This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 137 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
- Circulating vaccine-derived poliovirus type 2 in Kenya
- Measles in the Democratic Republic of the Congo

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 have been additional cases and deaths confirmed in the Ebola virus disease outbreak in the Democratic Republic of the Congo with two new health areas affected. Challenges remain around weak community surveillance, poor communication and inadequate logistics, all of which require urgent intervention. 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.

- All sub-regions in the African region continue to see a lessening in COVID-19 case numbers and deaths. Nonetheless, eight countries still observed increases in new daily cases. Botswana has a very high incidence of transmission, as is Seychelles where COVID-19 vaccination coverage is very high. With several countries still experiencing community transmission, the region needs to remain vigilant and continue with active surveillance and all response measures. With Africa’s low vaccination level, hundreds of millions of people remain vulnerable to severe COVID-19 illness and death.

- Cases of circulating vaccine-derived polio type 2 are still present in the region including in Kenya, despite the certification of the African region as free from wild poliovirus in August 2020. Kenya confirmed a case of circulating vaccine-derived poliovirus type 2 on 6 October 2021, making it the second case reported in 2021. Environmental samples have also been confirmed this year. The ministry of health continues its ongoing response activities to combat the polio outbreak.

- The Democratic Republic of the Congo has been experiencing a measles outbreak since the beginning of 2021. Although sporadic measles cases are currently reported in 369 health districts across 26 provinces, more than 80 health districts across 23 affected provinces including the capital city of Kinshasa are having an ongoing measles outbreak. Efforts to control measles in the Democratic Republic of the Congo have faced some challenges; the need to strengthen the national vaccination program and measles surveillance, a fragile health system, and inaccessibility of some affected areas due to harsh geographic and security conditions. The ongoing measles outbreak has been declared in the country amidst coexistence of many other outbreaks which may have weakened the health system.
EVENT DESCRIPTION

Two new cases of Ebola virus disease (EVD) were confirmed in new Health Areas (HA) of Ngilinga and Bundji (one each) in Beni Health Zone (HZ) in North Kivu Province. To date, three HAs have reported confirmed cases, namely, Butsili HA (6 cases), Bundji (one case) and Ngilinga HA (one case).

As of 30 October 2021, total of eight confirmed cases of EVD have been reported in Beni HZ in the Democratic Republic of the Congo, with six deaths (including four community deaths) (case fatality ratio (CFR) 75.0%). Children below the age of five years accounts for 50.0% (4/8) of the cases.

A total of 551 contacts are under follow up, of which 448 (81.3%) are being actively followed up, 70 (12.7%) contacts had never been seen, 11 contacts have not been seen in the past 48 hours and 9 (1.6%) contact are lost to follow-up.

On 30 October 2021, Beni Health Zone reported 198 new alerts including nine deaths. An additional 445 alerts including 21 deaths were notified from other seven HZs, of these, 436 (98.0%) were investigated, 45 (10.0%) were validated as suspected cases. Only 18 (40.0%) samples were collected from the suspected cases who accepted to be tested.

A total of 394 people (67 primary care providers including nine high risk contacts, nine contacts of contacts and 49 probable contacts) have been vaccinated including 182 contacts of contacts, 125 probable contacts and 87 high risk contacts.

PUBLIC HEALTH ACTIONS

- The Ministry of Health, with support from partners, continues to investigate the most recent cases and building capacity of laboratory technicians, contact tracers, and vaccination teams.
- Vaccination efforts continue around all confirmed cases. Vaccinators are using the “ring vaccination” approach, where contacts and contacts of contacts are vaccinated.
- On 29 October, a total of 37 576 individuals were sensitized including 11 505 home visits.
- Decontamination was conducted at the households of the last confirmed cases and two health facilities where the last cases were treated.
- Hand washing kits were provided to Mabolio, Mabakanga and Kanzunzuli communities.
- On 30 October 2021, fourteen suspected cases were admitted including one at Beni treatment centre, two at Kanzunzuli health centre, four at Malepe health centre, five at Bundji and two at Butsili Health Centre.
- Re-orientation of the health workforce for early detection, isolation, treatment of EVD cases as well as safe and dignified burials and the infection prevention and control ring approach is underway.

SITUATION INTERPRETATION

The EVD outbreak initially reported in the Butsili health area in Beni HZ has spread to other health areas, which is of concern. The detection of a new community deaths is also of concern as it poses risk for increased spread of the virus. There remain challenges around weak reporting of alerts by health zones, limited human resources for contact follow-up, insufficient tools for surveillance including personal protective equipment in health facilities in the health zone.
PROPOSED ACTIONS

- 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.
- Challenges around community surveillance, contact follow-up and other response measures need urgent action in the face of geographical spread of EVD within the province.
In the past seven days (25 – 31 October 2021), the WHO African region reported a total of 14 770 new cases of coronavirus disease (COVID-19), a 27.0% decrease compared to the previous week when 20 112 new cases were reported. However, 12 (26.0%) countries saw a 20% or more increase in weekly cases compared to the previous week: Comoros, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Guinea-Bissau, Mauritania, Mauritius, Niger, Nigeria, Rwanda and South Sudan.

In the same reporting period, 17 (36.0%) countries reported a decrease of 20% or more in the number of new cases compared to the previous week. These countries are Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Gabon, Gambia, Ghana, Guinea, Liberia, Madagascar, Mozambique, Namibia, Seychelles, and the United Republic of Tanzania.

Five countries account for 57.0% (8 453) of the cases recorded in the past week; namely Ethiopia (2 832 new cases, 8.3% decrease, 2.5 new cases per 100 000); South Africa (2 484 new cases, 18.3% decrease, 4.2 new cases per 100 000 population); Nigeria (1 666 new cases, 67.0% increase, 0.8 new cases per 100 000); Republic of Congo (802 new cases, 12.0% decrease, 15.0 new cases per 100 000) and Mauritius (669 new cases, 41.0% increase, 53.0 new cases per 100 000).

Weekly COVID-19 deaths in Africa decreased in the week ending 31 October as 606 deaths were recorded in 25 countries, a 25% decline compared with the previous week, with South Africa accounting for 42% of the fatalities. The highest numbers of new deaths were reported from South Africa (252 new deaths; 20.0% decrease; 0.4 new deaths per 100 000 population), Ethiopia (101 new deaths; 28.0% decrease; 0.1 new deaths per 100 000), Nigeria (40 new deaths; 111.0% increase; 0.0 new deaths per 100 000), Algeria (30 new deaths; 67.0% increase; 0.1 new deaths per 100 000), and the Republic of Congo (29 new deaths; 61.0% increase; 1.0 new deaths per 100 000).

The cumulative number of confirmed COVID-19 cases is 6 076 989, with more than 5.7 million recoveries, giving a recovery rate of 94.0%. The total number of deaths reported exceeded the 150 000 mark and is now at 150 093, 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 2.5% of global cases and 3.0% of global deaths.

Right now, there are eight countries in the region that are experiencing a resurgence of COVID-19 cases: Angola, Burundi, Republic of Congo, Cameroon, Equatorial Guinea, Ethiopia, Gabon, and Mauritius. Of these countries, the Republic of Congo, Cameroon, and Gabon are experiencing upward trends or high plateaus.

Collectively, South Africa has recorded the highest number of COVID-19 cases in the region with 2 922 116 cases (48.0%), followed by Ethiopia 365 167 (6.0%), Kenya 253 310 (4.2%), Nigeria 211 961 (3.5%), and Zambia 209 734 (3.5%), accounting for (3 962 288, 65.2%) of all cases. Similarly, most reported deaths occurred in South Africa, which accounts for 59% (89 177) of all deaths. Ethiopia has the second-highest number of deaths (6 459 deaths, 4.3%) followed by Algeria (5 920, 4.0%), Kenya (5 281, 3.5%) and Zimbabwe (4 678, 3.1%), all accounting for 74.3% (111 515) of all deaths reported in the region.

A total of 65 new health worker infections were reported from Botswana (38), Kenya (25), and Namibia (2), in the past seven days. A further 14 998 health worker infections were reported retrospectively from South Africa (14 933), and Cameroon (65).

At the moment, there have been 143 552 COVID-19 infections (2.4% of all cases) among health workers in the region, with South Africa accounting for 50.0% (71 113) of the total infections. Algeria (11 936, 8.3%), Kenya (7 795, 5.4%), Zimbabwe (5 402, 3.8%) and Mozambique (4 779, 3.3%) 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 (5.6%) have the highest proportion of health worker infections by country. Only Eritrea has not reported any healthcare worker infections.

The African region continues to observe divergent transmission classifications. 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 218 700 deaths (CFR 2.5%) and nearly 8.0 million people have recovered. The African continent accounts for 3.6% of global cases and 4.4% of global deaths. Almost 79 million people in Africa are fully vaccinated, which is nearly 5.7% of the African population. In comparison, 67% of people in the United Kingdom have been fully vaccinated; 57% in the United States; and 65% in the European Union. High-income countries have administered 31 times more doses per person than low-income countries.

Recognizing that educated and empowered communities play a vital role in preventing COVID-19 transmission, the WHO continues to engage in grassroots activities. WHO and partners have mobilized more than 345 000 community health workers in the region. Local leaders and influencers are also being trained in 45 countries, with 255 000 participants who will cascade the training.

**SITUATION INTERPRETATION**

COVID-19 cases and deaths have declined for nearly four months since the third pandemic wave peaked in early July. However, there is an observed upward trend in the Republic of Congo and Cameroon. Ethiopia is currently reporting the highest number of cases, marking the third consecutive week that South Africa has not reported the highest number of new cases. Cumulatively, South Africa accounts for 48% of all recorded cases and 59% of all deaths in the region. WHO advises countries on critical preparedness, readiness and response actions for COVID-19, surveillance and case investigation.

Go to overview

Go to map of the outbreaks
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.

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by week of reporting, 25 February 2020 – 31 October 2021 ($n = 6\,076\,989$)
<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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<tr>
<td>South Africa</td>
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<td>4,063</td>
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<tr>
<td>Sao Tome and Principe</td>
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<td>56</td>
<td>3,258</td>
<td>1.5</td>
<td>102</td>
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<tr>
<td><strong>Cumulative Cases (N=47)</strong></td>
<td><strong>6,076,989</strong></td>
<td><strong>150,093</strong></td>
<td><strong>5,720,022</strong></td>
<td><strong>2.5</strong></td>
<td><strong>143,552</strong></td>
</tr>
</tbody>
</table>

*Total cases includes one probable case from Democratic Republic of the Congo*
On 6 October 2021, the Ministry of Health (MoH) in Kenya received confirmation of circulating vaccine-derived poliovirus type 2 (cVDPV2) isolation from an acute flaccid paralysis sample. The case was a patient who had been living in Dadaab in Garissa county found in North Eastern Kenya. The patient had an onset of symptoms on 12 May 2021 with the sample taken on 23 June 2021. Genetic sequencing results showed that the strain isolated had been circulating for approximately seven years and was similar to that of an environmental sample taken in Garissa Town in December 2020 (nucleotide difference of 12).

Another case of cVDPV2 had been confirmed on 3 February 2021 from a case living in Dagahaley Refugee camp. The case had been healthy but underwent testing on 20 November 2020 after her arrival in the camp. Genetic sequencing of the case’s sample showed a linkage to cVDPV2 samples sequenced in Somalia (nucleotide difference of 68).

The country has also been conducting environmental sampling for polio since 2013 and currently monitors 17 sites. Samples containing isolates for poliovirus have been detected in 2018, 2020, and 2021. The most recent was detected on 15 July 2021 from a sample collected in Nairobi. The sample contained an ambiguous vaccine-derived poliovirus (aVDPV) type 2 and was not genetically linked to other strains sequenced. On 11 February 2021, the MoH was informed of an environmental sample from Mombasa town containing isolates for cVDPV2. Results from genetic sequencing showed linkages to a strain originating in Somalia (nucleotide difference of 59).

As part of the outbreak response, two rounds of vaccination campaigns were carried out in 13 counties using a modified form of the monovalent oral poliovirus vaccine known as the novel oral polio vaccine type 2 (nOPV2).

In April 2016, Kenya, like many other countries, pulled the previously used trivalent oral polio vaccine (tOPV) and replaced it with the bivalent oral poliovirus vaccine (bOPV). The new nOPV2 is more genetically stable and supposed to be less likely to cause permanent paralysis in children from vaccine-derived poliovirus in populations with low immunity such as the case with those recently affected in Kenya. The first round of vaccinations using this new vaccine was concluded on 26 May 2021 and the second was completed on 21 July 2021 just months after it was authorized under Emergency Use Listing (EUL) in November 2020.

Supplementary immunization activities were proposed and approved by the Global Polio Eradication Initiative Advisory group for responding to the outbreak in 13 high risk counties reaching an under 5 population.

A novel oral polio vaccine type 2 coordination committee had been established and convened with support from rapid response teams and with participation from the MoH, UNICEF, and WHO.
**SITUATION INTERPRETATION**

Kenya has not had a case of wild poliovirus since 2013, however, cases of cVDPV2 have been reported in 2020 and 2021. Beyond polio isolates detected in human cases, environmental samples drawn from 17 sites in the country have also contained polio isolates. Vaccination campaigns will help to keep immunity levels high among the population, though it will be important to reach the populations at risk such as migrants and those fleeing conflict areas. Sequencing has thus far shown linkages to other strains present in other countries in the Horn of Africa and detected in patients from camp settings further proving these groups as vulnerable to polio.

**PROPOSED ACTIONS**

To protect the at-risk populations, it will be important to keep immunity high among them, therefore it is suggested to target these groups for vaccination and focus efforts on the follow-up and completion of vaccination rounds.
EVENT DESCRIPTION

The ongoing measles outbreak in the Democratic Republic of the Congo continues to evolve with more cases and deaths reported. From week 1 through week 40, 2021 (ending 10 October) a total of 43,277 suspected cases of measles with 665 deaths (case fatality ratio (CFR) = 1.5%) have been reported from 369 (71%) health districts out of 519 across 26 provinces.

The outbreak has been confirmed in 82 health districts across 23 affected provinces including the capital city of Kinshasa. A total of 2,674 suspected cases have been investigated and 1,113 (41.6%) cases found to be IgM+ for measles among which 702 (63.0%) cases are children under five and half of them have an unknown vaccination status. A total of 436 cases (39.2%) are IgM+ for rubella among which 24 cases (5.5%) are more than 14 years old.

The last peak of weekly cases reported was at week 26 (ending 4 July) with 1,817 cases, after which a downward trend was observed until week 32 (ending 15 August). An increase in number of reported cases was observed from week 33 (ending 22 August) up to week 40 (ending 10 October). The last five weeks (from week 36) have recorded an average of 951 suspected cases of measles with 1,413 cases and 55 deaths.

In week 39 (ending 3 October), a measles outbreak was declared in the densely populated capital city of Kinshasa in four health districts (Kingabwa, Police, Nsele and Masina 2). From week 1 through week 38 (ending 26 September), Kinshasa recorded 205 suspected cases, of which 107 (52.0%) were sampled. Of the sampled cases, 21 (20%) were IgM positive for measles and 26 (30%) were IgM positive for rubella. Only 17 (8.3%) people among the reported suspected cases had history of measles vaccination.

A total of 33.3% (7/21) of the confirmed cases are in the 6 – 59 month age group, while 66.6% (14/21) are between 6 months and 10 years old. Among the reported suspected cases, 58.0% are female. The risk of the rapid spread of the outbreak in Kinshasa is high given its high population density and high chronic malnutrition rates among children under five (43%) years.

PUBLIC HEALTH ACTIONS

- Local response activities are being implemented in some health districts across the country with support from implementing partners especially for vaccination, case management and surveillance.
- Reactive vaccination campaigns have been organized and a total of 732,787 children from 6 months – 9 years have been vaccinated in 331 health areas across 24 health districts.
- Coordination meetings on response activities are ongoing.
- Local investigations were carried out in some health districts including those in outbreak mode in the capital city of Kinshasa (Kingabwa, Nsele, Masina II and Police).
- Preparation for the introduction of the measles vaccine second dose in the routine immunization calendar is ongoing.
- Continuation of free case management with support from MoH partners in the health districts in outbreak is underway.

SITUATION INTERPRETATION

Measles is endemic in the Democratic Republic of the Congo with outbreaks occurring every year. The low vaccination coverage against measles in some health districts has always been identified as the main risk factor for measles outbreaks. There is an observed decline in measles cases and related deaths as compared to the same period between 2018 and 2020, about 40% reduction compared to 2020 for the same period. This decline could be due to the impact of the supplementary measles immunization activities that was launched in 2019. However, this should not lower vigilance, as the country remains one of those at risk of a large-scale outbreak if appropriate measures against measles are not implemented.

PROPOSED ACTIONS

- It is important to mobilize the required resources to achieve the objectives set in the national measles elimination plan for the Democratic Republic of the Congo especially regarding vaccination against measles to reduce the risk of future outbreaks.
- Specific tailored response strategies are required for hard-to-reach areas in order to eliminate the chain of transmission.
The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

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. Sixteen cases have been confirmed by culture. Regarding one death reported previously, the post mortem results did not confirm cholera.

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 culturing. Moreover, one death reported previously, the post mortem results did not confirm cholera.

A total of 440 cases and 31 deaths (CFR 7.0%) resulting from meningitis were reported from Week 1 to Week 41 of 2021 in Benin. 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 28 September 2021, the WHO was notified about a Cholera outbreak in some communities of Caia District. By 19 October 2021, 191 cases were recorded with no deaths. Eight cases were confirmed (7 by RDT and 1 by culture).

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 that 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.

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 Koni / Niger. He was treated, cured, and released in isolation on August 31.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 24 October 2021, a total of 24,749 cases have been reported in the country with 161 deaths and 24,346 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.

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Botswana COVID-19 Grade 3 30-Mar-20 28-Mar-20 29-Oct-21 186 594 186 594 2 406 1.30%
Health Emergency Information and Risk Assessment

### Cameroon
- **Humanitarian crisis (Far North North, Adamawawa & East)**
  - Protracted 2
  - Start of reporting period: 31-Dec-13
  - End of reporting period: 31-Aug-21
  - Total cases: 461
  - Confirmed: 348
  - Deaths: 0
  - CFR: 0.00%

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.

### Cameroon
- **Humanitarian crisis (NW & SW)**
  - Protracted 2
  - Start of reporting period: 1-Oct-16
  - End of reporting period: 31-Aug-21
  - Total cases: -
  - Confirmed: -
  - Deaths: -
  - CFR: -

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 been continued 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.

### Cameroon
- **COVID-19**
  - Grade 3
  - Start of reporting period: 6-Mar-20
  - End of reporting period: 20-Oct-21
  - Total cases: 102 499
  - Confirmed: 102 499
  - Deaths: 1 686
  - CFR: 1.60%

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case in Cameroon on 6 March 2020. As of 20 October 2021, a total of 102 499 cases have been reported, including 1 686 deaths and 98 317 recoveries.

### Cameroon
- **Measles**
  - Ungraded
  - Start of reporting period: 23-Mar-20
  - End of reporting period: 12-Sep-21
  - Total cases: 461
  - Confirmed: 348
  - Deaths: 0
  - CFR: 0.00%

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

### Cameroon
- **Poliomyelitis**
  - Grades cVDPV2
  - Start of reporting period: 1-Jan-20
  - End of reporting period: 29-Oct-21
  - Total cases: 8
  - Confirmed: 8
  - Deaths: 0
  - CFR: 0.00%

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in the Extreme North province making it the first in 2021. There were seven cases reported in 2020.

### Cameroon
- **Cholera**
  - Ungraded
  - Start of reporting period: 1-Jan-21
  - End of reporting period: 3-Oct-21
  - Total cases: 16
  - Confirmed: 1
  - Deaths: 1
  - CFR: 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.

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  - End of reporting period: 29-Oct-21
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  - Confirmed: 8
  - Deaths: 0
  - CFR: 0.00%

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in the Extreme North province making it the first in 2021. There were seven cases reported in 2020.
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, 2 cases have been reported in 2021. There were two cases 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 confirmed outbreaks since the start of the year. In 2020, Chad reported 8 785 cases, with 363 confirmed cases and 41 deaths.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in this week. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks. There were 8 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

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

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

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 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 27 October 2021, a total of 11 579 confirmed cases, 100 deaths and 11 125 recovered were reported.

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.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 23 October 2021, a total of 4 259 confirmed COVID-19 cases, including 147 deaths and 4 605 recovered cases have been reported in the country including 278 deaths and 14 605 recovered cases have been reported in the country.
On 13 August 2021, five Yellow fever cases tested positive by plaque reduction neutralization test (PRNT) at Institut Pasteur in Dakar. Based on differential tests returned on 6 September 2021, the results of three cases are consistent with a recent Yellow fever infection. Two other cases had cross-reactions with other flaviviruses, one of which was more consistent with dengue and one with a flavivirus infection (PRNT positive for Yellow fever, Zika, and dengue).

### Country Event Grade Date notified to WCO Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

| Democratic Republic of the Congo | Humanitarian crisis | Protracted | 20-Dec-16 | 17-Apr-17 | 3-Oct-21 | - | - | - | - |

Approximately 279,000 people have been displaced in the territory of Djugu of Ituri Province due to people fleeing clashes between the national army and NSAGs during July and August. In Ituri province, 100,000 people (many of whom are from the territory) have moved to Komanda and its outskirts since 23 September 2021. The Kamako border crossing continues to register new returnees from Angola, but the number of arrivals per day is decreasing. Updated statistics from OCHA show 8,296 returnees. In South Kivu Province, humanitarian operations are resuming in Fizi, Itombwe and Uvira, despite insecurity. There has been a relatively calm period in the health zone of Minembwe in recent weeks with the latest clashes dating back to mid-August when the FARDC clashed with an armed group. This has allowed local and international NGOs return to the area. The violence in the Ruzizi health zone continued during the month of September 2021 with clashes between the Congolese army and armed men which resulted in casualties and displacement of more than 2,600 people to the outskirts of Sangé and Kigoma.

### Country Grade Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

| Democratic Republic of the Congo | Cholera | Grade 3 | 16-Jan-15 | 1-Jan-20 | 3-Oct-21 | 5,424 | - | 105 | 1.90%

In 2021, from epidemiological week 1 to 39 (ending 3 October 2021), 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. Tanganyika 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 rate 1.7%) were reported in 179 health zones across 23 provinces.

### Country Grade Date notified to WCO Start of reporting period Total cases Cases Confirmed Deaths CFR

| Democratic Republic of the Congo | COVID-19 | Grade 3 | 10-Mar-20 | 10-Mar-20 | 28-Oct-21 | 57,566 | 57,564 | 1,098 | 1.90%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 57,564 confirmed cases and two probable case, including 1,098 deaths have been reported. A total of 50,977 people have recovered.

### Country Grade Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

| Democratic Republic of the Congo | Ebola virus disease | Grade 2 | 8-Oct-21 | 8-Oct-21 | 30-Oct-21 | 8 | 8 | 6 | 75.00%

On 8 October 2021, a case of Ebola virus disease (EVD) was confirmed by PCR in a 29-month-old male child living in the Butsili health area in the Beni healthzone, North Kivu province in the Democratic Republic of the Congo. The patient, treated in turn in three health facilities in the Beni health zone since 27 September 2021, died on 6 October 2021 in a local health facility in a hemorrhagic event. This case follows three suspected clustered deaths of EVD in the same family in the Butsili health zone on 14, 19 and 29 September 2021 respectively. These three deaths were not sampled or given a dignified and safe burial. By 30 October 2021, eight confirmed cases included six deaths have been recorded.

### Country Grade Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

| Democratic Republic of the Congo | Measles | Ungraded | 12-Oct-21 | 1-Jan-20 | 10-Oct-21 | 43,277 | 1,113 | 665 | 1.50%

From week 1 through week 40 of 2021 (ending 10 October) 43,277 suspected measles cases and 665 deaths (CFR 1.5%) have been reported in 369 health districts across 26 provinces of the Democratic Republic of the Congo. The outbreak has been confirmed in 86 health districts across 23 affected provinces including the capital city of Kinshasa. A total of 1,113 cases are IgM+ for measles among which 63% are children under five and 30% known to be vaccinated, half of them have an unknown vaccination status. A total of 436 cases are IgM+ of rubella among which 5.5% are more than 14 years old.

### Country Grade Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

| Democratic Republic of the Congo | Meningitis | Grade 2 | 30-Jul-21 | 1-Jun-21 | 22-Oct-21 | 2,357 | 14 | 200 | 8.50%

On 28 July 2021, an alert was reported in the locality of Panga, Banalia territory, in Kisangani district in DRC as a result of an illness with signs similar to those of meningitis. As of 22 October 2021, 2,357 cases have been reported including 200 deaths (CFR= 8.5%). Fourteen samples have been confirmed for Neisseria meningitidis serogroup W out of the 67 analysed samples.

### Country Grade Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

| Democratic Republic of the Congo | Monkeypox | Ungraded | n/a | 1-Jan-20 | 3-Oct-21 | 8,960 | 39 | 300 | 3.30%

Since epidemiological week 1 up to week 39 in 2021, 2,703 cases have been reported with 71 deaths. Between epidemiological week 1 and week 53 of 2020, a total of 6,257 suspected cases including 229 deaths (CFR 3.7%) were reported in 133 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 5,288 suspected cases and 107 deaths (CFR 2.0%) were reported in 132 health zones from 18 provinces. Overall, there was a regressive trend from epidemiological week 33 to 53 of 2020 (276 cases vs 76 cases).

### Country Grade Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

| Democratic Republic of the Congo | Plague | Ungraded | 12-Mar-19 | 1-Jan-20 | 13-Sep-21 | 694 | - | 57 | 8.20%

From 22 April 2021, a cluster of deaths due to suspected pneumonic plague were recorded in the health zone of Fatu, Ituri province, Democratic Republic of the Congo. The patients presented with headache, fever, chills, coughing sometimes with blood, dyspnoea, vomiting blood, etc. An investigation was conducted during which suspected cases were identified and samples taken to be shipped to the Institut National de Recherche Biomédicale (INRB) in Kinshasa for confirmatory testing. From epidemiological week 1 to 36, 2021 (ending on 12 September), 118 suspected plague cases including 13 deaths were reported in eight health zones in Ituri province. From January to December 2020, 461 suspected plague cases of which 31 deaths were reported in eight health zones of Ituri. The health zones of Biringi, Rothy, and Ari reported the most cases.

| Democratic Republic of the Congo | Poliomyelitis (cVDPV2) | Grade 2 | 15-Feb-18 | 1-Jan-18 | 29-Oct-21 | 200 | 200 | 0 | 0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 10 cases reported in 2021 so far. The total number of 2020 cases remains at 81.

Democratic Republic of the Congo
- Typhoid fever
  - Ungraded
  - Start of reporting period: 1-Jul-21
  - End of reporting period: 1-Jan-21
  - Total cases: 1 121 104
  - Confirmed cases: 19 734
  - Deaths: 411
  - CFR: 0.00%

In 2021, from Epi week 1 to 39, 1 121 104 suspected cases of typhoid fever have been reported including 411 deaths (CFR 0.0%) and 19 734 confirmed cases in the epi week 39. In 2020, a total of 715 920 suspected cases of typhoid fever were reported, including 178 deaths (CFR 0.0%).

Democratic Republic of the Congo
- Yellow Fever
  - Ungraded
  - Start of reporting period: 21-Apr-21
  - End of reporting period: 21-Apr-21
  - Total cases: 2
  - Confirmed cases: 2
  - Deaths: 0
  - CFR: 0.00%

On 18 July 2021, two yellow fever cases tested positive by Plaque Reduction Neutralization Test (PRNT) at Centre Pasteur in Cameroun (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.

Equatorial Guinea
- COVID-19
  - Grade 3
  - Date notified to WHO: 14-Mar-20
  - Total cases: 13 368
  - Confirmed cases: 13 368
  - Deaths: 167
  - CFR: 1.20%

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 29 October 2021, a total of 13 368 cases have been reported in the country with 167 deaths and 12 693 recoveries.

Eritrea
- COVID-19
  - Grade 3
  - Date notified to WHO: 21-Mar-20
  - Total cases: 6 834
  - Confirmed cases: 6 834
  - Deaths: 1 242
  - CFR: 2.70%

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 31 October 2021, a total of 6 834 confirmed COVID-19 cases with 45 deaths were reported in the country. A total of 6 732 patients have recovered from the disease.

Ethiopia
- Humanitarian crisis (Conflict in Tigray)
  - Grade 3
  - Date notified to WHO: 4-Nov-20
  - Total cases: 365 167
  - Confirmed cases: 365 167
  - Deaths: 6 459
  - CFR: 1.80%

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

Ethiopia
- COVID-19
  - Grade 3
  - Date notified to WHO: 13-Mar-20
  - Total cases: 365 167
  - Confirmed cases: 365 167
  - Deaths: 6 459
  - CFR: 1.80%

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 365 167 cases of COVID-19 as of 31 October 2021, with 6 459 deaths and 339 742 recoveries.

Ethiopia
- Measles
  - Ungraded
  - Date notified to WHO: 14-Jan-17
  - Total cases: 2 413
  - Confirmed cases: 2 413
  - Deaths: 4
  - CFR: 0.20%

In 2021, as of 22 October (Epi week 43), a total of 2 413 cases have been reported of which 1 321 have been confirmed (950 epi-link, 329 IgM and 42 measles compatible) and 4 deaths recorded (CFR 0.4%). Out of the 2 413 suspected cases, 1 078 were under 5 years of age, 777 were between 5 and 14 years of age and 419 were over 15 years of age.

Ethiopia
- Poliomyelitis (cVDPV2)
  - Grade 2
  - Date notified to WHO: 24-Jun-19
  - Total cases: 20 920
  - Confirmed cases: 20 920
  - Deaths: 0
  - CFR: 0.00%

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

Gabon
- COVID-19
  - Grade 3
  - Date notified to WHO: 12-Mar-20
  - Total cases: 35 525
  - Confirmed cases: 35 525
  - Deaths: 239
  - CFR: 0.70%

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 28 October 2021, a total of 35 525 cases including 239 deaths and 28 889 recoveries have been reported in the country.

Gambia
- COVID-19
  - Grade 3
  - Date notified to WHO: 17-Mar-20
  - Total cases: 9 967
  - Confirmed cases: 9 967
  - Deaths: 340
  - CFR: 3.40%

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 27 October 2021, a total of 9 967 confirmed COVID-19 cases including 340 deaths, and 9 611 recoveries have been reported in the country.

Ghana
- COVID-19
  - Grade 3
  - Date notified to WHO: 12-Mar-20
  - Total cases: 130 077
  - Confirmed cases: 130 077
  - Deaths: 1 175
  - CFR: 0.90%

As of 24 October 2021, a total of 130 077 confirmed COVID-19 cases have been reported in Ghana. There have been 1 175 deaths and 127 121 recoveries reported.

Guinea
- Measles
  - Ungraded
  - Date notified to WHO: 13-Mar-20
  - Total cases: 30 653
  - Confirmed cases: 30 653
  - Deaths: 507
  - CFR: 1.70%

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

Guinea
- Poliomyelitis (cVDPV2)
  - Grade 2
  - Date notified to WHO: 9-Jul-19
  - Total cases: 31
  - Confirmed cases: 31
  - Deaths: 0
  - CFR: 0.00%

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

**Health Emergency Information and Risk Assessment**

**Date of onset on 12 May 2021. Additionally, cVDPV2 was detected in three environmental samples (one taken in Garissa Town in December 2020, one in Mombasa in February 2021, and one in Nairobi in July 2021).**

#### Guinea

- **Date notified to WCO:** 8-May-21, 8-May-21, 21-Oct-21
- **Start of reporting period:** 8-May-21, 8-May-21
- **End of reporting period:** 21-Oct-21
- **Total cases:** 8
- **Cases Confirmed:** 8
- **Deaths:** 7
- **CFR:** 87.50%

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 Nzérékoré Regional Hospital, this case was from Bélya prefecture and died the same day. A listing of 111 contacts have been done for follow up. On 28 June 2021 a third case was confirmed (man of 25 years old), a resident of 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 Béeka is regarded as active, with the prefectures of Yomou-Centre, Péla, Yomou and Bignamou on alert. The last case (female 9 years old) from Faranah health district detected on 14 September 2021 has been confirmed on 19 September 2021 by the Guéckédou laboratory and died the same day.

#### Guinea

- **Date notified to WCO:** 9-May-18, 1-Jan-21, 20-Oct-21
- **Start of reporting period:** 9-May-18, 1-Jan-21
- **End of reporting period:** 20-Oct-21
- **Total cases:** 3 248
- **Cases Confirmed:** 234
- **Deaths:** 5
- **CFR:** 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 samples tested, 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

- **Date notified to WCO:** 22-Jul-20, 22-Jul-20, 29-Oct-21
- **Start of reporting period:** 22-Jul-20, 22-Jul-20
- **End of reporting period:** 29-Oct-21
- **Total cases:** 50
- **Cases Confirmed:** 50
- **Deaths:** 0
- **CFR:** 0.00%

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

#### Guinea

- **Date notified to WCO:** 25-Mar-20, 25-Mar-20, 30-Oct-21
- **Start of reporting period:** 25-Mar-20, 25-Mar-20
- **End of reporting period:** 30-Oct-21
- **Total cases:** 6 134
- **Cases Confirmed:** 6 134
- **Deaths:** 141
- **CFR:** 2.30%

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 30 October 2021, the country has reported 6 134 confirmed cases of COVID-19 with 5 588 recoveries and 141 deaths.

#### Guinea

- **Date notified to WCO:** 27-Apr-21, 1-Jan-21, 26-Aug-21
- **Start of reporting period:** 27-Apr-21, 1-Jan-21
- **End of reporting period:** 26-Aug-21
- **Total cases:** 976
- **Cases Confirmed:** 36
- **Deaths:** 2
- **CFR:** 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%).

#### Guinea

- **Date notified to WCO:** 31-Mar-19, 3-Jan-20, 21-Oct-21
- **Start of reporting period:** 31-Mar-19, 3-Jan-20
- **End of reporting period:** 21-Oct-21
- **Total cases:** 1 170
- **Cases Confirmed:** 1 120
- **Deaths:** 10
- **CFR:** 0.90%

Since January 2020, a total of 1 170 visceral leishmaniasis confirmed cases with 10 deaths (CFR 0.9% percent), have been reported in eight counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, Wajir, and Tharaka Nithi. The outbreak is active in four counties; Kitui, Tharaka Nithi, West Pokot, and Wajir. 18 new cases were recorded during week 41.

#### Guinea

- **Date notified to WCO:** 6-May-19, 20-Oct-19, 21-Oct-21
- **Start of reporting period:** 6-May-19, 20-Oct-19
- **End of reporting period:** 21-Oct-21
- **Total cases:** 625
- **Cases Confirmed:** 31
- **Deaths:** 1
- **CFR:** 0.20%

Since October 2019 through 21 October 2021 (Epi week 41), a total of 625 measles cases were reported of which 31 were confirmed and one death (CFR 0.2%) were reported. Currently, the counties of Garissa and West Pokot have active outbreaks.

#### Guinea

- **Date notified to WCO:** 5-Feb-21, 10-Feb-21, 29-Oct-21
- **Start of reporting period:** 5-Feb-21, 10-Feb-21
- **End of reporting period:** 29-Oct-21
- **Total cases:** 3
- **Cases Confirmed:** 3
- **Deaths:** 0
- **CFR:** 0.00%

There was one circulating Vaccine-Derived Polio Virus type 2 (cVDPV2) case reported in 2020 and two in 2021. A case of 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 and was linked to the Banadir outbreak. On 6th October 2021, MOH was notified of isolation of cVDPV type 2 in an acute flaccid paralysis sample taken on 23rd June 2021 also from Dadaab with date of onset on 12 May 2021. Additionally, cVDPV2 was detected in three environmental samples (one taken in Garissa Town in December 2020, one in Mombasa in February 2021, and one in Nairobi in July 2021).

#### Guinea

- **Date notified to WCO:** 13-May-20, 13-May-20, 30-Oct-21
- **Start of reporting period:** 13-May-20, 13-May-20
- **End of reporting period:** 30-Oct-21
- **Total cases:** 21 635
- **Cases Confirmed:** 21 635
- **Deaths:** 658
- **CFR:** 3.00%

The outbreak has been reported in Mombasa and Mandera Counties, recording 21 635 cases including 5 281 deaths and 246 829 recoveries have been reported in the country.

#### Guinea

- **Date notified to WCO:** 17-Jul-20, 22-Jul-20, 29-Oct-21
- **Start of reporting period:** 17-Jul-20, 22-Jul-20
- **End of reporting period:** 29-Oct-21
- **Total cases:** 50
- **Cases Confirmed:** 50
- **Deaths:** 0
- **CFR:** 0.00%

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

#### Madagascar

- **Date notified to WCO:** 1-Jul-21, 1-Jan-21, 9-Sep-21
- **Start of reporting period:** 1-Jul-21, 1-Jan-21
- **End of reporting period:** 9-Sep-21
- **Total cases:** -
- **Cases Confirmed:** -
- **Deaths:** -
- **CFR:** -

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 asIPC Phase 5 or catastrophically food insecure. About 390K children are expected to have moderate acute malnutrition and 111K children to have severe acute malnutrition from May 2021 to April 2022 if no intervention measures are taken. All 10 districts of Grand Sud have been affected with the epicentre of the crisis occurring in Amboasary Atsimo district.

<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>
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<tbody>
<tr>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>22-Oct-21</td>
<td>43 626</td>
<td>43 626</td>
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<td>2.20%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>22-Mar-20</td>
<td>22-Mar-20</td>
<td>31-Oct-21</td>
<td>151 292</td>
<td>151 292</td>
<td>1 930</td>
<td>1.30%</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.

On 29 August 2021, in the Itasy region, in the Arironomabo health district, an alert was received by the health authorities regarding cases of Pulmonary Plague. As of 17 October 2021, a total of 41 suspected cases of pneumatic plague including 19 confirmed and 6 death cases (CFR 14.6%) are reported so far. The number of cases and deaths on this outbreak have been updated by the MoH.

One case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported in the Sud-Ouest province bringing the number of 2021 cases to 10. 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 31 October 2021, the country has a total of 61 796 confirmed cases with 2 301 deaths and 57 313 recoveries.

The security situation continues to gradually spread to the southern regions of the country. Issues such as inter and intra-community conflicts, activism of non-state armed groups, consequences of counter-insurgency operations, crime and banditry continue to weaken the Malian context. Natural disasters (droughts and floods) and COVID-19 compound the health and non-health impacts affecting all basic social sectors as well as the protection of household livelihoods. On 8 August NSAGs simultaneously attacked villages in of Ouatagouna causing deaths, injuries, and IDPs. There have been a total of 372 266 IDPs in the country and more than 140 000 refugees. According to OCHA reports, an estimated 5.9 million people need humanitarian assistance. During July 2021, more than 50 voluntary Ivorian refugees in Sikasso, Mali were repatriated.

During the week 36 of 2021 (ending 12 September 2021), 7 suspected cases of cholerawere notified by the health area of Labbezanga, Ansongo health district in the need of Vigilance operations. 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 24 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.

On 25 March 2020, the Ministry of Health of Mali reported the first confirmed COVID-19 cases in the country. As of 31 October 2021, a total of 16 073 confirmed COVID-19 cases have been reported in the country including 563 deaths and 14 659 recoveries.

From January 2021 up to Epi week 41 (ending the 17 October 2021), Mali has reported a total of 1 362 suspected cases including two deaths, 1 235 samples tested of which 729 were positive, 468 negative and 38 undetermined. There is an increase of 89.35% of confirmed cases compared to the same week last year.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 31 October 2021, a total of 37 320 cases including 797 deaths and 35 949 recovered cases have been reported in the country.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 29 October 2021, a total of 17 812 confirmed COVID-19 cases including 176 deaths and 16 675 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 October 2021, security incidents occurred in Palma, Mueda, and Meluco districts as well as the death of an insurgent leader at the end of Sep 2021. From 29 Sep – 5 Oct 2021, a total of 1 912 internally displaced person (IDPs) arrived mostly in Metuge, Nangade, and Cidade de Pemba districts. As of 10 Oct 2021, the nation-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 744K people displaced.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 31 October 2021, a total of 151 292 confirmed COVID-19 cases were reported in the country including 1 930 deaths and 149 209 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 Nigeria on the 27 February 2020. As of 29 October 2021, a total of 128 927 confirmed cases with 124 573 recovered and 3 554 deaths have been reported.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 29 October 2021, a total of 128 927 confirmed cases with 124 573 recovered and 3 554 deaths have been reported.

The current outbreak in Namibia started in December 2017. As of 15 August 2021, a cumulative total of 8 090 cases (2 117 laboratory-confirmed, 4 738 epidemiologically linked, and 1 235 suspected cases) including 66 deaths (CFR=0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 5 064 (62.0%) of reported cases, followed by Erongo 1 717 (21.2%).

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, 313 are internally displaced, 234K are refugees, and 2 million are food insecure (phase 4-5 and above) as of 1 October 2021. Security tensions have had a negative impact on local markets and price of food in the Tillabery region causing concern for nutrition levels in children in the region. The trend of children admitted into national food program has increased in certain areas of the country (including Tillaberi and Maradi) between July and August 2021. According to the Humanitarian Response Plan 2021, more than 1.8 million children <5 years need nutritional assistance, including 1.6 million children between 6-59 months for management of acute malnutrition and 178 228 children between 6-23 months for preventive supplementation.

As of 25 October 2021, a total of 5 469 cases including 159 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 35 out of 72 health districts have reported cases with 9 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 31 October 2021, a total of 6 366 cases with 213 deaths have been reported across the country. A total of 5 996 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) 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, Adam, and Yobe (BA) 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 5-14 years 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.

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 31 October 2021, a total of 211 961 confirmed cases with 203 248 recovered and 2 896 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 and 2,734 epidemiologically 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 three worst affected 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 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.

According to the Nigerian Centre for Disease Control (NCDC), in September 2021, no additional cases of suspected monkeypox were reported. Thererefore 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 recorded from all States.

42 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; three each in Bauchi and Katsina, one each in Bayelsa, Edo, FCT, Kaduna and Nasarawa, two each in Borno, Sokoto, and Taraba, four each in Gombe and Kano, eight in Jigawa and nine in Kebbi. There are now 266 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 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 31 October 2021, a total of 99,698 cases have been reported with 1,331 deaths. The age group 9-59 months accounted for 50.4% of all confirmed cases. From 1 January 2021 to 30 September 2021, a cumulative total of 74,622 confirmed cases have been reported in the country.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 31 October 2021, a total of 99,698 confirmed cases of COVID-19 have been reported, including 56 deaths. A total of 3,258 cases have been reported as recoveries.

On 2 March 2020 to 31 October 2021, a total of 73,917 confirmed cases of COVID-19 including 1,878 deaths and 72,019 recoveries have been reported in Senegal.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Matam bringing the number of 2021 cases to 16. 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 29 October 2021 a total of 22,265 cases have been confirmed, including 21,942 recoveries and 114 deaths have been reported.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 30 October 2021, a total of 6,399 confirmed COVID-19 cases were reported in the country including 121 deaths and 4,395 recovered cases.

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.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, 5 cases have been reported in 2021, and the number of cases 2020 remains 10.

Since the start of the COVID-19 pandemic in South Africa by 31 October 2021, a cumulative total of 2,922,116 confirmed cases and 89,177 deaths have been reported with 2,814,264 recoveries.

According to the World Food Programme an estimated 7.2 million people (60% of the country’s total population) 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.

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### Table: Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
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<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
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**Lassa fever** in Nigeria is an endemic disease 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 and 2,734 epidemiologically 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 three worst affected 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 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 8 states. Inter-ethnic violence in Tambura county has escalated since late June 2021.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 31 October 2021, a total of 12,410 confirmed COVID-19 cases were reported in the country including 133 deaths and 12,047 recovered cases.

The current outbreak in the Bentiu IDP camp, which started at the beginning of 2018, is ongoing. As of 17 October 2021, a total of 1,354 cases of hepatitis E including 9 deaths (CFR: 0.7%) have been reported since 1 Jan 2018. Hepatitis E cases have been above the epidemic threshold since week 19 of 2021 which has been mostly attributed to declining water, sanitation and hygiene services in the camp due to reduced funding, however efforts are underway to respond to the sanitation and outbreak needs.

Since week 38 of 2019 to 10 October 2021 (week of 2021), a total of 1,313 cases of measles were reported including 52 confirmed cases and two deaths. The outbreak is controlled in 9 counties (Tonj East, Juba, Bor, Kapoeta East, Jiebel Boma, Aweil East, Wau, Pibor and Ibba). No county has reported outbreak in 2021.

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

The Ministry of Health, Community Health, Community Development, Gender, Elderly and Children in Tanzania reported the country’s first case of COVID-19 on 16 March 2020. As of 22 October 2021, a total of 26,154 cases including 725 deaths have been reported in the country.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 30 October 2021, a total of 126,236 confirmed COVID-19 cases, 96,676 recoveries with 3,215 deaths.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 31 October 2021, a total of 209,734 confirmed COVID-19 cases were reported in the country including 3,661 deaths and 205,960 recovered cases.

The anthrax outbreak is ongoing in Zimbabwe. Twelve new anthrax cases and no death were reported in week 36 of 2021. The cases were reported by Gokwe South District (3) and Gokwe North District (9) in Midlands Province. From Week 1 to 36 of 2021, the cumulative figures for anthrax are 122 cases and 0 deaths. This outbreak started in Week 36 of 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. The cumulative figures for anthrax are 747 cases and 3 deaths in 2020.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 31 October 2021, a total of 132,977 confirmed COVID-19 cases were reported in the country including 4,678 deaths and 127,700 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/](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.