enugu, Imo, Kogi, Nasarawa, Niger, Ondo, Osun, and Oyo states).

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 24 October 2021, a total of 99 372 cases with 1 320 reported among the PRNT positive cases. The YF PRNT positive cases were reported from 11 states (Anambra, Benue, Delta, Enugu, Imo, Kogi, Nasarawa, Niger, Ondo, Osun, and Oyo states).

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One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Diourbel bringing the number of 2021 cases to 15. Three cVDPV2 positive environmental samples were reported in Dakar.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 22 October 2021 a total of 22 135 cases have been confirmed, including 21 748 recoveries and 114 deaths have been reported.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 24 October 2021, a total of 3 697 confirmed cases have been reported as recoveries.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 22 October 2021 a total of 22 135 cases have been confirmed, including 21 748 recoveries and 114 deaths have been reported.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Diourbel bringing the number of 2021 cases to 15. Three cVDPV2 positive environmental samples were reported in Dakar.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 22 October 2021 a total of 22 135 cases have been confirmed, including 21 748 recoveries and 114 deaths have been reported.

Since the start of the COVID-19 pandemic in South Africa by 24 October 2021, a cumulative total of 2 919 632 confirmed cases and 88 925 deaths have been reported with 2 811 439 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, Awiel South, Tonj North, Tonj South and Tonj East.

### South Sudan

- **Humanitarian crisis**: Protracted 3
  - Start of reporting period: 15-Aug-16
  - End of reporting period: 7-Oct-21
  - Total cases: 1147
  - Confirmed deaths: 104
  - CFR: 9%

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. 1.7 million people internally displaced and 175 000 people living in protection of civilian sites across the country. According to OCHA, 623K people have been affected by flooding from May-October 2021 in 27 counties in from 8 states. Inter-ethnic violence in Tambura county has escalated since late June 2021.

### South Sudan COVID-19

- Grade: 3
  - Date notified to WHO: 5-Apr-20
  - Date notified to OCHA: 5-Apr-20
  - Start of reporting period: 24-Oct-21
  - End of reporting period: 12 293
  - Total cases: 132 368
  - Confirmed deaths: 133
  - CFR: 1.10%

On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 24 October 2021, a total of 12 293 confirmed COVID-19 cases were reported in the country including 135 deaths and 12 008 recovered cases.

### South Sudan Anthrax

- Start of reporting period: 6-May-19
  - End of reporting period: 12-Sep-21
  - Total cases: 1 147
  - Confirmed deaths: 104
  - CFR: 9%

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 24 October 2021, a total of 132 368 confirmed COVID-19 cases were reported in the country including 4 669 deaths and 127 579 recovered cases.

| Country                  | Event                          | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Confirmed deaths | CFR
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Acute Food Insecurity</td>
<td>Grade 2</td>
<td>18-Dec-20</td>
<td>5-Apr-21</td>
<td>15-Aug-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>9-Jan-18</td>
<td>3-Jan-18</td>
<td>19-Sep-21</td>
<td>1147</td>
<td>104</td>
<td>0.80%</td>
</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>24-Oct-21</td>
<td>25 992</td>
<td>242</td>
<td>0.90%</td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-18</td>
<td>18-Mar-20</td>
<td>24-Oct-21</td>
<td>209 634</td>
<td>3 656</td>
<td>1.70%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>12-Sep-21</td>
<td>869</td>
<td>3</td>
<td>0.30%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>24-Oct-21</td>
<td>132 651</td>
<td>4 669</td>
<td>3.50%</td>
</tr>
</tbody>
</table>

†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.