WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 49: 29 November – 5 December 2021
Data as reported by: 17:00; 5 December 2021

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- COVID-19
- Anthrax
- Dengue fever
- Malaria
- Hepatitis E
- Acute Food Insecurity
- Floods
- Countries reported in the document
- WHO Member States with no reported events
- Not applicable

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*

0 New event
142 Ongoing events
125 Outbreaks
17 Humanitarian crises

3 Grade 3 events
38 Grade 2 events
2 Grade 1 events
44 Ungraded events

Protracted 3 events
Protracted 2 events
Protracted 1 events

Health Emergency Information and Risk Assessment
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 142 events in the region. This week's articles cover:

- COVID-19 across the WHO African region
- Ebola Virus Disease in the Democratic Republic of the Congo
- Cholera in Ethiopia
- Humanitarian Crisis in Cameroon

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

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

**Major issues and challenges include:**

- COVID-19 cases have increased for the second time since mid-August when a fall in cases was first observed in the African region. Even with this increase, there remains a variation in the pandemic trends across different sub regions. While most countries have seen a sustained decline in cases, eight countries from Southern Africa saw a sharp rise in new cases in the past week, namely Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe. This increase is primarily because of South Africa's Gauteng province, the country's most populous province, observed a spike along with increasing hospital admissions in the past week. Recent genomic sequencing results revealed the Omicron variant, as the dominant SARS-CoV-2 variant among samples sequenced during November 2021. So, it is likely that the observed increase in new cases in South Africa over the last two weeks is being driven by the circulation of the Omicron variant, although evidence remains inconclusive. While investigations continue into the Omicron variant, WHO recommends countries to take a risk-based and scientific approach and put in place measures which can limit its possible spread.

- It is now 35 days since the last known confirmed Ebola virus disease case was reported in the Democratic Republic of the Congo. Although, all contacts have completed their 21 days of active follow-up, some contacts remain unseen. The end of outbreak count-down has begun and 12 days are left before the final declaration.

- A cholera outbreak has been ongoing in Somali and Oromia regions of Ethiopia since end of August 2021 when the first case was detected. This is the second cholera outbreak that the country has experienced this year following another large-scale cholera outbreak that just ended in May 2021. The ongoing outbreak appears in a context of the armed conflict that started in Tigray region in November 2020 and has generated a major humanitarian crisis within the country and trans-border population movements. Among the identified gaps for the outbreak response are: insufficient funds for the response, logistics shortage and inadequate case management drugs, wash supplies, sensitization materials and oral cholera vaccine (OCV) for the reactive vaccination campaign.

- The humanitarian crisis in Cameroon's North-West and South-West regions has been ongoing for about four years. The problems are related to socio-political disagreements, which have caused violent incidents and human rights abuses among highly vulnerable populations of internally displaced persons and children. In recent months, brutal crimes have been committed on teachers, school children and their parents due to unresolved political problems and increasing insecurity.
The WHO African region reported 85 111 new cases of coronavirus disease (COVID-19) in the past seven days (29 November – 5 December 2021), reflecting a 99.0% increase compared to the previous week. Sixteen countries (Cabo Verde, Democratic Republic of the Congo, Eswatini, Gambia, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, Namibia, Senegal, South Africa, Togo, Zambia and Zimbabwe) saw a 20% or more increase in weekly cases compared to the past week.

A total of 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 Botswana, Burkina Faso, Cameroon, Central African Republic, Congo, Equatorial Guinea, Gabon, Guinea, Guinea-Bissau, Madagascar, Mauritania, Mauritius, Rwanda, Seychelles, Sierra Leone, Uganda, and the United Republic of Tanzania. Four countries namely, Benin, Chad, Niger and Sao Tome and Principe had no significant change in their weekly COVID-19 cases.

Nearly all the new cases reported in the past week are concentrated in the top five countries, with 92.3% (78 579) of the cases recorded. These countries include; South Africa (70 288 new cases, 122.0% increase, 116.4 new cases per 100 000 population); Zimbabwe (5 055 new cases, 1369.0% increase, 33.3 new cases per 100 000); Algeria (1 317 new cases, 10.0% increase, 2.9 new cases per 100 000); Eswatini (966 new cases, 1794% increase, 82.0 new cases per 100 000) and Ethiopia (953 new cases, 10.3% decrease, 0.8 new cases per 100 000).

During the same reporting period, a drop in weekly COVID-19 deaths in the African region was observed as 414 deaths were reported in 25 countries, a 37.0% decline compared with the previous week when 567 deaths were recorded. The highest numbers of new deaths were reported from South Africa (169 new deaths; 24.0% decrease; 0.3 new deaths per 100 000 population), Mauritius (67 new deaths; 51.0% decrease; 5.3 new deaths per 100 000), Ethiopia (60 new deaths; 40.0% increase; 0.1 new deaths per 100 000), Algeria (45 new deaths; 22.0% increase; 0.1 new deaths per 100 000), and Mali (13 new deaths; 0.0% change; 0.1 new deaths per 100 000).

Only five countries, namely Burkina Faso, Eritrea, Mali, Mauritius, and Niger are undergoing a COVID-19 resurgence.

Since the beginning of the COVID-19 pandemic in the African region, the cumulative number of confirmed COVID-19 cases is 6 285 624, with more than 5.8 million recoveries, giving a recovery rate of 94.4%. The total number of deaths now stands at 152 727, accounting for a CFR of 2.4%. 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.

Overall, South Africa has recorded the highest number of COVID-19 cases in the region with 3 031 694 cases (48.0%), followed by Ethiopia 372 215 (6.0%), Kenya 255 437 (4.1%), Nigeria 214 622 (3.4%), and Algeria 211 469 (3.4%), accounting for 65.0% (4 085 437) of all cases. The average cumulative attack rate (number of cases per million) in the African region is estimated at 6 077 per million population, ranging from 310 to 242 264 per million population.

Similarly, most reported deaths occurred in South Africa, which accounts for 59.0% (89 966) of all deaths. Ethiopia has the second-highest number of deaths (6 800 deaths, 4.5%) followed by Algeria (6 103, 4.0%), Kenya (5 335, 3.5%) and Zimbabwe (4 710, 3.1%), all accounting for 74.0% (112 914) of all deaths reported in the region. The median number of deaths per million in the African region is estimated at 69.0/million population (range: 1.1/million –1 533/million) with an average cumulative death rate (per million) in the African region estimated at 147 million population.

In the past seven days, 12 new health worker infections were reported from Kenya. Thus far, there have been 144 745 COVID-19 infections (2.4% of all cases) among health workers in the region, with South Africa accounting for 49.0% (71 113) of the total infections. Algeria (11 936, 8.3%), Kenya (7 854, 5.4%), Zimbabwe (5 404, 3.7%) 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%), Liberia (6.0%), Algeria (5.6%), Chad (5.1%), and Niger (5.0%) have the highest proportion of health worker infections by country. Only Eritrea has not reported any healthcare worker infections.

The African continent has recorded more than 8.8 million cases of COVID-19, with more than 224 050 deaths (CFR 2.5%) and more than 8.1 million people have recovered. The African continent accounts for 3.4% of global cases and 4.3% of global deaths.

As of 2 December 2021, more than 352 million COVID-19 doses have been received in African countries and 67% of these (236 million) of these doses have been administered. Around 101 million people in Africa are fully vaccinated. This equates to 7.3% of the African population. In comparison, 68% of people in the United Kingdom have been fully vaccinated; 58% in the United States; and 67% in the European Union. South Africa, Ethiopia, Kenya, and Rwanda now offer vaccination for children ages 12 to 18.

Recent genomic sequencing results revealed the new variant of concern, Omicron, which was the dominant SARS-CoV-2 variant among samples sequenced during November 2021.

Globally, over 308 cases of the Omicron variant have been confirmed, by 14 countries, including six African countries: Botswana, Ghana, Nigeria, South Africa, Zambia and Zimbabwe as of 2 December 2021.

PUBLIC HEALTH ACTIONS TO HELP AFRICAN COUNTRIES MANAGE OMICRON

In South Africa, WHO is deploying a surge team to Gauteng Province to support surveillance, contact tracing, infection prevention and treatment measures. Botswana is boosting oxygen production and distribution, which are essential for the treatment of critically ill patients.

Additional epidemiologists and laboratory experts are also being mobilized to boost genomic sequencing in Botswana,
Mozambique, and Namibia. WHO has also mobilized US$12 million to support critical response activities in countries across the region for the next three months.

- African countries are also refining operational plans for stronger disease surveillance and investigations. WHO is urging countries to take key steps to enhance efforts to track the Omicron variant, including ensuring their PCR testing equipment can detect it, increasing their sampling and sequencing of COVID-19 test samples by at least double to 150 samples a week from the current average of 75, and review past sequencing samples for potential signs of Omicron. This is an aggressive approach to speed up the determination of Omicron’s characteristics.

- Logistics team will map out available supplies and consider prepositioning additional commodities.

**SITUATION INTERPRETATION**

New COVID-19 cases have increased for the second time in the past 4 months. Countries in Southern Africa, have recorded a very high increase in new cases in the past seven days. At the same time, COVID-19 deaths have shown a sustained decline. WHO is currently monitoring a new variant of concern (Omicron) that was first identified in Southern Africa. There is a need to enhance surveillance and sequencing efforts to better understand circulating SARS-CoV-2 variants. African region also needs to step up implementation of all public health and social measures to prevent transmission of COVID-19.
<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Total Recovered</th>
<th>Case Fatality Ratio (%)</th>
<th>Health Workers</th>
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<td><strong>Cumulative Cases (N=47)</strong></td>
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<td><strong>152,727</strong></td>
<td><strong>5,878,472</strong></td>
<td><strong>2.4</strong></td>
<td><strong>144,745</strong></td>
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*Total cases includes one probable case from Democratic Republic of the Congo*
Health Emergency Information and Risk Assessment

EVENT DESCRIPTION

The last known confirmed case of Ebola virus disease (EVD) outbreak in Beni Health Zone (HZ) in North Kivu Province of the Democratic Republic of the Congo was reported on the 30 October 2021. Therefore, 35 days have elapsed with no positive EVD case reported.

The total number of EVD cases remains 11 as of 04 December 2021, including eight confirmed cases (with four community deaths) and three probable cases in Beni HZ. Two EVD survivors have been registered.

The overall case fatality rate (CFR) is 81.8% (9/11) and 75.0% (6/8) among confirmed cases.

Thus far, three (17.0%) out of the 18 health areas in Beni HZ have reported confirmed cases, namely, Butsili (6 cases), Bundji (1 case) and Ngilinga (1 case). Children under the age of five years account for 50.0% (4/8) of the cases.

As of 04 December 2021, all the listed contacts had completed their 21 days of follow-up period and were discharged from active monitoring. Two of the contacts lost to follow up were found on day 42 in Butsili HA. A total 25 contacts remain unseen since day 1 of their follow-up period.

A total of 349 new alerts were notified including five deaths from six health zones, of which 344 (98.6%) were investigated and 26 (7.6%) validated as EVD suspected cases. Blood samples were collected from all suspected cases.

On 04 December 2021, 71 frontline healthcare workers were vaccinated from five sites (20 Butsili, 11 in Ngongolio, 22 in Mandrandele, 10 in Paid8 and 1 in Mabakanga). The total number of people vaccinated since the beginning of the vaccination activities is 1,022, including 98 high risk contacts, 300 contacts of contacts and 258 probable contacts with rVSV-ZEBOV-GP vaccine and 295 frontline health care workers with ERVEBO vaccine. Furthermore, 121 frontline health care workers were vaccinated, including 11 high risk contacts, 37 contacts of contacts and 73 probable contacts.

Since the declaration of the EVD outbreak in Beni HZ, a total 1,312 samples including 499 swabs have been collected, of which eight were confirmed EVD cases.

PUBLIC HEALTH ACTIONS

- Six interactive radio talk shows were conducted with a focus on the importance of community-based surveillance as a strategy to control EVD.
- A total of 19,411 home visits were conducted and 52,219 persons were sensitized on EVD prevention on 04 December 2021; 322 alerts were notified including 6 deaths.
- Alert monitoring continues using both active and passive surveillance in health facilities and communities.
- Six suspected cases are currently under medical care at the isolation facilities (one in Bundji, one in Butsili, one in Mandrandele, one in Malepe and two in Kanzulinzuli).
- Infection prevention and control (IPC) monitoring and education activities continue. Ninety-seven health care workers from 23 Health facilities were sensitized on IPC standard practices.

SITUATION INTERPRETATION

No new confirmed case of EVD has been notified in the Democratic Republic of Congo in the past 35 days. Contact follow-up remains of concern with many contacts lost to follow-up. In addition, the response activities against EVD in Beni is currently affected by inadequate resources for the response, and lack of efficient standardized isolation centres in some areas.

PROPOSED ACTIONS

- There is need to finalize the assessment of health facilities in non-priority structures in order to have a mapping on IPC in the entire Beni HZ.
- The response teams need to strengthen community engagement to increase uptake of EVD preventive measures, especially vaccination.
- Challenges around community surveillance, contact follow-up and other response measures need urgent action.
**EVENT DESCRIPTION**

Oromia and Somali regions in Ethiopia are currently experiencing a cholera outbreak, since 31 August 2021. The highest number of daily cases reported so far, was on 28 September with 26 cases. As of 23 November 2021, 383 cases with six associated deaths (case fatality ratio (CFR) =1.6%), have been reported with an attack rate of 114.6 per 100,000 persons. Males are more affected with 51.2% (196) of cases than female with 48.8% (187). The 15 to 44 years old age group is the most affected with 165 cases (43.1%).

Since the start of the cholera outbreak in Ethiopia, four health districts have been affected: Delo mena (132 cases; 3 deaths), Kersadulla (103 cases; 3 deaths), Harana Buluk (79 cases; 0 death) and Meda Welabu (63 cases; 0 death). Of the two regions affected, the Oromia region has reported more cases (277 cases) as compared to the Somali region with 106 cases.

Among the 383 reported cases so far, 112 (29.2%) were severe cases managed in the cholera treatment centers. The four health districts affected have an estimated population of 386,261 served by two hospitals, 19 health centres and 77 health posts. Response teams continue to face a few challenges that include: insufficient logistics, namely drugs and supplies, water purifiers, fuel, home disinfection chemical, wash supplies; sensitisation materials and oral cholera vaccines.

**PUBLIC HEALTH ACTIONS**

- A Cholera outbreak committee including Ministry of Health, local and international organizations has been established and meets regularly
- Cholera task force meetings are often held in the affected health districts
- Active case search, contacts tracing and case management activities continue. The response teams are also searching private clinics for suspected cases who are later referred to the cholera treatment centers.
- Capacity building, logistics and cholera supplies have been provided with the support from Ministry of Health partners
- The risk communication team has conducted mass community mobilization and health education at places of worship and other public places.

**SITUATION INTERPRETATION**

Cholera is endemic in Ethiopia and the ongoing outbreak is the second one the country is facing this year. The first outbreak that ended in May 2021 was a continuation of the large-scale cholera outbreak that started in April 2019 with several cases registered from 11 regions. The presence of numerous humanitarian actors in the country can be considered as an opportunity to complement the Ministry of Health efforts in responding this outbreak. Nonetheless, the ongoing conflict in the country may affect the quality of that outbreak response.

**PROPOSED ACTION**

- It is important that all operational partners responding to the humanitarian crisis provide the required support to the Ministry of Health by addressing all the identified gaps in a bid to control the cholera outbreak
- Risk communication and community engagement activities must continue throughout the outbreak affected and at-risk areas
- For the longer term, it is highly recommended that the road map for cholera elimination by 2030 be implemented by all countries with cholera including Ethiopia.
EVENT DESCRIPTION

The humanitarian situation remains complex in Cameroon with various areas of the country affected. The North-West and South-West (NWSW) regions of the country are experiencing a protracted humanitarian crisis where 1.46 million people are estimated to be in need of humanitarian assistance. The crisis partly originates from a long-standing colonial problem stemming from the establishment of the area by Anglophones. By late 2017, government separatists began an insurgency in the area and in November 2017 the government of Cameroon declared war on them. As a result, an estimated 711,000 people are internally displaced in NWSW regions as of 31 October 2021 according to the United Nations High Commissioner for Refugees. The NWSW area also faces food insecurity where an estimated 1.1 million people are affected.

On 15 September 2021, a lockdown was imposed in NWSW through 2 October 2021 by non-state armed groups (NSAGs) which banned all movement, work, and social activity, and was enforced by use of arms and in some cases improvised explosive devices. The only movement was by taxi or motorbikes and people were allowed to attend church and go to markets. Humanitarian partners were forced to stop their operations during the lockdown. The access to health, education, livelihoods, and humanitarian aid were severely impacted. The lockdown affected the population’s access to timely and equitable healthcare. Mobile clinics could not operate and while ambulances were allowed to operate for medical emergencies, the majority of people found their own means to arrive at health facilities, which was made difficult by the lockdown regulations. Additionally, the COVID-19 vaccination campaign and medical supply chain were interrupted by the lockdown. More than 200,000 vulnerable people that were supposed to receive food assistance in September were unable to do so due to the ban of movements and activities.

One of the most detrimental consequences the NWSW regions face because of the conflict is the closure of schools. The main reason for closure is the violence propagated by the government’s decision to increase the use of the French language in schools in Anglophone areas which has caused protests and rebellion. Due to the attacks, schools have been shut for the past three years and were slated to reopen in September 2021. According to OCHA, 66% of schools remain closed in NWSW affecting over 700,000 children. NSAGs are rumoured to threaten parents, students, and teachers attempting to maintain the education system and have reportedly committed kidnappings, assaults, and killings on them.

PUBLIC HEALTH ACTIONS

- Malnutrition screenings are ongoing by partners providing health care services in the affected areas.
- A renovated intensive care unit for COVID-19 patients and 25 oxygen concentrators were handed over by WHO to the Regional Delegation of Public Health in the North-West region.
- Regional delegations in NWSW conducted a reactive campaign to a measles outbreak.

SITUATION INTERPRETATION

The protracted level 2 humanitarian crisis in the North-West and South-West regions of Cameroon continues to affect 1.46 million people in need of humanitarian assistance. Violence among armed groups is targeted at students and teachers which has caused some 700,000 children to not attend school fearing kidnapping, assaults, or even death. Continuous attacks have caused prolonged deterioration of the basic services in the regions including health facilities and schools.

PROPOSED ACTIONS

- There is a need for high-level advocacy to support access to healthcare, education, and protection to those affected by the crisis. The conflict has had a long-standing impact on the people in the area and has affected vulnerable populations such as internally displaced persons and children. The crisis will have a profound impact on this generation’s ability to generate livelihoods as well as deprive children of an education.
- There is a need for political resolution to the crisis in NWSW, but it will also be important for humanitarian agencies to provide support in the developmental areas of society especially among the children whose futures will be profoundly impacted.
A snapshot of the humanitarian crisis in Cameroon, as of 5 November 2021.

**KEY FIGURES**

- **2.2M** Affected people in NWSW
- **1.6M** Targeted for assistance in NWSW
- **573.9K** IDPs within or displaced from NWSW
- **383.6K** Returnees (former IDP) in NWSW
- **68.6K** Cameroonian refugees in Nigeria

**FUNDING (2021)**

- **$361.6M** Required
- **$108.5M** Received
- **30%** Progress

FTS: https://fts.unocha.org/appeals/1030/summary

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The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-2020</td>
<td>25-Feb-2020</td>
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<td>211 469</td>
<td>6 103</td>
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</table>

From 25 February 2020 to 5 December 2021, a total of 211 469 confirmed cases of COVID-19 with 6 103 deaths (CFR 2.9%) have been reported from Algeria. A total of 145 195 cases have recovered.

| Angola | COVID-19 | Grade 3 | 21-Mar-20 | 21-Mar-20 | 5-Dec-2021 | 65 259 | 65 259 | 1 735 | 2.7% |

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 5 December 2021, a total of 65 259 confirmed COVID-19 cases have been reported in the country with 1 735 deaths and 63 325 recoveries.

| Angola | Poliomyelitis (cVDPV2) | Grade 2 | 8-May-2019 | 1-Jan-19 | 3-Dec-2021 | 133 | 133 | 0 | 0.0% |

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

| Benin | COVID-19 | Grade 3 | 17-Mar-20 | 16-Mar-20 | 29-Nov-2021 | 24 863 | 24 863 | 161 | 0.6% |

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 29 November 2021, a total of 24 863 cases have been reported in the country with 161 deaths and 24 685 recoveries.

| Benin | Cholera | Ungraded | 28-Mar-21 | 28-Mar-21 | 28-Nov-21 | 678 | 21 | 11 | 1.6% |

Since week 12 (ending 28 March 2021) of this year, cases of cholera have been reported in Benin. As of 28 November 2021, a total of 678 cases with 11 deaths (CFR 1.6%) are reported so far.

| Benin | Meningitis | Ungraded | 1-Jun-2021 | 1-Jan-21 | 15-Oct-21 | 440 | 82 | 31 | 7.0% |

A total of 440 cases and 31 deaths (CFR 7.0%) resulting from meningitis were reported from Week 1 to week 41, 2021 in Benin.

| Benin | Poliomyelitis (cVDPV2) | Grade 2 | 8-Aug-2019 | 8-Aug-2019 | 3-Dec-2021 | 13 | 13 | 0 | 0.0% |

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.

| Botswana | COVID-19 | Grade 3 | 30-Mar-20 | 28-Mar-20 | 29-Nov-2021 | 195 302 | 195 302 | 2 419 | 1.2% |

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 29 November 2021, a total of 195 302 confirmed COVID-19 cases were reported in the country including 2 419 deaths and 192 452 recovered cases.

| Burkina Faso | Humanitarian crisis | Grade 2 | 1-Jan-19 | 1-Jan-19 | 31-Oct-21 | - | - | - | - |

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 over 1 407 685 million (6.3% of the total population) internally displaced persons as of 31 October 2021 in all 13 regions. The most affected regions were Sahel (493 708, 35.1%) and Centre-Nord (466 314, 33.1%). There are also some 23 610 refugees in the country of which the majority (23 173, 98.1%) are from Mali. 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 October 2021. A cumulative of 3 205 incidents have been reported from January to October 2021 with 343 recorded in October 2021. As of 31 January 2021, 395 health facilities are affected by insecurity in the 6 regions most affected by the crisis, of which 89 (24%) are completely closed depriving more than 850K inhabitants access to health care. About 32% of closed health facilities are due to direct attacks by unidentified armed groups on health facilities.

| Burkina Faso | COVID-19 | Grade 3 | 10-Mar-20 | 9-Mar-20 | 28-Nov-2021 | 16 000 | 16 000 | 286 | 1.8% |

Between 9 March 2020 and 28 November 2021, a total of 16 000 confirmed cases of COVID-19 with 286 deaths and 15 345 recoveries have been reported from Burkina Faso.

| Burkina Faso | Poliomyelitis (cVDPV2) | Grade 2 | 1-Jan-20 | 1-Jan-20 | 3-Dec-2021 | 67 | 67 | 0 | 0.0% |

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.

| Burundi | Cholera | Ungraded | 15-Nov-2021 | 7-Nov-2021 | 7-Nov-2021 | 1 | 1 | 0 | 0.0% |

During week 44 (ending 7 November 2021), one confirmed case of cholera and zero death (CFR 0.0%) was reported from Cibitoke health district in Burundi. This is the first case of cholera reported from Burundi in 2021. Last year a total of 95 cholera cases and one death (CFR 1.1%) were reported in Burundi with 30 cases and zero death from Cibitoke health district. In 2019 cases were also reported from Cibitoke health district during a larger outbreak of which 1074 cases, 7 deaths (CFR 0.7%) were reported in Burundi. This large outbreak affected Bujumbura Mairie, Bujumbura Rurale, Cibitoke and Bubanza health districts.

| Burundi | COVID-19 | Grade 3 | 31-Mar-20 | 19-Mar-20 | 3-Dec-2021 | 20 473 | 20 473 | 14 | 0.1% |

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 03 December 2021, the total number of confirmed COVID-19 cases is 20 473, including 14 deaths and 20 359 recovered.

| Burundi | Measles | Ungraded | 23-Mar-20 | 1-Jan-21 | 23-Oct-21 | 557 | 496 | 0 | 0.0% |

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 41, 2021, Burundi has reported a total of 557 suspected cases, 496 reported by case-by-case surveillance with no death. 72 confirmed by IgM+ 274 by epidemiological link and 6 clinical cases. Six districts are currently in outbreak mode: Bubanza, Mbanda, Bujarama, Musinga, Rumonge and Cibitoke.

Go to overview
Go to map of the outbreaks
According to UNHCR and OCHA reports, an estimated 1.2 million people need assistance. 341,535 people are internally displaced as of 31 October 2021. IDPs have been leaving the Mayo-Sava division during the last months due to attacks by NSAG where improvised explosive devices have been identified and were attempted to be deactivated.

According to reports from UNHCR, an estimated 711,066 IDPs have been registered while 466,578 returnees have been reported as of 31 October 2021. There have continued to be reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers. Schools resumed session, but teachers and students faced attacks. There has been an increase in the use of improvised explosive devices (IEDs), carjackings, and clashes between security forces and NSAGs, leading to civilian population displacement. There were also 454,854 refugees as of 31 October 2021, of which more than 333K (73.3%) arrived from Central African Republic.

Since the beginning of this year up to 29 November 2021, 260 suspected cases of Cholera have been notified from Far-North, North, Centre, South-West and Littoral regions. Seventeen deaths are reported so far (CFR 6.5%) as of 29 November 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 24 November 2021, a total of 107,148 cases have been reported, including 1,046 deaths and 104,203 recoveries.

From Epi week 1 to 46, 2021, Cameroon has reported 1,037 suspected cases of Cholera with 8 deaths (CFR 1.9%). Of the 1,000 investigated cases, 643 were positive including 250 cases IgM+, 96 clinically compatible and 297 epidemiologically linked; 86% of the children are under 10 years of age and only 33% known to be vaccinated with at least 1 dose of MCV. Twenty four 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 14 November 2021, a total of 35 presumptive cases of Yellow fever tested positive by plaque reduction neutralization test (PRNT) and three by PCR at the Centre Pasteur Cameroon, of which seven deaths were recorded. These cases originated from nine different regions with a total of 19 health districts (HDs) affected: Adamawa region, Central region, East region, Far North region, Littoral region, North region, North-West region, South region, and West region. Some of the PRNT-positive cases had a history of vaccination against Yellow fever.

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 05 December 2021, a total of 38,450 confirmed COVID-19 cases including 351 deaths and 37,972 recoveries were reported in the country.

According to OCHA figures, 3.1 million people (63% of the total population) are in need of assistance and protection and will continue to need it in 2022. There are 722,101 people that are internally displaced as of 25 November 2021 and 733,000 persons are refugees in neighboring countries. Among the problems people face are recurring violence and continued disruptions of basic services deteriorating the living conditions. Displacements were mostly caused by clashes between the Central African Armed Forces (FACA) and their allies against armed groups, fear of abuses by armed groups, and flooding as well. Food insecurity is also estimated to be 2.4 million people in 2022.

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 28 November 2021, a total of 11,742 confirmed cases, 101 deaths and 11,212 recovered were reported.

From 1 January to 07 November 2021: 2,328 suspected cases have been reported, 283 cases with blood samples out of a total 608 investigated, 283 confirmed cases (75 IgM+ cases, 196 by epidemiological link and 12 compatible cases) and 9 deaths (CFR: 0.4%). Ten health districts (out of 35) have reached the epidemic threshold (Bossembé, Berbéri, Sangha-Mbaé, Nanga-Boguila, Batangafo, Mbaiki, Nana Gebrizî and Vakaga); 49% of children are less than 5 years of age; 42% were not vaccinated. From the beginning of outbreak in 2019 to 19 August 2021, a total of 35,468 suspected cases have been notified and 197 deaths (CFR of 0.56%) within affected districts.

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<thead>
<tr>
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<th>Event</th>
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<th>Date notified to WCD</th>
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</tr>
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<tbody>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-2013</td>
<td>27-Jun-2017</td>
<td>31-Oct-21</td>
<td>-</td>
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<td>-</td>
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The floods since June 2021 have affected about 256,329 people (42,788 households) in 400 villages across 9 regions of Chad (Borkou, Ennedi West, Logone Oriental, Mandoul, Moyen-Chari, Ouaddai, Sila, Lake and Tandjile). As of 28 October 2021, flooding caused significant material and human damage in the Lac province, particularly on the island of Kinnerserom; 23 households (115 people) were affected, including two children who drowned in Fourekooum. As of 17 November 2021, a total of 17 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.

On 13 November 2021, the Institut Pasteur de Dakar shared the results of 17 samples of suspected yellow fever cases from the Mandoul district, Chad, of which 12 tested PCR positive, six were IgM positive with cross-reactions with other flaviviruses, and six other IgM positive without cross-reactions. Plaque reduction neutralization test is ongoing for the IgM positive cases.

Since 01 January 2021 up to Epi week 45, it has been reported 2,449 suspected cases from 26 out of 129 districts in the country (% of districts), 964 cases investigated with blood samples recorded, 264 of which were confirmed by IgM, 36 were compatible cases and 14 deaths from 4 districts (CFR 0.6%), 26 districts with outbreaks since the start of the year. In 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 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 including 181 deaths and 4,874 cases who have recovered.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 25 November 2021, a total of 18,970 cases including 354 deaths and 16,853 recovered cases have been reported in the country.

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As of 7 Nov 2021, there are an estimated 5.7 million people internally displaced and 19.6 million are in need of emergency food assistance in the entire country. On 11 Nov 2021 one of the biggest attacks all year happened in the Kisunga village of North Kivu province causing the death of 35 people and forcing 4K people to displace. Health centre workers were kidnapped and facilities were looted and destroyed depriving nearly 12K of health services. In Ituri another attack occurred on 7 Nov 2021 causing 10 deaths, kidnappings, looting and burning of property. Nearly 25K people have relocated to the Beni territory in North Kivu as a result.

In 2021, from epidemiological week 1 to 44 (ending 7 November 2021), 6,817 suspected cholera cases including 125 deaths (case-fatality rate 1.8%) were recorded in 80 health zones across 16 provinces of the Democratic Republic of the Congo. 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.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 58,857 confirmed cases and two probable case, including 1,113 deaths have been reported. A total of 55,875 people have recovered.

<table>
<thead>
<tr>
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<td>Ungraded</td>
<td>1-Jul-2021</td>
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<td>Measles</td>
<td>Ungraded</td>
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<td>12-Oct-21</td>
<td>14-Nov-21</td>
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<td>1-Jan-20</td>
<td>14-Nov-21</td>
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<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-2018</td>
<td>1-Jan-18</td>
<td>3-Dec-2021</td>
<td>201</td>
<td>201</td>
<td>0</td>
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</table>

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 11 cases reported in 2021 so far. The total number of 2020 cases remains at 81.

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%).
On 18 July 2021, two yellow fever cases tested positive by Plaque Reduction Neutralization Test (PRNT) at Centre Pasteur in Cameroon (CPC). The first case is a 34-year-old male from the Abouzi 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. As of 21 November 2021, confirmatory results are pending for six additional presumptive positive cases.

The security situation in the country remains volatile, affecting civilians and limiting humanitarian aid delivery. Adequate communication, electricity, and banking services remain intermittent. The conflict in the Tigray area has been spilling over into the Afar and Amhara regions for some time but continued in recent weeks with a large displacement of people from the South and North Wello Zones causing massive displacement of people who are living among the host community and others living in crowded centers, including schools. Due to the ongoing conflict in the Amhara region, more than 500 health facilities are unfunctional. Access to the area still remains a challenge, but humanitarian flights operated by the UN have resumed to Mekelle as of 24 Nov 2021.

In 2021, as of 26 November (Epi week 48), a total of 2 725 cases have been reported of which 1 426 have been confirmed (965 epi-link, 426 IgM and 44 measles compatible) and 4 deaths recorded (CFR 0.1%). Out of the 2 725 suspected cases, 1 380 were under 5 years of age, 896 were between 5 and 14 years of age and 449 were over 15 years of age.
From 15 October 2021 to 3 November 2021, a total of 42 suspected cases of yellow fever were reported mostly among nomadic settlers from 14 communities in two districts (West Gonja and North Gonja) in Savannah Region, northwest Ghana (bordering Côte d’Ivoire). Eleven out of the 42 suspected cases, including all the three PCR positive cases died, case fatality rate (CFR) 33%. Three blood samples collected from suspected cases tested YF PCR positive at Noguchi Memorial Institute for Medical Research (NMIMR) and six additional samples tested YF IgM positive by ELISA at the National Public Health and Reference Laboratory.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 28 November 2021, a total of 30 770 cases including 29 725 recovered cases and 509 deaths have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Nov-21</td>
<td>15-Oct-21</td>
<td>3-Nov-21</td>
<td>42</td>
<td>3</td>
<td>11</td>
<td>26.2%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>28-Nov-21</td>
<td>30 770</td>
<td>30 770</td>
<td>509</td>
<td>1.7%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>8-May-21</td>
<td>8-May-21</td>
<td>6-Dec-2011</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>87.5%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>09-May-2018</td>
<td>1-Jan-21</td>
<td>1-Dec-2021</td>
<td>622</td>
<td>321</td>
<td>5</td>
<td>0.8%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-2020</td>
<td>22-Jul-2020</td>
<td>3-Dec-2021</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-20</td>
<td>25-Mar-20</td>
<td>4-Dec-2021</td>
<td>6 444</td>
<td>6 444</td>
<td>149</td>
<td>2.3%</td>
</tr>
<tr>
<td>Kenya</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>5-Dec-2021</td>
<td>255 437</td>
<td>255 437</td>
<td>5 335</td>
<td>2.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>27-Apr-2021</td>
<td>1-Jan-21</td>
<td>7-Nov-21</td>
<td>2 392</td>
<td>36</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-2019</td>
<td>3-Jan-2019</td>
<td>25-Nov-21</td>
<td>1 325</td>
<td>1 325</td>
<td>10</td>
<td>0.8%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>6-May-2019</td>
<td>20-Oct-2021</td>
<td>18-Nov-2021</td>
<td>693</td>
<td>30</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>5-Feb-2021</td>
<td>10-Feb-2021</td>
<td>3-Dec-2021</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-May-2020</td>
<td>13-May-2020</td>
<td>1-Dec-2021</td>
<td>21 838</td>
<td>21 838</td>
<td>663</td>
<td>3.0%</td>
</tr>
<tr>
<td>Liberia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>2-Dec-2021</td>
<td>5 829</td>
<td>5 829</td>
<td>287</td>
<td>4.9%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jul-2021</td>
<td>1-Jan-21</td>
<td>21-Nov-2021</td>
<td>24</td>
<td>24</td>
<td>15</td>
<td>62.5%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Sep-2017</td>
<td>1-Jan-19</td>
<td>26-Nov-2021</td>
<td>445</td>
<td>198</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

In week 46 (week ending 21 November 2021), 3 suspected cases were reported from Grand Gedeh (2), Grand Bassa (1), Bong (1) and Nimba (1) Counties. Among the 5 suspected cases, 3 cases are <5 years (63%) and 2 case are >5 years (17%). Since the beginning of 2021, 445 total cases were reported of which 198 were confirmed (57 laboratory-confirmed, 131 clinically confirmed and 10 epi-linked), 247 negative.
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 5 December 2021, a total of 151,924 confirmed COVID-19 cases were displaced by conflict and 116,385 displaced by disaster. Of those fleeing due to conflict, most have left because of violence perpetrated by NSAGs in Mueda, Nangade, and Ancuabe. As of 31 October 2021, the national estimate of people in need of humanitarian assistance is 1.3 million and there are 744,949 people. The safety situation in Cabo Delgado remains unpredictable and volatile. From 17-23 November 2021, a total of 1,934 internally displaced people (IDPs) arrived mostly from Pemba and Palma. As of 30 November 2021, the number of IDPs has increased to 324,930. In the country, out of which 42,915 have recovered and 967 deaths reported.

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 24 August 2021, in the Itasy region, in the Arivonimamo health district, an alert was received by the health authorities regarding cases of Pulmonary Plague. As of 7 November 2021, a total of 11 suspected cases of pneumonic 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.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 5 December 2021, the country has a total of 61,981 confirmed cases with 2,307 deaths and 58,824 recoveries.

There have been 402,000 IDPs in the country and more than 156,700 refugees as of 31 October 2021. However, 85,939 returnees have come back to the country. The situation in northern and central regions of the country remains unstable, marked by an increase in direct or indirect attacks against national and international armed forces and the civilian population. 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. COVID-19 also continues to compound the health impacts affecting all basic social sectors as well as the protection of household livelihoods. Due to the humanitarian crisis, 5% of health facilities are not fully functional with a limited presence of partners working in the management of primary health care in the northern and central regions. Since the beginning of 2021, 8 attacks on the health system have been reported by the northern and central regions.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 5 December 2021, a total of 17,915 confirmed COVID-19 cases have been reported in the country, 818 deaths and 15,258 recoveries.

From January 2021 up to Epi week 46 (ending the 21 November 2021), Mali has reported a total of 1,763 suspected cases including two deaths, 1,516 samples tested of which 828 were positive, 688 negative and 44 undetermined. There is an increase of 100% of confirmed cases compared to the same week last year.

The safety situation in Cabo Delgado remains unpredictable and volatile. From 17-23 November 2021, a total of 1,934 internally displaced person (IDPs) arrived mostly in Mueda, Nangade, and Ancuabe. As of 31 October 2021, the nation-wide estimate of people in need of humanitarian assistance is 1.3 million and there are 744,949 people displaced by conflict and 116,385 displaced by disaster. Of those fleeing due to conflict, most have left because of violence perpetrated by NSAGs.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 5 December 2021, a total of 151,924 confirmed COVID-19 cases were reported in the country including 1,941 deaths and 149,579 recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>10-Dec-2020</td>
<td>17-Dec-2020</td>
<td>3-Dec-2021</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Malnutrition crisis</td>
<td>Grade 2</td>
<td>1-Jul-2021</td>
<td>1-Jan-21</td>
<td>9-Sep-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Madagascar</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>26-Nov-21</td>
<td>44,330</td>
<td>44,330</td>
<td>967</td>
<td>2.2%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 26 November 2021, a total of 44,330 cases have been reported in the country, out of which 42,915 have recovered and 967 deaths reported.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>8-Mar-21</td>
<td>1-Jan-21</td>
<td>7-Nov-21</td>
<td>1,546,949</td>
<td>-</td>
<td>686</td>
<td>0.0%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>28-Apr-2021</td>
<td>28-Apr-2021</td>
<td>3-Dec-2021</td>
<td>12</td>
<td>12</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Aug-2020</td>
<td>18-Aug-2020</td>
<td>3-Dec-2021</td>
<td>52</td>
<td>52</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Pneumonic Plague</td>
<td>Grade 1</td>
<td>29-Aug-2021</td>
<td>1-Sep-21</td>
<td>7-Nov-21</td>
<td>41</td>
<td>19</td>
<td>6</td>
<td>14.6%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>n/a</td>
<td>n/a</td>
<td>31-Oct-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mali</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-20</td>
<td>25-Mar-20</td>
<td>5-Dec-2021</td>
<td>17,915</td>
<td>17,915</td>
<td>618</td>
<td>3.4%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>5-Dec-2021</td>
<td>39,558</td>
<td>39,558</td>
<td>840</td>
<td>2.1%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Humanitarian crisis in Cabo Delgado</td>
<td>Protracted 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>23-Nov-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</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>5-Dec-2021</td>
<td>151,924</td>
<td>151,924</td>
<td>1,941</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
Since the beginning of 2021, measles outbreak is active in 11 provinces. As of 10 October 2021 (week 40), there were 125 cases reported including 2 confirmed cases and no death. In 2020 at the same period, there were 185 confirmed cases and no death.

The first case of COVID-19 was detected in Namibia on 14 March 2020. As of 4 December 2021, a total of 129 796 confirmed cases with 125 531 recovered and 3 574 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=8.8%) 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%).

As of 7 November 2021, a total of 100 057 suspected cases including 3 449 deaths (CFR 3.4%) have been reported from 32 states and FCT in 2021. Of the suspected cases, 1 795 were investigated including 924 lab confirmed cases.

In Niger, torrential rainfall and floods affected more than 250,000 people and left 77 people dead. Since the start of the 2021 rainy season in June, torrential rainfall has led to the collapse of more than 21 000 houses, the destruction of more than 7 300 hectares of cultivable land, and the death of more than 10 000 livestock. Thousands of people have been rendered homeless and vulnerable due to the loss of their livelihoods. Floods have been followed by outbreaks of cholera across seven of the country’s eight regions.

From 19 March 2020 to 04 December 2021, a total of 7 080 cases with 261 deaths have been reported across the country. A total of 6 729 recoveries have been reported from the country.

Between epidemiological weeks 1 and 37 2021 (ending 19 September), 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.

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 marking the North-Eastern part of the country volatile. As of 31 August 2021, there were 3 024 199 IDPs according to UNHCR. As of 31 October 2021, there were 73 946 refugees from other countries within Nigeria with more than 68k (or 95%) coming from Cameroon. More than 2.1 million IDPs (72.5% of all IDPs in the country) are in the North-East, while the rest (27.5%) are in the North-West/North-Central part of the country. Of those in need of humanitarian assistance, many have limited access to basic health care and other essential services. Some 800k previously inaccessible individuals instead of nutrition and health care in Borno state are now reachable due to the liberation of these areas by military insurgency. Health conditions in this area exceed emergency thresholds for mortality and acute malnutrition.

As of 7 November 2021, a total of 100 057 suspected cases including 3 449 deaths (CFR 3.4%) have been reported from 32 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. Four states Bauchi (19 470 cases), Jigawa (12 965 cases), Kano (12 116 cases), and Zamfara (11 101 cases) account for 56% of all cumulative cases. Twelve LGAs across five states Bauchi(4), Jigawa(2), Kano(1), and Katsina(1) have reported more than 1 000 cases each this year.

Nigeria COVID-19 Grade 3 14-Mar-20 14-Mar-20 4-Dec-2021 129 796 129 796 3 574 0.8%
Niger Measles Ungraded 25-Jun-2020 1-Jan-21 10-Oct-21 125 2 0 0.0%
Niger Humanitarian crisis Protracted 1 1-Feb-2015 1-Feb-2015 31-Oct-21 - - - -
Niger Cholera Grade 1 7-Aug-2021 7-Jun-2021 28-Nov-21 5 587 194 166 3.0%
Niger Malaria Ungraded 4-Oct-21 1-Jan-21 19-Sep-21 2 297 488 2 297 488 2 124 0.1%
Niger Poliovirus (cVDPV2) Grade 2 1-Oct-18 1-Oct-18 3-Dec-2021 25 25 0 0.0%
Nigeria Humanitarian crisis Protracted 3 10-Oct-16 n/a 31-Oct-21 - - - -
Namibia Hepatitis E Protracted 1 18-Dec-2017 8-Sep-17 15-Aug-2021 8 090 8 090 66 0.8%
Niger Meningitis Ungraded 10-May-2019 1-Jan-21 18-Jul-2021 9 095 924 16 0.2%
Niger Poliovirus (cVDPV2) Grade 2 1-Oct-18 1-Oct-18 3-Dec-2021 25 25 0 0.0%
Nigeria Cholera Grade 1 7-Aug-2021 7-Jun-2021 28-Nov-21 5 587 194 166 3.0%
Niger Measles Ungraded 10-May-2019 1-Jan-21 18-Jul-2021 9 095 924 16 0.2%
Niger Meningitis Ungraded 10-May-2019 1-Jan-21 18-Jul-2021 9 095 924 16 0.2%
Niger Poliovirus (cVDPV2) Grade 2 1-Oct-18 1-Oct-18 3-Dec-2021 25 25 0 0.0%
Nigeria Humanitarian crisis Protracted 3 10-Oct-16 n/a 31-Oct-21 - - - -
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-2020</td>
<td>27-Feb-2020</td>
<td>5-Dec-2021</td>
<td>214 622</td>
<td>214 622</td>
<td>2 980</td>
<td>1.4%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>31-Oct-21</td>
<td>3 496</td>
<td>403</td>
<td>79</td>
<td>19.6%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-17</td>
<td>1-Jan-21</td>
<td>31-Aug-2021</td>
<td>10 106</td>
<td>6 718</td>
<td>87</td>
<td>0.9%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>12-Sep-17</td>
<td>1-Jan-21</td>
<td>30-Sep-21</td>
<td>39</td>
<td>39</td>
<td>2</td>
<td>5.1%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-Sep-21</td>
<td>1-Jan-21</td>
<td>30-Sep-21</td>
<td>79</td>
<td>23</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliovirus (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jun-2018</td>
<td>1-Jan-18</td>
<td>3-Dec-2021</td>
<td>381</td>
<td>381</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>1-Dec-2020</td>
<td>1-Jan-2021</td>
<td>31-Aug-2021</td>
<td>1 518</td>
<td>1 518</td>
<td>398</td>
<td>2.6%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Sep-17</td>
<td>1-Jan-21</td>
<td>30-Sep-21</td>
<td>39</td>
<td>39</td>
<td>2</td>
<td>5.1%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliovirus (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>3-Dec-2021</td>
<td>381</td>
<td>381</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliovirus (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Dec-2020</td>
<td>1-Jan-2021</td>
<td>31-Aug-2021</td>
<td>1 518</td>
<td>1 518</td>
<td>398</td>
<td>2.6%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>1-Dec-2020</td>
<td>1-Jan-2021</td>
<td>31-Aug-2021</td>
<td>1 518</td>
<td>1 518</td>
<td>398</td>
<td>2.6%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>12-Sep-17</td>
<td>1-Jan-21</td>
<td>30-Sep-21</td>
<td>39</td>
<td>39</td>
<td>2</td>
<td>5.1%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliovirus (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>3-Dec-2021</td>
<td>381</td>
<td>381</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
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<td>1-Dec-2020</td>
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<td>Grade 2</td>
<td>1-Jan-21</td>
<td>1-Jan-21</td>
<td>3-Dec-2021</td>
<td>381</td>
<td>381</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 05 December 2021, a total of 214 622 confirmed cases with 207 450 recovered and 2 980 deaths have been reported.

Lassa fever is an endemic disease in Nigeria which is reportable through HR. In week 43 of 2021, the number of new confirmed cases was 2. These were reported from Ondo and Edo States. Cumulatively from week 1 to week 43 of 2021, a total of 403 confirmed cases including 79 deaths among confirmed cases have been reported with a case fatality rate of 19.6% across 15 states. In total, 3 496 cases are suspected in 2021. This is lower than the same period reported in 2020. Of all confirmed cases 44% are from Edo, 35% from Ond and 5% are from Taraba 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.

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).

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The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 05 December 2021, a total of 100 414 cases have been reported in Rwanda with 1 343 deaths and 98 887 recovered cases have been reported in the country. 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 289 cases reported in 2019. There were eight cases reported in 2020, 118 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).

On 8 October 2021, the Dakar Pasteur Institute notified to health authorities the confirmation of cases of Dengue Serotype 1 from the Richard Toll health district in the Saint-Louis health region. As of 11 November 2021, a total of 86 cases are reported from 17 health districts. The Ricard Toll health district has reported more cases with 58 cases out of 86 (67.4%). Two serotypes of the Dengue virus are reported so far; serotype 1 and 3.

On 20 November 2021, there was a Mass Fire Accident involving a fuel tank that ruptured its tanks after a collision with another vehicle. The fuel ignited and caused a mass burn affecting a number of persons with various degrees of burns including instant deaths. As of 12 November 2021, 304 victims were reported with 149 deaths and 51 are currently in admission. So far 42 patients have been discharged and are being treated as outpatients for burns.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 04 December 2021, a total of 6 402 confirmed COVID-19 cases were reported in the country including 121 deaths and 4 399 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.
Health Emergency Information and Risk Assessment

**South Sudan**

**Acute Food Insecurity**

- **Grade**: Grade 2
- **Start of reporting period**: 18-Dec-2020
- **End of reporting period**: 5-Apr-2021
- **Total cases**: 3,031,694
- **Cases Confirmed**: 12,823
- **Deaths**: 12,823
- **CFR**: 1.0%

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 1.7 million internally displaced people. The six most affected counties are Pibor, Akobo, Aweil South, Tonj North, Tonj South and Tonj East. In 2021, the World Food Programme has reached some 284,848 (35% of an estimated 800k) flood-affected people with food and nutrition assistance. Due to deteriorating security situations in Tambura and Greater Pibor Administrative Area humanitarian operations have ceased in October 2021.

**South Sudan**

**Floods**

- **Grade**: Grade 2
- **Start of reporting period**: 15-Jul-2021
- **End of reporting period**: 1-May-2021
- **Total cases**: 3,031,694
- **Cases Confirmed**: 12,823
- **Deaths**: 12,823
- **CFR**: 1.0%

The escalating flooding began in May 2021 and has affected over 800,000 people in areas along the Nile and Lol rivers and Sudd marshlands as of 3 November 2021. Flooding has affected over 30 counties across 8 states with communities in Jonglei, Upper Nile and Unity states being the most affected. A rapidly worsening situation was noted in October 2021 with a significant increase in the number of people and locations affected by flooding in Jonglei State (267,000 people affected), Unity State (198,000 people affected), and Upper Nile (125,000 people affected).

**South Sudan**

**Humanitarian crisis**

- **Protracted 3**: 15-Aug-2016
- **n/a**: 31-Oct-21
- **Total cases**: 3,031,694
- **Cases Confirmed**: 12,823
- **Deaths**: 12,823
- **CFR**: 1.0%

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 175k people living in protection of civilian sites across the country. Inter-ethnic violence in Tambura county has continued since June 2021 with the most recent incidents occurring on 14 and 19 October 2021. In Tonj East and Tonj North counties intercommunal attacks have persisted for most of 2021 hindering hospital functionality, food aid delivery, and humanitarian operations. Thirteen armed attacks have also hindered humanitarian aid delivery in Lainya, Morobo and Yei counties in 2021. A threat on humanitarian operations by youth groups on 4 October 2021 in the Greater Pibor Administrative Area has caused the relocation of 80 humanitarian staff and impacted more than 100k vulnerable people. Youth groups in the area demanded for 80% of all national employment opportunities to be reserved for locals.

**South Sudan**

**COVID-19**

- **Grade**: Grade 3
- **Start of reporting period**: 5-Apr-2020
- **End of reporting period**: 5-Dec-2021
- **Total cases**: 26,270
- **Cases Confirmed**: 12,823
- **Deaths**: 12,823
- **CFR**: 1.0%

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 05 December 2021, a total of 12,823 confirmed COVID-19 cases were reported in the country including 133 deaths and 12,463 recovered cases.

**South Sudan**

**Hepatitis E**

- **Grade**: Ungraded
- **Start of reporting period**: 3-Jan-18
- **End of reporting period**: 14-Nov-21
- **Total cases**: 1,394
- **Cases Confirmed**: 104
- **Deaths**: 9
- **CFR**: 0.6%

The current outbreak in the Bentiu IDP camp, which started at the beginning of 2018, is ongoing. As of 14 Nov 2021, a cumulative total of 3,031,694 confirmed cases and 89,966 deaths have been reported with 2,558,144 recoveries.

**South Sudan**

**Poliomyelitis (cVDPV2)**

- **Grade**: Grade 2
- **Start of reporting period**: 22-Oct-2020
- **End of reporting period**: 3-Dec-2021
- **Total cases**: 59
- **Cases Confirmed**: 59
- **Deaths**: 0
- **CFR**: 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Since the start of the COVID-19 pandemic in South Africa by 04 December 2021, a cumulative total of 3,031,694 confirmed cases and 89,966 deaths have been reported with 2,558,144 recoveries.

**South Sudan**

**Cholera**

- **Grade**: Ungraded
- **Start of reporting period**: 8-Nov-21
- **End of reporting period**: 7-Nov-21
- **Total cases**: 37
- **Cases Confirmed**: 37
- **Deaths**: 11
- **CFR**: 30.0%

The Cholera outbreak was declared by health authorities on 7 November 2021. The index case was notified on 5 November 2021 by the peripheral health Unit of the Central Public Health Reference Laboratory (CPHRL) in Freetown. The date of onset of symptoms for the first two cases was 11 October 2021. As of 31 October 2021, 25 cases of which 3 confirmed, 0 deaths and 2 recovered have been reported.

**Sierra Leone**

**Poliomyelitis (cVDPV2)**

- **Grade**: Grade 2
- **Start of reporting period**: 10-Dec-2020
- **End of reporting period**: 3-Dec-2021
- **Total cases**: 15
- **Cases Confirmed**: 15
- **Deaths**: 0
- **CFR**: 0.0%

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

**Sierra Leone**

**Measles**

- **Grade**: Ungraded
- **Start of reporting period**: 1-Nov-21
- **End of reporting period**: 31-Oct-21
- **Total cases**: 25
- **Cases Confirmed**: 3
- **Deaths**: 0
- **CFR**: 0.0%

On 29 October 2021, Sierra Leone’s Ministry of Health and Sanitation declared a measles outbreak in Kambia District following the confirmation of three cases at the Central Public Health Reference Laboratory (CPHRL) in Freetown. The date of onset of symptoms for the first two cases was 11 October 2021. As of 31 October 2021, 25 cases of which 3 confirmed, 0 deaths and 2 recovered have been reported.

**South Africa**

**COVID-19**

- **Grade**: Grade 3
- **Start of reporting period**: 5-Mar-20
- **End of reporting period**: 5-Dec-2021
- **Total cases**: 3,031,694
- **Cases Confirmed**: 3,031,694
- **Deaths**: 89,966
- **CFR**: 3.4%

Since the start of the COVID-19 pandemic in South Africa by 04 December 2021, a cumulative total of 3,031,694 confirmed cases and 89,966 deaths have been reported with 2,558,144 recoveries.

**Togo**

**Cholera**

- **Grade**: Ungraded
- **Start of reporting period**: 8-Nov-21
- **End of reporting period**: 7-Nov-21
- **Total cases**: 37
- **Cases Confirmed**: 37
- **Deaths**: 11
- **CFR**: 30.0%

The Cholera outbreak was declared by health authorities on 7 November 2021. The index case was notified on 5 November 2021 by the peripheral health Unit of the Central Public Health Reference Laboratory (CPHRL) in Freetown. The date of onset of symptoms for the first two cases was 11 October 2021. As of 31 October 2021, 25 cases of which 3 confirmed, 0 deaths and 2 recovered have been reported.

**Togo**

**COVID-19**

- **Grade**: Grade 3
- **Start of reporting period**: 6-Mar-20
- **End of reporting period**: 5-Dec-2021
- **Total cases**: 26,304
- **Cases Confirmed**: 26,304
- **Deaths**: 243
- **CFR**: 0.9%

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 05 December 2021, a total of 26,304 cases including 243 deaths and 25,923 recovered cases have been reported in the country.

**Tonga**

**COVID-19**

- **Grade**: Grade 3
- **Start of reporting period**: 6-Mar-20
- **End of reporting period**: 5-Dec-2021
- **Total cases**: 26,304
- **Cases Confirmed**: 26,304
- **Deaths**: 243
- **CFR**: 0.9%

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 05 December 2021, a total of 26,304 cases including 243 deaths and 25,923 recovered cases have been reported in the country.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>3-Dec-2021</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>No new case of cVDPV2 was reported during the past week. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.</td>
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<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>15-Nov-21</td>
<td>4-Nov-21</td>
<td>17-Nov-21</td>
<td>163</td>
<td>7</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>An active cholera outbreak is ongoing in Uganda since 4 November 2021. The epicenter are the villages of Nyarugru B and C in the district of Isingiro in South-Western Uganda, but also suspected cases of cholera are reported in the capital city of Kampala. As of 17 November 2021 a total of 163 cases, 7 confirmed and zero death (CFR 0.0 %), have been reported including 152 cases from Isingiro district and 11 from the capital city of Kampala.</td>
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<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>4-Dec-2021</td>
<td>127 756</td>
<td>127 756</td>
<td>3 256</td>
<td>2.5%</td>
</tr>
<tr>
<td>The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 4 December 2021, a total of 127 756 confirmed COVID-19 cases, 97 627 recoveries with 3 256 deaths.</td>
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</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>5-Dec-2021</td>
<td>210 312</td>
<td>210 312</td>
<td>3 667</td>
<td>1.7%</td>
</tr>
<tr>
<td>The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 04 December 2021, a total of 210 312 confirmed COVID-19 cases were reported in the country including 3 667 deaths and 206 466 recovered cases.</td>
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<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-2019</td>
<td>6-May-2019</td>
<td>7-Nov-21</td>
<td>979</td>
<td>0</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td>The anthrax outbreak is ongoing in Zimbabwe. Nine new anthrax cases and no death were reported in week 44 of 2021 ending on 7 November 2021. The cases were reported by Gokwe North District (2), Gokwe South District (4) in Midlands Province, Goromonzi District (1) in Mashonaland East Province, Hurungwe District (1) and Makonde District (1) in Mashonaland West Province. From Week 1 to 44 of 2021, the cumulative figures for anthrax are 212 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.</td>
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<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>5-Dec-2021</td>
<td>139 046</td>
<td>139 046</td>
<td>4 710</td>
<td>3.4%</td>
</tr>
<tr>
<td>The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 04 December 2021, a total of 139 046 confirmed COVID-19 cases were reported in the country including 4 710 deaths and 128 886 cases that recovered.</td>
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**Closed Events**

<table>
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<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>28-Sep-21</td>
<td>21-Jul-2021</td>
<td>19-Oct-21</td>
<td>191</td>
<td>8</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>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).</td>
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</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
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